CHAPTER THREE

The Contemporary Discourse on Prostitution and HIV&AIDS in West Bengal: From the Late Twentieth to the Early Twenty-first Centuries
Fig. 3.1 Map of West Bengal

"The supposed dichotomy between public health and civil rights is a spurious one; an effective public health policy to combat AIDS in India will depend on civil rights."

-Siddhartha Gautam, HIV/AIDS activist

"Though there has been some acknowledgement amongst Indian policy makers that women are a population at risk, there is little evidence to reflect that women's vulnerability to the HIV/AIDS epidemic has been understood and is being addressed."

-Dr. Mandeep Dhaliwal, Sr. Programme Officer, Care & Support, International HIV/AIDS Alliance

Examining the issues related to conditions of women in prostitution or female-prostitutes at the end of the twentieth century and the beginning of the twenty first, we find that the discourse is centered around or initiated by the AIDS pandemic. This chapter will venture to find out the importance and interaction of prostitution and AIDS with the contemporary cultural, societal, economic and political order and to gauge the changing human identity and sexual culture as manifested through the interplay between HIV&AIDS, people and prostitution. Here, the role-played by public health as conducting and motivating factor of well being of the women in prostitution would be analyzed.

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In the Age of Globalization

While reflecting on the violence done on women in the Third World, Naila Kabeer in ‘Reversed Realities’ has rightly pointed out, “vulnerability to sexual harassment and domestic violence, is an aspect of the gendered nature of poverty because poor women, in particular, are most exposed to the risk of harassment and least able to remove themselves from violent situations. Women may have to stay with violent husbands or accept sexual abuse from their employers because the alternatives to such behaviour are even more bleak. It is also the case that women who move in ‘public space’ are perceived to be transgressing the boundaries of female propriety and are therefore a sexual provocation, to be teased, harassed and assaulted”.3 Therefore, from what Kabeer says, two points emerge very clearly – on the one hand women’s lack of economic alternative to be empowered, on the other hand women’s changing social and ‘public’ image as bread earners giving impetus to male sexual impulses. In prostitution this dichotomy is as clear as daylight. As to be discussed in this chapter, prior to entering prostitution a woman suffers from covert (i.e. socio-economic and psycho-sexual) violence in the family, while after entering into prostitution she becomes the commodity of paid violence both covert and overt (i.e., physical, sexual or verbal) in nature. Therefore, violence done on women has a strong economic and gendered foundation as well as a patriarchal one. If society, combined with economic situation and market, create a demand for women as a commodity and the same time provides the supply for that, then de-humanization of a woman’s body alienated from all human elements could be violated even much more easily.

The vicious cycle follows a circuitous route- because of the patriarchal social norms women are married off early and not allowed to go for higher education; because of that, they remain economically marginalized; because of marginalization leading to non-empowerment they are an easy prey of male violence and remain under the whims and fancies of patriarchy. The present scenario of West Bengal should be

analyzed in this given context, with newly emerging meanings of prostitution in the contemporary socio-economic cultures at the times of globalisation.

The epidemiology of the HIV pandemic and distribution of social power combine to determine who would be most vulnerable to the infection. In case of transmission through heterosexual contact, women, in general, are more vulnerable to HIV infection, than men. Physiological differences between male and female sexual organs make women more liable to get infected from sexual contact than men, with the efficiency of sexual transmission of HIV from male to female being four to six times higher than female to male. In terms of social power too, women are more vulnerable as gender relations between men and women are usually grossly unequal. Girls and women have little control over what happens to them sexually, that is, over men's sexual access to their bodies and the conditions under which sexual encounters take place. Across social classes and other difference, it is men who dominate in sexual relationships and decide the nature of the sexual practices, making it difficult for women to protect themselves from a range of abuses, including risk of infection. The extent to which a woman is able to negotiate the "terms of trade" of a particular sexual act or relationship determines her capacity to protect herself against sexual coercion or abuse, - be unwelcome sexual acts, unwanted pregnancies, or sexually transmitted diseases including HIV&AIDS. Women's general lack of autonomy over their choices and mobility, and their lack of social status and self-esteem prevent them from seeking health care. As a result, amongst women, socially disadvantaged and underprivileged groups are even more vulnerable as their social exclusion from access to material and social resources further compromises their knowledge and their bargaining power regarding safer sexual practices.

With regard to the prostitutes in the present times, the very nature of their occupation exposes them to the risk of transmission of sexually transmitted diseases including HIV&AIDS. More often than not, being women or homosexual men, their disempowerment in gender relations increases their vulnerability and, both materially and symbolically, prostitutes occupy a status of extreme powerlessness and social exclusion.

In this chapter I have tried to contextualize the issue of prostitution at the larger context of economic marginalization at the era of globalization that not only creates a situation more vulnerable for women and conducive to prostitution, but also reflects that both the issue of prostitution and STDs as HIV&AIDS have foundations of underdevelopment and poverty. The laws though sensitive to the issue of human rights, yet reflect the biases and prejudices of a patriarchal and stratified society. Nonetheless in this background of changing political-economic and socio-cultural scenario I have taken up West Bengal as a case study to show how the public health responses are at the turn of the twenty first century in dealing with the issues of HIV&AIDS and prostitution.

The social construction of prostitution is related even today to their deprivation and subordination. In dominant discourses in India, the term ‘prostitute’ is rarely refer to as an occupational group who earn their livelihood through providing sexual services. Rather, it is used as a descriptive term denoting a homogenized category, usually of women, who pose threats to public health, sexual morality, social stability and civic order. Calling the ‘prostitutes’ by the name of ‘sex worker’ does not do away with the stigma attached. Therefore, destigmatisation and decriminalization are more important issues than just change of nomenclature.

Social attitudes towards prostitutes are both reflected and reinforced through laws of the land, which have profound effect on prostitutes’ work and lives, and their ability to protect themselves from multitude of risks including HIV infection. In India the law pertaining to prostitution, the Immoral Traffic prevention Act (ITPA), is a case in point.

The marginalization of women in prostitution as a community is also reflected in their lack of participation and representation in state or civil society institutions through which policy decisions are made and resources are allocated. Thus occupational exposure to multi-partner heterosexual sex, stigmatization and social exclusion all act together to render women in prostitution extremely vulnerable as a group, to a range of hazards including the risk of HIV transmission.

Much has been said and written on ‘Globalization’ and so on ‘Prostitution’. Here, attempts to correlate these two phenomena from economic angle as both the issues have strong economic foundations. Within a capitalist market economy, the body of a
woman is commodified where investment can be made for capital generation, while globalization talks of more and more liberalization of this market leading towards the free flow of capital. Money and Sex, both are the areas where consumerism could explore its full potentials. While the cornerstone of globalization is money, sex is the cornerstone of prostitution.

This chapter argues that Globalization creates space for commodification of women’s body by creating an economic and cultural situation on the basis of demand as well as supply of female body and sexuality as to be discussed in this chapter, transforming the sexual culture from human bondage to commodified terrorism, devoid of human and cultural elements varying across space, time and people.

In this context of changing socio-cultural, political-economic scenario at the wake of globalization in the World and in India, an attempt has been made to analyze the discourse of prostitution and HIV&AIDS in the state of West Bengal.

**What Do We Mean by ‘Globalization’?**

Globalization could be economic as well as socio-cultural. The socio-cultural globalization is an essential aspect to create a demand for female sexuality and body, while economic globalization looks after the supply part of it. What does the term ‘Globalization’ signify? Is it towards a creation of a global community based on the principles of universalism as mentioned by Rabindranath Tagore? Is it leading to a harmonious global civilization centering on socio-cultural interaction, humanism, solidarity and egalitarianism? Is it to create a universal man or a woman?

Globalization as we understand it today is essentially a political-economic phenomenon and certainly not to promote egalitarianism or solidarity. If there is any intention to promote socio-cultural interaction it is because under globalization, society and culture are commodity as well as the people living in it and to expand the market internationally, a cultural acceptance, through cultural monopolization in the favour of market may be required by setting up a standard and concept of a universal woman. And women’s bodies have always been a lucrative medium to market a commodity as well as a marketable commodity. This chapter quests for issues that, how, a ‘beauty myth’ has to be created in a woman’s mind, a economic unipolarity in favour of profit has to exist so that profits spiral for some at the cost of the rest of the
world starving that would drive a woman to sell her body in order to support herself and her family.

To get a historical perspective, it is to be remembered, the geographical regions that are being called developing or under-developed nations, today, used to be the colonies of the West. After the Industrial Revolution they simultaneously became the source of raw materials and the market for colonial expansion as discussed in the previous chapter. Among the negative aspects, the colonial period created a class of comprador capitalists who had helped to intensify the economic dependency of the less-developed nations on the developed West. But, should not we call it a mutual dependency? As Mohan Rao in ‘Of cholera and Post-modern world’ has mentioned the treasure taken from India alone between Plassey and Waterloo was an amount of £500 million to £1000 million. However, it has been estimated, this phenomenal drain of wealth would be put to shame in comparison to the drain of wealth occurring today under the name of Globalization with the joint venture of World Bank, IMF, WTO and other Bretton Wood organizations. To quote Vincent Navarro from ‘Health and Equity in the World in the Era of Globalization’, “since the late 1970s and early 1980s, a new position has become dominant in the world’s major economic and political circles that assumes we are witnessing a new and unprecedented situation, referred to as the “Globalization” of economy…. the power of governments to shape national policy is being considerably limited and diminished by an increasingly competitive international economy. The only choice of governments is to join in and facilitate the process, to open up their countries to globalization, since any resistance to doing so would be penalized… They should achieve this through policies that include, among other things, lowering taxes on capital investments and transaction, reducing public deficits through a decrease in public and social (including health care) expenditures; deregulating financial and labour markets; privatizing public enterprises and programs (as in the proposals forwarded by the World Bank and IMF to privatize social security systems) and developing fiscal policies that favour high income sections of the populations which are assumed to be those most able to save and therefore to invest (with the expansion that the riches at the top will “trickle down” to the rest of the population). “There is nothing intrinsically good or bad”, Navarro continues “in the flow of capital, labour, and knowledge around the world, its

goodness or badness depends on who governs the flow, which determines who benefits from it. Globalization is a specific form of internationalization that responds to specific financial and economic interests that are articulated in the class relations in each society. He sums up, "what now passes as globalization is a specific type of internationalization of capital, labor, and knowledge characterized by an unrestrained and unregulated search for profit".6

Analyzing Globalization, in ‘Globalization and Global Health’, Giovanni Berlinguer states, supporting Navarro, “Globalization may be praised as an opportunity for the economic and cultural growth of all people, or criticized with respect to how it is managed, by whom and in which direction...economic globalization today means accumulation of capital and power in the hands of just a few actors with international finance prevailing over all other interests and "unprecedented increase of inequalities in today's world". Second, the very motion and culture of globalization have been generated and disseminated by neo-liberal forces, determined to make people believe that no other alternatives are practicable and thereby denying the functions of politics and democracy".7

However Prof. Purusottam Bhattacharya, states in his article, ‘Globalization and New Regionalism, Challenges for European Integration’, "a hegemonic view of global politics i.e. reflected in the unipolar paradigms which requires a benign leading power to bring order to an anarchic world. By contrast the pluralist vision conceptualizes a variety of regional systems where a global balance prevails and responsibilities are divided among several clusters of power. Globalism is reflected in both paradigms, though it is designed differently."8 Unipolar globalism conceptualizes an “open” and “democratic” world with political, economic and cultural hegemony, of the variety witnessed in the Pax Britannica of the nineteenth century and in the Pax Americana of the twentieth. On the other hand pluralists prefer, “constitutionalists” form of globalism which “emphasizes the diversity of an independent world with proliferating centres of economic growth, initiative and power. Pluralists favour that diversity...of

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global centralization and cultural homogeneity”. The term ‘globalization’ has been used to define various aspects of global expansion in the past decade. It has been associated with key areas of change, which have led to a marked transformation of the world order. At a political level the process of deregulation and liberalization has led to an apparent diminution of the state. At the level of economy, globalization has been associated with the trends towards increasing economic liberalization. This has been reflected in freer trade and more deregulated labour, goods and financial markets. Combined with this there has been an increasing dominance of global capital and financial deepening as capital movements across countries have been facilitated by the removal of regulation and national barriers. Transnational corporations that have benefited from this removal of controls on their activities, gradually, have moved in their ways to occupy an increasingly dominant position. This process of economic liberalization within the developing world has been heralded by IMF and World Bank through the imposition of new economic order on the more vulnerable debt-ridden countries. At the technological level, globalization has been marked by the innovation of mass spread of global communication networks, leading to an information revolution. The over all result is the emergence of a global consumer society that has not only affected First and Third world but also former soviet economies. This interlinked economy, characterized by free flow of capital, people, goods, services and information displaced national governance by a global one. However, this view has been counter argued by a view that state globalization is not necessarily a new phenomenon, and the national capital and market as well as nation states continue to play an important role. To another view globalization is essentially an integration of the powerless marginal third world into the agenda of first world. Although the uneven nature of globalization and it’s negative impact on developing nations have been documented by some writers, yet, the debates on globalization by scholars

9 Ibid.


many a times did not probe deep enough into the implication of it on marginalized groups like ethnic minorities and especially on women in developing nations.

Globalization and Poverty

In the developing nations main vehicle of globalization has been implemented largely as a result of IMF and World Bank conditionality through the Structural Adjustment Programme. In retrospect fall of USSR, combined with debt crisis in early eighties provided a critical opportunity to the formation of a uniploar globe to impose a succession of new international economic policy regimes. There are considerable researches showing the detrimental effects of debt on government programs for women and children, especially education and health care that are significant areas where investments are necessary to ensure a better future. Further, the increased unemployment typically associated with the austerity and adjustment programs demanded by international agencies to address government debt have also been found to have adverse effects on women. Unemployment both of women and of the men in their household, has added to the pressure on women to find ways to ensure household survival. Subsistence food production, informal work, emigration and prostitution have all gained prominence as survival options for women as discussed in this chapter.

Most of the countries that have got into the debt trap in 1980s have not yet been able to resolve the issue. In 1990s, another set of countries became indebted. IMF and World Bank through their SAPs and Structural Adjustment Loans launched programmes that are supposed to make the States more competitive leading to cuts in welfare programs. By 1990s, there are almost 200 such loans. Even, prior to the debt crisis in the 1990s, the debt of poor countries in the South had risen from US$507 billion in 1980 to US$1.4 trillion by 1992. Moreover, as it is acknowledged, the South has paid its debt several times over and yet its debt grew by 250 percent. Many of these countries pay over 50 percent of their government revenues toward debt service or 20 to 25 percent of their export earnings. According to an estimate Africa’s payment has gone up to US$5 billion in 1998 that indicates for every US$1 in aid, Africa paid back US$1.40 in 1998. Another estimate reflects, debt to GNP ration are

especially high in Africa, i.e. 123 percent, while 42 percent in Latin America and 28 percent in Asia. Comparatively, the financial crisis in Southeast Asia is illuminating. Yet, they faced high levels of indebtedness and economic failure among broad range of enterprises and sectors leading to further poverty and unemployment.\textsuperscript{15}

Again to quote Navarro, regarding the reaction and responses that globalization has inspired around the world, “In recent months there have been labour strikes, wider fears of popular uprising, in many of the south east Asian countries once seen as success stories, examples of globalization (but where average wages have declined spectacularly). Such mobilizations have been particularly strong in South Korea, Malaysia, and Indonesia. There have also been mobilizations of the unemployed, with substantial popular support, in France and in Germany (where unemployment has reached unheard of levels), and mobilization of Indians in Chiapas and worker unrest elsewhere in Mexico (where median hourly wages have declined in the 1980s and 1990s), popular rejection forced the withdrawal of President Clinton’s proposal to expand the terms of free trade to many Latin American Countries...Another factor ignored by those certain of the resilience of the welfare state is that the rate of growth of social transfers and social expenditures has been declining during the 1980s and 1990s – even as human needs have been increasing substantially. The decline in the rate of growth of public employment has been particularly accentuated in countries within the liberal tradition such as the US, Great Britain, Canada with declines also occurring in continental countries in Europe such as France, Germany, Italy, Belgium and the Netherlands Countries with social democratic traditions and strong labor movements such as Sweden, Norway, Denmark, Finland, and Austria have been better able to resist the declines, although some reduction have occurred”.\textsuperscript{16}

In ‘Global Poverty in the Late 20\textsuperscript{th} Century’, Michel Chossudovsky, comments, “The late 20\textsuperscript{th} century will go down in world history as a period of global impoverishment marked by the collapse of productive systems in the developing world, the demise of national institutions and the disintegration of health and education programs. This “globalization of poverty” – which has largely reversed the achievements of post-war decolonization – was initiated in the Third World coinciding with the onslaught of the


debt crisis. Since the 1990s, it has extended its grip to all major regions of the world including North America, Western Europe, the countries of the former Soviet block and the Newly Industrialized Countries (NIC) of South East Asia and the Far East. In the 1990s, famines at the local level have erupted in Sub-Saharan Africa, South Asia and parts of Latin America; health clinics and schools have been closed down; hundreds of millions of children have been denied the right to primary education. In the Third World, Eastern Europe and the Balkans, there has been a resurgence of infectious diseases including tuberculosis, malaria and cholera".17

The period of last twenty years, has been witnessing starvation deaths, famine and high rate of poverty all over the world, especially affecting developing nations. A large part of the population of the African continent has been affected. As per an estimate 18 million people in Southern Africa (including 2 million refugees) are in ‘famine zones’ and another 130 million in 10 countries are seriously at risk while in the Horn of Africa, 23 million people could be under a situation of famine.18

In India, there are indicators of both rural and urban impoverishment following the implementation of New Economic Policy, in 1991. Over a population up 400 million people, consists of more than 70% of rural household that are either small marginal farmers or landless farm workers. In irrigated areas, agricultural workers are employed for 200 days a year and in rain-fed farming for approximately 100 days. The phasing out of fertilizer subsidies-an explicit condition of IMF and the increase in the prices of farm inputs as well as fuel leading to the bankruptcy of a large section of small and middle farmers:19

The post-cold war economic collapse in Eastern Europe seems to have a worse effect than even Great Depression. Starting from early 1990s, in the former USSR, inflation triggered by the downfall of real earnings. This combined with privatization led to liquidation of industries leading to lay-offs of millions of workers. Following the macroeconomic reforms by Yeltsin Govt. in January, 1992, there is a one hundred times price hike in Russian Federation while the wage increase is only ten fold. There are evidences to suggest that the real purchasing power has dropped down more than

80% in the course of 1992. While the cost of living in Eastern Europe and Balkans were shooting up, the income is as low as $10 a month. In Bulgaria, 90% of the people are estimated to be living below the poverty threshold of U.S. $ 4 a day.

It would be wrong to assume that industrialized west is left out of this universal poverty and unemployment. Starting from Reagan-Thatcher era, and mostly 1990s onwards, there are economic measures contributing to the disintegration of the Welfare State-unemployment insurance Scheme is derogated, Social Services and pension funds are privatized, and social security has been declined. This has led to high levels of youth unemployment and violence leading to a phenomenon, called ‘third worldization’ of western cities. Poverty indicators such as infant mortality, unemployment and homelessness in the ghettos of American cities are in increase.

The speculative movements against national currencies contributed to the destabilization of so called ‘Asian Tigers’ such as Thailand, Indonesia, Korea, leading to abrupt decline in their standards of living.

Poverty alleviation efforts in China have been threatened by impending privatization resulting at bankruptcy of thousands of state enterprises and curtail of work force in state industries estimating around 35 million. While in rural areas the surplus workforce is about 130 million. This happened parallelly with cuts in budget in social programs.

At this juncture the question may be raised, as why and how then, the data provided by both World Bank and UNDP emphasized on the remarkable reduction of poverty in the late 20th century (it also seems to present a similar picture as far as India and West Bengal are concerned in reduction of poverty)?

Chossudovsky has tried to provide an explanation to this, as he continues analyzing the new World Bank measure of poverty that sets poverty threshold at one dollar a day, and population with a per capita income above this is non-poor. The problem with this estimation framework according to Chossudovsky, is, it has turned poverty

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indicators to numerical exercise. Poverty indicators are computed in a mechanical fashion from the initial one dollar a day assumption. For example, in case of India, where 80% of the people have per capita income below one dollar a day, a World Bank's reproduction indicates a lowering of poverty levels from 55% in 1985 to 25% in the year 2000. The similar explanation could also be applicable in case of West Bengal as well, that reflects the decline in poverty since 1978, according to this type of estimation. Analyses of household expenditures on food, shelter and social services, observation of concrete conditions in villages or slums are not taken into consideration.

The indicators and estimations of poverty by World Bank may not have been interpreted as a manipulated one, but the above discussions citing the instances of global nature of poverty from various papers, even in the so called First world countries, do not seem to counter challenge the idea.

The Poverty: Gendered?

Another significant aspect of the consequences of globalization perhaps lies in the gendered nature of poverty. The supply of women and female sexuality in a commodified form is essentially associated with economic globalization and need for survival arising from gendered nature of poverty.

With the adoption of structural adjustment and processes of globalization, the traditional trading relations and means of livelihood that have been an arena of women are being liberalized and transformed for the second time since colonial period.

Irrespective, of the variation in employment patterns according to space, time and people, the stereotypical and traditional notion was men to be employed in the productive sector, while women reproductive, i.e., biological cum domestic work at the household level. The labour market constituted of workers, who were male, heads of households being taken care of by unpaid labour of female in domestic sector. This image of domesticity associated with women, made them low-waged workers once they are offered jobs in productive sector. In the era of globalization capital proved

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gender blind as cheap female labour given preference to male labour. Another aspect of trade liberalization is that export-oriented production opened up female employment in many developing nations.

Anecdotal evidence suggests that women of all ages are increasingly being employed in many countries. Transnational production has also increasingly extended into agriculture through the expanse of agribusiness, and women are a significant part of the labour force in much non-traditional agricultural production.

Female employment in global production has thus become more extensive. However, the question remains, is this increase in women's employment, necessarily leading to women's empowerment or is this productive labour doubling the burden, adding to female reproductive labour at household and also leading to marginalization of women (as the female productive labour is always low paid)? What is the nature of work absorbing female labour force?

Patriarchal structure within the labour force has never disappeared, but transformed through the changing demands of global capital. Women's work is often insecure, temporary or part-time, with little protection and few fringe benefits. Female employment has been concentrated in the informal sector, and gender segregation has cut across both the formal and informal sectors.

In the era of globalization, deregulation of labour market, fragmentation of production process, deindustrialization and new areas of export specialization have all generated and increased demand for low-paid, flexible female labour. Therefore, female labour is increasingly integrated, but in a fragmented form. The fragmentation of the labour process combined with the feminization of labour markets has imposed new demands on women's time, perpetuating gender exploitation assuming that women's time


could be extended infinitely. 29 As state welfare systems across the globe are in a process of getting dismantled, provision has shifted to low paid, flexible labour that has a distinct gendered nature. More so, because poor households no more can depend on a single, traditional male breadwinner for survival. 30 Thus, Globalization has ushered a contradictory effect on both empowering and disempowering women. Moreover, the changes in gender relations within the household often lag behind those in the labour force. There is a strong resistance on the part of men to accept the role-reversal in private and public arenas as far as women are concerned. There is also a trend for men to migrate in search of paid employment, creating and increasing number of women headed household. 31

Male migration adds to the so-called developmental projects, deepening exploitation of not only female productive labour, but also her reproductive (especially the biological aspect of it) labour. Decosas in his article, ‘HIV and Development’, cites a similar case of Volta Lake in Ghana, one of the largest man made lakes on earth. In the 1960s, the lake flooded an area of 8500 km2 and displaced about 80,000 inhabitants, traditionally belonging to the farming community of Korbo, ended up losing most of their lands. As a result most of the men migrated down to work at construction sites. Many women who had lost their lands, too started to work at hotels and drinking spots—not far from prostitution. When, after sometimes the men construction workers migrated, these women took their business to Accra, Kumasi and then abroad throughout West Africa. 32

In the article mentioned before, J. Decosas emphasizes, that the highest prevalence of HIV is being found in poor societies that are displaced, deprived and powerless. J. D’cunha in ‘Prostitution : The Contemporary Feminist Discourse’ provides theoretical explanation in favour of J. Decosas article, “large-scale production separating the work place from home, urbanization and migration for jobs, militarization, trade and commerce—all products of capitalist, political, economic and


cultural expansions-result on large-scale spatial mobility and the concentration of predominantly male labour in new sites. This mobility and concentration dislocates relations of human bonding and reproduction through kinship relations. In this context old relations are replaced by new ones. New forms of sexual needs, desire and social significance are governed by the dictates of market. As a result a plurality of sites mushroom – the brothel for example – beyond the household through which sexual and social aspects of reproduction are organized to facilitate the process of reproduction and production”.

On the one hand consequences of globalization are reflected in the growing presence of women especially in developing economics. On the other hand there is a general rise in unemployment, especially in formal sector and debt in the same economics.

From the above discussion, emergence of some significant features are seen the shrinking opportunities for male employment in many of these countries, along with the shrinking opportunities for more traditional forms of profit making in these same countries as they are increasingly accepting the foreign firms in a widening range of economic sectors and are under pressure to develop export industries leading to the fall in government revenues. All these, obviously, contribute to looking for an alternative means for making a living, earning profit and securing Govt. revenue. Saskia Sassen in the paper ‘Women’s Burden: Counter geographies of Globalization and the Feminization of Survival’ presents a significant feature of globalized economy leading to illegal trafficking in people for the sex industry and for various types of formal and informal labor markets. ‘Prostitution’, Sassen continues, “labour migration and illegal trafficking in women and children for the sex industry are growing in importance as profit making activities. The remittances sent by emigrants, as well as the organized exports of workers are increasingly important source of revenues for some governments. Women are by far the ‘majority group’ in prostitution and in trafficking for the sex industry, and they are becoming a majority group in migration for labour. The employment or use of foreign-born women covers an increasingly broad range of economic sectors, some in highly regulated industries,


such as nursing, and some illegal and illicit, such as prostitution".35 These features are increasing indicators of the feminization of survival, as it is on the backs of women that these ways of survival; profit-earning and securing revenues for Govt. are being realized. Sassen analyses, “Globalization has produced yet another set of dynamics in which women are playing a critical role. It is necessary to view these current developments as part of a long process in history that has revealed women’s role in crucial economic processes. And, once again, in terms of their articulation in the mainstream global economy, the new economic literature on current globalization proceeds as if this new economic phase is gender neutral, thereby rendering the gender dynamics invisible. This set of dynamics can be found in the alternative cross-border circuits described above in which the role of women, and especially the condition of being a migrant woman, is critical”.36

As per Purusottam Bhattacharya, “The benefit of an open global system with free trade and a liberal global monetary arrangement may be a net increment in the global national product, however the social costs for the individual states may also be severe. The EU has been no exception to this paradigm though to a lesser extent compared to the developing societies in the south ... Feminist critics of the EU have held the process of globalization and its impact on such a regional organization as largely responsible for the considerable marginalization of women, especially those in other subordinated groups like the poor and the working class, coloured communities and migrant and immigrant populations. There has been a significant transfer of power away from the national legislative bodies and the European Parliament to the European Commission and Council of Ministers even when women were gaining increasing access to state legislatures. The relatively strong directives on women’s equal treatment in workplace are contrasted with very weak or non-harmonized directives on violence against women. There are other disadvantages women suffer in the EU. As the EU has become more integrated increasing restrictions have been imposed on immigrants and asylum seekers. Their entry and access to citizenship and welfare has been restricted and there has been in place a corresponding increase in racism and racist violence. In a situation such as this migrant women are particularly vulnerable as they are dependent on their men folk and are not entitled to social

35 Ibid.
36 Ibid.
welfare... The irony is that movements of many women are restricted into and within the EU, mass scale trafficking of women into the EU, primarily from East Asia, Latin Africa and recently from Eastern Europe, has become a regular feature. Systematic studies have shown how such trafficking in women into the EU has buttressed the burgeoning prostitution industry as it coincides with increasing deregulation of business and commerce and opening of borders within the EU”.

On the other hand, in some countries prostitution is forbidden, especially for women who are foreign born, that enhance criminalization of prostitution even more, destroying one of the survival options for foreign women who may have limited access to jobs. Conversely, it is tolerated in some countries where regular labor market job are less, e.g. Netherlands and Switzerland. As per, International Organization of Migration (IOM) data, the number of migrant women prostitutes in many EU countries is far higher than that of nationals, e.g., 75% in Germany and 80% in the case of Milan, Italy.

Trafficking in women is increasingly becoming profitable. The United Nation estimates that 4 million people were trafficked in 1998, producing a profit of US $ 7 billion for trafficking groups. These funds are inclusive of remittances from prostitutes’ earnings and payments to organizers and facilitators. In Japan, over the period of last few years’ sex industry has yielded a profit of approximately 4.2 trillion yen per year. In Poland, as per the police estimate the price of woman is U.S. $ 700, while in Australia Police estimates that the cash flow from 200 prostitutes is up to AUS $ 900,000/week. Ukrainian and Russian women, highly demanded in sex industry, fall in the price range from US $ 500 to US $ 1,000/women delivered. Each of these women is expected to serve around 15 clients a day, thereby making U.S. $ 215,000/month.

The same article tells us, that in recent years several million women and girls were trafficked from Asia and former USSR. This could be attributed to poverty and unemployment in both the regions. Upon implementation of market policies


39 Ibid.
unemployment rates among women reached 70% in Armenia, Russia, Bulgaria and Croatia, and 80% in Ukraine. In the paper, ‘The Feminization of Poverty: Unemployment in Russia’, Wendy Rhein states, “Today, extensive employment discrimination in both the private and Government spheres, a lack of political will to combat these issues, inflexible gender roles and the effects of economic transition in Russia are all contributing factors to the abhorrent conditions in which women now find themselves. As in other regions, poverty in Russia is experiencing a “feminization” in which women are increasingly marginalized into disadvantaged positions, especially in the labor market... Throughout Russia, women on average represent two-third of the unemployed, while in some provinces they account for more than 90 percent of the unemployed. Women in Moscow, for example, represent 78 percent of the city’s out-of-work residents. They also make up a large part of a new category to which Russians have only recently been introduced: the working poor. According to official government data, 39 million people live below the poverty line, while private market research organizations estimate that 53 million people, or 36 percent of the total population, cannot meet their basic survival needs. Stated another way, one in four Russians in the employment market cannot earn enough to make a livable wage, and half of them are single women with children... Employment conditions in Russia have changed significantly since the dissolution of USSR... According to the Moscow Center for Gender Studies 1991 Statistics, women earned approximately 75 percent as much as men. By 1995, that figure had dropped to 40 percent”.40

Like former USSR, a similar impoverishment could be noticed as far as Chinese women are concerned. In the paper, titled, ‘Feminization of Poverty in China?’, authored by Summerfield and Aslanbeigui, in China, 70 percent of the illiterate are female and biases against women persist in employment, training and wages. Female/male ratio in China has fallen down from 94.2% in 1978 to 93.8% in 1990 while female life expectancy has declined from 69 years in 1982 to 66 in 1988. In contrast male life expectancy rose from 65 years to 69 years during the same period. The same paper indicates rise in drop out in FLR and increase in female child labour. To quote the paper, “The impact of the post-Mao reforms on women's entitlements in

China, increased the total availability for the Chinese household (urban or rural) but did not necessarily lead to increased entitlements for all its members... current data do not indicate a significant increase in rural employment opportunities for women outside the farming sector.... Urban women face a different problem: they are part of a surplus labour market where un-employment has become more accepted as a necessary evil".41

Women become poor together by two process, mainly – Primarily, through a deterioration of the household access to resources. In this case, their interests are interdependent with the collective interests of the household. Secondly, they can become poorer also with the breakdown of the family unit itself or their loss of male support. At the same time, women’s lives are governed by more complex social constraints, roles and responsibilities and concentrate on the non-monetized sector and society more than those of men.42 A study titled, ‘Restructured Regions and Families: The Feminization of Poverty in the U.S.’, by John Paul Jones III and Jane E. Kodras examine the geographic dimensions of the feminization of poverty in the U.S. from 1970 to 1980. County-level maps of growth in female-headed family poverty show strongest concentration in the Northeast and North Central regions (the most industrialized and advanced regions). Three explanations are presented – the breakdown of the traditional nuclear family, changes in welfare programs, and the status of women’s work. The study also estimates – growth in poverty among black and white female-headed families43 some researchers indicates that economic need is the fundamental reason behind entry to prostitution.

Sassen quotes an UN report to site evidence of money generated from trafficking in migrants in 1990s that is estimated to US$3.5 billion per year in profits. This is happening across the countries of the globe that may move women from Burma, Laos, Vietnam and China to Thailand, from Thailand to Japan or to U.S.44

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Socio-Cultural Globalization

Drawing from above discussion, economic globalization creates a situation of a feminized poverty where supply of women for trafficking is on increase. However, to keep an industry running supply alone is not sufficient as long as the demand for the supplied commodity is non-existent. Socio-cultural globalization along with economic globalization serves the purpose of keeping the demand for or increasing and legitimizing commodified sex tolerably well. This purpose is achieved through various ways. Primarily industrialization and market economy dislocates people from their old bondage, family ties and kinship relations, creating new values, culture and standards of livelihood as large-scale production lead to separation of work place from house, urbanization, migration, trade and commerce, resulting in large scale mobility and concentration of male labour away from home. 45 This would be justified if we look at repression of sex and commodification of it through perversity in the modern times as being essentially linked with the growth of capitalism. As we have seen in the previous chapter The thing that was accessible before, within the socio-cultural frame-work, has to be restricted, making it exclusive, so that the restriction could create a demand for the market, i.e., sexual service sector.

The change in the sexual culture of people as manifested as well as transmitted through media and market are quite apparent in the case of India. In a pioleeing article, 'Globalization, Sexuality and the Visual Field', Marie, E. John has analyzed the landmarks of socio-cultural transformation of sexuality of the Indian. She points out "along with such processes there has been a tangible sense of "Liberalization" and "Globalization" of sexuality.... The media's new found power plays a disproportionate role in organizing our visual field and in the present context, is itself one of the hall marks of globalization... images are first sexualized as pornographic in order then to be disowned as banned from representing of "Indian Culture"." 46 Janki Nair in her paper, 'Bachchan and the Battle of Bangalore' Summarizes, "Indian culture here in evolved as a sign of resistance to the hegemonic ambitions of the west, invading and polluting the Indian middle class with movies, television shows and now


beauty pageants, that will bring 'nudity,' 'dubious morals and AIDS in their Wake. Surely, there is a clear connection between the Indian women (starting with Sen in 1995) winning the 'International Beauty competitions,' simultaneously, juxtaposing with the economic liberalization that has started with globalization in India. The beauty pageants is a crucial example of carrying the message of 'universal woman,' i.e., the way a 'modern woman' should be in the context of the market economy, she sets the yardstick for womanhood telling the rest of the women exactly what to wear/buy/invest in order to satisfactorily become a 'modern woman. Therefore, she carries a visual image that cannot, but do without capital and commodity.

Therefore, they construct a modern persona for women and a large section of women actually identify with this image of modernity rather than more disturbing political concepts like feminism. The former is presented to be less disruptive, while the later is seen clearly as a threat to certain ideals that at the same time go against the market economy as well as patriarchal culture.47 Through the depiction of modern women, media not only create market for commodity, but commodifying the women herself creates a market for commodified sexuality by attaching certain sexual behaviours to the image of modern woman. With the socio-cultural globalization commercial sexual culture seems to be contaminating as a virus. With sexual liberation we may experience the demarcation between private and public is gradually lessening as far as sexuality is concerned. On the one hand emphasis seems to be more on individualism and privacy; on the other hand this privacy is increasingly being defined by public media culture transcending the socio-cultural dimensions in sexuality and sexual behaviour across time, space and people. As Kathleen Barry continues in 'Female Sexual Slavery', "Pornography no longer describes only the sexual activities between prostitutes and their customers. Sexual liberation has brought into the home many of the bizarre sexual activities that men have demanded with prostitutes.... through pornography, time-honored distinctions of society are now blurring and the gap is quickly closing between love and violence, Madonnas and Whores."48 This dimension is more emphasized by Barry in "Trafficking in women: serving masculine systems", "Public sexuality is institutionalized through the massive production and distribution

47 Chanda, I. 'Displaying the Modern Women: Feminism in the Labyrinths of Media Culture'. Social Scientist, Vol. 28, Nos. 3-4, March-April, 2000
of pornography and through the industrialization of prostitution which has effect of reducing sex to an object and reducing women to sex (which) objectifies sex into a thing to be gotten, had or taken, disengages sex from its human experience, its dimensionality and places it in a marketing condition whether in fact it marketed or not... Public sexual exploitation increasingly is becoming the model for private sexual behaviour".49

Women's bodies being on sale in the capitalist market, certainly does not lead to lessening of patriarchal control through sexual liberation, rather under the façade of liberation it strengthens the sexual objectification of women by patriarchy. To Carole Pateman in 'The sexual Contract', "when women's bodies are on sale as commodities in the capitalist market, the terms of the original (sexual) contract cannot be forgotten; the law of male sex-right is publicly affirmed, and men gain public acknowledgement as women's sexual masters - that is what is wrong with prostitution".50

Again to quote Kathleen Barry, “That is what prostitution is about: it is about bodies being exchanged on a market ... so what you have is a lot of bodies in Manila, a lot of bodies in Thailand, a lot of bodies in Saigon that, have been used for prostitution."51

A study refers to a report by ILO describing prostitution as one of the major economic sectors in South East Asia. Prostitution and associated ways of earning account for between 2% to 14% of Gross Domestic Product in Thailand, the Philippines, Malaysia and Indonesia. A study done by Peracca, Knodel, Saengtienchai, titled, "Can prostitutes marry?: Thai attitudes toward female sex workers", based on focus group discussions found that despite the stigma attached to prostitution, involvement in commercial sex does not hamper a woman's chances of marriage. Although such marriages are not approved of socially, respondents were aware that financial opportunities for women are greater in the sex industry than in any other occupation and that many women honour their duty and support their families through "sex work".52 Similar experiences could be seen at other places, inclusive of India and West Bengal. With the globalization and change in sexual culture, a change could be

49 Ibid.
seen in stereotypical prostitution that used to commodify only biological aspect of women's reproductive labour. The newer emerging forms of prostitution commodify both the biological aspect with the social one, within a compact package of 'hired wife', 'sex-tourism', 'hired womb' and so on. On the one hand globalization is devaluing the cultural aspects that previously used to be associated with prostitution varying across country, society and culture, e.g., Devdasi/Baiji (for whom sexual entertainment used to be one aspect of an overall entertainment comprised of classical dance, music and so on) in India and geisha (accomplished hateria trained in arts) in Japan; on the other hand, it is creating a uniform homogeneity in the sexual service sector under multifarious facets that may apparently seem innocent or socially acceptable. Study shows public in Japan are concerned at the spread of 'telephone clubs' and 'compensated dating' involving teenage girls. These are about older men fixing up a date with teenage girls through telephone and giving them cash or designer goods for dates that often includes sex.53

Therefore, economic globalization not only creates a need that generates 'supply', but through socio-cultural globalization creates a situation where the former social culture goes through a transformation creating space for newly emerging sexual norms and ways of living, even in as stigmatized an occupation as prostitution.

Socio-cultural globalization not only changes the former sexual culture, but also encashes on cultural image of sexuality affiliated to a particular social, cultural or ethnic group. Along with the economic power of a section of people, this commodification of sexual image or culture of a particular group of people, creates the market for industry like sex-tourism. Kempadoo highlighting this aspect states in the paper, 'Regulating prostitution in the Dutch Caribbean', that "sex industries today depend upon the eroticization of the ethnic and cultural other suggests, we are witnessing a contemporary form of eroticism which sustains postcolonial and post-cold war relations of power and dominance".54

A study states that a large percentage of customers look for prostitutes of other racial, national or class identities.55 This demand has lot to do with the image of Asian

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prostitutes as being warm, affectionate, feminine, youthful and beautiful. This image is more difficult to be associated with Western women who are more empowered socially, and economically, "Western prostitutes are in a position to impose their own boundaries on the degree of political intimacy implied by the prostitution contract for example by refusing to kiss clients on the mouth or to engage in unprotected penetrative and/or oral sex) and are also in a position to turn down clients' requests to spend the night or few days with them is likewise experienced as a threat to, or denial of traditional male identity.56 More so, the western assumption of non-western way of life as "non-western people living in idyllic pleasure, splendid innocence or Paradise-like conditions - as purely sensual, natural, simple and uncorrupted beings".57 This is to say sex is more of a 'way of life' in Third World and also to imagine opposition between 'superior' and civilized west and the 'barbarous', 'uncivilized' east. And "Western sex tourist's pocket can contain sufficient power to transform Others into other, were players on a pornographic stage, is a testament to the enormity of the imbalance of economic, social, and political power between rich and poor nations".58

As tourism has grown sharply over the last decade and become a major part of development strategy for cities, regions and countries, the entertainment sector has experienced parallel growth and recognition as a key development target. In many places sex trade has grown as a part of entertainment industry as a development strategy in areas with high unemployment and poverty and where governments are desperate for revenue and foreign currency, e.g., the IMF and the World Bank view tourism as a solution to some of the growth challenges in poor nations and proceed to provide loans, may contribute to the development of that entertainment industry, that may indirectly lead to support of the sex trade.59 Thus, women in sex industry in certain nations may play a crucial role for expansion of the tourism industry.

