

**CONFRONTING STRUCTURAL VIOLENCE IN SEX
WORK: LESSONS FROM A COMMUNITY-LED HIV
PREVENTION PROJECT IN MYSORE, INDIA**

by

Elena Argento
B.A., University of British Columbia, 2004

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Approval

Name: Elena Maria Argento

Degree: Master of Public Health

Title of Thesis: Confronting Structural Violence in Sex Work:
Lessons from a Community-Led HIV Prevention
Project in Mysore, India

Examining Committee:

Chair: Dr. Frank Lee
Assistant Professor
Faculty of Health Sciences

Dr. John O'Neil
Senior Supervisor
Professor
Faculty of Health Sciences

Dr. Roy Lorway
Supervisor
Assistant Professor
Faculty of Medicine, University of Manitoba

Dr. Cari Miller
External Examiner
Associate Professor,
Faculty of Health Sciences

Date Defended/Approved: July 13, 2009



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ABSTRACT

Evidence from community-led HIV prevention projects suggests that structural interventions may result in reduced rates of HIV and STIs. However, the complex relationship between empowerment and confronting stigma, discrimination and physical abuse necessitates further investigation into the impact that such interventions have on the personal risks for sex workers. This article aims to describe the lived experiences of members from a sex worker's collective in Mysore, India and the ways in which they have confronted structural violence with various social actors and institutions. The collection of narratives highlights experiences of violence and the development and implementation of strategies that have altered the social, physical, and emotional environment for sex workers. Building an enabling environment has been key to reducing the personal risks inherent to sex work for this community, emphasizing the importance of community-led structural interventions for sex workers in India.

Keywords: sex work; HIV prevention; structural violence; community-led intervention

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1: INTRODUCTION

1.1 The Global Picture and HIV in India

India is faced with one of the world's most challenging and pressing public health issues in history. Over 2.5 million people are living with HIV in the country and most of the new infections are acquired through sexual intercourse, with commercial sex work playing a major role (UNAIDS, 2008). While it is difficult to precisely measure the impact of commercial sex work on the AIDS epidemic, it has been estimated that prevention programs targeted at sex work alone could drastically reduce the rate of new infections and potentially drive the epidemic to extinction (Halli et al., 2006). The majority of HIV is transmitted through heterosexual sex: sexual transmission is responsible for approximately 87 percent of reported AIDS cases (NACO, 2006). Unprotected paid sex accounts for a significant amount of new infections, especially in the southern states of Karnataka, Tamil Nadu, Andhra Pradesh, and Maharashtra, where clusters of sex work networks tend to spread the disease more rapidly (Halli et al., 2006; Reza-Paul et al., 2008). Sex work is widespread throughout India and HIV prevalence is significantly higher among female sex workers (FSW) and their clients than among the general population (NACO, 2006). Although the success of intervention programs targeted at female sex workers is not well-documented, there is some evidence that suggests that community-based intervention programs that empower sex workers and help to build enabling environments

reduce the personal risks inherent to sex work, including transmission of HIV (UNAIDS, 2009).

1.2 Structural Interventions and the Impact on Personal Risk

The vulnerability of sex workers to HIV is heightened by various social, economic, political and environmental factors and is extremely context specific. In some communities in India, for example, sex work is practiced as part of a deeply embedded cultural, religious and caste-based tradition. In Karnataka specifically, a large number of women enter sex work through a religious tradition called the *Devadasi* (O’Neil et al, 2004). These cultural factors present unique challenges to HIV prevention efforts and are further influenced by wider social and sexual inequalities that shape the experience of HIV/AIDS risk reduction strategies (Parker, 2001). Sex worker communities are subjected to severe forms of stigma, discrimination and violence and as a result face formidable barriers to accessing services. There has been an increasing understanding that addressing the underlying structural barriers that reproduce inequalities and vulnerabilities is key to combating the HIV/AIDS epidemic that tends to be concentrated among those who are already marginalized and stigmatized within society (Guzman, 2001). Orchard et al. (2009) stress the importance of addressing HIV prevention among sex workers as a community-based issue that involves recognizing the cultural and gender constraints. HIV prevention efforts thus require altering deeply entrenched societal norms and various systemic economic, political and environmental factors. These structural factors are at the root of the epidemic and what has been termed “structural violence.” Structural

violence, a term closely linked to social injustice, refers to social arrangements that are embedded in the political, economic and cultural organization of a society that stop individuals, groups and societies from reaching their full potential (Farmer et al., 2006). It is those individuals who are the most economically and socially marginalized that are also the most vulnerable to structural violence and disease (White et al., 2009). Structural interventions aim to change the conditions in which people live and alter the social, environmental, political or economic factors that influence personal risk and vulnerability to HIV.

