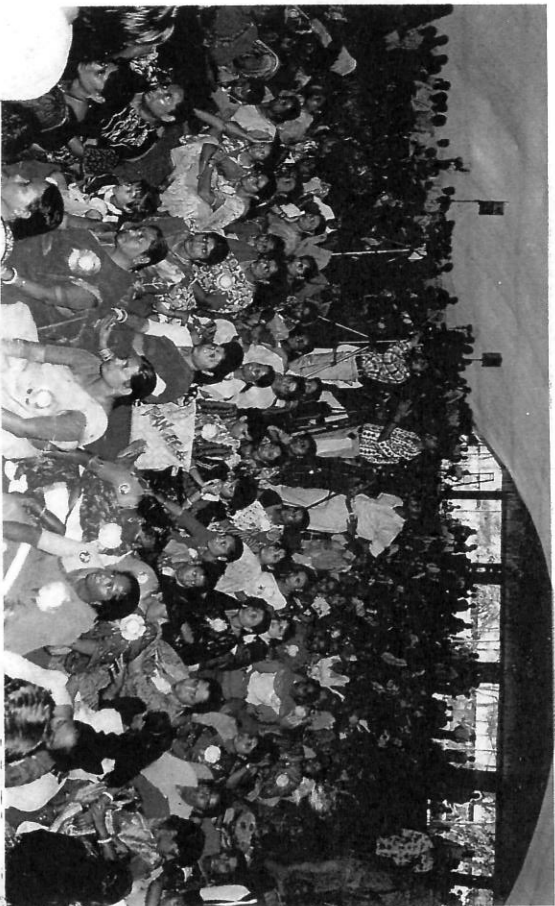


WE DEMAND WORKERS' RIGHTS



Sex workers rally on the streets of Calcutta on the occasion of First National Conference of the Sex Workers on 14 November, 1997.



Participants at the First National Conference of the Sex Workers on and from 14-16 November, 1998 at Calcutta

WE SHALL OVERCOME SOME DAY

THE 'FALEEKY'
LEARN TO RISE

The Social Impact of
STD-HIV
Intervention Programme

1997, 1998
Marking 10 Years.

DURBAR MAHILA
SAMANNWAYA COMMITTEE

THE "FALLEN" LEARN TO RISE

The Social Impact of
STD-HIV Intervention Programme



DURBAR MAHILA SAMANWAYA COMMITTEE
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The "Fallen" Learn to Rise
(The Social Impact of STD-HIV Intervention Programme)

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FOREWARD

The last five years have been epoch making in the history of Calcutta's socio-cultural and medical scene. With the threat of HIV-AIDS epidemic looming large, a radically different approach was needed to gear intervention projects towards meeting the challenge. Not only was there a need to be innovative, there was a urgent need for a multi-pronged attack.

Modification of sexual behaviour to reduce the transmission of HIV infections among the sex workers and their clients became the corner stone of HIV control strategy in our country. Based on that understanding, an intervention programme was launched in Sonagachi in 1992 with a formulation of strategy keeping in view the socio-cultural background of the sex trade in vogue in the city of Calcutta.

However, within a short span of time, we could realise that change of sexual behaviour practices and issues involved with the practice cannot be separated from the wider issues of the society. To be effective in the attempts, the related psychosocial, economic and political influences are of concern. It is important that most of these women have low self esteem and are unable to act due to the feeling of despair and defeatism, making them subject to social oppression.

So the strategy of empowerment gradually became the major guiding policy to attain the stated objectives of the project. The basic human approach led us to understand the world of sex trade and its functioning. We began the process of gradually enhancing the self-respect and autonomy of sex workers leading to mobilisation of sex workers. The approach was found to be more than encouraging. The response from the sex workers was overwhelming and within a span of couple of years lot has been achieved through the active participation of sex workers. As a matter of fact, the sex workers came up with the idea of self organisation and it took a shape by 1995. It became a felt need on the part of the decision makers of the programme to empower sex workers not merely at individual level but both at community and social level.

During the last few years, several attempts have been made by vested interest groups in Sonagachi and in other red light areas which includes power brokers and 'law enforcing authorities' who have on several occasions jointly launched well planned moves against sex workers.

In the process, the fight against the structures of oppression and the fight against HIV epidemic came close which in reality has influenced the sex trade scenario on one hand and strengthened the project related activities on the other hand to achieve the stated objective of the project i.e. the modification of sexual behavioural practices of sex workers and their clients.

This ongoing social contradiction has strengthened the mobilisation of sex workers and their motivation to achieve the right to self-determination. Once the fallen girls grasp the music of social identity and develop a forum of their self expression, they marched forward not only to establish their rights as citizens but as dignified professional of the society.

So, the story of Sonagachi Project has to be viewed from the broader social perspective. The attempt of Sandip Bandyopadhyay to depict this story is just as an initiation to the saga. Many of the incidents that happened in Sonagachi are stranger than fiction and the process of development is long, tortuous and complex where human emotions, individual interaction at community and social level enriches the process of understanding and the development of individuals of the community. I hope this attempt of Sandip Bandyopadhyay might stir the passions of our reader who might feel to act more, to know more and to get involved more at activity level to make the new process a powerful movement in the country and in the universal as a whole.

Smarajit Jana
Advisor
Durbār Mahila Samānwāya Committee

INTRODUCTION

The present document deals with the various aspects and facets of the STD-HIV Intervention Programme and seeks to focus on the impact it has left on the community of Sex Workers in Calcutta. The report concentrates mainly on the Sonagachi area and is based on the information culled from oral and published sources. Finally it traces the development of the Programme with its ramifications till early 1996 and pieces together the views of various people associated with it in various capacities.

The Calcutta Book Fair, 1993 witnessed an unprecedented scene.

Some women, visibly different from the regular visitors, were found selling two-page leaflets titled *Barbanitara Balchi*: We, the public women, speaking. Without mincing words the leaflet identified the women as "veshhyas" (prostitutes), narrated the toil, tears and trauma that characterised their life and appealed to the gentry: "You may not respect us; but, please, don't deny us a footing in society. We have also our children like yours. If you cannot help us, at least resist those who oppress us at every step. Remember, one day you'll have to face us". The leaflets sold beyond expectation; but they also triggered off a plethora of questions: Who are these Women? Who have organised them? How can they pick up the courage to come out in the open and face the larger public at the fair ground?

The questions raised many eyebrows. Some however took interest and enquired about the women. The answer they received was that the women represented an organisation named "*Mahila Sangha*" which had been formed by no other than the "prostitutes" (or sex workers as they are now being euphemistically called) in the Sethbagan "red light area" in north Calcutta. Moreover, they are associated with a project termed the STD/HIV Intervention Programme, conducted by the All India Institute of Hygiene and Public Health, Calcutta. A project for prostitutes—some found it interesting, some ridiculous. Within a short time however the project began to attract wider attention.

Background

History
my word research? lavender

In January, 1992, Dr M. Mehret, an AIDS consultant of the World Health Organisation (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 sex workers (SWs) in terms of prevalence of AIDS or HIV infection. The SWs were targeted because they were considered the "high-risk agents" of HIV infection and the study sought to concentrate on the red light areas in four metropolitan cities in India—Calcutta, New Delhi, Bombay and Madras.

Dr Smarajit Jana, an epidemiologist of the Institute who had earlier viewed the world-wide AIDS programme as a craze and first felt reluctant to respond to the proposal, however took interest because the very expression "Sex Worker" flashed a new idea across his mind. "So the prostitutes can also be termed workers! It was a revelation to me", recalls Dr Jana. The Institute 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 SWs in Calcutta. The study team led by Dr Jana got in touch with the SWs in the Sonagachi area through an organisation—Society for Community Development (SCD)—that had been working with the Sonagachi women for some time. And the project took root at February, 1992.

A short note on Sonagachi

The word *Sonagachi* stands out as a symbol of sex trade in Calcutta, if not in Bengal as a whole. Named after one Sanah-ul-Gazi, allegedly a Muslim religious preacher, it is probably the oldest red light area in the city. In 1868, when the Contagious Diseases Act was enforced, around 30,000 women had been engaged in sex trade in this area. The 19th Century Bengali literature gives ample evidence to phenomenal growth of prostitution in several areas in Calcutta. Contemporary periodicals also expressed concern over mushrooming of brothels in the midst of middle class localities. Finally, the trade converging in the Sonagachi area probably because in this fringe area the "fallen women" could lead a segregated life as desired by the gentry. Earlier the line of demarcation marking the brothel as a "forbidden area" had never been clearly drawn. Kaliprasanna Singha, author of the brilliant social satire *Hutom Penchar Nakscha* (1862) lamented that in Calcutta there was hardly a locality in which at least ten prostitutes did not stay. The 19th Century writings on Calcutta's social history frequently referred to Sonagachi which ultimately became a proverbial term in the world of prostitution in Bengal.

Sonagachi Today

out of 4000, 500
(1868)

Located on the city's western fringe, Sonagachi now houses around 4000 brothel-based SWs; besides some hire rooms in the area for a few hours a day. They are the floaters. In general, Bengali women predominate among the SWs; but there are women from U.P., Bihar and from Nepal and Bangladesh as well. Non-Bengali women however constitute the majority of the economically better-off SWs, popularly known as *Agrawalis*. Within the community of the SWs, they are ranked in the *A category*.

"Frankly speaking", says Dr Jana, "I never knew where the Sonagachi area was actually located; nor did I have a faint idea of the life of the SWs". He recalls his experience of the first encounter with the Sonagachi women as follows: "After they had shaken off their initial hesitation, they began to tell me about their diseases. And to my surprise, I learnt that what they were more concerned with was not the disease but their infertility". On investigation it was found that repeated abortions coupled with inadequate treatment of STD has turned a large number of the women permanently infertile. As they were told that they would never be able to bear children, they could not restrain their tears.

"It was a shocking experience for me. How passionately do they desire for a child! The experience helped me look at their problem from a different angle", observes Dr Jana.

Feb 92

With the help of some local clubs, the census of the Sonagachi SWs was completed within a month and by June 1992 a base-line survey of the prevalence of STD was also finished. Dr. Jana served as the Field Co-ordinator and blood tests were carried out at the School of Tropical Medicine, Calcutta.

It was a random survey of 450 SWs of different economic categories who represented around 12% of the total number of SWs in the area. Precisely, 65 brothels out of a total of 362 were surveyed.

The field workers of the SCD did the interviewing. In order to broaden the area of survey, a questionnaire was prepared and it was used to gather information about the personal habits, customs, sexual practices and above all the health status of the SWs. "We had a purpose behind it", explains Dr Jana. "We felt that we should have an open approach and we must try to understand their personal problems. It would help us develop a closer rapport with the women. "Moreover", continues he, "we tried to understand their specific realities. They lead a strangely confined life and lack social understanding due to their lack of social interaction. The only language they know is the body language. It is through this language that they interact with their male clients. This experience on

the other hand, gives them a distinct perception of life, different from that of the mainstream society. Our aim was to explore this peculiar world of their perceptions. We felt that unless we understood it, we wouldn't be able to understand them."

The survey was conducted with this perspective in mind.

Baseline survey : Findings in brief

TABLE A

Distribution of SWs according to reasons for entry into sex trade

Reasons	No. of SWs		No. of SWs Category C	Total No. of SWs.	Total %
	Category A	Category B			
Acute poverty	32	127	62	221	49.10
Willingly	8	10	21	39	8.67
Family dispute	17	40	40	97	21.56
Misguided	19	21	30	70	15.56
Tradition	5	9	7	21	4.67
Kidnapped	0	2	0	2	0.44

84.9% of the sex workers interviewed belonged to the age group 15-29 years. Lowest age recorded was 13 and the oldest were above 45 years of age. Literacy rates were very low. 84.4% of them were illiterates. Penury and deprivation were the main factors responsible for these women joining the sex trade.