58 O’Connell Davidson, J. and Sanchez Taylor, J. ‘Fantasy Islands: Exploring the Demand for Sex Tourism’. In Williams, C.L. and Stein, A. (eds.) ‘Sexuality and Gender’. USA: Blackwell Publications, 2002
Another means for the poor nations to deal with unemployment and to secure foreign exchange is to export its citizens. Significantly studies show that "the Philippine government, through the Philippines Overseas Employment Administration (POEA) has played an important role in the emigration of Philippine women to the US, the Middle East and Japan. Established in 1982, it organized and oversaw the export of nurses and maids to high demand areas around the world. High foreign debt and unemployment combined to make this an attractive policy. Filipino overseas workers have sent home on average, almost US$1 billion a year over the last few years. On the other side, the various labour - importing countries welcomed this policy for their own specific reasons. Oil producing countries in the Middle East saw the demand for domestic workers rise sharply after the 1973 oil boom. The United States confronted with a sharp shortage of nurses, a profession that demands years of training yet at the time garnered low wages and little prestige, passed the Immigration Nursing Relief Act of 1989, which allowed for the importation of nurses. And Japan, marked by rising expendable income and strong labour shortages, passed legislation that permitted the entry of "entertainment workers" into its booming economy in the 1980s. The Philippine government also passed regulations that permitted mail-order bride agencies to recruit young Filipinas for marriage to foreign men as a matter of contractual agreement... Among major clients were the US and Japan... Sri Lankan government has tried to export 200,000 workers in addition to the one million it already has overseas. Sri Lankan women remitted US$880 million in 1998, mostly from their earnings as maids in the Middle East and Asia. Bangladesh has already organized extensive labour export programs to the OPEC countries... along with individual migrations... Its workers remitted US$1.4 billion in each of the last few years.  

However, queries may be raised considering the transformation in the nature of prostitution - Is there anything wrong if both the biological and social aspects of reproductive labour get paid? What is so special about the transformation from 'baiji' to 'sex worker'? Did baiji only sell the biological aspect of her reproductive labour? Did not she too sell sex along with other forms of entertainment? Was not she too a commodity in the market even, much prior to the era of globalization? What seems to emerge that there are certain features that distinguish the sexual bondage of pre-

Ibid.  

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colonial and colonial concubines from the terrorized sexuality of the women, prostitutes in the era of globalization. In the former case, the sexual aspect was essentially related to a cultural specificity. In spite of the commodification of reproductive labour, a concubine is a human being who is essentially a carrier of art and culture. In here case, sexual bondage was combined with a human bondage too. While in modern times she is reduced to a non-human. This transformation is strongly associated with the changes in modern times since the late colonial period. Getting into human relationships demands time, emotion and intellect, other than money, that is hard either for people or especially for a prostitute to provide. Unlike the pre colonial and colonial prostitutes, the contemporary prostitute is viewed nothing but a sexual commodity that is de-humanized and thereby could be violated more easily. This dichotomy essentially gets reflected in the paper. 'Fantasy Islands: Exploring the Demand for Sex Tourism', by J.O. Davidson and J.S. Taylor, States, today “...the prostitute woman, who is in most cultures imagined and socially constructed as an "unnatural" sexual and social other a status which is often enshrined in law, provides a convenient ready-dehumanized sexual object for the client. The commercial nature of the prostitute - client exchange further promises to strip all mutuality and dependency from sexual relations. Because all obligations are discharged through the simple act of payment, there can be no real intimacy....”

II

The Contemporary Discourse on HIV&AIDS and Prostitution

It may be presumed, the changing understanding of sexuality, sexual vulnerabilities of women and newly emerging forms of sexual practices that has begun since the late colonial period and has reached a more dehumanized state due to the changes in socio-cultural norms and economic deprivation in the era of globalization, may be leading to the epidemic of HIV&AIDS. In short evidence from certain studies done on South and South-East Asia’s economic situation and it’s relation to HIV&AIDS

suggest, “poor households will be disproportionately affected by the HIV&AIDS epidemic because they will be less likely to be sufficiently informed of the risks associated with the disease, and because they are more likely to engage in activities that put them at high risk of contracting HIV. Furthermore, poor households will be disproportionately affected by a premature adult death in the household, because these households have limited coping mechanisms”.

The Sri Lankan study investigated whether poverty levels be correlated with entering risky professions, such as prostitution, and found that there is a disproportionately large representation of individuals from economically disadvantaged households in the sex industry. As per certain studies among the most striking developments in the global HIV&AIDS epidemic is the rapidity with which the epidemic’s centre of gravity is moving towards Asia. As these statistics suggest, “Asia will not be spared because of its culture; its values; or any of its ayurvedic, traditional Chinese, or homeopathic cures. On the contrary, Asia is extremely vulnerable to the epidemic. Many factors contribute to this vulnerability: the integration of Asian economies with each other and with the world economy; Asia’s changing social customs; its pockets of widespread injecting drug use; its medical practices; its systems of commercial blood supply; its large domestic and international migrant populations; and its population’s age distribution, which has a large proportion in the sexually active years.”

Thus, the crisis of underdevelopment and poverty could be viewed as the root causes of prostitution as well as pandemic of HIV&AIDS in the developing countries. However, HIV&AIDS in the turn is being able to play a crucial role in organizing prostitutes in some places as to be discussed in this chapter and therefore increasing their power to bargain that may lead to the better prevention and control of HIV&AIDS in future.

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62 Ed. by Bloom, D & Godwin, P; The Economics of HIV and AIDS: The Case of South and South East Asia, OUP, Oxford, 1997.
64 Ed. by Bloom, D & Godwin, P; The Economics of HIV and AIDS: The Case of South and South East Asia, OUP, Oxford, 1997
AIDS and Prostitution in India

Acquired Immune Deficiency Syndrome (AIDS) is a health and human rights crisis of major proportions around the world. The estimated global total of adults and children afflicted by HIV & AIDS was 3.3 million in 1999, approximately 16 percent of which, i.e., 5.6 million was from South and South-East Asia—the region with half of the world’s population. However, given the cultural, geographic, and socio-economic diversities in the Asian countries the patterns of HIV transmission vary from country to country. HIV was first detected in India in 1986, five years after the detection of AIDS in the United States of America. The epidemiological evidence of the spread of HIV in the country in the early 1990s gave rise to national-level public health efforts with support from international bodies.

In June 1990, 263,051 cases of AIDS was reported from 156 countries to the WHO, which, estimates around 8-10 million people in the world may be infected. In India, according to the limited findings of the ICMR, 2,167 persons was found infected with HIV, as against 4,61,118 samples of blood belongings to ‘high-risk groups’ screened between October’85 (when the screening programme began) and March 1990.

It is now evident that to be effective the HIV & AIDS control programmes needs to be related to the larger issue of health problems including health service delivery performance across different states. It is also becoming obvious that for the development of sustainable and efficient intervention programmes HIV & AIDS intervention in India needs to take into account the country specific as well as state specific contexts and constraints. Poverty that makes the risk of AIDS an important matter for the poor, the powerless, the women making the negotiation of safer sex practically an impossible proposition; and inadequate supplies of clean syringes and needles that make safer injecting behaviour impossible are some of the concerns in this regard. The creation of an enabling environment for safer behaviour that takes into account the socio-cultural and political economic situations widely varying from state to state, thus critically important in India.

In March 2001 India had reported a cumulative total of 20,304 cases of AIDS of which 15,563 were males and 4,741 were females while the estimated number of HIV infections was 3.9 million. The age-wise distribution of AIDS cases reported from all over the country reveals that 50 per cent of the total male and female AIDS cases fall in between the age range of fifteen to twenty nine years which has a great implication for the overall socio-economic development of the country.

AIDS is not a single disease but rather a complex of symptoms caused by infections and/or cancers, primarily due to disruption of the immune system of the body by an under-lying viral infection. AIDS is thought to be caused by a virus called Human Immuno Deficiency Virus (HIV) which infects certain types of white blood cells, which have important function in the immune system. The majority of HIV infected persons develop no symptoms or only minor ones. Others develop the milder, not usually fatal condition called AIDS Related Complex (ARC), the signs and symptoms of which may include loss of appetite, weight loss, fever, night sweats, skin rashes, diarrhoea, tiredness, or swollen nodes. A small percentage of those develop AIDS wherein the immune system start collapsing and major life-threatening infections invade the body. Pneumonia, Skin cancer, multiple infections like shingles, thrush, herpes, and tuberculosis may supervene. At a very advanced stage the HIV may also attack the nervous system and cause brain damage, blindness and dementia. Though AIDS is a serious health condition with no cure, yet it is not 'invariably fatal'. Interestingly, HIV is a fragile virus outside the body and is killed by heat, ordinary soap and water, household bleach, lysol and the chlorine in swimming pools. Surgical instruments may be easily sterilized.

HIV is not contagious in the popular sense of being air-borne. It does not spread like cold and is thus relatively difficult to catch. The best way to prevent HIV infection and its potential consequences, ARC or AIDS is to understand how the transmission happens. HIV is known to be transmitted through: injection or transfusion of infected blood directly into the blood stream; contact of infected blood, semen or vaginal and cervical secretion with mucous membranes in the vagina, rectum, urethra and possibly

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70 Ibid.
mouth and throat; from an infected woman to her foetus during pregnancy or possibly during delivery.\textsuperscript{71}

Following the AIDS scare that swept the world and the Indian subcontinent for the last two decades, The AIDS Prevention Bill, 1989, secretly introduced in the Rajya Sabha in India on August 18, '89 is a hysterical response to a major public health challenge. To some people, it resembled the Indian Leper's Act of 1898 in many ways, that had sealed the fate of leprosy patients for nearly a century. The AIDS Bill gives the Government and health authorities sweeping powers to infringe upon the liberties of private citizens without any rational link to the objective of treating infected individuals or of checking the spread of HIV. As it was done in the colonial period, the center-piece of the Bill, as of the entire testing and AIDS prevention strategy, is the notion of "high-risk groups"-an epidemiological concept which has functioned to isolate and condemn patients, rather than to educate, protect or treat them.\textsuperscript{72}

However, it could be said that the positive outcome of this 'high-risk-group' strategy was the investment and focus of the HIV&AIDS project in RLAs (Red Light Areas). In turn many of these projects lead to overall development and collectivization of the prostitutes as we will see in the cases of some projects running in the RLAs of West Bengal. But, then, the picture is not so one-dimensional. A report by The Indian Express, Mumbai, dated Jan 6, 1997, "With the AIDS scare killing their trade in the red-light districts, hundreds of commercial sex workers are now spilling over to suburban railway platforms in search of customers". However, this too has turned out to be a positive impetus for their business as one prostitute states, "carrying out business in the suburbs helps the customers as well as us" because it is more affordable, competitions are less with the added advantage of the relief from the 'gharwals'.\textsuperscript{73}

The HIV&AIDS scare and the target group oriented approach of the Govt. and non-Govt. organizations have given birth to lots of activities in the RLAs of the world as well as in India with both positive and negative implications, but ultimately bringing

\textsuperscript{71} Ibid. 1990.

\textsuperscript{72} Women and AIDS: Denial and Blame Citizens report, Nov.-Dec., 1990, New Delhi

\textsuperscript{73} The Indian Express, Mumbai, dated Jan 6, 1997.
the prostitutes back to the focus almost after a gap of a century. The focus if nothing has caused some empowerment, as prostitutes and prostitution have become the ‘in-theme’ of media along with HIV&AIDS. The publicity and attention that HIV&AIDS has received have also been shared by the institution of prostitution and this is where HIV&AIDS has contributed to prostitution by bringing it from shadow to attention of the people in general.

The activities of the GOs and NGOs working in the RLAs used HIV&AIDS related issues as a starting point, but then deviated to several issues that are crucial to the overall well being and empowerment of the prostitutes, e.g., other than the health services the education for the prostitutes and their children, cooperatives, women’s organizations, rehabilitation to homes and other employment and so on. As per a newspaper report, Population Service International (PSI), an NGO, initially restricted its programmes to AIDS prevention and awareness: no rehabilitation. But as they grew they realized that their fragmented approach was alienating the prostitutes. Therefore, PSI has rehabilitated fifteen other HIV-positive prostitutes all of whom were desperately seeking more respectable earning options. The approach to rehabilitate prostitutes by helping them to get alternate source of livelihood through vocational training is gaining its’ popularity, as the attempts by voluntary organizations and social workers to rehabilitate rescued prostitutes by getting them married have failed. It is the customers who usually marry the prostitutes. “Generally business interests, resale, and the prospect of a permanent source of income tempt men to marry prostitutes” says a social worker from Savdhan, an NGO from Bombay. Thus, Prerna, another NGO, working at Kamatipura, has been advising prostitutes who have ration cards to avail of Jawahar Rojgar Yojna Scheme. Prerna has also begun to teach these women agarbatti making. Another report from M.H. dated 08.04.97 from Ahmednagar speaks of an organization, ‘Snehalaya’ that has established a home for AIDS affected prostitutes at Nagar. They are to make available costly medical treatment and also to curb the spread of the disease. The Indian Health Organization (IHO) told the Pune Times that they are active since 1991 and has helped to create awareness among the prostitutes of the city. The organization would have been

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74 Maheshwari, Shivani. A Stitch in Time.
75 Pillai, Jeta, "Marriage no solution to prostitutes", Asian Age, 15.12.95, Bombay.
76 Ibid.
planning to issue identity cards to the prostitutes of the city that would enable them to secure medical assistance from govt. and municipal health centers in case a prostitute is HIV positive. Moreover, it would bring about coordination between police and the prostitutes to control the problems of the minor girls organize the prostitutes helping them to take the vantage of various facilities and schemes. However, the I-card won’t be equivalent to a license to practice. The accelerating growth of HIV pandemic, especially in South and South East Asia, has become a matter of prime concern. Prevalence of HIV positivity in India has increased manifold since 1986, when HIV positive cases were initially detected in the metropolises of Madras (now Chennai), Calcutta (now Kolkata) and Bombay (now Mumbai). In the late 1980s, when the epidemic was first detected in India, the official belief was that HIV/AIDS would be restricted to the cities and that too among pre-determined “high risk” groups such as prostitutes and injectable drug users (IDUs), on the unsaid assumption that the disease was associated with “western decadence” and “sexual immorality”. However, within a decade it was evident that HIV had spread to the general population, and that it has moved beyond urban areas and also into supposedly low-risk groups such as married women (Gangakhedkar, R et al. (1997). The accelerating growth rate of HIV pandemic, especially in South and South East Asia, is a matter of prime concern today. Prevalence of HIV positivity in India has increased manifold since 1986, when HIV positive cases were initially detected in the metropolises of Madras, Calcutta and Bombay. In the late 1980s, when the epidemic was first detected in India, the official belief was that HIV/AIDS would be restricted to the cities and that too among pre-determined “high risk” groups such as prostitutes and injectable drug users, on the unsaid assumption that the disease was associated with ‘western decadence’ and ‘sexual immorality’. However, within a decade it was evident that HIV had spread to the general population, and that it has moved beyond urban areas and also into supposedly low-risk groups such as married women.

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77 Damle, M., “City Sex Workers to get identity cards”, Times of India, 04.09.97.

Analysis of trends in India has revealed that multi-partner heterosexual sex is the most common route for transmission of HIV across the country, except for certain parts of north-eastern India. An analysis of cases of AIDS reported till date, shows that in 82.4% of those cases the HIV infection was transmitted through heterosexual contact and in the remaining 17.6% cases transmission occurred through infected blood or blood products, infected needles, homosexual contact or from infected mothers to neo-natals.

Responding to the pattern of the epidemic in India, public attention and policy considerations increasingly focused on working with women in prostitution as target groups, as their occupation necessitates regular multi-partner heterosexual contact. The National AIDS Control Programme (NACP), implemented by the National AIDS Control Organization and the State AIDS Control Societies, identified targeted intervention with people or communities at increased vulnerability to HIV as one of its core strategies for HIV prevention both in the first NACP (1992-1997) as well as the ongoing NACP II, with specific budget allocated for such programmes.

Table 3.1: HIV prevalence among brothel based women in prostitution in some cities of India

<table>
<thead>
<tr>
<th>City</th>
<th>HIV Prevalence Rate among Sex workers</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delhi</td>
<td>40%</td>
<td>Garret, L (1994) AIDS in India: Part Two, Newsday, 19 December</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>City</th>
<th>Prevalence</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pune</td>
<td>45%</td>
<td>Rodrigues, J et al. (1995), Risk Factors for HIV infection in People Attending Clinics for Sexually Transmitted Diseases in India, BMJ,311, 29 July, pp 283-286</td>
</tr>
</tbody>
</table>

However, on the whole, there is a mixed response in progression of the HIV epidemic in the country, as evident from the data indicated below. India continues to be in the category of low prevalence countries with overall prevalence of less than 1%.

![Adult HIV Prevalence - 2003](image)


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81 Only the Madras study was conducted among street based sex workers.

82 www.nacoonline.org, search done in 23rd July 2005
Nonetheless, HIV&AIDS is the most intriguing public health challenge of the century. There is viciousness as far as the disease is concerned. On the one hand it is widely known to be the disease of underdevelopment and poverty; on the other hand it leads to wipe out the development gains achieved over the past decades. Thus, it is partly caused by underdevelopment and also leads to underdevelopment.

While we see the responses of the colonial state to the disease of syphilis, the paranoia of the Colonial Govt. from the ‘vectors of syphilis’-the native prostitutes, become quite evident. As the empire building was the priority of the time and therefore the good health of the soldiers were crucial and to be secured at any cost as well as the lust of the military men, prostitutes became a very crucial point in the discourse of syphilis for the sake of their colonial clients and thus the criminalization. Nevertheless, in this context it is important to recognize the role played by contemporary medical technologies, like, condom that was absent in the colonial period. Could it be possible criminalization and its implementation through lock hospitals had to happen partially because there were no such technologies available at the turn of 20th century? As there were no concepts of human rights functioning in the late 19th & early 20th centuries, the cruelty and harshness of the treatment of these women become quite evident from the discussion in the previous chapter.\(^{83}\) Nonetheless, here certain differences and similarities emerge from the following discussion to measure the public health responses of the State or the Government to tackle the issues of HIV&AIDS, especially in the context of prostitution.

\section*{III}

The Response of the Government and the State in Terms of Legal Measures to Tackle the Issues of HIV&AIDS in India

Consequences of Criminalisation

The criminalisation of prostitution, or of its attending elements, can have many serious consequences for those involved in the trade, including an increased risk of

\(^{83}\) See Chapter-II
HIV transmission and infection.\textsuperscript{84} The prostitute's safety and welfare, in particular, is seriously compromised.\textsuperscript{85} To some, the negotiating power of prostitutes in dealing with their clients might get restricted as this may limit their ability to insist on such necessary measures as condom use with their clients. Moreover, criminalisation reduces the likelihood that prostitutes will report cases of rape and abuse to which they are subjected, to the authorities. This perpetuates the problem of abuse, and allows such acts, with the attending health risks, to be carried out with impunity. An additional factor with the criminalisation and harsh penalisation of prostitution is that the prostitutes, hindered by criminal record, may have reduced employment opportunities should they wish to leave the industry. The stigma associated with prostitution, creates a further problem in that it becomes very difficult for prostitution to access necessary health-care, support and education services. Nonetheless, from the discussion on the mobilization of prostitutes by NGOs in West Bengal it has emerged that with successful mobilization, that may lead to de-criminalization in the future, many of these issues could be tackled.

The stated purpose of a policy that criminalises prostitution or all the accompanying facets to it, such as living off the earnings of prostitution, or running brothels, may be to discourage participation in the sex trade; to eradicate trafficking in persons, and to reduce health risks to society.\textsuperscript{86} The reality, however, is that for various social, economic and other reasons, the demand, and the supply, show no sign of abating. Law and public health measures many a times fails to take these factors into account in policy drafting and implementations.


\textsuperscript{85} For further discussion of the negative impact of criminalization on worker welfare, see, for example, the European Intervention Projects AIDS Prevention for Prostitutes, available at: http://users.ugent.be/~rmak/europap/index.html.

\textsuperscript{86} In relation to participation of women in the sex trade, there have been alive feminist debates as to whether this in fact be the voluntary exercise by women of their right to practice the trade of profession of their choosing or mostly involves the victimisation of women and should be seen the intensification of the patriarchal exploitations. For more, see Berto E. Hernandez-Truyol & Jane E. Larson, 'Sexual Labour and Human Rights', Columbia Human Rights Law Review, vol. 37, 2006; and Micloe Bingham, 'Nevada Sex Trade: A Gamble for the Workers', Yale Journal of Law and Feminism, vol. 10, 1998.
Human Rights for Prostitutes

The rights and dignities of prostitutes suffer consistently from other abusive practices associated with the industry. These include the trafficking, forced labour and slavery of women and children; the denial of their autonomy, privacy and bodily integrity; discrimination; and poor employment conditions. This is despite the fact that in theory, prostitutes are entitled to the full range of fundamental rights and freedoms, inalienable and inherent in all humans. States have a particular duty to ensure respect, protection and fulfillment of these rights for the most vulnerable sectors or the society. An increasingly marginalised group, prostitutes are particularly vulnerable to HIV infection. In such cases, a duty must fall on the State to provided with services, education and opportunities, and a real input into decision-making and policy formulation, as well as the enforcement of their constitutional and fundamental rights, to ensure that this goal is achieved. The human rights of these individuals must be defended to provide them with protection and to combat the spread of HIV in more general terms.

At an international level, there are numerous binding human rights norms and standards, as well as declarations and recommendations that, if applied, can go a long way towards protecting these women. The Universal Declaration of Human Rights (UDHR);87 the Convention or the Elimination of All Forms of Discrimination Against Women; the International Covenant on Civil and Political Rights; and the International Covenant on Economic, Social and Cultural Rights will necessarily be central to any framework for the protection of this group. Treaties relating specifically to slavery and to trafficking should also play a part. Also relevant is the work of the International Labour Organisation (ILO) in advancing labour and employment rights. Moreover, guidelines that have emerged in recent times through such initiatives as the Millennium Development Goals;88 the UN General Assembly Special Session on

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88 Goal NO. 6 is to halt and begin to reverse the spread of HIV/AIDS, Malaria and other diseases by 2006. For more information, see http://www.un.org/millenniumgoals/index.html
HIV/AIDS; the Beijing Declaration and Platform for Action; and the International Conference on Population and Development (ICPD), develop further the protections.

The Rights of Prostitutes' under International Trafficking Laws

The primary international treaty dealing with prostitutes is one that has been in force since 1951 - the 1949 UN Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others. It follows on from a number of other international conventions already in force on the suppression of traffic in women and children, often referred to as white slave traffic. Trafficking has been described as "one of the most corrosive forms of violation of human rights", as it results in "gradual total destruction of a woman's personal identity, and her right to live as a free human being in a civilized society. The victim is subjected to violence, total humiliation and violation of personal integrity." This has led former

89 Held in 2001, at which the UN General Assembly adopted a Declaration of Commitment on HIV/AIDS - 'Global Crisis - Global Action'. Recognising the relevance of such issues as stigmatisation and gender discrimination, it focuses on leadership; prevention; care, support and treatment; HIV/AIDS and human-rights; reducing vulnerability; orphaned children; alleviating the social and economic impact; research and development; HIV/AIDS in conflict and disaster affected regions; and resources. Available at: http://www.un.org/ga/aids/coverage/FinalDeclarationHIV/AIDS.html

90 Strategic Objective 3c aims to undertake gender-sensitive initiatives that address sexually transmitted diseases including HIV/AIDS, and sexual and reproductive health issues, and Strategic Objective I deals more generally with the human rights of women. Available at: http://www.un.org妇女watch/daw/beijing/platform

91 Held in Cairo, Egypt in 1994. The final programme of action agreed upon is available at: http://www.iisd.ca/Cairo/program/p00000.html


Supreme Court Justice, Sujata Manohar, to define trafficking as a modern form of slavery.\textsuperscript{96}

The Convention affirms in the Preamble that prostitution and the accompanying evil of traffic in persons for the purpose of prostitution are incompatible with the dignity and worth of the human person and endanger the welfare of the individual, the family and the community. As such, it is an offence under Article 1 for any person, in order to "gratify the passions of another", to (1) procure, entice or lead away, for the purposes of prostitution, another person, even with the consent of that person, or to (2) exploit the prostitution of another person, even with the consent of that person. Further, under Article 2, state parties agree to punish any person who (1) keeps or manages, or knowingly finances or takes part in, the financing of a brothel, or who (2) knowingly lets or rents a building or other place for the purpose of the prostitution of others. Under Article 6, state parties must repeal or abolish any existing law, regulation or provision by virtue of which persons who engage in prostitution, or are suspected of same, are subject to special registration, or and other exceptional requirements for supervision or notification. Under Article 16, parties to the Convention agree to take or to encourage, through private and public educational, health, social, economic and other related services, measures for the prevention of prostitution and for the rehabilitation and adjustment of victims of prostitution. They also undertake to make such regulations as are necessary to protect immigrants or emigrants, in particular women and children, both at places of arrival and departure, and while en route (Article 17(1)). In addition, Article 20 requires States to take the necessary measures for the supervision of employment agencies in order to prevent those seeking employment from being exposed to the danger of prostitution (Article 20).

While the Convention implicitly recognises the theoretical right of adults to engage in prostitution, it has been criticised by some for failing to adequately respect the rights of prostitutes and provides justification for government policies that continue to criminalize prostitution, or those involved in it. As Joanne Csete and Meena Seshu have remarked, this approach has serious implications for prostitutes. "There is no question that the motivations for sex work are complex and varied, and that some

\textsuperscript{96} Ibid.
women enter prostitution because of poverty because other livelihood alternatives are extremely limited. But to reduce prostitution to something involving no choice or agency on the part of the women practising it is as demeaning and as much as human right violations as the stigma that sex worker's regularly face. However, one should contextualise the legal measures and remember the fact that societal and economic conditions varies from country to country—what might be held appropriate for the Developed Countries are likely not to be the same in the cases of the Developing and the Underdeveloped World. While talking of human rights one needs to be alert of the paradoxes of it and the fact that it may be used as a double aged sword. Asian and African societies are based on family and community living. The capitalist concepts of individualism accompanied by human rights, that are essential to create individual worker free from family ties for utmost productive outputs, perhaps not in tune with the initial Asian and African socio-cultural formations.

The most recent international instrument on the issue, the Protocol to Suppress, Prevent and Punish the Trafficking in Persons, does little to advance this state of affairs. Nevertheless it is essential to differentiate between trafficking and forced prostitution on the one hand, and unforced prostitution on the other.

The Slavery Convention of 1926, and its Supplementary Convention of 1956, also contain some provisions relevant to prostitutes. With contracting parties agreeing to abolish the slave trade in all its forms, this is defined in Article 1 of the Supplementary Convention as including debt bondage and other forms of tied labour, under which the working conditions of many trafficked prostitutes might fall.


98 International Convention to Suppress the Slave Trade and Slavery, 25 Sept., 1926 [hereinafter Slavery Conventions].

99 Supplementary Convention on the Abolition of Slavery, the Slave Trade, and Institutions and Practices similar to Slavery, April, 1957 [hereinafter ‘Supplementary Slavery Convention’]
Prostitutes and the Law in India

Having considered the present situation at an international level regarding prostitutes and HIV & AIDS, the situation as it stands in India will now be looked at, both from a judicial and a legislative perspective.

The Constitution of India provides some protection for prostitutes, namely under the Fundamental Rights provisions contained in Part III. Of particular relevance is Article 14, requiring equality of all persons before the law; Article 15, prohibiting discrimination on the grounds of sex; Article 19(1), which guarantees, inter alia, the right to peaceful assembly, to form associations and unions, to reside anywhere and to move freely throughout the territory of India and to practice any profession, occupation, trade or business; Article 21, which guarantees the protection of life and personal liberty of all citizens; and Article 23, which prohibits traffic in human beings and forced labour. Under the Directive Principles of State Policy, in Part IV, Article 39 requires that the State direct its policies towards securing, inter alia, that both men and women equally have the right to an adequate means of livelihood (subsection (a)), that the health and strength of workers are not abused, and that citizens are not forced by economic necessity to enter avocations unsuited to their age or strength (subsection (e)). Article 46 requires the promotion of the educational and economic interests of weaker sections of society, ensuring their protection from social injustice and exploitation, and Article 47 obliges the state to improve public health, and to raise the levels of nutrition and standards of living. In addition, Article 51 A(e) places a duty on every citizen to renounce practices that are derogatory to the dignity of women. These combined provisions place a duty on the State to, inter alia, provide adequate measures for maintaining public health and provides a corresponding right to citizens including prostitutes.\(^\text{100}\)

The primary piece of legislation dealing with prostitution is the rather unsatisfactory Immoral Trafficking (Prevention) Act of 1956 (the Act)\(^\text{101}\). The title conveys the moral viewpoint taken by the Act, and acts of trafficking and prostitution are treated as synonymous. It has been criticised for the opportunities for misuse by the police.

\(^{100}\) It has been confirmed that these constitutional rights are not all absolute, and can be restricted in the greater interests of society.

that it creates. They frequently arrest prostitutes and mount rescue and rehabilitation raids in brothels, which in reality are arbitrary, repressive and lead to gross human rights abuses against both adult prostitutes and minors.102

**Immoral Trafficking (Prevention) Act, 1956**

Under Section 2, prostitution is defined as “the sexual exploitation or abuse of persons for commercial purposes”. It has been held, to prove prostitution is that a woman or girl has offered her body for promiscuous sexual intercourse for hire, and that sexual intercourse itself is not an essential ingredient. Section 3 provides for the punishment of anyone who keeps or manages, or acts or assists in the keeping or management of, a brothel. Punishment is also provided for any person in charge of the premises who uses or knowingly allows someone else to use it as a brothel in this regard, it seems from the case law that even a single incident of prostitution, with surrounding circumstances, is sufficient to prove the offence of keeping a brothel. Living on the earnings of prostitution, in whole or in part, is prohibited—under Section 4, with punishment in the form of imprisonment, or fine, or both. Any person, who procures, includes, takes, causes or induces a person to carry on prostitution, or attempts any of the above, is liable for punishment (Section 5). The Act further provides that it is an offence to detain a person in a premise where prostitution is carried on, with the intent that such a person shall have sexual intercourse with a person who is not the spouse of such person (Section 6).

Under Section 7, both a person who carries on prostitution, and a person on whom prostitution is carried out, in the vicinity of public places, or in any premises within notified areas shall be liable for imprisonment of up to 3 months. Furthermore, it is an offence under Section 8 for any Woman to seduce or solicit for the purposes of prostitution in any public place, or within sight of, or heard in a public place, whether from within any building or not. Any woman who tempts or attracts, or endeavours to attempt or attract attention for the purposes of prostitution, or who loiters or causes obstruction or annoyance to persons or to offend against public decency is liable for imprisonment (up to 6 months for first offence, one year for any subsequent offence.

or fine, or both. It is perhaps worth noting that a man who commits a similar offence can be punished with imprisonment of not less than 7 days, but not more than 3 months. In lieu of a sentence of imprisonment for offences under Section 7 or 8, the court may order detention of a woman in a corrective institution for a minimum of 2 years and a maximum of 5.103

ITPA criminalizes soliciting, living off the income of women in prostitution and brothel keeping though it is more ambiguous about whether it is actually illegal to be prostitute, that is earn money in exchange of sexual labour. Prostitution is defined by this law as “sexual exploitation or abuse of persons for commercial purpose”, which is a cognizable offence. This law defines brothel as “any house, room, conveyance or place or any portion of the same, used for sexual exploitation or abuse for gain, of another person or mutual gain of two or more prostitutes” and this can earn a prison term for one to five years. It further describes living on earnings from prostitution as “any person over the age of 18 knowingly living, wholly or in part, on earnings of prostitution of another person, living with or habitually be in the company of a prostitute, aiding; abetting, compelling, exercising control or influence—over the movement of a prostitute, acting as tout or pimp” which too is illegal. Soliciting is a punishable offence by this law, and a prostitute who “directly or through a pimp, in any premises within notified areas (that is, within 200m of public place of religious worship, educational institution, hospital, nursing home, place notified by police commissioner), in a public place or within sight, is seen or heard from a public place, by words, gesture, willful exposure of her person, or otherwise tempts or attracts, solicits or molests any person, loiters or acts in such manner that causes annoyance to residents nearby or offends public decency” is deemed to be soliciting and can be arrested and put in corrective institutions.

As it so happens, in India, like most other countries, especially in the South, women in prostitution primarily, though by no means exclusively, come from poor households. In most cases prostitution is not for individual wealth but for family well being or survival, with most prostitutes supporting their parents, children and extended families from their income. Thus all the dependants, according to ITPA, indulge in criminal activities. Given the broad definition of ‘soliciting’, a crossing the

103 Section 10 of the 1956 Act.
street to buy medicine or seek medical treatment may be arrested if the arresting officer interprets any of her gestures as being seductive. If two or more women in prostitution rent a place to live or work together for their own safety or to get out of exploitative contractual arrangements with a brothel keeper, that too is criminalized by law. What perhaps has more consequential significance is that the existence of such a law makes women in prostitution an easy target for public regulation and violence, with instances of unlawful eviction of women in prostitution from their residences, sacking them from their part-time jobs in other trades, to shaving off the heads of prostitutes to mark and shame them abounding in all parts of India. It is evident that ambiguity about legal status of prostitution and stigmatization severely restrict prostitutes' basic civil and human rights and freedom, which are preconditions for achieving health and well being of any citizen.

It is mention worthy that the constitutional validity of Section 7 stands challenged for violating Articles 14, 19 and 21 of the Constitution. The constitutional validity of Section 14, which allows for arrest without warrant, was challenged in Sahyog Mahi/o Mandal104 for making all offences under the Act cognisable offences. It was asserted that the effect of this was to treat unequals as equals, in violation of Article 14 of the Constitution, in as much as offenders under Sections 7 and 8 could also be arrested without warrant, despite the fact that such offences were of a minor nature, committed by prostitutes. The applicants submitted that the Act was not intended to be construed as punishing women in prostitution or sex work, but rather to punish the trafficker or abuser.105 Section 15(1) of the Act was also challenged in this case for giving an unguided, vague and arbitrary power to police officers to enter premises and conduct a search without a warrant, and to remove persons found therein. Such unguided power was likely to be abused, and there was no rational connection between this power and the prevention of offences under the Act. As such, it was contended that it violated Articles 14 and 21 of the Constitution. Article 15(4) was also challenged on the basis of Articles 14 and 21, as persons who had committed no crime could be arbitrarily removed from their homes. This deprived them of equality of treatment before the law, and also deprived them of their livelihood and, consequently, their right to life. The respondents submitted, however, that it was absolutely necessary to

104 Supra, note 135.
105 Ibid, paragraph.
give police officers the power to search and arrest without warrant, having regard to the object sought by the Act, and the nature of the offences involved. The Court agreed, finding that there were sufficient safeguards within Article 15 to guard against abuse of power, and the constitutional challenge was rejected. Interestingly, the Court acknowledged the current debate on 'sex work', and on whether it is a form of exploitation to be abolished, or an occupation to be regulated. It opined that it was not its role, however, to consider such non-legal debates - it was for the legislature to decide what social standards should be reflected in the laws. The judgement does, however, reveal its views on the matter, commenting that the term 'sex worker' does nothing to dignify the women involved, but rather dignifies the pimps, procurers and traffickers, who can then call themselves managers or organizers. The victims in prostitution are the prostitutes themselves, who operate in slave-like conditions and are subjected to the unlimited authority of others. The Constitution values human dignity, including the fundamental dignity of the human body. Constitutional obligations, such as those contained in Article 23 regarding trafficking, are undermined by commodifying the human body.

The constitutionality of provision 17(4) was challenged in the High Court of Andhra Pradesh at Hyderabad in the 1997 case of P.N. Swamy, Labour Liberation Front, Mahaboocnagar v. Station House Officer, Hyderabad and others. The legality of this provision was challenged on the basis of Articles 19 and 21 of the Constitution of India. The first, in 1959, Smt. Shomo Bai v. State of Uttar Pradesh, asserted that the 1956 Act was unconstitutional. The claimant opposed the use of Section 20 by a landlord to evict her on the grounds that prostitution was her hereditary trade, that her family was wholly dependant on her earnings as a prostitute, that it was her only means of livelihood, and that her chances of being rehabilitated as a good housewife in society were nil. She contended that the 1956 Act was ultra vires the Constitution in that it illegally prohibited her from carrying on her trade, and that it placed unreasonable restrictions on same. The Court rejected the petitioner's first contention

109 Ibid, paragraph 8.
110 Ibid.
111 AIR 1959 All. 57.
based on Article 19(1)(g) of the Constitution, and her right to carry on her profession. The State can impose restrictions on the right to practice any occupation or trade in the interest of the general public.112 Regarding Article 19, the Court found that whether or not the restrictions contained in Section 20 violate Article 19 must be decided on a case by case basis and should take into account, for example, the degree and urgency of evil sought to be controlled, the values of life in a society and the circumstances at the point in time when the restriction is imposed. The legislature would be justified, therefore, in imposing drastic restrictions, including deportation, if the vice of prostitution is endemic in a particular location.

The immoral Traffic (Prevention) Bill, 2006

A Bill has recently been drafted which would revise considerably the law as it now stands under the 1956 legislation. Perhaps most significantly, the proposed Bill, The Immoral Traffic (Prevention) Amendment Bill, 2006, omits Section 8 of the original Act, thus removing the offence of seducing or soliciting for the purpose of prostitution. Also omitted is Section 20, regarding the removal of a prostitute from any place. On the flipside, however, the responsibility and severity of punishment of traffickers and clients is increased. To Section 5 of the original Act, on procuring, including or taking a person for the sake of prostitution, it has been proposed that the following should be added, thus broadening the offence of trafficking:

"Whoever recruits, transports, transfers, harbours, or receives a person for the purpose of prostitution by means of (a) threat of use of force or coercion, abduction, fraud, deception; or (b) abuse of power of a position of vulnerability; or (c) giving or receiving of payments or benefit to achieve the consent of such person having control over another person, commits the offence of trafficking in person."

Section 5(c) provides for the punishment of any person visiting a brothel for the purpose of sexual exploitation of any victim of trafficking in persons. Maximum punishments have been extended for the offence of keeping a brothel or allowing premises to be used as a brothel under section 3; for procuring, including or taking a person for the sake of prostitution under Section 5, where that person is a child; and

112 Ibid.
for prostitution in or in the vicinity of public places under Section 7, where the
decision is made to place the offender in a corrective institution.

These proposals for change are seen as quite controversial, for although the offence of
soliciting for the purpose of prostitution is omitted, the livelihoods of these workers
would be stifled by the increased punishments introduced elsewhere in the Bill. As
one commentator has remarked, while it seems that the new draft is motivated by a
desire to protect vulnerable women and children, it is "nothing of the sort".113

According to the new sub-section 5(c) of the revised draft the customer of a prostitute
would be considered a culprit. When the customer is punished neither the market
demands for the sexual services vanish nor does the supply of women in prostitution
nor does it lead to the increased security of the women in prostitution. Today, we live
in a consumerist society and culture where consumerism of all categories are
encouraged and marketed, while commodification of sex and sexuality remain one of
the lucrative arenas of profit generation. On the one hand the message that comes
through media and market is that commodification of sexuality is good and essential,
on the other hand the buying-and buyer of the-commodified sexuality are-being
prosecuted-this represents the inherent inconsistency, duality and inability or refusal
to look deep into the socio-economic issues and the over all political economic
conditions of the society we live in. The outcome would likely to be that the entire sex
industry goes underground leading to even further marginalization and ill health of the
prostitutes. In these circumstances it is likely that nobody would be able to ensure
safer sexual practices or monitor incidence of STDs and HIV&AIDS in the sex sector.
It is also to be remembered there is a thin line between the commodified sex industry
and the domestic sexual lives of people and many a times that borderlines merge with
each other. Considering this grey zone exists, if a part of it, i.e., the commercial sex
sector goes underground then the white market of domestic sex life is bound to suffer
and face the repercussion from the other.

The prostitutes are demanding the repeal of this bill and marched up to parliament as
well as participated in the seminars. On 28th of February, 2006, a seminar titled,
"Morality vs. Rights" was held at the India International Centre, New Delhi,
organized by DMSC and the National Network of Sex Workers. The seminar was

113 See Indira Jaising, Ridiculous Changes in Prostitution Law, Available at:
attended by many prostitutes from various organisations and activists from the Lawyers’ Collective and Gender Health. Discussion centered on the issues of morality and law in the context of prostitution and prostitutes of DMSC put forward their demands that prostitution be seen as “work” and be included in the Schedule of Professions of the Department of Labour of Government of India.114

It is mention worthy, NNSW and Lawyers’ Collective organized a press conference on 24th of May, 2006, after the Government introduced the IT(P)A Amendment Bill 2005 in the Parliament on the 22nd of May, 2006. Here it was pointed out that the proposed bill if passed as law will make many prostitutes jobless driving the entire sex sector underground and would have serious repercussions for public health in the context of the HIV&AIDS pandemic.115

The HIV/AIDS Bill, 2005

The HIV/AIDS Bill, 2005 reflects some of the issues, concerns and efforts that are in question and being put forward for more than a decade by several groups and individuals. To quote the draft legislation, it is “A Bill to provide, keeping in view the social, economic and debilitating effects of the HIV epidemic in India, for the prevention and control of the HIV epidemic in India, the protection and promotion of human rights in relation to HIV/AIDS, for the establishment of National, State, Union Territory and District Authorities to promote such rights and promote prevention, awareness, care, support and treatment programmes to control the spread of HIV, and for matters connected therewith or incidental thereto.”116 It continues, “Whereas the spread of HIV/AIDS is a matter of concern to all, and whereas there is a need to prevent and control the spread of HIV/AIDS, and Whereas there is a need to protect and promote

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116 THE GAZETTE OF INDIA, EXTRAORDINARY PART II - Section 1 PUBLISHED BY AUTHORITY NO. 12 NEW DELHI, [Day], [Month, Date, Year] / PAUSA 24, 1924

Separate paging is given to this Part in order that it may be filed as a separate compilation.

