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Chapter 6

Targeting HIV or targeting social change? The role of Indian sex workers' collectives in challenging gender relations

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This chapter focuses on a movement of sex workers' collectives in India which actively addresses gender relations in their efforts to achieve empowerment of sex workers and HIV prevention. Female sex workers comprise one of three designated 'high risk groups' targeted by government and non-government sponsored interventions. Historically, interventions with sex workers have relied upon peer education to promote safer sex and attendance at STI/ HIV clinics, often conceptualising their work as being at the individual level, with one-to-one interactions with sex workers intended to encourage sufficient numbers to change their behaviour to alter the course of the epidemic. Recently, realisation of the very limited scope for individual projects to have a significant effect on India's epidemic as a whole have led donors to emphasise 'scaling up' interventions to achieve greater coverage. One of the means of achieving this, for policymakers, is by mobilising communities considered 'high risk' (including sex workers) to form collectives or 'Community-Based Organisations' to deliver HIV prevention. The vulnerability of women in the sex trade to HIV is deeply shaped by structural gender relations which limit women's access to financially sustaining work, and their control over their sexuality and their living and working conditions. Sex workers' collectives actively address some of these gender issues, and

themselves embody transformative social processes of empowerment of poor women as leaders and agents of social change. The chapter examines how sex workers' collectives have challenged gender relations as part of their HIV-related work, in the interest of assessing the prospects for the current 'scaling up' of community mobilisation projects to address gender inequalities at a structural level.

Gender and social change: strategic and practical gender interests

The approach to gender to be taken here considers gender as a structural force which needs to be addressed at a politicised, collective level. HIV prevention interventions can be conceptualised as operating at individual, community, or structural levels (O'Reilly & Piot, 1996; Blankenship et al., 2000). Much attention has focused at the individual level, seeking to achieve behaviour change, with energy focused on debate about how much to promote abstention, versus fidelity, versus condom use (Dworkin & Ehrhardt, 2007). However, it is argued that, far more influential than individual behavioural dispositions, are community and structural relations which create people's risk environments and shape their likelihood of ensuring safer sex (Evans & Lambert, 2008a). Gender, poverty, and migration are often cited as the key structural issues impacting on HIV (Dworkin & Ehrhardt, 2007; Parker et al., 2000). To address gender issues in HIV prevention is to tackle the problem as a problem of social, rather than individual change.

The distinction between women's practical interests and their strategic interests (Molyneux, 1985; Moser, 1989) is helpful here, to frame the relatively ambitious gender-related aims of structural interventions. Practical interests refer to those interests which women have, by virtue of being women, within the current structural arrangements. For instance, in a social system where women's responsibilities are focused on the domestic arena, efforts to provide women with access to vaccinations for their children, or smokeless stoves, or firewood address their *practical*, concrete day-to-day interests, but do not challenge their subordination to men (Moser, 1993). Addressing women's *strategic* interests means challenging the structures that produce their

subordination to men. These are longer-term and longer-range efforts which target the fundamental issues disadvantaging women, rather than the individual-level consequences of those structural issues. Challenging property laws that privilege men, for instance, or the gendered division of labour, or the dominance of men in local or national politics, are examples of efforts to tackle women's strategic gender interests.

Sex workers' collectives have potential to address strategic interests and thus lead to progressive social change. To examine the extent to which this has happened, and prospects for the future of such efforts, I begin by setting the context of HIV, gender relations, sex work, and HIV interventions in India. To assess the potential for sex workers' collectives to transform gender relations, the chapter then considers the achievements of existing sex workers' collectives, and the factors that facilitated or hindered their successes. It concludes by assessing the potential of current efforts to 'scale up' sex worker programmes to advance the strategic gender interests of women and sex workers in India.

HIV in India

Recent estimates, agreed by UNAIDS, WHO and NACO (the National AIDS Control Organisation, India's government body responsible for HIV/AIDS management), suggest that HIV prevalence among 15-49 year olds in India is approximately 0.36%, which amounts to between 2 million and 3.1 million people living with HIV (NACO, 2007). This rate is relatively low in global terms, but India is, of course, a vast and diverse country, and the single national prevalence figure masks a great range in prevalence among different geographical areas and social groups, with some groups in some areas severely affected. This diversity has led scholars to emphasis that India contains a heterogenous set of diverse sub-epidemics, rather than a single epidemic (Becker et al., 2007; Chandrasekaran et al, 2006).

Looking at the gender distribution of HIV infection, men are more likely than women to be HIV positive, with prevalence estimated at 0.43% among men

and 0.29% among women. In other words, prevalence among women is about two-thirds that of men (NACO, 2007; IIPS & Macro International, 2007). Stricter social control of women's sexuality than that of men, combined with male migration for work are thought to be behind this gender difference. However, it appears that this gender difference is narrowing, and the feminisation of the epidemic seen elsewhere in the world may also be underway in India (Solomon et al, 2004). Geographically, there is major variation between states, between rural and urban areas, and between districts and villages within the same state (Becker et al., 2007; Chandrasekaran et al., 2006).

