

Capacity Building for Research in Sexual Behavior and Sexuality: The Indian Experience

Shalini Bharat, PhD

Tata Institute of Social Sciences

INTRODUCTION

Sexual behavior, sexuality and other related topics have been inadequately researched in India. Apart from the repeatedly acknowledged and cited fact that research on sexuality is so minimal here because sex is a taboo subject in Indian society, and hence difficult to study, it is also true that sex and sexuality are conceptualized too simplistically in existing research. In most studies, for example, sex is reduced to an activity done before, during or outside marriage; in general it can be said that the quantification of sex in terms of behavioral frequencies and attitudinal scores has characterized much of the research in the field of sexuality in India to date. Conceptualization of sexuality as an essential aspect of one's identity and selfhood, shaped by social and cultural contexts, has begun to emerge in research studies only recently. The other issue is one concerning methodological limitations of available studies. Problems of sample size, sample bias and non-representativeness, for example, have severely curtailed the power of explanation and generalization of available findings. Both these issues are linked to the skills and capacities of researchers engaged in designing and carrying out sexuality research.

Capacity building, or training, of researchers in the field of sexuality and sexual behavior research is increasingly gaining importance in research programs in India today. But insightful information and discussion is not uniformly available. At best, research reports carry a page or two about training of research staff.

This paper deals with this least-documented but vital aspect of sexuality research. Through examples of staff training employed in select research studies and one example of a systematically developed capacity building

program, an effort is made here to highlight a variety of concerns ranging from the methodology of training to tapping the potential of community members as researchers, and from language issues to the ethics of conducting research on sensitive topics. An attempt is then made to assess the training needs in India with respect to addressing cultural and other social barriers to conducting sexuality research, building research capacities to enhance both conceptual and methodological rigor, and identifying critical ethical issues in research on sexuality.

RESEARCH ON SEXUAL BEHAVIOR AND SEXUALITY IN INDIA: DEVELOPMENTS IN THE FIELD

Broadly speaking, three phases may be identified when reviewing sex-related research in India. (For details of studies and critical reviews of literature on sexuality see Nag, 1996; Jejeebhoy, 1998; and Pelto, 1999.) In the early 60s and 70s the government-backed family planning program motivated researchers to analyze sexual behavior mainly in relation to fertility. The primary interest was on analyzing coital behavior, frequency of coital act, use and choice of contraceptives, and to a limited extent on spousal decision-making with regard to contraception and family size. The most noticeable feature of these essentially quantitative investigations, carried out chiefly by demographers, was that sexual behavior was sought to be understood mainly within the context of marriage, with the marital dyad as the unit of analysis. In the second phase, beginning sometime in the 70s and continuing even to the present, research conducted by psychologists, population experts and those under the Population Education Program has involved mainly urban students (school and college going). The objective of these efforts has been to assess the knowledge, awareness and attitudes of adolescents and young people regarding sex and sexual behavior and the rate of premarital sexual behavior among them. Training needs of researchers engaged in these research investigations are traditionally met through university-based, discipline-specific research methodology courses offered at postgraduate and doctoral levels. Not only do these courses lean heavily on quantitative research approaches, but being discipline bound they are inimical to facilitating interdisciplinary approaches to inquiry as well.

Outside of the fields of demography, population and fertility studies, sexuality has by and large remained a taboo and private subject for Indian social researchers (but see Kakar, 1989 for psychological explorations of intimate relationships in India). Indeed, research in this field is sometimes

termed “bedroom research,” and was accorded little academic significance till recently. After the mid-80s, however, the international women’s health movement on the one hand and the AIDS epidemic on the other have changed the climate for doing sex research in the country, slowly but steadily. There is considerable concern and interest today – in what may be called the third phase – in determining levels of awareness about STDs and HIV/AIDS in the general population and in examining patterns of sexual behavior, and more importantly in exploring the sociocultural context of such behavior among subgroups of populations, including marginalized and “at-risk” populations. The emerging framework of reproductive health following the International Conference on Population and Development (ICPD) in 1994 has further contributed to this newfound concern. The consequent paradigm shift in the national family planning program, from the “targeted” approach to a “target-free” approach, has identified a greater need for research on women’s sexual health, on the social construction of power and relationships around sexual and reproductive issues, and on men’s role in promoting reproductive health (Pachauri, 1996 and 1999).