MINISTRY OF LAW AND JUSTICE (Legislative Department) New Delhi, the [Date] /Pausa [ ] (Saka) The following Act of Parliament received the assent of the President on the [ ] and is hereby published for general information: - THE HIV/AIDS BILL 2005
the rights of those who are HIV-positive, those who are affected by HIV/AIDS and those who are most vulnerable to HIV/AIDS in order to secure their human rights and prevent the spread of HIV/AIDS, and Whereas there is a need for effective and accessible care, support and treatment for HIV/AIDS, and Whereas there is a need to protect the rights of healthcare providers and other persons in relation to HIV/AIDS, and Whereas the Union of India has signed various treaties, agreements and declarations relating to HIV/AIDS, the protection of rights of those who are HIV-positive, those who are affected by HIV/AIDS and those who are most vulnerable to HIV/AIDS in order to secure their human rights and prevent the spread of HIV/AIDS, including the International Convention on Civil and Political Rights, the International Convention on Economic, Social and Cultural Rights and the United Nations General Assembly Special Session Declaration of Commitment on HIV/AIDS, and Whereas it is necessary to give effect to those treaties and declarations under Article 253 of the Constitution of India.\textsuperscript{\textasciitilde117}

The bill shows an over all recognition of issues of human rights at a larger context associating the HIV/AIDS with many other related and relevant issues. Although, the bill recognizes the need for the inclusion of human rights issues taken up in national and international conventions, yet it certainly does not talk about the legalization of prostitution as a mean to that end.

\textbf{IV}

\textbf{West Bengal in the Late Twentieth and the Early Twenty First Centuries}

In the previous chapter we have described the socio-cultural and political-economic developments in the undivided Bengal. It is also noteworthy, that this is a state about which it was once said, "What Bengal thinks today, India thinks tomorrow". Both prior to and since Independence a combination of circumstances (from drought and famine to Partition and the Indo-Pakistan war in 1971) has contributed to massive in-

\textsuperscript{117}Ibid.
migration of refugees and migrant labourers from current Bangladesh and rural areas of West Bengal to Calcutta. Together with the effects of policies pursued by the government since 1977 and a lack of central government funding for urban development, this has produced severe urban degradation and resulted in extremely high rates of unemployment and under employment, with 60% of the urban population living below the poverty line. The nature of the sex-trade in West Bengal and its capita Calcutta, now known as Kolkata is closely connected with the socio-economic and historical development of the city where commercial sex has possibly existed ever since it's foundation. Today approximately 50,000-100,000 women in Kolkata are thought to be engaged in prostitution. It is estimated that some 12,000 of these women work from brothels in eighteen well defined RLAs. Reasons for entering the sex trade are complex but closely linked to general economic impoverishment in rural India combined with few employment opportunities for unskilled female labour. Most prostitutes in Kolkata are first generation migrants from rural West Bengal and Bangladesh and for majority of these women prostitution is a survival strategy in the face of extreme poverty which acts in combination with a variety of biographical events in their lives. The first section represents the socio-economic scenario of West Bengal. The second section analyses the status of the women in prostitution at some of the RLAs in West Bengal and their gradual mobilization through the HIV & AIDS projects targeted at them and also reflected upon are the other responses of public health through intervention programs and disease control measures.

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118 The East portion of the undivided Bengal that was known as East Pakistan after the partition in 1947.
Repression of sex and commodification of it through perversity in the modern times is essentially linked with the growth of capitalism and a market-oriented economy. The socio-erotic framework that was accessible before has to be restricted now, making it more exclusive, thus creating a demand for the market (i.e., sexual service sector). On the other hand, the same economy, that creates the demand for the ‘labour’ provides the steady supply for it, as well. Any phase of social and economic transformation creates economic, political and social unrest leading to unemployment, feminization of poverty and especially marginalization of women and children as it is happening today in the era of ‘Globalization’. Thus lack of social and economic empowerment of a section leads to the infliction of violence by the people who are better empowered socially as well as economically.

The patriarchal social norms forces the women to be married off early and does not allow them to get higher education. The poor uneducated women thus remain economically marginalized. This marginalization, in its turn, leads to non-empowerment, making them easy prey for male violence and control, under the whims and fancies of patriarchy. The present scenario of West Bengal should be analyzed in this given context, with newly emerging meanings of prostitution in the contemporary socio-economic cultures.

The Contemporary Society, Economy and Culture in West Bengal

The renowned poet of Bengal, Jibananondo Das in his poem, “Suchetana” has stated, “Aei prithibir rana rakta shofolota satya;/tobu shesh satya noi./Kolkata ekdin kollolini tilottoma hobe;/tobuo tomar kache amar hridoy”.

(Meaning: The material glories of the bloody wars of this world may be true; /yet not the ultimate truth. /Kolkata will be a great city someday; /yet my heart would remain with you.)

Contemporary West Bengal is witnessing an increasing disparity, and rise of a new middle class and an over riding consumer culture, praising the material glories of the world, as has never been seen before. As per Gurcharan Das, “… the most striking

feature of contemporary India is the rise of a confident new middle class... It is
different from the older bourgeoisie, which was tolerant, secular and ambiguous. The
new class is street-smart. It has had to fight to rise from the bottom, and it has learnt
to maneuver the system.”

We also witness a gradual and steady emergence of consumer culture. Consumerism
is the myth that the individual will be gratified and integrated by consuming. The
general public create a fetish of consumption, by substituting consumer ideals for the
lost acculturating experiences of art, religion and family. The consumer sublimates
the desire for cultural fulfillment to the rewards of buying and owning commodities,
and substitutes media-manipulated undulations in the public persona for spiritual
rebirth. In the myth of consumerism, there is no rebirth or renewal. And there are no
iconic symbols to evoke transcendent truths.

While consumerism offers the tangible goal of owning a product, it lacks the
fulfillment of other cultural mythologies. Consumerism offers only short term ego­
gratification for those who can afford the luxury, and frustration for those who cannot.
It exists as an incomplete and inadequately engineered system of values substituted
for a waning cultural heritage. The egocentricity of Western society made it an easy
target for the transition to a consumer society. The public was easily swayed onto the
path of consumerism. The reduction of cultural values to economic worth has
produced a situation in the 'enlightened' societies where product availability, as
opposed to survival needs, becomes ethical justification for political oppression. And
unfortunately we see the transformation in India that has started since the colonial
period taking to the similar path.

In the words of famous Bengali writer, Naboneeta Debsen on the contemporary
Bengal and Bengalee women, “They can see how the definition of success is
undergoing a transformation, how the value of honesty is diminishing, how the

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124 It is mention worthy, India's middle class constituted less than 10% of the population in 1984 and
1985, according to the National Council of Applied Economic Research (NCAER). Since then, it has
more than tripled, but is still less than 20%. Das, Gurcharan. India's Growing Middle Class, adaptation
from his work on "India Unbound"2001, downloaded as on November 05, 2001 available at
http://www.theglobalist.com/DBWeb/StoryId.aspx?StoryId=2195

125 Cronk R. Consumerism and the New Capitalism available at

126 Cronk R. Consumerism and the New Capitalism available at
definition of fun is changing, the world wide activities teaches them only one value-survival of the fittest as the only belief and the way to exist.\textsuperscript{127}

The middle class that played a historic role in the 19\textsuperscript{th} Century Renaissance of Bengal/India, in today’s changing socio-economic context, are more than happy just to keep their market oriented, consumerist existence alive. Today’s consumerist culture has brought them to such a rat race of economic and material success that is in many cases contradictory to self-respect and value system. These are followed by changing morals, loosening family ties, and gradually deepening identity crisis.\textsuperscript{128}

And there comes the alienation of an individual in the neo-colonial consumerist society, whose attachments are more with non-living goods than with living human beings, in the context of gradually loosening family and social ties.

The poem “Bodh” (“Sense”) by Jibananondo reflects this crisis of human existence and alienation in the modern society, “Alo-andhokare jai –mathar bhitore/swapno noi,-kon ek bodh kaaj kore!\textsuperscript{129}

Swapno noi-shanti noi-bhalobasha noi,/Hridoyer majhe ek bodh jonmo loi!...Shob kaaj tuchcho hoi,-pondo mone hoi,/shob chinta-prathonar shokol shomoi/Shunyo mone hoi,shunyo mone hoi!

(Meaning: In the light & darkness-within my brain it’s not a dream, - but an uncanny sense that works! /No dream-no peace-no love, /But a sense grows within my heart!...All works seem meaningless-useless too,/All thoughts-all the times of prayers/Seem empty-feel empty!)

He continues, “Shohoj loker moto ke cholite pare!\textsuperscript{130}/Aei aloor a(n)adhere/Shohoj loker moto!...Shokol loker majhe bo’she/Amar nijer mudra doshe/Ami eka hotechi alada?...tobu keno emon ekakee?tobu ami emon ekakee!)

(Meaning: Who can walk (talk) like a simple person/ in this lighted darkness/like a simple person!...Being seated in the midst of the crowd/by my peculiarities/me only being different?...Why am I so lonely? yet I am so lonely!”).


\textsuperscript{130} Ibid.
This gradually deepening sense of loneliness, a failure to associate through the humane ways to the fellow human being and society at large are creations of consumerism, where everything is understood in terms of consumer fetishism and profit, instead of humanism. Consumerism could satisfy up to a point at the same time creating separation. As a person goes on earning more and more to satisfy himself or the family in a consumerist society one has increasingly less time for interaction with one's self or with the others. Moreover, consumerism could satisfy one through tangible material interactions through non-living goods or could even turn human relations and intimacies into commodities. Modern prostitution is a case in point, which remains devoid of socio-cultural elements or sexual sublimation since the late colonial period. Thus, consumerism creates a vicious cycle by judging relation and livelihood by fetishistic consumption patterns and due to the constant effort to live up to that, it creates a situation in human lives, where one has to earn more and more destroying the meaning and time for human interactions in modern times, which one tries to replace by being even more consumeristic. A man suffers due to the emptiness and loneliness in a consumerist society because although the society and market has gone through transformation historically and each historic time has tried to define happiness in the context of market, yet there is something eternal or humane about being a human that remains unchanged and indefinable by the standards of market only. This ever increasing role of market in people's lives, instead of bringing satisfaction, gives birth to an alienation, separation and loneliness, has close linkages with growing prostitution in terms of creating a free flow of both demand and supply of women as discussed. The growth of HIV&AIDS pandemic and disease control measures also have to be seen in this relation to consumerism and market.

More than to simply insure a profit, consumerism is the means by which the New Capitalism maintains control of its buying public. In corporate (monopolistic) capitalism the consumer is a target - he is acted upon. Controlling interests, commoditizing the culture and sell it to a public weaned on media advertising. Selection is reduced, not to what the public wants, but to what it will accept at a greater profit for the stockholder. This includes the availability and variety of

---

commodities as well as their quality. Our choices and freedoms are limited by corporate policy.\textsuperscript{132}

And mass media perpetuates the myth of consumerism as a priority of the New Capitalism. Something in the essence of perceived reality has been lost to the despiritualization and commercialization of culture, e.g., when the Beatles' anthems of the 1960's started showing up as background music in Nike shoe commercials in America they lost their value as symbols for the ideological struggles of the era. While the product may have been temporarily graced with the aura of these famous recordings, the songs were drained of their transcendent value in the process. The references to running shoes and advertising overshadow the associations with the cultural flourish of the 1960s.

By associating the symbol with a product rather than letting it exist as the signifier of its framing experiences, advertising robs the symbol of its meaning and sense of truth. The commercial exploitation of culture is widening the rift between ideal and being, between word and truth.\textsuperscript{133}

As advertising duplicity invades the ideal realm, and appropriates subjective value for product enhancement, the established conventions of language, art and cultural traditions lose their ability to inspire metaphysical truth. This debilitation of the symbol has played a significant role in undermining the ontological ground of culture. With the defamation of the socio-cultural (aesthetic, psychoanalytic) symbol, the substantiating experiences of culture recede into the shadow. And same could be applicable to the present socio-cultural scenario of India in general and west Bengal in particular.

Economic historians have linked rapid migration of population from rural to urban centers to the historical "Industrial Revolution" in the nineteenth century Western Europe. The cause provided by the historians is the eviction of serfs or bonded labourours from the European rural feudal societies due to the transformation from feudalism to capitalism that subsequently resulted in, primarily, large undivided rural landholdings allowing land owners to apply economies of scale and increase the agricultural productivity and secondly, a large pool of desperate workers at the urban

\textsuperscript{132} Ibid.
\textsuperscript{133} Ibid.
centers with a steady supply of cheap labour consummative for rapid urban industrialization. In the twentieth century, developing nations in Asia and Africa have followed the same pattern after the demise of their respective colonial rules. This development has led to families of migrant single men or women living alone back home. This is a very crucial development leading to the growth of the market for prostitution, prostitutes and clientele in modern times.

In India similar trends have been experienced during the period of “Green Revolution” in the 1960 and 1970s. Dutt and Sundharam have observed that the rural land reform and rapid urbanization with the supply of cheap industrial labor. Displaced agrarian labor has provided critical ingredients in fueling economic and industrial growth\textsuperscript{134}. However, it has been observed that migratory impact is more pronounced in West Bengal than that in India as a whole. On the other hand, reverse trends are observed in terms of economic growth. The observation is thus contrary to the notion that rapid urbanization corresponds to faster economic growth. Various socio-economic factors also fail to explain this urbanization and economic growth dichotomy in West Bengal\textsuperscript{135}.

Table 3.2: Urbanization in West Bengal

<table>
<thead>
<tr>
<th>Indicators</th>
<th>1970-71</th>
<th>1980-81</th>
<th>1990-91</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of Urban Population to Total Population</td>
<td>24.75</td>
<td>26.49</td>
<td>28.17</td>
</tr>
<tr>
<td>All India Average</td>
<td>20.22</td>
<td>22.73</td>
<td>24.26</td>
</tr>
<tr>
<td>Total Urban Population</td>
<td>10,900,000</td>
<td>14,430,000</td>
<td>20,270,000</td>
</tr>
<tr>
<td>All India Average</td>
<td>106,970,000</td>
<td>136,190,000</td>
<td>179,320,000</td>
</tr>
<tr>
<td>Urban Population Growth per year</td>
<td>2.79%</td>
<td>3.37%</td>
<td></td>
</tr>
<tr>
<td>All India Average</td>
<td>2.41%</td>
<td>2.74%</td>
<td></td>
</tr>
<tr>
<td>Population Density per Sq. Km.</td>
<td>521</td>
<td>615</td>
<td>766</td>
</tr>
<tr>
<td>All India Average</td>
<td>138</td>
<td>166</td>
<td>217</td>
</tr>
<tr>
<td>Growth of Population Density per Sq. Km per year</td>
<td>1.66%</td>
<td></td>
<td>2.19%</td>
</tr>
<tr>
<td>All India Average</td>
<td>1.84%</td>
<td></td>
<td>2.66%</td>
</tr>
</tbody>
</table>


\textsuperscript{134} Dutt,R., & K.P.M. Sundharam, Indian Economy, S.Chand & Co. LTD. New Delhi,1998.

Table 3.2 provides measures of various urbanization indicators for West Bengal and comparable all India averages for more than three decades. The following inferences can be drawn from the urbanization indicators—the increase in urban population as a percentage of total population in West Bengal is faster than that of similar increase in India implying that the migratory impact is more pronounced in West Bengal; In West Bengal, the growth of urban population is consistently higher than that of India, implying urbanization has a greater impact on West Bengal; Population density is more than three times higher than that of the Indian average. This shows the rapid but unequally distributed urbanization in West Bengal.

Table 3.3: Economic Growth in West Bengal.

<table>
<thead>
<tr>
<th>Growth Indicators</th>
<th>1980-81</th>
<th>1990-91</th>
<th>Percentage Growth per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Par Capita-Net State Domestic Product (NSDP)</td>
<td>Rs.1,612 (National Rank:4)</td>
<td>Rs.2,084 (National Rank:7)</td>
<td>-1.89%</td>
</tr>
<tr>
<td>All India Average</td>
<td>Rs.1,625</td>
<td>Rs.2,267</td>
<td>3.38%</td>
</tr>
<tr>
<td>Par Capita Income</td>
<td>Rs.1,837 (National Rank:8)</td>
<td>Rs.2,015 (National Rank:10)</td>
<td>0.924%</td>
</tr>
<tr>
<td>All India Average</td>
<td>Rs.1,896</td>
<td>Rs.2,229</td>
<td>1.615%</td>
</tr>
<tr>
<td>Daily Compounding Rate of unemployment (% of Total Population)</td>
<td>11.36 (National Rank:14)</td>
<td>10.15 (National Rank:18)</td>
<td>-1.13%</td>
</tr>
<tr>
<td>All India Average 99</td>
<td>9.91</td>
<td>8.18%</td>
<td>-1.92%</td>
</tr>
</tbody>
</table>


Table 3.3 provides observations on different economic growth indicators of West Bengal and those of India. A careful observation of the table above provides the following observations—slow economic growth (in terms of GDP) is observed in West Bengal. As a percentage of the GDP in India, contribution by West Bengal has decreased over the time. The all India average and the rate of growth on the other hand, are consistently higher. Secondly; Par Capita Income in West Bengal has increased by less than 1% per year. At the same period all India Average and the rate
of growth are higher. It may imply that the income generation in India is consistently higher than that of West Bengal. Tertiarily the rate of unemployment has been decreased consistently for both West Bengal and India. However, the rate of decrease in Indian unemployment rate exceeds the corresponding West Bengal rate. Furthermore, the daily compounding west Bengal unemployment rate has been consistently higher than that of India for the period undertaken in the study. The finding implies an apparent lack of sufficient job creation in West Bengal when compared to the Indian scenario.

Table 3.4: Human Development & Socio-Economic factors in West Bengal

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Birth Rate per 1,000</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All India Average</td>
<td>43.1</td>
<td>36.8</td>
<td>28.5</td>
</tr>
<tr>
<td>Rate of Change</td>
<td>Rate of decline per yr.:1.32% Rate of decline per yr.:2.41%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All India Average</td>
<td>1.58%</td>
<td>2.54%</td>
<td></td>
</tr>
<tr>
<td><strong>Death Rate per 1,000</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All India Average</td>
<td>18.3</td>
<td>13.9</td>
<td>9.2</td>
</tr>
<tr>
<td>Rate of Change</td>
<td>Rate of decline per yr.:2.98% Rate of decline per yr.:4.13%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All India Average</td>
<td>2.73%</td>
<td>4.07%</td>
<td></td>
</tr>
<tr>
<td><strong>Number of Poor</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All India Total</td>
<td>29,910,000</td>
<td>28,520,000</td>
<td>27,670,000</td>
</tr>
<tr>
<td>Rate of Change</td>
<td>Rate of decline per yr.:0.476% Rate of decline per yr.:0.303%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All India Average</td>
<td>0.436%</td>
<td>0.235%</td>
<td></td>
</tr>
<tr>
<td><strong>Poverty Ratio</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(% of population)</td>
<td>63.39</td>
<td>51.52</td>
<td>43.99</td>
</tr>
<tr>
<td>All India Average</td>
<td>54.93</td>
<td>46.82</td>
<td>39.34</td>
</tr>
<tr>
<td>Rate of Change</td>
<td>Rate of decline per yr:0.207% Rate of decline per yr:0.158%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All India Average</td>
<td>0.159 %</td>
<td>0.174%</td>
<td></td>
</tr>
<tr>
<td><strong>Literacy Rate</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(% of population)</td>
<td>51.65</td>
<td>54.68</td>
<td>57.73</td>
</tr>
<tr>
<td>All India Average</td>
<td>43.41</td>
<td>47.39</td>
<td>52.28</td>
</tr>
<tr>
<td>Rate of Change</td>
<td>Rate of increase per yr: 0.571% Rate of increase per yr:0.543%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All India Average</td>
<td>0.877%</td>
<td>0.981%</td>
<td></td>
</tr>
</tbody>
</table>


Table investigates and evaluates various human development and socio-economic factors to provide any explanation for the dichotomous observation of higher urbanization and lower economic growth in West Bengal. The inferences that could
be drawn from the above table primarily, birth and mortality rates show the rates are consistently lower in West Bengal than the Indian average.

However, the rate of decline in death rate has no significant patterns. On the other hand, the rate of decline in birth rate is consistently higher in India during the period under study. Consequently, the factors fail to be relevant in explaining the urbanization economic growth dichotomy. Secondly, the extent of poverty (measured by poverty ratio) is higher in West Bengal than the Indian average. However, the rate of decline shows no significant pattern. It further emphasizes the findings of Dutt & Sundharam that the growth of urban population did not alleviate poverty either in India or in West Bengal. Similarly the literacy rate in West Bengal is consistently higher during the period under study compared to the Indian experience. However, the rate of growth of literacy rate in India has outpaced the case of West Bengal during 1970 to 1990. As a result literacy rate fails to explain the dichotomy.

In short, as per the study, the rapid pace of urbanization certainly did not correspond or lead to economic growth or income generation in West Bengal. Furthermore, the Human Development Indicators (birth, death, literacy rate) fail to explain this higher urbanization, lower economic growth dichotomy. Besides, uneven income distribution; West Bengal manifests a highly unequal urban population distribution.

To quote Chatterjee & Ayadi, "Several factors, such as the state level political, work, and industrial environments, center-state economic cooperation, underlying factors of urban migration, and the ability and structure of urban centers toward absorbing migratory population require further examination in explaining the trend. Furthermore, the impact of marginal agricultural laborer and share-cropper oriented land reform activities in West Bengal in the late 1970s and early 1980s (not experienced by other comparable states except Kerala) on its economic growth warrants thorough investigation. Efforts should also be placed in explaining whether the lack of overall economic progress (lack of poverty alleviation and employment generation) is a consequence of inequal income, wealth, and urban population distributions. Finally, the magnitude of new capital investments in the 1990s (under

new economic policy) as a tool for rapid economic development, deserve careful attention.\textsuperscript{137}

The following table depicts the Rural Female Literacy Rate and Rural Female Labour Force Participation Rates in percentage at South Asia. The generally low levels of female literacy and low recognition of women's labour in economic terms are clearly reflected for the region.

**Table 3.5: Rural Female Labour Force Participation Rates (RFLFPR) and Rural Female Literacy Rates (RFLR) in South Asia (1981) (In Percentage)**

<table>
<thead>
<tr>
<th>County</th>
<th>RFLFPR (10 yrs and above)</th>
<th>RFLR (15 yrs. And above)</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>24.4</td>
<td>17.6</td>
</tr>
<tr>
<td>Nepal</td>
<td>47.2</td>
<td>7.6</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>4.2</td>
<td>15.3</td>
</tr>
<tr>
<td>Pakistan</td>
<td>3.0</td>
<td>6.8</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>23.7</td>
<td>78.6</td>
</tr>
</tbody>
</table>


**Table 3.6: Rural Female Labour Force Participation Rates (RFLFPR) and Rural Female Literacy Rates (RFLR) in India (1981) (Percentage)**

<table>
<thead>
<tr>
<th>INDIA (State wise)</th>
<th>RFLFPR</th>
<th>RFLR</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Bengal</td>
<td>10.0</td>
<td>23.0</td>
</tr>
<tr>
<td>Himachal Pradesh</td>
<td>29.2</td>
<td>26.1</td>
</tr>
<tr>
<td>Manipur</td>
<td>61.2</td>
<td>25.0</td>
</tr>
<tr>
<td>Meghalaya</td>
<td>60.8</td>
<td>27.8</td>
</tr>
<tr>
<td>Mizoram</td>
<td>60.6</td>
<td>62.8</td>
</tr>
<tr>
<td>Nagaland</td>
<td>72.6</td>
<td>32.7</td>
</tr>
<tr>
<td>Tripura</td>
<td>14.3</td>
<td>28.0</td>
</tr>
<tr>
<td>Kerala</td>
<td>20.2</td>
<td>69.0</td>
</tr>
<tr>
<td>Tamil Nadu</td>
<td>39.8</td>
<td>23.5</td>
</tr>
</tbody>
</table>


Table 3.7: Total Male and Female Work Participation Rates In 1991 and in 2001

<table>
<thead>
<tr>
<th>STATE</th>
<th>MALE WORK PARTICIPATION RATE</th>
<th>FEMALE WORK PARTICIPATION RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDIA</td>
<td>51.93</td>
<td>51.55</td>
</tr>
<tr>
<td>1. WEST BENGAL</td>
<td>54.23</td>
<td>51.40</td>
</tr>
<tr>
<td>2. H.P</td>
<td>54.70</td>
<td>50.64</td>
</tr>
<tr>
<td>3. PUNJAB</td>
<td>54.10</td>
<td>54.22</td>
</tr>
<tr>
<td>4. CHANDIGARH</td>
<td>56.10</td>
<td>54.33</td>
</tr>
<tr>
<td>5. DELHI</td>
<td>52.21</td>
<td>51.72</td>
</tr>
<tr>
<td>6. SIKKIM</td>
<td>57.58</td>
<td>51.26</td>
</tr>
<tr>
<td>7. NAGALAND</td>
<td>46.82</td>
<td>46.86</td>
</tr>
<tr>
<td>8. MIZORAM</td>
<td>57.45</td>
<td>53.87</td>
</tr>
<tr>
<td>9. TRIPURA</td>
<td>50.81</td>
<td>47.55</td>
</tr>
<tr>
<td>10. DAMAN &amp; DIU</td>
<td>65.66</td>
<td>51.63</td>
</tr>
<tr>
<td>11. MAHARASHTRA</td>
<td>53.49</td>
<td>52.16</td>
</tr>
<tr>
<td>12. LAKSHWADWEEP</td>
<td>42.51</td>
<td>44.17</td>
</tr>
<tr>
<td>13. KERALA</td>
<td>50.36</td>
<td>47.58</td>
</tr>
<tr>
<td>14. T.N</td>
<td>58.06</td>
<td>56.39</td>
</tr>
<tr>
<td>15. GOA</td>
<td>54.86</td>
<td>49.56</td>
</tr>
<tr>
<td>16. PONDICHERY</td>
<td>53.28</td>
<td>50.55</td>
</tr>
<tr>
<td>17. ANDAMAN &amp; NICOBAR ISLANDS</td>
<td>56.73</td>
<td>53.32</td>
</tr>
</tbody>
</table>

Source: Census of India 2001, Series-20, West Bengal

However the states represented in above tables shows how, within India, West Bengal has among the lowest female literacy and work participation rate.

Significantly at all India level overall FWPR has increased much more from 1991 to 2001 in comparison to total MWPR. This is seen for West Bengal as well. However in the above table, the states are listed all have higher FLR in comparison to West Bengal, but not necessarily higher male/female higher work participation rate. Therefore, on the one hand this more increase in FWPR in comparison to MWPR
between 1991 & 2001 could be an indicator of women's empowerment and development, on the other hand it could be interpreted as more women are carrying the 'burden of poverty' in comparison to their male counterparts leading to 'feminization of poverty'. But not too much can be said about the real situation from this data as it is known to be flawed in the definition of "work-participation".

From the above table, there seems to be some states like Kerala, Tripura, Lakshadweep, Andaman and Nicobar Islands, Delhi, where, FWPR is surprisingly low in comparison to FLR and West Bengal is one of them (i.e. FWPR - 18.08% while FLR - 60.22%). However, there is not so much discrepancy, if we compare between MWPR and MLR. This could be interpreted as conservatism and imposition of patriarchal structure on women. Women, especially upper and middle class women are much more valued as a commodity in marriage market, provided, they have received some education. Here education is not means to earn money, but to be sold to a prospective bridegroom. Thus, education in this particular instance is being used to chain a woman rather than freeing her through empowerment. If we analyze the correlation between low rate of female work participation and high rate of female literacy in West Bengal and in some other states mentioned above then, the invariable question we are faced with – are the women who are participating in work force the same ones receiving education? Or are they mutually exclusive of each-other? Or do they overlap each-other to some extent?

Table 3.8: Total Male Work Participation Rate and Male Literacy Rate to Female Work Participation Rate and Female Literacy Rate in India and West Bengal in 1991.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>INDIA</td>
<td>51.55</td>
<td>64.13</td>
<td>22.25</td>
<td>39.29</td>
</tr>
<tr>
<td>WEST BENGAL</td>
<td>51.40</td>
<td>67.81</td>
<td>11.25</td>
<td>46.56</td>
</tr>
</tbody>
</table>

Source: Census of India, 2001, Series-20, West Bengal.
Table 3.9: Total Male Work Participation Rate and Male Literacy Rate to Total Female Work Participation Rate and Female Literacy Rate in India and Some of the States in 2001.

<table>
<thead>
<tr>
<th>STATE</th>
<th>2001 MALE NETWORK PARTICIPATION RATE</th>
<th>2001 MALE LITERACY RATE</th>
<th>2001 FEMALE WORK PARTICIPATION RATE</th>
<th>2001 FEMALE LITERACY RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDIA</td>
<td>51.93</td>
<td>75.85</td>
<td>25.68</td>
<td>54.16</td>
</tr>
<tr>
<td>W.B</td>
<td>54.23</td>
<td>77.58</td>
<td>18.08</td>
<td>60.22</td>
</tr>
</tbody>
</table>

Source: Census of India, 2001, Series-20, West Bengal

The growth rate given in the Census of India 2001, Series-20. West Bengal also depicts a slower rate of decadal growth in between 1991 to 2001 than the previous decade.

Comparing table 3.8 and table 3.9 some significant features appear too. The increases in MWPR both in India and in West Bengal from 1991 to 2001 are minimal, while the increase in MLR both in India and in West Bengal during 1991 to 2001 much higher. Thus, it could indicate that a large number of literate men are having no work. On the other hand, as mentioned before FWPR and FLR, both in India and in West Bengal during 1991 to 2001, increased at a faster pace. Economically, as it is already mentioned, it may indicate either woman’s empowerment or feminization of poverty; socially it indicates there is increasing number of educated women. This may or may not lead to social change as women’s work participation rate is still much lower in comparison to FLR and MWPR, but it may mean women’s voice. But without much economic power in an environment where growth of both MWPR and MLR are slower than FWPR and FLR, slower pace of literacy and work participation among men though still much higher than their female counterparts could lead to conservatism and at the same time may nurture potential material for conflict with opposite sex, leading to violence. Two above-mentioned indicators reflect the women are coming up much faster.
Table 3.10: West Bengal in All India Statistics Related to Trafficking, 1997 (Six States with a significant share have been mentioned) Percentage of All India figures.

<table>
<thead>
<tr>
<th>Offences related to trafficking</th>
<th>West Bengal</th>
<th>Bihar</th>
<th>Maharashtra</th>
<th>Kerala</th>
<th>Gujarat</th>
<th>Madhya Pradesh</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selling Girls for prostitution</td>
<td>55.6</td>
<td>--</td>
<td>11.2</td>
<td>11.1</td>
<td>--</td>
<td>11.1</td>
</tr>
<tr>
<td>Buying Girls for prostitution</td>
<td>92.3</td>
<td>--</td>
<td>7.7</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Procuring minors for prostitution</td>
<td>8.3</td>
<td>37.9</td>
<td>29.9</td>
<td>--</td>
<td>---</td>
<td>10.9</td>
</tr>
<tr>
<td>Kidnapping girls/women</td>
<td>14.8</td>
<td>15.6</td>
<td>--</td>
<td>---</td>
<td>20.2</td>
<td>--</td>
</tr>
</tbody>
</table>


Above table represents status of West Bengal in All India statistics related to Trafficking in 1997 and only states with a significant share have been mentioned. As per the table, West Bengal secures highest position both in selling girls for prostitution as well as buying them for the same purpose. In procuring minors, however, Bihar outnumbers West Bengal.

Though this data may not represent the actual scenario across states, both the tables reflect high incidence of violence against women in West Bengal.

Significantly enough a statistic is provided by World Bank Report, titled 'India: reducing poverty and accelerating development, A World Bank Country Study', Oxford University Press, New Delhi, 2000. According to this report, West Bengal has been identified with the highest rate of reducing poverty between 1978 and 1994. In 1978, 51.8% people were below the poverty line while in 1994, 26.0% people were below the poverty line (World Bank Report, 2000) but as the prostitutes interviewed mainly come from rural areas it is necessary to have a look at the percentage of rural poverty in West Bengal (table 3.11)
Table 3.11: Urban and Rural Poverty at State Level

<table>
<thead>
<tr>
<th>STATE</th>
<th>RURAL (%)</th>
<th>URBAN (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Late 1950s</td>
<td>Early 1990s</td>
</tr>
<tr>
<td>Andhra Pradesh</td>
<td>65.14</td>
<td>35.89</td>
</tr>
<tr>
<td>Assam</td>
<td>39.92</td>
<td>49.33</td>
</tr>
<tr>
<td>Bihar</td>
<td>64.52</td>
<td>63.20</td>
</tr>
<tr>
<td>Gujarat</td>
<td>56.77</td>
<td>41.77</td>
</tr>
<tr>
<td>Jammu &amp; Kashmir</td>
<td>37.53</td>
<td>31.20</td>
</tr>
<tr>
<td>Karnataka</td>
<td>54.08</td>
<td>46.88</td>
</tr>
<tr>
<td>Kerala</td>
<td>69.18</td>
<td>33.01</td>
</tr>
<tr>
<td>Madhya Pradesh</td>
<td>56.68</td>
<td>49.79</td>
</tr>
<tr>
<td>Maharashtra</td>
<td>65.93</td>
<td>50.50</td>
</tr>
<tr>
<td>Orissa</td>
<td>60.86</td>
<td>34.66</td>
</tr>
<tr>
<td>Punjab and Haryana</td>
<td>31.24</td>
<td>20.64</td>
</tr>
<tr>
<td>Rajasthan</td>
<td>46.36</td>
<td>45.79</td>
</tr>
<tr>
<td>Tamil Nadu</td>
<td>69.65</td>
<td>41.80</td>
</tr>
<tr>
<td>Uttar Pradesh</td>
<td>47.38</td>
<td>41.72</td>
</tr>
<tr>
<td>West Bengal</td>
<td>50.33</td>
<td>31.51</td>
</tr>
</tbody>
</table>

Notes: Late 1950s refers to the average over 1957-8 to 1959-60.


According to this table rural poverty, though decreased since 1950s in West Bengal, is still much higher than urban poverty. The report given by census of India 2001, Series - 20, West Bengal, says, of 4,78,21757 people, 3,12,55033 people stay at rural areas where only 1,65,66724 people stay at urban areas. Rural female literacy rate in 2001 is 53.82% (Rural male literacy rate 73.75%), while urban female literacy rate is 76.14% (urban male literacy rate 86.49%). In 1991 RFLR was 38.12% (RMLR - 62.05%), while UFLR (UMLR -81.19%) was 68.25%. Though RFLR has increased since 1990s, it is yet lagging for behind in comparison to UFLR. Therefore, in this
iniquitous and asymmetrical background between urban and rural areas, it may be assumed it is the people in urban areas whose economic affluence is reflected in the poverty line.

Prostitution in West Bengal has to be analyzed in this socio-economic background of high poverty levels, disproportionately more in rural west Bengal, low status of females indicated by lower literacy levels and low value given to their labour, possibly increasing feminization of poverty and increasing cases of reported violence against women. As there is a clear disparity in urban and rural life style, increasing consumer culture, that has made such enticement towards an easy life and may lead to increasing trafficking of unsuspecting young girls or women through marriage, offers of a good job, in a sense with the lure of a better life in the city as we would see in the case-studies that would follow.

Aptly, reflecting the trend, some of the contemporary literary works show a gradual emergence of consumerist culture, a diminishing sense of old values and spirits of humanism and above all a society in transition. Arkaproyo, the protagonist of Suchitra Bhattacharya’s short story “Kh(n)acha”(The Shell) is a true representative of the time. Originating from an aristocrat family of North Calcutta Arkaproyo did not intend to live a life of his father who was living it of the feudal remnants. He wanted to touch the sky. Gradually he rose high, but the people who were near and dear had gone far away. His relationship with his own wife, his son (who is a student at IIT) becomes nothing but a mere formality. However, all these could not become an issue at his busy life. He happens to have his self-realization when he gets stuck at a lift during a power cut. He realizes although he considers himself to be a powerful individual, but he is a prisoner of his own situation. Despite this realization he goes back to his own consumerist life-style.

Shuvankar, the protagonist of “Shada g(n)uDo lal rong” (Red colored white dust),learns his lesson when he sees the reflection of his own dishonesty in his son. The capture and punishment of a dishonest colleague in the office, sends alarm to Shuvankar. He starts making arrangement for his own black money earned in illegal ways. While trying to transfer the money and jewelries of his wife to the bank vault at the fear that his house might be searched by the vigilance officer, they find the discrepancies in the account. They find out that their own son has paid the money to the tutor to buy the question paper of the Higher Secondary Examination and he has
no regrets about it, rather he boasts, "that he, the teacher, has asked for Rs.6,000, "I have bargained it to Rs.5,000". This is the only alternative for success to him. It not only reflects the decay of social value, and the over-arching consumer-culture which believes that "end justifies the means", but also how it has got percolated down from one generation to the other and to the so called respectable sectors, like education.

The class dimension comes in the story; "Literacy Campaign Programme". Here Jhimli starts teaching Saraswati, who was a maid servant at their house as a part of her school’s literacy campaign programme.

Initially the academician father feels proud of her and also of Saraswati’s merit. But the problem comes when Jhimli’s school teachers express their wish to teach Saraswati in the evening school. The problem comes when Saraswati’s working hours at the house clashes with the study hour at school. Then the Professor father tries to convince the daughter by using the theory of class conflict and why people like Saraswati cannot afford the luxury of studying. He even starts thinking of a possible revolution to change the situation, but then in reality, by taking the help of duplicity he discards Saraswati and employs another elderly lady who possibly would not have the desire to study. The Bengalee middle class is sympathetic to the issues of marginalized but not at the costs of their self and class interests. Even the humanity becomes irrelevant when it comes to class interest. The self-centeredness, individualism, lack of tolerance, different types of insecurities, loosening of former joint-family ties are some of the reasons for the increase in these tendencies.  

Some of these changes clarifies and helps us to understand the nature of contemporary prostitution and to answer a few questions like why legalisation or decriminalization is the demand of the time in prostitution, leading to the free flow of sex slaves and sex-trade and growth of booming sex industry. Unlike the colonial period, in today’s context we do not talk about quarantining the prostitutes by putting them in lock hospitals, rather we talk of free flow of human capital in sex trade and put emphasis on ‘safe sex’ and ‘disease control’. Like sex, the mechanisms of disease control create a market in themselves and therefore generate capital and profit. Thus, both the sex-trade and the control of diseases (including sexually transmitted diseases) have become some of the most lucrative arenas for consumerism.

Finally, the story to be analyzed is “Durga” written by Chandi Mondal. The protagonist Jaya, a nineteen year old beautiful girl from a rural area turns to prostitution for the sake of the survival of her family. The father was a worker at a factory that has closed and has no possibility of reopening in the near future. The elder brother is a spoilt brat, younger brother does not want to go to school, and mother is unwell. For the sake of the family Jaya has to think of ways to earn her living and that’s how she falls in the hands of Bankim Shaha, who is a business man, procurer, trafficker and a middleman. In the guise of giving her a sales girls’ job he brings her into the RLA, introduces her to the land lady and seduces her. However, instead of using any physical force, he brings out the reality in front of Jaya, pointing out that she has no choice and he is doing her a “favour” by bringing her into prostitution. As a sales girl the money she would earn would not be sufficient for the survival of her family as prostitution. The whole story gets told in the background of a rainy day when Jaya gets stuck at the RLA where she works as a flying prostitute. The story from the beginning to end manifests the exploitation of woman and womanhood in the hands of men and for men, whether by the family, state or any other institution. However, the story does not end here. Jaya is returning home the next day by taking the early morning train. She gets down at the station and starts walking towards her home that was little away. On her way back she gets abducted by hooligans. When those five men were abducting her (for rape), she is still not being able to comprehend the situation completely, asks them, “Where are you all taking me?” while they answer back, “We will have (Durga) puja”.  

