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Claiming Status and Contesting Sexual Violence and Harassment among Community Health Workers in Delhi

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Claiming Status and Contesting Sexual Violence and Harassment among Community Health Workers in Delhi

Drawing on an ethnographic fieldwork in an urban poor area in Delhi, this paper examines how Accredited Social Health Activists (ASHAs) experience and critique sexual violence and harassment in the city. Inherent in these women's critiques is blaming of urban poor men who belong to their social class, resonating with middle-class discourses emerging in urban India. Simultaneously, in their accounts of sexual violence in domestic spaces, women invoked notions of romantic love and familial success. I argue that this discursive tension around urban poor men is linked to women's attempts to assert and claim higher social status and respectability in the context of highly divided and gendered city. ASHAs made claims and asserted themselves in the multiple arenas of urban life, as their work on women's health required cultivation of knowledge and engagement with public spaces, intimate spheres, and cultivation of familial roles. Through a reading of de Certeau's concept of *tactics* as limited trajectories of claims to urban environments developed among the powerless, I show how access to urban spaces can be revisited as a negotiation and a claim, rather than being shaped only by existing social status. And, I show how responding with readiness to multiple conditions of urban poverty involves negotiation of those claims pertaining both public and private spaces and spheres.

Keywords: Sexual harassment, sexual violence, urban poor, community health workers, public and private space, India.

Introduction

Academic and public debates on sexual violence in urban spaces in India have resurged since the infamous Delhi gang rape case in 2012. In its aftermath, large crowds of activists and regular citizens gathered in Delhi, and placed sets of diverse demands from the Indian and Delhi governments (see the Introduction, this issue). Largely, these demands focused on threats of sexual violence in public spaces and, however

inadvertently, served to sustain ‘public secrets’ (Baxi 2014) about sexual violence in the intimate realm – when perpetrators are often familiar to the victims’ family and kin networks. Furthermore, many reactions problematized safety of middle-class women when accessing urban leisure and consumption spaces, while recasting the blame for sexual violence onto urban poor men. It is therefore compelling to address sexual violence and sexual harassment in cities without ignoring the violence women experience in domestic environments (Datta 2016a, 2016b), and without perpetuating urban inequalities.

In this paper, I explore how urban poor women who are governmental community health workers, called Accredited Social Health Activists (ASHAs), critique and negotiate sexual harassment and sexual violence in the public and intimate spaces in Delhi. In their day-to-day work, ASHAs, who are recruited from poor urban areas where many residents have incomes below poverty line, are required to visit their neighbours, clinics and distant parts of the city, and motivate and assist them in matters of reproductive and children’s health. As working poor women, they are vulnerable in intimate, as well as public spaces.

ASHAs’ perceptions and critiques of threats of sexual violence in the public spaces reflected widespread middle-class antagonistic discourses about public space being threatened by the presence of the urban poor men. However, ASHAs were also vulnerable in their intimate lives, in their partnerships and marriages. In their personal life accounts relating to sexual harassment and threats of violence in domestic spaces, ASHAs invoked romantic love and familial success. I argue that while these critiques suggest a seeming ambivalence about the legitimacy of sexual harassment and violence in the public and intimate realms, they are linked to their gendered attempts to achieve social and spatial mobility; assert their status and respectability; and negotiate

multifaceted vulnerabilities in post-reform urban India. Viewing these critiques of sexual violence and harassment as claims to the city, I show how they pertained and were cultivated in both, intimate and public realms.

In the context of highly divided and transforming urban Delhi, ASHA work provides urban poor women with avenues to claim a higher social status and shapes their claims to the city. Inherent in these claims was production of informed, socially mobile, respectable self that is progressive than other urban poor. This process involved cultivation of critical knowledge about women's health, propagated by the governmental health programme. Furthermore, ASHA work compelled women to pose as examples of desirable family carers that could be emulated by their own communities. At the heart of ASHA work concerning intimate relationships and public and normative discourses about family were blurred boundaries between public and intimate spaces and spheres.

Scholars have shown how in Delhi and elsewhere, women's anxieties about sexual harassment in public spaces are linked to notions of middle-class respectability and honour, cultivation of which is often intensified by accelerated urban rearrangements (Brosius 2017; Dickey 2000; Donner 2016; Koning 2019; Krishnan 2016; Phadke 2007, 2013). Middle-class women associate domestic realm with safety, and ascribe the risks of sexual violence to the urban public space occupied by the Others (from different class, religion or caste). However, with few exceptions (Datta 2016a), urban poor women's experiences of sexual violence or harassment remain largely unaddressed. I show how these experiences should be understood in the light of laid claims for contested urban space and the notions of respectability pertaining both intimate and public realms against the odds of poverty.