These shifts in foci are also reflected in the changing perspectives of researchers. Available research studies in the area generally reflect two broad perspectives: one, a health perspective within which the focus is on fertility and reproductive health aspects; the other, one within which sexuality is problematized. Within this latter perspective research is concerned with either the problematic and prohibitive aspects of sexuality, as in the assessment of pre marital and extramarital sexual behavior, or with the negative consequences of it, in the form of infections and unwanted pregnancies. A third, more neutral perspective, if one can call it that, is, however, now gaining ground wherein the focus is on understanding sexuality in all its complexity and as a key to understanding many of the beliefs, norms and behavior patterns that affect reproductive health and emotional well-being. Within this perspective it is recognized that behavioral choices are not made freely; rather, they are contingent upon contextual factors and situational constraints.

The changing perspectives and paradigmatic shifts in the field have been accompanied by a major methodological shift as well, from a chiefly quantitative research approach to a qualitative one, posing challenges to researchers to build research capacities afresh. These challenges have been met in a variety of ways and are described in this paper through select exemplars. The growing disenchantment with sterile academic researches lacking in policy and intervention dimensions posed yet another challenge

to university-based researchers, this from community-based organizations (CBOs) with the natural advantage of a greater familiarity with issues in the field, the socioeconomic context, the language and, more importantly, the trust of the community. Partnerships between the two, researchers and CBOs, are an important development in the field of sexuality research, gender studies and related themes.

CAPACITY BUILDING FOR RESEARCH ON SEXUALITY AND RELATED THEMES: SOME EXEMPLARS

From a sluggish start in the early 90s, research on sexuality and sexual behavior is finally picking up, as can be discerned from the growing number of researches that are aiming to fill the gaps in knowledge. (For reviews of studies see Nag, 1996; Jejeebhoy, 1998; and Pelto, 1999.) Three trends are noticeable: one, that researchers are beginning to explore the interpersonal dynamics and communication patterns in sexual behavior and are extending these inquiries to the marital context; two, that research is increasingly moving out from urban metros to rural areas and smaller towns of states not listed for high prevalence of HIV/AIDS; and three, that sexuality is gradually becoming less problematized in research and getting accepted as a legitimate field of inquiry in its own right.

These trends augur well for the future of sexuality research in India. At the same time, given the limitations of formal academic training programs, the need for imparting additional and, in some instances, fresh orientations to researchers through specially designed training courses has also grown. Increased awareness about observing ethical principles in doing research involving human subjects – and the growing usage of qualitative research methods in gender, health and related themes – has created a demand for training on issues such as rapport building, verbatim recording, ethical considerations and similar others. The imperative for training sexuality researchers in an organized and systematic manner has emerged only in the post-AIDS era. In fact, it appears to be intrinsic to research in the AIDS era and to the use of the qualitative research approach.

The training programs have addressed the needs of three broad categories of researchers. The first is those who are the lead researchers, or principal investigators (PIs), involved in conceptualizing and designing the research study. The second category consists of those who are employed as field staff mainly for data collection. Very often the PI is also engaged in data collection in the field. Traditionally both these sets of researchers have been

those with some university-based formal training in research methodology within any of the social science disciplines, usually sociology, psychology, demography and anthropology. However, functionaries of nongovernmental organizations (NGOs) and health functionaries and voluntary workers without formal training in research methodology increasingly are also involved as lead researchers in sexuality research. A third and newer trend noticeable of late is the induction of the members of the affected and/or beneficiary community as researchers. This trend is observed in HIV/AIDS research, for example, where members of an HIV/positive group assume the roles of researchers to help in the understanding of forms of discrimination and stigma in HIV/AIDS.

Two current approaches to research capacity building may be discerned. One is a research project-specific approach to training developed by PIs to meet the self-identified needs of their research investigations. This approach is most common and typically involves inputs from invited key resource persons, mainly in the use of qualitative methods. The second approach involves the development of a specialized training program or package to meet the needs of a group of researchers involved in research in a particular area and its related themes. These researchers may or may not be part of a formal network. This is initiated and organized by the support of international funding agencies – for example, the International Council of Research on Women (ICRW) and the Ford Foundation – through established research institutes, such as the Tata Institute of Social Sciences (TISS) and the International Institute of Population Sciences (IIPS), both in Mumbai.

In the following section, select capacity building programs for each of the above three categories of researchers are discussed for the purpose of reviewing the training process, the content and methodology of training, the outcomes and critical issues.

A comprehensive capacity building program for researchers who are the lead investigators.