Reflecting the similar experiences as in the literatures, this frustration of our time gets voiced by Indrani Sinha, the then secretary of ‘Sanlaap’140, “There is nothing really which we can boast about while stepping into the 21st century. We have lost everything that was there. Poverty and unemployment has viciously encircled us and has made our lives miserable. Peace and harmony has been disrupted and the experience of the common mass in the face of nuclear wars is traumatic...Famine, still continues to reign when production has reached its climax...natural resources are first perishing away...Today, we have nothing to our credit, nothing to take pride in-


140 Sanlaap is a women’s group that afterwards developed into an organization working on anti-trafficking, sexual exploitation and marginalisation of girl children at Kolkata since 1980s.
even the finer sentiments the last possession of human values have been swept away. We stand dead and empty handed...We have lost the right to live. Mere subsistence can also not be claimed since health, education, culture has become expensive commodities. In the age of liberal economy thus, commodity is the ultimate dictum and so it is not at all surprising when we see the child’s body being commodified, commercialized and marketed. And we are heading towards the 21\textsuperscript{st} century wrapped with every morbidity possible around us.”\textsuperscript{141}

In the words of Ritu Priya, “With India shifting from predominantly agricultural, low subsistence and low consumption economy and a community based social structure, to an industrially developing nation with urbanization, migration and the breakdown of rural economies and communities, there have been shifts in social values and world views...The weakening of earlier forms of social and community controls have allowed great individual freedom...At the same time the stranglehold of upper caste/class, male hegemony continues in large part...Conditions of women of most sections seem to have worsened relative to the males, e.g., as reflected by the decline in number of females per 1000-males...As the level of benefits increase for the males, the gap widens tilting the power equation even further in favour of the males...Against existing background of extremely low consumption levels and high social controls, the legitimate desire for improving quality of life and for expression of individual freedom is finding its route of fulfillment through a higher standard of consumption of commodities and flouting of social norms for attaining hedonistic pleasures. This form of ‘fulfillment’ is being promoted by commercial interests and is also seen as a ‘cultural onslaught’ of the industrialized west as part of its neo imperialist design. As a part of this trend, multiple sexual partners/relationships are on the increase in small and big towns...The gap between material aspirations and socio-economic status has led to distortions such as spread of corruption, rise of the mafia, dowry deaths etc....This, together with the loosening of community ties, with a decline in values of self-restraint and shared norms for respecting other’s rights, has led to a rise in sexual assaults on women and even the girl child. These gross perversions of sexuality of men are indicative of shifts in social behaviour. The

increasing prostitution reveals the increasing demand for commercial sex. All these changes are most conducive to the spread of AIDS.\textsuperscript{142}

In this background of emerging globalizations, economic and social change and transformation of the old socio-cultural orders and values, we see the women in prostitution getting organized and start talking about decriminalization and the rights of the prostitute as a "worker". The discourse of HIV & AIDS and the role played by the disease in giving the prostitutes a voice in today's West Bengal are to be analyzed in this context. But why the HIV & AIDS could organize the women in prostitution in West Bengal more easily than anywhere else in India? In this context it is essential to look at the rising discourse of feminism and movements related to women's emancipation in Bengal. In continuum with Indus and post-Indus culture of worshipping mother goddesses, Bengal always has a pro-women culture that also has the elements of praising the mother goddesses and female sexuality through religion and culture.\textsuperscript{143} Several mother goddess figurines were retrieved from a building identified as a temple in the lower section of the city of Mohenjo-daro.\textsuperscript{144} This mother goddess concept existed in the post-Indus culture as well. After its decline in the northwest, the Indus culture continued to advance eastward into the Ganges-Yamuna valley. As Sukumari Bhattacharji observes, "Goddesses like Durga, Chandika, Chamunda, and Kali gained tremendous importance in the pantheon...Their very bearing was expected to strike terror among the enemies of the Aryans."\textsuperscript{145} Fertility rites and the worship of mother goddesses almost always imply existence of an agrarian civilization.\textsuperscript{146} Interestingly the Bengali month of "Ashwin" when Durga Puja takes place in Bengal is the month associated with harvest. There are lots of writings on extremist/militant nationalist movements in Bengal being based on the


\textsuperscript{143} See chapter II


concept of treating the land/nation/country as a mother goddess. “Anandamath” by Bankim Chandra Chattopadhyay was regarded as a reliable blueprint of armed revolt against the foreign rule. The narrative helped to inspire the nationalist movement by showing the why and how of an armed revolt. The song “Bande Mataram” (Hail Mother) included in ‘Anandamath’ was popularized after the first partition of Bengal in 1905, as a national anthem expressing the aspirations of the nationalists. The image of mother goddess as mother land in the song Bande Mataram was a powerful instrument to mobilize the Indian nationalists into action.147

Women’s Movements in Bengal

Idolization or romanticisation of Bengalee women cannot be considered synonymous to the women’s emancipation. In the twentieth century till the death of Rabindranath Tagore (1861-1941) and the Independence of India in 1947 literature by Bengali women included poetry expressing great patriotic fervour and nationalist sentiments, apart from revealing the complexities experienced by women entrapped in the triple bind of sex, class-caste, and religion. The absence of an identifiable literary subculture of Bengali women’s writing has made new generation of women writers almost up to 1970s, feel alienated from the mainstream literary culture with a few exceptions. As Elaine Showalter puts it “Given this perpetual disruption...it does not seem possible to speak of a movement”.148 From the 1970’s protest, anger, and alienation have been voiced in the writings, especially poetry of women with the purpose of interrogating, destabilizing deconstructing and reconstructing the traditional images of women projected in poems written by men. The literary scene reflected the political shift in the life of women in West Bengal. In June 1954, the first post-war all-India organization of Women, the National Federation of Indian women (NFIW), was formed with the objective of bringing together women of all sections of

147 See Bankim Rachanavali II. Sahitya Samsad Calcutta.1979.It is interesting to observe the historical context of the development and use of the song Bande Mataram- how a song that had once used to inspire the revolutionaries has become the symbol of right extremism and their admiration for the country. It could be said the National Anthem never felt to inspire people independent and irrespective of their political colour and orientation as it has made people perceive the country as mother land for the first time.


society on a common platform to tackle the impending socio-political issues and was affiliated with the Women’s International Democratic Federation. The acute food crisis of 1959 resulted in mass hunger marches in various parts of the state in which all sections of women participated. During sixties, the women played an active role in the intense struggle for change in the power equation of the state. The late sixties and early seventies saw the birth of Naxalite movement, which considered parliamentary democracy inadequate to tackle the problems of an extremely poor undeveloped country like India and believed in class struggle. The Naxalbari movement attracted a large section of women from all sections of the society—peasant and tribal women as well as urban young women like students. Many of them spent years in jail or were killed in ‘encounters’ or became disabled by police torture in custody. They created a section of Bengali women activist and writers whose works dominated the era of the late eighties and nineties that includes “Hanyaman” by Jaya Mitra, “Jeler Bhitor Jel” by Minakshi Sen, “Women in Indian Politics” by Kalpana Roy.\textsuperscript{149}

The Bangladesh Liberation struggle brought a huge influx of uprooted people both Hindus and Muslims to West Bengal. Women political workers and activists played a crucial role in organizing relief as well as solidarity action with the liberation struggle. The Bangladesh Solidarity Committee came up with a booklet entitled, “Opar Bangalr Meyeder Pashe Epar banglar meyera” (“The women of this bank of Bengal standing in solidarity by the women of the other bank of Bengal”).\textsuperscript{150} Since the sixties, and more definitively from 1970s onwards up to the present day, can be regarded as the period of Naribadi or feminist movements in Bengali. This has been reflected in the literature and writings of this period.

The entire decade of 1976 to 1985 was observed as the International Decade of Women. In India the Central Government headed by the then Prime Minister Indira Gandhi set up a broad based Status of Women Committee, chaired by Phulrenu Guha that submitted it’s report “Towards equality” to the Government of India in 1974.

It challenged the assumption that any rise in the general standard of living in the country would benefit all sections of society sooner or later and that any rise in the income level in a family would benefit everybody inclusive of women and children.


\textsuperscript{150} Ibid.
Challenging this "trickle down theory", the report had shown how, after so many years, post-independence women remained second class citizens of the country with less access to health care and nutrition, education and work and virtually remain invisible in the decision making processes within the family, state and community.\textsuperscript{151}

Among the recommendations was to set up a high-powered autonomous national commission for women with corresponding commissions at state levels. However, it was not until 1992, under the Eight Five Year Plan, that the National Commission for Women was set up followed by the state women's commissions. The West Bengal State Women's Commission was set up in February 1993.\textsuperscript{152} Parallaly, the International Decade of women highlighted many hitherto neglected women's issues that gave birth to several autonomous women's movements in the late seventies and eighties all over India including West Bengal. Some of the leading women's groups that came up in Calcutta in the early eighties are Nari Nirjatan Pratirodh Mancha (NNPM), Sachetana, Women's Research Centre, Pratibidhan, Lahori, Mahila Pathagar and Mahila Pathachakra. These women's groups provided a mixture of legal aid, counseling and carried on sustained advocacy against dowry harassment and bride burning, in the anti rape law against the Muslim women's Bill (1986), the glorification of sati and Roop Kanwar's immolation on her husband's pyre (1987). Some of these groups also functioned for awareness generation on women's rights and demanded policy changes in favour of women. Nari Nirjatan Pratirodh Mancha took a lead role in the campaign for the release of innocent women undertrials, against state-violence, campaigning against eviction of unauthorized slum dwellers without providing rehabilitation and in the anti-imperialist struggles in general. The issues that have taken up by these groups have gone beyond the issues related to women's movement only, relating to larger issues of human struggles and empowerment. Problems of global warming have also taken up increasingly by the women's movement. Specifically, the movement campaigned for the punishment of the culprits of Bhopal gas disaster and demanded compensation for the victims of the


\textsuperscript{152} Ibid.

\textsuperscript{153} Where the researcher happens to be a member and the first meeting of this group was held at the researcher's parental home at Chetla, Calcutta and her mother Prof. Malati Ghosh was one of the founder member of Nari Nirjatan Pratirodh Mancha (NNPM).
tragedy and Narmada Bachao Andolan. It is a long standing demand in West Bengal to enforce strict ban on pre-natal sex identification and abortion of the female foetus.

Another significant move during this period is the coordination between seven all-India women’s organizations on issues concerning women in terms of policies and programmes.¹⁵⁴

Since the fourth UN Conference in Beijing in 1995 and the adoption of the Beijing Programme of Action, important follow-up action in the form of seminars and discussions issues ranging from one third participation of women in Bidhan Sabha and Lok Sabha, opinions of various women’s groups on a National Policy for Women, formation of “Maitri” as a coordinating network of women’s groups and individuals in West Bengal concerned with women’s equality, development and peace to the preparation of a photographic exhibition by an ad hoc committee of historians and activists on women’s participation in the Independence Struggle. There have been increased efforts to sensitize the judiciary and the police administration to women’s problems. Parallel to Beijing Plus Five Conference, organized by the United nations, there was another event of worldwide significance-World March of Women, 2000. The World March declared it was the beginning of a process which would not end until a more humane and peaceful world, free from discrimination and based on social justice could be ensured and the basic rights for women be recognized as an essential part of human rights. While the eighties had seen women’s groups come up as voluntary agencies raising their own funds, the nineties saw a proliferation of NGOs, which depended on funding agencies in India and abroad and maintained a paid staff. Some feel this proliferation by NGOs might have given the government opportunity to co-opt and appropriate programmes for women’s development as per its convenience, yet these NGOs have also added the varieties of ideas, approaches, and activities covering a varied spectrum. The growing cooperation between NGOs and other women’s mass organizations has brought a large number of new issues that were not in the agenda of women’s movements earlier such as a large mobilization of women in prostitution since late eighties to mid nineties and till date. Some are in

¹⁵⁴ These seven organisations referred as seven sisters are-All India Women’s Conference, All India Democratic Women’s Association, National Federation of Indian Women, Centre for Women’s Development Studies, Mahila Dkshata Samiti, Joint Women’s Programme, & Young Women’s Christian Association of India. The alternate Country paper prepared by this group in preparation for the Beijing Conference was circulated and discussed in West Bengal as well as in other states and endorsed by almost a hundred NGOs and women’s groups.
support of their economic rehabilitation and equal rights to education to their children with more active support from the State and society (e.g., Sanlaap) in the lines of the women’s movement, while some others demanding the rights of worker and legalization of the occupation (e.g., DMSC) that is quite contrary to the spirit of women’s emancipation and empowerment. These initiatives represent two clear trends in the debate over how to deal with issue of prostitution and AIDS as well as on the nature of mobilization of the women in prostitution in contemporary West Bengal. Groups like Sanlaap are working with and in the larger context of women’s movement in West Bengal. Sanlaap is a part of the women’s coalition “Maitri” along with NNPM, SAPPHO (a group of lesbian women) and Sachetana. Therefore, we are witnessing a situation where larger women’s issues are being related to the issues of women in prostitution as some of those issues are common to women in general and generates from similar kinds of marginalization of women in the society.

All these issues of class, caste, race, heterosexism, family, work, nation and citizenship have become the subject matter of Bengali women’s writings since late 1980s to 1990s. They seem to go beyond the boundaries of feminism focusing more on transcendence, gender relation and human issues at large. As women writers of both West Bengal and Bangladesh share a common language, they went on influencing each other. The works of Taslima Nasreen have perhaps indirectly influenced women’s poetry in West Bengal. In the poem, “Subho Bibaha” ("Happy Wedding"), Taslima focuses on domestic violence and wife-bashing.

"Whenever he feels he can yank out an eye...Whenever he feels he can chain the feet...Whenever he feels he can wield an indifferent whip/Whenever he feels he can sever a hand or fingers..."\(^{155}\)

Echoing what has been depicted in the literatures; the following table reflects some of these incidences of violence against women in West Bengal, through the cases recorded in crime records during, 1995-1997.

Data from the NCRB depicts the tip of the iceberg of violence against women (table 3.12). The recorded figures for kidnapping, sexual harassment, rape and molestation.

reflect the significant occurrence of such gendered violence or gender terrorism against women in the mid 1990s.

Table 3.12: Incidence of Violence against Women

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>1997</th>
<th>1996</th>
<th>1995</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of cases of Dowry Death and Cruelty</td>
<td>3975</td>
<td>3513</td>
<td>3408</td>
</tr>
<tr>
<td>Murders. Attempt to murder and Culpable Homicide of Women.</td>
<td>2788</td>
<td>3078</td>
<td>2773</td>
</tr>
<tr>
<td>Kidnapping,</td>
<td>938</td>
<td>897</td>
<td>934</td>
</tr>
<tr>
<td>Sexual Harassment,</td>
<td>63</td>
<td>22</td>
<td>26</td>
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<td>Rape</td>
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<td>Rape and Molestation</td>
<td>2091</td>
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We hear the echo of this protest against domestic violence in Mallika Sengupta’s “Kalshitey” (“Bruise”)-

“What the girl cannot write in her answer script /those formidable aspects of marriage/Appear on her back in deep, black letters/The bruises tremble in fear apprehending future days.”

Socio-cultural issues, patriarchal tyranny, sexual politics are recurrent themes in Mallika’s poems as she says, “I feel I am that girl from whose hands the Vedas were snatched away, who was forced to speak in Prakrit instead of Sanskrit”. In “Apni Boloon Marx” (“Tell Us Marx”), Mallika questions the male-oriented Marxist perception that fails to notice the unpaid reproductive (domestic and biological) labour of women.

Jaya Mitra’s “Chhotto Meyeke” (“To A Little Girl”) is intense and sensitive in addressing the issues of girl child and the killing of female foetus-

156 Ibid.
“So that you are not murdered before birth/a law had to be passed/As if there is no shelter like affection /for your small hands, feet, nose/Little girl/Yet, will you wish to come to our laps?” 157

In the poem, “Kiki” by Debarati Mitra, a recipient of prestigious Ananda Puraskar for poetry in 1995, the realities of male violence disturbs and shocks the reader-

“On her thighs not men’s caress/Faint sores from cigarette burns,/Yet her lidless shark nibbled eye holes/Still dream.”158

“Mangshobikreta Nari” (“Flesh Trading Woman”) by Krishna Bose reflects the exploitation and oppression of women in prostitution-

‘Down the deserted highway/returns home the flesh trading woman/Within her fist, Ashoka’s pillar printed on/hunger’s paper and some insult.”159

The findings of the study “Interpreting Prostitution: Violence commodified?” reveals, “Violence that is inflicted to terrorize prostitutes could be categorized as covert, (i.e., psychological, economic or commodified, & social) and overt (i.e., physical/sexual, verbal & clinical) types of violence. These two categories of violence were not only seen after a woman enters the occupation but also prior to her entering to prostitution. Of the twenty-four, twenty-one had faced severe forms, and three have experienced minor violence. Only six of twenty four prostitutes have faced violence prior to her entering prostitution that outnumbers the four women who have faced violence only after entering into prostitution, while eleven have faced violence in both the arenas.”160

The study continues, “The agencies or individuals causing violence to the prostitutes could be the Babu /husband/ employer, client, marital/ parental family, landlady/ trafficker, colleagues, police and so on. However, several of the prostitutes suffer from a combined violence from some of these agencies while the next larger numbers either suffer from violence done by employer/husband /babu or by paternal/marital family.”161

The same study, reflects the women in prostitution in West Bengal are largely from rural areas with very little or no education with a larger number of family members

157 Ibid
158 Ibid.
159 Ibid.
161 Ibid.
who are either small farmers, or daily laborers and are at worst jobless; in short, poorly occupied in rural or urban unorganized sector. The reasons and process of coming to prostitution are multiple — like, poverty, domestic violence, sexual violence, joblessness, sold/deceived by a third party, family member already in prostitution, death or disability of the earning members, shift from other occupations, and so on. 162

Findings of another study done by NORAD, based on interviews with prostitutes at Dhaka, Bangladesh, found that “they were disproportionately drawn from the poverty-stricken rural districts of Bangladesh and that forty five of sixty prostitutes interviewed reported rape, divorce or remarriage by husbands allegation of immorality by neighbors, or sale into prostitution as the major factors behind their entry into the brothels”. 163

There are multiple reasons and processes behind taking up prostitution. But first and foremost of all is having no other choice of option to run a living.

There are cases where the woman decided to take up prostitution to bring up a child as it is always the mother’s responsibility or single parenting against the theory of dual parenting to feed her child. In her own account, “My husband is mentally disbalanced. I have four mouths to feed besides me and my husband; — of a son and three daughters. The youngest one is two and a half years old. The younger kids are looked after by my elder daughter,... I’ve tried to adopt different means of survival at my village and gone through lots of hardship, but I couldn’t sustain it, couldn’t see my children remaining hungry days after days. My brothers used to look after me partially, but they have their lives to live..., my family knows I work at a mill”. Can one understand the intensity of hunger that may drive a woman to leave her two and half year daughter alone at home with other kids to earn a living through prostitution? The so called ‘Madonna vs. Whore’ dichotomy falsified as, instead of the drastically opposite image, but there is compatibility here. It is the Madonna who has inspired her to become a whore and it is the whore who helps out the Madonna. 164

162 Ibid.
163 Ibid.
164 Ibid.
The study, “Interpreting Prostitution: Violence commodified?”, shows majority of the prostitutes are from rural poor households with a large number of family members whose means of survival are either small farming or working as agricultural or day labourer or at the worst remaining unemployed. It is indeed a luxury for the social category fighting for bare minimum needs to have a moderate, even basic literacy level. Thus, of the twenty four prostitutes, only one has gone up to secondary level of education (i.e. upto class-VIII) and she is one of those two prostitutes who come from a township and not from a village. Two have reached upto secondary levels while the rest of them, i.e. Twenty one prostitutes have received no education, at all. Vulnerability comes from utter powerlessness. For these women roads to be empowered remain blocked primarily due to the nature of rural poverty generating from the lack of employment and inequitable distribution of resources. Secondly, because they, with or without their male counterparts, share the burden of poverty while having no formal education that could provide them with the kinds of jobs that employ middle or upper middle class women. A society that is based on patriarchal social mode and capitalist economic mode objectifies woman while valuing her sexuality that could be sold as well as bought. Rural poverty gets combined with violence whether socio-economic or psycho-sexual in nature. In the words of a prostitute – “I am from a family of small farmer. I used to earn my living mainly by selling paddy... then got married and came to Kolkata with my husband. My husband used to do part-time work at various factories and I used to work as a domestic servant. Then he began earning less and started beating me frequently. Then, he sold off our youngest daughter while the elder one ran away with somebody. This made me terribly shocked, unhappy and angry with my husband. At the end, I decided to leave home with my youngest child – a boy”.165

The following table depicts some of the reasons for the women to take up prostitution as a means of livelihood. However, the two main indicators that remain fixed are economic need and having no better option to earn a livelihood.

Table 3.13: Reasons and Processes Leading to Entry into Prostitution

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<tr>
<th>No. Of Case Study</th>
<th>Due To Poverty</th>
<th>Inadequate Income (Husband/Wife/Both)</th>
<th>Joblessness (Husband/Income)</th>
<th>Death Or Disability Of The Earning Member/Parents</th>
<th>Shifted From Some Other Profession</th>
<th>Domestic/ Social Violence</th>
<th>Sexual Violence</th>
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<th>Family Member In Prostitution</th>
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From the case study above, a combination of socio-economic, physical and psychological violence could be deciphered. Primary, according to her account, the problem starts when the husband started earning less. Therefore, for him, the easiest way to take out his frustration was on his wife. It is significant that he sold off his daughter who could be considered a social and economic burden, especially in future and not the son. It is hard to imagine the physical and psychological pain that the lady had to go through, before, she finally took the decision to run away with his one and only remaining child.

Prostitutes' children suffer from social and psychological stigmatization, though the mothers within their limited reach try to provide the best for their children hoping they would lead a better life. Ten of twenty-four prostitutes have had children staying with them, while the next larger number stays with their folk at the villages. Prostitutes do not see their end in the occupation they are currently in. Most of them either have plans to go back to their ancestral place or to shift to some other occupation in future."

Indeed the occupation of prostitution changes a person's self-perception and concept of well-being as well as her concept and understanding of violence. The body is neglected due to low self-esteem and economic need. Thereby, one can see them suffering from multiple diseases as any other category of poor people would, e.g., majority suffer from fever, gastric ulcer, head and stomach ache, while some other suffer from malaria, diarrhoea, anemia and so on – diseases that are out comes of poverty, work pressure and inadequate nutritious intakes as well as unhygienic living conditions. Prioritizing the health services used by the prostitutes are - public hospitals, health centers run by CBOs and private clinics/ dispensaries.

Although the movements and mobilization among women in prostitution at RLAs in Kolkata initiated by GOs and CBOs, have contributed to a large extent to transform their self perception leading to partial empowerment within their occupational arena, yet that certainly has not put an end to the violence that are construct of several socio-economic realities. Legalization of prostitution occupies a major area in this thought process as 'the means' to empowerment. Of twenty-four women, only ten believe that

\[166\] Ibid.
legalization would improve their current situation decreasing the level of violence in their lives. 167

Thus, there on the one hand a rising consumer culture and discrepancy accompanied by incidences of violence, on the other, there is a rising cultural and political awareness of women's emancipation and empowerment. If these two trends be analyzed together, then it may lead to a conclusion that even if there is a lure of commoditization and consumerism and incidence of violence where targets are mostly women, there is also a scope or space of a generated socio-political awareness of women's empowerment. These two apparently paradoxical trends somewhat balance each-other. And we see exactly this phenomenon unfolding itself in the organisations of women in prostitution in the contemporary West Bengal. The low prevalence of the epidemic or the better mobilizations of women in prostitution in West Bengal-all are necessarily to be seen in the given socio-cultural and historic conditions.

V

The Public Health Responses to Prostitution and HIV&AIDS in West Bengal at the Turn of the Twenty first Century

To talk about the public health responses to prostitution in West Bengal in the given context, one sees two kinds of interventions-from non-government or community based organizations and from the State, i.e., WBSAP&CS.

Primarily an attempt would be made to analyze the roles played by the CBOs and its influences on shaping the discourse of prostitutions through health care. The interventions by the non-governmental bodies are marked by mainly two different types of approaches-on the one hand, social in the terms of organizing the women in prostitution and clinical in the terms of providing awareness generation in health care, e.g. DMSC/SHIP/Sonagachi Project; and on the other, anti-trafficking activities, rehabilitation as well as looking into the over all well being of the women in prostitution, e.g., Sanlaap.; while the state response to the treatment of the disease is

167 Ibid.
more focused on clinical, i.e., disease control and legal, i.e., public health measures. In this context, I would venture out to show the different ideologies/discourses as manifested through the approaches and responses of public health measures to the prevention and control of HIV&AIDS that are also interwoven with the contemporary discourse of prostitution.

Sanlaap

As mentioned earlier Sanlaap was with the women’s movements in West Bengal and started working as a women’s group in 1987, though finally got registered in 1989 under the Societies Registration Act, 1860, and later on became a part of the forum of women’s organizations, known as “Maitri”. Sanlaap gradually developed into a developmental organization that works towards correction of social imbalances which present themselves as gender injustice and violence against women and children. The primary work is focused against trafficking of women and children for commercial sexual exploitation, sexual abuse and forced prostitution.

In 1987 a group of researchers and teachers decided to work for the rights of women and female children. They received first official funding from the Bay of Bengal project in 1988. The study was conducted on sexually abused girl children in the red light areas of Kolkata, South and North 24 Paraganas supported by NORAD. During 1987-90, Sanlaaap was involved in two different action researches that set its ground for future work and action. The stark tales of the lives of sexually abused girl-children opened their eyes to the fact that hundreds of young girls are lured into cities and towns with lucrative job offers, marriage proposals or are just tricked into prostitution. In 1989-90 a study of sexually abused females in Calcutta and its suburbs revealed that girls who were sexually abused when they came in search of work as domestic help and in other forms of employment, often ended up in red light areas. The plight of girls who had been trafficked, tricked and forced into child prostitution became the focus of Sanlaap’s work. As they have observed, “Capitalism and globalization have enhanced consumerism, which has in turn, augmented the obsession of wealth accumulation, even amongst the middle classes. And in the process, women, children and sex are being exploited as easily available commodities in the market. Incidents and stories of sexual violence against girl children took us to the realities of
prostitution and brothels of Calcutta. This study also taught us about traffic-in-person, about which we had been in the dark till then”

The present Executive Director of Sanlaap, Indrani Sinha, states, “Women and girls are tricked into prostitution by their ‘husbands’ or trafficked with the promise of jobs. Once in prostitution, they are under the control of the commercial associates of prostitution and the mafia”. Once again Sanlaap took a new path of work. They decided to focus their interests on women in prostitution. They were aware of the challenged situation, in which the prostitutes lived and that they were looked down upon by the society, if at all their existence were acknowledged. Sanlaap decided to initiate a dialogue with these women and worked towards building a communication channel with them. They spent the years of 1990, ’91 and ’92 in learning about the issues related to prostitution and running of the trade where millions of rupees changed hands every year. In their words, “We tried to understand this abstract facet of the society we live in that keeps them in isolation, away from the mainstream of life. We wanted to intervene in as many ways as we could and our programmes were translated into activities trying to reach out to them, their children and their lives and problems.” Therefore, from the beginning, Sanlaap’s origin and development were not born out of any project or programme, but from an ideology to prevent women’s marginalisation and exploitation. Thus, they go from the felt need of the community to the intervention model and not the other way round. Intervention came as an outcome of the felt need, instead of targeted intervention being the starting point.

Interaction with women in prostitution (WIP) revealed the need of these women to find a safe place for their children while they were busy during evening hours. The idea of a Drop in Centre (DIC) came out as a need expressed by the women in prostitution. In 1992 the first DIC started at Landsdowne. Today, Sanlaap runs fourteen drop in centres (DICs) in eleven red light districts of Kolkata and in the outskirts under its Education Programme (SOPAN). The primary demand of the women in prostitution as voiced was, “look after our children”. Thus the initiative was to start ICDS programme in all important red light areas of Calcutta that got materialised during 1997 to 1999. Sanlaap lobbied with the state government to start this programme for the pre school children in 1990 that resulted in the initiation of the

168 'The End of A Beginning”, Sanlaap, Calcutta.
169 Ibid.
programme in 1997 along with other three organizations. The idea was to cover children from zero to six years of age groups at the local drop-in centres along with their mothers on issues of health, hygiene, and education. The programme caters to pre and post natal care of their mothers and also works into the nutritional need of the children.\textsuperscript{170}

Mothers in the red light areas of Kolkata voiced concerns that their girls in the age group of twelve to thirteen years drop out of schools and get married, and are eventually gets deserted by the husband, often left with a child. They then join the women in prostitution for survival. The women living there also explained how they were trafficked by their husbands, families and friends using the false leads of marriage and employment. They wanted their female children to be safe and out of prostitution and the sex industry. However, not that it is possible always. From the very early age the girl watches her mother. When she attains her puberty, she is also forced to join prostitution as she cannot escape the lust of the customers of her mother and other male inmates and brothel keepers.\textsuperscript{171}

There are certain means and methods that are used by the traffickers. Ex-prostitutes help to get new girls when they themselves become old and therefore need a new young body to live off. They go back to their places of origin and lure girls and women from poor families showing that they are living a comfortable life and they have a steady flow of income. Sometimes, ex-prostitutes bring girls of their relatives and families into prostitution by giving loans to these families and then pressurizing them to send their daughters to the city to ‘work’ and pay back the loans. Marriage is always easy bait used by the traffickers. The commodification of women and denying her existence other than an object becomes much transparent when she is sold by a trafficker, a neighbour, a procurer or even by a husband to the sex trade. It is not really uncommon for a poor, rural father to receive a marriage proposal for his daughter where no dowry is demanded. And within a few days of marriage, the daughter finds herself being sold in RLAs (Red Light Areas). As one of the prostitutes remembers, “I was from a poor family with many brothers and sisters, I was reaching the age of marriage, but father could not pay for the dowry. Then a proposal came from a neighbour about a guy who was a businessman working at Kolkata. I stayed with him for a while. By the time I

\textsuperscript{170} Ibid.

realized that I was tricked and not married, I was already sold to my landlady”. It could be observed that it is the same patriarchy that makes a man pay money for his daughter when the sexual service is socialized (i.e. wedding), although it is ready to buy her where the sexual service is commercialized. The two dimensional nature of women’s reproductive labour – biological (sexual and reproduction of species) and social (domestic) are distinctively separated from each other in stereotypical prostitution and the payment is made only for the biological aspect of it. Thus, it seems that society is ready to pay for the biological aspect of female reproductive labour where it is available on a ‘readymade’ basis without any social obligation or responsibility for it. However, in case of modern forms of prostitution like ‘Sex tourism’ and ‘hired wife’ both the biological and social aspects are commercialized within a short duration compact package.

Apart from marriage there are some young adventuresses who venture to experiment with their lifestyles, leaving home alone with their boyfriends or relatives to city and eventually sold into prostitution. Nitin Jugran Bahuguna cites a few case studies in his article, “Shanti; 19, had never stepped outside her village of Thakarnagar in India’s West Bengal state. So when her best friend invited her to board a bus to a neighbouring village to meet some ‘relatives’, she readily agreed. Instead, the friend took her to the railway station, where they boarded a train for a 2,000 kilometers ride westwards to the bustling metropolis of Mumbai. Within 48 hours, Shanti found herself sold to a brothel owner in the notorious red light area of Kamathipura. Eight months later, scarred and broken by sexual abuse, she was rescued by police and transferred to Liluah, the West Bengal state government's remand home in Howrah. But by then, she was five months pregnant and HIV-positive.” Nupur from Murshidabad was trafficked into prostitution at the age of fourteen. Though rescued by police in 1995, her actual 'release' from custody only happened this year. For the past seven years, she has been a captive of the state that took little interest in her plight and allowed her to languish at Liluah while her case dragged on in the courts. Shanti and Nupur are grim examples of what happens to hundreds and thousands of nameless victims of the highly profitable business of prostitution. Whether coerced,


duped or abducted into the flesh trade, these women and girls seldom escape the clutches of pimps and brothel owners and are often doomed to lives of sexual slavery. Even when rescued and shifted to welfare homes for rehabilitation and reintegration into society, stigma and rejection by their families often force them back into prostitution.

The idea of a shelter home evolved through these experiences, and the first shelter home was started in July 1993 at Baghajatin (Short stay). There are three - SNEHA ("Affection") - Shelter Homes in Kolkata and the two districts which house more than a hundred and fifty girls who are minors rescued from prostitution, children of women in prostitution and girls rescued from sexual abuse. Sneha is a home for girls who may be vulnerable to second-generation prostitution. The home aims to allow the girls to assess their situation while also dealing with various health issues. As per Sanlaap Executive Director Indrani Sinha, Sneha, 'Help them heal themselves' is the guiding principle of the home. The home strives to be one where the women and girls can begin to take stock of what they have been through, recognize that they are not responsible for what have happened to them and thereby be rid of self-blame or guilt. With patience and tenderness, the Sneha family of social workers and counsellors draw out the girls and interact with them on various mental health and behavioural issues, including those related to substance abuse and HIV. Laila, one of the counsellors explains, there is a lot of denial and self blame when the disturbed girls first come, "We try to encourage them to think and reflect on the issues that are important to them through a process of supportive-expressive therapy, wherein we create a supportive environment through rapport building."174 More than 19% of the girls rescued from brothel prostitution living in Sneha Shelters are HIV positive, discarded by their families and the Government Homes. Some have given birth to children at the age of fourteen and fifteen. Initially, one to one counseling was introduced, e.g., a girl of fourteen was to be seen withdrawn, quiet and lost. She did not want to interact with the others and had low appetite and energy. Her repeated query was, “what is there left in my life to wait for but death?” From her counseling sessions emerged that absence of pre and post-test counseling before and after an Eliza test had left her with deep sense of despair and hopelessness. Recovery was

174 Ibid.
possible to a large extent by support and emphasis on the positive sides of life and her personality accompanied by the information on HIV&AIDS.¹⁷⁵

As the girls were rescued from being sold into prostitution the organization felt the need to work for the rights of trafficked girls forced into prostitution. Vocational training and income generation program were initiated by Sanlaap. Mental Health Intervention Programme through counselling (1995-96), Vocational skills leading to production (SRIJONI) and economic empowerment, dance as therapy (SANVED), formal and non-formal education are some major intervention programmes and projects of the organization.

Networking is seen as an integral part of Sanlaap Activities. It is believed that Human Rights of individuals or groups cannot be achieved and trafficking cannot be stopped unless and until all groups network with each other and protest the violence of trafficking and forced prostitution, where major victims are under eighteen years of age. Sanlaap also networks with the different Government structures and the Panchayats to stop the trafficking of children and women. The organisation works with the Panchayats in the source areas for trafficking, developing systems and mechanisms to protect vulnerable women and children from being trafficked and to ensure safe passage for those who are migrating in search of work or because of marriage. To prevent trafficking in the urban areas the youth programme's peer support groups among the children of women in prostitution continue to meet regularly. The Kidderpore group has formed a working relationship with the local police to identify trafficked girls and older women who force children into prostitution. Sanlaap intends to support this group further so that its members can take control of situations as they arrive in their area.

Sanlaap believes that trafficking and forced prostitution are organized crimes and prostitution cannot become a "work" in the South Asian Region. Discriminated by the family and the society, this region witnesses the buying and selling of women and children as if they are commodities in the market. Although there are legal bans on traditional and religious prostitution, yet the implementation has been very weak as female children are forced into brothel prostitution.

¹⁷⁵ ‘The End of A Beginning”, Sanlaap, Calcutta.
There are several reasons behind the steady supply of young girls and children into prostitution in this region of South Asia. Natural calamities, political disturbances and civil wars as well as so-called development projects force hundreds of women and girls to take to the streets and many are trafficked for prostitution and dangerous bonded labor practices in the South Asian Countries. Female children and women are often uneducated and unemployed, hence undergoing discrimination at all levels. As a consequence they have vulnerabilities which force them to migrate and many are trafficked during this time. They come due to causes like poverty, economic disparity, and gender discrimination- of girl being treated as burdens, child marriage and so on.

Although acute poverty, domestic or sexual violence, being deceived and sold, death or disability of the earning member of the family or shifting from some other profession like domestic work are the predominant causes behind a woman’s obligation to enter into prostitution, yet it would be improper to assume that because the woman is poor and she needed money, she straightway chose prostitution as the means of survival, whether out of her own will or by force. The equation is not so simple. Women try to survive by all the possible means other than prostitution with her limited social and human capital. But a woman, if she is poor and helpless, has to allow some sexual favour, end up being sexually exploited in all other sectors, even if they are not stamped formally as sexual service sectors. Her venture to eke out a ‘decent living’ is always negated by the reality that she is essentially looked at as a ‘sexual object’ or ‘sexual commodity’. As none of these women is in positions to consider ‘prostitution as an expression of sexual liberty’ and in the context of a third world economy and conservative patriarchal society, they are well aware of the implication and stigmatization associated with common prostitution, not to mention the psychological and physical violation of their sexual being. Even if she is a prostitute’s daughter, this is a resort to be taken where all the other ventures have been failed. As one of the prostitutes has stated, “I am born and brought up, here. My mother was a prostitute and so is my sister. I have not thought of getting in the same profession just because I was born to it. I’ve tried to work in factories. I’ve received some education and used to keep records of the people at a hospital. There, my boss
sexually harassed me. He actually raped me at a wedding ceremony...I had to leave the job ultimately...ended up in the same profession."176

On the demand side, as Sanlaap’s researches analyze, most clients and customers always like to come in contact with girl children. Other than the psycho-sexual titillation of power that is usually derived while having sex with a child, the preference is also due to the myth that the chances of picking up STDs are lesser with children. Another queer understanding of having sex with a girl child is from the sense that this would give a man virility, strength and power. The fear of AIDS has added to this and demand for girl child in prostitution has gone up. The horrible custom of nathtorwani (the breaking of hymens) is highly rejoiced in the RLAs.177

Baby, a child prostitute who was sold in to RLAs of Kolkata only at the age of fourteen vividly recalls her first customer-a man of sixty who paid twice because she was a virgin.178 However, none of the incomes come to this children’s use as they have no liberty and they get no money for themselves.

Once the traffickers sell them to the brothel keeper they have to work as a ‘chukri’ for free as long as the money is not paid back. In this case, the lady who was introduced to prostitution by her own aunt (mother’s own sister who was an ex – prostitute and landlady) probably gave the terrifying most rhetoric, “my father died when I was two and a half years old. My aunt was already in this profession. I came with her at the age of seven to look after her children... Then I went back at around the age of ten to get married to a man who was much elder to me. My aunt brought me back at the age of fourteen... I had fallen ill here due to typhoid and again ran away for a year. Again my uncle (i.e., the aunt’s husband) brought me back, lying that my aunt is about to die. I finally, got into the LINE. I could have gone back again, but they would have got hold of me and more so, by then I had fallen in love with a boy in the neighborhood. Initially, I used to attack the clients... and they used to strike back or abuse me verbally. My aunt would never let me mix up with the boy... She used to beat me quite frequently. I was a ‘chukri’ then. So my aunt used to take away the whole amount earned, but I had saved some money from tips I got from the clients. I

had a pair of earrings that I sold off. With that money added to the money I have saved, I hired a room for myself... to start working independently. But it was not so easy to free myself from the clutches of my aunt. She used to beat me everyday; one day I beat her back, severely. They reported against me at the police station. Police came and arrested me, but I told them the truth, with some bribe... they took my diary and did let me go.”¹⁷⁹

This same helplessness of not being allowed an entry to the 'masculine world' and outdoor life (especially as most of these prostitutes are from rural background) hinders their access to information outside their own small confinement. So, once they are brought, tricked or sold, even if they had a chance, they neither know their way back home nor do they have any money to reach there. If, they make an attempt to do so, the likeness of falling in the hands of the procurer/trafficker again is quite high. Moreover, at times the procurer gets back and tells false stories about her end as a prostitute. So, social ostracization closes all possible doors for her to get back to a normal life again.¹⁸⁰ The core of Sanlaap's campaign against trafficking in women and girls for the purpose of commercial sexual exploitation is to provide psychosocial rehabilitation of child victims of prostitution, whether they or their mothers are engaged in it. Interventions in the RLAs of Kolkata are aimed at building access to communities where prostitutes live and providing services to such women and their children to ensure their access to education, health and protection from abuse and exploitation. Sanlaap also runs two homes for children rescued from, or vulnerable to, prostitution—a hostel for young working women and a receiving centre for girls rescued from prostitution. The success of Sanlaap's legal counselling centre at the Watgunge police station in Calcutta has increased demands for similar services at other police stations. Sanlaap continues to agitate for reform within the juvenile justice board. It has joined a network that aims to set minimum standards for quality of care in institutions for children. Sanlaap's legal aid wing also continues to pursue the speedy disposal of legal cases involving girls living under state custody. Sanlaap has always put stress on rehabilitation, e.g., in 1995 a court stay order was obtained in Bagerhat under Bishnupur Police Station in 24 Paraganas, by the efforts of Sanlaap on

¹⁸⁰ Ibid.
the eviction of women and children from the red light areas without any rehabilitation. Sanlaap was notified under the Juvenile Justice Act to restore, repatriate and rehabilitate. There was an attempted collaboration with Government run homes to extend Sanlaap's services beginning with educational support.

In the same year, Sanlaap’s Documentation Unit, Sanhita, was set up. In the year, 1996 a structured Mental Health Intervention Program was initiated. Legal Aid department, Salah, was initiated to provide legal assistance. SALAH ("advice"), the Legal Aid Wing was born in 1996 to provide assistance in cases of domestic violence, maintenance, child custody and women’s rights for all women (except property and tenancy disputes).

The focus in 1999 shifted to Campaign and Advocacy initially in the source areas. The Campaign and Advocacy (SAHAYOG) sets up Child Protection Units (CPUs), works towards safe migration and networks with Community Based Organizations in the source areas. From 1998, Sanlaap began working with the Panchayat and the District Administration, Police and the Border Security Force, sensitizing them and motivating them into taking measures for protection of children and women vulnerable to trafficking and ensuring safe migration. Economic rehabilitation of survivors of trafficking has special importance today where Sanlaap works in collaboration with the Private and the Public sector.

In 1997, the first Issue of Sanlaap's English Newsletter JONAKI was published and the first performance of the participants of Dance Movement Therapy took place. It is also the year of National Award for Child Welfare from the President of India. In 1998 Sanlaap was given the responsibility of initiating the Integrated Child Development Scheme in the Red light areas of Kolkata. Campaign and Advocacy department i.e. Sahayog was setup. In 1999 the Child Protection unit was set up in Madhusudanpur. Youth Program were also initiated in the red light areas and in the shelter homes. The Conference of National Alliance of Women’s Organisation was organised by Sanlaap in this year at Kolkata. SANVED, a platform for art and advocacy was born in 2000. Sanlaap was conferred the honour of the Best Women’s Organization by the National Commission for Women. The biggest shelter home of Sanlaap was also set up at Narendrapur. SUNDAR was initiated in 2000 as a support group for Women in Prostitution to address the problems of WIP in the red-light areas. The women are supported to attain their identity in the form of voters’ identity card and ration card.
and are also supported to live a life with dignity without being abused and exploited by local hoodlums, pimps, customers, police and their live-in boyfriends. Asha is another project of Sanlaap that has originated from the belief that women also need to know about their sexual health, sexual rights and how to prevent themselves from commercial sexual exploitations.

In the year 2003 Sanlaap took up the issue of trafficking in Kosovo being involved in rescue operations along with police to stand as witnesses during the prosecution proceedings. In the same year, 'Swadhar', a pilot project supported by the Govt. of India to sensitize district administration, training of local community based organisations and NGOs based in the districts of West Bengal, was started.