In order to attend the interlinkages between women's mobility in and claims to urban spaces and assertion of higher social status, I engage with de Certeau's (2011) distinction between two modes of claiming space - *strategies* and *tactics*. *Strategies* are a mode of action that enable a subject to 'delimit one's own place bewitched by the invisible Other' (p. 36). Subjects who hold power have both perspective and overview of the possessed place, which enable them to act strategically, calculate their action, and evaluate targets and threats. In contrast, *tactics* are engagements with the space by the powerless, and are unpremeditated, unpredictable, and characterized by the absence of one's own place.

For de Certeau, *strategy* operates through an already consolidated power, which *tactics* are devoid of. In this article I seek to go beyond a strict dichotomy between powerless and powerful, and to pay attention to the fluidity of these categories when the weak lay claims to the city. Viewed from gendered perspective, strict dichotomies between the powerful and powerless are blurred. For instance, high-status holding middle-class and elite women's mobility is contested and fragile (Koning 2009). Where access to certain urban space is restricted to few, and is organized by power relations, negotiating higher social status is linked to laying claims on such urban space, and social mobility (Ciotti 2006; Osella and Osella 1999; Zabiliūtė 2016). Thus, rather than solely depending on existing circumstances (cf de Certeau 2011, p. 38), tactics of the powerless also centre around creating possibilities, making claims, acquiring various forms of capital, and differentiating oneself from peers imagined to be of lower social strata. I explore how the 'powerless' - ASHAs from urban poor areas – engage in the micropolitics of space and critiques of sexual violence, while claiming a more privileged and respectable status. ASHA workers claim public space through aligning with middle-class views about urban poor men and show how negotiation of those

claims traverses both public and intimate spheres, and simultaneously reproduces these divides. Their self-making projects involving domestic realm are an integral part of claims for the public space and the city.

Methodological approach

This article resulted from a larger project on everyday lives, relatedness and health among poor women in Delhi, and their engagements with governmental health interventions. Between 2012 and 2013, I conducted nearly nine-months ethnographic fieldwork in Basti (all names and titles in the article are changed to protect the informant's privacy), an urban poor area in the margins of Delhi, during which I spent time and held numerous conversations with families and residents, including local ASHA workers. While sexual violence and harassment were not the primary focus of the project, ASHA workers often brought up reflections on the topic in our conversations. Furthermore, the main fieldwork phase overlapped with the infamous Delhi gang rape in 2012, which stirred the public debates about women's safety. ASHA's experiences and critiques of sexual harassment must therefore be seen in the light of this discursive shift (e.g. openly public discussion on rape) brought about in the aftermath of the event.

My two main informants Anita and Manju, are married women in their late twenties who work as ASHAs and live in Basti. To explore their interlinkages between public and private roles as home carers, neighbours and governmental health activists, I followed them in their daily lives in Basti, and accompanied them on their visits to neighbours, local primary healthcare centres and on trips outside their neighbourhood. Additionally, I have conducted over forty semi-structured interviews with ASHAs, their neighbours, and other governmental health workers. Interviews were recorded, transcribed and translated by me and my assistants. Speaking limited Hindi, I was

accompanied by a research assistant during most of my fieldwork. Given the gendered topics of the conversations, the ASHAs were most outspoken about their experiences of sexual harassment when I was accompanied by a female assistant. Ethnographic data was organized and analysed by identifying recurring themes, and arranging them in relationship to the significance for the research questions. The themes were then further explored in follow-up phases and interviews.

Following ASHAs' everyday lives enabled to situate ASHAs' work-related stories to the larger context of their self-formation. By examining their life stories, I explore subjective experiences, meanings and temporalities alongside relevant discursive and political economy contexts (Desjarlais and Throop 2011). ASHAs' subjectivities as health workers, family carers, and urban poor women are contextualized against the gendered and class-inflicted discourses about sexual violence in urban India emerging in the aftermath of 2012; and against the linked context of changing political and moral economies of urban spaces in Delhi. Their critiques of sexual harassment and violence constitute avenues of participation and claim-making in the contested urban milieu, and an extension of personhood, aspirations, and subjective life-trajectories.