The Ford Foundation Project: Building social science capacity for research on women's health in India

In the early 90s the Ford Foundation (India Program) conceptualized and executed perhaps one of the first systematically developed and organized capacity building programs in India. The project “Building Social Science Capacity for Research on Women's Health in India” aimed to reduce the knowledge gap regarding women's reproductive health and to increase the

capacity for health-related qualitative research and training in India (Gittelsohn, Bentley, Pelto, Nag, Pachauri, Harrison & Landman, 1994). The project came about at a time when realization of the missing gender perspective in health, including reproductive health, was growing worldwide. It was also a time when qualitative research methodology was gaining ground as a more appropriate methodology for research on health, including women's health. The project targeted NGOs with experience in health delivery and medical and social researchers from universities and research institutes with experience in conducting health related research. Both these groups of participants were seen as having "potential for training and capacity building," although it was noted that their research experience in the field of reproductive health was not only limited but also more quantitative based. One of the highlights of the project was the establishment of an informal "women's health network" where a "cross-fertilization" between NGOs and academic researchers was expected to bring "exciting results" in terms of research output. Such health networks continue to be functional in some parts of rural Gujarat and Maharashtra, and some interesting research outputs were indeed obtained as a result of the capacity building workshops and cross-fertilization (Gittelsohn, et al., 1994).

Overall the project had the broad objectives of familiarizing participant organizations and individuals with the concepts, methods and issues involved in qualitative research; assisting participant organizations with the implementation of the qualitative aspects of projects in women's reproductive health; teaching techniques for the documentation, management and analysis of information acquired through qualitative research, and effective modes for dissemination to health agencies and other users; developing more sophisticated, effective ways to interrelate and combine qualitative and quantitative materials in order to analyze and present "the picture" concerning women's reproductive health situations and needs; providing a forum for discussion of key concerns and issues relating to the conduct of research on women's reproductive health; and contributing to the long-term development of social science research in health by stimulating research in service and academic institutions and disseminating the research conducted in India to a wider audience (Gittelshohn, et al., 1994: 216).

Capacity building for research was carried out through four major activities:

- ✦ workshops/conferences to provide training in qualitative data collection methods, management, analysis and writing, and sharing of research experiences;

- ✦ technical assistance to researchers intending to engage or who are already engaged in research at an individual and personal level by program faculty;
- ✦ development and dissemination of information and training materials prepared by program faculty and those collected by participants, for more effective usage of same;
- ✦ training and curriculum development assistance by program faculty to institutions involved in regular training for health-related social science methods.

In all, seven workshops were held between January 1990 and November 1993 at different locations in the country. Workshop faculty (four in number, all anthropologists: one Indian and three non-Indian) provided intensive onsite training in developing, implementing and managing research programs on women's health. Not only did such individualized visits help the researchers, they also helped the program faculty in gaining a more realistic understanding of the field conditions and resource constraints in conducting health research in India (Gittelsohn, et al., 1994).

The workshops were chiefly designed to cover the conceptual and methodological issues in doing qualitative research on reproductive health. This included training in the use of different qualitative research techniques, data collection, recording, proposal preparation, computer use for data analysis, theory of qualitative research methodology and the issues of reliability and validity. Sharing of recent literature on women's health and facilitation in research proposal development were among the crucial inputs given to researchers. Some important outputs of the project included the idea of a network newsletter for sharing programs of individual research studies among workshop participants; review of current knowledge on sexual behaviors and practices in India; and focused ethnography of women's health: a research protocol containing guidelines and procedures for carrying out community-based ethnographic study on women's health.

Efforts such as these initiated by the Ford Foundation need to be sustained and replicated, for they will go a long way in strengthening research capacities in the country. Similar attempts, albeit on lower scales, are being made at a few research institutes. The Indian Institute of Health Management Research, Jaipur (IIHMR Research Brief, July 2000), for example, organizes a training program that aims to strengthen capabilities in undertaking research and conducting situation analyses on social, cultural, economic, health and managerial aspects of sexual health, STDs and HIV/AIDS for

planning and management of HIV/AIDS intervention programs. Another example is the Ford Foundation-supported Reproductive Health Program at the Mumbai-based IIPS. In short, the objective is to strengthen both research and program management capacities of researchers drawn from India and abroad.

Two training programs meant for untrained researchers drawn from beneficiary communities.

