

Contextualization of health behavior in a HIV/AIDS intervention project among sex workers in Calcutta, India



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Sonagachi Project



- The *Sonagachi Project* is a HIV/AIDS intervention program undertaken in a red light district of Calcutta, India
- The project is spearheaded by the sex workers themselves and no external agencies are involved
- The project achieved outcomes in addition to targeted goals

Sonagachi Project



- The project achieved significant increase of condom usage and significant reduction of HIV/AIDS infection incidence
- The project achieved unionization of the sex workers, formation of microcredit societies and co-operative banking, vocational training centers and educational institutes
- The union of the sex workers called *Durbar Mohila Samanway Committee* (DMSC) has its office in the heart of *Sonagachi*
- Peer outreach, community mobilization, and participation are the key strategies of the project

Objectives



- The current research project examines how environmental and structural barriers to health like poverty, violence and stigmatization can influence sexual health practices of commercial female sex workers by examining the case of the *Sonagachi Project*.
- The research is expected to highlight a sustainable mechanism within HIV/AIDS initiatives to address barriers to safe sex practices

Method



The findings of the paper are based on

- Semi-structured and unstructured interviews consisting of open-ended questions with 37 commercial female sex workers
- Review of project documents e.g., published research papers, internal project reports, unpublished manuscripts and survey reports and statistics on DMSC activities published by DMSC and external organizations
- Extended periods of time spent with the members and project staff of DMSC and the general sex workers in the red light areas.

The sites visited include *Rabindra Sarani, Sealdah, Boubajar, Rambagan, Harkanta, Nilmoni Mitra Street, Balaram Dey Street, Premchand Boral Street, and Lakhar Math*

Method



- Research conducted during December-January, 2010-2011
- IRB permission obtained and consent for conducting research obtained from the Central Management Committee of DMSC
- All communication took place in Bengali
- The obtained interviews were transcribed and translated

Poverty



Poverty is one of the primary structural barriers for attainment of positive health practices like condom compliance

- The sex workers perform sex without condoms for the sake of greater monetary compensation from clients
- Insisting on condom compliance can result in losing clients and consequent financial loss
- The incentive to adhere to safe sex practices thus diminishes significantly in the face of ground realities like extreme poverty

Poverty



In *Sonagachi*:

- Condom adoption rate in 97% (in 2010) in spite of grinding poverty

The ability to say no:

- Peer outreach program undertaken in *Sonagachi* successfully impressed in the minds of the sex workers the fatal outcome of contracting HIV/AIDS
- The sex workers in *Sonagachi* serve as daily wage earners, and are mostly single mothers and sole income providers
- A few days of illness can result in heavy financial losses which can put the survival of entire families at stake
- The sex workers cannot afford to get ill or die for that would mean death for their dependants, many of whom are young children

Violence



Violence remains one of the structural barriers that impede HIV prevention efforts and contravene the human rights of sex workers

- Previous studies show a positive correlation between condom failure-- i.e., slippage and breakage--and client perpetrated violence
- Sex workers subjected to violence are less likely to interact with peer health educators or contact health resources
- In geographically isolated spots such as dark alleys, deserted highways or random hotels, the sex workers are at an increased risk for suffering violence

Violence



In *Sonagachi*:

- Violence committed against the sex workers has diminished significantly since 2007 according to the interviewees

A multilayered strategy to combat violence:

- Unionization and formation of a collective platform for voicing common concerns facilitated policy level advocacy to address violence
- Perpetrators of violence like local criminals and political hoodlums fear retaliation from a collective group
- Identification of and negotiation with stakeholders within the sex work industry namely landlords, pimps, clients, law enforcement agencies and members of local political parties helped in lowering violence
- Sex workers plied their trade in congested residential area

Stigma



Stigma remains a contextual factor that affects the ability of sex workers in general to control their own health and negotiate safe sex practices

- Stigmatization on account of their choice of profession causes depression and post-traumatic stress disorder among sex workers
- Mental health morbidity caused by stigmatization can significantly constrain motivation on part of sex workers to stay healthy
- Fear of being diagnosed with HIV/AIDS and resultant stigmatization and discrimination can dissuade sex workers from accessing health resources such as counseling and testing

Stigma



In *Sonagachi*:

- Stigmatization present but mitigated by sex workers' cumulative efforts like unionization, stakeholder negotiation, efforts for legitimization and decriminalization

Challenging stigma:

- The *Sonagachi* sex workers put repeated emphasis on sex work as a valid and respectable means of labor
- All of the interviewees felt legitimization of sex work and decriminalization would be a step towards controlling stigmatization of their profession
- Unionization, community mobilization and the peer outreach program reinforced respectability and legitimacy, which in turn boosted positive health practices and controlled stigmatization

Conclusion



- Poverty can serve as an impetus to remain healthy and pursue safe sex practices when the economic costs of contracting a fatal infection are well understood by sex workers
- Implementation of a multilayered strategy, including unionization and stakeholder negotiation, can reduce violence and increase safe sex practices
- Articulating sex work as a legitimate profession and strategies like community mobilization and capacity building measures can facilitate higher levels of self esteem which mitigate stigmatization to a considerable extent