Politics of space and sexual violence in Delhi

Since the early nineties, when India liberalized its economy, its cities transformed dramatically and witnessed widening inequality (Harriss-White et al. 2013). The middle class expanded, and became the central site onto which aspirations to reinvent India are forged (Brosius 2010; Kaur 2012). These transformations were animated by the emergence of new consumption-oriented urban spaces such as shopping malls, cinema multi-complexes and coffee shop chains. Being middle-class has become inseparable

from spending time in these commercialized urban spaces, and cultivating knowledge of specific modes of consumption (Brosius 2010). Many of these urban developments questioned the presence of the poor in public spaces and required their (often violent) removal from the public gaze (Baviskar 2011; Ghertner 2011a; Bhan 2009).

These urban transformations have precipitated the emergence of new forms of gendered lifestyles. Middle-class women in Indian cities now access leisure and commercialized localities, which enable gendered mobilities and middle-class respectabilities. Konning (2009) showed how in Cairo, new coffee shops allowed young women to socialize freely while sustaining conservative gendered respectabilities by blocking the view from the street occupied by urban poor men – the unwanted Other. Similarly, Delhi’s coffee shops, malls and new employment possibilities allowed and demanded women’s presence, but their participation was carefully negotiated through reconfigured norms of caste, class and gender (Brosius 2010, Dickey 2010; Phadke 2007); and their autonomies regarding their domestic spheres and sexualities remained highly regulated (Brosius 2017). In this context, as Krishnan’s (2016) study shows, young Indian women establish a discourse of risk in urban public spaces as they make jokes about rapes committed by the urban poor men to counterpoint to otherwise strictly disciplined sexuality and domestic respectability.

The figure of urban poor men epitomizing threats to middle-class women in public spaces has come to the fore particularly in the aftermath of the Delhi gang rape case, since the perpetrators came from Delhi’s poor areas. With the revelation that the victim was a young paramedical student from a poor family, the attack became a metonym of gruesome punishments on the country’s aspiring, empowered and socially mobile women (Kaur 2013; Roychowdhury 2013). In urban India, then, middle class women’s participation in public spaces is often limited to practices of consumption and

class display, and the non-commercialized public space is seen to pose threats of sexual harassment and violence – often from urban poor men.

This class-inflicted view of the threats of sexual violence in the public space sits uneasily with many feminist accounts of sexual abuse, which show that sexual violence is equally – or more – widespread in domestic environments where perpetrators of violence are often well-known to women (Baxi 2014; Datta 2016b; Tyner 2016). This points to a gendered divide between the public and domestic spaces in terms of the legitimacy of sexual violence. In India, urban rape is constructed as an anomie (Datta 2016b), but the state and law criminalized sexual violence within marital relationship only recently. Thus, the family and community are realms of respectability, but they also legitimize violence and ownership of women's bodies (Das 2004; Basu 2011).

The transforming cityscape did not only enable middle-class to claim the city in new, exclusive and excluding ways, but it also incited aspirations and claims among the urban poor to participate in the reinvented city (Baviskar 2003; Gooptu 2013; Srivastava 2010b, 2010a; Zabiliūtė 2016). I am interested in how urban poor women, who can hardly access public commercialized spaces, negotiate these gendered urban divides between private and public through their claims to the city and what the production of these separations says about the politics of sexual violence among the poor in Delhi.

ASHA status and urban mobility

The National Health Mission (NHM) mobilizes ASHAs in order to facilitate the access of urban and rural poor to the governmental public health services. Simultaneously, it benefits ASHAs by providing them training, income, social capital, and knowledge about human health and governmental health infrastructure. ASHAs' principal tasks are to motivate and assist their neighbours to access public health services, particularly the

ones concerning children's and women's reproductive health, such as contraception, sterilization procedures, vaccinations, institutionalized births, prenatal and post-natal care. Like similar programmes elsewhere, by advocating for a two children family model and medical care, the programme promotes a specific form of family and ways of being in it (Gammeltoft 1998; Van Hollen 2010). Furthermore, it generates knowledge and critical engagement with gendered health issues, such as, for instance, female infanticide. It has therefore discursive implications on ASHAs' and their neighbours' familial lives, views on gender and aspirations.