Many have been misled. Addiction to alcohol was the commonest habit among all categories of sex workers. Majority of the sex workers had 3 to 4 customers a day. Weekly income varied from Rs. 1000 to more than Rs. 5000 (category A), between Rs. 500 and Rs. 5000 for category B and less than Rs. 300 to more than Rs. 1000 for category C. Usual method of sexual intercourse was penovaginal—98.7% but 74% also practised oral sex. Group sex was indulged in too. About 40% of the sex workers had children. Of the 450 sex workers examined, only 45% took precaution against pregnancy (in some form) and only 27% regularly (always). Only 2.7% used condoms always or often.

Meanwhile, the project situation in other cities was by no means encouraging. In Delhi, it closed down within a week, in Bombay and Madras it remained confined to economic survey only. The Government also seemed to lose interest, because in Bombay and Delhi the SWs represented a mobile community and it was very difficult to maintain a regular contact with them.

The Calcutta experience however proved to be a success, thanks to the close rapport built up between the SWs and the project staff. 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" (*Indian Express*, 14 April, 1993). The WHO now 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. 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. This was how the Programme, as it stands now, started in Sept., 1992 in consultation with the National AIDS Control Organisation, Govt. of India and under the sponsorship of WHO. Since Dec 1992 (till September 1994) it began to be funded by NORAD, a funding agency of the Govt. of Norway and since October 1994 by ODA, a British Govt. funding organisation. NORAD is now providing financial support to the associated programmes like sex workers' co-operative etc.

How it Began

30,000 SW 4 a day = 120000
 First a primary health clinic was set up at the room of Friends' Union club at Imam Buxee Lane. The clinic was later shifted to the Rambagan area and finally to the Palatak Club room at 7/A, Maniruddin Lane, Sonagachi. Two STD specialists from the National Medical College, Calcutta were in charge of the clinic. Besides providing medical treatment, the clinic would collect blood samples for pathological investigation and distribute condoms among the SWs—a total of about 3000 pc.s per-week. As a part of IEC, a Flip Chart was prepared with the help of an organisation and made ready for use in November 1992. With over 80% of the SWs being found illiterate, the chart was so designed as to include pictures only. A team of Peer-Educators was also formed. They were recruited from among the SWs and were given the required training. Their task would be to move from door to door and spread STD-HIV awareness with the help of the chart. In the following year, an evening clinic was also set up at the premises of Swapan Smriti Sangha, a local club. The programme actually owes a lot to the local clubs but for whose co-operation it would have been impossible for the Programme team to gain access to the area.

Meanwhile, in November 1992, the SCD withdrew but two other NCOs— Human Development and Research Institute and Health & Eco-defence Society joined and helped the programme with their field workers. With the appointment of more staff, the number

of Peer Educators which initially stood at 5/6 only, rose and finally went up to 65. The programme now took a concrete shape and received a boost with the participation of Asha Sadhukhan, a field worker, who had earlier been working for SCD. She continued to work with the Programme and led the team of women who campaigned at the Book Fair in the following month.

Asha Sadhukhan could boast of a past history of struggle and victory. In the 1980s she together with Putul Singh, Pramila Singh, Manju Biswas, Maya Mali, Dolly Banerjee and some others had formed *Mahila Sangha*, an organisation of SWs in the Sethbagan area. Braving threats, they carried on with a sustained campaign against the forcible extortion of money from the SWs by the local dons and managed to drive out from the area of Langra, a notorious hoodlum who had become a veritable threat to the entire community for some time.

'Mahila Sangha'

For the Sethbagan SWs, the Sangha was the organised move to fight the gang of hoodlums led by Langra. Notes Smt Sadhukhan: "Langra was appropriating the rents of our houses. He and his thugs would appropriate fair share of the prostitutes' earnings as well." Besides he would demand money on various pretexts and, "go mad on the slightest provocation", complains Manju Biswas. They would assault the girls, destroy their furniture and cut off electric lines. In desperation, the Sethbagan women led by Asha, Maya, Putul, Manju, Dolly and others united and formed the "Sangha" in the face of terrible opposition. (*Amrita Bazar Patrika*, 28 June, 1987).

The Sonagachi women had also formed a sangha in around 1982 but its counterpart at Sethbagan proved more effective. Putul Singh, played an active role in the formation of the Sethbagan Sangha because of her concern for the law and order situation in the locality. Moreover, says, Putul, "I would see that girls were being regularly assaulted by Langra and his gang. I felt that we should do something to stop this". She acknowledges the encouragement they received from Mantu Singh, husband of Putul, Sachan Sadhukhan, husband of Asha Sadhukhan, Shankar Basak, Kelo Basak and others. A section of the local youths also stood by them and fought with the Langra's group when they attacked with bombs and fire-arms. With their help, the Sethbagan women formed the Sangha and finally forced the police to arrest Langra.

Having achieved the first round of victory, the Sangha undertook other constructive programmes. Thanks to Janasiksha Prachar Kendra, a voluntary organisation, a literacy programme was started. Each member donated Rs. 200 to raise funds for setting up a health clinic. Dr Joseph, a philanthropist, agreed to render free service and the intervention project of Hygiene Institute assured technical support. This was how the Sethbagan Sangha came in contact with the Institute, explains Putul Singh. The activists later joined the

STD-HIV Programme because their organisation had meanwhile become almost inactive and their activities fizzled out. "We joined the Programme because in it we found an opportunity to continue with our struggle", says Putul Singh.

Interestingly, a section of permanent clients, *babus*, as they are popularly called, lent support and encouragement to their move. It may be relevant here to note that a section of *babus* had all along played a very significant role in the history of prostitution in Calcutta. During the days of the nationalist movement, they inspired the Sonagachi women to raise funds on aid of freedom struggle. In 1922 the Calcutta prostitutes also undertook a fund raising campaign for North Bengal flood victims. They also joined the Tarakeswar Satyagraha movement led by Desbandhu Chittaranjan Das, a nationalist leader. As the contemporary journals bear out, puritan Bengali intelligentsia did not like this at all.

The Bridge

Since the outset, the Programme had been taking keen interest in developing a close rapport with the SWs. Peers were recruited from among them in the hope that they would be able to interact with the community more closely. The hope came true and the Peers proved competent field workers. It was however not very easy to organise them. "Take, for example, the matter of punctuality and discipline", explains Bhaskar Banerjee, who joined as Field Administrator in May, 1993: "When it was decided that peer-educators would have to report for duty between 10 to 10:15 AM they found it a strange and inconvenient rule and thoroughly disliked it. But we persisted. And finally they were able to understand and appreciate the mutual benefit of maintaining discipline. Now a strong sense of discipline prevails among them. If one Peer turns up late she is criticised by her colleagues."

Led by a team of Supervisors, the Peers would move from door to door and maintain an intimate contact with each member of the community. Their main task was to encourage the SWs to attend the clinic regularly for their health check up and to motivate their clients to use condoms. Moreover, the Peers would listen to their personal problems and try to help them out as far as practicable. The personal communication based on mutual trust served as the main strength of the programme. In order to boost up the morale of the SWs, cultural programmes and video shows were also organised.

Kamala Mukherjee who had been with the Programme as a Supervisor since its early stage summarises her experience as thus, "When we first entered the area, we were ridiculed by local toughs. We would also receive a raw deal from the SWs who looked upon us with suspicion. But gradually they began to feel that we were their well wishers. The *babus* also appreciated our move."

Writes Saraswati Sarkar, a senior among the peers: "Though I was quite apprehensive about my ability to work, I joined this programme. Now I cannot imagine a life without it." Reba Mitra, a senior Peer admits that first she didn't take much interest in the

Programme. Her *babu* however advised her to continue and within months "I began to realise that the Programme is a great opportunity for us to organise ourselves." Kajal (surname withheld) shares the same view: "You see, when I first came to the clinic I had already contracted syphilis. But I had no idea of the nature of the disease. I am grateful to the Programme because it has made me aware of the diseases (STD)."

As the Programme went on, the SWs began to discuss their personal problems with the supervisor *didi*s and seek their advice. "Now the situation is that," says Kamala Mukherjee, "if I fail to visit one area for some days, they call for reasons of my absence." Adds Nayanita Sardar, another Supervisor: "When we first approached them, we were abused and sometimes just driven out. Now they get offended if we refuse their offer for tea in their rooms." "They once rushed to me with brooms in their hands. Now I am their *didi*," says Namita Das, Supervisor.

'We Overcame the Hurdles'

Things however were never smooth-sailing. Controlled by the vested interests, the police-criminal-politician nexus—a red light area is indeed a vicious circle, explains Bhaskar Banerjee, "Here no one can live without negotiating with those elements. And none of the elements will allow anything that might affect their interests." Experience showed that no headway could be made without negotiating with the hoodlums and pimps who actually controlled the entire trade. Pimps are not isolated individuals. They have a well-knit panchayat-like network led by *mukhiyas* or *headmen*. So the project team met the *mukhiyas* for a face-to-face encounter. The *mukhiyas* first avoided meeting the team but ultimately they relented, says Supervisor Rita Moulik.

Supervisors Rekha Choudhury and Isika Basu narrate their experience as thus: "We learnt that the majority of the *mukhiyas* were from U. P. and Bihar and had been operating in the area for a long time. The *mukhiyas* didn't like the campaign because they feared that it would hamper their business. But when the project team explained that the spread of AIDS might destroy their entire business, they took it seriously and more or less agreed not to resist the campaign." "The *mukhiya* who had tried to stop our programme, later didn't mind being photographed along with us", adds Rekha Choudhury. Some misgivings however remained and the Supervisors had to conduct a sustained campaign to convince them. Isika Basu refers to an incident which worked like a magic. One day an aged *mukhiya* fell ill in the street and the supervisors took him to the clinic, "And we won him over that day." This was how a rapport building process was initiated.

Problems cropped up from among the SWs also. There is a disorganised community beset with factional and personal quarrels. To tackle Peer-educators' problems, an Advisory

So these suggestions were
now
DWS
DWS
DWS

board) represented by the SWs themselves was formed in late 1993. And it was followed by the formation of a Grievance Redressal Committee. Both the committees helped develop a sense of responsibility towards the programme among the SWs. As Reba Mitra says, "We should feel that it is our project and we must protect it." She insists on a Project Team which will co-ordinate the entire corpus of activities and laments that it is yet to take shape.

Though the committees helped ease some of the problems, some organisational drawbacks continued to remain. As for example, in 1993 when Dr Jana went abroad to attend the International AIDS Conference in Berlin, the committees became almost defunct during the period of his absence and fresh initiative had to be taken to revive them again. Later, says Dr Jana, "We arranged monthly meetings involving all the Peers and the step proved very effective." At the meetings they would freely discuss their problems related not only to the Programme but to their profession. The experience at the Book Fair had already instilled a sense of self respect in them and they now began to challenge the very social attitude that attached a stigma to their profession and branded them as "fallen women".

"The monthly meetings helped me a lot. I began to look at myself from a new angle", admits Chobi, a Peer. "Earlier we were completely in the dark and were too shaky. Now we can express ourselves at the meetings", say Peers—Jayanti and Madhavi. Relationship with the local youths also improved. They seemed to understand the point when a slide show was organised to explain to them the degree of threat that AIDS might pose to the entire area. They now began to realise that the Programme had a positive purpose behind it. Says Raju Thunder of PALATAK Club: "Unless we felt so why would we allow it to function in our area! We had all along extended our co-operation to the Programme." He particularly praises the educational programme and the sense of discipline that has developed among the "girls in the area."

This was how the hurdles were won over. The Calcutta SWs hit the newspaper headlines when on 23 May, 1993 they took out a candlelight procession against AIDS.