The most important lines of social categorisation in government and non-government responses to the HIV epidemic, however, are in the delineation of three widely agreed upon 'high risk groups' or 'key populations', namely female sex workers, men who have sex with men, and injecting drug users (NACO, 2006; Chandrasekaran et al., 2006). These groups have the highest prevalence of HIV, and are the major focus of HIV-related policy and intervention. Sexual transmission is thought to account for approximately 85% of transmission (NACO, 2006), with commercial sexual encounters being particularly significant. According to epidemiological modelling by Nagelkerke et al. (2002), commercial sex is the single most important site of HIV transmission in India, leading to their optimistic conclusion that "in India, a sex worker intervention would drive the epidemic to extinction" (p.89). Rates of HIV infection are, indeed, relatively high among sex workers. National-level figures suggest a prevalence of 5.4% among sex workers (NACO, 2007), but local-level surveys find a great variation between localities, with estimates from 0% in some areas to 49% in others (Chandrasekaran et al., 2006). It is of course not only sex workers, but their sexual partners who are involved in this transmission route, and clients of sex workers (with a particular focus on truckers and migrant workers) are considered an important 'bridging population' who may bring the epidemic to the 'general population' through their non-commercial sexual contacts (Chandrasekaran et al., 2006). For most women who have not been active in the sex trade, their greatest risk comes from sex with a husband who may, knowingly or unknowingly, be HIV positive.

Gender, HIV and sex work

Issues of gender are of key importance to HIV transmission among sex workers, as well as among others, partly due to the important role of sexuality and sexual behaviour in protecting or transmitting HIV. Men and women have very different economic, educational, social and sexual opportunities, all influencing their vulnerability to HIV/AIDS and the prospects for their HIV-preventive individual and collective action.

Although the diversity of India makes it difficult to make general claims about Indian gender relations, some information from the national level gives indications of inequalities of opportunities for men and women. A preference for sons is marked, partly due to the tradition of patrilocality in many parts of India, where sons live with their parents and support them as they age, while daughters move and become responsible for their marital family. The female to male ratio in the Indian population is often cited as indicative of the relative evaluation of men and women, with 933 females per 1,000 males in the population (Census of India, 2001). (Compare this to ratios of 101 women to 100 men in Indonesia; 99 women to 100 men in Sri Lanka (Drèze & Sen, 1995)). The son preference also manifests in decisions about which family members to send to school. Among women, the literacy rate is 53.7%, whereas among men it is 75.3% (Census of India, 2001). Women are more economically insecure than men, being less likely to be in paid work (IIPS & Macro International, 2007) over-represented in unskilled and informal sector jobs, and usually being without property, despite laws that give women almost equal entitlement to inheritance of property (Agarwal, 2000). The trajectory of women who enter sex work is clearly structured by gender relations which tend to make women dependent upon their family for their material survival, with few options if this support is removed. Women who enter sex work usually cite poverty and the loss of family support as their reasons for taking up the occupation. Sex workers suffer material and symbolic exclusion. They are usually poor and indebted (Project Parivartan, 2007), and they are highly stigmatised due to their work requiring them to have multiple sexual partners.

Their ability to protect their health is compromised by their lack of control over their working conditions, and their economic disadvantage relative to their clients, which means that insisting upon condom use reduces their income (Rao et al., 2003).

Analyses at the cultural level, looking at the representation of sex workers and HIV in the media, and among different social groups, provide an understanding of the symbolic context in which sex workers and their collectives operate, and which may support or hinder their working. Such analyses first of all problematise the notion of 'risk groups', emphasising that it is not being a sex worker *per se* that makes a person vulnerable to HIV, but a particular set of structural and personal conditions. It is argued that focusing on 'high risk groups' is a form of denial that protects the 'general population' or the elite 'in-group' from the stigma and worry of possible HIV infection (e.g. Glick Schiller et al., 1994; Shah, 2006). In a study of young men's gender attitudes in Mumbai, Verma et al (2006) noted that young men associate HIV and condom use with sex workers, but not with other sexual relationships. This association, promoted by the government-endorsed concept of 'risk groups', makes it more difficult for married women or girlfriends to suggest or enforce condom use, because of the association with the stigma of sex work.

The representation of sex workers in media and public discourses is dominated by the moralised issue of their sexuality, and their complete abjection. Red light areas have an iconicity exploited by the Hindi film industry, as areas of fascinating depravity, which are safely kept beyond the boundaries of one's own social group (Shah, 2006). The attitude of disapproval of their sexuality reinforces the separation between sex workers and the public, and excuses the public from supportive action. Yet, among those who are oriented to action to support sex workers, an attitude of pity can be equally disempowering. Pity for exploited, trafficked, fallen women translates into action as efforts to rescue and rehabilitate these women (Jayasree, 2004). Neither of these approaches endows sex workers with agency or scope for collective action (Wolffers & van Beelen, 2003). A contrasting discourse of sex work has been promoted by the sex workers'

collectives, which focuses on the rights of women in the sex trade. This discourse emphasises that sex workers are simply engaging in a form of work which is not a moral issue, that their rights should be protected like those of any other woman, and calls for decriminalisation of sex work (Cornish, 2006; Jayasree, 2004).