1.3 Participatory Approaches and Empowerment

The AIDS epidemic has provoked a heightened global consciousness around health disparities, resulting in unprecedented action and leadership to confront complex and serious health and development challenges (UNAIDS, 2008). One of the most innovative and successful approaches to public health and HIV prevention is the Sonagachi Project, a community-led program in India that places a large emphasis on viewing the personal risks involved in sex work as “occupational health hazards” and enhancing a sense of community and political awareness to empower sex workers economically, politically, and occupationally (Basu et al., 2004). The Sonagachi Project began in 1991 as the Sexually Transmitted Diseases (STD)/HIV Intervention Project (SHIP) in Calcutta, where sex workers are organized into brothel-based red light districts (Jana et al., 2004). The project took a structural approach at the local level to mobilize and empower sex workers and build capacity at the community level. Creating an enabling environment was central to this approach. HIV prevalence

rates in Calcutta are as low as 10%, where in other urban centres in India the rates have been reported to be between 50% and 90% (Jana et al., 2004). The important lesson to be learned from the Sonagachi Project is that programs to reduce HIV are most effective when those groups who are marginalized and vulnerable are enabled and empowered to come up with their own solutions (Gupta et al., 2008). Organizing as an occupational employment group empowered sex workers and shifted the responsibility to solve problems from the individual to the community, enhancing social power and sustainability of the intervention (Jana et al., 2004). The WHO has selected the Sonagachi Project as a model of HIV and STI prevention (Basu et al., 2004).

In 2003, the Bill and Melinda Gates Foundation established Avahan (meaning a “call to action”) India’s national HIV/AIDS prevention initiative, which has supported a partnership between the University of Manitoba and the government-run Karnataka State AIDS Prevention Society (KSAPS) to implement prevention programs for sex workers and their clients in 18 districts across Karnataka. The state of Karnataka in south India has a population of approximately 55 million and in some districts the HIV prevalence rate among the FSW population was as high as 34% between 2004 and 2006 (Moses et al., 2008). Avahan now reaches 178 cities and towns and over 200 villages that cover approximately 2500 sex work sites, reaching over 60 000 FSW (Moses et al., 2008). In an effort to establish a Learning Site for “best practices”, a prevention program for FSW, male and transgender sex workers was implemented in two districts in Karnataka: Mysore and Mandya. The collective

established in 2004 and now known as Ashodaya (meaning “dawn of hope”) in Mysore city is home to approximately 1420 FSW and 350 MSM and has been modelled after the Sonagachi Project. Since the onset of the project Ashodaya has shown marked reductions in curable STIs and striking increases in reported condom use (Reza-Paul et al., 2008). Ashodaya took a rights-based approach (focused on community-led structural intervention elements that include community mobilization, increased access to and utilization of sexual health services, and building an enabling environment) and its success as a community-led HIV intervention program has important implications for other urban settings in India where the majority of sex work is street-based.

1.4 Building an Enabling Environment and Reducing Violence

Violence has been both directly and indirectly linked as a contributor to women’s vulnerability to HIV (Gupta & Weiss, 2009). Many female sex workers in Karnataka experience high rates of violence from clients, partners and police, a manifestation of the stigma and discrimination that sex workers are faced with that has both direct and indirect impacts on their ability to protect themselves from HIV (Blanchard et al, 2005). One of the barriers to combating stigma and violence is the inability to recognize and identify violence when it occurs. Gender inequality is often manifested as physical violence, which results in a reduced ability for sex workers to negotiate safe sexual practices and therefore an increase in unprotected sex and a heightened risk of HIV (UNAIDS, 2009). Reducing the risk of violence and abuse has been linked to reducing HIV transmission. When sex workers are empowered to assert control over their

working environments and insist on safe sex practices, their HIV risk and vulnerability is sharply reduced (UNAIDS, 2009). Empowerment of sex workers, starting with building awareness and recognition, is the key to establish long-term, sustainable changes to their health and wellbeing (Chattopadhyay & McKaig, 2004). Evidence suggests that intervention strategies that empower sex workers result in more success in both acceptability of the intervention as well as prevention of HIV transmission (Shahmanesh et al., 2008). However, the ramifications of these intervention strategies that target sex workers is unknown, such as the potential to impact stigma, violence, or drive sex work underground. There is limited data on the effectiveness of structural approaches to reducing HIV and assessing the effectiveness of structural interventions is a challenge, as these approaches address deeply entrenched social and cultural factors such as gender inequality and sexual norms relating to health in specific contexts. The complex relationship between empowerment, confronting stigma and discrimination, and physical abuse highlights the need for further investigation into the potential effects of such interventions.