The Challenge

It was a challenging task as well for the project staff who had come from outside of the community. When in 1993, Jagadish Hela and Lakshman Das, both belonging to the Institute were deputed for the Programme, some criticised it and apprehended that it would land the Institute employees in trouble. The persons in question however took it up as a challenge and addressed the task with a sensitive approach.

11
DWS
TWS

m/m/m

11
DWS
TWS

"Yes", admits Jagadish Hela, "most of my colleagues discouraged me. But I took it as a sort of *sewa* (social work). I had never looked upon these girls as loose women. And now my stint in Sonagachi has strengthened my view." Kamala Mukherjee, Supervisor, who had some earlier experience of social work also shares the same view. "I live close to the Sonagachi area. Earlier I would avoid the area in the evening. But now I feel safe here. I am sure that if I am in trouble, the girls will come to my rescue." Explains Rekha Choudhury, "we have achieved this by negotiating with the local power groups. Our Peers have also developed the skill to negotiate, with those elements," adds she. Clinic attendant Ranjan Datta, once a resident in the Sonagachi area confirms this: "The local people have now taken the project seriously; and they respect the project staff."

The Supervisors however, had to struggle hard to gain access to the area. Says Isika Basu, "Consider besides others, the question of cultural difference. ~~There is~~ is a different world with a different value system. Consider the very language, they use when they talk to each other. We had to bear with all these impediments." Continues Isika Basu: "One day we were talking to a girl in a big room. Suddenly we discovered that in the same room behind a curtain another girl was doing the act with her client. And we had to adjust to this environment and overcome the shock." Nayanita Sardar, another Supervisor, also had the same experience.

Mili Mitra, Supervisor in the Tollygunj area, admits that initially she had reservations about sitting on a SW's bed or drinking water in her room. "But we had to get over them. These women are very sensitive, you know. If they feel that you are keeping them at a distance, they won't treat you intimately." Another challenge that the Supervisors had to take on was the fear of disease. "When we joined, we had little knowledge about the diseases, STD particularly. Naturally we would sometimes panic", maintains Mili Mitra. "I am a bit fastidious about cleanliness. But here I have to adjust. The Project has made me change my temperament," says she.

Later at the request of the Supervisors, a meeting was organised where Dr/Jana cleared many of the misconceptions and also explained the "occupational hazards" involved in the Peers' job. This did ease some of the anxieties but as, Bhaskar Banerjee points out, "We are not sure what awaits us, Sometimes I feel that we are working as a suicide squad." Nayanita Sardar also expresses the same concern: "Yes, now we become alert whenever we have a cut injury, say, in our hands. But we cannot always avoid close contact with the girls".

The Supervisors' observations bring out the formidable nature of their job and the psychological and cultural shock that they have to endure. Says Isika Basu, "I had the past experience of working with slum people. But here it is a different matter. We are not sure whether we run the risk of contracting the diseases. Besides our job entails certain

embarrassing things. Sometimes we have to show a client how to use condoms." Surangama Mukherjee, Supervisor in the Bowbazar area, also shares her concern. What is significant is that against all these odds they have been able to prove themselves as friends of the women whom the society discards as fallen.

Recalls Bhaskar Banerjee: "There was a lot of tension in the area the day I joined. On the previous day, a woman had been assaulted by some hoodlums. And the very first day's experience showed me how helpless these women were. Since the beginning I was therefore keen on developing a humane relationship with them. I put across my understanding with the Supervisors. We must not do anything that might hurt their self respect. Moreover, we felt, the women should be helped to understand that they have the ability to do something other than 'lying down'."

The Fallen Break the Fetters

The Book Fair experience—the very experience that they can face the gentry—had already added to their courage. The literacy programme demanded by the Peers and started on the initiative of Rekha Choudhury also contributed to this process. "We wanted it", says Sadhana Mukherjee, a Peer, "because we felt that as we can not read and write we fail to understand many things" (connected with the Programme). "We want to learn English", adds Peer Anima Banerjee. "So many people come to us (in connection with the project). They often speak English, and we can't understand." This is how they articulate their new found realisation. They want literacy because they want to get out of their confined and condemned life. "We were in a *jailkhana* (prison house). It is the project that has taken us out into the outer world," says Chobi in a mood of self-reflection.

"I can distinctly remember" recalls Bhaskar Banerjee, "the day when a woman had her cheeks soaked in tears only because she was asked to write something on the blackboard. Tears, you see, abound in the Sonagachi area. It is nothing new. What is striking is that a woman is shedding tears because she doesn't know how to read and write. She couldn't imagine that somebody would ever ask her to write something."

And it will not be an exaggeration to note that the women owe this consciousness to the Project. Writes Madhavi Jaiswal, "The project is like God to me as it has enabled me to face society with confidence. I had never imagined that I would be able to emerge out of the dark alleys and venture into light." Says Puspa, pointing to her apron, "This apron has changed my life, my identity. Now I can tell others that I am a social worker, a health worker." For the Peers, the uniform—green apron coat with a red cross symbol printed and the identity card—stand for their self esteem. They preferred it to costly sarees because they knew that a uniform is a symbol of social recognition. Puspa rattles off a story which

What are sarees?

speaks for itself : one day on her way back home, she met with a relative of hers in the street. The person looked at her with suspicion and asked her flatly what business she had in the Sonagachi area. To the relatives Puspa had concealed her profession and made out that she was still staying with her husband. So the relative's inquiry almost put her out. But soon she recovered herself and pointing to her uniform said, "I work for a Govt. Project here." And the green coat thus saved her that day.

Parameters of Success

An assessment of the success of the Programme which calls for a thoroughly scientific study is outside the purview of this documentation. However in the course of our survey, several facts came to our notice which did point to an emerging trend relating to the Programme's achievements.

Take for example, the question of spread of health awareness. Dr Debashis Basu who joined the programme in January 1994 has the following observations to make, "Let me tell you two stories. In one incident, one SW grew suspicious of her client and forced him to undress first and finally discovered that he had contracted STD. The woman took him to the clinic the next day and had him medically treated. In the second incident, one woman quarrelled with a hospital doctor because he had not used a 'plastic syringe' while collecting blood from the body of her ailing son. She was afraid that her son might catch AIDS."

Dr Basu considers these two incidents "very significant" because they reflect the "growing awareness" of STD/HIV among the SWs. The women now ask for condoms and insist on their clients' treatment. "It is indeed a new phenomenon," says Dr Basu, "they have also got rid of their initial fear and hesitation about blood test. It shows that the project has proved its credibility."

According to Jagadish Hela, whose job is to maintain the health cards of individual SWs, 40% of the clients now agree to use condoms. The same view is shared by Sandha Roy, a Supervisor in the Khidirpur area. The problem is that sometimes a SW has to yield to the client's pressure and do without condoms because she cannot afford to stick to her demand. How can we wonders one SW in the Kalighat area, who did not like to be named. "Suppose I haven't got a 'customer' for three days. On the fourth day I can't have a choice if I am to feed myself." The same situation prevails in the Khidirpur area, adds Sandha Roy.

In view of this stark reality, which points to the basic inhumanity involved in the trade, one cannot expect cent per cent success of the programme. "That is a utopian idea," says Dr Jana. "What is significant is that a sense of awareness of their body, of their

health, has developed among the SWs and it is spreading." Nurse Mira Bhattacharya and compounder Anilkrishna Ghosh also air the same observation. According to Smt Bhattacharya, "Earlier the girls had serious reservations about blood test and speculum examination. Some of them would cry like children. Now at least 90% of them have got rid of this fear." Moreover, adds Anil K. Ghosh, "They now insist on injections. And when I joined, they would flee at the sight of the syringe."

And what about the rate of condom use? Has it shown signs of progress? Bhaskar Banerjee has a strange index to refer to, "Look at the dustbins in the area and you will get the answer," says he. Kamala Mukherjee and Isika Basu, both Supervisors, refer to another visible proof, "Earlier they used to throw about used condoms in the room. We gave them paper-board boxes and asked them to deposit the used things in them. And now the boxes are there to show that the rate of condom use has definitely gone up."

Peers Sadhana Mukherjee and Madhavi Sarkar can substantiate the claim with figures. "Earlier we would distribute a total of 150/200 caps (condoms) a day. Now we carry about 3000 caps, during our daily visits." Moreover, adds Sadhana Mukherjee, "Petty traders and other local people who visit brothels take condoms from us regularly and sometimes unknown people also approach us." All these show that so far as condom promotion is concerned, the programme has been able to make a mark.

There is however, no room for complacency, points out Dr Chanchala Samajdar, who was with the programme till October 1995. "Many of the SWs are not talking about condoms to their client even", says Dr Samajdar. "There is no question of gaining the success; but we must admit that we have not yet been able to change the trade terms", observes Dr Ashis Kundu who attends the evening clinic meant for clients mainly. According to Dr Kundu, the number of client patients was never very significant. But a sort of awareness has definitely grown among them. "Earlier after examination, we would send them to the morning clinic for penicillin injection. Now they sometimes go straight to the morning clinic." The problem of follow-up however remains. Often patients do not turn up for the second time, laments Mira Bhattacharya.

Has the Programme brought about any change in the *malikins* (landladies) attitude towards the girls they keep? According to Isika Basu, the physical torture has lessened but other forms of cruel treatment are there. As for example, she refers to the quality and quantity of food that the landladies dole out to the girls, especially the Nepali girls. In the Khidirpur area, points out Sandhya Roy, the Nepali Girls are "cheaper" and they receive the worst kind of treatment. While there is no denying that the Programme has not always been successful to lead to attitudinal changes, what it has however achieved is that SWs have found some empathetic people with whom they can freely talk about their personal problems.

Another important change, attributable to the Programme is the SWs' growing realisation of the need for proper medical treatment. Before the start of the Project, the local *Sitala mandir* (temple) would serve as the defacto medical centre. "These women did believe that the holy water would cure their diseases. Now they come to the clinic. Even the temple's priest sometimes refers patients to us," points out Bhaskar Banerjee.

The Peers and SWs also confirm this change. "When I joined this trade", says Peer Chobi, "I had no idea of sexual diseases. I learnt it from the (project) Doctors and I became alert." Mantu, a SW admits that she first learnt about condoms from the *didis* (Peers).

In 1992 when the base line survey was conducted, only 2% of the clients were found to be using condoms. Now the rate of use has gone upto over 60%. Supervisor Rita Moullick had a queer experience which otherwise goes in favour of the Programme. One day some *hijras* complained to her that "your work is affecting our earnings." The women now bear less children because of the "caps you give them." This shows that the Programme has left an impact on the sexual practices of the SWs.

Chandana who has been in the trade for 20 years and has been coming to the clinic since the beginning maintains that the occurrence of STD has definitely decreased in recent years and she attributes this to the success of the Programme. In general the SWs hail the clinic for the free treatment it offers. "If we do not benefit, why should we come here," wonder Bela and Rupa, both SWs. How do you motivate your clients? Do they agree to take condoms; "Why not? I say, take; won't you" replies Rita (not her real name), a nepali girl. Sangeeta, a SW of the A category is all praise for the Programme. Though she doesn't go to the clinic, she likes the association of the Supervisor *didis*.

Ranjan Datta, the clinic attendant working since April 1993 has in his store a very significant story which points to the degree of growing awareness among the SWs. One SW belonging to the A category had to do without condoms because the client offered her Rs.1000 and she couldn't refuse it. After the act she however panicked and had her blood examined later. According to Mr Datta, the rising number of patients indicates the SWs have become conscious of their sexual health, "When I joined, we used to attend to about 10 patients a day; now 50 patients on an average visit the clinic." The patients however include some local people also who visit the clinic with complaint of general ailments.