Swasthya: Capacity building of community members in sexual behavior research

Swasthya is a non-governmental organization currently working toward developing a model for addressing reproductive health among marginalized urban populations through a comprehensive reproductive and sexual health program. This model is being developed in the urban slum resettlement colony of “Tigri” in New Delhi. The program has identified the need to promote safer sexual behavior amongst adolescents, as they are understood to be especially vulnerable to sexually transmitted infections (STIs), including HIV infection. Toward this end, a research study was initiated in 1996 to examine the patterns and determinants of adolescent sexuality and sexual behavior in the community (Sodhi & Verma, 1998: a, b).

A unique feature of the research was that the research team comprised adolescent boys and girls from the community who earlier worked as outreach workers in the program. The training reported below is of these “outreach workers” turned “research assistants” – three boys and three girls – selected on the basis of their “interest in research and a willingness to work on the study” (Sodhi, Sundararaman & deZoysa, 1999).

The selection of “insiders” as researchers was guided by three major considerations: the respondents’ comfort and trust levels in sharing sensitive information with “peer researchers”; the acceptance of “insider” researchers by community leaders or “gatekeepers”; and the greater familiarity of “insider” researchers with the language of respondents and with the community as a whole. No other information about the researchers in terms of their educational background, age and qualities as outreach workers was provided.

The training program was designed to achieve two related objectives. One was to initiate the “uninitiated” into the culture of research by dispelling myths surrounding the image and academic status of “research” and “researcher” and by clarifying conceptual dichotomies of quantitative/qualitative, insider/outsider and social research/biomedical research. The other

objective was to build skills in using qualitative research methods and to orient the researchers to the research goals and objectives.

A participatory approach was used with the trainee researchers in developing the study design and study tool whereby the key concepts and expressions such as “adolescent” and “sexual behavior” were “defined jointly for the scope of the study” (Sodhi, et al., 1999). The researcher trainees also contributed to the finalization of the interview guide and data management system. Unlike many other training schedules, which are a one-time affair, the training was ongoing with several follow-up sessions at every stage of the research process.

The training program addressed several issues that are in common with similar training programs. These include the importance of recording and preserving data in its “truest” form; guarding against subjective interpretations; retaining original language and vocabulary; observing ethics of privacy, confidentiality and consent; and so on. The engagement of “insiders” as researchers posed two significant dilemmas: (1) with regard to “ethical dilemmas in the form of situations where giving information and guidance to the respondents seemed critical,” presumably more so because respondents were known to the researchers and could have come to harm; and (2) “the concern that the respondents might give sensitive information but regret later and continue to live under the pressure of having confided in a neighbor” (Sodhi, et al., 1999). According to the project coordinators, the training program was an empowering experience for the researchers as they “started to, and continue to believe in themselves as researchers” (Sodhi, et al., 1999). Their transformation from “non-researchers” to “researchers” led to enhancement of their sense of self-worth and self-confidence (Sodhi, et al., 1999). From the point of view of the research itself, the engagement of “insiders” as researchers was considered helpful in generating “rich, in-depth and contextualized information” as the researchers’ intimacy with adolescents of their community enabled them to elicit answers to questions on sex, sexuality and sexual behavior. Familiarity with the local language, vocabulary and with the sociocultural context was found to be especially useful in interpreting the findings and in developing insights.

Humsafar Trust: A baseline study of knowledge, attitude, behavior and practices among men having sex with men (MSM) in selected sites of Mumbai, 2000

The Humsafar Trust undertook a KABP (knowledge, attitudes, beliefs and practices) study among behaviorally homosexual men as part of a larger outreach intervention program to raise their awareness and motivation levels

about safer sex behavior in select sites in Mumbai city (Humsafar Trust, 2000). The objectives of the research study were to assess knowledge and attitudes of MSM toward HIV/AIDS and to understand their sexual behavior and practices with regard to sexual self-identity, partner seeking, knowledge of safer sex behavior and condom usage in penetrative/non-penetrative forms of sex with male and female partners.

The researchers for the study were chosen from the group of outreach workers employed for health delivery to MSM. These outreach workers were also MSM; the rationale for engaging them as researchers was twofold – being part of the community of MSM they removed any doubt regarding “fear or subjective judgement” on the part of respondents (Humsafar Trust, 2000:7); and secondly, their familiarity with the language, culture and sex sites of the MSM community enabled them to reach a larger respondent population. The “researchers” were put through an eight-day training schedule that focussed on thematic content (meaning and importance of research on MSM, importance of safe sex behavior), methodological aspects (posture and body language during the interview, how to ask a question, ways of recording responses) and ethical issues (ethics of research and field workers’ responsibility, importance of informed consent). Practical experience in data collection was provided through field visits and mock interviews.

