Statement of Grant Purpose

Assessing Contextual Factors Impacting Anti-Stigma Efforts in Urban Indian Red Light Areas

Kolkata and Delhi, two Indian cities that house large red light districts, have vastly different HIV prevalence rates. While Kolkata’s sex workers have HIV prevalence rates around 11 percent, sex workers in Delhi have prevalence rates ranging from 50 to 90 percent.\(^1\) Durbar Mahila Samanwaya Committee (DMSC) in Kolkata was instrumental in lowering HIV rates and improving health among sex workers.\(^2\) DMSC was initiated in 1992 with the primary goal of preventing the spread of HIV in Sonagachi, Kolkata’s red light district, by utilizing an innovative peer education approach that focuses on combatting stigma and empowering sex workers. Anti-stigma programs have been shown to reduce HIV rates in other communities outside of India.\(^3\) Reducing stigma has benefits beyond lowering HIV rates such as improvement in life quality for sex workers, increased acceptance in the surrounding community, and the ability to demand legal and human rights. Although DMSC’s model of intervention to reduce sex trade related stigma has been successfully implemented in other communities in West Bengal,\(^4\) Delhi has not adopted the DMSC model to reduce stigma or HIV rates. Why has the non-governmental organization (NGO) sector in the Indian capital failed to implement proven anti-stigma programs?

Having spent the four months of February through May, 2015, researching and interviewing people in sex worker communities in Delhi, I have gained insight about issues relevant to sex worker health, as well as experience in how to approach data collection and interviewing processes in red light districts.

The aim of the proposed research is to analyze approaches to reducing stigma in Kolkata and to understand the feasibility of adapting Kolkata’s effective anti-stigma approaches in Delhi by considering the political and cultural factors unique to each city that influence how stigma is seen and addressed. Understanding the contextual factors in each city that enable or constrain anti-stigma efforts, with particular regard to stigma from healthcare providers and the local community, can lead to better interventions that resonate within the community, thereby improving the quality of life and health for sex workers and their clients. This research will build on existing local initiatives in Delhi to strengthen them with lessons learned from DMSC and other successful initiatives. Delhi has been selected as a study site to compare with Kolkata because of its large population that makes sex work an urgent public health issue, and its diverse political and cultural constitution compared to Kolkata.

This project will employ a multi-method approach to data collection, including semi-structured interviews with NGO personnel as well as content analysis of NGO anti-stigma project documentation and online material collected from NGO websites, media and social networks. Interviews will inform on local definitions and manifestations of stigma, strength and success of activities to combat stigma, evidence of stigma reduction, factors contributing to the success or failure of anti-stigma efforts, and local politics. The local health professionals’ attitudes towards sex workers in each red light district will be an essential indicator for the success of anti-stigma programs in each city because these healthcare workers have the most direct impact on the health of sex workers.

Engagement with the sex worker community in Delhi is a central goal of this research and a participatory approach to data collection. With the help of Aide et Action, the NGO that will host me, along with translators, I will form impact groups of sex workers and task them with assessing stigma levels in their own communities. After an initial conference to brainstorm
measures of stigma as sex workers experience it, the researchers will have a period of four months to assess manifestations of stigma within their communities. At the end of the data collection period, I will individually interview each researcher about her findings and hold a conference with all the researchers to collaborate on appropriate anti-stigma methods.

To further foster a holistic understanding and an active engagement with the sex worker community, I will volunteer with Aide et Action’s and DMSC’s children’s programs throughout my stay in both cities. As an outsider to both Indian and sex worker culture, this volunteer work will help me build rapport with the community and understand the complexities of sex workers’ relationship with stigma that may start from a young age.

I will begin my nine-month project in early September, 2016. Data collection will begin in Kolkata for three months, to cultivate my understanding of the successful elements of existing anti-stigma programs there so that when I move to Delhi I will be able to identify missing or contrasting elements. I will then spend six months in Delhi. This research will result in a scholarly article for peer-reviewed publication. With the goal of making this research impactful on the local community, at the end of the grant period I, along with Aide et Action, will organize a dissemination meeting with all of the NGOs working in Delhi’s red light district to communicate my research findings.