At the core of building an enabling environment to achieve better health is the empowerment of communities to take control over their health and make their own choices: “building capacity in sex worker networks and communities is part of a fundamental commitment to the protection, promotion and respect of the human rights of sex workers” (UNAIDS, 2009). The Ashodaya collective in Mysore city provides an excellent example of a comprehensive and successful community-led program where local leadership and community participation has

had a tremendous impact upon the development of protective strategies against personal risk and vulnerability to HIV. Ashodaya's efforts shed light upon the complexity around empowerment and violence, where confronting stigma and discrimination has created awareness for this marginalized community that may have both positive and negative outcomes.

This article aims to provide an understanding of the lived experiences of Ashodaya members to identify how they have confronted violence in their relationships with various social actors and institutions. Through a collection of narratives, this article attempts to describe the ways in which strategies to reduce violence have been implemented and developed over time since the onset of the Ashodaya project. The information gained from this investigation will help to shed light upon the factors that contribute to or reduce violence, stigma and discrimination against sex workers and may be useful for other community-based HIV/AIDS prevention programs beyond Mysore. The personal testimonies provide contexts of violence from HIV-positive and high-risk female sex workers (FSW), men who have sex with men (MSM), and Hijra (transgender) and illuminate the collective development of protective strategies and measures to combat the stigmatization, oppression and violence that keep sex workers at the fringes of society¹.

¹ Ashodaya's members include FSW, MSM, and Hijra who work together towards HIV prevention and protective strategies to reduce the personal risks inherent to sex work. Although there has been little research done on MSM and Hijra within the context of sex work in India, the public health community is beginning to recognize the vulnerability of these populations to HIV, as well as to severe forms of stigma and physical violence (Lorway et al., 2009).

2: METHODOLOGY

Semi-structured interview guides were developed in collaboration with the community and with the help of project staff and key informants participants were recruited through a purposive sampling procedure. Qualitative interviews between 30 and 90 minutes in length were conducted with sex workers, police, brokers, boyfriends and lodge owners. All of the interviews were conducted in Kannada and English using a translator when necessary and were audio-recorded when authorized. A total of 16 interviews were conducted (with 3 FSW, 2 MSM, 1 Hijra, 3 policemen, 3 brokers, 2 boyfriends, and 2 lodge owners) as well as numerous informal discussions with community members. All interviews were conducted at the Ashodaya drop-in centre (DIC), with the exception of the interview conducted with the police, which took place at the police outpost in the government bus stand. Transcription coding and thematic analysis were used to identify themes in the narratives. In addition, ethnographic field notes were made daily over the three-month period to record observations of community meetings and social interactions at the DIC. Daily lunches and interactions with community members were paramount to building rapport with the sex workers and those who participated in the interviews.

3: FINDINGS

3.1 Hidden Identities and Experiences of Violence

Violence is experienced by sex workers in different ways and from a number of different perpetrators, including clients, partners, police, gangs (“goondas”), and family members. There are barriers to discussing violence that stem from the relationship between violence and fear. Sex workers are often blamed for their experiences of violence or feel ashamed of being victims of violence. Some sex workers may also fear that discussing violence or confronting it may place them in more danger of further violence. When asked about experiences of violence, every sex worker interviewed had a story to tell. Before the onset of the Ashodaya project, violence was described to be at its peak. Violence from the police was reported as being especially brutal and extreme. Before Ashodaya, sex workers were reluctant to identify themselves as such due to severe forms of stigma, discrimination and fear of beatings from police. Violence was described throughout the interviews as being both physical and emotional, indicating that community members have learned to recognize different types of violence when they occur. Reports included beatings, teasing, and verbal insults or threats. The most extreme examples involved strangling, rape, burning, and murder. In March 2008, two female sex workers were murdered on separate occasions.