Has the programme been able to eradicate STD from the project area? Dr Debashis Basu rules out this possibility and argues that nowhere in the world STD has been completely eradicated. "The point is that you can disinfect the SWs, you can also try to take on the clients, but the clients' spouses remain beyond your reach. Very often they

contract STD from their brothel-going husbands who carry the disease unnoticed and their husbands get the disease again from them. This is a vicious circle," observes Dr Basu.

The programme however is trying hard to reach the clients. An evening clinic has been set up in the Sonagachi area with this end in view. Though the number of clients who visit the clinic is not very high, what is encouraging is that they are being motivated by the SWs to undergo a regular health check-up. Dr Basu hopes that it will produce a significant effect in the years to come.

The present situation as borne out by the latest study is as follows : (Tables B & C)

TABLE B
Condom usage by clients

	Cat A	Cat B	Cat C	Total
No. of clients	175	588	1376	2139
No. who used condoms	129	443	956	1528
% who used condoms	73.7	75.3	69.5	71.4

Laboratory Findings

N. gonorrhoeae was detected in 3.9% of the specimens either by smear or culture as against 13.2% during base line survey. Decline in incidence was 70.1%. T. Vaginalis was detected in 9.8% of the specimens, a decrease from 11.1% earlier. Of the 607 serum samples tested for VDRL, 49.6% were reactive as against 58.8% in the base line survey. C. albicans reduced by 72.4%. Table C illustrates the change that has occurred.

TABLE C
Results of laboratory examinations

Pathogen	Baseline (%positive)	Repeat survey (%positive)	% Reduction
N. gonorrhoeae Smear/culture	13.2	3.9	70.1
T. Vaginalis (wet mount)	11.1	9.8	11.7
C. albicans (culture)	23.2	6.4	72.4
Syphilis (VDRL)	58.8	49.6	15.6

Has the Programme any provision for rehabilitation of the SWs? "No", replies Dr Jana, "We are not aiming at it; because we firmly believe that no external force can

abolish this trade. Historical experience also testifies to this belief. The sex trade developed for historical reasons. It is related to the structural problem and has its roots in the wider social factors. Only a social movement can abolish this trade. At present, continues Dr Jana, "What is important is to ensure safer sex and develop in these women a sense of identity which they have lost." If they continue to consider themselves "sinners" how can they challenge this inhuman trade? So the first step is to instill in them the notion that they are not loose women. They have also a right to demand justice. "That is why I emphasise the need for empowerment."

Dr Jana's observation finds an echo in Reba Mitra who emphatically demands their right to have their trade recognised. "You see in the society, people are engaged in various forms of employment. For us, this trade is also an employment. Why wouldn't the Government recognise it? Who says we are loose women? Wonders Gita, "Are we alone to blame? What about the men who come to us? Are they not also polluting the Society?" The same view has been reiterated by Nirmala Ghosh, another Peer. And notes Mamata Ghosh : "Earlier I could not speak to anyone—but now I can speak to all people. I have even started to dislike the trade." Munni Singh, an aged Peer observes : "I had been so engrossed the last 23 years of my life in providing pleasure to innumerable men folk that I had forgotten my own happiness. I came to know the thrills of a job after joining the project?" "For me" says Dr Jana, "This awakening is the most significant thing that the Programme has achieved. These women are now challenging the age-old notions and trying to reconstruct their identity." "I can remember the first day I met them. They could not look me in the face. They couldn't even tell their names. Now they argue with me about the Project," says a proud Dr Jana.

Though the Programme has no provision for rehabilitation, however as a significant fall out, a number of Peers have meanwhile given up the profession. "Thanks to the Project, I have now a regular source of learning—hence I have given up the trade," says Chobi. "And I am very grateful to Dr Jana for this", says Reba Mitra.

The Programme Expands

The initial success of the Programme brought in its wake the demand for its expansion in other red light areas. Interestingly, the demand came from the SWs themselves. With a sizeable section of them being mobile, the story of the Sonagachi experience had meanwhile been carried to the SWs in other areas and they now began to prevail upon the Institute to start programmes in their areas too. The WHO also insisted on it and some local clubs showed interest.

Finally, a clinic was set up in the Bowbazar red light area in central Calcutta in April,

1994. At Kalighat in South Calcutta, Health and Eco-defence Society had already been running a centre. It was now taken over by the Programme. Gradually clinics came up at Munshiganj, Lakhar Math and Tollygunj by August 1994 and at Chetla in the following year. The project team visited Goa in late 1994 and initiated a programme there but it could not attain stability for various reasons.

Meanwhile the Programme attracted international attention and was specially referred to and hailed at the International AIDS Conferences in Yokohama in Japan in 1994 and in Thailand in 1995. Dr Jana's emphasis on the need to empower the SWs and enable them to assert their rights was widely acclaimed especially by the participant SWs across the world. Sonagachi was hailed as the biggest brothel in Asia with a record negative growth rate of AIDS. (The Telegraph, 18 September, 1995)

At home also, the Programme was receiving wide media coverage. As early as on Oct. 14th, 1992 The Statesman had headlined : "AIDS Awareness Campaign in City"; within months the Indian Express (14 April, 1993) reported on "Capping AIDS in Sonagachi" and The Telegraph (9 May, 1993) carried a feature entitled "Altruism Amidst Adversity." The Bengali daily Ananda Bazar Patrika also reported on the Programme with due importance several times.

However in the same year (1994), the Programme ran into a rough time. In early September, one NGO with the help of the State Government and the police, forcibly collected blood samples of around 50 SWs in the Sonagachi area. Earlier they had dragged one landlady into the local police station and threatened her with serious consequences if she didn't co-operate with them.

The incident created widespread panic in the area and affected the functioning of the Project as well. The Institute in its turn registered its protest against the move (The Telegraph, 6 September, '94) and incurred displeasure from many a corner as a result. Timely intervention of Mr Prasanta Sur, then Health Minister, Govt. of West Bengal however put an end to the stalemate. The Programme not only resumed its activities but gained greater credibility in the eyes of the SWs who began to view the whole matter as an instance of assertion of their rights. They also began to feel that they must have an organised body of their own to fight and prevent the various problems that sometimes affect the functioning of the Programme.

Mahila Samanwaya Committee

It was out of this felt need that their own organisation Mahila Samanwaya Committee came into being in February 1995. According to Reba Mitra, an activist of the organisation, they had been thinking of an action committee for some time, because "We felt that the Institute should not get involved in every local case. We should tackle the problems and steer intervention on

our own." Finally it took shape in the form of the Samanwaya Committee. The *Ananda Bazar Patrika* (1 August, 1995) hailed the move with the headline: "Sex Workers form their own Organisation."

The organisation proved its might when in November, 1995 it organised a massive demonstration of about 1000 SWs before the local Jorshanko Police Station against police raids in the Sonagachi area. Earlier, summoned by an Assembly Committee (Subjects Committee on Health & Family Welfare), they made a representation where the activists explained the objective of the committee in clear terms. They made it clear that their only objective was to protect themselves and they did impress the officials.

The members also joined two rallies against eviction of SWs without rehabilitation in the Tollygunj and Waugunj areas in September 1995. This was how they expressed their solidarity with their "sisters" in other areas. On 27 September, 1995 they also took out a demonstration against unethical and illegal testing of "AIDS vaccine" on some SWs by an organisation. The committee has indeed helped to develop "a sense of community, a sense of sisterhood" among the SWs, observes Dr Jana, considering the disorganised and "floating" nature of the community it is undoubtedly a remarkable achievement. Another seasonal menace that it has managed to ease is the forcible collection of *puja* subscription from the clients.

In October 1995, the Samanwaya Committee organised a fund-raising campaign in aid of the flood victims in West Bengal. On the World AIDS Day (Dec. 1, 1995) the committee activists handed over a cheque of Rs. 7001/- to the State Health Minister as their contribution to the Chief Minister's Relief Fund.

Meanwhile in July 1995 the committee had published a leaflet entitled *Change is in the Wind*. The primary aim of the committee, notes the leaflet, "is to achieve all round development for the sex workers and their families. The attempt will be to participate in all sorts of endeavours at every level of society to attain social dignity, justice and security for the sex workers and their children. We would like to earn a little dignity and self-respect that any ordinary citizen should rightfully enjoy. We aspire for life and occupation security."

The leaflet has been widely acclaimed and the International Sex Workers' Association has decided to reprint and translate it in several languages. As a part of its pledge, the Committee has already started a counselling centre at Rambagan. Still in its nascent state, the centre aims to extend legal and other kinds of advice to the SWs and function as a forum for dialogue among them. It is trying to build up a fraternal relation with organisations of similar kind. Besides the committee regularly takes part in various related programmes and is trying to develop a wide network of campaign for the rights of SWs. During February-March 1996, the activists toured several districts in West Bengal with this end in view. It was a harrowing experience for them. Says Sadhana Mukherjee referring to her interaction

violation of rights

repis stage

Demond

local prov.

National level

Follow up

with the SWs in Malda and Murshidabad: "They are in an acutely miserable condition. The women there have no idea of the hazards involved in their profession. They couldn't imagine that some people from Calcutta would ever come to meet them." The meeting however proved a success and the Calcutta group initiated a move to form similar kind of organisations in the districts. The Samanwaya Committee, according to convenor Sadhana Mukherjee, also wants to take up welfare programmes for the SWs' children and help the SWs by way of education and alternative occupation for aged sex workers. Meanwhile the Institute has already arranged for a nursing training course for the SWs. It claims to be the first of its kind in Asia. (See Annexure)

Usha Co-operative

Of the several steps, the Samanwaya Committee has initiated so far, the most significant seems to be the formation of a co-operative society named Usha Co-operative Multipurpose Society Ltd. The Society is the first of its kind in Asia. The Society was registered in June 1995 under the West Bengal Co-operative Societies Act, 1983 and more importantly it has been recognised and promised all possible help by the Government of West Bengal.

Reba Mitra admits that when the idea was first mooted, misgivings were expressed by some members of the Committee. But some of the activists stuck to it and translated it into practice because they knew that it would help them get rid of the money lenders' clutches and moreover provide them with an economic footing. As Smt Mitra remarks, "We must do something constructive ourselves". The society stands out as a unique move in the world, claims Dr Jana.

For the SWs, it offers a great relief because borrowing money at exorbitant rates of interest would often land them in acute financial crisis. Explains Sadhana Mukherjee: for every Rs. 500 as loan we have to pay Rs. 10 a day. When we finally manage to repay the loan within two months and twelve days as per the condition, the amount has meanwhile shot up to around Rs. 750.

Against the prevailing practice, the society makes provision for taking loans at reasonable rates of interest. It started with only 13 members and now it boasts of a strength of over 90 members. The objective of the Society however is not to dole out loans only. It is not just a credit society. It has a plan to run a departmental store which would sell at reasonable prices the daily necessities and would also supply condoms to the Programme authorities and might also sell them among the SWs at subsidised rates.

The main idea behind the co-operative, explain Dr Jana, is to enable the SWs to generate a sustainable economy for themselves so that they may carry on with the development process. The co-operative also has a plan to help the former SWs with

self-employment schemes and will approach the Union Government and different NGOs with this proposal.

Interestingly, recalls Dr Jana, the registration of the Society got stalled at one stage when the officials concerned pointed out that the criteria for registration demanded that the members must have a "good moral character". Can the SWs claim this certificate? The stalemate however was finally resolved, thanks to the kind intervention of Mr Saral Dev, the State Co-operative Minister who appreciated the move and did not mind obliterating that particular clause. At the inaugural ceremony of the co-operative, the Minister promised to extend a loan of Rs. 1 lakh to the Society. Dr Jana sets a great store by the co-operative and hopes that it will add to the SWs' self confidence and imbue them with a sense of being a part and parcel of the entire project.