A training program for research staff employed to carry out field-work for a specific study.

“A study of the sexual behavior of Indian rural population”

(Verma & Lunghdim, 2002).

This study proposed to understand the sexual behavior of adolescent boys and girls and married men and women in 10 rural settings. One of the few studies to focus exclusively on a rural population, it combined both qualitative and quantitative research approaches. The research team comprised 15 male and female social science graduates with some experience in collecting data using both quantitative and qualitative methods. Care was taken to select researchers from the specific research areas to ensure language compatibility and familiarity and sensitivity to local sociocultural practices and norms.

In September 2000 a 12-day training program was organized for the research team. National- and international-level resource persons with research experience in the field of AIDS, adolescent sexuality and reproductive health were invited to give valuable input in training the team for the use of

different qualitative methods and, most importantly, in developing the research tool. Resource persons brought actual field experience into the training that helped to address practical difficulties in doing research on sensitive and value laden topics, such as sexuality. Departing from established practice, the training was conducted in a participatory manner. The research team was encouraged to actively participate and contribute toward conceptualization of the research problem and toward development of the research tool, the interview guideline. The philosophy behind such an approach was to empower the field staff in their researcher role and to impart to them a sense of ownership of the research concepts and methodology. Skills development training was given for a range of qualitative methods, including social mapping, free listing, in-depth interviews and key informant interviews. Field exercises for sharpening data collection skills in actual field situations formed an important aspect of the training program. These exercises were carried out in a nearby urban area with close supervision from the resource persons on a one-on-one basis.

Besides skills training in qualitative methods, some of the key issues addressed during the training program were ethics and sensitiveness associated with sexuality research, overcoming personal attitudes and biases related to sex and sexuality, sensitivity to gender issues, participants’ consent and confidentiality of information. The outcome of the intensive and participatory training program was a Field Researchers’ Manual to assist staff in the field.

CAPACITY BUILDING FOR SEXUALITY RESEARCH: SOME ISSUES AND TRENDS

The select training approaches presented in the previous section highlight some important trends and issues. The comprehensive approach, as used by the capacity building program, has the potential to propel social research in the country to a more dynamic phase, where research is not an end in itself. Such training programs aim to build a climate for research in which researchers carve for themselves a greater role beyond data collection and toward impacting policy and program planning. On the other hand, training programs for research-specific field staff are narrower in scope and address field-level practical issues and difficulties. The two types of training programs complement one other; the former, in fact, also prepares trainers for the latter. *Some of the key trends/issues emerging from the previous section are presented below:*

- ✦ There seems to be a shift in training programs from the hitherto exclusive focus on training in data collection “methods” to train-

ing in the “process” of conducting research. Thus training programs include not only sessions on techniques of collecting data but also on data management, coding and analysis, report writing and dissemination.

- ✦ In response to the emerging trend toward a more participatory style of research with blurred distinctions between lead researcher(s) and field staff, training programs are increasingly being designed to impart a sense of ownership among research staff. Thus training today also involves the staff trainees in defining and refining key concepts, in developing research tools and the plan of analysis and in refining their skills for inputs in report writing.
- ✦ Partnerships between CBOs and academic researchers are being recognized as healthy developments in the fields of gender and reproductive health research. Organized and systematically developed capacity building programs are not only instrumental in initiating such collaborations but also in sustaining them through the creation of networks.
- ✦ Capacity building programs are also supporting the trend toward demystifying research by catering to the needs of untrained personnel who are service providers or who are “insiders” or “beneficiaries” of interventions programs.
- ✦ Orienting researchers to the sensitive nature of the research topic and addressing ethical issues, particularly with regard to seeking respondents’ consent and maintaining confidentiality of information, are becoming integral to capacity building in research on sexuality and allied themes.