My friend used to come to the DIC and access all services, a good friend. But her boyfriend drinks alcohol and she was murdered by them. They put stones in her mouth, but she was not dead. Then they put rope around her neck and then put petrol on her and burned her and she is dead. -FSW

Despite efforts to decrease stigma, discrimination and violence against sex workers in Mysore, community members report that these severe forms of violence have occurred recently, even within the last six months.

He'd [boyfriend] beat me and scold me...took kerosene and tried to burn me. Also, like sometimes he put string around my neck and tried to strangle me. -Hijra

He [goonda] put handcuffs on me and told me I had to go to the police station, but he took me to Mandya instead, to a remote place. 12 members had sex with me and snatched my money, chains and purse. I have bite marks on my chest [lifts sari to show the marks]. -FSW

3.2 Potential Triggers

This investigation revealed some potential triggers for violence in both the past and present, the most common being alcohol, money disputes, jealousy from boyfriends and regular partners, and conflicts between community members involving clients. Alcohol was reported as the main trigger for violence from clients.

There are many clients who get drunk and misbehave. There are still problems with people drinking. -Broker

One boyfriend interviewed described current conflicts between members as a result of drinking and competition for clients. He explained that these disputes often lead to violence among sex workers.

There is some violence within the community, like between FSW when they are taking each other's clients and if she is drunk there is violence within the community. This also I can see. -Boyfriend

Another boyfriend explained that FSW feel the need to have a husband or permanent partner in their lives to provide protection and safety. It was also reported that regular partners use this fear of physical violence and desire to feel safe as a way to manipulate FSW, often leading to emotional abuse.

Violence is triggered by alcohol and money, and because every sex worker needs one man to be there for security purposes, they [FSW] will keep a husband. She will entertain many clients but when she goes home she wants someone to be there for security and for love and affection – but because of this many boyfriends take advantage of the sex workers, use them emotionally. -Boyfriend

Another issue that came up was the negative response from regular partners around condom use. Some regular partners were described as not feeling ready or simply not wanting to use condoms and this may still be a factor that triggers physical violence, illuminating the complex power dynamics between sex workers and their partners as they become more empowered.

Beatings and other things come from partners. They are not ready to use condoms and this is part of violence. They don't want to use condoms.

-Community Member

3.3 Social Transformations with Police

Members of Ashodaya have made tremendous steps toward shifting the balance of power with various social actors and institutions. Their experiences reveal transformations across multiple social contexts and most notably in their daily interactions with police, lodge owners, clients, and boyfriends. A considerable amount of the HIV risk environment for sex workers is shaped by the local policing practices and therefore, the ability of sex workers to negotiate and alter their relations with the police has become an urgent priority and critical component of structural interventions (Biradavolu et al., 2009). Since the formation of Ashodaya, the relationship between sex workers and the local police has improved noticeably and building a rapport with the police has become one of the most significant social transformations made in the community. Recent evidence from other community-based organizations in India demonstrates that sex workers who are mobilized within structural interventions to prevent HIV can effectively develop strategies and regulate destructive policing practices (Biradavolu et al, 2009). The testimonials from Ashodaya further exemplify the potential of marginalized and stigmatized groups to collectively confront and alter dangerous social environments. One of the major themes that came out of the various narratives is the increase in support and protection from the police. Ashodaya members went into the field and introduced themselves to police officers, explaining the importance of their work. In 2005, the police commissioner agreed to allow the various lodges where sex work takes place to

store condoms without running the risk of raids or arrests. When asked about their relationship with sex workers, a police officer replied:

It is very good because through Ashodaya they are giving info of HIV and STIs, providing condoms and health services. Its good for the larger society also, that is why we give them full support. In the society there is a stigma of the condom, people won't go to the shops and ask for them because of stigma and shyness. Ashodaya supplies them to the community, which is good. -Police Officer

It is now common for the police to refer new sex workers to Ashodaya, to take steps against the trafficking of minors, and to protect sex workers from "rowdies" or "goondas" in the field.

I never used to talk with the police before Ashodaya. I never had a relationship with them. Now they talk to me and there is more of a friendship. They will now greet me and I have a friendship with them.

-Hijra

We have a good relationship with the police. Police send sex workers to Ashodaya and Ashodaya will take care of them. -MSM

Reports of physical violence from the police in the past were high among those interviewed and the police were often mentioned as one of the main perpetrators of violence, both physical and verbal. Police were known to beat sex workers and arrest them frequently. Sex workers were then held in jail where they were subjected to further harassment.