ASHAs, being the intermediaries between their neighbours and the state, traverse the boundaries of public and the private spaces, relationships, networks, and bodies. Their formal role of public health activist is blurred in daily life, as ASHAs act as both state representatives and community members (see Nading 2013). Yet, while accountable to governmental doctors and auxiliary nurse-midwives, ASHAs were not formal governmental employees. Instead of salaries, they received monetary incentives for specific tasks, which deepened the ambivalence of their roles as governmental affiliates.

ASHA work required them to fashion themselves as knowledgeable health activists with important public roles in their communities. In our conversations, ASHAs would often categorize their neighbours into those who complied with public health norms and those who did not. They kept track of those who did and did not undergo the vaccination courses, deliver babies at hospitals; and have more children than stipulated by the governmental family planning campaigns. This allowed ASHAs to practise specialized gendered knowledge and differentiate their social status in their neighbourhood.

This assertion of new status was also underpinned by new modes of urban mobility. ASHAs regularly visited local dispensary; diagnostic laboratories and hospitals in the city; their neighbours; and nearby neighbourhoods. The expanded trajectories of urban mobility exposed ASHAs to a new form of urban living and engagement with urban spaces. Accompanying their neighbours for a sterilization procedures, for instance, required a two-hour trip, including changing buses. During the outings, ASHAs would lead the way confidently and act as responsible guides.

Over my fieldwork, I witnessed much higher degrees of urban mobility within and outside the neighbourhood among ASHAs than among home-staying women. In Basti, most young single or newly married women stayed home, and some of their mothers-in-law worked in nearby farmhouses or at the airport. Women rarely went to faraway parts of Delhi; if they did, they were usually accompanied by men. My assistant's and mine positionalities as young, unmarried, middle-class women, also provided insights into poor women's understandings of unequal access to urban spaces in Delhi. Sometimes residents in the neighbourhood pointed out that it was acceptable for me to travel in the city alone and unaccompanied by men because I was a foreigner, but it would not be desirable for a woman from their background, especially if she was unmarried. In this context, while ASHA work thus enabled women to assert a higher status through acquired knowledge, and to exercise urban mobility, these dispositions did not remain unchallenged.

Contested claims and critiques of sexual harassment

In the aftermath of the Delhi gang rape incident, Basti's residents staged diverse critiques and discussions of the incident (Zabillute 2014). Manju related it to issues of disrespect:

Now see they rape, they inserted iron rods [...] in her whole body. So this is wrong. But society is society. What can we do to society, it will not change if I will change alone [...] I think that people do not respect women. On the day they will learn [how] to respect, the rapes will stop happening. One more reason is that because these days, [by means of] ultrasound they find out about the sex [of a baby]. So only boys are being born. For one thousand boys, there are only eight hundred girls. They [have to] buy and bring women [wives] from UP, Bihar, to Haryana.

Drawing from her work-related knowledge, Manju related the sexual assault to wider issues of gendered discrimination, lack of respect, and supposed men's sexual frustration resulting from the lack of females being born in India due to female infanticide. The attack embodied the vulnerability of working women in a hostile city. In Manju's words, 'this happens more for those people, who work [...] Here, at our [neighbourhood] – at least this is a *jhuggi* colony [slum], but those who stay outside in tents – those people are more threatened. The girls who work, they are [also] threatened.' Manju's reflections on the different degrees of susceptibility to sexual violence in the city, harked back to dominant discourses about domestic spaces or community being safer and uncompromising women's respectabilities. They also established links between the types of housing, its exposure to public eye, and the susceptibility to sexual violence.

To Manju, the presence of men in public spaces animated the threats, especially in late evenings. One evening, when she was returning home after visiting her relative in a hospital, she had to walk the last stretch in the darkness:

I felt so scared [...] I started running. At many points, the truck drivers were standing, as they usually park their trucks there. Some were calling [me] out, some were whistling [...] my heart was beating very fast. I also think that tomorrow my daughter will grow up. So what is this environment for

girls? Girls work, they will have to work – because [if there is only] one earning person [in the household] it is not enough to make the ends meet.

These anxieties and threats of sexual violence and harassment in public spaces also underlined ASHA's reservations over safety during their work-related travel in the city. For example, ASHAs in Basti were scheduled to attend a training session elsewhere in Delhi. A few days before the event, one of the ASHAs had to leave for her natal village, and Manju told Anita she would also not be able to go. Unwilling to travel alone, and despite knowing that she would have to forgo monetary incentives, Anita decided to skip the training.