The affiliate organization for this research is the Public Health Foundation of India (PHFI). An academic advisor at PHFI, Ms. Arundati Muralidharan, has committed to supervising and directing this research. The PHFI has connections with coordination improvement resources, access to research materials, and contacts with leading public health professionals and experts in the field, who will clarify dynamics of public health issues. I am also affiliated with two NGOs that will foster my connection with local NGOs and healthcare organizations. In Delhi, I will work with Aide et Action and in Kolkata, I will work with DMSC.

The language barrier is a potential obstacle to this project that I plan to address by building on my existing Hindi competency through private tutoring during the next academic year and hiring translators for interviews with sex workers and others when appropriate. I will be able to conduct some interviews with NGO employees and healthcare workers in English.

This research fulfills the Fulbright goals of promoting cultural exchange and mutual understanding, as it seeks to discover cultural elements that impact anti-stigma program implementation. This project also holds implications for other stigmatized populations, such as groups in India suffering from caste-related stigma. Moreover, this research will provide an entry point into my planned graduate program research on stigma of sex workers in developing countries. I hope to use the Fulbright award to create a successful and meaningful research study to both improve sex worker health in Delhi, and to identify relevant and urgent new directions for research in the community.

5 Senior Research Fellow, research experience in behavior change intervention for HIV/AIDS in sex workers.
Personal Statement

India, Public Health

Assessing Contextual Factors Impacting Anti-Stigma Efforts in Urban Indian Red Light Areas

When I returned to my wheelbarrow after a brief break, I found two small green mangoes nestled in the rocky cement, gifted to me by a small girl grinning at me from behind a tree. I soon learned that this girl and the other children who wandered around our construction zone were orphans whose parents died from HIV/AIDS. My volunteering experience in rural Uganda was one of my initial exposures to health issues in developing countries, and I returned to the US struck by the severity of Uganda’s development issues such as the lack of health and educational infrastructure, and the ineffectiveness of aid efforts. Several locals told us about the unsustainability of donor projects in their communities, and the pervasive top-down approach that many donors cultivate, perpetuating dependency on foreign benefactors.

Wanting to improve the lives of children like the ones on my construction site, yet dedicated to avoiding defunct and harmful development efforts, I earnestly began studying Global Health in college. My classes challenged me to consider the complexity of finding solutions for problems under the broad category of ‘global health’ and my involvement in GlobeMed, a student-run non-profit, formed the base for my activism to dismantle systems of power and oppression through our chapter’s work to support grassroots efforts in Uganda. My role in GlobeMed as a leader of weekly discussions on global health topics about current global health issues has pushed me to critically analyze dynamics within the non-profit sector such as the lack of accountability in many aid efforts. My leadership in GlobeMed, in addition to my involvement in research during my junior year on physical activity in overweight children inspired me to pursue a career in research, in hopes of prompting policy change that would improve health for children in developing countries.

My vision for my future changed dramatically after I studied abroad in Delhi. I found that being a cultural outsider in a foreign place is to be vulnerable, and my vulnerability opened my eyes to new ideas and lifestyles. I underwent an academic transition inspired by a research project that shifted my focus from children’s health to sex worker health. I first got involved in sex worker communities by volunteering at Aide et Action, a non-profit in G.B. Road, Delhi’s red light district. I conducted an autoethnographic study of points of intervention for Government of India programs, which involved several interviews with sex workers and visiting two brothels to gather primary information about conditions in G.B. Road. Although I was initially interested in the impact of the HIV/AIDS, I soon realized that there were far more issues beyond HIV that merited attention in sex worker communities such as social stigma and mental health.

Overcoming challenges to my research showed me the importance of flexibility and reflexivity in studies of sex work. Although I faced significant language and cultural barriers, I learned to mitigate these obstacles to communication by spending time with several Aide et Action employees and community members. By building rapport with these stakeholders, I could grasp a deeper understanding of the community. I also learned to navigate unpredictable interview environments by experiencing several chaotic interviews and implementing structure and more guidance in later interviews.

In the future, I hope to continue studying sex work in India and other developing countries. I plan to attend graduate school to pursue a PhD in Population, Family, and Reproductive Health, with a focus on women’s health. After attaining a doctorate degree, I hope to work for a university or research foundation in India and research sex worker health issues outside of HIV/AIDS, such as mental health, access to healthcare, and domestic violence.