I was getting trouble from police and had problems inside the jail. I spent three months in the jail of Mysore and the police used to beat me. -FSW

The sex workers interviewed remembered feeling afraid of the police, but have expressed that ever since the formation of Ashodaya, violence from the police has been reduced. Program monitoring data from 2006 shows a marked reduction in violence from the police and that as the number of sex workers contacted in the field increased, the number of police arrests went down (Reza-Paul et al., 2008). Since the onset of Ashodaya, the power balance has begun to shift, instilling hope and self-esteem into the lives of sex workers.

Members of Ashodaya have demonstrated both their collective strength and their level of comfort in regards to openly identifying as a sex worker in Mysore. This was made especially clear in July 2008, where over 300 sex workers from Mysore and the neighbouring district Mandya participated in a rally to oppose the ITPA amendments. The rally was extremely well organized and attracted considerable media attention. What was particularly interesting was the presence of the police at the rally in support of sex workers and their right to protest. This was a very powerful observation of the way in which Ashodaya has transformed their relationship with the police, a central component to combating structural violence.

We used to think that what we are doing is wrong, but now we are starting to respect ourselves and that we are doing work too and slowly the society is starting to respect us. -FSW

3.4 Building Support from Boyfriends and Brokers

Reports suggest that some of the sex workers' boyfriends are becoming more supportive of Ashodaya and involved in learning and sharing information about sexual health. Regular meetings are held with the boyfriends where they are

given valuable information about STI's, HIV/AIDS, the importance of condom use, and treatments available. Some boyfriends have expressed that they are now ready to start a "Boyfriend's Club."

It is a social gathering of boyfriends. We can play games and have interactions with our friends. Some people can stop drinking as much this way. We come here instead of to the bars... like Ashodaya, we want to form one club so we can attract the boyfriends here and give services to them. -Boyfriend

The boyfriends interviewed responded overall very positively toward Ashodaya as an organization and are grateful for the health services and information made available to both themselves and the sex workers. One aspect that remains unclear, however, is the effect that increased collectivization of boyfriends will have on the incidence of violence against sex workers. Although the prevalence of police violence appears to have been reduced, reports of domestic violence from regular partners have increased. It is possible that as sex workers become more empowered and confident in identifying violence and their rights, their intimate partners may feel threatened by this shift in the balance of power. Gender inequality and the power dynamics that characterize this inequality are inextricably linked to the process of empowerment and therefore, as the balance of power shifts in favour of sex workers, they may experience a backlash from those who are most used to being in control. The possibility that domestic violence may function as a proxy indicator for empowerment suggests that unintended negative consequences of collectivization may arise as new tensions within interpersonal relationships are created or transformed. It remains unclear

whether or not sex workers are actually experiencing increased violence from their regular partners or if they are simply more self-assured to speak out against these experiences of violence. However, it appears that the complex relationship between empowerment and violence revolves around the interpersonal power dynamics inherent to gender inequality. Challenging these socio-cultural norms regarding gender and sexuality is likely to be a long, non-linear process and not without difficulties or somewhat unforeseen consequences. Key to their physical safety is for sex workers to continue to develop strategies to protect themselves from violence and to be aware of the potentially negative consequences of their empowerment.

Much like the boyfriends, some brokers also attend regular meetings with Ashodaya. At the meetings, brokers can obtain information about health, condom use, STIs and HIV/AIDS, as well as how to interact with clients and sex workers. These meetings provide a space for sharing information and supporting one another. One broker described what he learned and the importance of promoting condom use:

We discuss how the brokers should behave with sex workers and what procedures to follow when getting clients and we should tell the clients to wear condoms. If she [a sex worker] does not use one she'll get more money, but we tell them in the meetings that she should use one every time. -Broker

The brokers interviewed also explained that Ashodaya is a place where problems can be discussed openly and where health services can be accessed in a safe

and comfortable environment. They expressed positive feelings toward Ashodaya and look to the organization for solutions.

For me, Ashodaya means good place. It is a good place to sort out my problems. I can come here and discuss my issues. -Broker

It appears that both the boyfriends and brokers are becoming both more involved and more supportive of sex workers. Mobilizing members of the wider community into Ashodaya's programs has the potential to reduce stigma and discrimination against sex workers as the relationships with boyfriends and brokers become more focused around health and human rights.

3.5 Protective Strategies with Lodge Owners

In addition to holding meetings with the boyfriends and brokers, Ashodaya also holds meetings with lodge owners once or twice a month where they discuss HIV/AIDS, STIs, condom use, and cleanliness in the lodges.