Additionally, ASHAs felt that their activities related to reproductive health issues intensified their susceptibility to sexual harassment. Anita told me how she disliked working on the weekends and holidays, when men from the neighbourhood had days off: 'It's *gents, gents* everywhere, also in neighbouring Krishna colony [where she worked].' In Krishna Colony and Basti, many men enjoyed their weekends by socializing in public spaces in their neighbourhoods, playing cards and drinking alcohol. Sometimes, on her way to see women in the neighbourhood, Anita was approached by men who would insist she should teach *them* instead, and asked questions about contraception, such as how to wear a condom. According to Anita, these 'dirty' (*gande*) questions were posed not because of men's sincere interest in reproductive health issues, but to 'eve-tease' (a term for sexual harassment) her.

These incidents animated Anita's views about the men in the neighborhood. According to her, in Basti, many young men were 'dirty' (*gande*) characters – they listened to loud music, made comments as if they knew everything and 'showed off' (*dikhvana*). As we were talking, a young man passed by playing loud Bollywood music

on his phone. We both paused, silent. Anita rolled her eyes, smiling at me. ‘This type, I told you’, she said, and we laughed as he was walking away from us.

The anxieties of ASHAs about unsafe public spaces cantered on the figure of a ‘timepassing’ and ‘loitering’ young urban poor man, underwritten by certain political and moral economies in North India. For young and unemployed men, ‘timepass’ enables bonding, cultivating and reinstating masculinity while waiting for potential economic opportunities (Jeffrey 2010). Yet, for women, such male presence in public spaces may seem intimidating. In Basti, young men’s wanderings and ‘timepass’ activities were fraught with denouncement, sanctioning and suspicion by the elderly and women. Young men who ‘timepassed’ instead of working were seen as unconfirming with family ideals and failing to contribute to their households undergoing economic difficulties (Ghannam 2011; Zabiliūtė 2016).

Anita associated men’s comments with harassment, unwanted attention and insults – not romance (cf. Osella and Osella 1998). On many occasions, Ashe would rebuke the harassers and counter them with her knowledge about women’s health and sexuality. Once, she reprimanded young men who were harassing her by telling them that there is nothing shameful in reproductive health as ‘they too are born from it [female uterus]’. As she had gone through governmental training on development and health issues, her gendered critiques were underwritten by her health-related knowledge. For instance, she was proud to know that it is the biological factors in men’s sperm that determine the sex of a foetus, and baby’s sex does not depend on a woman; hence, blaming women for delivering a baby-girl is a cultural malpractice. Similarly, Manju talked about discrimination and pressures for women in Basti: ‘You know what, women here are thought of as child-producing machines [*paida karna ki machine*]. They will say that there is no discrimination between boys and girls, but [...] people

discriminate'. Having decided to have only two children, Manju felt she was resisting the pressures by what she saw as dominant values of her neighbourhood, and subscribing to the two-children family ideal of the health programme.

While it may seem to be paradoxical that urban poor women engaged in the critiques of men from their own communities and social class, their resentment against these men points to gendered class politics and moral economies that shape urban experience and mobilities. Their critiques of men from their own neighbourhoods reflected a popular middle-class discourse against urban poor men. In highly unequal urban landscapes, urban poor men represent threats of 'defilement of physically and symbolically pure respectable' bodies of middle-class women (Koning 2009, p. 545). In Basti, these anxieties can be contextualized in local moral economies in which time-wasting young men are failing their economically vulnerable families. Such notions were in contrast to the ASHAs' self-fashioning as workers who do good for the community and possess valuable knowledge about women's health and bodies. This also points to how moral economies in a divided city uphold the differentiation between the good and labouring poor and undeserving, unemployed and 'useless' [*bekar*] poor, to use the Basti residents' phrase. Finally, their association with health programme enabled their critiques of what they saw as gendered injustices in women's daily and intimate lives.

Reading de Certeau's notions of *strategies* and *tactics* alongside ASHAs' work-enabled urban mobility and its contestations points to how access to desired modes of urban life, is an ongoing process of negotiation, rather than depending on a static and given social position and dichotomy between the powerful and powerless. ASHAs' *trajectories* in public spaces were enabled by their role, but were not entirely similar to

the ‘strategies’ (de Certeau 2011), as they were structured by women’s struggle to achieve social mobility and claim the city in the context of restricted urban geographies.