The formation of the Society however was not an easy-going affair. It incurred the wrath of the vested interests involved in the notorious money-lending racket operating in the area. Some members of the Project staff who belonged to this racket started a systematic campaign against the move. They however failed to influence the majority of the SWs, who hailed the initiative with great enthusiasm. One NGO meanwhile set about a misinformation campaign and spread the rumour that the Project authorities had connived with the police during the December raids.

The Supervisors and Peers had a trying time requesting the SWs not to be influenced by this motivated campaign. The incident on the other hand gave rise to a sense of unity among the majority of the Peers. "Now nobody doubts our motive", confirms Minu Adhikari who is on the Society's Board of directors. (See Annexure)

Education

As said earlier, at one stage in the Programme the Peers demanded that they be taught to read and write. They felt the need because as part of their job they were to keep accounts, write short reports, applications for leave etc. and read various published materials relevant to the Programme. Only a small section of them who had attended school in their early life proved competent to do these tasks while for the others, the lack of literacy created a regular problem. Hence their demand for education was prompted by their felt need and it was an expression of their genuine urge for developing themselves in terms of literacy.

Hence though the Project had no such provision, literacy programme was taken up mainly on the initiative of Supervisor Rekha Choudhury. The Supervisors would periodically take classes; later Peers Minu Adhikari and Banani also joined as "teachers". Some elementary books on science, history and geography were also provided. The Peers joined the literacy programme with great enthusiasm and within a year some of them learnt to recognise the alphabet and

read short, simple words. But they remained incompetent to read sentences and generate new words and expressions on their own. Moreover the learning process gradually turned out to be a dull, mechanical exercise of learning spelling patterns of words only.

Appreciating the inadequacy of the literacy programme, Dr Jana began to think of an innovative approach and mooted the idea of preparing a specially designed primer for this specific group of women. In August 1995, a new process was therefore initiated which finally produced the primer: *Amader A-AA-KA-KHA* (Our Alphabet).

Authored by Sandip Bandyopadhyay, the primer was the product of a participatory process in which the author worked with the learners. Here is an extract from the author's note which was published along with the primer.

As we had no model to draw upon, we had to start from scratch. Given that the learners constitute a specific group of women, whom the society has branded as 'fallen', we started with the basic idea that the primer must be sensitive to the learners' milieu and provide for a space so that they might redefine their role and status in society and reconstruct their own 3R-s. Precisely, the aim is to build up a meaningful learning process for this specific group of women so that in the course of learning to read and write they may also learn to reflect upon themselves.

While a section of the learners had earlier attended school, to the majority the Project provided the first learning experience. However instead of concentrating solely on reading and writing, for the first few weeks, we initiated dialogue with the learners. Our concern was to achieve a meaningful interaction with them and also to explore their areas of interest. The dialogue actually gave us an idea of the learners' interests and inhibitions as well. As for example, it emerged from the dialogue that the learners were interested in English, because, as they said, "We meet so many people (in connection with the Project.) They speak English and we can't understand".

Secondly, though the learners appreciated the idea that the primer should reflect their life-world, they also made it clear that they did not like to be confined to "that world" only. "After all, we are through it", was their reaction.

Taking cues from their observations we finally set about a pedagogical process based on dialogue, debate and discussion. The method we followed was briefly this.

Learners were asked to choose a relevant topic and start a dialogue around it. Then out of the dialogue, a key word was selected and its semantic content was decoded through discourse. Then the word was written in bold letters on the blackboard and the learners were asked to pronounce the word by splitting it up into its constituent syllables. As they did this, we helped them relate the speech sounds to their corresponding signs (letters). Some of the words dealt with in the first month were: *Ghar* (home), *Kaaj* (work) and *Shareer* (body).

For the advanced group, we introduced the sentence method and helped the learners see how several words combine together to produce a meaningful sentence. One of the first sentences was *Amader Shareer Engineer Moto* (our body is like an engine).

The process went on for several weeks in this way. We planned out the following lessons in accordance with the learners' suggestions and were finally able to give shape to the process. [See Annexure]

Namaskar

We started the narrative with the description of an event at the Calcutta Book Fair, 1993. Four years after, the same Fair in 1996 presented another significant scene. Before the stall, put up by the Institute, some women were again found selling a booklet titled *NAMASKAR : A Salute*. It was a newsletter published by the Project team of the STD-HIV Intervention Programme. Brought out simultaneously in English and Bengali and edited respectively by Sujata Singh and Ishika Basu, the newsletter was the outcome of the joint efforts of the Project Staff to publish "Our Stories" as the editor's note indicates. Besides some thought provoking articles on the various facets of the Programme, the newsletter also carried life stories of several "fallen women" and thus proved a publication with a difference. As in the earlier case, it attracted a large section of the public many of whom expressed genuine interest and gave donations to the Project Fund.

And behind this change in public response lies a greater change achieved through a four-year-long struggle. Gone are the hesitations of the Peers. They have now gained a new identity. They introduce themselves as the Project Staff, approach the visitors freely and request them to buy a newsletter or an AIDS booklet. What does the booklet contain? It is the Peers who explain and the visitors listen. It is a reversal of roles. So long the society has hurled abuses at these women and they have put up with the insult silently. Now the women have learnt to rise. They have changed in the course of four years. They have required a voice.

And they are speaking out.

Sources

Oral :

Dr Smarajit Jana, *Project Manager*

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Physicians

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Mira Bhattacharya, *Nurse*

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Jagadish Hela, *Clinic Attendant*

Raju Thunder, *PALATKA Club*

Minu Adhikari, Reba Mitra, Sadhana Mukherjee, Saraswati Sarkar,

Putul Singh, Puspaa, Chobi, Madhabi, Gita, Munni Singh, Jayanti,

Kajal, Gouri, Nirjala, *Peer Educators*

(For some, surnames withheld on request)

Bela, Rupa, Mita, Sangeeta, Rita, Mantu, Chandana, *Sex Workers*

(surnames withheld)

Singh, *Pimp* (name withheld)

Sarala Chakravarty, *Veteran Landlady*

Published :

Three Year Stint at Sonagachi, Report prepared by Sujata Singh,

August 1995, All India Institute of Hygiene and Public Health,

Calcutta

Rita Banerjee, *The Rising of The 'Fallen', Amrita Bazar Patrika*,

28 June, 1987

The Indian Express, 14 April, 1993

The Telegraph, 18 September, 1995



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ANNEXURE 1

Overview of STD/HIV Intervention Programme

(Sonagachi Project, India)

With the tentacles of AIDS looming large over the subcontinent of India, several intervention programmes were initiated at different places in India. Following universal consensus that behavioural intervention is the best way of combating AIDS, a STD/ HIV Intervention Programme (SHIP) was launched in Sonagachi, the largest and the oldest red light district in Calcutta, India, having a sex workers (SWs) population of 5,000 in collaboration with some NGOs, consequent to a community based cross-sectional survey in the year 1992. The programme was planned and designed by A. I. H. & P. H. in close association with Govt. of West Bengal, NACO (National AIDS Control Organisation) and WHO (World Health Organisation). Financial support was provided by NORAD—a Norwegian development agency followed by DFID, UK. The main objective of the programme was to reduce the load of STDs and HIV infections through the provision of health care services with special emphasis to STD management, Condom programming and IEC i. e. Information, Education and Communication.

Approach

The basic approach of the project was based on Reliance, Respect and Recognition giving due respect to the sex workers, recognising their profession and relying on their understandings, activities of the programme were designed and implemented. As it was a process project we were allowed to experiment with and were encouraged to choose different activities and modify strategies in accordance with the requirements of the field condition. Thanks to NORAD for their open and liberal support particularly in the formative phase of the project development. A number of activities apparently unrelated to AIDS,

became a part of the project as we gave priority to the perceptive needs of the community. From the very beginning we made our stand very clear to the community members that in no way we would take part in rehabilitation programmes, nor would we place ourselves as a 'savior' of the sex workers. We would rather act as a friend and empathiser to help them stand on their own feet. Our 'role model' was made distinctively clear and transparent. We also took a stand that the sex workers cannot be considered as 'outsider' or 'marginal', in the way 'mainstream' people believe and tend to bring them to the 'mainstream'. We expressed in unambiguous terms that we consider them very much part and parcel of the society.

Peer Education Programme

The major strategic plan of this intervention programme was based on Peer-education model. As we felt sustenance of this project calls for the empowerment of the project's target community through enhancing their self-esteem at the first place. Primary recognition of the sex workers as a professional group is crucial, it inculcates confidence in their mind and encourages them to take active part in the project. Attempt was made to enable the community members (keeping in view the broader perspective of sex trade) both at the individual as well as the community levels to attain some power to control their life and profession. As the practices of safer sex, we felt, cannot be dealt with in isolation, we adopted the strategy of understanding the power structure and combining empowerment with enhancement of negotiating skills of the sex workers, for the sex workers and by the sex workers. Peer education programme was designed on that basis.

Identifying issues and obstacles

Though the programme started from the basic construct of Behaviour Change Communication (BCC) strategy, soon we could recognise the limitation of this strategy in course of the implementation of the

programme. The main confronting obstacles what we could identify in the process is socio-historical, not behavioral. It is rather these factors which restrict individuals' roles, choices and practices in community and in society. The barriers of behavioural changes can be classified under social, legislative and policy related issues:

- (a) lack of social acceptance of sex work as a profession - dominant social discourse consider it as a "necessary evil";
- (b) gender inequality-manifested both within the family and outside the family settings;
- (c) lack of political power of SWS-it is not the economic poverty per-se but the powerlessness of the community in resisting oppression, inability to understand their social and legal rights and the lack of opportunity to organise themselves to overcome the inhuman and exploitative conditions of the trade;
- (d) legal ambiguity-pertaining to sex work and trade practices;
- (e) judgemental approach towards sex trade and profession- it is the 'moral code' of the mainstream society which define and desist sex work and thereby initiate programmes to rescue and rehabilitate sex workers without considering individuals' fundamental rights of self-determination;
- (f) socially imposed insecurity which makes them more vulnerable to all possible and probable social changes (the root of which is lying in the social construct of sex and sexuality).

Lesson learned

Active dialogue between project and community opened up a new horizon. The knowledge and wisdom of the sex workers community has helped us to rethink and redesign our Intervention Programme. Getting out of the established formulae of behavioural intervention, we started adopting innovative approaches to steer the intervention activities with active participation of the community members. In the process we drew a logical conclusion that without the empowerment of

sex workers community nothing could be achieved, neither the behavioural change, nor its sustainability. Though the main concern of the Intervention Programme was AIDS prevention, it has touched a chord deep down within the community of sex workers through multifarious project activities basically to empower sex workers community.

Empowerment of SWS both at community and societal level

Proper empowerment of SWS became the major strategy of intervention to attain the desired goal crossing all hurdles. Attempts have been made to empower SWS at individual, community and societal levels. Our initial peer education programme was designed not only for the outreach activities but for the attainment of self reliance, confidence and social dignity. This image of peer educator in due course has influenced other members of the community what actually created a base for SWS' network. They started functioning as a group for collective bargaining. "Peers" who started as health educators, in course of time became a tool of social empowerment, their "role" gradually get transformed into a role of 'social educator' and they put themselves in the bigger canvas of the society to act as a community leader-community mobiliser and as an agent of social change. They proved themselves a well mobilised community which can interact at societal level to establish their rights and dignity and can assert themselves to change the working environment.

Responding to the perceptive needs of the community

It is essential to address the needs of the community to facilitate a process of action and social change. Though SHIP's emphasis was on sexual health needs of the SWS, it also attempted to respond to the general needs of the community.

The need for basic health care was one of the priority needs of the community. Though private practitioners did exist before SHIP came into operation, the exorbitant rates were

unaffordable to the majority. Immunisation programme took cognizance of child welfare and was, therefore, welcome by all.