Concerns remain, however, on perspectives in training programs with respect to issues of research ethics, language use, etc. The application of the Western concept of consent seeking, for example, is a case in point. In a non-Western context, points of debate have focused on whether consent should be taken verbally or in written form, whether it should be signed or not, whether it should be a one-time consent or taken at every successive visit/information gathering session and whether consent should be taken from individual members of a community or from gatekeepers to the community (Bharat, unpublished). Another issue is around the engagement of “insiders” as researchers. The possibility of subjective bias on the part of “insiders,” non-response from respondents due to fear of being harshly judged by the peer researchers and shame and threat of exposure in their own com-

munity are points of concern. Principles of research ethics, too, take on different meanings when “insiders” are researchers. For instance, what does confidentiality mean when “peer” researchers interview adolescents on sexual behavior? Another issue is related to the familiarity of researchers to the language and the culture of respondents. This issue is often resolved by drawing educated field staff from the local area. However, their knowledge of local terms and situation may be mediated by their exposure to education, and the importance of using and retaining local terms in their original form may be lost on them. For example, despite the respondents’ use of words such as *vaishya* or *galat aurat* for prostitutes, field staff very often use the commonly used English-language term “commercial sex workers” in their field notes. In sexual behavior research there are many such concepts with no equivalent in the local Indian languages (for example, “safer sex,” “risk behavior”). Issues such as these require special consideration and need to be addressed through training programs. Sharing and dissemination of findings of sexuality research to community members and to the general public in a sensitive and respectful language is yet another issue that merits special attention in the context of training programs.

Some other skill development issues have to do with the practical problems at the field level: how to approach a community, how to introduce a sensitive topic for research to community members, how to tackle gatekeepers for access to community, how to take back research findings to the community, and so on. Other practical issues for inclusion in training sessions include overcoming personal biases of researchers regarding sexuality, developing familiarity and comfort in using words with sexual connotations, writing field notes and recording textual data “verbatim” without using “filters,” and the complexity involved in using a tape recorder for recording data.

CAPACITY BUILDING: LOOKING AHEAD

This section discusses some of the emerging needs and makes suggestions for the future.

- ✦ With increasing realization of the merits of combining quantitative and qualitative data for understanding social realities, training programs need to impart skills in integrating these methodological approaches and in analyzing data obtained using the combined approaches. Training is also required for upscaling from the qualitative phase to quantitative survey and for developing management systems for numerical and textual information collected

through combined approaches.

- ✦ Some of the existing capacity building programs provide an orientation to key concepts in qualitative research methods. However, conceptualization of the research problem and of the key concepts in sexuality and sexual behavior remains a critical issue in sexuality research in India, as can be gauged from reviews of existing literature in this area. Capacity building programs need to strengthen this aspect of research to improve the quality of data.
- ✦ Most studies in India are one-time, cross-sectional, single-disciplinary studies. Skills need to be imparted for designing and conducting longitudinal, multidisciplinary and collaborative research studies to better capture the complex and dynamic nature of sexual behavior and sexuality and to analyze the heterogeneity of contextual-level factors.
- ✦ Portrayal of sexual images and construction of sexuality in the mainstream and regional media, literature and films are important to analyze from the point of view of understanding popular societal and cultural frameworks, norms and attitudes. Researchers need to be trained in conducting media and literature analysis.
- ✦ Most social researches in India fail to make substantial impact on policy and programs because researchers lack skills in translating their research findings for action and policy planning. There is a need to train researchers in drawing clear and concise implications for influencing policy and for planning interventions.
- ✦ Communicating the key research findings and issues effectively to a wide audience – from policymakers to funders to program planners and to the public – is another weak aspect of most researches. Therefore capacity building programs should incorporate skill development for communicating key findings in non-academic, jargon-free language in the popular press, and now, on the Internet.
- ✦ In a market-oriented economy social research is no longer confined to academic institutions/universities. Market research groups that up till now focused primarily on consumer products are increasingly taking up research on subjects such as HIV/AIDS, sexual behavior and other related topics. Increased funding and expanded research agendas require, in addition to research skills, project management skills. Moreover, research is increasingly built into intervention programs, requiring researchers to have program management skills as well. Future training programs

need to incorporate these components.

- ✦ Ethical issues in human sexuality research form an important part of most training programs today – which is welcome. However, there is a need to contextualize training in observing ethical issues to make researchers sensitive to the local cultural norms and patterns of relationships. Researchers need to be oriented more to the “principles” of ethics in research than to the routine procedures of observing ethics. This is to ensure that the cultural sentiments and respondents’ rights are not violated by a blind observance of research ethics.
- ✦ Finally, there is a need to develop a basic curriculum in training for research in human sexuality and related themes. This could be in a modular fashion to meet the needs of different categories of researchers and to fulfil different research objectives.

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