In sum, sex workers have strategic interests in challenging the gender relations which structure their vulnerability to HIV (including inequalities in access to financially sustaining work; inequalities in sexual relationships), and in challenging the gender relations which limit their scope for collective action (including symbolic representations of sex workers as immoral or passive).

HIV prevention approaches in India

India's response to HIV/AIDS is led by NACO, through National AIDS Control Programmes, which set priorities, mechanisms and targets, to be implemented by each of the State AIDS Prevention & Control Societies (SACS). The current National AIDS Control Programme (NACP III) runs from 2007-2012. The government programmes are complemented by programmes funded by large international donors, the most significant of which is the Bill and Melinda Gates Foundation-funded programme, Avahan. NACO and Avahan co-ordinate their efforts and take very similar approaches. Given the relatively low prevalence, and the early stage of the epidemic in India, the emphasis is on HIV prevention, as opposed to treatment or care.

The concentration of HIV prevalence in three 'high risk groups' shapes the governmental and non-governmental response, so that 'targeted interventions' focused on these groups are prioritised (NACO, 2006) (as opposed, for instance, to mainstreaming HIV prevention among the 'general population). The three 'high risk groups' to be targeted are groups which are deeply marginalised and excluded from mainstream Indian society, criminalised, stigmatised and discriminated against. It is argued that NGOs are better placed than government services to meet the needs of such marginalised groups, and the targeted interventions are generally

implemented by a huge number and variety of local NGOs, funded by State AIDS Prevention and Control Societies, or by international NGOs which act as conduits for funding from Avahan or other international organisations. While there are some individual examples of local projects that seem to have had positive impact on HIV-related behaviour (e.g. Basu et al., 2004; Halli et al, 2006), in small numbers, such projects will not have an impact on the nature of the Indian epidemic as a whole, and consequently, in recent years, the issue of 'scaling up' has become a major concern, both for NACO and for the privately-funded Avahan programme (Guinness et al., 2005; NACO, 2006; Steen et al., 2006). The priority of NACP III is to achieve saturation of coverage of members of those high risk groups, defined in terms of 80% of female sex workers, men who have sex with men, and injecting drug users being reached by primary prevention services (NACO, 2006).

HIV/AIDS interventions for sex workers in the context of gender interests

The potential contribution of HIV/AIDS interventions to addressing sex workers' strategic gender interests to date has been relatively limited, with a focus on education and clinic attendance. However, this scope may be increasing.

Peer education, in which sex workers are trained to promote condom use and clinic attendance to their peers, has been the mainstay of HIV prevention in India (Dandona et al., 2005). This approach, ideally, builds on and promotes the agency of sex workers as active members and leaders of change in their communities, though it has often been operationalised in a traditional didactic format which does not take advantage of the opportunities for social mobilisation and politicising activities (Evans & Lambert, 2008b). Moreover, while one-to-one peer education addresses sex workers' practical interests in protecting their own health, it does little to address the gender relations which give their male clients greater power in the sexual encounter.

The new NACP III authorises a multifaceted approach for targeted interventions, which addresses individual, community and structural levels.

Targeted interventions are to have four major components: (i) peer-led outreach and communication; (ii) provision of condoms, STI services and links to other relevant services; (iii) creation of an enabling environment to tackle structural factors; and (iv) community mobilisation to build ownership and capacity so that 'high risk group' members can run the projects.

The second two components have a greater likelihood of addressing sex workers' strategic interests. Projects which aim at creating an enabling environment should be targeting sex workers' strategic interests, for instance, by campaigning for laws that do not discriminate against sex workers, equal work opportunities for women, non-stigmatising media portrayal of sex workers, and for opportunities for sex workers to be represented in decision-making fora. This approach typically goes hand in hand with a community mobilisation approach. The community mobilisation component addresses sex workers' strategic interest in having opportunities for collective action, and being positioned as positive contributors to HIV prevention and to development. Empowering processes, such as promoting sex workers' leadership and decision-making within a project challenge gender-biased views of sex workers' victimhood and passivity.

Thus, within the HIV/AIDS field of discourse, (though, as suggested above, not in the media field of discourse) sex workers are potentially being positioned, not as passive victims, but as potential agents and leaders of positive social and behavioural change. This approach has benefits for cost-aware policymakers and managers, as it is hoped that by being 'community-based' and 'community-run', interventions may become 'sustainable' (i.e. that they may run without further financial commitment from the donor, e.g. NACO, no date). It should also have benefits for sex workers' strategic interests in having their agency recognised, gaining opportunities for empowerment, and access to decision-making and consultative fora to have their voices heard. Thus, this aspect of HIV policy can be considered to challenge some of the negative cultural positioning of sex workers as victims, or as exotic or 'other'.

