The project titled *Exploring sexuality of physically disabled people through photo-narratives in Bangladesh*, aims to explore disability across the intersections of gender, sexuality and class, by bringing in narratives of disabled youths in Bangladesh. Methods of photography and photo-voice will be employed to extract personal narratives from participants. Participants will be photographed, and some will also be given the opportunity to take pictures on their own, and portray their understandings and experiences of their body, gender and desire through visuals.

Phase 1 of the project, which was to conduct a workshop on basic Sexual and Reproductive Health and Rights (SRHR) for physically disabled youth at Niketan, in Manikganj, took place from January 25-27, 2017. Prior to the workshop, a preliminary research was conducted to map out what kind of work has been done, or underway, around SRHR of disabled people in Bangladesh. The preliminary research also helped design the outline of the workshop in an informed manner, and include content that is engaging and understandable for the participants.

For the preliminary research, three different disability organizations were visited in Dhaka, Bangladesh from January 1 to 12, 2017. They are: Center for Disability in Development (CDD)⁴, Society for the Welfare of the Intellectually Disabled (SWID), Bangladesh⁵ and Women with Disabilities Development Foundation (WDDF)⁶. An informal discussion with four physically disabled men and women was also conducted at Niketan on January 11, 2017: one male participant with cerebral palsy diplegia⁷, and one with an amputated leg; one female participant

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1. Senior Research Associate, James P Grant School of Public Health, Brac University
2. Coordinator, James P Grant School of Public Health, Brac University
3. Dean, James P Grant School of Public Health, Brac University
4. The Centre for Disability in Development (CDD) is a not for profit organization established in 1996 to develop a more inclusive society for persons with a disability. CDD works in partnership with a network of over 350 organizations both nationally and internationally. CDD's mission is to address this by simultaneously educating the community in how to be more inclusive whilst also enabling persons with a disability to participate in society by providing them with essential supports.
5. Society for the Welfare of the Intellectually Disabled (SWID) -Bangladesh is an association of parents, relatives, professionals and social workers engaged in providing services to the intellectually disabled children.
6. Women with Disabilities Development Foundation (WDDF) works with women with disabilities to enhance leadership and provide support for education and treatment. They also work with government and non-government organizations, national and international organizations to ensure rights of women with disabilities.
7. Spastic diplegia is a form of cerebral palsy manifested as an especially high and constant "tightness" or "stiffness"—in the muscles of the lower extremities of the human body, usually those of the legs, hips and pelvis.
with muscle weakness\textsuperscript{8} and one with cerebral palsy\textsuperscript{9}; the female participant with cerebral palsy is married.

The other informants in the preliminary research were: Anika Rahman, Assistant Director of training from CDD; two teachers from SWID- Abdur Rahman Shanto and Tahmima Chowdhury, who work with intellectually disabled children and teach them about vocation and basic life skills like taking care of oneself, knowing mobile numbers, using the toilet; Shirin Akhter, the chairperson of WDDF. Besides these informants, partner applicants Sanderijn van der Doef (Independent consultant SRHR and CSE) and Antoinette Termoshuzien (General Secretary, Niketan) were also reached for insights and suggestions about the content of the workshop.

\textbf{The Workshop on SRHR}

There were 18 participants who had full attendance throughout the three days of the workshop. The age of both male and female participants ranged from 16 to 35. The disabilities that male participants had are cerebral palsy, missing one leg and mild intellectual disability. The disabilities that female participants had are cerebral palsy, muscle weakness, clubfoot\textsuperscript{10}, post-polio\textsuperscript{11} and mild intellectual disability (ID)\textsuperscript{12}.

The first day of the workshop was designed in such a way so that participants can talk about gender, body, love and relationships with everyone in the class, and then in gender segregated groups. Probing questions were designed from beforehand to further the discussions during group sessions. The second and the third day were designed around photography, looking at pictures, taking pictures, and understanding that one can express thoughts through visuals, and was facilitated by Shehzad Nooran\textsuperscript{13}. The workshop acted as an ice-breaking and ensured a space for critical thinking about one’s body and emotions.

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\textsuperscript{8} Muscle weakness is a lack of muscle strength. The causes are many and can be divided into conditions that have either true or perceived muscle weakness. True muscle weakness is a primary symptom of a variety of skeletal muscle diseases.

\textsuperscript{9} Cerebral palsy (CP) is a group of permanent movement disorders that appear in early childhood. Often, symptoms include poor coordination, stiff muscles, weak muscles, and tremors.