In 2004, they began to work with twenty seven community based organisations (CBOs) in nine districts of West Bengal as a part of the campaign program. This year also saw the setting up of 'Samvav' - a centre for young adults from the different red light areas, two successful ventures involving youth volunteers from Singapore, Sanlaap’s advocacy program in London and Wales as a part of Christian Aid's initiative and Sanved’s performance at International Dance Therapy Conference in the USA.

SANLAAP has been able to successfully initiate and implement the Child Protection (CP) Programme in the nine districts of West Bengal in 2005. Currently there are eighty seven CP Units reaching out to as many as 2,700 children, who are vulnerable to Trafficking and CSEC. Through an interesting development, under the Economic Reintegration of Survivors of Trafficking Programme, SANLAAP has forged MoUs with different Corporate Houses and Nationalized Banks. Through these, several of their Youth Members (beneficiaries) have been linked to livelihood options and have got substantial earning opportunities in ATM Maintenance, Servicing at Coffee Shops, Sales at Shopping Malls and Boutiques, etc.

Sanlaap started its first formal school for the survivors of trafficking and commercial sexual exploitation in 2006. It is known to be a unique venture and the first of its kinds globally. Six hundred and fourteen police officers were trained on trafficking and child protection issues from the districts of Darjeeling and Kolkata.181

181 Available at www.sanlaap.org
They claim, "Sanlaap is not only an organization. It is a movement and our goal is to create a world of justice when children will have their rights and live with dignity." 182

For them HIV&AIDS along with the other health issues came to the forefront as related to the bigger scenario of exploitation of women and children in prostitution. Therefore, we have seen that there is an over all attempt for the betterment of the lives of the women and children through their various programmes. Their interventions unlike most of the organisations working in this field today do not center on contraceptive technologies only. One of the Sanlaap literatures points out that, "The institution of prostitution is justified by many, as a necessary social evil, in the patriarchal society that we live in. It insolently believes that women have to give in to the irresponsible male sexuality; that the 'bad woman' is needed to protect the 'good woman's' sanctity and safeguard the institution of marriage and family. The child woman is a sacrificial-lamb to male sexual promiscuity and perversion."183 A woman is always bound to be sexually exploited especially if she is in lower strata of the hierarchy as far as patriarchy succeeds in keeping an unequal and commoditized balance of power. And she is the one to bare the burden of child bearing and rearing as well, because after one of the psychoanalytic feminists, her morals are more altruistic than men, she is the one who is psycho socialized to think of 'others', marginalizing herself. She, irrespective of her role and economic status is expected to allow sexual favor. It may be understood as man's obsession with female sexuality, but that can only have a positive outcome, while the woman has choice and control over her own sexuality and sexual interests. In prostitution, this choice is bought by the clients. As in the cases discussed above, the lack of this choice combined with economic need and moral responsibility to their family drive the women to become prostitutes, many a times. In prostitution female sexuality does not mean to have any separate existence. Therefore, it is hard for most of the women from the South to perceive prostitution as a 'fun factor'. This altruism and 'other centeredness' of women's morality are more expressed in cases where the earning member of the family was either dead or physically or mentally disabled or jobless or too old to earn. It is not to be said women would not go out or earn, but it is to say that burden of poverty should not be left to be carried out by unskilled and uneducated.

182 The End of A Beginning", Sanlaap, Calcutta.
183 Ibid.
deserted/unmarried/single/divorced/widow female member alone where male members or so called married and settled female members are not to take the economic responsibility. The married women are not socially expected to take on the responsibility of paternal family members and more so because she is financially dependent. Therefore, there is a need to arrive at a balanced and shared financial responsibility that can possibly prevent some of the women from coming to prostitution. Traditionally she did not have the social liberty in educational or vocational attainment as she was expected to perform domestic responsibilities. These aspects of her reproductive labour along with the sexual aspect are the actual capital in marriage market. But if a situation arises where she is bound to carry the economic burden as well, then she has no weapon or training to attain it, except the sexual one. Thus, the same ‘feminine quality’ that had previously been a human capital, later on assumes a commodified economic value too, both serving the needs of hetero-patriarchal sexual subordination.\textsuperscript{184}

Sanlaap has rightly been able to situate the issue of prostitution into the broader frame of class, gender, patriarchal and capitalist exploitations in our society. Emerging from these constraints, another issue of grave concern in the context of child prostitution is the presence of sex tourist in the South Asia region. Sex tourism that has already created problems in Thailand, Philippines and Sri Lanka is becoming popular in India. Places like Goa are in positive threat for that. Here I would like to cite a case study from one of the Sanlaap’s handouts, “Amina wept inconsolably sitting inside a Saudi Arab Aircraft. The airhostess took note of the situation and tried to find out about the reasons. Amina was nine years old and was the married wife of Yahah Al-Sagi, a man of sixty who had spent Rs 10,000/- to buy Amina from her parents in the name of marriage. Amina was immediately rescued by police, Yahah was also detained and it was found out that Amina was Yahah’s fourth victim in the last six months.”\textsuperscript{185} As per an estimate at least twenty five thousand children are engaged in prostitution in India.\textsuperscript{186} Developing countries like Philippines, Thailand, Sri Lanka, China and Vietnam also provides horrifying pictures. A small country like Philippines


\textsuperscript{186} “The End of A Beginning”, Sanlaap, Calcutta.
has a population of twenty thousand child prostitutes. This is enough to understand the extent of sex tourism in Philippines. During the reign of Marcos, the autocratic leader, 300 million dollar was given as subsidy for establishing fourteen luxurious hotels for tourists. In the year 1986 when Ms Corazon Aquino established democracy by overpowering Marcos, she decided to boost up the economy by giving impetus to tourism industry. Simultaneously measures to curb prostitution were also taken. In reality however, there was deterioration in the condition of women and children than even in Marcos times. Thailand host about two lakhs children in prostitution. Even the war devastated Sri Lanka has a sharp increase in child prostitutes. Indonesia, Taiwan, Hong Kong are not far from the competition. Vietnam that is known for its commendable victory against the Americans is also involved in this trade. A luxurious hotel with all amenities at Dan tan in Vietnam is coming up which is going to be one of the largest hotels in Asia. As per a document published by Sanlaap, sex industry is going to be an attraction for tourists here.\textsuperscript{187} Tourism is an organised, profit making and expanding industry. India's tourism industry was increasing 23\% faster than the world tourism that has recently suffering due to recession under the combined effects of economic recession and terrorist attacks. Investigations revealed that the rate of increase of child prostitutes is in direct proportion with the growth of tourism. In the words of Indrani Sinha, "Tourists (specially men) come from different places of the world for cheap and easy sexual gratification in the developing countries. They are not attracted by the natural beauty, or alien culture which had attracted travellers like Hieun-Tsang, Fa-hien or Megasthenes. Some tourists who are known as paedophiles enjoy having sexual intercourse with young children. It is a perverted sexual attitude which has been magnified with the discovery of AIDs..."\textsuperscript{188} Mentionworthy, consciousness among mass against paedophiles is encouraging. In an incident an old lady at a Sri Lankan village did hit an American tourist by a rod causing head injury when she found him guilty of bathing naked and indulging in immoral gestures with young children. She was supported by the rest of the villagers when confronted by the police.\textsuperscript{189}

\textsuperscript{188} Ibid.
\textsuperscript{189} Ibid.
Interestingly enough, it may be argued that there was sexual space within the pre-colonial socio-cultural norms. In the post-colonial, post-modern times we see another kind of sexual space in emergence. But then, what exactly differentiate and demarcate the two kinds of sexual spaces over a gap of a century is the question. Could it be the possible answer that the pre-colonial sexual space as well as pre-colonial prostitution was in tune with indigenous socio-cultural elements, forms and people of the times while today it is more in tune with the contemporary globalised commercial and consumer cultures for profit generation? Are there elements of perversion and marginalisation intrinsically mixed with the commoditization of sexuality?

Today Kolkata has become a part of the new global market economy along with west Bengal. Tourism has become an industry and is increasingly gaining popularity here too, Kolkata is going to be known as the gateway of Asia in the near future. This whole fact is scary. Tourism and prostitution today have almost become synonymous. This leaves us with an apprehension about future of Kolkata. Under the changing socio-economic scenario, would Kolkata would be able to retain it identity or walk in the footsteps of Bangkok and Manila?

**Targeted Interventions (TIs)**

We have observed from the previous discussion how Sanlaap was born out of and still is a part of the women’s movements in West Bengal. They started as a women’s group dealing with the issues of sexual harassment and exploitation of girl children that gradually led them to the issues trafficking in prostitution in the RLAs of Kolkata and West Bengal.

Another kinds of intervention by CBOs and non-government bodies are born out of projects and prgrammes like Targeted Intervention (TI). Internationally, in the arena of public health discourses and practice, there exists a broad consensus about the efficacy and cost-effectiveness of targeted interventions among high risk groups as a strategy to prevent transmission of HIV&AIDS, not just among the targeted community but also into the more general population. It has also been recognized that HIV prevention efforts cannot be separated from broader human and social development. Nevertheless in spite of policy acknowledgement of need for multi-sectoral approach, in practice, however, in most countries, HIV prevention still tends
to be seen as a medical problem alone targeted at “high risk groups” and the debate regarding what constitutes a ‘good’ HIV prevention intervention programme among women in prostitution is yet to be resolved.

Most targeted interventions among women in prostitution include three main components:

- Behaviour change communication (BCC) aiming to impart knowledge, skills and support for changing to safer sex behaviour.
- Condom promotion to increase condom use
- STD care, with evidence suggesting that presence of STDs increases the risk of HIV infection by a factor of 3-5 and effective treatment of STDs in a population can significantly reduce the incidence and prevalence of HIV\(^{190}\).

However, with time, most countries adopted a more pragmatic approach of harm minimization, irrespective the existing moral and legal perspectives on prostitution, e.g., in China where prostitution by law is a criminal offence, interventionists has taken a rational approach with the help of public health department to educate and motivate the prostitutes to increase safer sexual practices between prostitutes and their clients. In Australia, after the insistence of public health authorities, and of course through advocacy and lobbying by prostitutes’ organizations, the Government has taken necessary steps to decriminalize prostitution and create an enabling environment to increase safer sexual practices. This was found to be an extremely successful approach. In this connection, laws have been modified and changed in several states in Australia.\(^{191}\)

In India, coercive tactics were employed initially leading to increased stigmatization of prostitutes. Different institutions and CBOs adopted mandatory HIV testing, particularly in the red light districts, which proved to be counterproductive as evidenced by the very high level of HIV positive rate among the prostitutes in most parts of India. Incidents of violation of human rights of women in prostitution, through unethical HIV surveillance and testing, breach of confidentiality and


\(^{191}\) Ibid.
anonymity, unlawful detainment, occurred routinely across the country, although such incidents were not restricted to prostitutes alone\textsuperscript{192}.

With time, the government policy became much more realistic and mature, and targeted interventions with women in prostitution developed broader, more holistic, participatory and multi-sectoral approach. It is now largely believed that targeted interventions that perceive HIV prevention as one of the concerns in achieving overall well being of the prostitutes’ community work better in terms of efficiency as well as sustainability. Instead of narrowly focusing on HIV&AIDS in isolation, more and more targeted programmes for prostitutes are redesigning their objectives within a broader sexual health framework with intervention activities addressing the issues of sexuality, and the causes of disease and vulnerability.

Seemingly more holistic targeted interventions with prostitutes emphasized the importance of creating an enabling environment within which the targeted community could make best use of the three standard components of HIV prevention interventions, namely BCC, condom promotion and STD care services, to prevent HIV transmission and improve their sexual health and overall well being. Depending on the paradigm based on which the intervention is designed, creating an enabling environment can simply refer to facilitating access to health care and condom use or to more comprehensive attempts at addressing structural and gender based inequalities that exacerbate prostitutes’ vulnerability to HIV&AIDS in the first place.

One such targeted intervention programme with women in prostitution which has earned an acclaim internationally, for known to be bringing about significant and sustainable behaviour changes among the prostitutes’ communities through health promotion, empowerment and community development strategies, and has significantly influenced debates in India as well as globally on ‘best practice’, is the HIV Intervention Programme at Sonagachi (SHIP), more widely known as the Sonagachi Project, based in Calcutta, West Bengal.

Noteworthy while Sanlaap was born out of women’s movements, SHIP/DMSC is born out of targeted intervention. Something born out of women’s movement and

something born out of programmes like TIs have very distinct approaches to understand and address the phenomenon of prostitution. On certain issues both of these approaches overlap, but mostly they contradict each-other. Therefore, the differences between these two approaches are reflected at the levels of both ideology and practice of these two organizations, i.e., Sanlaap and DMSC. As an outcome of the influences of women’s movements, Sanlaap takes up an approach of anti-trafficking-rescuing-rehabilitating, that within the given context should be viewed as an attempt to minimize women’s sexual and socio-economic exploitations further. As mentioned targeted intervention is neither exactly a womanist approach nor is it always a target friendly one. Over the years approaches and strategies adopted in undertaking targeted intervention with women in prostitution in different countries have varied. The operative principles of many targeted intervention purportedly designed to contain HIV&AIDS, often actually enhanced the vulnerability and social exclusion of women in prostitution. The underlying principles of these interventions often revealed prevailing prejudices against prostitutes and the implicit concern with preventing HIV transmission into the main stream society at the cost of prostitutes’ rights. Well meaning CBOs/NGOs in many countries, ended up operating on the basis that the “innocent” population must be protected from prostitutes spreading HIV infection and that to control HIV&AIDS it is imperative to control women in prostitution and regulate the sex industry. Under this impetus a range of anti-prostitute initiatives from mandatory screening and quarantine, to attempts at abolishing prostitution altogether were undertaken. Here, I would like to cite from the article by Madhura Lohakare on the organisations in Pune and Mumbai that are working with the targeted intervention approach “...targeting certain groups implies putting the major responsibility of spreading the infection on them. Categorising certain sections of society as ‘high risk behaviour’ groups also implies that the rest of the society is at a low risk; whereas ideally, all sexual behaviour should be considered as high risk. Most of the organisations agreed with his criticism of the target-based approach towards AIDS control...however, inspite of these claims the very fact that all the organisations chose to work with a specific group implies that they are adopting a target based approach. What should be considered is whether this kind of targeting is done in a positive sense or a negative one.”193 Madhura explains further, “For those

193 Lohakare M. Situational Analysis of the NGOs in Pune and Mumbai Working on AIDS Control
who did agree to having a target based approach, the reason for adopting the same was because of the sheer number of infected persons and easy identifiably of the persons who are ‘prone’ to getting/giving infection. Also, working with a particular, targeted section was economically viable for these organisations, according to them. For the others, they had chosen to work with WIP because this group was more vulnerable to getting the infection and the social stigma attached to their occupation and the hardship that ensued made them a special case. This does show targeting is done for practical reasons or out of concern due to the vulnerability of a certain group. But one cannot be sure as to how many organizations were merely toeing the politically correct line, since target-based interventions are now being criticized.”

As pointed out that targeting is done keeping in mind the vulnerability of a particular group. However, people/group/organization in the position of authority can take advantage of the same vulnerability for which the intervention is meant, e.g., Madhura in her article cites the instances of PHO (formerly known as IHO) that made use of the targeted people for illegal trials of vaccine; “This organization was also involved in a controversy regarding illegal vaccine trials in 1994. It has been alleged that a secret AIDS vaccine trial was conducted in March-April 1994 on ten HIV infected persons in Mumbai at the Salvation Army AIDS clinic run by IHO. An independent citizen’s investigation revealed that the infected persons were injected by the Bovine Immunodeficiency Virus (BIV) developed in the US by one Dr. Bhattacharya. The safety and efficacy of this vaccine had not been established scientifically—even the basic animal trials had not been conducted... The health of the patients also deteriorated soon after the administration of the vaccine—one died in August 1995 and another became terminally ill... None of the affected persons were paid any compensation. The Government of India as well as the State Government of Maharashtra continue to dodge the issue and no formal action has been taken against the people involved.”


194 Ibid.

On the other hand TIs targeting the MSM, male prostitutes or Hijra communities are inadequate in number. The IEC messages focusing on the heterosexual routes often imply that one can get infected if one has sex with a (female) prostitute. This reinforces the belief among the MSM communities that HIV&AIDS like all the other STDs is a disease of women and heterosexual men that one can get from women and thereby male to male sex indeed protect them from any such catastrophe like HIV&AIDS. Nevertheless the work with Alis (Hijras are known as Alis in the South India) in Chennai has taken on a community development approach, focusing on HIV. In the words of K. Pradeep “It has looked at the empowerment of the community members through literacy, skill building, and additional income generation to minimize dependence on selling sex, advocacy with others, including the police, and working with the media to raise awareness about the community and thereby created an enabling environment.” Therefore we see a situation where need of the targeted communities as well as their socio-cultural and psycho-sexual contexts vary from place to place, situation to situation. Therefore, for an intervention strategy to be effective, blind replication and implementation of more or less similar TIs everywhere possibly would not work. There is a need to blend multiple aspect using both enabling and persuasive strategies.

Though TIs are becoming more sophisticated and comprehensive with time, yet somewhere they still remind us of the colonial approaches of segregating and quarantining prostitutes. TIs have been able to regulate intervene in the sexuality of women by making them subject to a set of intervention programmes and to follow the guidelines of TIs. Moreover, the problem with TIs is this; it is based on the premise HIV&AIDS is to be perceived as the disease of the marginalized, such as prostitutes and those involved in immoral activities. Therefore, when TIs focus on the high risk target group has it’s advantages, it make an epidemic hard to be seen as a public health priority. As it is reflected on the approach and programmes of DMSC, they have no intention of rehabilitation or showing any alternative sources of livelihood, rather they oppose to all these ideas and encourage women to practice prostitution with respect, recognition and reliance leading to the claim of workers’ rights and legalization. Do they realise that legalisation instead of freeing women mean to

regulate and control them (the way criminalization had done in the colonial period) intensifying trafficking even further? Or is it precisely because of this realizations they demand legalization? Would legalization enable the women in this activity to demand certain rights and benefits entitled to workers in a profession or would it lead to more oppressive action like compulsory medical check-ups as done in the nineteenth century? Would it make a difference in the social status accorded to the women in prostitution (WIP)? Would not it create a scope for the legitimization of all the other forms of sexual exploitations ranging from pornography to sex tourism? And above all, would or would not legalization by intensifying sex trade would also increase the intensity and spread of epidemics like HIV&AIDS? All these issues that could be addressed under the broader milieu of women’s movement and public health-issues of power within the background of gender, caste and class can not be addressed or raised within the frame work of TIs alone. Therefore, in the Sonagachi project we would gradually witness a shift from TI to community development strategy, from BCC (that is a component of TI) model to the empowerment one.

Today the discourse of contemporary HIV&AIDS centre around this shift from TI to non-TI/general, while the discourse of prostitution shows a shift of the term from prostitute to sex worker, from criminalized to decriminalized with CBOs, women’s movements, government and non government organisations being divided into camps over the legalization debate.

Citing from Madhura’s paper once again, “All the organizations in Pune and Mumbai, except for PHO in Mumbai, took a stand against legalization of prostitution…Most of the organizations felt that legalization would not really help the cause of WIP…What exactly would legalization entail? How would the state go about identifying the women who would come under this ambit? This would certainly pose a problem, since besides women who operate in the RLAs, there are lots of other women who work isolatedly, in lodges on the outskirts of the city and also a particular group of middle class girls, who operate as call girls –their conditions of work are totally different from those who operate in the RLAs. Also many workers felt skeptical about how efficiently the law would be enforced once it is enacted. As for police harassment and corruption, most believed that it would in fact be intensified…though these organizations opposed legalization, they also looked upon prostitution as a necessary evil…Another interesting observation is the fact that most of the organisations used
the term 'Commercial Sex Workers' very freely in spite of the fact that they are opposed to legalisation of prostitution. It was only 'Prerana' which used a different term to refer to the WIP-'Victims of Commercial Sexual Exploitation'.”\textsuperscript{197} We perceive this double standard of calling the women in prostitution as CSWs and opposing legalization at the same time or on the one hand opposing legalisation and on the other hand looking upon prostitution as a necessary social evil. In the case of DMSC in West Bengal, it is even more perverse because as they demand legalisation they also look upon prostitution as a necessary social institution that justifies male sexual outlets and lust. Therefore, one important feature comes out of these observations, it shows the social reality of implementing an instrument like legalisation in situation of utter powerlessness of women and in the background of women's over all marginalized existence in general. Legalisation can perhaps only make a difference when women are well empowered and organised enough to ensure that it does not turn to another instrument of exploitation. But if in a hypothetical situation where women are empowered and organised would they still like to get into prostitution after all?

In a comparative study between the DMSC, Kolkata, West Bengal (that demands legalization of prostitution and worker's rights for the prostitutes) and Akhil Bhartiya Kalakar Manch and Akhil Bhartiya Kalakar Kalyan Manch in Muzaffarpur, Bihar, Manimala and Putul observe, “There are two organisations in Muzaffarpur: Akhil Bhartiya Kalakar Manch and Akhil Bhartiya Kalakar Kalyan Manch. One is headed by Reshma and other by Rani. Both the organizations oppose the demand for legalizing sex work. They are not prepared to consider business of sex as a work. Reshma says sleeping with men is not a work. If it will be recognized as a work women would not try to learn other arts. Rani also responds in same way. 'If you want to earn you should work hard. You must acquire some skill of dancing and singing. Your performance should be recognized. Where is work if you sleep with so many unknown men? It will give bad name to us also. We are khandani tavayafs, not

Vaisyas."\(^{198}\) From the same study it comes up that Meena a non prostitute activist of Adithi in Chaturbhujsthan doubted if legalization would help, "We don't want to penalize the women. On the contrary, we want to penalize the pimps, the criminals and corrupt officials. Legalisation in the prevailing situation in India, will only help the pimps, criminals and corrupt officials to exploit the women more... What we need to do now is to get them (prostitutes) a pro-right approach, a trade union and a regulatory body". Manimala and Putul also spoke to twenty five women at Sonagachi. According to them only three are in support of legalization, twenty two are against it. Purnima, forty five year old woman asks, "Do we follow rule of law? Where is the enforcement of existing laws? All take bribe. I wish to quit this profession. If the government really wishes to do something for us or for our children, it should provide respectful alternatives... Would legalization help in our social acceptance? We want a dignified place in the society. If the government wants to frame rules, it should be to check arrival of new girls." Eighty year old Anandita says, "This will help in opening of kothas in every household. Prostitution insults women." Asha a brothel keeper feels legalization would lead to labeling as a prostitute and once one is labeled as prostitute she would never be accepted back in the society.\(^{199}\) Similar observation has been made in my M.Phil. study where some of the women felt they would be stamped as prostitutes forever if the occupation got legalized, because somewhere deep down in their heart one of the few dreams that they still cherish is, one day they would get back to their place of origin and spend their old age with the family and relatives. This is a point of vulnerability that explains their persistent exploitation by the relatives.\(^{200}\)

One of the documents by Sanlaap emphasizes, "The term legalization brings in thoughts of legalised prostitution in Taiwan and in the state of Nevada n the US. Here the control of state and the brothel management over the lives of women makes us think twice before asking for legalisation of prostitution... The State's Control of Women's body, health, sexuality in the name of health and legal services under legalization frightens us... Is it important to have prostitution decriminalized and


\(^{199}\) Ibid.

remain independent or do they need to legalise the trade, get a license and remain in the clutches of the state, undergoing mandatory STD and HIV tests to ensure risk free public health? From this statement some analyses regarding the implication of legalisation could be well drawn, e.g. legalisation may identify some women in prostitution as belonging to foreign countries and thereby uproot them. It would also legitimize the activities like trafficking brothel keeping and pimping. Licensing as a component of legalization means commodification of women in prostitution under legal framework justifying women’s exploitation and priorities of the male sexuality. Thus, should not decriminalization could be a more viable alternative along with the organization of women in prostitution asking for basic human rights, criminalizing the elements of violence faced by the prostitutes at the same time?

Here I would like to cite some significant observations made from my previous study on the impact of violence on the health of the women in the RLAs of Kolkata. I covered three RLAs, namely, Sonagachi, Boubazzar and Kalighat, doing twenty four case studies altogether. Ten opined that legalization would neither end violence in their lives nor would it improve their present situation, while almost seven women feel that it could end all violence, improving the overall scenario. Five were unsure of their answer, where two felt, legalised or not, it does make any difference. The women who felt that legalization would not put an end to their miseries are either scared of stigmatization, as they fear to be stamped as prostitutes forever, thereby loosing their chances to get back to a normal life again. They feel that legalization may not give them the respect of the people in general. Some other even felt that would lead to more competition as many more girls will come to the LINE. There are also a few illegal migrants from places like Bangladesh who are petrified by the term ‘legalization’, itself. However, there are quite a few women who are unsure of their view on the issue. Many were unaware of the proposition and did not seem to have been exposed to the idea of legalization of prostitution.

201 'The End of A Beginning”, Sanlaap, Calcutta.
202 Ibid. From Nepal and Bangladesh girls are brought to Kolkata, Delhi and Mumbai to buy goods in India that they smuggle back into their countries. The business is mainly organized by men and young girls assist them. Before returning back, these girls are sold off to the brothel owners. The beautiful, petite, and docile girls of Nepal sell well and they earn for their madams or brothel keepers for more years than other girls from India or Bangladesh.
Similar observation has been made by Manimala and Putul, "...most of the sex workers who live in the near by gali are not aware about the demand of legalizing the profession." Interestingly, it was observed, many a times the issue of legalization is indirectly or directly influenced by the CBOs/NGOs working in the area and their own political approach towards the issue. So, it is difficult to say whether or not the common prostitutes, who have not received any training or exposure of the peer educators (who are also prostitutes), are actually expressing their own opinion on the issue of legalization or if they consider the issue to be an immediate priority. Therefore, the legalization debate appears to be more of a priority of the organizations working with them than the prostitutes. Legalization debate shows how many issues that are prioritized as need are created ones or done from the political-economic perspectives of the people who are in a position to exercise their powers on a marginalized group, such as, prostitutes. Instead, unionization for self regulation and self empowerment could possibly show a better way as it is different from demanding legalization of prostitution. How could prostitution be legalised and trafficking be punished? But organizing prostitutes for their upliftment and recognition of their human rights may help them as it is to be seen in some of the RLAs of West Bengal.

Here, an attempt would be made to show how the SHIP, popularly known as Sonagachi project led to the organization and gradual empowerment of women in prostitution at Kolkata. And then I would try to reflect on the fact how various conflicting approaches and ideologies working in the area are assimilated in this gradual ‘gaining of confidence’ of the women in prostitution. I would also endeavour to show how the Marxist ideology of forming an union of working class is wrongly being used in the context of neo-liberal approach. However, unionization in unorganized sector is a historical phenomenon, but to claim legalization as if it is the only logical culmination of unionization is to intensify the capitalist commodification and patriarchal exploitations of women in prostitution in Kolkata and elsewhere in the world.

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Although there are organizations like Sanlaap working since 1980s for rehabilitation, empowerment and the betterment of the lives of the women in prostitution, the “voices of the prostitutes” that have started emerging since 1990s in the thoughts and behaviour of the prostitutes of Kolkata and West Bengal are in a word epoch-making. This change involves their thinking. “A group of women from the ‘lower castes’-accustomed to suffer from self-reproach-have found the language with which to speak about their own rights. They have embarked upon the at once joyous and painful self-discovery. This daring of theirs, to talk and walk about with heads held high, this courage to stand face to face with the ladies and gentlemen as equals-this is no small attainment.” If, however, one thinks that a fundamental change has taken place here in the business of providing sexual services, then s/he will make a mistake. The most important factor that could be attributed to this transformation and resurrection of the being of the prostitutes of Kolkata and West Bengal is the association of the prostitutes under several organizations that are mainly outcome of the HIV&AIDS projects.

The Sonagachi Project

The name Sonagachi originates from Sanah-ul-lah. According to traditional hearsay, Sana-ul-lah was a decoit. After his premature death, his destitute and widowed mother pretended that her deceased son had become a Ghazi. Consequently the “dargah” of Sanah-Ghazi conferred its impact on an adjacent street name viz. Sanah Ghazi Lane. Over the years, the denigration of Sanah Ghazi became “Sonagachi” and hence, the name of the area.

It is almost impossible to specify how and when flesh-trade spread its roots over the area. In the Colonial period, as British soldiers were increasingly getting infected by syphilis and other venereal diseases, the “Indian Contagious Diseases Act” was enacted in 1868 for the effective control of STDs. Sonagachi came into the limelight when preliminary surveys were being carried out before the act was enforced. It was then identified as the most significant Red Light Area (RLA) of then Calcutta.

Sprawled over Ward 18 of CMC in Northern Kolkata, Sonagachi falls in the jurisdiction of Bartala Police Station, bounded by Grey Street in the North, Beadon

205 The “Fallen” Learn to Rise, DMSC, Jan1997, Calcutta.
Street in the South, Chittaranjan Avenue in the East and Rabindra Sarani in the West. Four main areas have been grouped together under the Sonagachi area. These are Sonagachi, Rambagan and Sethbagan, Jorabagan and Rabindra Sarani.

Sonagachi constitutes one of the oldest and largest Red Light Areas (RLAs) of the city. It comprises three or four storied ancient crumbling houses overlooking a chaotic din. An estimated four thousands prostitutes reside here in nearly three hundred and seventy brothels. There may be seasonal variation in numbers of up to a thousand. As September & October are the peak months as the Puja season attracts a horde of revelers another one thousand and five hundred floating prostitutes may also be found in the vicinity. The community relies on the twenty thousands or so men who visit Sonagachi.

The area represents a kaleidoscope of various mosaics. Each of these tenement buildings houses several brothels and the numbers of rooms vary from five to twenty five. Accommodation is as diverse as a cramped, badly lit cubbyhole to a spacious air conditioned room. Sanitation and civic amenities are in deplorable conditions. Instances of four to six prostitutes sharing a room (partitioned by curtains) are a common feature. A wide assortment of prostitutes from different parts of India, Bangladesh and Nepal could be seen here. The age structure ranges from thirteen to forty five. Income varies from Rs.10 to Rs.2000 per night. Prostitutes may operate independently or under the control of madams/pimps. The latter collect one fourth of the earnings while madams take a clean fifty percent (incase the girls is a "Adhia"). Room rent is given on a daily or monthly basis. Sonagachi has a long tradition of sex trade and trafficking. Besides, there are also victims of degenerating family conventions, who have been reduced from singers and dancers to prostitution only. A common denominator is the impoverished background from where most of them hail. Twelve clubs in this area mainly cater for youth activities. Numerous wine shops exist here. Cinema hall is conspicuous by its absence. Eleven private clinics operate here-nine run by qualified medical practitioners and the rest by quacks.

The Sonagachi project began with a clinical approach to gauge the prevalence of STD and HIV that was assessed among 316 prostitutes of this sample, who consented to undergoing an internal examination for collecting biological sample for laboratory test. The rationale behind conducting the survey was to design a HIV-STD control programme in Sonagachi was a part of targeted intervention. Since the colonial period
the control of STD in prostitution is considered to be an effective public health intervention and the trend of equating prostitutes and their vulnerabilities with the disease control of HIV & AIDS holds true even in the late twentieth century.

It was in 1992 that WHO (GPA) funded National AIDS Control Organisation (NACO) in India undertook a three-month community based cross-sectional survey in Sonagachi, to assess the prevalence of STD and HIV among women in prostitution. The survey was conducted by All India Institute of Hygiene and Public Health (AIH/PH), a public health research and training institution of the Government of India, based in Calcutta, in collaboration with local NGOs and Community Based organizations (CBOs). The survey was conducted among a random sample of 450 prostitutes, and looked into issues of social demography of the locality, mapped the sexual behavioural practices among women in prostitution, their clients and partners. The results from this baseline survey showed condom use among the prostitutes interviewed was negligible, with only 1.1% of them reporting always using condoms, and only 1.6% reporting using condoms often. About 75% of the prostitutes interviewed did not use any form of contraceptive regularly and 46% and history of multiple abortion. 80.6% of the 316 prostitutes had some form of STD although only 1.1% tested HIV positive. Significantly, the high STD prevalence and very low condom use indicated that prostitutes of the area seemed extremely vulnerable to HIV & AIDS. The team responsible for designing and conducting the baseline survey felt that with the HIV at comparatively low prevalence at the time of the survey, there was a good opportunity for containing the transmission of the virus, if appropriate intervention strategies could be designed and immediately and effectively implemented.

As a result, following the survey, in September 1992, AIH/PH initiated an intervention programme in Sonagachi spreading over smaller neighbouring red light areas.

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207 SHIP (1999), Learning to Change: Seven Years’ Stint in Sonagachi, Calcutta, Society for Human Development and Social Action.

208 From in-depth interview with the past Project Director, Sonagachi Project.
areas, in Rambagan, Sethbagan, Jorabagan, Dalpatti and Rabindra Sarani, with the primary objective of controlling the spread of STD and HIV among prostitutes and their clients, with initial funding from NORAD, which continued till 1994, when the Overseas Development Aid (ODA), U.K. later renamed as Department for International Development (DFID), started funding the intervention programme. In January 1992, Dr. M. Mehret, an AIDS consultant of the WHO arrived in the city to approach the All India Institute of Hygiene and Public Health (henceforth “institute”) with a proposal for a community based study of the prostitutes in terms of prevalence of AIDS or HIV infection. The prostitutes were targeted as they were considered ‘high-risk agents’ of HIV infection and the study sought to concentrate on the red light areas in four metropolitan cities of India—Calcutta (then, but now being renamed as Kolkata), New Delhi, Bombay (now, Mumbai), Madras (now, Chennai).

Dr. Smarajit Jana, an epidemiologist of AIHPH who had earlier viewed the worldwide AIDS programme as a craze first felt reluctant to respond to the proposal, however took interest because of the targeted community of the project. It is a very interesting shift in the history of the SHIP project as Jana being ideologically a believer in Marxism and perhaps seeing through the challenges of working with International funding and bi-lateral agencies, finally agreed to take up the project. It was decided that at the initial stage, the study would concentrate only on the rate of occurrence of Sexually Transmitted Diseases (STD) and HIV prevalence among the prostitutes in Kolkata. The study team led by Dr. Jana got in touch with the prostitute in the Soangachi area through an organization—Society for Community Development (SCD)—that had been working with the Sonagachi women for some time. And thus the project took root at February 1992.209 At that historic point of time, it was for nobody to foresee the future of the project and the turn it may take providing the historical context of Bengal, and that in a decade, i.e., 2001, prostitutes organized under DMSC, whose founding members came together through their active involvement as peer educators in a STD/HIV prevention intervention programme, of the Sonagachi Project, would be conducting an Unity Fair (Milan Mela) at Kolkata. Since then they have been successfully networking among the women in prostitution in India and in some other countries of South and South-East Asia, to foreground the demands for promotion and protection of their rights and their demand to be recognized as “sex

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workers”. The discourse of contemporary prostitution and HIV&AIDS centre around this shift of the term from prostitute to sex worker, from criminalized to decriminalized with NGOs being divided into camps regarding the legalization debate. As discussed above, here, in the discourse of HIV&AIDS it could be seen again an attempt of foreign agencies to control the sexuality of the women as it was done in the previous colonies (now known as the countries of South) in the name of criminalization of prostitution and through the disease control measures. To repeat, in the words of Sanlaap, “The term legalisation brings in thoughts of legalised prostitution in Taiwan and in the state of Nevada in the US. Here the control of state and the brothel management over the lives of women makes us think twice before asking for legalisation of prostitution...The State’s Control of Women’s body, health, sexuality in the name of health and legal services under legalization frightens us...Is it important to have prostitution decriminalized and remain independent or do they need to legalise the trade, get a license and remain in the clutches of the state, undergoing mandatory STD and HIV tests to ensure risk free public health?”

It beyond doubt brings us back to the situation of where prostitutes were locked and kept segregated for treatment under the clauses of Contagious Disease Act of 1868 and the Cantonment Act. Do we go by the say “history repeats itself” or do we move towards a promising future learning from the lessons of history—that is the question.

Primarily, an attempt would be made to show how the SHIP, popularly known as Sonagachi project led to the organization and gradual empowerment of women in prostitution at Kolkata. And then I would try to reflect on the fact how various conflicting approaches and ideologies from NGOs working in the area are assimilated in this gradual gaining of confidence of the women in prostitution. I would also endeavour to show how the methodology promoted by the Marxist ideology of forming an union of working class is wrongly being used to intensify the capitalist commodification and patriarchal exploitation of women in prostitution in Kolkata/Calcutta by the policies under neo-colonialism.

The plan consisted of three parts: running a clinic; condom distribution and related awareness campaign; and information-education-communication (IEC). WHO sanctioned a grant of Rs.3 lakhs for the first six-month period. Interestingly, SHIP has

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211 See Chapter-II
not been funded or ran by the similar categories of organizations. Significantly, we see the project being administered by the Govt. to the international agencies to the prostitutes' own organization – a gradual shift in the categories, activities and ideologies of the project from time to time. The programme as it stands now started in Sept., 1992 in consultation with the National AIDS control Organization, Govt. of India and under the sponsorship of WHO. The WHO began to insist on taking up an intervention programme. The Institute first wanted to concentrate on research only; but the idea that a model intervention programme might be built up caught on and in September 1992 a plan was drawn up. Since Dec.1992 (till Sept.1994) it began to be funded by NORAD, a funding agency for international development aid of the Govt. of Norway and since October 1994 by ODA (DFID), a British Govt. funding organization. NORAD is now providing financial support to the associated programmes like cooperative of the prostitutes. Therefore, it could be assumed, under different funding agencies different areas of activities got highlighted as per the priorities of the international discourse of HIV&AIDS.

Right from the beginning the Sonagachi project adopted a very flexible approach so that the programme could easily be adapted to the changing circumstances and could be remodeled with the shift in our perceptions as we grew in experience of working with the prostitutes' community. One of the desired outcomes of the programme was to come up with a model for such work, which could then be replicated with local variations in different red light areas. The principal emphasis of this model was active involvement of the prostitutes in every level of the programme.

The response from the prostitutes was overwhelming. The peer educators themselves felt a gradual change in the attitude—a sense of gained self respect, dignity, a capability to relate as the members of the society and to air their views, through the development process of the project. There was sense that they have been able to organize themselves against social injustice and for the upliftment of their life. Undoubtedly, the project boosted their status with the present political objectives being the

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212 The “Fallen” Learn to Rise, DMSC, Jan1997, Calcutta.

213 In the context of the Sonagachi Project this community refers to sex workers that are anyone who has ever practiced sex work as a profession and identifies herself/himself or is identified as a sex worker, their children, and their Babus or fixed clients.
“decriminalization of adult prostitution, securing social recognition of sex work as a legitimate profession and establishing sex worker’s right to self-determination.”

The intervention programme started with three principle components: provision of health services including STD treatment from a central clinic in the area; dissemination of information, education and communication (IEC) regarding prevention STD/HIV transmission; and promotion of condom use. For implementing the outreach components, a group of prostitutes from the locality were employed as Peer Educators to disseminate information leading to behavior change, distributing and promoting the use of condoms among women in prostitution, and referral to and provision of treatment of STD and general health problems. Its objectives were defined within the scope of behavioural change: to help modify sexual behaviour of prostitutes and their clients, so as to make it safe; to enable prostitutes to sustain their change sexual behaviour, to develop an effective strategy and guideline of targeted intervention among prostitutes that can be replicated elsewhere. The basic approach of the Sonagachi Project has been summed up as three ‘R’s: Respect, Recognition and Reliance— for the women in prostitution. The Sonagachi intervention programme attempted to give prostitutes a central status within the programme right from the beginning. From the start, the ideology was to accept prostitution as a profession and no attempt was made at discouraging prostitutes to practice prostitution. Instead, the emphasis was on improving the working conditions under which they worked and lived and their capabilities as human beings and workers were recognized and respected. Risk of STD and HIV infection was seen as an occupational health problem for prostitutes from this perspective. As no attempt was made to ‘rescue’ or ‘rehabilitate’ prostitutes, and thereby disrupting the on-going sex trade, the programme did not pose any immediate or ostensible threat to the local power brokers of the sex industry who in turn did not put up much opposition to the implementation of different components of the programme, as they realized their vested interests to be secured. The programme views the women in prostitution as a homogenous group while in fact there are significant difference and conflicts of interests. The DMSC literatures state “With the local controllers of the sex trade negotiation and highlighting mutual benefits and shared interests was found to be a strategically

effective approach at the initial stage". What could possibly be the mutually shared interests between the controller of the sex trade and DMSC, the representative body of the women in prostitution who are exploited by those controllers of the sex trade? This perspective also demanded “the programme recognized and actively addressed the issue of ‘empowering’ the prostitutes of every status within the industry, as an essential component for sexual behavioural change leading to improvement of the health status of these women”. The invariable questions emerge from these conflicting statements—would not the real empowerment of these women affect the interests of the controllers of sex trade? If so, then why should they cooperate? Thus it could be understood; from the start there was a confusion and conflict in the attitudes in this approach so the ‘controllers of sex trade’ would not feel threatened. Did the people with vested interests in the sex trade felt the organization of prostitutes demanding legalization of the trade might enhance the sex market by legalizing the trade?