I can gain knowledge and get to know about HIV and STIs and I can teach the boys about this also and how to keep the lodges clean and such.

-Lodge Owner

The lodge owners can access free health services and treatments from Ashodaya, which appears to be a significant incentive to attend the meetings.

Testimonials from the lodge owners reveal their approval and support for Ashodaya.

I am happy about the services and the condoms and trainings. Every 15 days to a month, for two years, I have been coming here. I am an associate member of Ashodaya now. -Lodge Owner

Sex work in Mysore is increasingly taking place within lodges where sex workers feel it is safer. Ashodaya's meetings with the lodge owners have therefore served to reinforce a partnership that is a central component of building an enabling environment that fosters safer negotiations with clients. Lodge owners explained that they offer protection to sex workers and have also developed a good rapport with the police. This community level mobilization of the lodge owner enforces a safety network for sex workers, where lodge owners offer protection at the lodges.

3.6 Creating a Sense of Family

One of the strongest themes that emerged from this investigation was that Ashodaya provides the community with a sense that they are at home. A strong bond between community members is a key component of staying safe in the field. To facilitate this bond, Ashodaya has created a palpable sense of family and support that further connects sex workers, providing safety networks that extend into the field.

A feeling of oneness has come among us. We used to be more individual but now we feel like a family at Ashodaya and we help each other, like that. If issues happen...Ashodaya is there and we will take action, together. -FSW

Throughout the various testimonies, sex workers expressed that not only do they feel safe at Ashodaya but they feel like the community members are more like their own brothers and sisters and that Ashodaya is like their parents, creating a

strong bond and sense of family atmosphere within the project. Sex workers are often not in close contact with family members, as stigma and discrimination tend to create a certain distance between them and their families. However, Ashodaya recreates a family-like atmosphere and fills this void in their lives.

I have a good feeling about Ashodaya. It is just like my family, I'm feeling that I have lots of brothers and sisters here. It is the happiest in my life that I've ever been. -FSW

Ashodaya is like my Dad or Mom's house. I forget all my worries here, I am so happy. -MSM

Here counsellors, doctors, all the staff, talk to us very friendly like brothers and sisters. Whatever health problems we have we share with the doctor without hesitation or discomfort. It is like our family. -FSW

3.7 Safety Mechanisms for Client Transactions and Reducing Self-Harm

Ashodaya members are able to share their experiences with one another in a safe and enabling environment where strategies are implemented to avoid dangerous situations regarding clients. One example of this is that sex workers have established locations that are safer for practicing sex work and have identified some locations and even some individuals that may put sex workers at risk. They have learned to negotiate with clients to ensure a safe location at the beginning of their transactions.

I used to go and entertain clients in the park. Clients would say they'd give me the lodge money. Now I am comfortable going to the lodge, owners book clients. I go to a certain lodge where it's safer. -MSM

Ashodaya has developed a system where community guides patrol the areas of the city where sex work takes place to ensure that other community members are safe. Members of Ashodaya have organized themselves to promote safe client transactions and many of the narratives indicate a reduction in the overall number of clients entertained per day. Some sex workers describe the confidence and collective strength gained through Ashodaya that has changed their ability to negotiate with clients and to challenge unequal balances of power in the field.

If someone wants to have sex with me than do that but they don't have to beat me. I am facing these problems. I give them that information. I have confidence to openly talk about violence. I get that power from Ashodaya.

-FSW

Ways of preventing violence stem from the information shared between one another at Ashodaya. Staying safe in the field involves avoiding unknown areas and insisting upon familiar places and lodges when with a client.

Before Ashodaya I was very helpless. They [goondas] took us to lonely places and would do something and then leave me. But after Ashodaya we are not facing such problems. I am particular now. Because of Ashodaya I am safe. -FSW

Whenever I pick up clients I inquire where to go. I never go where they want to go, if I don't feel comfortable there. I will go to a place where I have many friends there. When clients ask me for sex, I observe them and tell them where I want to have sex, this is the first thing. -MSM

The community has expressed that Ashodaya has provided them the power and confidence to stand up for themselves, even in the face of violence. Many sex workers now report violence and work together as a group to build strength and confront violence within the larger society. Some sex workers have explained that feelings of self-respect and respect from the wider community have increased. There is also a sense that Ashodaya is behind them if anything goes wrong, heightening levels of confidence and empowerment.