\textsuperscript{10} Club foot or clubfoot, also called congenital talipes equinovarus (CTEV), is a congenital deformity involving one foot or both. The affected foot appears to have been rotated internally at the ankle. Without treatment, people with club feet often appear to walk on their ankles or on the sides of their feet.

\textsuperscript{11} Post-polio syndrome (PPS) is a condition that affects polio survivors years afterrecovery from an initial acute attack of the poliomyelitis virus. Post-polio syndrome mainly characterized by new weakening in muscles that were previously affected by the polio infection and in muscles that seemingly were unaffected.

\textsuperscript{12} Intellectual Disability is an impairment of cognitive skills, adaptive life skills, and social skills. Individuals with Intellectual Disabilities are slower to learn new skills and concepts than their peers, but with the assistance of a supportive educational system are often able to live independently as adults.

\textsuperscript{13} Freelance photographer
Summary of the Initial findings from the workshop: Gender, Body and Class

Certain gender specific struggles of both disabled men and women came up through discussions, which will be further explored through in-depth interviews. The male participants with disabilities mentioned about how they have low confidence when it comes to talking to a woman they find attractive. Able-bodied girls do not like disabled men, according to the men in the workshop. However, one of the participants with an amputated leg, mentioned that it is important to have confidence, and present oneself nicely. Some of the other comments emerged regarding looks and body: able-bodied men look better, and often people wonder about how disabled men have sex. If a man cannot have sex with a woman, he is seen as less of a man, for which men are supposed to have sexual capacity, otherwise there is no difference between a man and a Hijra, opined the male participant with an amputated leg. One of the married participants with paralysis, mentioned that society thinks that if disabled people have sex, then their children will be disabled as well.

The female participants with disabilities talked about anxiety over love and relationships. One of them (with cerebral palsy) mentioned about how an able-bodied man wanted to marry her, but her family didn’t marry her off, as they thought the man would eventually leave her. Another participant, who is married and has muscle weakness, mentioned that she is still not accepted by her in-laws, due to her disability. The participant with post-polio syndrome, married a man who has another wife. She is now thinking of having a baby, in order to feel more secured in the relationship. The other participant with post-polio syndrome doesn’t want to get married, as she cannot trust any man, even though she has a boyfriend.

Aspects of socio-economic class came up as well. One of the female participants mentioned how buying medicine for a disabled girl often gets less priority in a poor household, when other needs have to be met. One of the participants with cerebral palsy mentioned that he feels incompetent at times when he sees his able-bodied brothers working in the farmland, but he cannot contribute to family work and help meet family needs.

Ethics

The other six participants with ID did not participant as much in the workshop discussions. However, when we engaged in one-on-one interactions with them, we realized that they need more personal and intimate spaces for discussion, and the workshop space didn’t necessarily provide that. Working with the youth with ID raises ethical concerns regarding informed consent. We will ensure that we take informed consent from the parents of the participants when we visit them for in-depth interviews. Informed consent about participating in the visual project, along with exhibiting will be ensured.

Themes of expected gender roles, masculinity and femininity, in mediation with class position, have emerged from these discussions, which will be further explored through in-depth interviews, to see how male and female participants understand and use their bodies and manage their desires in day to day life.
Next Steps

Data Collection

We will visit the participants who have agreed to take part in the project, and conduct in-dept interviews with them, about their personal experiences around gender, body, sex and sexuality. We will also give them cameras to take pictures (each participant will get 10 days to keep the camera), and conduct interviews on the pictures they will take. Researcher and the participants may brainstorm ideas of photographs together in the interviews to generate photo-narratives. The data collection in this manner will continue till May 2017. The photo-narrative generation process will also be overseen by Shehzad Noorani.

Participants will also use the method of photo-voice to answer the specific questions through photographs:

- How do you feel about your body? What do you like about your body?
- How do you think about desire and romance? What do you find attractive?
- Who do you think of when you think of love and desire?
- Is there any place you think of when you think of love and romance?

After the data collection period, researchers will transcribe the interviews, and will start working on the layout of the booklet, composing the photo-narratives, and finally printing out the booklet. This phase will continue from June- August, 2017.

Dissemination of the project

A dissemination event of the project will take place at the James P Grant School of Public Health, Brac University in August, 2017, where the findings from the project will be talked about. The printed booklets will also be disseminated at the event.

The project will be presented at the international SRHR conference at JPG School of Public Health, Brac University later this year.
Annex

Photographer Shehzad conducts an engaging session on photography at the workshop.

Shehzad, teaching how to use the camera.
The participants went around the workshop venue to take pictures!

After some guidance, a participant takes pictures during the workshop!