Domestic relationships and vulnerabilities

The contested claims of ASHA workers, and their struggles to assert themselves as respectable, socially mobile health workers cannot be circumscribed solely the public realm as they encompass women’s intimate experiences, domestic relationships and struggles in domestic spheres. Manju’s critiques of sexual harassment at home were different from those regarding the public spaces. Remembering her initial days of marriage and moving in with her parents-in-law, Manju told me how her brother-in-law kept inviting her to have sex with him despite her repeated rejections. Eventually, she complained to her husband, who confronted his brother. Manju rejected her brother-in-law because she considered her marriage to be successful and committed. As she put it, one could only marry once in their life. After some time, her brother-in-law developed sexual relationships with a woman who, according to Manju, lived with her husband, but exchanged sex for money. To get him out of a relationship which Manju saw as immoral and problematic, Manju’s conjugal family arranged his marriage. Manju’s good and romantic relations with her husband also stemmed from what she saw as his respect to her as his wife. Her sexual life started on her own will, she said: her husband did not ‘touch her’ (*mujhe kabhi touch nahin kiya*) and told her they will have ‘bodily relationship’ (*shareer ka rishta*) after they will have had developed a more valuable ‘heart relationship’ (*dil ka rishta*). In this way, Manju invoked respect and romance as essential for a happy married life, legitimising sexual relationships. The notion of respect, invoked by Manju, was what was lacking in the public space for women to be safe. She considered herself successfully married woman, whose husband, number of children, work and health knowledge transcended the desired norms of respectability,

and allowed her to fashion herself as a person of higher social standing.

Anita's marriage story and domestic relationships, on the other hand, were less straightforward. She told me how, being still a 'child', around 16 years old, she escaped her natal family with a man who was a frequent visitor in Basti. After spending two days with him, she had no choice but to marry the man out of her caste in order to normalize the communal and familial tension and save her family's honour. According to her, even her 'father-in-law' tried to talk her out of the affair, but, according to Anita, it was too late to come back home after having left Basti with a man who was not of her kin:

I thought then: what should I do or should not do? [If] I came back [alone], here [Basti] people would have said that "she came back after spending a day with a man". So they would have thought badly of me [...] So I thought I was stuck in such a bad situation. I had no understanding what to do whatsoever.

Anita was ambivalent about the way she had been 'kidnapped' by her husband. While she never talked about sexual violence that might have been involved in the affair, she mentioned her fear of bringing the issue to the police who might have asked 'dirty questions'. She was also afraid that someone could kill her or her 'future husband', or that the matter would end up at the police station as she was underage at the time.

Anita leveraged between two options, both of which had pointed to the difficulties and implications for her relations with family and community. One option was to have a 'love marriage' and salvage the family's reputation at least partly; another was to go home and hope not to be denounced by her family, neighbours and community, and to be married in what would be seen as more respectable way in the future. Anita decided to marry the man, and her parents accepted them as they settled in Basti. Though some of her relatives were against her decision, she accepted the incident

as her ‘fate’ – ‘what had been written in my fate, there I went [*Qismat main jo likhaa thaa vaha par gayi hum*].’

Soon after that, Anita discovered she was pregnant, and she gave birth to her first child, Preety, a girl who was 14 at the time of my fieldwork. Anita talked with much love about her daughter, always emphasising that girls and boys should be equally valued. She also had great hopes for Preety as she wanted to ‘educate and marry her well’. Later, Anita gave birth to two boys, and she considered her third child to be the outcome of an unwanted sexual intercourse with her husband. Since she was an ASHA, who promoted family planning and two-children family model, having three children seemed to trouble her. She mentioned many times that she would have preferred to have two children.

Anita’s story tells how dilemmas about respectabilities concerning women’s sexuality and choices deviate from normative notions about familial respectabilities, but are ‘cushioned’ by everyday relations (Das 1995). Yet Anita’s critical reflections on her past were also predisposed by her role as an ASHA that required her to advocate moral norms of motherhood and family life. Her regrets about her early marriage which haunted her, especially as an ASHA in the area. What she saw as a failure to complete her studies and to become ‘educated’, and her early marriage that was at once a repository of regrets and an engine powering her to ‘become someone’:

Now when I think about it, I regret my decision not to run away from him at that time. I could have carried on with my studies at least. But I thought about the community [samāj], and I thought about myself that what would the community say I got married young, left my studies and got involved with children after three months. [...] I used to think I should become someone [kuch ban jana]; I told you I wanted to join the police.