The shift towards community ownership may also contribute to other gender issues being addressed. This policy shift has been inspired by a relatively small but vibrant movement of sex workers' organisations in India which have moved significantly beyond provision of HIV prevention services to organise and collectivise sex workers in efforts to tackle their community and structural needs, often their strategic gender interests (Blankenship et al., 2006; NACO, no date). A National Network of Sex Workers forms an umbrella organisation for a group of sex workers' organisations which are dedicated to a rights-based approach, which prioritises sex workers' participation, empowerment and agency, and which pursues legislative and societal change (Thottiparambil, 2005).

Thus, the situation is in important ways supportive for the development of sex workers' collective action to address their strategic interests, but it remains to be seen to what extent this opportunity will be actualised. In order to assess the prospects for sex workers' collectives to pursue their strategic gender interests, I now turn to examining the activities and achievements of sex workers' collectives to date, and what factors have helped or hindered that work.

Sex workers' collectives

A small number of collectives, supported by associated NGOs, have played leading roles in challenging the gendered marginalisation and discrimination against sex workers as well as in HIV prevention. Of these, the 'Sonagachi Project' run by the sex workers' collective Durbar Mahila Samanwaya Committee (DMSC) in Kolkata is best known, and widely documented and cited (e.g. Cornish, 2006; Cornish & Ghosh, 2007; Evans & Lambert, 2008b; Jana et al., 2004; UNAIDS, 2000). Though less documented, other collectives have also made significant advances, including VAMP, a sex workers' collective working on the Maharashtra-Karnataka border (Mahal, 2003; Sangram, 2007; Sangram, Point of View & VAMP, 2005), and Sex Workers' Forum Kerala (Jayasree, 2004; Thottiparambil, 2005). The following discussion is based mainly on these three collectives, supplemented

wherever published material on other collectives is available. Other collectives exist, and new ones are continually being established, but information on these is harder to obtain. Moreover, they are likely to take a similar format, being part of the National Network of Sex Work Projects, or indeed receiving capacity-building and consultation from representatives of the above-mentioned projects.

The collectives can be described as undertaking three main types of activity. Firstly, peer education is the major HIV prevention activity. It involves training sex workers to carry out one-to-one health promotion with their peers: promoting and distributing condoms, encouraging attendance at STI clinics, and raising awareness among local sex workers of the collectives and how they can offer support. Secondly, the collectives develop committees or groups of sex workers with leadership skills and problem-solving expertise to mediate in disputes or problems that arise within the sex workers' community. Problems addressed include disputes between madams or clients and sex workers, robbery, violence, police raids, discrimination against sex workers' children and so on. Thirdly, advocacy on sex workers' behalf to more powerful members of society aims to create structural conditions more supportive of sex workers' health and empowerment. Sex worker leaders and non-sex-worker activists negotiate with groups such as police, media, politicians and health services to influence their policy and practice.

These collectives have attracted attention both because of successes in HIV prevention (Basu et al., 2004; Halli et al., 2006; Blankenship et al., 2006) and because of the impressive extent to which they have empowered sex workers to take leadership of their projects and to challenge the gender and power relations that disadvantage them (e.g. Nath, 2000).

Sex workers' collectives and gender relations

The sex workers' collectives challenge their gendered marginalisation at both symbolic and material levels, working to disrupt marginalising ideologies and structures among the sex workers themselves, within their local community,

and at a structural level. What is distinctive about their approach, and what leads them to be relatively challenging in relation to gender, as compared to straightforward peer education projects? The philosophies and values underpinning the work of the sex worker collectives and the NGOs which take a rights-based approach are distinctive and explicitly emancipatory. For example, Sangram, the NGO which supports the Maharashtra-based sex workers' collective VAMP, describes its approach in terms of two assumptions: "Health policies and systems are accountable to the people" and "All individuals, be they sex workers, persons living with HIV/AIDS, people with diverse sexualities, truck drivers or widows, can be empowered to demand accountability from the system" (Sangram, 2007). This philosophy is focused on the empowerment of sex workers to demand the structural supports which they need and deserve. Sangram uses the question: "Does this activity further the women's empowerment?" as a guide to decision-making when they confront new suggestions or situations. Another example is given by DMSC's philosophy, which they describe in terms of "3 R's: Respect, Recognition and Reliance. That is respect of sex workers and their profession; recognising their profession, and their rights; and reliance on their understanding and capability" (Jana & Banerjee, 1999, p.11). In this case, the collective and its supporting NGO focus their philosophy on the attitude to sex workers taken by the projects. The attitude is supposed to be respectful, rights-focused and participatory. Though each of these sex worker collectives were initially funded for HIV prevention, none focuses on this in their philosophy. They are concerned to address the empowerment and priorities of the sex workers themselves, as a means towards promoting better health, but their fundamental commitment is to their rights rather than to HIV prevention specifically. Hence, the projects are likely to prioritise sex workers' strategic interests.

If these values are used as decision-making criteria throughout project design and implementation, they will lead to very different processes, priorities and outcomes, compared to values focused on health targets such as condom distribution and clinic attendance. How does this philosophy play out, in terms of the actual activities of these projects?