Education for children is another pressing need of the community. Being mostly illiterate themselves, the SWS want their offsprings to be educated and reared in a conducive environment. Though a few special "Homes" do cater for these children, access is difficult. More so, as their antecedents are questioned.

A compelling need of the area is security—social and economic. Frequent police raids upset the very base of the sex industry. Social stigma marginalises them in every sense. Besides, exploitation by madams, pimps, moneylenders and local digwigs influence the economic foundation of the SWS. This evokes a feeling of insecurity among them.

Old-age security and rehabilitation are the other demands of the community. Once the SWS get old and cannot entertain customers she just "withers away". Often she does babysitting or household chores to earn her meal for the day. SWS have been demanding some form of training by which they can make a living in their old age, without condemnation from others.

Vocational training programme was conducted for the aged SWS in collaboration with Shramajibi Mahila Sangha and Durbar Mahila Samarwaya Committee in the year 1996 and 1997. Upgradation of the existing creches was another programme, which was jointly organised by the SWS' forum of Sethbagan.

Rejuvenating the outreach movement

It was not mere introduction of 'peer groups' in outreach work but the overall approach to develop mental strength based on the concept of "empowering community". The activities undertaken in this direction were many and multiple in nature starting from both formal and non formal association of sex workers, exposure and exchange visits, drawing them into decision-making process, in and outside the project, thereby broadening and changing the organisational framework and

(culture) of the project functioning. Besides these they are getting engaged in different social activities e. g. flood relief work, tree plantation etc. to establish their role as responsible social beings and citizens. These various cultural activities not only help to enhance aptitude and impart skill in those items but also help them to attain some amount of confidence and dignity. All of our programmes were designed to establish them not as a special creature, but as an average woman - like any other woman of the society. So that they may not be identified as a sex professional only but as a human being having the same desire of common women.

Response from the community

The response from the sex workers is overwhelming. The peer educators themselves feel the change through the developing process of the project. They feel they have gained self respect, dignity, can identify themselves as members of society and have learnt to air their views. They have marched forward not only to establish their rights as citizens but also as dignified professionals of society. They have achieved the capability as decision makers of different programmes of the project. Now they communicate well not only with other sex workers but also with the clients and even with the law enforcing personnel.

Group discussions have aided the sex workers in identifying issues, their needs, requirements, and understanding of problems that confront them. They have attained a sense of professionalism and social responsibility is evident in their approaches. They have been able to organise themselves against social injustice and for the upliftment of their life. The project has boosted their status and authority.

"When finger points to the noon an idiot looks at the finger?"

Medical experts, anthropologists and other brands of scientists belonging to different disciplines follow their own methods and own world view and in the process they sometimes

Dr. ...
OIG to talk to them.

Joint empowerment + Org. as a Group

miss the most glaring features of the programme even if those are very distinct and damping in nature. Truly speaking, Sonagachi is no more a project but a movement—the project, which was initiated at Sonagachi in '92, has instigated a chain reaction. It has inspired the community to come up with their self-organisation, like Durbur Mahila Samanwaya Committee (DMSC) and Usha Multipurpose Co-operative Society Ltd., which has shaken the core structure and culture of the sex workers community. This is probably the first time in their history that they really started moving like a community (till that moment they were discrete individuals only) and their very movement has led to the development of activities, few of these may be of interest to our hard core researchers and policy makers. They are not only successfully networking among themselves but extended it outside also; they organised State Conference and National Conferences of sex workers within a short span of time with the participation of a few thousands of female, male and trans sexual sex workers. DMSC is the convener of the Asia Pacific Network of the Sex workers. They protested and prevented many atrocities; rescued minors; sent hundreds of children of sex workers to various "homes". Their representatives were sent for deputation and met the Prime Minister and the Vice President of the Republic of India. Their

representatives and cultural team 'Komal Gandhar' attended and participated in many National and International Conferences including the 12th World AIDS Conference, Geneva '98. To make a point, now they are proud that it is now the sex workers' turn to roll the ball. They are taking active role not only in the project areas but they themselves are organising intervention programmes in other areas too. Some of the salient features of their activities are:

- Gradual withdrawal of free distribution of condoms followed by successful social marketing of condoms by Usha Multipurpose Co-operative Society Ltd., the Sex workers' co-operative, in the project area.
- Social marketing of condoms has been expanded to other red light areas of the State of West Bengal where there is no intervention programme.
- It is the Sex workers' community that has opened the "Positive Hot Line", a telephone line first of its kind in the state of West Bengal for HIV positive people. They are providing care and counseling services for the HIV positive individuals and their family members.

A few milestones are passed, though we know we have a long way to go.

ANNEXURE 2 A few Life Sketches

Madhabi's testimony

My father was Mir Amin Hossain and my mother, Fatima Begum. I was born at Jhigangacha Par Bazar, Bangladesh. We were three children of my parents. My parents were very poor.

I was misled into Sonagachi. I did not even know that I had been sold. When asked, my neighbour told me that this was an area of tailors—Dorjipara—and that I could stay here and earn my living as a tailor. Seeing many other girls there. I believed her story. I was kept in a separate room. After a few days a man entered with a local boy named Dancer Musuri. The madam, Durga, brought me a glass of alcohol, claiming all the time it was a sherbat. On drinking that concoction I lost all senses but I could feel the man the first time and that I was screaming and bleeding badly. I was being hit and felt the man a second time too. But the third time I became unconscious. When consciousness returned, I found myself strapped in a doctors clinic in Company Bagan. Durga Madam was standing near my head. I requested her to open the bindings but she disagreed saying that I had got 5 stitches. I wanted to know the reasons for the stitches. Durga answered that, "You have been sold to me and I have to make up the money I have spent". That's the time I came to know that I had been hawked!

On coming back from the clinic, I was asked my name. When I told her it was Noorjehan, she told me that from that day onwards I would be known as Madhabi. An argument ensued as I refused to part with the name given by my parents. Durga then ended the discussion by saying, "you have become a prostitute and therefore old names will not do". I started weeping at the term prostitute, not knowing what I could do.

After another 3 months, Durga started sending me out to Ashoka Hotel with a pimp called

Dhiren. Durga's Babu used to hit me with a belt as I could not manage to solicit any customers there. He kept reminding me, "we have bought you for Rs. 7000, how will you repay it? You have to sell your body to give it back". It continued this way for many more years.

Many babus have come into my life, all ate off me (the "khanewalas"), none gave me anything. Eventually, Ashok came into my life. He is my babu—he has given me everything. At present, I am working for the Project and I have been to many good places through it. I could interact with various types of people and come to know a lot. The Project is like God to me as it has enabled me to face society with confidence. I had never imagined that I would be able to emerge out of the dark alleys and venture into light. I would like to improve myself further—I don't really know if I will succeed.

Madhabi Jaiswal
Peer Educator, Bowbazar

□ □ □

My Life Story

I am Saraswati Sarkar. I was born in the month Agrahon in East Bengal, in Gobindapur Village of Tripura-Comilla, and now I am 48 years old. My father was a businessman in Dhaka. When I was still very small, my father brought us to Calcutta and we put up in our relatives' house at Kankurgachi. I joined the Ramjoy sheel Shishu Pathshala on Fakir Chakroborty Lane, Calcutta. I met a boy at this school with whom I developed a good rapport and after some time married him. I had three children with my first husband, unfortunately one expired later. When my son was one and a half years and daughter six months old, my husband threw me out of the house and asked me to take the children with me. The reason—I used to openly air my opinion. All my pleadings were in vain. In the darkness of the night, I came directly to this area and did not risk going to my parents' place. I knew about this place as my school used to be next to it. I found a room for Rs. 50 per month.

After a year in the sex trade, I brought my parents to live with me. This is how my battle with life commenced!

Another year passed before I met the man of my life. I gave up this profession to live with him for the last 15 years. He used to be a bidi maker earlier, but now he has got a bidi shop in our locality. When my children were small, I had to toil a lot. I used to get vegetables and fruits from Kole Market. Sealdah to sell them at my front door. Whenever a new movie was released, I used to buy tickets off the counter and then sell them to the girls of my locality. I have worked in Haribabu's shoe factory on Kalakar Street. I also worked for 6 months in a Calender Company in Baranagar.

Soon after, a clinic opened at Friends' Union Club under the banner of All India Institute of Hygiene & Public Health, which later shifted to Palatak Club. Though I was quite apprehensive about my ability to work, I joined this programme. Now, I cannot imagine a life without it! I like the programme because we have got a Usha Cooperative and Mahila Samanyaya Committee and luckily I am involved in both the endeavours. I have been to many good places through this programme and met several renowned people with confidence and pride. I could have never ever imagined this! At present, we are striving for legal recognition and hopefully we will be successful in achieving it.

I have four children but I could not educate any one of them in spite of my being a literate. All the four children used to work in small factories. My two daughters have been married off. My elder son is also married but he lives separately. He comes to visit me at times.

There is a little girl in our area called Chhupa whom my full family like a lot. Though she has her parents, she stays with us all the time and we pay for her education and all other expenses. She rarely goes to her parents. I feel that as I could not educate my own children, now I could fulfil my dream by educating

Chhupa and prove that people from red-light areas also have some aspirations.

Saraswati Sarkar
Peer Educator, Sonagachi

□ □ □

A tale of my life

I am Gita De. I belong to the district of 24 Parganas. My parents married me off when I was just 12 years old. Soon I had a daughter. When she was 2 years old, I separated from my husband. Since then I was staying in my father's home with my parents, brother and daughter.

A girl used to often visit us at home. When asked about the particulars of her job, she used to reply "I work in a Nursing Home". Actually, she used to stay in this red light area. Of course, I did not know it then. She got me here in July, 1992 promising to get me a job. She sold me for Rs. 800/- to a madam. I had no idea about prostitution. I used to weep all the time. Madam asked "What is your name? Who all are there at home? Where is your home?" I told her everything—I was compelled to. She then told me "Since you're already here and you have to raise your daughter and I have paid money for you, I will not let you go." I was not aware of the existing rules regarding money transactions, so I had to accept what was offered to me. Even if I questioned her, she would say "I've given you what you've earned". It was much later that a girl called Bindu taught me the rules and since then I did not have any problems.

A man used to frequently visit me as a customer. One day, he told me that he had fallen in love with me and that he would like to marry me. He vowed to pay for all sorts of expenditures, including that of my daughter. Aspiring for a little social dignity and a healthy life, I agreed to his proposal. Soon we got married. After a few months, his mother and brother came and took away all our belongings. Again I had to choose this

profession. There are some people who do not like others to live properly (even if they want to) and in the guise of gentleman fool girls with their fraudulent behaviour.

When I first came to this place, I used to watch the project *Didis* going about their work, but I did not get the opportunity to speak to them. One day one *Didi* explained the flip chart to me. I told her 'if at any time you require girls for the Project work, do tell me. I have studied a little.' I kept a flip chart from them and used to speak on it in front of the project staff. After a month some other *Didis* came. I requested them for work. They took me to Bhaskarda in the clinic. He asked me 'Will you be able to work? You will not be getting much money!' I had replied, 'I do not need much money, I would like to do some good work—that would mean a lot to me.' Subsequently, Dr. Jana asked me the same question and I gave him the same reply that even I did not get much money, I would get a job at least. I would be able to interact with many people. After six weeks' training, I joined the Project.

I felt I had been imprisoned in the darkness before I had joined the Project and that I had gained a new life. I felt as if I was released from a closed room and could see the sunlight.

I could never have imagined that I would associate with the people I do today nor meet the different visitors from various countries! All this has been possible because of Dr. Smarajit Jana. He is like almighty to us. Dr. Jana occupies the same position in my life as my parents. My parents have given birth to me and raised me while Dr. Jana has brought some light to my desolate life. My parents have not been able to do what he has done for me. Now I can afford to stay in a better place with my child and my parents and I can look after them well. I could have not imagined also that my daughter would study in such a good institution.