Very early in the life of the Sonagachi Project, the Peer Educators, with the empathetic support of the Project management, recognized that even to realize the very basic programme objectives of controlling transmission of HIV and STD it was crucial to view prostitutes in their totality — as complex persons with a range of emotional and material needs, and not merely in terms of their sexual behaviour, as it was essential to address the range of issues that determine the quality of their lives and to locate these issues in the broader realm within which they live. During the course of its implementation, the focus of the Sonagachi Project broadened radically beyond the limits of conventional BCC and disease control to address structural issues of class, gender and sexuality. Here it came quite close to the root causes of exploitation as the elimination of the problems lying within the realms of class, gender and sexuality. However, in practice its demands show the justification of the male sexual lust and encouraging the exploitation of female sexuality by the demands of legalization. This inherent duality is a significant characteristic of the Sonagachi project. On the one hand, there was a realization that “for the intervention to be effective ... the key was to change the entire social milieu within which they live, and

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216 Ibid.
which shapes their behaviour”. They have also understood, that for the prostitutes to be in a position to take decisions and act upon them, they have to be empowered as a group, and for that, an enabling environment has to be created. On the other hand, after realizations of these issues of social inequality and sexual politics they refused to take the course of eliminating these through the empowerment of women in prostitution relating it to the larger contexts of marginalization of class, caste and especially gender issues in the society. Instead DMSC attempts to legitimize the sexual exploitation of women by men by claiming workers right for the women in prostitution that remains an important basis for the mobilization of these women. And this remains the ultimate paradox of the project.

To quote from Taslima Nasreen, the eminent radical feminist writer, “Durbar’s members have shown me round the Sonagachi area. It is a strange experience. My first visit to a Red Light Area...The works of Durbar as explained to me by Mrinal Dutta” deserves appreciation...Mrinal kanti has given me several logics that sufferings of the sex workers would lessen if they get the right of a worker. I don’t believe this. I don’t believe the slogan of Durbar too, that sex work should be respected. I have respect for a sex worker as a human being, but I cannot respect sex work in which there is no love relation, that has only monetary basis”. Taslima continues, “Does Durbar shows a way out? I don’t think so. Durbar is teaching women to say with pride, ‘I am a sex worker, I like sex work.’ They have taught everybody to say, ‘We want workers’ right. We are workers like any other worker’. If Durbar teaches to respect this occupation, then why anybody should would wish to leave it?...Durbar even states, ‘This is the oldest profession of the world and it was there, it is there and it will remain there.’ I don’t agree. If there are economic developments, if there are equality between women and men, if women get the right to live as a human being, prostitution will stop. It must.” In consistent with Talisman’s comment that with economic development and equality between women and men, prostitution would stop, I have already argued in the previous chapter that it is with the sense of private property, prosperity and disparity or unequal distribution

217 Ibid.
218 The then Director of DMSC, who is also known as “Bachchu” and is a son of a prostitute himself.
220 Ibid.
of wealth, that prostitution flourishes and I have also sited example of tribal and Spartan societies that reached an equality between woman and man where prostitution no more makes any sense. 221 It is only in the societies where private property had a very small role to play in the economic life of the community, e.g., Eskimos, Muria of India, some Arabic tribes, where a communistic form of life was followed, as in Sparta, women became equal to men, & sexual taboos were hardly known. As Kishtainy analyses “Prostitution in such communities made no sense and played no part, a discovery which became the basis of Marxist thought on the problem of prostitution.” 222 Here again I would like to site an example from the post-revolution, communist china where the previous forms of prostitution have stopped existing.

To Quote from Simon de Beauvoir, “Hereabouts, until 1911, there were even houses of male prostitution legally tolerated and frequented by the Manchu nobility. As for the brothels, they numbered 377 in 1920, contained 3,130 girls divided into four classes according to their youth and beauty; they were bought while still very young from needy families, or they were simply kidnapped...in return for gratuities, newspapers publicized them openly, painting their photograph, name, and phone number as if advertising a brand of laundry soap. Recounting their adventures, tourists of the period were cheerfully wont to extol the charm and gracious manners of those to whom they referred as “the Singsong Girls. Today there are no more prostitutes, no more smell of opium in these streets,...” 223 The similar anecdote comes from Felix Greene’s account of post-revolution China, “Commonest crime, both for men and women, is theft. When I asked about prostitution, he said no, a girl arrested for prostitution would not be sent here; in fact, would probably not be arrested at all, but would be referred for medical care and rehabilitation. At the time of liberation, he told me, Shanghai had many thousands of prostitutes; these were rounded up and sent to special centres for treatment and education.” 224 Greene continues, “Perhaps one of the most spectacular public-health victories achieved by the new regime has been the virtual wiping-out of venereal disease...Dr.Ma works at the Research Institute of the Academy of Medicine in Peking, specializing in skin and venereal disease...At a

221 Chapter-II, page.31.
1960 conference of venerologists from the large cities, all cases reported for Peking, Shanghai, Tientsin, Shenyang, Hankow, Sian, Chungking, and Canton totaled only twenty-eight. ‘the problem of fresh cases in the cities is finished,’ Dr. Ma said in a recent report... At the Research Institute in Peking, most graduates during the past five years have never seen an active case of syphilis or gonorrhoea... he attributed these seemingly extraordinary results to the following: The end of Kuomintang armies with their camp-followers and bevy of officers’ concubines. The closing down in 1950 of all houses of prostitution. Organized prostitution is today non-existent. 225

In contrast to the account of successful control of VDs and elimination of prostitution in the post-revolutionary, communist China; Greene gives his account of a capitalist society, i.e., the United States, “On my return to the United States I related this account of the virtual elimination of venereal disease in China to a doctor of some eminence in California, expecting a snort of disbelief. Instead, he said, ‘We in America could do the same in six months if we really applied our knowledge and resources to it’”. Greene explains further, I was under the erroneous impression that with the arrival of the antibiotics, venereal disease was virtually eliminated in the United States, until I read an editorial in the December 1960 issue of Today’s Health, published by the American Medical Association. Here I learned that the U.S. public Health Service reported that one million new gonorrhoea cases are developing every year; that syphilis has increased over 200 percent in a period of three years; that there is an appalling increase in syphilis in the large cities—New Orleans showing an increase of 818 percent since 1955, San Francisco 591 per cent, Washington, D.C., 280 per cent—and that teen-agers are among the primary victims of the resurgence of Venereal disease. More than half of the new V.D. cases are in the fifteen- to twenty-four-year group. The Communicable Disease Centre also found, the editorial states, that more females are being infected today at school-leaving age than at any other age. 226

There are some important observations that could be made from Greene’s account. It shows clearly that venereal diseases and prostitution—both could be tackled more successfully by a communist govt. while under a capitalist one, where there are no such well designed public health interventions by the State, the cases of STDs

225 Ibid.

increase despite the presence of antibiotics. Moreover, it proves beyond doubt that a communist society can wipe out issue like prostitution along with inequality as well as VDs, while the life style and philosophy of a capitalist one, not only fails to control the disease, but also targets more and more young people possibly through its consumerist agenda.

Therefore, it is very clever a twist in the intervention strategies of the Sonagachi project to use the ideas/strategies of communism and Marxism like unionization and demands for the right of a worker, but to be implemented in a drastically different context leading to a cause that is contrary to those ideals. Communism tries to create a society where there would be none or less disparity and equality between people that would automatically lead to the extinction of exploitation of a category of people by the other, it certainly does not talk of creation of the unionized and legalized forms of prostitution with neo-colonial agendas, to intensify the exploitation of marginalized people and poor women even further. Thus, one may compare the demands of worker’s right for the prostitutes by DMSC that represents the neo-liberal understandings of prostitution, with the use of Beatles anthem in the advertisement of the Nike shoe or the sell of different commodities with Che Guevara’s face stamped on those.

Here again, I would like to quote from a dialogue between one of the male-members of DMSC and Taslima where the whole sexual politics behind the ideology of DMSC has come up quite clearly:

The DMSC-Member: “The workers from Bihar stay here, wife stays at Bihar. The workers stay alone. Just imagine their pain! They too need women.”

Taslima: “Can’t you advice them to masturbate?”

(The member laughs at her as if he has never heard such a strange suggestion.)

Taslima: “Tell me why only women are turned to prostitutes?”

The DMSC-Member: “Men too are in this business.”

Taslima (laughing): They are there for men only, for homosexual men.”

The male member of DMSC again reminds Taslima about the pain, sexual sufferings of the men who are without women, wives, living alone etc.
Taslima (smiling, but firmly): “Sir, think of the women who stay alone, whose husbands are faraway, whose husbands are impotent. Have you ever thought of their sufferings? You could only see the suffering of the men. And why not! That is why you all are trying to see this inhuman disgusting practice should go on for the sake of the male comfort.”

The conversation reflects the politics of DMSC. The SHIP project that was once funded by the government and was centered around health previously has undergone a very different ideological shift with its gradual development under the collaboration of several international funding agencies.

Durbar(DMSC)literature states about women in prostitution“...If and when they figure in political or developmental agenda, they become ‘beneficiaries’ of projects that aim to rescue, rehabilitate, reform, discipline, control or police them. Development NGOs tend to ‘rehabilitate’ them through alternative employment generation activities that perhaps yield too meager an income for them to sustain themselves and their dependants once they are used to earn money through prostitution.”

Noteworthy, DMSC puts more emphasis on the amount of income-factors instead of the ways of income. Indirectly they state it is hard to sustain through rehabilitation (that would only generate a poor income) for a prostitute who has already gotten used to quick and comparatively larger amount of money earned through prostitution. Reflecting this truth Taslima states, “As I have already said, Durbar is not much passionate about rehabilitation. Rehabilitation has not worked out before...the women who want to be free are raped again by the male head of the household when they do domestic work. While they ultimately have to end up doing sex work, they better do it in the exchange of money, instead of doing it for free...Good logic. But how women would be liberated? Sonagachi, K(n)akuDgachi-everywhere women are prisoners...Sex worker or non-sex worker-we all are women, This is our only identity. We are being tortured. Some are in this locality, some are in the other. This is our only truth.”

228 Noteworthy and to be discussed afterwards, there are organizations like ‘Sanlaap’ who are working with agendas different from DMSC and put stress on rehabilitation of the women in prostitution and education for their children.
However, the project represents a significant departure from run-of-the-mill health intervention endeavors, rather than being as end recipients of beneficence, the prostitutes here are the principal agents of change and that perhaps brings about some amount of empowerment as we are to observe in the following analyses.

Historically, prostitutes in India have very rarely come together as a collective political force upholding their own rights. During anti-colonial nationalist movement in the early part of the century, or even during the Naxalbari movement in the sixties and the seventies, some women in prostitution did contribute through public fund raising initiatives and by sheltering nationalists or revolutionaries fleeing from the state, but this they did in a spirit of selfless sacrifice for the cause, which gave them a semblance of respectability and helped them to absolve themselves in the eyes of the general public of their sexual ‘immorality’. Nonetheless, they remained labeled as fallen women, seldom gaining acceptance in the society. The police regularly raid their quarters and extract payments from them in the same of controlling ‘immoral’ trafficking.

Most prostitutes are very poor and often illiterate. Lacking cultural resources, and burdened as they are with strategizing for every day survival and escaping from brutality, they often do not have the time or the opportunity to develop an analytical or political consciousness. Social stigma associated with prostitution means that most prostitutes conceal their identities as prostitutes outside the red light area, which preclude the possibility of their coming out in the public arena as a political collective. In any case the law discourages prostitutes from coming out in the public and express any demand related to their trade as most aspects of being a prostitute is a legal offence, which reinforce their social invisibility and marginality. However, it is one thing to demand for the repeal of certain discriminatory laws and it is another to want the profession to be legalized. Both these demands have different consequences and backgrounds. Unlike other occupational groups, prostitutes are hardly a cohesive “community”. A number of factors stand in the way of prostitutes working together for a common purpose, and forging a common identity. Primarily, the prostitutes come from socially heterogeneous backgrounds, divided by their regional and ethnic differences. Once in the sex trade, they are sharply stratified economically, with hugely varying income, and living and working in segregated richer or poorer quarters within or between the red light areas, as mentioned. They operate in diverse settings,
in established brothels or out on the streets, and are made to work under very different contractual and working arrangements that determine the degree of their subordination and relative autonomy. Any population of prostitutes is a fluctuating one, as even brothel based prostitutes, let alone those who operate on the streets or in hotels, frequently move from one red light area to another, not just within the city but across the country, and even outside, such as the Middle East.

Moreover, the sex trade itself is a highly competitive one, with the prostitutes divided by personal and commercial rivalries and alienated from each other by secrecy and mutual suspicion, which is often deliberately cultivated among them by controllers of the trade. Internal rivalry, jealousy, taking revenge if not very frequent, are common behavioural features in RLAs. As we could observe in the following case, “I had never thought that I could have any real enemy, but then somebody purposely put some mercury in a sweet, and unknowingly I had it... for more than a year I was not well, my skin was falling apart from my body and then I broke my hand... Since then, I am never the same again,... not fit for work”, She ends up working as a domestic worker for other prostitutes – the same work that she used to do prior to coming to prostitution. Here one wonders, whether these mentions of ‘mercury’ and the ‘skin falling apart’ are her understanding of the outcome of an occupational rivalry or an occupational health hazard like syphilis.

Rivalries exist between the brothel based prostitutes and the floating prostitutes, with the former seeing the latter as encroaching into their territories and lowering the standards and rates, as most floating prostitutes are too desperate to negotiate better terms and agree to whatever the clients demand.

The prostitutes from Nepal stay apart from the majority Bengali speaking prostitutes, as they do not speak the same language, and are very tightly controlled by their madams. Agrawalis are a segregated lot too, attracting the envy of other poorer prostitutes because of their high earnings as well as their social position.

The article by Manimala & Putul, comparing between the prostitutes in Sonagachi, Kolkata and Chaturbhuj Sthan, Muzafferpur, Bihar, shows this class, caste and religious differences among the women, “Adithi works among Tawayafs (dancers-

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singers) not among Vaisyas (sex workers). The two organizations Akhil Bharatiya kalakar Sangh and Akhil Bharatiya kalakar Kalyan Sangh headed by Rani and Reshma respectively do not allow any sex worker to get their membership. They say it is only for performers, though they accept that they have intimate relationships with their clients. Reshma says openly, ‘if we do not have sex relation with any man then from where do our children come? We do sex, but not are sex workers. We are tawayafs. We sing and dance. We do sex when we like it. It is a kind of relationship, not as business.’

Rani, another tawayaf of the area is known for her performance. Manimala & Putul states, “She hates sex workers and also the word. She is dead against legalization of sexwork. ‘Anarth ho jayega, she says. Gali gali kothe khul jayenge. Hamara pesha badnam ho jayega.’ ... Police performs raids only because of them. Our performances are not against law. We do not do illegal acts. We cannot support the demand we want opportunity to develop different skills and performances. A few have succeeded to go to the Mumbai film industry and perform as extras. So I also try to teach these young vaisyas (sex workers) to perform. Legalisation does not have any solution.”

Another interesting account comes from an Agrawali (the descendant of Baijis) of the Sonagachi area, “we are Agrawalis and it was not solely prostitution but classical dance and music that used to be the means of livelihood to us. I was given training in ‘Kathak’ since my childhood. ... I was the eldest in the family and had many brothers and sisters whose responsibility was on me. So, it was because of them mainly, and not due to the fact that my mother was also in this profession, I came to this LINE. From her account, apart from the financial need, the commercialization of prostitution leading to the aculturalization of a previously rich culture, (at least among ‘Agrawalis’), is something that cannot escape anybody’s attention. She continues, “There were times when I used to be called for ‘Mujraas’ and the whole Barobazar area knew me as “Raju”, but, gradually numbers of connoisseurs have decreased. They appreciate trash dances after popular music and the new girls in the LINE are ready to cater to this as they don’t have many options and have to survive in a competitive market”. She goes on, “But I’ve never let any of my daughters or

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232 Ibid.
daughter-in-laws or grandchildren to come to this LINE. I've made a success financially and otherwise, so that all my family members can have a comfortable living”. However, the common prostitutes’ rhetoric do not convey even one tenth of the monetary satisfaction that this lady has!²³³

Therefore, the hierarchy within the occupation and how the common prostitute is being looked down upon by the aristocrat ones show the class politics and heterogeneity within the trade. The cultural element that was previously associated with the sexual sublimation in the trade has undergone a gradual transformation since the colonial period as discussed in the previous chapter. This led to vulgarism as well as intensification and spread of STDs. Interestingly, it also reflects the fact that how Agrawalis and tawayafs look at their own occupation. They essentially considers themselves as an artist first. In their own eyes the intimacy they share with the opposite gender are more for passion and reproductive purposes than the commercial purpose of selling sex.

The Peer Educators, while promoting the use of condoms, soon realized that in order to change the sexual behaviour of prostitutes it was not enough to enlighten them about the risks of unprotected sex or to improve their communication and negotiation skills. Women in prostitution first need to value themselves enough to think of taking steps to protect their health and their lives. Even when fully aware of the necessity of using condoms to prevent disease transmission, individual prostitute may feel compelled to jeopardize their health in fear of losing their clients to other prostitutes in the area unless it was ensured that all women in prostitution were able to persuade their clients to use condoms for every sexual act. Some prostitutes may not even be in a position to try negotiating safe sex with a client as exploitative madams or pimps may too closely control them. Moreover, if a prostitute is starving, either because she does not have enough customers or because most of her income goes towards maintaining a room or meeting the demands of pimps, madams, local power-brokers or the police, she may not be in position to refuse a client who can not be persuaded to use condoms.

In order to motivate the larger body of prostitutes to change their sexual behaviour and also to enable and encourage them to participate in Project activities and take best

advantage of the services provided by it. The Peer Educators had to ensure that the entire body of prostitutes in the locality developed a positive self image, had self-esteem and confidence and had an increased access to power so that they can articulate their needs and have an interest in investing in and planning for their future. They also realized that given the asymmetrical power relations within the sex industry and their social exclusion, the only way the prostitutes could gain greater control over their own bodies, sexuality, income, health or live was through mutual support collective bargaining and united activities.

Thus the Project by its very design, went beyond the ‘behavioural change model’ and instead concentrated on the broader and more fundamental issue of social power relations which shape people and practices and adopted strategies for empowerment of women in prostitution.

Here we see certain trends and transformations in the strategy from time to time. We too witness a combined use of social and clinical (disease control) aspects within the same programme. Members of DMSC perceive that collective self-expression and the forging of a community identity have marked a significant new departure for them, in a social context, which relegates prostitutes entirely to the margins and completely denies them visibility. They have also developed a perceived sense of exercising their own power to reverse the relations of dominance in the locality, and nurtured a notion of solidarity. Importantly, some of these activities have been projected as socially responsible work undertaken by prostitutes as civic conscious citizens against local crime, violence, hooliganism and police corruption. They have made an attempt to project themselves as upright, moral and law-abiding citizens, acting in the interest of the law and public order, in complete reversal of their usual socially imputed image of immoral and illegal operatives. Indeed, this explains why, despite seemingly insurmountable obstacles to the social acceptability of the prostitutes, there has been surprisingly little resistance to or social backlash against their political organization and increasing public visibility in West Bengal in the late twentieth century.

Finally, a range of initiatives of DMSC has been directed to enhance the profile of prostitutes as a socially responsible community in the public sphere. DMSC operatives a HIV help-line, not only for helping serum positive prostitutes and their families, but also for HIV positive people from other sections, to cope with the social and psychological traumas associated with being HIV positive. DMSC has also been
active in preventing the recruitment of underaged women by dominant power brokers in the sex trade.

In order to translate these strategies into practice, a series of activities were designed to affect changes within the implementing organization; in the immediate environment of the red light areas as well as outside it, in the larger society.

The following table briefly discusses some of these activities:

Table 3.14: Empowering & Enabling Action Points

<table>
<thead>
<tr>
<th>Within the implementing organization</th>
<th>In the red light area</th>
<th>In the larger society</th>
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<tbody>
<tr>
<td>Structural Changes: Forums were created to facilitate representation of prostitutes at all levels, like the Project team and grievance redressal forum</td>
<td>1. Negotiation with the gate keepers of the sex trade, to minimize resistance from them.</td>
<td>Bringing policy makers to the project to expose them to the ground realities and the programme objectives.</td>
</tr>
<tr>
<td>Functional Changes: All the activities undertaken by the project are geared towards increasing the capacity of prostitutes and empowering them.</td>
<td>2. Regular meetings with other players in the sex trade like imps, madams, room-owners, doctors etc. to familiarise them with project objectives.</td>
<td>2. Discussions, debates, seminars with various groups of opinion leaders, like intellectuals, media persons, trade unionists, bureaucrats, women’s groups</td>
</tr>
<tr>
<td>3. Cultural Changes: Through sustained effort, the culture within the organization is developed to nurture mutual trust between prostitutes and non-prostitutes staff. All members of staff are required to treat prostitutes with respect and to recognize their rights.</td>
<td>3. Mobilisation among the babus or fixed clients/ partners of prostitutes in support of the programme.</td>
<td>Representation of prostitutes in all advocacy and liaison work with power brokers and policy makers. Prostitutes representing the Project in all outside forums, locally, nationally and internationally</td>
</tr>
</tbody>
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Strategies to Form Collective Forums

As described earlier, the Peer Educators had to ensure that the entire body of prostitutes in the locality developed a positive self image, had self-esteem and
confidence and had an increased access to power, even for meeting the limited goal of motivating the larger body of prostitutes to change their sexual behaviour and to enable them to participate in Project activities and take best advantage of the services provided by it. Given the asymmetrical power relations within the sex industry, the social exclusion of prostitutes, and the internal conflict and fragmentation among the prostitutes, the Sonagachi project realized that the way women in prostitution could gain greater control over their own bodies, sexuality, income, health and lives, that is become empowered, was through mutual support, collective bargaining and united action.

In order to facilitate such a process of community formation, the Sonagachi team studied the different developments within the sex industry that were either being catalysed by the presence of the Project, or were evolving as a result of its set of specific policy measures and interlinked strategies or were affected by other structural and circumstantial factors, to look for utilization of every opportunity to enable the prostitutes to curve out a collective positive identity and mobilize them.

The prostitutes, who started working as the Peer Educators of the Sonagachi Project, were the vanguards in the process for forging a common collective identity of the prostitutes' community.

Once the Peer Educators had started working in their own red light areas, and interacting with a wide range of prostitutes who they had not known before, they began to realize the particular set of issues that disadvantaged or disempowered an individual prostitute did not result from her individual life trajectory or characteristics but was commonly shared across the board by all women in prostitution, particularly the poorer ones. This growing realization made them curious about the situation of prostitutes in other red light areas as well. The Project encouraged them to visit other red light areas and share experiences and insights with other prostitutes. To facilitate this process the Project helped the Peer Educators to form an informal association, the Interlink Committee, in 1993, to create a common platform for Peer Educators from different project areas.

Soon the Peer Educators felt that while the interlink committee provided a space for them to network and exchange ideas among themselves, they needed some other structure through which they could respond to the requests for help from other
prostitutes who they met during their field visits. This gave rise to another working group, the Action Committee, which would specifically help out prostitutes to mitigate their everyday crises. These two committees soon developed into a collective forum, Durbar. Mahila Samanwaya Committee (DMSC, Durbar Committee for Coordination of Women) was formed as an exclusive forum of women in prostitution and their children.

DMSC has more than 40,000 members now, among whom besides female prostitutes (90%) it also counts male and transgender prostitutes. At present it continues to be involved in crisis management on behalf of its member prostitutes and has been taking steps to improve their immediate working conditions. The members of the Committee have organized rallies and demonstrations against specific instances of trouble caused by local mastans, against extortion and harassment by the local police, protested against forcible AIDS surveillance and unauthorized vaccine trial and have stopped eviction of individual or entire groups of prostitutes from their homes or localities.

In November 1997 DMSC convened the “First National Conference of Sex Workers” in India, on the theme ‘Sex work is valid work; we want workers’ rights’. About 4000 sex workers attended the conference from all over the country, as well as from Bangladesh and Nepal. At the conference they met each other, shared experiences and planned strategies for struggling against their conditions of material deprivation and social stigmatization. They rallied together around the central theme of the Conference – ‘Sex work is legitimate work, we want workers’ rights’. This was the first time in the history of India that a group of prostitutes rallied together and explicitly spoke of the rights and wrongs of their profession at a public forum and attempted to inscribe their self-defined and self-conscious identity on the public sphere. They felt that for most of them, working in the sex industry was not an irrational act of desperation, but by working as prostitutes they were after all making a rational choice from the very limited options available, particularly to poor, unskilled, Third World women, in a capitalist and patriarchal society. I have already made a critique of this approach explaining why it is not the right idea for the liberation of marginalized women of the South and why it may enhance their exploitation even

234 In Bangla durbar means unstoppable or indomitable.
further. However, mobilization played an important role in their empowerment, if not the demand of legalization.

By demanding recognition of prostitution as an occupation and workers’ rights for prostitutes, what DMSC claims is a share in the history of working class movements and the right to organize themselves as workers and struggle for better working conditions, the right to form a trade union, all the while forgetting that prostitution intensifies and justifies the sexual exploitation of women by the men even within the working class. It demands in depth probing whether strategies and the theories of class struggle should be used to justify or intensify the sexism & exploitation of the poorer class of women or rather it should be used to create a situation where women have skills, education, option, share and equity on all issues along with the men, e.g., as mentioned, in the post-revolution China, where Marxism was implemented in practice, prostitution as well as venereal diseases became non existent. Nevertheless, it is to be remembered the safety and access to all the other issues related to human rights come with mobilization, and unionization is possible (as has been done in many other unorganized sectors) with the demands of decriminalization and destigmatisation that are perhaps more viable and rational choices in an economy that is neither capitalist nor feudal. While, “legalization” intensifies the exploitations of women further by promoting neo-colonial ideals in the name of a betterment of women in prostitution in the context of an Asian agrarian country and a developing nation like India. 235 Thus, this mobilization works as a double aged sword, organizing the women at the same time.

The claim of prostitution as work by DMSC also shows the transformation of the indigenous understanding and concepts of sexuality and prostitution in Bengal as reflected through the cultural and sexual spaces in the pre-colonial and early colonial Bengal. 236 As Noah Zats puts it, “In hegemonic Euro-American culture, sexuality and money are thought of things that cannot, do not, and/or should not mix. This separation is related at least in part to the attribution of money, commerce, and contract to the public realm of work, and intimacy, desire, and pleasure to the private

235 See the discussion in Chapter-IV.
236 See the discussion in Chapter-III
realm of familial and other affective relationships". In the Western discourse women are the keepers of affective economy, safeguarding emotional labour from its possible alienation in the capitalist economy. For women, sex is meant to be motivated by and expressive of love. In prostitution, sex occurs with many persons and therefore, probably not motivated by love, is in violation with this gendered moral imperative. As Laurie Sharge puts it, "In the English-speaking world, the term 'prostitution' has a kind of double, layered meaning. It designates both sexual activity that is commercially oriented, and the act of debasing oneself." Now according to more traditional conceptualizations, work is embodied, physical labor that generates wealth and reproduces sociality. Conceptualizing sexual transactions as 'work' makes sense in a context where being a "worker" is a known category and can potentially enable one to leverage certain rights and benefits. As Zatz notes, "Under a Marxist interpretation, every sale of services is entrance into a relation of subordination that transforms the worker into a commodified object...Hence, Marx wrote: 'Prostitution is only a specific expression of the general prostitution of the labourer'". Thus, it shows Marx did not use the word 'prostitution' as a positive condition for the working class rather he used it to specify the slavery and bondage of the labourer in an industrial society is same as of prostitutes. It is to say prostitutes and labourers are outcomes of the similar marginalization under capitalism and capitalist society. But this explains why prostitutes and segments of feminist movement in the Euro-American context tried hard to make it work because Euro-American prostitutes live in an economy where most people are workers. In other words, in a capitalist economy where work is alienated, and in a gendered economy where women are service workers, conceptualizing monetized sexual exchange as 'sex work' makes sense and even may serve strategic ends. In a context where this is not the case, i.e., where 'worker' is not the category with a long and meaningful history, and where the alienation of labour is not the normative condition whether the

identity ‘sex worker’ makes strategic or conceptual sense is altogether a different question. It also solves the moral dilemma with sexuality in Western culture by focusing on labour issues rather than the moral ones. Holly Wardlow notes, “…it can be critiqued as the compulsion to salvage women’s morality by labeling what they do as “work”, an activity in the West is inherently virtuous and that is associated with industriousness, productivity, efficiency and so forth. In other word, according to our Protestant ethic, work is always the saving grace; if the woman is engaged in work, even if it is on her back, then it must be okay.”

Ironically enough, DMSC literature states, “The members of DMSC want to gain control over the structural conditions that regulate their working lives and claim the right of self-determination. Therefore, DMSC is of the opinion that prostitutes themselves should be in a position to design, manage and run all targeted STD/HIV intervention programmes for prostitutes in order to ensure that their practical and strategic interests are protected and they do not function merely as targets of moralizing impulses of dominant social groups, through missions of cleansing and sanitizing, both materially and symbolically.” The above analyses explains DMSC’s political agenda of claiming ‘sex’ as ‘work’ is actually reflective of the moralizing and cleansing impulses of the mindset of the neo-colonial forces and the post-colonial elites who are in the historical continuity of importing ideas from a Western capitalist societies since the colonial period; the fact, that the idea of ‘prostitution’ or ‘sex’ being a ‘work’ does not have a historical genesis in the Indian or Asian indigenous societies and has been alien to its socio-cultural and psycho-sexual understandings of sexuality and of man-woman relationships.

However, apart from mobilizing prostitutes in the districts of West Bengal DMSC has started STD/HIV intervention programme, replicating the Sonagachi model, in 19 red light areas. In 1995, Peer Educators of the Sonagachi Project carried out a rapid assessment of the sex trade in West Bengal under the supervision of the Project in order to map out a state level intervention programme. They identified 254 red light districts and spots in the state. For the first phase 30 red light areas were selected on the basis of a linear scale for early intervention.

DMSC has also started Peer outreach intervention among street-based workers and their clients, covering a population over 8,000, through 4 drop in centres for counseling, referral STD care services and networking among street-based prostitutes.

One of the principle objectives of Durbar Mahila Samanwaya Committee is to struggle against the material conditions which exacerbate the deprivation of prostitutes, like poverty, unfavorable working conditions, harassment and coercion by the police and the local thugs and finally, risk of disease. Given the nature of the services they offer in their profession, high probability of STD/HIV transmission is one of the main occupational hazards that prostitutes are exposed to, which can and do impair their well-being. So efficient, reliable and accessible STD/HIV intervention programmes, would go a long way in improving the immediate quality of life of women in prostitution. DMSC is of the opinion that if prostitutes are in charge of running such intervention programmes, quality services can be ensured as they themselves are in the best position to assess the real needs of the people in the sex industry; have already established access and trust, hence will be best able to penetrate within the community; are best aquatinted with the sexual behaviour and practices of prostitutes and their clients and therefore would know where and how to effect changes; will also be locally available to run the intervention programmes; and finally with prostitutes claiming ownership of such programmes right from the initial stage, sustainability will be better guaranteed.

A particular development is perhaps the strongest indicator of how the strategy of empowerment and community mobilization that the Songachi Project followed has far reaching effect. In early 1997, a group of six male prostitutes was operating in and around Bowbazar approached Durbar Mahila Samanwaya Committee and the Project representatives with a written petition demanding that they too be included in the Committee and the Project. The Project management and the Committee members responded positively and promptly, as plight of the male prostitutes are no less than the women involved in the trade, moreover their legal status is even more precarious as the Sodomy Act of the Indian law penalizes male homosexual act. Since then the Committee has involved about 160 male prostitutes as their active members who are also accessing services of the Project, with their representative now working as Peer Educators.
Currently DMSC is in the process of recruiting brothel based as well as floating prostitutes from all red light districts of Calcutta and other districts of West Bengal and has opened branches, sixty-five so far, in all these areas in order to reach out their services to as many prostitutes as possible and also to consolidate their numerical strength to fight out their long term political battle. To empower and mobilize the prostitutes successfully DMSC adopted a two fold strategy. At the macro or policy level, explicit political objectives were to articulate for the promotion and protection of the rights of the prostitutes as a community, and to redefine their social position. They demanded the recognition prostitution of as ‘legitimate work’, kin to that of others who hire out their physical labour, and sell manual skills in the market. Prostitutes also sought the same status as any other self-employed professional group with their own institutional mechanisms (such as an autonomous board) for the internal regulation of the sex trade. This would ensure that prostitutes have greater rights and bargaining power within the trade and can thus bring about significant beneficial changes both in their sexual behaviour and in their lives more generally. Above all, it was been argued that prostitutes should come under the purview of general civil, criminal and labour laws of the land, and should not be criminalized, legally stigmatized and denied rights as full citizens by being confined to the jurisdiction of special laws for prostitution.

At the micro or the grass root level, the principle activity of DMSC has been to mitigate everyday exploitation of prostitutes within the sex industry, and to improve their working conditions. The members of DMSC have organized rallies and demonstrations against maltreatment and exploitation by madams, brothel-keepers and pimps, against specific incidents of violence and atrocity on prostitutes by local hooligans, against extortion and harassment by the local police, against forcible AIDS surveillance and unauthorized vaccine trial, and against eviction of individual or groups of prostitutes from their homes.

To achieve self-reliance and economic security, in 1995, DMSC, with government support, formed the prostitutes’ own savings-credit and consumer cooperative society, to secure access to subsidized consumer goods, and to credit and banking facilities, which they are normally denied due to the association of ‘illegitimacy’ with their work. It was assumed, through these various initiatives, prostitutes have been able to achieve greater power and economic standing within the sex trade and its social
milieu. One of the most significant steps that the prostitutes associated with the Sonagachi Project was to register a consumer co-operative (Usha Multipurpose Co-operative Society Limited, Usha) in the name of women in prostitution, in August 1995. In order to get Usha registered initially the prostitutes had to fight a long battle with the concerned authorities to get registered under the professional status as prostitutes rather than hiding behind the more ‘virtuous’ label of housewife, as was suggested by the officials involved. Usha provides soft loans and savings opportunity to prostitutes, creates alternative jobs for retired or partially employed prostitutes, and does social marketing of condoms and other essentials.

Although prostitutes earn cash, they usually have very little control over their income and assets. Most of their income goes towards paying off the shares to the power brokers within the industry, giving bribes that the police extract from them routinely, and supporting their children, partners and families. This makes them extremely vulnerable to extortion by usurious private moneylenders, who can charge an interest rate as high as 1,500% per year, and to whom prostitutes are perpetually in debt. To increase their economic security, the empowered prostitutes associated with SHIP formed Usha. By adopting a participatory and empowering approach, Usha Cooperative grew from 13 members to 1000 within three years. It has also expanded areas of activities to include savings and micro-credit schemes, evening child-care centres, handicraft production, general order supply and social marketing of condoms. Under the saving scheme and Micro-Credit, Usha Co-operative encourages the habit of savings among the women and accepts savings from its members with interest rates ranging from 5.5% to 7.5% per year that is lower than usually offered by banks. The members have easy access to loans upto Rs.5,000 for 36 months at 16 percent interest. Usha is very emphatic that the Co-operative is not meant for economic rehabilitation of prostitutes who are in the trade, but is designed to provide a financial resources for them to fall back on in moments of crises, to minimize their economic desperation and create a space for negotiation. From the start Usha began to produce various household handicraft items and the cooperative also makes some money by supplying office consumable articles, medicines, condoms etc. to various non-government organisations. Remembering the dire need of looking after the children of the prostitutes while they are busy and specially during night times, in collaboration with Mahila Sangha, Usha cooperative runs a few evening crèches for the children of
women in prostitution in the red light area. These are a source of employment for out-of-work prostitutes.\footnote{Nag Moni. Empowering Female Sex Workers for AIDS Prevention and far Beyond: Sonagachi shows the way. Prepared for presentation at the seminar “AIDS Prevention and are for People Affected by AIDS in India: A Trans national perspective” to be held in Amsterdam, 27-29 June, 2001.Cumbia University. New York.}

Apparently in order to promote safe sexual practices and to add to its source of income, the cooperative started social marketing of condoms among the prostitutes, extensively. The Usha Co-operative formed and trained ‘Basanti Sena’ (The Spring Brigade). By the end of 2000; a group of 60 prostitutes were marketing condoms in almost all red light areas in urban and rural West Bengal.\footnote{Ibid.} The doorstep service and the counselling accompanying the sale of condoms, makes buying from the Basanti Sena attractive for most prostitutes. Interestingly enough, while the SHIP started and up to 1998 most of the condoms were distributed to the women in prostitution free of charge. DMSC gradually stopped the distribution of condoms free of cost to the prostitutes. Their literature states, “Through counseling and social marketing, UMCSL and DMSC have been so successful in raising the demand for condoms among prostitutes, that from August 1999, SHIP has stopped free distribution of condoms in all its programme area”.\footnote{SHIP (1999), Learning to Change: Seven Years’ Stint in Sonagachi, Calcutta, Society for Human Development and Social Action.}

As mentioned unlike lock hospital in the colonial times disease control industry itself is a profitable commodity at the time of globalization. Contraceptive technologies are represented as essential and unavoidable commodities in today’s sex lives of the people and therefore a lucrative area for market and marketing. Use of condom is easier as it erodes the importance of A(abstinence) and B (behaviour) and put more emphasis on c(condom). By doing this, it not only supports market, but also justifies and prioritizes male sexuality. Thus, one observes, the condom-centricity in the disease control measures today-the message is to have sex, but safer sex. One needs to recall the examples of Thailand\footnote{In the nineteenth century colonial India prostitution though criminalized but prospered for the sexual consumption of Tommies or British soldiers. Similarly in the twentieth century Thailand could be seen as a case whose history as a rest and recreation base for American troops during Viet Nam war resulted in the sex industry becoming the significant factor of the country’s GNP along with Philippines as a major supply in global sex trafficking.}—as also to learn a lesson from the resurgence of HIV infection in the gay community elsewhere in the world including USA where the condom route to safe sex does not offer a long
term solution, even if where it made some impact after extensive investments and efforts at the cost of initiatives that could have perhaps brought long lasting solutions. The countries of Africa have today HIV infection rates ranging from 5% to 90% despite the fact that millions of condoms are being poured in for over the decades by the international agencies.246

The ICHI (Independent Commission on Health in India) report states, “ICHI wishes to draw attention to the following facts presented by the investigating team of Dr. Banerjee, Professor Emeritus, JNU and Smt Rami Chhabra, member ICHI, who spent several days in Calcutta, including visiting Sonagachi and other vulnerable localities in mid-March. The concerns voices herein are shared by ICHI.” 247 The same report explains, “The (WBSHP) Evaluation notes: Failure to use condoms is evidenced by high rates of unwanted pregnancies and abortions... The Evaluation offers still more mechanistic and commercial recommendations to deal with the situation; more funds for ‘dual contraception’ such as OCs with condoms, female condoms, emergency contraception pills, as also funds to provide for the unwanted children. Not mentioned here but presumably in line will be AZT and other drug-cocktails to prevent/control HIV/AIDS after exposure. The report goes on, “The most successful of these is the Usha Cooperative the mainstay of which is the Basanti Sena with ‘sex workers’ peddling condoms to other ‘sex workers’ so that such revenue streams as are being created are on the basis of a blind eye to still more illicit activity, now with an aura of ‘self sufficiency’ and ‘empowerment’.” It also queries, “Can a country cutting back on food subsidies and midday meals for children subordinate those priorities to subsidise sex transactions...?” 248 The DMSC literature states, “Moreover, they hope that the Basanti Sena will not only travel around different parts of the state for social marketing of condoms, but will also help in acquainting more and more prostitutes with the aims and objectives of DMSC.” Here one wonders, does it explicitly try to relate “social marketing of condoms” with “the aims and objectives of DMSC” or is there an actual ideological relationship exist between these two agendas? Or are the “acquainting more and more prostitutes with the aims and objectives of DMSC” the...

247 Ibid.
248 Ibid.
real aim, and the "social marketing of condoms", a secondary one? This is partly answered in a hand out by DMSC "DMSC and the Project were successful in persuading the State Government to remove the relevant clause. The registration of the Co-operative also marks an important strategic advantage for DMSC in their struggle to re-frame the definitions and meanings of their occupation. Members of the Committee hope to use the fact that a state institution has formally recognized prostitution as the Co-operative members’ profession, as leverage in their campaign for complete decriminalization of prostitution and prostitutes’ right to self-determination."

Nonetheless, other than promotion and marketing of contraceptives, Usha has multiple activities ranging from savings and micro-credit schemes, evening child-care centres, handicraft production, general order supply to create alternative jobs for retired or partially employed prostitutes—all of which are not only to make them more self reliant but also to see they are less vulnerable at the times of need, as well as creating a sense of solidarity.

In November 1997, one of the outcomes of the "National Conference of Sex Workers" convened by DMSC in Calcutta was the formation of the "National Network of Sex Workers of India". The National Network had taken a resolution to initiate a campaign and action-plan at the national level to persuade the state to start STD/HIV intervention programmes in all red light areas across the country involving prostitutes’ own organizations. The Network had also taken a resolution to take steps to ensure that all existing and future targeted STD/HIV intervention programmes for women in prostitution, will involve prostitutes actively in all stages of their implementation, from planning and designing, to evaluating their impact.

In March 1998, during a follow-up meeting of the 1997 National Conference, the participants passed resolutions demanding workers’ rights for ‘sex workers’ and the formation of self-regulatory boards of prostitutes to fight against exploitation within the sex trade. The DMSC also sent a deputation of representatives to meet the Prime Minister and the Vice President of India to demand workers’ rights and an end to the atrocious conditions women in prostitution suffer from.