Firstly, at the symbolic level, the collectives, and their associated activists, report that some of the earliest work that they undertook was to challenge the sex workers' internalisation of the gendered stigma of their occupation (Jana & Banerjee, 1999; Sangram, 2007). When projects were beginning, the local sex workers often spoke of themselves as being 'bad women', or in 'bad work'. They distrusted each other, and were fatalistic about the possibility of change being brought about by such a despised and hopeless group as sex workers (Cornish, 2006). Activists and sex worker leaders developed alternative ideologies, promoting ideas that sex work is not a moral issue, but work like any other; that sex workers have rights, like other workers, to occupational health, protection from violence and exploitation, and equal treatment in front of the law, and by health and social welfare services. Through regular debates and discussions, a conscientisation process has been stimulated, where the women develop critical thinking about the societal discourses which have stigmatised and disadvantaged them, and new, emancipatory discourses which encourage solidarity and action (Cornish, 2006). In this way, gender-related internalised oppression is challenged, at a symbolic level.

Secondly, these politicising ideas function not only at a symbolic level, but the political commitment translates into distinct organisational processes and project activities, and thus empowerment is built in to the functioning of the organisations. When it comes to running the peer education, problem-solving, and advocacy programmes, the processes and organisational procedures are designed to be participatory, inclusive, transparent and empowering (Evans & Lambert, 2008b). For instance, decision-making committees and groups will usually include sex worker representatives, and sex workers are trained and supported to take on senior roles within the projects. Such organisational processes position the women, counter to gendered views that women are weak or passive victims, as active women taking control of their sexuality and of their lives together, with the capacity to run their own organisation.

Achievements of sex workers' collectives

The collectives have produced diverse empowering results, not only in their processes, but also in their local communities, and less frequently, at a structural level. What are the achievements of the collectives?

HIV/AIDS prevention

The sex worker collectives have largely been made possible by the availability of HIV/AIDS funding, and HIV prevention has typically been their initial activity. There is some evidence of their success in this field. Halli et al. (2006) found, in a study of collectivisation of sex workers in Karnataka, in Southern India, that being involved with a collective was associated with increased knowledge about sexual health and higher reported condom use. The Sonagachi Project in Kolkata has been most extensively studied. Surveys conducted in 1993 and 1995 provided for an internal evaluation, which found that the percentage of sex workers reporting using condoms “always” increased from 1.2% in 1992 to 50.1% in 1995, and those reporting using condoms “often” likewise increased from 1.6% to 31.6% (Jana et al., 1998). Prevalence of STIs decreased over the same period. More recently, a two-community trial evaluated a replication of the Sonagachi model in a small urban red light district outside Kolkata (Basu et al, 2004). Fifteen months following the intervention, the proportion of sex workers reporting 100% condom use had increased significantly in the intervention community but not in the control community.

Despite the relative scarcity of scientific studies of the effectiveness of collectives’ HIV prevention programmes, their activities and reports have certainly been sufficient to convince HIV/AIDS funding agencies of the value of collectives and community organization in HIV prevention, since such community-based organizations are given a central role in current HIV prevention policy (Steen et al., 2006; NACO, 2006)

Local community level changes

Beyond the specific activities of HIV prevention, collectivization has often made significant contributions to improving safety and well-being at a community level. The organization of sex workers into supportive groups has positive community-level consequences at two levels: at the level of building relationships of solidarity among the women, and at the level of giving the group some bargaining power to negotiate on the women's behalf with the powerful others, such as clients, madams, pimps, etc. The classic reason for sex workers to accept a client for sex without a condom is based on their economic poverty – an urgent need for cash means that they cannot refuse a client who refuses to use a condom (Evans & Lambert, 2008a). This poverty is very real. A study in Andhra Pradesh, for instance, found that 65% of sex workers had missed a meal in the last 7 days because they could not afford it (Project Parivartan, 2007). One of the major HIV-related rationales for collectives is the potential development of solidarity among the sex workers, so that if they can collectively agree not to accept any clients without condoms, then clients cannot threaten to take their business elsewhere. Many collectives actively seek to develop such solidarity through discussions in meetings, and sex workers voice this rationale in interviews (Cornish & Banerji, under review). By thus being able to take control of their sexual encounters, the women assert a more powerful and agentic identity in their negotiations with clients, challenging gendered divisions of power.

Secondly, at a local community level, the empowerment that comes from unity among sex workers, and from developing skills of negotiation and leadership, has often led to collectives negotiating effectively on sex workers' behalf with the powerful people who impact on their lives, including brothel managers, police, local politicians or criminals who control the goings-on in the red light area, and health services (Cornish & Ghosh, 2007). Collectives have managed to negotiate with brothel managers to establish basic minimal conditions for sex workers such as regular payment and permission to attend clinics (Cornish & Ghosh, 2007). They often negotiate with police to protect sex workers who have been arrested, and to reduce police violence and punitive police raids (Jayasree, 2004; Sangram, 2007). The collective VAMP, in Maharashtra, demands accountability from local healthcare providers,

ensuring provision of free condoms and accessibility of non-stigmatising health services to sex workers (Sangram, 2007).