I dream a lot about the Project's future. Initially our Project was a small one but it has been expanding gradually over the years and I am sure it will become much bigger in future. Now 65 girls are working but then more will be working. Our Project will have a big building. At present there is no facility of treating any bad injury, if required, in future it will be there. This work will be much more expensive so that girls like me will be absorbed in this work. I hope this social work carries on for eternity.

Gita De
Peer Educator, Sonagachi

ANNEXURE 3

Durbar Mahila Samanwaya Committee and its activities

Durbar Mahila Samanwaya Committee (DMSC), formerly known as Mahila Samanwaya Committee (MSC), is a forum of sex workers representing about 40,000 sex workers (female, male and transsexuals) of different red light areas of West Bengal, India. DMSC, which came into existence in July, 1995, at present has more than 40 branches spreading all over the state. We have been successfully networking among the sex workers to unite. Our mission is to solve our day to day problems by building on our experiences and also protect our legal rights and fight social injustices against us.

With the perspective of all round development of sex workers and their families, we have undertaken a few activities through active participation of our members, and empathisers.

(a) Programmes of measures taken to restore the safety and security of sex workers in different red light districts

- i. In Tollygunj, our Committee organised a mass rally against an attempt of eviction without proper rehabilitation.
- ii. In Khidderpur, a procession was followed by in a meeting to protest against the inhuman torture of a few sex workers by local "goondas". The culprits were compelled to admit their misdeeds.
- iii. The secretary of a NGO in Central Calcutta experimented with unqualified AIDS vaccine on the hapless sex workers without any permission from the Govt. They could venture such an unethical practice only because we are sex workers!

iv. When the sex workers in Tollygunj were being harassed for large amounts of contributions during the (Pujas festivals), we demonstrated against it. Though the sex workers were threatened with dire consequences, the situation eased out gradually after the involvement of DMSC.

v. Whenever the police conduct largescale raids in Sonagachi and other red light areas, we get together to protest against this persecution by organising rallies. We protested against the inhuman beating of the children of sex workers at a non-Govt. home at Bamungachi, barasat. We also appealed to the Ministry of Social Welfare to arrange for Govt. run homes for proper rearing of our children.

(b) Programmes organised to improve the working and living condition of sex workers and their family members:

- i. A centre was opened in Rambagan on 7 September '95. The 'Centre for Counselling and Social Support' is providing counselling and support services to sex workers in the Sonagachi and Rambagan areas.
- ii. On 16 May, 1997, a health care centre was inaugurated at Domjur, Howrah, by the Hon'ble health Minister, Shri Partha Dey to help sex workers in this area avail better health care services from this centre.
- iii. We have been organising 'Sit & Draw' programmes every year for the children of sex workers since 1995 to bring out their latent talents. Our committee also organise sports programmes for these children in collaboration with other NGOs.

iv. Last year, we arranged to send about 100 children of sex workers in the age group of 6 to 10 yrs (both boys and girls) from different red light areas of West Bengal to boarding schools, where they are now being educated and brought up in a healthy and conducive environment.

v. We started the 'Positive Hot Line' in Dec '96 (on World AIDS Day) to provide medical care, legal aid and free counselling to HIV-positive people and their families to help them live positively and die with dignity.

(c) Other activities:

i. We are happy to inform you that our Committee is represented in the Steering Committees of West Bengal Sexual Health Project and STD/HIV Intervention Programme.

DMSC became a member of the 'NGO-AIDS Coalition' - a platform of NGOs working for the control of AIDS.

ii. We have been participating in the Calcutta Book fair and distributing our papers and publications to make general people aware of our conditions - for the last few years.

iii. Every year we observe World AIDS Day on the 1 December by organising rallies and other functions to spread awareness of AIDS.

iv. We started the social marketing of condoms from 15 April, 1997 through our "Usha Multipurpose Co-operative Society Ltd" as a measure against prevention of STD/AIDS.

v. A meeting with the intellectuals was organised in February, 1997 to discuss on issues related to sex workers' right to self-determination.

vii. A seminar on "Prevention of Minor Girls in Sex Trade" was conducted at Sisir Mancha on 9 July, 1997.

viii. We also participated in the National Consultation on Exploitation of Children in Prostitution, held in Goa.

ix. We celebrated International Women's Day on 8 March with great enthusiasm.

x. We participated in the 4th International Conference on AIDS in Asia and the Pacific held in Manila in October, 1997.

xi. We are officiating as the secretary of the Asia Pacific Network of Sex Workers.

We wish to put on record the following performances of Durbar Mahila Samanwaya Committee for the past two years (May '96 to April '98):

1. DMSC arranged the State Conference on 29-30 of April, 1996 at the University Institute Hall in Calcutta. (In connection with this two symposiums were also arranged). The theme of this programme was Sex workers' Right to Self-Determination.

2. On 15-16 May '96, DMSC members attended a workshop on Sexual Exploitation and Trafficking in Children organised by Socio Legal Aid Research & Training Centre, Calcutta.

3. From June to December '96, DMSC members took part in Situational Analysis of different red light districts of West Bengal conducted by all India Institute of Hygiene and Public Health, Calcutta with a view to expanding the intervention programme on STD/HIV through-out the state of West Bengal.

4. DMSC representatives participated in the National workshop on Prostitution on 24 July '96, organised by the National Commission for Women in New Delhi.

- The team also met the Hon'ble Vice President and Prime Minister of India to discuss strategies for the upliftment of the sex workers.
5. On 14 August '96, the representatives of DMSC attended the annual general meeting of Usha Multipurpose Co-operative Society Ltd.
 6. A group of DMSC personnel met a number of social organisations and Government Officials working in the field of STD/HIV in Nepal from 12th to 28th September '96.
 7. On 15 October '96, DMSC Volunteers took part in a meeting to discuss on the Coordination Mechanism of the Calcutta Police, with AIH & PHLS representatives, NGOs working in red light districts, with representatives of the Health Department of Govt. of West Bengal.
 8. During the Durga Puja festival, from 18 to 21 month '96 (a major festival of West Bengal), booklets on AIDS, souvenirs of State Conference, newsletters etc, were distributed from the DMSC's information booth at College Square, Calcutta.
 9. We worked as a Nodal Agency for Eastern region of 'Voices of Children—India campaign'. One child representative on behalf of DMSC was selected for participation in the conference 'The Rights of the children' at New York, USA from 6 to 13 November '96.
 10. DMSC representatives participated in the Asian Conference on 'Child Exploitation and Abuse' at Calcutta, from 25 to 27 November '96.
 11. On 27 November '96, DMSC in collaboration with other NGOs opened the 'Positive Hot Line' with 24 hour telephone service. This 'Hot line' provides medical, legal and social support to HIV-positive people and their family members throughout the state of West Bengal.
 12. On 24 December '96, city's first condom vending machine was installed at Sonagachi, Calcutta by DMSC in collaboration with Family Planning Association of India and a local youth club Swapan Smriti Sangha.
 13. DMSC organised a two-day residential training programme on 'Combating AIDS targeting the milieu of Negotiation' on 28 and 29 December '96 in Calcutta.
 14. DMSC organised a seminar on 'Rights of Sex workers' at Jadavpur. DMW.
 15. DMSC members attended the Training of Advanced Sex works, at Yuba Bharati Kirangan, Salt Lake, 19-21 January '97, organised by STD/HIV Intervention Programme.
 16. The Burdwan District Conference was held at Pursuri, on 26 January '97.
 17. DMSC participated in the Calcutta Book Fair from 29 January '97 in collaboration with SHIP.
 18. The DMSC representatives attended the Orientation workshop of Positive Hot Line on 17 February '97.
 19. On 23 February '97 DMSC organised a 'Sit and Draw' contest for the children of sex workers.
 20. DMSC representatives participated in the meeting arranged by NGO-AIDS Coalition on 24 February '97 for the first time. Later they were considered as regular members of NGO-AIDS Coalition.
 21. We organised a Residential Training Programme for Sex workers at Yuba Bharati Kirangan from 25-27 February '97 (supported by VHAI).
 22. DMSC members attended the workshop on 'Human Rights Education' organised by SLARIC on 1 and 2 March '97.
 23. The different branch offices of DMSC in Calcutta and Howrah (West Bengal) observed Women's Day on 8 March '97.

24. The secretary of DMSC attended the 15th International Conference on Prostitution at Los Angeles, California, USA, organised by coyote La, Centre for Sex Research and Northridge University, from 13 to 18 March '97.
25. Participation in The Third Song and Dance Festival at New Delhi on 31 March organised by Gurga, brought home the first prize for DMSC.
26. The first Health Care Centre by DMSC was inaugurated at Domjur, Howrah (West Bengal), on 16 May '97.
27. DMSC participated in the 'Babu-Meet' at Shibpur Botanical Gardens, on 22 June '97 organised by SHIP.
28. Seminar on 'Prevention of Entry of Minor Girls in Sex Trade' at Sisir Mancha on 9 July '97 was organised by DMSC.
29. DMSC took part in the two-day workshop (23 & 24 July '97) on 'National Consultation on Sexual Exploitation of Children' in Goa, organised by National Commission for Women.
30. A team of DMSC members along with the SHIP staff went to Bangladesh for exchange and exposure visit to different Projects in that Country, from 24 to 31 July '97.
31. DMSC representatives have undertaken networking among different light areas in the districts of West Bengal, where units of DMSC have also been formed. Some of these places are Jalpaiguri, Coochbehar, Siliguri, Alipurduar, Seoraphuli, Uluberia, Andul, Nahati, Baranagar, Budge Budge, Baruipur, etc.
32. The President and Secretary of DMSC presented themselves in the '4th International Conference on AIDS in Asia and The Pacific' in Manila, Philippines from 25 to 29 October '97.
33. First National Conference of sex workers was organised by Durbar Mahila Samanwaya committee, on and from 14 to 16 November '97 at Salt Lake Stadium, Calcutta. More than 3500 female, male and trans sexual sex workers from different parts of India and outside attended the conference. The theme of the conference was sex workers' rightful position in the society as a worker.
34. As previous years, this year also, DMSC in collaboration with All India Institute of Hygiene & Public Health, participated in Calcutta Book fair '98. On that occasion they distributed and displayed various informative materials to the visitors. They also organised a opinion survey among the visitors regarding their occupation, work, organisation etc.
35. Second Phase of National Conference of Sex Workers and meeting of the Asia Pacific Network of the Sex Workers were organised by Durbar Mahila Samanwaya Committee on and from 29 to 31 March '98 at Calcutta. About 2000 female, male and trans sexual sexworkers attended the Second Conference. A resolution and an action plan was adopted at the Conference.
36. 30 April '98 Durbar Mahila Samanwaya Committee organised midnight rally with lighted torches at Calcutta. Few thousand sexworkers participated demanding workers Rights. The rally was followed by a cultural programme by S.w.s.
37. Secretary of DMSC attended the Asia-Pacific career planning and life skills conference at Taipei, Taiwan on and from 23 to 30 May '98.
38. 'Komal Gandhar'—the cultural wing of Durbar Mahila Samanwaya Committee, is scheduled to perform at 12th AIDS Conference '98 at Geneva on and from 28 June to 3 July '98.
39. Representatives of DMSC are scheduled to attend the '12th World AIDS Conference' '98 at Geneva.

ANNEXURE 4

A few words about a co-operative of sex workers

Usha Multipurpose Co-operative Society Ltd. a co-operative of sex workers supported by Durbar Mahila Samanwaya Committee, was formed and registered at Calcutta on 21st of June '95, under W.B. Co-operative Societies Act, 1983. This co-operative which is first of its kind in Asia and caters exclusively for sex workers started with just 13 members and now it has about 240 members. Its activities are partially supported by NORAD.