We used to face violence and not report it. Ashodaya is starting to address this. If a boyfriend creates violence we tell Ashodaya and they caution the boyfriend that if anything happens to her, it will be on his back. Even verbal violence is brought to Ashodaya as an issue. Even family issues, Ashodaya has sat with the family and sorted out the issues.

-FSW

Some of the testimonies have revealed themes around self-mutilation and even suicide amongst sex workers, but they have expressed that Ashodaya has helped them to overcome large obstacles in their lives, allowing them to grow and change their lives for the better. Incidences of self-harm appear to be closely linked with alcohol consumption. Some sex workers were able to overcome alcoholic tendencies with the support of Ashodaya, which in turn has helped to build better relationships with others.

Earlier I was a chronic alcoholic...after joining Ashodaya, I have cleaned up and am cured. Even the police know and say Ashodaya is taking care of her, don't touch her. -FSW

I was drinking all that time I was very arrogant and quarrelling with the community members and putting the knife in their faces. I also cut myself. After joining Ashodaya I changed myself. -FSW

4: SUMMARY

In the context of various social actors and institutions engaged in both direct and indirect forms of stigmatization and violence against sex workers, the significance of community-based organizations like Ashodaya becomes clear. In the face of multi-systemic structural violence, the testimonials of this investigation suggest that Ashodaya has established some effective strategies to combat experiences of violence in their lives from the police, boyfriends, brokers, lodge owners and clients. Involving the larger community in the project has been crucial to the development of Ashodaya as a sustainable HIV/AIDS prevention program in Mysore. Ashodaya has evidently focused on more than just HIV/AIDS prevention and has accomplished a level of empowerment among sex workers that enables them to confront varying aspects of structural violence in their lives and address the social mechanisms that become embodied in personal risk. Ashodaya has created a sense of family, allowing experiences and identities to be shared openly with one another. Members of Ashodaya have gained confidence, self-respect and the ability to recognize violence and potentially dangerous situations. Through this strong social network, sex workers in Mysore have learned how to prevent and confront violence using strategies that extend into the field and negotiations with clients. Some community members have managed to overcome addictions to alcohol, enabling better, more supportive relationships to be built throughout the organization and the wider community.

The positive impact of Ashodaya as a community-based organization on the lives of sex workers in Mysore has been profound. The level of empowerment among the community has led to significant power transformations and reductions in experiences of violence from various social actors.

5: RECOMMENDATIONS

The present findings suggest that challenging multiple levels and dimensions of stigma and discrimination is key to confronting structural barriers faced by sex worker communities. While interventions at the individual level are essential, targeting the structural levels of society, including social, economic, environmental and political spheres, is vital to establishing human rights and better health for sex workers.

It is clear from the various testimonies that challenges exist for sex workers at multiple levels in society. Ashodaya demonstrates however, that through collectivization and a focus on community needs, HIV/AIDS prevention programs can achieve empowerment and sustainable strategies that work to resist elements of structural violence. Ashodaya illuminates a determination and willingness to work together to fight for their rights. They are an inspiration for other sex worker collectives across India and have made tremendous steps toward reducing the extreme manifestations of structural violence and human rights violations at every level of society. The success of Ashodaya supports previous evidence that participatory approaches to HIV prevention that aim to empower sex workers result in more effective and sustainable structural intervention strategies. Therefore, it is essential to understand and confront the wider social, economic and political forces that reproduce inequalities in health among vulnerable populations when designing interventions (Parker, 2002). We

must address the structural processes in shaping the epidemic and preventing HIV transmission. Millions of lives are depending on it.

REFERENCE LIST

- Basu, I., Jana, S., Rotheram-Borus, M.J., Swendeman, D., Lee, S.J., Newman, P. & Weiss, R. (2004). HIV prevention among sex workers in India. *Journal of Acquired Immune Deficiency Syndromes*, 36 (3): 845-852.
- Biradavolu, M.R., Burriss, S., George, A., Jena, A. & Blankenship, K.M. (2009). Can sex workers regulate the police? Learning from an HIV prevention project for sex workers in southern India. *Social Science and Medicine*, 68(8): 1541-1547.
- Chattopadhyay, A & McKaig, R.G. (2004). Social development of commercial sex workers in India: an essential step in HIV/AIDS prevention. *AIDS Patient Care and STDs*, 18(3): 159-168.
- Farmer, P.E., Nizeye, B., Stulac, S. & Keshavjee, S. (2006). Structural violence and clinical medicine. *PLoS Medicine*, 3(10): 1686-1691.
- Gutpa, R.G., Parkhurst, J.O., Ogden, J.A., Aggleton, P. & Mahal, A. (2008). Structural approaches to HIV prevention. *The Lancet*, 372: 764-775.
- Gupta, R.G. & Weiss, E. (2009). Gender and HIV: reflecting back, moving forward. In C. Pope, R.T. White, and R. Malow (Eds.), *HIV/AIDS: Global frontiers in prevention/intervention*. (pp.61-70). New York: Routledge Press.
- Guzman, A. (2001). Reducing social vulnerability to HIV/AIDS: models of care and their impact in resource-poor settings. *AIDS Care*, 13(5): 663-675.