The demands of DMSC members for self-regulatory boards, so that women in prostitution can have a major role in dealing with issues related to sex trade were first
articulated in a three page paper printed in both Bengali and English. It was distributed on the occasion of DMSC-organized “First West Bengal State Conference of Sex Workers” held at the University Institute, Calcutta in March 1996.\footnote{DMSC. Sex Workers’ Right to Self-determination. West Bengal State Conference. April 29-30.1996.Calcutta.}

The paper argues that Suppression of Immoral Traffic in Women and Girls Act (SITA), 1956 and its amended version Immoral Traffic Prevention Act (ITPA), 1988, both aimed at inhibiting commercialized vice and regulating the inflow of minor girls into prostitution have failed miserably. It has claimed that since the enactment of the laws, the numbers of women in prostitution and of minor girls trafficked into prostitution all over India have been growing steadily rather than going down. Exploitation of women in prostitution by traffickers, brokers, pimps, madams, and landlords of brothels, hoodlums and police has also been increasing.\footnote{Nag Moni. Empowering Female Sex Workers for AIDS Prevention and far Beyond: Sonagachi shows the way. Prepared for presentation at the seminar “AIDS Prevention and are for People Affected by AIDS in India: A Trans national perspective” to be held in Amsterdam, 27-29 June, 2001.Clumbia University. New York.}

Ever since 1997, when at the “First National Conference of Sex Workers”, DMSC activists first articulated the issue, Durbar has grappled with the problem of underage girls trafficked into RLAs (Red Light Areas) and of women forced or coerced into prostitution unwillingly. Much before formalizing the structure of Self-Regulatory Boards (SRBs), activists of Durbar, peer educators of the Sonagachi and District intervention projects and other prostitute members of the organization, have built up their informal networks to seek under aged girls trafficked into prostitution sites or women forced into prostitution and to assist them return home (or assist them to gain skills for life, through education, and through skills-trainings like sewing/handicrafts etc.). As the volume of work increased to different locations of prostitutions across West Bengal, a need was felt to formalize the activity through creation of SRBs consisting of prostitutes and members of local civil society (in a 60%-40% ratio, respectively). The guidelines address issues of identification of an underage girl/unwilling woman, preparing case history notes and medical examination, bringing her to the SRB, documentation, discussion of her choices, her final rehabilitation at home or at a rescue shelter and follow up.\footnote{(Eds.)Aich A, Chowdhury D, Sinha S, Self-Regulatory Board: Lessons Learnt from DMSC, Kolkata, Durbar, 2007.} The members of DMSC stated that this will act as a much more efficient deterrent to underage prostitution than state imposed
laws and police action, particularly since the members will not only restrict entry of young children into the profession because they are against any form of 'child labour' and child abuse on humanitarian grounds, but being insiders they have much more efficient information networks to find out where minor prostitutes are held and are also much better placed to persuade madams and badiwalis from keeping minor children in their brothels. In 1999, DMSC started three such Self-regulatory Boards in Sethbagan, Tollygunge and Rambagan, constituted by representatives of the State Government, local people’s representatives, women rights activists and prostitutes, which have been successful in regulating some of the extreme malpractices in those areas. The Steering Committee would be comprised of fifteen members out of whom eight would be representatives of prostitutes, preferably from the local Self-Regulatory Boards. The remaining seven member of the Committee would comprise of one representative from each of the following in addition to one renowned woman activist of West Bengal-Office of the Labour Commissioner, West Bengal, West Bengal Human Rights Commission, bar Association of West Bengal, West Bengal Commission of Women, Department of health and Family Welfare, Government of West Bengal, Department of Social Welfare, Government of West Bengal.252

However, some of the concerns voiced in the Independent Commission on Health in India (ICHI) Report-II to NACO. The ICHI investigating team consisting of Dr.D.Banerjee and Rami Chhabra, “The activities are not sustainable without the extensive subsidies being given. At the same time ,the ‘positive spin-off’ now being applauded is a perverse social mobilization of women-not to seek a way out.of their sexual exploitation but to legitimize it with trade union activity, calls for changes in the legal situation, minimum wages, retirement benefits, protection from police and other interference ,etc.

Serious issues, such as the dramatic increases in numbers of women in prostitution, decrease in age and increase in perversities, which have been documented within the project’s extensive data collection are ignored. This morally bankrupt model-which is accepting of the objectification and consumption of human bodies-is already under

expansion in West Bengal and the rest of the country with Sonagachi women now being used as official trainers by NACO."

Interestingly, although DMSC argues that SITA, 1956 and its amended version ITPA, 1988, both aimed at inhibiting commercialized vice and regulating the inflow of minor girls into prostitution have failed miserably and are indirectly responsible for steady growth of the numbers of women in prostitution and of minor girls trafficked into prostitution all over India and also behind the increasing exploitation of women in prostitution by traffickers, brokers, pimps, madams, and landlords of brothels, hoodlums and police, yet as per the ICHI report, "Globally, there is increasing evidence of legalized prostitution backfiring with increased prostitution, trafficking and increase in organized crime." Taking consideration of all these pitfalls, it might be said, Self Regulatory Board (SRB) has the potential to function as an effective tool to keep the trafficking at check successfully without any need for legalization, provided it does not turn to form a parallel government ran by women in prostitution in the other corners of the country after Sonagachi project, claiming legalization as the preferred way out.

Cultural expression is a basic human need. As I have argued before that the cultural modes of expressions of the women in prostitution in Bengal and in India have gone through a radical transformation since the beginning of the colonial period. It is the commoditization and perversion of the older cultural forms that led to the creation of a community who are no more artists and carries of culture, but rather just a commoditized body in the market to be violated and marginalized. Sexual sublimation that played a crucial role previously between the Ganikas/Baijis/even kept-women and their clients had gone through a transformation as prostitution became criminalized under the colonial govt.255 Interestingly in the initiative of ‘Komol Gandhar’256, one may read an attempt to revive the lost old cultural heritages of the

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254 Ibid.

255 See Chapter-II

256 Komol Gandhar is a raga of Hindustani classical and a movie by famous film maker Ritwik Ghatak was named after this. Also a collection of poems by the famous Bengali poet Bishnu Dey was named "Naam Rekhechi Komol Gandhar" ("Named Komol Gandhar").
Prostitutes with the modern forms of cultural expressions—an attempt to go back to the culture of sexual sublimation. And also to use culture as an important tool of political expression of the women in prostitution.

To claim their right to protect themselves from diseases, prostitutes working with the Project felt that it was crucial to carve out a positive identity for themselves. One important way in which they have been attempting to do so is through forming a cultural front. They formed Komol Gandhar, as a cultural wing constituted exclusively of prostitutes and their children, to give expression to their thinking through music, dance, plays, painting and writing. For a group of prostitutes coming from diverse cultural backgrounds Komol Gandhar created an opportunity for them to explore their cultural heritage and preserve and expand their cultural expressions. Komol Gandhar has now emerged as a platform for exchanging various cultural traditions, across linguistic, ethnic and regional barriers and for forging a common identity as prostitutes and has become a critical political tool in the prostitutes’ movement. It has enabled a wide section of the prostitutes’ community to express themselves in the public space through cultural activities in which many of them were already skilled.

Messages on health promotion and disease prevention conveyed through familiar cultural forms have proved to have enormous impact both in terms of comprehension and recall. Komol Gandhar has been an effective tool for propagating STD/HIV messages among the wider prostitutes, the general public, other actors in the civil society, and the policy makers and have conveyed the urgency of not only acting on STD/HIV prevention but also on the critical need for structural changes within the sex industry and the ways in which prostitution is socially constructed.

Apart from the obvious objectives of HIV/STD prevention and empowerment that are being served through the activities of Komol Gandhar, this forum gives prostitutes and their children an opportunity to claim the right to explore themselves through cultural expression. This space to express their creativity, helps in neutralizing some of the brutalizing experiences of being prostitutes or their children, and gives a ‘voice’ to a larger number of prostitutes.

Since its inception Komol Gandhar has been involved in enhancing the collective cultural skills of prostitutes and their children. After the first public staging of their
plays and dance dramas in Calcutta, Komol Gandhar staged these at a drama competition in Delhi in 1996, organized by an NGO and won the first prize. They gave public performances at the National Conference of Sex workers and at World AIDS conference of Sex workers and at the World AIDS conference in Geneva (1998) as well as in different parts of India. Since late 1990s prostitutes are organizing “Milan Melas” as a platform of communication to the mainstream of the society and the symbol of solidarity to the women in prostitution, where expressions of the forms of folk culture, that have gone subdued by the dominant ‘bhadrolok’ culture since the colonial period, but somehow has neither completely lost it’s charm nor the continuity. The programmes of these fairs included discussion and debates on current and vital issues, performances of folk dance/folk music etc. As the majority of the women in prostitution in West Bengal are from the rural areas, here we see the use of symbols of folk cultural that is in continuation with the pre-colonial and colonial pasts and the representative of the “culture of the lower order” like Baul songs, Chhou dances, Tarza, dramas, poetry reading etc to communicate the social aspects of prostitution as well as a tool to the disease control. Once again, do we visualize a discomfort of the domineering ‘bhadrolok culture'? To quote Smarajit Jana, “The People of the so-called higher castes not only believed this to be the case, for ages on –the lords of their society used all sorts of tricks to maintain this arrangement, and they still do that. Though this discriminatory ideology is not approved by the constitution of the modern Indian state, the prejudices about bhadrolok-chotolok differences are extremely powerful in our culture...The profession of the ‘bhadraloks’ and those of the ‘chhotoloks’ are different...The content of all the professions of the ‘chhotoloks’, is to strain all their energies in real production or real services, without payment or for very little wages. In the list of the professions of these ‘chhotoloks’, the profession of the sex worker is located at the bottom, on the last step that connects the ladder with the soil”.

However, there is an ongoing debate on whether this form of ‘empowerment’ is the best and only way of moving forward for AIDS control, as reflected for instance in criticizing the failures of the national authorities to control HIV/AIDS in the country and the corruption as well as wastage of money as far as AIDS is of concern, states, that since late 1980s the NGOs have started working on HIV/AIDS in the Red Light

Areas (RLAs) that encompassed activities like giving medical advises to prostitutes, primary education for their children, generating awareness regarding protection and prevention of AIDS etc. Although at the same time common and regular patients other than prostitutes in the state have remained grossly marginalized and neglected. It concludes stating that it is necessary to spend money on the activities that are more essential like to resurrect the 11 rehabilitation centers for the prostitutes and to extend and implement proper health facilities at hospitals and health centers rather than conducting extravagant ‘meelas’\(^{258}\).

Reflected in all the activities of DMSC is a profound transformation the prostitutes’ own perception of their social position, self-image and capacity. Self-esteem, self-worth, a sense of social commitment an urgency to be involved in public action now drive them to continue their quest for equity and well-being. In other words, the prostitutes have achieved nothing short of a sea change in their cultural attitude, and the STD/HIV intervention programme has acted as the major catalyst in this respect.

The actions of DMSC also symbolize a process of contestation over the meanings of definitions of prostitution, and mark the beginning of a struggle by a marginalized and stigmatized group not only to confront the material terms of their deprivation but also the question the discursive practices and cultural values which underpin their social exclusion.

On 18th of November 1998, DMSC, with support from the Project and the prostitutes’ community, started a new services, the Positive Hotline, a telephone counseling and ancillary services for the prevention of HIV/AIDS with the objectives to provide information regarding HIV/AIDS to concerned people; to extent services to the persons affected with HIV/AIDS in the form of care and support; to impart training to the workers through workshops and training programmes, conducted by eminent professionals in related fields of care and support; to develop a workable model for the community based care of HIV/AIDS patients in West Bengal; to raise awareness about care and support for the persons affected with HIV/AIDS and to fight against the discriminatory practices.

Care is an integral part of any intervention program dealing with HIV&AIDS and it was felt that the Positive Hotline would promote positive attitudes towards care and

\(^{258}\) Bandyopadhyya Ashok, Anandabazar Patrika, Jan 15, 2002.
support for people living with HIV&AIDS. This initiative aims to address the needs of serum positive people and their families to cope with the social and psychological traumas associated with being HIV positive. When a sero-positive person contacts the positive Hotline, teams from the Committee visit them in their locality to extend moral and material support and to sensitize the local community. The thrust of this initiative is to challenge social construction of AIDS patients in general and the misconceptions and apathy among the health professionals. At present the Positive Hotline offers psycho-social care and support, medical support and legal assistance HIV positive persons and their families and is in the process of building up a network of positive people, for mutual support and advocacy for the protection of their own rights.

Clients of the prostitutes could be three kinds-casual clients, regular clients and fixed clients or Babus.

As per a study the clients are predominantly city-based residents. But in towns and rural areas the clients are men who stay away from home periodically. More than half in towns and villages are married, while in cities 60 percent are unmarried. Majority of the men live at home either with wife or parents and family. In metros and large towns over 30 percent live alone or with co-workers/peers. Nearly half of them are under 25 years of age. Twenty percent of the clients are younger than 18 years of age. Majority of them were found to belong to low income groups. Their occupational status showed them to be labourers, migrants, truckers, van/rickshaw pullers. Around 30-40 percent of them are truckers in large towns & villages, while 42 percent are unskilled labourer in cities. Majority of the clients are illiterate or completed primary schooling. About 30 percent studied upto secondary school. ²⁵⁹

Table 3.15: Profile of Clients of Sex Workers (%)

<table>
<thead>
<tr>
<th></th>
<th>All</th>
<th>Metro</th>
<th>Large Town</th>
<th>Small Town</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>*</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Helpers to truck drivers</td>
<td>5</td>
<td>5</td>
<td>10</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Street children</td>
<td>2</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>School dropout/Child labourer</td>
<td>5</td>
<td>9</td>
<td>-</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Trucker</td>
<td>18</td>
<td>6</td>
<td>34</td>
<td>15</td>
<td>29</td>
</tr>
<tr>
<td>Migrant labourers</td>
<td>10</td>
<td>21</td>
<td>1</td>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td>Porters/vendors</td>
<td>7</td>
<td>12</td>
<td>3</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Rickshaw puller</td>
<td>8</td>
<td>12</td>
<td>9</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Others in low income group</td>
<td>32</td>
<td>23</td>
<td>27</td>
<td>45</td>
<td>47</td>
</tr>
<tr>
<td>Middle/high income group</td>
<td>13</td>
<td>7</td>
<td>16</td>
<td>19</td>
<td>16</td>
</tr>
</tbody>
</table>


Over 70 percent visit prostitutes in brothels, Flying prostitutes (on roads, markets, bus stand) picked up mainly in large towns. The clients visiting the small towns and semi urban areas were found to be visiting the prostitutes in hotels & lodges.  

The sexual behaviour showed an early sexual debut, averaging around 18 to 19 years. A casual sex partner is a normal feature, prevailing only in metros. Only a few in metros mention of male sex partners. Over a year having 8-10 sex partners is common for most of the clients visiting the brothel.

The same study shows, almost all have heard of AIDS. Majority know it as a killer disease leading to death. They also know that if one is affected by AIDS the person remains perpetually ill, with recurrent fever and eventually dies. Around 31 percent of those who have heard of AIDS in rural areas are not aware about what happens to a person with AIDS. In large towns (21%) and small towns (27%) their numbers are lower and in metros only 9 percent were unaware. Prostitutes and their clients are known to be the most vulnerable to AIDS. But as far as the clients themselves are

concerned hardly any agree that they themselves have a high chance of contracting AIDS. About 70 percent feel they have no chance of AIDS while 26 percent feel a 'slight risk'. Around 80 percent state that they have never been worried about AIDS. Only in large towns and villages about a quarter of the clients mentioned having been worried at times.\footnote{Ibid.}

While all agree that condoms are the best preventives to avoid AIDS, condoms are not a 'habit'. About half the clients in villages 'rarely or never use condoms'. With a prostitute, condoms are a protection from AIDS and with wife it prevents pregnancy. The client as the 'man' is generally the sole decision maker about when and where to use a condom. Condoms are not considered necessary with wives or 'trusted partners'. Even with the sex worker use is inconsistent, 43 percent never use it. With a male partner, use of condom is almost never.

Frequency of condom use was reported to be highest in metros and lowest in villages. While 61 percent of the clients in metros mention 'mostly or always' using condoms, 49 percent in villages 'rarely or never use condoms'. Between towns, higher frequency of condom use was reported in large towns than in small towns. Hardly any of those visiting prostitutes used condoms during the last encounter with their wives or regular partners. But with prostitutes, 80 percent in villages and close to 90 percent in towns mention using a condom during the last sexual encounter. A lower 56 percent used condoms in the last encounter in metros, over 70 percent in towns & villages use condoms every time with a prostitute. Around 43 percent mention never using a condom with a prostitute. Only 31 percent use it every time and 20 percent most of the times. With non-commercial / non regular partner instances of condom use is low, and lowest in metros and rural areas. None of those with male partner use condoms. The decision to use a condom is usually by the client himself or a joint decision in case of a wife. With a prostitute, in metros and towns, in 70 percent cases the client himself decides and in 25 percent cases it is the sex worker. But in rural areas the sex worker decides in 45 percent and the client in 43 percent cases. Instances of joint decisions are rare. Condoms are used with sex workers mainly as a protection against AIDS (87%) and STD (77%). With a wife or a non commercial partner it is to protect
pregnancy. Uses of condoms as a protection for the partner from disease, prolonging ejaculation or during menstruation etc. are not important considerations.262

One of the main reasons given by the clients for non-use of condoms is 'reduction of pleasure' either for the man or his partner. Around 30 percent in all areas, give 'awkwardness to purchase condoms', as the main reason for non-use. There are many who don't use because they are not in the habit of using and do not regard it as an option. Many do not think it as a necessity. In towns around 18 percent mention a basic aversion to condoms and hence don't use it. In 23 percent cases, in metros state that men are usually in an intoxicated state and rarely in a position to think of or use a condom. Inconveniences of using condoms are spelt out more by men in the rural areas. While reduction in pleasure or unpleasantness in handling a condom is considered a hindrance in most places, many more in small towns and villages find it inconvenient. The other reason for not using a condom are - using condoms just before intercourse spoils the mood, they come off during intercourse, the condoms tear while in use, and purchasing condoms is embarrassing for the clients.263

These feelings are present in metros and large towns but in lesser degrees. Around half the clients in these areas cite problems in disposal of condoms after use, difficulties in carrying or storing condoms, poor quality of condoms from free distribution etc.

According to the clients, most sex workers agree to sex without condoms at the insistence of the clients who offer more money or do not agree to sex without condoms. About 47 percent in metros and 27 percent in large towns are of the opinion that most prostitutes are not aware about the utility of condoms and hence agree to sex without them.

The prostitutes also agree when the client is a regular one or an upper class client. But agreement to sex without condoms is purely out of economic considerations for the prostitutes. The clients feel that a prostitute is more likely to use a condom when, she is aware about STD and AIDS (82%), if women are organised (19%) and none of them agree to sex without condoms leaving no option for the client to go elsewhere, if

262 Ibid.
263 Ibid.
she is able to give pleasure even with condoms or if she develops good communication skills to be able to convince her client to use a condom.

Clients feel that those sex workers who are in need of money, who have poor negotiating skills and those who are not organised are most likely not to insist on condoms. Among them the very young and flying sex workers are considered the most vulnerable. Clients, who are unlikely to use condoms, are those who think of immediate pleasure and not the long term consequences; who do not know about HIV&AIDS; who suffer from misconceptions that they are safe and will never catch an infection; who want value for money and therefore maximum pleasure; who are drunk.

Raising awareness about possible consequences of not using condoms is considered the prime motivation for clients to use condoms. The most important reason stated for non-usage is Pleasure– ‘a condom spoils the mood.’ The other reasons are awkwardness to purchase, mental aversion - hence not a habit, not considered necessary – easily substituted with other contraceptives, usually intoxicated – ‘don’t remember to put it on’, difficult to dispose, carry & store and condoms from free distribution are of poor quality. Overall negative feelings about reliability, convenience, storage, quality etc. are stated for non-use of condoms.

The term babu in Bengal is generally used as a prefix to the name of a middle or upper class man. During the eighteenth and nineteenth centuries, the term was also often used to designate an upper class man in Calcutta who was more or less a permanent patron of a woman who used to entertain him as his mistress with dance and music as well as with sexual favour in exchange of substantial monetary and other benefits. In the context of the contemporary Bengal, if the casual relationship between a man and a prostitute gradually turns into a more or less steady relationship, then the former becomes the Babu of the woman, irrespective of whatever the class the man may belong to or whatever the category of entertainer the woman is. Interestingly, unlike colonial Bengal, he need not necessarily have to be an upper or middle class man. Babu no more denote only to the upper class/caste men in the contemporary

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Bengal. In fact any male individual could be addressed as Babu, when there is a need to show respect. However, as mentioned it has a different connotation in the context of prostitution. Therefore, a gradual change in the class of the people that the term used to mean previously could be witnessed. Does it reflect that the common people are having more money to visit a prostitute that was mostly exclusive for the middle or upper class men and the British soldiers in the eighteenth and the nineteenth centuries? Does it suggest common people need not have to visit a prostitute for the different socio-economic and cultural scenarios in the colonial period? Or does it mean that the colonial attempt to create a class of regulated and sanitized prostitute devoid of sexual sublimation have gradually led to this plebianisation of the discourse of prostitution and a plebianisation of the client as it is reflected in the application of the term “Babu”? Evidence from studies suggests majority of the women were or are in a relationship with a male partner, termed as “Babus”/ “Seth” / “Aadmi”. They are mainly defined into two categories “Khanewale”(those who take/eat) and “Denewale” (those who give).This refers to the fact that some of these men live off the prostitutes’ earnings and use the relationship to exploit their partners financially, whereas in other relationships the partners are mutually supportive and sometimes the prostitute is financially assisted by the babu265. However the infliction of violence by the clients, whether overt or covert may be seen in the cases where ‘Babu’ (the permanent client) or live-in boyfriends whom they address as husband, run away with the life savings of the prostitute inspite of the fact that they have fathered their children. It is rather a strange paradox as they keep the babus for social, psychological and emotional securities, at times backfires. Here I would like to cite some case studies and observations made in my M.Phil. work, “Interpreting Prostitution: Violence Commodified?” one woman complained, “Yes - I have had a Babu who was the father of my daughter. He ran away with my whole life’s saving. Now there is an old man staying with me. He does not do anything”.

265 Little is known about these men as they are reluctant to be interviewed and even fewer studies have focused on them. As per a study, of the 27 prostitutes interviewed, 85% were in a relationship with a babu, 91% received some financial support from these men, and half of the babus were married with wives living elsewhere; Sanlaap. Socio-Economic Survey of Commercial Sex Workers. Sanlaap. 1994. Calcutta; Evans, C. & Lambert, H. A Pilot Study to Explore and Compare Health Seeking behaviour and its Socio-Economic and Cultural Context in Commercial Sex Workers and Other Women in Urban Slum/Red light Neighbourhood in Calcutta. India. Report to the Health and Population Division, ODA, Health Promotion Sciences Unit, London School of Hygiene and Tropical Medicine. 1994. London.
The prostitutes keep a Babu mainly to get emotional and social support. But that also they hardly get. Above all, they take overt violence like physical beating from Babus as a more or less regular dose. Besides physical violence and economic exploitation, prostitutes are more socially exploited in their relationships with Babus because most of them have another family or a legal wife at some other place, which the prostitute accepts knowingly or unknowingly, "Gradually, I got a Babu, who is the father of my thirteen year old son. He used to work at a post-office and had another family at his home-town. We left the place and took a house at Sonarpur and were living more or less happily. But then he died of cancer and all the property went to his first wife and legal son ... I again got back to this area ..." 266

Therefore, the instances of prostitutes’ keeping of a man may appear to be a sign of her self-determinism giving the whole issue a matriarchal dimension, but at the end it emphasizes the power of patriarchal social culture from which stems the urgent need to keep a man for the sake of social security and recognition. Even if she is a prostitute, she has to have a male boss whom she is not making pay for her sexuality.

However, the Babus in the Sonagachi project area, particularly those attached to Peer Educators, have been observing the development of the SHIP in the Sonagachi and other RLAs at Kolkata for the past few years. They have also noticed the respectable attitude of the other staffs and the visitors to the peer educators. They gradually began to affiliate with the project and offered their cooperation. The project staff organized a meeting of the Babus in the Botanical Garden in June, 1997. 267 About one fifty Babus their prostitute-partners and the Peer educators attended the meet. The discussion centered on the issues faced by the prostitutes in the project area and the role that should be played by the Babus in the establishment of safer sexual practices. In another meeting held outdoor and outside Kolkata of Babus and their prostitute-partners focused on the following topics-How can the SHIP and Babus help each-other in combating the oppression and atrocities faced by the women in prostitution? And what is the role of the Babus in the life of their partners and what should it be? 268 It was unanimously agreed by the Babus that the children of their prostitute-


partners whether or not born of them should enjoy equal rights as their own children and deserve equal help from them in building up their future. They expressed their affection for their partner and said that it does not make them feel guilty either to visit or to stay with their partners in RLAs. They have shown high level of awareness regarding modes of transmission of HIV & other STDs and the need to use condom for safer sexual practices. However, after a few more meetings, the ‘Babus’ or fixed clients of prostitute-members of DMSC in Rambagan, had come up with their own collective, Sathi Sangathan or Companions Collective, for fighting alongside with DMSC against all kinds of harassment and violence faced by prostitutes and their clients with the objectives of bringing all Babus of the red light area under the collective, preventing STD/HIV transmission among the women in prostitution, their Babus and their casual clients, working in collaboration with DMSC on campaigning for STD/HIV prevention and for reduction of substance abuse and treatment of the addicts; for stopping violence arising from criminal activities and police harassment; advocating and campaigning for Positive Hotline; and providing care and support to HIV positive people and people with AIDS, in close collaboration with DMSC.

Initially 30 Babus had become members and concerted a drive for increasing membership, in association with DMSC and providing logistical support and participation in all events organized by DMSC. It also involved discussions with external evaluation teams and visitors to the project, counseling casual clients in the evenings. They planned to link the ‘Doctors’ Association’ of private physicians in the area with Positive Hotline and to counsel substance abusers in the area as well as to campaign on rational use of drugs. Their activities included accompanying casual clients to protect them from police harassment.

An intervention becomes sustainable when the target community or the principal stakeholders of the intervention gain control over assets and production and distribution of services of the intervention programme. Right from the beginning the Sonagachi Project has endeavoured to build the capacity of women in prostitution to enable them to take an active interest in and participate at all levels of the programme. The recruitment and training of prostitutes as Peer Educators of the Project was an important first step in this direction. Over the period of time prostitutes involved with the Project have been trained, both through formal sessions and also informally on the job, to participate in the design, planning, implementation and management of all the
components of the Project. The experience of carrying out the intervention programme has demonstrated that the success of such an intervention programme depends on how far its activities empower and enable the most vulnerable and disempowered among the target population. If the prostitutes are to be empowered enough to take steps to change their sexual behaviour and exercise control within the structures of the sex trade, they have to achieve the same degree of empowerment within the structure of the Project as well. Through policy directives and specific strategies the Sonagachi Project has been striving towards just that since its inception.

The real testimony of the empowerment of prostitutes as a group will be when they would be in a position to run the project for themselves. As a step towards that desired end, in April 1999, following the Project’s avowed policy of enabling the prostitutes’ community to finally run the project, a representative of that community was appointed as the Project Director of Sonagachi Project, when the original directors Dr Jana, stepped down. The Project was also taken out of the management of AIHH & PH and the NGO-CBO conglomerate and placed directly in the hands of Society for Human Development and Social Action (SHDSA), that had been formed over the years, with the funding of the project coming directly to Usha. It is mainly constituted by the representative of DMSC, Sonagachi Project, relevant departments of the State and Central Governments and a few NGOs.

This appointment of a representative of the prostitutes community as the Project Director and the institutional head of the emerging institution which is being informally called Durbar or the Durbar Paribar (Durbar family) has enormous symbolic value for the community of prostitutes that the Sonagachi Project has been working with as its marks the real intention of the Project to transfer the power to the hands of the prostitutes. Durbar claims, this policy not only has political significance in terms of empowerment of prostitutes, it would also indicative of the sustainability of the project would sustainable in the end. It is felt that by involving the prostitutes’ community directly in the management of the Project, it has been ensured that they develop a real stake in the continuation of the programme and acquire a genuine sense of ownership about it. Presently, majority of about four hundred staffs of the project
are from the community of the prostitutes. Most of them work as peer educators but a few are also in a supervisory position.269

Thus, in the growth of the Sonagachi project we view a journey from BCC (behavioural change communication) model to an empowerment model. And the success of this SHIP lies more in the empowerment part than in the BCC. Prior to elaborating on this, it is perhaps important to note a significant feature that unlike colonial and post-colonial women in prostitution and even up to the 1990s, now the women in prostitution in West Bengal have gradually begun to relate to the issues of the other marginalized communities. Learning lessons from their own experience they have finally been able to break free from isolating their own issues and place it to the larger context of the marginalization of the people as well as class, caste and gender in general. The prostitutes have begun to facilitate the empowerment of other marginalized groups and communities. In June 2004 some members of the pre-agricultural Shabar tribe (one of the hundred and fifty tribes of India) of Amlasole village, in the district of West Medinipur, West Bengal, died of starvation. One of the prostitutes' organizations in West Bengal-DMSC got involved in the relief operation and continued feeding two fifty people for a period of ten days. However, already been gone through the process of self-empowerment as a group of women in prostitution they had a vision and understanding of how to empower the marginalized and therefore realized that providing goods and services would not bring any long term solution to the Shabars. It was essential to bring about a planned intervention for the long term development of this community. Initially they began an assessment of the situation in the village followed by the preparation of a micro-plan for income generation, housing, health and education. A rural development committee was formed in July 2004. Workshops were organized in capacity building and in all these activities DMSC relied upon the Shabars and other tribal people of the area and relied upon their wisdom, skills and worth. Since then the Governmental agencies have also started taking some interests. By June 2005, three hand-driven tube-wells have come up; seventeen kilometers of earth-packed, non-covered road has been constructed; three irrigation reservoirs have come up; twenty houses have been built for the

Shabars. With the financial assistance from DMSC, the Shabars of Amlasole have built a community house. The most important gain in this period, however, is the ever rising confidence of the Shabar people. With suitable cooperation from DMSC, Shabars organized their First Conference at Amlasole, on 29-30 December 2005. In the conference, Shabars from other areas of West Bengal and from Jharkhand and Orissa came together, many addressing a public meeting for the first time. About 65% of 10,000 people gathered were women. It has been decided in the conference that henceforth 30th of December of each year would be observed as their Rights Day and a Charter of Demand has also been prepared. They also resolved to form a task force to network with others working for the empowerment of the indigenous people.270

Another initiative of DMSC is to empower the bar girls of Maharashtra. On the 30th of March 2005 the state government of Maharashtra announced a decision to close down the dance bars. Subsequently, the local police forcibly closed bars outside Mumbai city without any Govt. order or notice. In July 2005, the bill banning dance in the dance bars was passed unanimously by legislature without any provision for rehabilitation of the bargirls. This sudden and unilateral decision of the state government of Maharashtra to close ‘dance bars’ in the state created a crisis making around seventy five thousand bargirls and three hundred thousand male bar workers jobless and affecting a few indirectly. DMSC for a period one and a half year tried to unionize the bargirls that involved studying the living and working conditions of these women. During the process DMSC members visited more than six hundred bars of different districts of the state, organized protest on different issues, conducted more than fifty meetings and two training programmes, enrolled more than twelve thousands members in the union and documented more than a hundred life stories. However, interestingly enough, DMSC members though not believing in rehabilitation in case of prostitutes, yet, fought hard for the rehabilitation of the bargirls with the state. Intense lobbying and networking were done to raise the issue at the national level by involving UPA Chairperson, NCW, NHRC, NCSCST and the Indian Parliament. Alliances were built up with more than fifty Women’s Activists groups, and several influential personalities from different streams of the society. This delayed the promulgation of the ultimate order. Nonetheless; since the bill has been passed complete closure of dance bar is now a reality. Tracking the impact of this

270 Namaskar, special issue on sexuality and sex workers, Vol.8, No.1, January 2006.
Eviction on these girls show that most of them have entered bar-dancing for the survival and they have become far too vulnerable to trafficking. After the bill banning the dance bar was passed, the dance bar girls challenged it in the court. Nevertheless, Maharashtra High Court has upheld the Govt.'s decision.

In March, 2002, prostitutes of West Bengal called for an anti-war 'Peace Fair' at the face of the threat of war looming large over the subcontinent, involving India and Pakistan and the Afghan war. Dr. Smarajit Jana, the brain behind DMSC states, "We always like to take up such a people's cause simply in order to put it before the world that sex workers are as much responsive to the geo-political changes as any right-thinking individual. It helps to shake off our isolation and come closer to the mass."

Thus, we see the HIV&AIDS programme at Sonagachi gradually becoming a "renowned entry point" for the development and empowerment of the prostitutes of Kolkata that sets an example as a "model project".

All these activities bring out a very interesting feature—a sense of political awareness, a social accountability and an increasing fellow feeling with other marginalized communities that has not stayed within the limits of the empowerment of prostitutes. The attempt to live the life of a socially aware human being and breaking free from the world the prostitutes live in is truly a revolution that we visualize among the women in prostitution of our time. Along with the sense of self-empowerment and human rights we see the mobilization and partial empowerment leading to the demand to be called as "sex workers" that has its own political-economic and social pitfalls. It is mention worthy that unionization and mobilization of populace happen in all the sectors including the unorganized sector. Unionization could be understood as coming together, sharing and relating issues for a group of people under similar circumstances and asking for their space while legalization is a different approach. It is to be remembered that unionization and legalization are neither synonymous nor synonyms.

In addition, prostitutes have addressed issues that have implications beyond the everyday survival of women in prostitution. They have held public meetings, in

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272 Chaudhuri Gautam, "City sex workers to join anti-war campaign" Hindustan Times, 2nd Jan, 2002, Kolkata.
273 See Chapter IV: the conclusion and discussion.
alliance with 'progressive', liberal middle class groups, against atrocities on minority communities in India, the detonation of the nuclear bomb, state censorship, and war in Kashmir, indicating their political interest in taking a stand against exploitation and marginalization of any group, and for peace, democracy and development. The prostitutes themselves view these actions not in simple instrumental terms to gain social acceptance, but approach these with a spirit of public duty and as an expression of their newly acquired capacity.

All of the above initiatives of prostitutes underpin their attempt to gain enfranchisement, as a section of the poor, in civil and political society.

Nevertheless, there is another side of the success story. Although the Kolkata experience appeared to be successful to many, the project in other metros was not encouraging. The Govt. also seemed to lose interest, because in Bombay and Delhi the prostitutes represented a mobile community and it was very difficult to maintain a regular contact with them, while in Kolkata a close rapport was built up between the prostitutes and the project staffs. The WHO observers also appreciated it. Dr. Mehret commented that if such “strong anti-AIDS programmes” as the one in Sonagachi were created elsewhere, “most of India’s worries (about AIDS) would be over”.274 Adding to the myth, New York Times front page reported, ‘Calcutta’s Prostitutes Lead the Fight on AIDS’. The report states, “...Like missionaries spreading gospel scores go forth each morning from brothel to brothel, preaching madams, pimps and other prostitutes about the importance of using condoms the most effective shield against HIV infection...Later this year the Indian Govt. will use Sonagachi project as its model in a large scale battle against AIDS, waged from red light district across the vastness of this country of almost a billion people.”275 The New York Times story was addition of one more chapter to the building of the Sonagachi-legend that has taken place over the past few years across the national and international press including Newsweek, Times, a range of satellite TV channels. Quoting Prabhat Jha who is described as “epidemiologist at the World Bank who is team leader for its AIDS project in India”, New York Times suggests, “The experience from other parts of the

274 Indian Express, 14 April, 1993.
world and from Sonagachi suggests that such efforts are the single most important thing that can be done to try and control the epidemic.\textsuperscript{276}

The above mentioned statements are one way of looking at it. Nevertheless, as we have seen, there are different voices critiquing the Sonagachi model. There exist a few grey zones. As mentioned, the Sonagachi project shows a gradual evolution from targeted intervention to community development, from BCC model to empowerment model. The analyses of the critiques show SHIP might not have done very well in the BCC model as they have claimed. But the above discussion on their several programmes do reflect that they have done some amount of substantial work in the fields of empowerment as have never been done before in the similar initiatives. Now, while analyzing or evaluating Sonagachi project it is essential to remember these two quite clear cut divisions, i.e., BCC & empowerment, instead of confusing between these two and giving a over all analyses, that SHIP is either extremely successful or a terrible failure- for it is neither. It has its share of both the success and failure.

Although the mobilization of women in Sonagachi has started in the 1980s with Sanhaap and some other organizations, yet DMSC with the demands for legalization, has given it a new dimension. While analyzing Sonagachi project nobody perhaps could deny DMSC’s contribution towards organizing women in prostitution. The more crucial questions to be asked- what are the actual intention and political-economic motivation behind this mobilization? In whose interests is it being done? Is it going to benefit/empower women in prostitution or is it going to intensify their marginalization and exploitation further? However, from the researcher’s own experience with women at several Red Light Areas (RLAs) of Kolkata including Sonagachi, it could be assumed, that even the claims of empowerment are as not as successful as they appear, e.g., seemingly, there are still under aged girls in prostitution at those areas, despite the fact that Self Regulatory Boards claimed to be far more successful in restricting forced and child prostitution. One needs to understand that there are lots of players, forces and actors in the sex trade. Therefore, it is possibly not realistic to expect an over night change too. However, by the researcher’s experience and impression of being in the RLAs, it appears, as if the CBOs & NGOs of today have partially taken the place of the Imperial Government of the colonial times. They are the guardians and controlling agencies behind the lives of

\textsuperscript{276} Ibid.
the women in RLAs at the contemporary time. We have witnessed how the colonial prostitutes were kept in “Chakla”s for the consumption of the British Tommies. The then colonial government had created a physical space separating the women in prostitution from the common populace and thereby criminalizing and controlling their lives. At the turn of the twenty first century, we do not see government creating and controlling the women by making any such physical segregation between them and the common people, but we undoubtedly witness NGOs/CBOs as well as bilateral/international agencies and the national government taking keen interests and percolating into Red Light Areas influencing the lives of the residents, either through mobilization or by targeted intervention programmes and through the discourse of ‘legalization’ of ‘sex work’.

Even the DMSC members are recognizing the negative implications of legalization and therefore beginning to shift their demand to ‘decriminalisation’.

Can TIs such as SHIP claim ‘success’ in AIDS control by citing the low levels of HIV prevalence in West Bengal? In this light, it is important to question why despite the fact of West Bengal being an economically less developed state in comparison to some of the states in India, remains a low intensity/low prevalence state in terms of the spread of HIV&AIDS. Also, why an initiative such as SHIP evolved here? And the stage for the phenomenal success of the SHIP and other projects? Could both be attributed to the specific cultural, political and social dimensions that are specific to West Bengal as discussed in the previous and in this chapter?

A comparative analysis of data on several variables across the Indian states\(^{277}\) finds that the southern and western states show a higher HIV prevalence with relatively higher and rapid economic development, greater disparity and greater consumption expenditure. With rapid growth of service sectors and industries as well as industrialized pattern of agriculture in these states attract lots of in-migrants from the poorer states. The migrants of poor people lack the basic minimum survival conditions and amenities and also at the same time suffer due to the socio-cultural “alienation” of being far away from home as well as from previous psycho-sexual

stability through marital norms and relationships back home. Therefore, the analysis argues that could it be the case that in these economically developed states, populace at the two different economic levels suffering due to the high prevalence of the disease due to different causes-at a upper-class level due to more consumption and socio-cultural patterns associated with it and at poorer class due to the lack of resources for a healthy livelihood as well as due to be away from the roots? Nonetheless, should it be understood that either ways, in the context of economic development socio-cultural factors play an important role in the spread of the epidemic?

In the case of West Bengal, the analysis shows a low level of economic growth, a high level of poverty, a less disparity, higher level of social responsibility and a lower rate of suicide, a low prevalence of HIV and a better performance to tackle it. Therefore, could it be deciphered that with less economic disparity, greater social accountability and a better sense of well being (that is reflected by the low rates of suicide) accompanied by a low level of consumption or consumer culture could lead to low prevalence and better control of HIV&AIDS even in the context of low economic growth rate?

As discussed above, in addition to socio-cultural and political-economic factors that might contribute to the low prevalence of HIV & AIDS and better performance in terms of dealing with it, in the contemporary West Bengal we could witness a successful mobilisation of women in prostitution and awareness generation about HIV&AIDS epidemic among them by the organizations leading to better say in terms of bargaining with the clients and therefore comparatively greater use of condoms.

Today in the context of West Bengal as well as in the world, the approach to the treatment though remained target specific, yet the treatment of the target groups or the vulnerable communities have become more humanitarian and have gone beyond the clinical attention. It has been combined with the innovative IEC, BCC campaigns targeted at the high risk groups and also the general population that takes into account the socio-cultural specificities of the state, e.g., the 360 degree Bula di-campaign. It is to say, in the present times, public health has rightly made an attempt to take into consideration, many aspects like human rights, cultures, gender issues, political-economic conditions and so on while planning or implementing any programme related to HIV&AIDS and also the specificities that are inherent and typically
associated with any vulnerable community. With time the scope and definition of the vulnerable communities have gone beyond women in prostitution. The discourse of HIV&AIDS today includes MSMs, IDUs, truck drivers, and blood donors and so on. For a society with the growing consumerism it is just not the groups of empire building soldiers, but the over all profit generating working class and profit making consumers, in short everybody related to and functioning for production process in the market needs to be protected. The WBSAP&CS was mandated to address all the AIDS control activities in all sections, going beyond the women in prostitution alone.