Structural level

‘Community-led structural intervention’ is a term that has been coined within the Sonagachi Project to describe their approach. The major structural forces that sex worker collectives have targeted are legislation targeted at prostitution, the economic situation of sex workers, and the cultural perception of sex workers in the media and in the public eye. The National Network of Sex Workers has been actively involved in campaigns about the ‘Immoral Traffic (Prevention) Act’ which contains India’s laws related to prostitution. Its spokespersons critique the alignment of sex work with immorality and with trafficking, and argue that laws should be focused on protecting sex workers’ rights rather than on driving the trade underground. While the ultimate impact of the collectives on the wording of the laws is not yet proven, the campaigning at least serves to raise the collectives’ views onto the agenda, gaining the attention of politicians and the media.

Regarding the economic situation of sex workers, collectives have little power to alter the economic fundamentals of their country, which have disadvantaged them by, for example, impoverishing rural subsistence farming families or failing to provide secure employment or educational opportunities to women. Within the more local environment, however, collectives seek to increase the economic security of their members. DMSC, for example, has established an accessible co-operative which offers savings and loans on beneficial terms to sex workers. VAMP has taken a different approach to economic security, having negotiated with mainstream banks to make banking services accessible to sex workers, and encouraged sex workers to use these services.

Through activities such as rallies, seminars and demonstrations, to which media reporters are invited, the collectives seek to influence the cultural environment, and to raise sex workers’ issues onto media and public agendas

(Jayasree, 2004). The collectives often cultivate good relationships with the media, and organize media-friendly events supported by press releases, such as meetings with high profile politicians in attendance, demonstrations attended by hundreds of sex workers, or events of social or cultural significance, such as blood donation camps, or disaster relief. In so doing, the collectives may contribute to a less stigmatizing public perception of sex workers, as they become associated with impressive public events, 'good works', and present sex workers as confident, competent, articulate women. They actively challenge denial and stigmatization of sex work by confidently making their occupation clearly known when they speak in public, and by having the word 'sex worker' (e.g. Sex Workers Forum Kerala) or 'prostitute' (*veshya,* e.g. *Veshya Ananyay Mukti Parishad* - VAMP) in the title of their organization.

Finally, some collectives have been successful at building networks of support among the staff and leaders of international and national funding bodies, NGOs, development and campaigning organizations. Several of the founders and advisors to the collectives are well-connected and deeply respected in the international HIV/AIDS community. An important structural change to have come about as a result of the collectives must be the increasing role being given to collectives and Community-Based Organisations in current HIV/AIDS policy, which gives greater legitimacy to the voice of sex workers' collectives, and greater scope for their transformative action.

The largest impact of the collectives is probably at the community level – of changes in the social relations between sex workers, and their empowerment within the context of the sex trade. At this level, the collectives reviewed here have achieved major changes to the everyday lives of sex workers, changes which are hugely valued by the women, and which account for the high levels of support for the collectives within the community of sex workers. It is difficult to claim that the collectives have achieved major changes at structural levels, that is, beyond the immediate sphere of the red light areas. Media portrayals are sometimes supportive of the collective interests, but a sensationalist interest still prevails. Some politicians and policymakers are sympathetic to

sex workers' demands, but very little legislative or policy change has come about. The responsibility for structural change cannot lie solely with sex workers, even collectively, but requires the progressive action of others with the power to implement structural change.

Factors enabling the collectives' success

While the collectives have achieved some significant progress in relation to sex workers' collective gender interests, they have not done so uniformly, and the process has not been an easy one. It is not simple to establish and sustain an organisation that brings together a group of historically marginalised and excluded women to challenge and campaign on socially taboo and politically sensitive topics. Participatory peer education projects have been set up all over the world, without necessarily producing significant change either in terms of HIV prevention, or in terms of community mobilisation for social change (e.g. Asthana & Oostvogels, 1996; Busza & Schunter, 2001; Campbell, 2003). To understand the prospects for 'scaling up' sex workers' collective action, and for that 'scaling up' to produce progressive social change that advances sex workers' strategic interests, it is important to consider the factors and the environment that have enabled the existing sex worker collectives in India to flourish. In the absence of these conditions, it may be very difficult for sex workers' collectives to form, and for them to achieve emancipatory gender-related change. Sex worker projects and collectives are located at the intersection of two different kinds of environments: the social environment structuring the lives of sex workers, and the funding environment structuring the possible design and processes of intervention projects.

Historical, social and material environment

Social contexts can be more or less supportive of the emergence of active sex workers' collectives. Firstly, at the level of the local organisation of the sex trade, if sex work is carried out in a hidden and disorganised way, for instance, with women commuting to conduct 'street-based' sex work, rather

than living and working in ‘brothel-based’ sex work, or in an area with a high turnover of sex workers, it may be very difficult to establish the regular contact, the trust and the willingness to be identified in public as a sex worker, which are necessary (Asthana & Oostvogels, 1996; Cornish & Campbell, under review). If, locally, there are precedents for women in the sex trade to be organised and to exert power, this may enable the process. In a study in Karnataka, O’Neil et al. (2004) note that traditional sex workers (i.e. those for whom sex work is a family occupation or has a religious meaning), are more likely than non-traditional sex workers (i.e. those who have no historical reason to take up sex work other than seeking profitable work) to be the leaders of sex workers’ collectives. Traditional sex workers are somewhat less stigmatised than other sex workers, and as such, may both have greater confidence, and be endowed with greater legitimacy. They also may have experience of organisation and resisting criminalisation.