- Halli, S.S., Ramesh, B.M., O'Neil, J., Moses, S., & Blanchard, J.F. (2006). The role of collectives in STI and HIV/AIDS prevention among female sex workers in Karnataka, India. *AIDS Care*, 18(7): 739-749.
- Jana, S., Basu, I., Rotheram-Borus, M.J. & Newman, P.A. (2004). The Sonagachi project: a sustainable community intervention program. *AIDS Education and Prevention*, 16(5): 405-414.
- Lorway, R., Reza-Paul, S. & Pasah, A. (2009). On becoming a male sex worker in Mysore: sexual-subjectivity, "empowerment" and community-based HIV prevention research. *Medical Anthropology Quarterly*, 23(2): 142-160.
- Moses, S., Ramesh, B.M., Nagelkerke, N., Khera, A, Isac, S., Bhattacharjee, P., Gurnani, V., Washington, R., Prakash, K.H., Pradeep, S. & Blanchard, J.F. (2008). Impact of an intensive HIV prevention programme for female sex workers on HIV prevalence among antenatal clinic attenders in Karnataka state, south India: an ecological analysis. *AIDS*, 22(suppl 5): S101-S108.
- NACO. (2006). *Female Sex Workers (FSWs) and their Clients*. National Behavioral Surveillance Survey (BSS). Retrieved May 8, 2009 from [http://www.nacoonline.org/upload/NACO%20PDF/Female_Sex_Workers_\(FSWs\)_and_Their_Clients.pdf](http://www.nacoonline.org/upload/NACO%20PDF/Female_Sex_Workers_(FSWs)_and_Their_Clients.pdf)
- O'Neil, J., Orchard, T., Swarankar, R.C., Blanchard, J.F., Gurav, K. & Moses, S. (2004). Dhandha, dharma and disease: traditional sex work and HIV/AIDS in rural India. *Social Science and Medicine*, 59: 851-860.
- Orchard, T., O'Neil, J.D., Blanchard, J., Costigan, A. & Moses, S. (2009). HIV/AIDS prevention programming with "traditional" sex workers in rural

- India. In C. Pope, R.T. White, and R. Malow (Eds.), *HIV/AIDS: Global frontiers in prevention/intervention*. (pp.82-95). New York: Routledge Press.
- Parker, R. (2001). Sexuality, culture, and power in HIV/AIDS research. *Annual Review of Anthropology*, 30: 163-179.
- Parker, R. (2002). The global HIV/AIDS pandemic, structural inequalities, and the politics of international health. *American Journal of Public Health*, 92(3): 343-347.
- Reza-Paul, S. et al. (2008). Declines in risk behavior and sexually transmitted infection prevalence following a community-led HIV preventive intervention among female sex workers in Mysore, India. *AIDS*, 22 (suppl 5): S91-S100.
- Shahmanesh, M., Patel, V., Mabey, D. & Cowan, F. (2008). Effectiveness of interventions for the prevention of HIV and other sexually transmitted infections in female sex workers in resource poor setting: a systematic review. *Tropical Medicine and International Health*, 13 (5): 659-679.
- UNAIDS. (2008). *Report on the Global AIDS Epidemic: The Global HIV Challenge*. Retrieved May 8, 2009 from http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp
- UNAIDS. (2009). *UNAIDS Guidance Note on HIV and Sex Work*. Retrieved May 8, 2008 from

http://data.unaids.org:80/pub/BaseDocument/2009/jc1696_guidance_note_hiv_and_sexwork_en.pdf

White, R.T., Pope, C. & Malow, R. (2009). HIV, public health, and social justice: reflections on the ethics and politics of health care. In C. Pope, R.T. White, and R. Malow (Eds.), *HIV/AIDS: Global frontiers in prevention/intervention*. (pp.269-277). New York: Routledge Press.