**West Bengal State AIDS Prevention & Control Society (WBSAP&CS)**

To combat the growing challenges of HIV and AIDS West Bengal State AIDS Prevention & Control Society (WBSAP&CS) was set up in 1998 and based on evaluation of India's National AIDS Control Programme (NACP) Phase-1 (1992-1999). WBSAP&CS was formed according to NACO guidelines as a quasi-government body. It was set up as a registered society in Kolkata, the state capital with the objectives to

- Prevent HIV transmission and to control its spread.
- Reduce morbidity and mortality associated with HIV infection.
- Reduce the adverse social and economic impact resulting from HIV infection.
- Coordinate and strengthen HIV&AIDS surveillance.
- Provide technical support in HIV&AIDS prevention and control to govt. and non-govt. organizations.
- Enhance the community awareness, specifically knowledge, attitude and practice of high-risk groups.
- Develop health education materials for distribution and adoption by agencies working for AIDS prevention.
- Channelize and integrate the activities of non-govt. organizations in AIDS control and prevention.
- Promote safety of blood and blood products and encourage voluntary blood donation movements.
- Provide facilities and strengthen sexually transmitted diseases services in govt. and private medical institutions and practitioners.
- Develop counseling services.
- Organize social support for management of HIV and PLWHA.
The apex body of the society is the governing body. The body consists of not more than thirty persons from various bodies like government, medical and public health, non-government organization, voluntary health services, DFID, UNICEF or any other central govt. organization representative etc. The tenure of governing body shall be for three years. The control of administration and management of the affairs of this society vests in the governing body in accordance with the rules and regulations of the society. There is an executive committee consisting of fifteen persons for operating the decisions of the body, and to provide guidance for the functioning of the society. It is a quasi government body. The Principal Secretary / Secretary H&FW Dept. is the President and Project Director is the member Secretary.

Though the first person with HIV was detected in August, 1986 in West Bengal, the epidemic remained under-reported till about 2001 in West Bengal. Since then there has been a rising trend of HIV in different groups of population, notably among the general population as revealed by data from sentinel surveillance and other sources. According to sentinel surveillance records, West Bengal is still being considered as a low prevalence state but it is highly vulnerable.

The epidemic is largely concentrated in Kolkata, South 24 Pgs, Burdwan and Purulia districts while Darjeeling may become another hotspot in the state. HIV prevalence among IDUs was surveyed only in 2005 in Darjeeling district and was found to be 13%. It indicates that Darjeeling district; especially the 3 hill sub-divisions are facing the threat of an impending HIV epidemic.

The West Bengal State AIDS Prevention & Control Society with support from West Bengal Project Support Unit is implementing its activities in West Bengal.

Epidemiological Surveillance for HIV infection in the Country is carried out annually on a regular basis. The purpose of epidemiological surveillance is to identify high risk population groups, areas with high HIV prevalence, HIV trends and socio-economic characteristics of HIV infected population in order to understand the dynamics of disease transmission for containing the outbreak of HIV&AIDS in the country. During the year 2005, the Sentinel Surveillance was conducted during the period from


\[279\] Ibid.
August to October 2005 with adequate supervision and monitoring. The Sentinel Surveillance exercise in West Bengal has grown from 3 ANC and 3 STD Sites in the first round in 1998 to a massive 33 sites i.e. 9 ANC sites, 12 SID sites, 7 FSW sites, 4 IOU sites, 1 MSM site in 2005. In the year 2006, 47 sites have been identified for undertaking HIV sentinel surveillance. The state has a large population of 84 million and the HIV epidemic is advancing rapidly. There is shift of trend from urban to rural population and from high risk to general population. There are some areas of concentrated epidemic. The border areas of North Bengal need to be mentioned more closely as there is every indication that it is increasing at a much rapid rate than other parts of West Bengal.

HIV sentinel surveillance report of 2005 has shown an upward trend in the prevalence of HIV&AIDS in the state. HIV prevalence among ANC attendees rose from 0.48% in 2004 to 0.9% in 2005. Median prevalence of HIV among other categories is as follows:

### Table 3.16: Median prevalence of HIV among the STD Patients, FSW, IDUS and MSM as per sentinel surveillance report of 2005 in West Bengal

<table>
<thead>
<tr>
<th>Type of Category</th>
<th>Median prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexually Transmitted Disease (STD) Patients</td>
<td>2.47%</td>
</tr>
<tr>
<td>Female Sex workers (FSW)</td>
<td>6.80%</td>
</tr>
<tr>
<td>Intravenous Drug Users (IDUS)</td>
<td>7.41%</td>
</tr>
<tr>
<td>Men who have sex with Men (MSM)</td>
<td>0.54%</td>
</tr>
</tbody>
</table>


According to sentinel surveillance report, West Bengal is still being considered as a low prevalence state but it is highly vulnerable. Unprotected sex remains the major
route of HIV transmission in West Bengal accounting for about 90% of the infections.\textsuperscript{280}

Following chart reveals that for the state of WB, sentinel surveillance shows that point prevalence of HIV is declining for women in prostitution (FSW)-sites. However for MSM or IDU or STD clinic sites it is rising up.

\textbf{Fig.3.3: HIV Prevalence Site Wise}

![HIV Prevalence Site Wise](image)


For the ANC sites, the prevalence remains less than 1% denoting that WB still remains as a low prevalence state till 2004.

Nevertheless, sentinel surveillance data of the Indian states reveals that West Bengal has an intermediate level prevalence relative to the other states, including among the FSWs. Comparing data over the years shows a declining trend since 2003. Is this attributable to the AIDS control efforts? It is difficult to assess what is impact of the efforts and what is due to epidemiological phenomena, but a comparison with other states shows that most of them experienced a similar declining trend.\textsuperscript{281} Therefore,


\textsuperscript{281} www.nacoonline.org, search done 1 23rd July 2005
since there was no significant initiative among the prostitutes in India comparable to West Bengal, it is hard to say definitively whether the WB initiatives have yielded any greater impact on HIV prevalence or not.

The Behavioural Sentinel Surveillance conducted by NACO in 1999, 2001 & 2004, provides the following characteristics of the brothel and non-brothel based women in prostitution (FSWs/Female Sex Workers) in West Bengal. In relation to HIV and AIDS, the BSS found that brothel based women have more knowledge of prevention of HIV&AIDS than non-brothel based women; on brothel based - women have higher level of (23.1%) ‘very high risk perception’ about having sex without condom compared to brothel based women; for brothel based women, consistent condom use with nonpaying partners is very low over the years around 26% in 2004; for non brothel based –women/FSWs, consistent condom use for non-paying clients is also very low around 27% in 2004; reported STD symptoms are little better (9.7%) than non brothel based –women (8.2%) in 2004; for STD treatment seeking behaviours among those who had STD symptoms, brothel based –women/FSW are 6% more (95%) than non brothel based - women (89%); quite good percentages of both brothel based - women and non brothel based – women have undergone voluntary HIV Testing as reported in BSS 2004


Fig.3.4: A. Knowledge level of contracting HIV/AIDS without use of condom
B. Condom Use: with non-regular, regular, paying and non-paying clients

Perception of risk of contracting HIV/AIDS

<table>
<thead>
<tr>
<th>Perception of Risk</th>
<th>Very High</th>
<th>Moderate</th>
<th>Low</th>
<th>No Chance</th>
<th>No Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>bb</td>
<td>14.2%</td>
<td>23.1%</td>
<td>32.6%</td>
<td>16.0%</td>
<td>10.9%</td>
</tr>
<tr>
<td>nbb</td>
<td>45.0%</td>
<td>40.0%</td>
<td>35.0%</td>
<td>25.0%</td>
<td>15.0%</td>
</tr>
</tbody>
</table>

C. Reported STD symptoms and treatment seeking behaviours

Consistent Condom Use in Last 12 Months - bb

(Base: All who had sex in the past 12 months)
Consistent Condom Use in Last 12 Months-nbb

(Base: All who had sex in the past 12 months)
D. Voluntary HIV testing (pre and post test) (Conducted only in 2004)


**Total HIV positive cases over the years in all sentinel sites: Site/Group specific**

This data demonstrates that the awareness about HIV is good among the WIP in West Bengal, especially among the brothel based ones. The data on consistent condom use with commercial partners (almost universal use of condoms) could be more a reflection of ‘expected answers’ rather than of actual practice, since such a high level of consistent use is not supported by any other evidence. But it does demonstrate that there is a high knowledge level of what is desirable. The increase in reported symptoms of STDs could also reflect the same increase in level of knowledge rather than an actual increase.

**Fig.3.5: Routes of Transmission for HIV in West Bengal (2005)**

The figure above clearly shows that the positivity rate among the persons those who had tests done in these VCCTC centers decreased from 2004 to 2006 continuously. There are almost similar trends noticed in all three categories in terms of decreasing positivity rate.

Despite the fact that West Bengal is a low prevalence state, it is one of the first few States in the country to have started Targeted Interventions Programmes (TIs) that as per WBSAP&CS played a major role in reducing the risk of transmission of HIV from high risk groups (HRGs) to the general population. Presently there are a few highly vulnerable spots which indicate a raging high prevalent HIV epidemic in the state. These include Kolkata and it's suburbs, and in the urban areas of adjoining districts of Howrah, Hooghly, North 24 Parganas and South 24 Parganas and Haldia. The lower economic group of the population is significantly affected. This group consists of migrants who work as unorganised labour with low levels of literacy, lacking in basic knowledge of safe health practices and have little or no access to information, or health and services. Poverty, ignorance and human right violations create conditions that further the spread of HIV.

For evidence based planning of all interventions like HIV prevention, care, treatment and support, it essential that mapping of vulnerable populations is done to identify
their location and size as in different interventions. The target areas since the beginning of the intervention had considerably grown. In addition to the mapping that gives a macro picture at state level, every CBO/NGO conducts a needs assessment in their proposed area of operation to ascertain the baseline information in terms of existing high-risk behaviour patterns, availability of infrastructure etc. This provides a basis for the evaluation of performance of an intervention over a period of time. As the program continued given the accompanying changes in the socio-economic scenario new components need to be added to ensure a comprehensive approach to the TI. The rationale behind setting up the interventions was also not thought through systematically. The strategies in the place even if based on the NACO guidelines did not always meet the requirements of the programs, e.g. BCC essentially meant IEC dissemination. Also the scaling up of the interventions was not commensurate with the capacities needed for the same. The leadership in the state also felt the need to invigorate the TIs, identify areas for expansion and integration of issues such as gender, trafficking and violence into the interventions.

Till 2001 all interventions were transferred to the SACS from the then existing project management unit. Although the interventions were scaled up with the help of funding there was still a need to evaluate and assess future directions. In the year 2002, the Options Report evaluated implementing the TIs access to reliable targeted interventions in HIV risk reduction in five states of India- West Bengal among them. The four main issues that were probed in this study were: Is the design of the TI based on a sound analysis? Are the TIs implementing activities likely to address the problem successfully? Is the TI being implemented effectively and efficiently? Is the TI having an impact on the spread of HIV&AIDS?

WBSAP&CS have mainly two kinds of intervention programmes-primarily among high risk groups (HRG) and communities and secondarily intervention targeted at more general population. While we see a lot of effort at the planning and implementation levels, we would also visualize one of the successful targeted interventions like Bula Di campaign putting more emphasis on condom promotion than on abstinence or behaviour. Condom promotion is easier way to deal with the requirements and issues of male sexuality, but abstinence and behaviour mean self-restrain and self-control on the part of the man. Thus, condom stands at a
compromising point providing a convenient solution where one can get into sexual relationships safely and indiscriminately if one chooses to use the condom.

**Preventive Intervention through Information, Education, Communication (IEC) for General Population: The Bula di Campaign**

WBSAPCS is one of the frontrunners in the awareness campaign, especially with its creation of an animated character called Bula-di who emerged as an icon of fight against the virus. Bula-di (dimeaning didi or elder sister) is the woman next-door with the message of safe sex. Perhaps a first of its kind to be launched at the state level by the Government, the Bula Di campaign is a massive mass media campaign initiated in the state in 2004 on the theme of Women, Girls and HIV&AIDS. The campaign was designed to target the urban population through its brand ambassador 'Bula di', a doll, with whom the target audience could identify. The character is a social worker, who is also a representative of middle class women, created to act as a spokesperson for spreading the message and educating the masses. While WBSAP&CS has been implementing Targeted Interventions (TIs) across the state, the Information, Education, Communication (IEC) for the general population was neglected till recently. With the epidemic making its inroads into the general population, WBSAP&CS responded to the changing face of epidemic during 2004 to 2005. With the steady objective of informing and educating the people of the state of West Bengal, they devised and launched on 1st of December, 2004, World AIDS Day, a 360 degree campaign that addressed the target audience in Kolkata and the eighteen district headquarters of West Bengal through a "Bula di" campaign in three mediums of languages-Bengali, English & Hindi. The mass awareness generation policy underwent a remarkable paradigm shift since Bula di has emerged in the form of a married, traditional looking rag doll with chubby features in her late thirties and outspoken in her safe sex messages, inconsonance with the 2004 World AIDS Day theme, i.e., “Women and Girls: Have a Say”.

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282 A campaign designed on the 360 degree model involves all types of media from audiovisual to outdoor display hoardings and on-ground activities for better message visibility, percolation and message retention. Thus, it multiplies touch-points for greater efficacy and reaches out to greater proportions of audience, i.e., the whole of the general populace of West Bengal.
West Bengal. Using Bula di as the mascot, several media such as TV and radio spots, hoardings, posters are being used to propagate the campaign. In addition, interactive events like 'Buladi Para Football' also help in disseminating messages on HIV&AIDS. With her initial journey getting ripe by two years, she transcends her role of just being a brand ambassador of West Bengal State AIDS Prevention and Control Society. Though traditional in the appearance, she delves into human behavioural concerns and demystifies sex and related taboos bringing into focus HIV&AIDS linkages with Sexually Transmitted Infections (STIs). Her message to use condoms every time in commercial, casual and conjugal sex relations is loud and clear.

The objectives of the Phase I of the Campaign were to generate a state wide familiarity with the 1097 Toll free number; to generate public awareness about HIV&AIDS in general for fostering a better and a more normal understanding of the disease by clarification of myths and misconceptions attached to HIV and its transmission and to generate awareness about the importance of consistent and correct usage of Condoms as the most effective barrier to HIV transmission.

The Phase II of the Campaign aimed at generating public awareness about STD-HIV&AIDS linkages, STD symptoms particularly among women, symptoms of
HIV & AIDS infection in people. The call for action is more towards getting people to get HIV tested at VCCTC centers when one feels to be at risk of HIV & AIDS and get treated at STD clinics when symptoms suggest so.

The Phase III of the Campaign focused on self exclusion / self denial/low self risk perception among general population and the issue of low self risk perception among the general population who consider themselves excluded from being vulnerable to HIV and unable to contract the disease. It generate awareness and motivation for consistent and correct condom usage in casual/commercial/ conjugal sex.

The society also collaborated with the song and drama division to utilize the popularity of local fairs by using them as HIV & AIDS message dissemination grounds through street theatre performances. There are future plans to increase the coverage of IEC activities in districts and rural areas.

Bula di has became almost a household name in West Bengal (even children are familiar with the name if not the cause) in a short span of time. The success of the Bula di campaign has revealed some interesting socio-cultural paradoxes. On the one hand, Bula di looking like any common middle class Bengali woman is not suppose to be vocal about sex within the middle class social and sexual behaviors of the Bengalees; on the other hand her social worker image is of a socially responsible, knowledgeable person. At the same time, the fact that she is one of the middle class women, a representative from and of people, not only carries the message to the common mass targeted, more strongly, but also states indirectly that it is the time middle class women should start breaking the taboos associated with sex and sexuality for their own sake and the sake of the larger community and people. It also indicates that not a man but a woman has to be the harbinger in this case as she is the one associated with reproduction and sexuality and the right person to convey the message. Significantly, it could be presumed women comparatively have more influences on the socio-cultural lives of Benagal. The Bengali culture and religion centre around mother goddesses and female deities (e.g., Kali, Durga, Saraswati, Lakshmi, Shitala & so on) and in the worship of female prowess and sexuality (e.g., the Tantrik sect as mentioned in the Chapter-II). The popularity and success of Bula di campaign would be better understood in this light.
For a society that is into globalised market economy and consumer culture it is just not the groups of empire building soldiers, but the overall profit generating working class and profit making consumers, in short everybody related to the functioning of production process needs to be protected and the Bula di campaign in West Bengal is a response to the need of the time. Today condom replaces the lock-hospital. While the lock hospital used to run in a loss in colonial period, in the present times, the medical technologies and medical industries, e.g., condom and drugs in themselves have become profit generating industries. Since today the measures of medical technologies are there that are in themselves profit generating, the sex is not a Victorian taboo or self restrain/control/denial is not an essential mean to the control of STDs including HIV & AIDS. Therefore, the message is to have sex, but to have safe sex.

Fig.3.8: Bula di Campaign: The best Medicine is Information: Fighting Fear with Facts.

Source: The best Medicine is Information: Fighting Fear with Facts. WBSAP & CS.

To quote from an IEC material developed by WBSAP&CS for Bula di Campaign, “If you and your partner decide to have sexual intercourse, you need to protect against HIV. Using the condom is the only way to reduce the risk of infection. Condoms are
there to keep you both safe. If you feel safe, you can both relax and enjoy sex all the more. Alcohol and other drugs can increase the risk of HIV infection by making you less careful about the way you behave. You might have sex and find it difficult to use a condom or forget altogether about protecting yourself. If casual sex is fun and a habit for you, please do not ever forget to carry condoms with you wherever you go.”

The WBSAP & CS document points out regarding TIs, “It seeks to address the inequalities that make the least privileged and marginalized groups in society more vulnerable to the infection.” However, here the message is that one might have drugs and alcohol along with sex, but then should also have condom with it. Is this message meant for or targeted at common mass? Does this message seem to address the “least privileged and marginalized groups in society”? One wonders about the class and the life style of the people that would have sex as fun and as a trip along with drugs and alcohol. Does it reflect the life style of the majority of Indians?

Fig.3.9: Bula di Campaign: ‘Protection is prevention’. Be Confident, Use a Condom

Source: ‘Protection is prevention’. Be Confident, Use a Condom. WBSAP & CS.

283 The best Medicine is Information: Fighting Fear with Facts. WBSAP & CS.

Another leaflet reads, "There are no age/sex/class limitations on buying condoms. Buying a condom shows that you are taking responsibility for your action. Condoms are available in all chemist shops. If you’re out for a trip and if you are open to casual sex, it is always advisable to carry a condom."

Another message states, "Condoms are usually made of latex or polyurethane. If possible use a latex condom, as they are slightly more reliable. Latex condoms can only be used with water based lubricants, not oil based lubricants such as Vaseline or cold cream as they break down the latex."

Therefore one is just not asked to use a condom, but a condom of a special type, i.e., latex. Here, one cannot be relaxed by using a latex condom only. Again, one is instructed to use a particular type of lubricant that goes with the latex type of condom. One wonders, as HIV & AIDS is known as a disease of poverty and underdevelopment as well, how many people can afford to buy or use latex condom along with a particular category of lubricant? If the today’s discourse of disease control in the context of HIV & AIDS are becoming condom & lubricant centered only, then possibly one needs to ask serious questions about the success and outcome of the disease control measures beyond a point. Today condom replaces the lock-hospital. While the lock hospital used to run in a loss, the medical technologies and medical industries, e.g., condom and drugs in themselves have become profit generating industries.

Nonetheless, targeted interventions (TIs) undoubtedly have become an integrated part of the disease control and are a major component of India’s National AIDS Control Programme. The basic objective of this programme is to reduce the rate of transmission among the groups at high risk through a comprehensive and integrated approach. This approach includes behavior change communication, counseling, providing health care support treatment for STDs and creating an enabling environment to facilitate behavior. As part of NACP II, NACO decentralized the implementation of TIs through keen involvement of State AIDS Control Society (SACS) in implementing and monitoring the TIs. West Bengal SAPCS started its process of implementing TIs through non governmental organizations in different

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285 ‘Protection is prevention’. Be Confident, Use a Condom. WBSAP & CS.

286 Ibid.
locations. These interventions are working amongst MSMs, IDUs, CSWs, truckers and MLs.287

Targeted Interventions through CBOs/ NGOs Supervised and Implemented by WBSAP&CS

WBSAP&CS is presently implementing 56 TI projects consisting of 27 ‘Commercial Sex Workers’ (CSWs), 5 Injecting Drug Users (IDUs), 6 Migrant Labours (ML), 1 Men having sex with Men (MSM), 16 Truckers, 1 street children Apart from the above mentioned 56 Targeted Interventions, WBSAP&CS is also supporting 4 multi-sectoral initiatives, 12 more TI projects in Darjeeling district were in pipeline and supposed to be initiated by January 2007. It was hoped that, these initiatives would help WBSAP&CS to slow down the epidemic among HRG people thereby preventing its spread nationally and internationally.288

Here, in relation to prostitution-HIV&AIDS-sexuality, I would like to cite the examples of few such TIs that WBSAP&CS has implemented in collaboration with CBOs/NGOs and make an attempt to analyse their strengths as well as loopholes that could have scope for further improvements.

Naihati Prolife has introduced “Sexual Health Intervention among Truckers and Associated Fish Spawn Traders” with the support from WBSAPCS since the year 2004. The title itself reflects a comprehensive approach beyond STD Management programme. Accordingly the organization put emphasis to make the service centre community friendly by welcoming clients for minor ailments, organizing geriatric health camp in the community, maintaining First Aid Box and providing training in First Aid. Most of the sexual health related problems are both physical and mental. Therefore, the counseling service is being provided at the clinic and at the outreach clinic site to make the clients feel comfortable. The counselor maintains absolute confidentiality and referral is also done in confidentiality.

It is reported that almost 10% fish spawn traders including hatchery labors are replaced by newer faces in each quarter. The change is much more frequent among

287 Ibid.

the traders who come from outside of Naihati. A considerable percentage of these traders visit both the brothel based as well as the flying prostitutes on their way. It was also noticed that fish spawn traders and truckers are closely linked and mobile in nature. All these factors act as a barrier to provide both preventive and creative services adequately and continuously. Since the target population is mobile, follow up treatment become challenging. Sometimes the treatment of the clients cannot be completed due to their mobility. The ratio between target population and the number of clinics is not adequate.

The distance remains an important factor. At present outreach camp is being organized by the agency to reach people where there is no service. The agency has been planning to increase the number of outreach workers and counselors so that they can cover the increased number of target population, hence their unmet need could be served. In addition to existing strategy work place interventions for the partners, subgroups and bridge population have been proposed.

STD treatment is provided through 15 static clinics per week, clinic sites, date and time are set according to community availability. Target community is informed on clinical service and referred to STD clinic by Peer Educators (PE), Out Reach Workers (ORW), external stakeholders eg. Shopkeepers, Dhaba Workers, Garage owners and Dhaba owners. This shows the active involvement of the Stakeholders. Enabling environment the rapport was established through IEC/BCC programme. Stakeholders are involved in the programme right from planning, implementation and monitoring particularly in their operational area.

While interacting with the working team and community key informants (CKI), it is learnt how the stakeholders are suggesting by drawing a social map indicating where the extension of central clinic could cater the unmet need of others.

The Peer Educators also expressed the difficulties of the clients to come to Rajendrapur clinic, which is almost 7/8 Km away from their working place at Shibdaspur.289

The involvement of Chotalal prajapat indicates how a religious leader could be motivated for value education i.e. “practicing safer sex” on the road as someone is waiting for you at home. The caretaker of Weigh Bridge and the collector of toll tax are motivated to become a condom outlet only in case of emergency. The agency has developed innovative IEC for follow up of treated cases.

The agency followed the activity plan as stated in the project proposal. In addition the Project coordinator takes initiative to develop or organize need-based programme along with the team members. Inbuilt monitoring system and other reporting format for cross checking has been developed. In addition to this the management of the organization also takes lot of initiative to implement the programme. They have already taken measures for including suggestion given by the Mentor during mid line assessment.

The agency has initiated Staff Appraisal in an informal way. Through questionnaire and individual session, the problem is sorted out. Training is organized according to their need. Gradually the process will be formalized.

As stated by them the future directions are towards community resource mobilization, intensive and consistent use of condom, cent percent acceptance of Social marketing
of condom, networking with various community influencers eg. Truckers. Dhaba owners, FST & associations, capacity building of such agencies.  

The evaluator comments “In fact they can be a “model” for others working specially in TI for Truckers.”

Manas Bangla is a network of various groups working with the issues of gender, sexuality, rights, health and empowerment of sexual minorities i.e. kotis, pariks, dupli, hijras etc. The targeted intervention project of Manas Bangla works in seventeen districts of West Bengal providing a range of services such as outreach, networking, services related to STI’s, in – house clinics and drop – in – extension centers. A total of nine districts are covered by the services related to Drop-ins and clinics (i.e. Kolkata, North 24 Parganas, South 24 Parganas, Hoogly, Burdwan, Darjeeling, Jalpaiguri. Howrah gets the clinical service and drop – in services from Hoogly district. Nadia has extension Drop – in center at Ranaghat without clinical service. Outreach and networking has been made possible through peer educators in eight districts viz. Medinipore East, Medinipore West, Bakura, Bridwan, Murshidabad, Malda, North Dinajpur, Cooch Behar.

Total proposed districts in terms of reaching out to the population were nineteen, out of which seventeen districts have been covered.

Manas Bangla is a dream platform, which is a spectrum of various identities, groups, ideologies and histories coming together for a common cause. It truly is a dream platform, and a proto type network in its own way, formation of this network has proved that different identities can work together.

The initiation of Manas Bangla has its rights based roots and taking up the HIV intervention work for the community shows the network’s seriousness and concerns for the health issues of the community. However, as per the evaluation report, “a finer balance needs to be maintained between health based and rights based issues...HIV&AIDS have played a pivotal role in facilitation of mainstreaming MSM issues globally...the network has an excellent opportunity to explore the possibilities

290 Ibid.
of channellizing various resources provided by the Govt and get the best out of it through saving lives and talking about rights." 291

The evaluator also suggests the decentralization of the targeted intervention projects spread across the state of West Bengal as this process would help in proper management of resources, structured accountability and in overall will provide spaces for growth of new ideas and community development.

MSM population due to various socio-cultural factors often face problems regarding their mental health which if not addressed properly may take toll on personal lives leading to the increased circumstantial vulnerability faced by the individuals in context of HIV & AIDS. Thus, strategies facilitating the inclusion of mental health issues in its policy are required. As Manas Bangla works with a broad spectrum of people with different sexual identities and it presently is the only network carrying out the highest number of targeted intervention programs for MSM in the country a fairly wholesome representation of various groups in its board is expected. Exploring the possibilities of inclusion of new groups or people from transgender community and male prostitutes are on the board leading to a network that is even more inclusive, proactive and sensitive towards the issues of the subgroups within.

Nevertheless, the same report reflects, late fund flow from SACS has hampered many activities, which could have been well executed if there had been timely fund flow. It is also recommended to include MSM issues in the Syndromic Management trainings organized by PSU for its NGO partners, which can play an important role in mainstreaming MSM issues.

MSM orientation and sensitization programs for PSU and other TI partners working in the areas of HIV can be encouraged as the concerned agencies would also have a broader understanding of sexuality and development issues.

Capacity building of the staff of the project has to be undertaken by WBSACS/PSU as intensive trainings in terms of fieldwork, management, documentation and other areas are undoubtedly the responsibility of the funding agency. The network does not have any experience working in this area. 292

292 Ibid.
The Ultandanga field under DMSC is working on the flying prostitutes or FSWs (Flying Sex Worker). These target population on the one hand is engaged in the business of building construction and on the other hand they used to sell their sex. Earlier they were forced to have the sex with the head of the construction labour namely ‘thikadar mistry’. DMSC started their work in order to protect their health specifically in relation to STD/HIV. And in the due course they found that police and other stake holder like big shop owner had threatened their livelihood. Keeping their overview to protect the “right of the sex worker” they started advocacy with police and other CKIs.

It was found at the time of midline assessment the organizations had a centralized power structure and centralized democratic policy. These in fact tend to evolve a classist approach within the target population of prostitutes, i.e., those who are in close contact with the power structure vs. those who are not.

As per the monitoring report, the awareness level in relation to sex and sexuality has shown the poor level. Hence the issue of sexual governance and sexual control of body and life are highly depicted through their movement for the cause. Equally the knowledge level about gender and the politics of gender, linkage between sex and gender relationships are not very clear both among staff and target community. Here question like usage of condom with their permanent Babu is being challenged. There is confusion in realizing the proper meaning about the gender policy within organization among the target population and staff. Conception on work place harassment and Vishakha guideline on Anti- Sexual harassment bill was not known to them. If anything happens they used to go Grievance Cell. However, while discussing it with example, it was observed that most of the cases which used to come to that grievance cell were from the violence made on them by their Babu. 

The mentor continues, “The organization is a movement oriented organization. They have the advocacy strategy. However, some basic issues like HIV Positive Bill, 2005, UNGASS declaration on HIV/AIDS are totally unknown to them.

293 Chanda Sanghamitra. STD/HIV intervention among Street Based Sex Worker. DMSC. Dumdum, Ultadanga, Rajabazar. 25.4.2006, & 9.5.2006.
The staff of the Ultadanga clinic needs training on advocacy, gender and legal rights. The target community already placed their demand on the issue of the legal right.\textsuperscript{294}

In contrast to the Ultadanga report the monitoring report prepared by Geeta Banerjee on SHIP gives a different impression of the targeted intervention, "For formal education, they formed 'Bera Bhanga School', funded by Norway agency and Home (2) viz. 'Indu Bala Home' and for Advocacy and fighting for their 'Human Right'.

Mamta Care was established not only for voluntary CCT but involved PLWHA in the process. A forum was created viz. 'Shara Bangla HIV/AIDS Pratirodh Mancha' which is an example of civil society networking. They also run effective ‘capacity building programme’ on ‘Community led structured intervention programme’ and they organized the said programme for the personnel of STD /HIV intervention in Hyderabad, Mysore and Bangalore.

Later on Ms. Bharati Dey, Director, SHIP, pointed out certain problems along with some suggestions which could be met by the WBSACS / PSU.\textsuperscript{295}

Significantly, as it reads from the report that problems raised by Ms. Dey are solely financial in nature. From the same report the dependence of the intervention programmes on condom and condom being a central issue comes up. The views varied from one centre to the other. The clients /peers at Boubazar clinic and Abinash Day centre agreed that they were facing challenges for social marketing of condom as the beneficiaries are still demanding free condom. There were other NGOs in the area who gave free condom to the prostitutes. This kind of service posed problem. Even then, the organization has signed MOU with Hindustan Latex and installation of Multipurpose Vending Machine in the RLAs for social marketing of condom. The interactive session with the Peers and supervisors and field coordinator revealed the problem of social marketing of condom, non-availability of free condom.

The report points out, "almost all TI components are dealt with them but counseling is lacking. The project has been working for about one year with only and one

\textsuperscript{294} Ibid.

\textsuperscript{295} Banerjee Geeta. Monitoring Report of STD / HIV Intervention Programme at Sonagachi and other Red light areas of Kolkata & Howrah (SHIP).DMSC SHIP - date of visit 4\textsuperscript{th} and 5\textsuperscript{th} and 12\textsuperscript{th} May, 2006.
professional counselor. Is it due to non-availability of professional counselor or the organization indirectly avoids the appointment of professionals?²⁹⁶

Therefore, in the targeted intervention of WBSAP&CS through SHIP, on the one hand we see condom centricity and issues emerging from that on the other lack of proper counseling that could have made the beneficiaries well aware about the importance of proper sexual behaviour and sexual health as well. The question posed by the monitor is significant as it indicates that counseling might not be taken seriously by DMSC in the first place. It could also be deciphered, comparing both the above mentioned reports, that TIs are not equally being implemented among flying prostitutes of Ultadanga site and the brothel based ones of Sonagachi area as the monitors impression of the levels of awareness among the target groups in these two respective areas do vary.

DMSC moved to the districts in West Bengal state and is today operating in more than 50 % already. Their primary activities are the Branch (saka) committees – bringing together prostitutes into a common bonding in the trade and catering to their health, wealth and livelihood improvement aspects. Accordingly the North Bengal program was initiated in 1999 and started with relationship building exercises, followed by clinics.

The evaluation of this project conducted by the West Bengal State AIDS Prevention & Control Society (WBSAPCS), coordinated by the West Bengal Project Support Unit (WBPSU) is to ascertain the progress of programs, activities in relation to allotted state funding toward the desired goal and to make suggestions and recommendations for changes towards a more focused effectiveness in the output of the project as a whole. All the findings and issue based recommendations were shared on the spot taking the acceptance of a PSU Staff, the project coordinator and two peers on the shortcoming and the need for drastic change, should the project be given another year of funding – given the lack of performance this year 2005.²⁹⁷

From the TI of the North Bengal branch of DMSC, it comes out very clearly that there are marked differences in TIs at Sonagachi, Kolkata and the suburbs or other districts

²⁹⁶ Ibid.
²⁹⁷ Das Joseph Dinabandhu. The WBSAPCS / WBPSU External Annual Evaluation Report: DMSC North Bengal Intervention Project Siliguri, 18th to 20th January 2006.
in West Bengal where DMSC is active. In the words of the evaluator Joseph Dinabandhu Das, “At the end of the second year of intervention, it is very disheartening to note the poor progress of the project – mainly due to lack of supervision and serious coordination of activities and problems faced at field level as well the near alienation of the main focus group of the sex worker at large in the communities. Though adequately staffed, the competency level is low inspite of hard labour due to poor management of the project at field level, which has frequent changes in staff and peers and recruitment procedure being too decentralized”.298

Following are the gaps that we come to know from the evaluation report. Trainings, orientations, scheduled meetings and awareness campaigns are all jumbled up into each other. Programs and staffing are somehow managed to account for the budget, Inspite of which the competencies of the peers and staff are extremely low. Ongoing KABP work was not completed even during the evaluation.

The medical persons helping the project are not updated on the syndromic management systems as shared with the project through WBSAPCS. One of the doctors interviewed was absolutely unaware of the recent changes in drug management. At Panjipara we find that the doctor has no fixed timing. At least 12 patients were waiting for almost an hour. This is a regular practice and has to be mended through proper dialogue.

Even in terms of the Movement in form of the organization Durbar, the project after 2 years has not even registered 20 % of the declared sex workers. There is no official record of membership to Durbar association as a Movement.

A large wall was found to have been erected by the government in the Siliguri brothel area – now known as Nisiddha Pally (Forbidden Area).

The exact number of sex workers in the four areas is a mystery. The number that the project keeps as final figures – 1744 has been counted two years back from the time of the evaluation. The project team was asked to conduct a detailed documented study and inform Durbar and the WBSAPCS / WBPSU. The floating population operating in the target areas also have to be ascertained by some developed monitoring methods that need to be reflected in the monthly and quarterly reports from the project.

298 Ibid.
The services provided to the community are limited under the earlier broad headings of Awareness, Prevention and Treatment.

The following recommendations are given by the evaluator so that the common prostitute can gain much more in quantitatively and qualitatively.

Trainings, meetings and awareness camps should be used more effectively and planned ahead with the assistance from WBPSU for the time being. The ongoing work of distribution and social marketing of condoms should be handled with just rationale and utmost accountability. In the Social Marketing registers most of the SM condoms given out were marked as given to the “Whole Team” in the registers and full accounts were absent. In most fields, funds collected against this are missing and unaccounted for. This is absolutely not desirable in a project that is functioning for two years and being funded by WBSAPCS since long.

Malda field did not have a counselor for seven months in the year – only to join in August and resign effective 1st January 2006.

The team needs to build the-capacities of the staff and peer educators. It is necessary to act on the same as an urgent means to alternative and organized income generation plan for all SWs – specially yielding results after they retire from the trade on health and age grounds.

Thus Mr. Das recommends, “Malda has had endless problems during the year and not tackled effectively due to the distance. In fact it is found to be too distant to be clubbed under this intervention. WBSAPCS/WBPSU and Durbar please seriously look into this aspect immediately.”

Like Ultadanga project here too one observes a gross disorder in terms of maintaining records and implementation of the programme. Like Ultadanga project the North Bengal also lacks in proper staffing and the role of the counselor is not being taken seriously, though it is known as a targeted intervention. From the above case it could be understood the so called success of targeted intervention of SHIP, DMSC does not seem to be replicated or percolated down to the other areas under the joint intervention of DMSC and WBSAP & CS. Thus, the focus that Kolkata gets and the

299 Ibid.
fame that SHIP has acquired over the period therefore do not hold true in the cases of its sister branches.

The major strategic findings from the evaluation led to the following recommendations: major effort needs to be made to develop a more constructive working partnership between the WBSAPCS and the NGOs implementing the TIs in the state and renewed effort should be made by WBSAPCS to give organizations implementing the TIs access to reliable technical and administrative support. A new research and evaluation system for the TI strategy in the state needs to be designed and implemented to provide data for the strategic decision-making. If the TI strategy is to be scaled up, then more attention needs to be given to costs, cost effectiveness and appropriate cost recovery.

Another organization that is working with women in prostitution in Basirhat, Kalinagar and Matia in the South of Bengal is Seth Bagan Mahila Sangh (SBMS). The evaluation of this organization was done by Dr. Rumeli Das who is an official of WBSAP&CS.

The organization seemed to have a clinic at Basirhat, Matia, with a doctor and a nurse in place that runs for four days a week. However problems did exists in regard to no separate counselling room, hampering the confidentiality of sessions. Diagnosis being done by doctor seems to be common for all patients be it a male or female patient. The MIS for STD Management is being done through Registers for new and old patients, follow up registers and Medicine Registers that is being updated regularly. However what needs to be added on is a column on the number of people being referred for VCTC. What is not clear from the registers is whether these patients are suffering specifically from STI/RTI’s. The doctor is a trained RMP who has undergone a one-day training by SACS. His knowledge on STD Management seems to be low based on the common diagnosis; he also wasn’t very clear about the difference in physiological and pathological white discharge. Counseling is being conducted regularly though logistical problems like no separate room for counselling exits. This does hinder confidentiality of counselling sessions. The organization seems to be successful in free distribution of condoms but hasn’t really got a strong social marketing programme in place. In addition staffs seem to be unsure about the actual number of target beneficiaries and the total number of condoms required by them.
IEC material used for target beneficiaries seems to cater to a more literate audience rather than a semi literate or illiterate one. IEC material developed should be innovative, informative and appealing to target audiences. This should support activities like trainings, group meetings & one to one interactions. The material contains exhaustive reading materials, which is not pictorially presented. The organization is conducting various BCC activities including meetings, trainings and one to one interaction with target beneficiaries. 300

The organization seems to be catering directly to the needs of primary target groups, and yet has not identified age wise sub groups and are not sure about the importance of addressing needs of sub groups. Though awareness and advocacy campaigns are being conducted primarily with Panchayat members, shop owners the need to work more extensively with key informants/community leaders- specially hotel owners, staffs and madams need to be done. The organization needs to sensitize owners of fishery who act as a threat for prostitutes. The organization runs a STD clinic parallel to DMSC in Matia, which accounts for duplication of activities. As per Dr. Das, the evaluator, the organization needs to strengthen links with DMSC especially in the area of income generation (viz. USHA multi purpose project) for elderly prostitutes to achieve more comprehensive programmatic output. The organization acts a strong referral base where target beneficiaries are referred for VCTC to the Bashirhat hospital.

Nonetheless, the staff doesn’t seem to be well trained and a formal capacity building plan doesn’t seem to exist within the organization. No Needs Assessment exercise has been conducted to measure the specific training needs of staff. It is mention worthy, sensitization meetings are being conducted with across section of stakeholders like members of Panchayat, police and community leaders. Dr. Das points out the need for more emphasis on sensitizing fishery owners, who seem to be major influencers within the community. Attempts should be made to ensure cooperation of this particular group so that programme activities can reach the desired outputs. 301 Unlike, the previous projects here we witness fishermen and fishery owners emerging as an important subgroup due to the geographical location of the places covered by the

300 Das Rumeli. OUTPUT/OUTCOME REVIEW OF SETH BAGAN MAHILA SANGH. Basirhat, Matia. From 13.01.06 to 18.01.06.
301 Ibid.
project. Thus it was suggested to organize more sensitization and advocacy meets with community leaders like fishery owners & hotel owners from where the women operate.

By studying the report it could be understood that the project is largely designed for brothel based prostitutes in Bashirhat & Matia. However there is a huge influx of flying prostitutes also practicing within the same project area, in a clandestine fashion. These women are equally prone to STD/HIV&AIDS infection.

Efficacy of condom promotion is being hampered since the project staffs are uncertain about the actual need of condoms demanded by target beneficiaries. Older prostitutes over thirty do not have sufficient business and require livelihood options to help sustain themselves and their families. Thus, it was suggested by the evaluator, the organization should work together on issues of condom distribution and treatment for STD and also the livelihood options for older prostitutes with DMSC.

Therefore, smaller organizations like SBMS that are working under lots of limitations and challenges are being advised by the evaluator of WBSAP &CS to work with DMSC on the areas overlapping or while they are working in the similar areas as DMSC. One can well assume these may lead to confusion and as well as interference by the more influential one and thereby destroying the space for facing the challenges independently by the smaller one. But this also shows that DMSC has emerged as the key organization in the areas of TI and disease control in the contexts of prostitution in West Bengal.

Undoubtedly DMSC has done considerable work for the over all empowerment of women in prostitution in West Bengal through the process of collectivization by bringing a new energy and limelight into the discourse of HIV&AIDS and prostitution in West Bengal at the turn of the twenty first century. However, from the above discussion one observes the dominant international discourse represented by DMSC focusing more on the organization of women in prostitution demanding ‘legalization’ of ‘sex work’ are more publicized and highlighted in comparison to other models followed by organizations like Sanlaap that takes a feminist approach and Marxist understanding by focusing on the issues of underdevelopment, commoditization of women, trafficking, sexual abuse of children, rehabilitation and over all well being of women in prostitution in the context of larger political economy. Although the State...
understands the need to stop trafficking and the fact that issues of prostitution are related to the larger issues of women's marginalization and underdevelopment, yet it propagates and follows the similar principles and objectives of the international discourse of disease control of HIV&AIDS as represented by DMSC at the times of globalization.