Secondly, the wider symbolic context, particularly how it positions sex workers and activism, can shape the likelihood of sex workers having sufficient confidence in the process of collective action, and the likelihood of powerful others granting a sex workers’ collective any legitimacy. In general, sex workers are not positioned within Indian society as valued, active, organised, powerful women, but are more likely to be considered as victims in need of rescue, or as ‘fallen women’ (Sleightholme & Sinha, 1999; Shah, 2006). These disempowering ideologies of sex work make it less likely that people in power will recognise and support collectives. Indeed, officials may consider collectivisation to imply promoting the disreputable profession of prostitution, and thus be unwilling to support collectives (O’Neil et al., 2004). Alternatively, where empowering examples exist, these offer conceptual support to the notion of a sex workers’ collective. Sex workers in Kolkata draw on the political culture prominent in Marxist West Bengal to explain and provide precedents of successful efforts of marginalised groups to gain recognition and legislative change (Cornish, 2006; Ghose et al, under review). The concepts of solidarity, collective bargaining and protest are both familiar and legitimate within the political culture and the women’s movement of West Bengal. In other parts of India, however, such a facilitating symbolic context

may not exist. Ghose et al (under review) suggest that one reason for a lack of sex workers' collectives in Mumbai may be that the traditional focus of the women's movement there has been protection against violence, as opposed to collective mobilisation around issues such as rights and labour.

Project funding context

To develop collectives requires resources, and thus the funding environment plays an important role in the development of collectives. The major sex worker collectives mentioned above all grew out of HIV prevention projects, facilitated by the appearance of HIV funding in the 1990s. Sex workers had certainly made efforts to take collective action prior to the availability of such funding, but in the absence of resources, energy flagged, and none of their groups gained the social significance that the more recent collectives have done. It is not simply donors' commitment to HIV prevention that is sufficient, however, but a particular political will that is needed to enable the development of collectives. Two facets of this political will can be identified: firstly, the philosophy and theory behind HIV funding regimes, and secondly, their willingness to flexibly adapt to sex workers' interests.

In contrast to the stigmatising and moralistic representation of sex workers of mainstream portrayals in India, discourses within the national and international HIV prevention community tend to avoid moralising about sexuality, and to position sex workers as important contributors to HIV prevention. The original director of the Sonagachi Project recalled how hearing the WHO representatives who commissioned the project speaking of prostitutes with the international discourse of "sex workers" interested him in the possibility of approaching the problem as an issue of occupational health, and avoiding a moralistic discourse (Cornish, 2004). The pragmatic focus on health has encouraged funding bodies, and consequently, implementing agencies, to move away from moralistic discourses if they do not help the cause of HIV prevention, and to focus on maximising the support of sex workers in promoting healthy behaviour. In more recent years, the challenge of 'sustainability' has further encouraged the funders to support sex workers'

agency and collective formation, in the hope that sex workers will be able to continue HIV prevention efforts, even in the absence or reduction of funding. This political will certainly cannot be taken for granted. For instance, there has been a significant underspend of allocated HIV/AIDS funds in several states, and great variability between states (Chandrasekaran et al., 2006). The atmosphere of denial and stigma related to HIV, combined with bureaucratic inertia probably account for this underspend.

A formal acceptance of the active role of sex workers and their collectives, also needs to translate into a commitment to working differently and flexibly in the concrete implementation of a project. The focus on the outcome of health is challenged by the emergence of other social needs and priorities among sex workers, such as interests in financial security, safety at work, education for their children, and so on. Addressing these more structural issues is important to gaining sex workers' trust and commitment to a project, and their involvement in a collective (Evans & Lambert, 2008b). It also has crucial contribution to make to enabling sex workers to have greater control over their lives, and thus to take up HIV preventive actions (Cornish & Campbell, under review). While the sex workers' collectives in India tend to make sex workers' empowerment their first priority, and health second, their donors are typically focused on HIV and health as their first priority, with collectivisation and empowerment seen simply as a means to the end of better health. This may lead to failures to support innovative organisations focused on root causes and social change because their work is not framed specifically in terms of health outcomes (Mooney & Sarangi, 2005).

The approach of building collectives is part of a gradual process of social change – not just a simple process of behaviour change – and as such, it calls for a different timeframe, and a different set of institutional commitments. Significant capacity-building and supports are needed by sex workers who have typically been excluded from the education, organisational experience, and powerful networks that would enable help their collectives to form and to attract support. Indeed, each of the collectives reviewed is associated with dedicated NGOs which work to provide technical back-up and interface with

the bureaucratic requirements of government offices and donor agencies. To support and enable sex workers to take on leadership roles in their collectives requires a significant commitment of time and resources, and donors should not expect the collectivisation process to be cheaper or swifter, or necessarily more ‘sustainable’ than a peer education HIV intervention run by an NGO (Cornish & Campbell, under review).