Anita's marital story, told to me in a series of interviews, often contained contradictions. In a context where possibilities for women's agency, especially in the form of woman's sexual desire, are often precluded, violence is too difficult to uncover (Pinto 2014). But while Anita expressed regret, she also saw her marriage as fulfilling, and, referred to her conjugal life as a successful 'love marriage'. She told me how her husband taught her how to cook, and treated her well. She respected him greatly, and fasted regularly for his wellbeing, a common and gendered Hindu custom.

Both women's accounts, point to deeply intimate experiences, and struggles regarding their sexual autonomies, relational vulnerabilities and respectabilities in their domestic sphere. Their accounts about domestic experiences did not invoke men's class and 'bad character', underlining their critiques of harassment in public spaces. Accounts of intimate violence were tied to the fulfilment of proper conjugal roles, desired norms of womanhood, and familial success. Manju invoked love in her marriage to point out her achievement as a good and faithful wife, and contrasted herself to a woman of 'loose character'. Anita's coming to terms with her marriage point to how subjects make painful past liveable through everyday life and relationships. (Das 2007).

While they may seem and are deeply intimate, these narrated experiences were not unconnected to women's roles as ASHAs, which as I have noted, involved the reorganising the boundaries of the public and the intimate. As representatives of a health programme promoting ideals of familial norms and motherhood, Anita and Manju had to pose as ideal home makers and carers in their communities whilst themselves negotiating vulnerabilities at home. Anita dealt with her unsettling and seemingly illegitimate marriage by means of establishing herself as a respectable family carer and through ASHA work, which she saw as beneficial for the community. This

role as family and community carer constituted possibilities of selfhood and a counterpoint to unfulfilled educational aspirations.

Conclusion

In this article I have shown how ASHAs' critiques of sexual violence in the city are linked to their claims and assertion of themselves as legitimate women workers in the city. Their trajectories of urban mobility became a matter of negotiation and laying claims, rather than structured purely from the position of the powerless having unpredictable *tactics* at their dispossession in order to navigate the city. Women claimed the city and fashioned themselves as respectable urban citizens through their work, acquired knowledge and negotiating threats and respectabilities in both, domestic and the public realms. Inherent in their critiques of sexual violence in the city was the figure of a poor man, hindering women's participation in urban spaces, which contrasted sharply with the kind of person the ASHAs sought to be – one who works for the good of their community. While *strategies* operate from an established place, through consolidated power and the ability to identify dangerous Others (de Certeau 2011), ASHAs' case suggests how such discourses about the Other remain powerful tool to assert their fragile and aspired status and claim urban milieus. A gendered revisioning of de Certeau's claims to the city must therefore involve a consideration of multiple forms of inequalities that are challenged and redefined, and which transcend both intimate and public spaces.

Several scholars argue that sexual violence can be better accounted for if we can transcend the divisions between public and private spaces (Datta 2016a). Yet, in their critiques and accounts of sexual harassment and violence, women produced divides between various forms of violence in the intimate and public spaces. These divides reveal the entanglements between local moral orders, women's desires for a

public life, and their loyalties to their families in the context of gendered city where poor women have fewer opportunities for urban mobility without compromising their respectability. They point to a more nuanced understanding of how illicitness of sexual violence is produced in the Indian city (Basu 2011; Das 1996); and how urban working-class women view a transforming urban milieu as a source of both threats and opportunities for participation.

Yet, analytically, ASHA role, requiring women to straddle community and domestic relationships and spaces, complicates the divisions between public and the private. As Datta (2016b) has shown, urban gendered intimacy is closely linked to the public and political processes: familial and community norms, practices of surveillance and disciplines are thoroughly political, and thus public. As activists, ASHAs also engaged in other women's intimate lives. Their own familial lives were intertwined with the requirements of the public health programme which they represented. Furthermore, ASHAs' partial inclusion into the formal health system also made them more vulnerable. This seeming ambivalence about the threats of violence being posed by the urban poor men, and negotiation of domestic vulnerabilities were all part of their larger project to reassert themselves in multiple arenas of urban life.

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