Conclusions

This chapter has been informed by a structural perspective on gender, which prioritises efforts to challenge the fundamental social issues which lead to gender inequalities, that is, which targets strategic gender interests. I have suggested that the wider symbolic and material context of sex workers’ lives systematically undermines their abilities to exert control over their lives, including their sexual health and their involvement in community organisations. Nonetheless, a small number of individual sex workers’ collectives have been established, which prioritise the empowerment of sex workers, and the targeting of their strategic interests. These collectives have achieved significant changes within their local communities, and their contribution to fighting HIV/AIDS has been facilitated by their addressing sex workers’ non-health priorities. Without increasing the strength of their collective voice, through greater strength of numbers and/or through gaining support of powerful advocates, their efforts at the structural level may be less successful. The funding policy context in India, in giving emphasis to ‘scaling up’ and to the role of collectives and Community-Based Organisations, may be a structural force enabling the advancement of the collective voice of sex workers in pursuit of their strategic interests. To what extent is the ‘scaling up’ of targeted interventions likely to achieve significant improvements, from the perspective of strategic gender interests?

The major challenge to the potential for ‘scaling up’ to bring about gender-related social change lies in the discrepancy between the individualist, medical culture of the field of health, and the structural perspective on social change. Returning to the distinction between individual, community, and

structural approaches to addressing HIV/AIDS, medically-informed approaches tend to take an individualistic approach. This is due, at least in part, to the methodological tools familiar to medical science. Methodological individualism characterises medical science – where health outcomes are measured at the individual level and then aggregated together. The framing of the 'scaling up' agenda is generally methodologically individualist. Thus, NACO aims for "80% coverage" of sex workers, meaning that 80% of individual sex workers should have contact with a targeted intervention (NACO, 2006). Reporting on the Avahan programme, Steen et al (2006) claim to have demonstrated that "quality and scale" can be achieved, having found that in 4 states, over 2 years, 128,326 sex workers (an estimated 70% of the total) had been "contacted by peer outreach" and 74,265 (41%) had attended a clinic. However, developing a social intervention is not equivalent to administering a vaccination, where 'numbers reached' can be confidently and meaningfully reported. Reaching large numbers of sex workers tells us nothing about the quality of the interventions being undertaken, and gives no indication as to whether community level changes (such as the establishment of effective collectives), or structural level changes (such as changes to women's educational opportunities) are underway. Methodological tools to evaluate community level and structural level changes are not as advanced as those used to evaluate individual level changes. Yet, for purposes of accountability and evidence-based practice, legitimate methodological means of assessing progress are required. If proponents of the community and structural perspectives were to develop methodological tools to capture community and structural change, this would greatly facilitate projects focused on strategic interests to benefit from the availability of health-focused funding.

On the other hand, the theorisation and conceptualisation of projects held by programme funders and implementers could equally well be changed to better support community and structural interventions. Many sex workers have been 'reached' by peer education, the intervention method promoted by NACP II, but collectives have not been developed, and structural change has been slow or not evident. To say that one is implementing a peer education project does not in itself call for politicizing challenges to gender relations or to the

stigmatization and marginalization of sex workers (Cornish & Campbell, under review). Thus, although critical thinking about gender and discrimination, and social action to address this discrimination have much to offer HIV prevention, they are not widely understood by programme managers to be a key part of their activities (Campbell & McPhail, 2002). A theoretical understanding of community mobilization and structural change and ideological commitment to empowerment enable programme directors and managers to embed these ideas in the everyday decision-making and actions of the HIV prevention activites (e.g. Evans & Lambert, 2008b). Without this understanding, it is easy for interventions to repeat and reinforce existing social relations. Thus, for transformative social change to emerge from HIV-funded activities, it is necessary for donors and implementers to understand and be committed to empowering aims. Gaps are already visible. Programme implementers, influenced by the discourse of ‘mobilising’ and ‘collectivising’ use these terms, but to refer to very limited activities. ‘Mobilising’ is often used to mean getting sex workers to turn up and be counted at a meeting. ‘Collectivising’ can mean getting sex workers to sign up and become members of a collective or a Community-Based Organisation. These definitions again reflect the desirability of measurable outcomes – numbers of sex workers in attendance or on a register.

In conclusion, while the achievements of the Indian sex workers’ collectives are impressive, and the promotion of collectives by current funding policy is hopeful, I suggest that without changes in the theoretical understanding of gender and structure among health-focused donors and implementing agencies, the potential of sex worker collectives will not be achieved. Whether this theoretical understanding is being developed and implemented remains to be seen. Hopefully, the development of a strong collective voice among sex workers, and strong political support, may prove sufficient to advance their strategic interests, and to enforce a structural understanding among their stakeholders.

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