The basic objectives of the co-operative are :

- (i) To enable the SWs to generate a sustainable economy for themselves so that they may carry on with developmental activities.
- (ii) To act as a credit co-operative and dole out loans to the members and thus offer great relief from borrowing money at exorbitant rates.
- (iii) To sell the items of daily necessities at reasonable rates and also to supply condoms to various organisations who run STD/HIV intervention programme or similar reproductive health programme.
- (iv) To help former SWs with self-employment schemes.
- (v) To take up activities for upliftment of SWs and their families.

Activities

- i) Credit & Savings - this co-operative acts as a credit co-operative and provides both short term loan (max. Rs. 3,000/-) and long term loan on a 6 month basis and has provision for members savings deposit with an interest rate of 5.5%.
- ii) Social marketing of condoms—as a marketing strategy. Usha Co-operative introduced the concept of social

marketing of condoms, without any hired expertise, by the target group themselves, dealing with marketing and sale of condoms. This strategy will inculcate condom use practice by the sex workers and their client and promote safe sexual practices and also help in independent economic existence of the co-operative. Basanti Sena, a group of about 60 sex workers is selected and trained by the co-operative to market, promote and sell the condoms in more than 45 red light areas in different districts of West Bengal at rates cheaper than the market price thus making the product accessible to clients in both rural and urban areas. By six months time they sold about pieces of condoms 900,000 (Nine lacs). The entire strategy of social marketing is steered by 'Komal Gandhar', the cultural wing of Durbar Mahila Samanwaya Committee.

- iii) At Senbagan the co-operative with the help of Mahila, Sangh runs a evening/night creche for the children of sex workers.
- iv) It financially and technically supports Komal Gandhar, the cultural wing of Durbar Mahila Samanwaya Committee in its different cultural activity viz. dance, drama, songs, etc. 'Komal Gandhar' secured first position in a National Cultural Competition for sex workers conducted by "Guria", a Benaras based NGO working for sex workers and their children. It also participated in the National Festival of drama at the Academy of Fine Arts at Calcutta.

Future plan of activities

- i) To run a full fledged vocational training unit at Madhyamgram, North 24 Parganas.
- ii) To organise exposure visits for the members and activists of the Usha Co-operative
- iii) To set up a production unit (jute handicrafts etc.)

- iv) Market survey—a market survey will be conducted by the members themselves in a planned manner to assess the demand and marketability of various products/consumables which will be produced by the members of the co-operative under the guidance of an authority on market research. Based on the survey, vocational training programmes for producing these articles will be imparted under the supervision of experts. Gradually these articles will be produced on a commercial basis and sold at competitive prices in the market.
- v) Creches for the children - the co-operative aims to open up creches at the different red light areas for the children of sex workers and ex/aged sex workers will be recruited to look after these children thus providing them with an alternate source of sustenance.
- vi) To run a departmental store through the co-operative and sell items of daily necessities.
- vii) The co-operative also intends to set up a small pathological laboratory for some routine diagnosis which will go commercial in future.

Achievements

- i) Usha co-operative successfully conducted its 2nd annual general meeting in July, 1997 and designed workplans for recycling of funds for

developmental activities for sex workers and their families.

- ii) This co-operative has been recognised and promised all possible help by the Govt. of West Bengal. Mr. Bhakti Bhushan Mondal, minister of state for dept. of co-operative, has agreed to provide Rs. 1 lakh from his fund to enroll 2000 sex workers under the co-operative for universal membership, out of which 1000 will be from Calcutta and 1000 will be from outside Calcutta.
- iii) During the first two months since the inception of social marketing, Basanti Sena has been able to cover 24 red light areas in different districts outside Calcutta. It has also been able to generate extensive demand for condoms among the sex workers and their clients in the red light areas (both rural & urban) in different districts of West Bengal.

Assets & Liabilities

- a) money — upto March '98 the total assets of the co-operative is approx. Rs. 6,97,100
- b) land — it has recently bought a land of area approx. 32.75 decimal (1 bigha) at Madhyamgram, north of Calcutta. The present market price of land is approx. Rs. 8,00,000,00 upto March '97, the total liabilities is approx. Rs. 6,45,000

ANNEXURE 5

Digangana—education programme for the advanced peers

Education is a pressing need for the sex worker community. Mostly illiterate, the sex workers of Sonagachi view education as a window of their lives through which they can see the outside world. So a non-formal system of learning with focus on their mental and physical wellbeing, appropriate for their age, and environment was required to be developed.

In the very beginning when the Educational Programme was started at Sonagachi, number of students were twelve. Now they are about 350 and education programme is initiated at eight more centres.

These are ~~in the category of~~ Non-formal Primary Education. Ultimately from these groups 35 students are selected for the advanced non-formal class named 'Digangana'.

The programme was initially designed to cover a few areas such as health, language and communication etc. The schedule could not be strictly followed but all the

areas have more or less been dealt with. In fact, the structure was not rigid and learners gave lot of suggestions to enrich the programme.

In accordance with the students' desire, the language class also provided for communication in English. The teacher would say or read something in English and the students would try to guess the meaning and finally they would be introduced to some relevant words—this was how the process went on.

There are plans to open branches of Digangana in different red light areas in the districts of West Bengal.

There is a Education Programme for the Children of Sex Workers at Sethbagan and Rambagan, Calcutta. About 400 girls and boys are supported by this programme in collaboration with other NGOs.

More than 100 children were sent for Boarding / Schools of Mass Education Home in South Barasat, Salvation Army in Behala, Government Home in Shyamabazar and Barasat.

One Creche is also running at Sethbagan. One house mother is attending about 10 children from the community from 6pm to 11pm.

ANNEXURE 6

Komal Gandhar—the cultural wing of DMSC

In context of a community with low literacy rates like that of sex workers, the existence of cultural wing troupe becomes crucial both as an educational tool and as a medium facilitating self expression and identity. A cultural troupe serves as an effective medium of communication and plays an important role in community mobilisation within the cultural context of the particular state and the country in general. The cultural programmes are indispensable part of the comprehensive development plan for sex workers which provides the sex workers and their children an opportunity to perform their skills. Thus Komal Gandhar—the cultural wing of Durbar Mahila Samanwaya Committee was formed with the following objectives:

- i) promote the message of "Making Sex Work Safe" through the cultural activities to common people & sex workers' community and to build a movement against AIDS;
 - ii) to provide sex workers and their children a forum to perform their skills through various cultural programmes and help them attain pleasure, confidence and dignity;
 - iii) represent the cultural heritage of sex workers' community to the people in general;
 - iv) to facilitate self expression, identity and cultural mobilisation of the community.
- Some of their activities are listed below:
- i) Members of Komal Gandhar participated in National Cultural Competition '97 at New Delhi organised by 'Guria', an NGO based in Benaras for women in prostitution and bagged the first position.
 - ii) In collaboration with Nandikar, the famous theatre troupe of Calcutta, Komal Gandhar presented a play—"Bhalo Manush not go mora" in the 14th Theatre Festival of Calcutta. The same play was staged at Kalyani, Calcutta.
 - iii) During the 1st National Conference of Sex Workers, held at Calcutta, members of Komal Gandhar presented a dance drama depicting how the HIV virus spreads through unsafe sexual practices and how the sex workers are exploited at the hands of different persons controlling the sex trade. They also presented group songs and dances.
 - iv) During the follow up phase of the National conference of Sex Workers which was held in March '98, again at Calcutta, the children of sex

workers under the banner of Komal Gandhar presented a dance drama. Members of Komal Gandhar also presented songs and dances.

v) Komal Gandhar is also involved in social marketing of condoms in the red light areas in different districts of W. Bengal through street plays and group songs.

Some of their future plans are :

- i) Branches of Komal Gandhar will be opened in different red light areas in the districts of West Bengal.
- ii) Komal Gandhar will be developed into a powerful medium of expression of the dormant cultural skills of the sex workers.
- iii) Training sessions/ coaching classes will be conducted for members of Komal Gandhar to impart qualitative and professional touch to their performances.

Komal Gandhar is scheduled to perform at the 12th World AIDS Conference '98 at Geneva on and from 28 June to 3 July '98.

ANNEXURE 7

My experience at Sonagachi

Before I came to this area (Sonagachi), I had heard that it was a hell. Now after my stint at Sonagachi, I feel that had I not been here, I would have missed a heaven.

—from Jagadish Hela's fairwell address

I joined the STD/ HIV Programme on 25 April, 1992 and I was instructed to work in the Sonagachi area. For me, it was absolutely a new experience and I wondered whether I would be able to reconcile myself to this experience and adjust to the environment and people around.

However, with time, I developed a rapport with the local people. As my interaction with them deepened, I could shake off the doubt and hesitation that I had at the initial stage. I felt that the women here are hungry of love. They are ready to sacrifice their lives for the sake of love. One can easily win their hearts with a little bit of love and affection.

The main part of the programme consisted in distributing condoms and providing medical treatment to the local people. I took the job as a kind of *sewa* (social service). My words would fail if I am to describe the treatment—the love and affection—that I received from the local people during my stint at Sonagachi.

I do not know how far I have been able to contribute to the success of the Programme as envisaged by Dr. Jana, the Project Manager. I have however served the Project to the best of my ability and I am proud of it. I consider it a memorable chapter of my life that I have done my little bit for the development of a section of neglected women in society. I am happy that I spent the past four years of my

life for the betterment of a section of the downtrodden. It is indeed a rare experience.

I wish the Project all success and hope that others will help keep it going.

Jagadish Hela, Staff, AIH & PH, Calcutta

My California Experience

I was thrilled when I first learnt from Dr. Jana about our trip to America, but at the same time I felt rather nervous. How could I communicate with the other participants and share their ideas? At the conference, however, I was soon identified as an Indian, thanks to my sari, and became known as a representative of Durbar Mahila Samanwaya Committee (DMSC) because it was the only Indian forum of sex workers that was invited to the California conference.

Representatives from twenty countries attended the conference. When I was introduced to them, I began to feel free. Though the barrier of language stood in the way of communication, I found the experience a delightful one. In the first three days we also talked about sex trade all over the world and its problems. We also discussed our personal lives and how we could liberate ourselves. These discussions helped me to get an idea of our trade in other countries. In some countries, I learnt, there is no legal restriction on sex trade and those involved in the trade there are free from the hazards and anxieties usually associated with the trade. But in some countries, including ours, we are treated as "criminals" in the eyes of the law. I spoke mainly on the DMSC's move to secure our legal rights and to prevent entry of minor girls in the trade. My colleagues appreciated our initiative.

In the following three days, discussions concentrated on the place of sex trade in world-history, various laws relating to the sex

workers, the conditions of homosexuals, the life of male sex-workers, the relationship of STD-HIV with the sex trade and many other relevant issues. I spoke on the history of the DMSC and its future programmes.

My California experience has taught me a lot. I have learnt how we should develop friendly relations with the intellectuals, spread our message through them and use their help to further our cause. Bubu, who came from Japan taught me the tactics of motivating the customers to use condoms.

Finally, I must express my gratitude to our field supervisor Nayanita Datta who accompanied me all along and acted as my interpreter. At the main conference, she also spoke on the Sonagachi Project and its relation with the DMSC.

Sadhana Mukherjee
Peer Educator, Sonagachi
(Translated from Bengali)

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Positive Hotline

One day a peer educator, Saraswati Sarkar came to me and said, "Didi, we heard about an AIDS patient in Bardhaman. She and her family are not being allowed to buy food from shops or use the local pond by the villagers."

Another day, someone showed me a newspaper clipping reporting that a patient was lying on the steps of Calcutta Medical College & Hospital, being refused treatment on the grounds of being HIV-positive. Thus was born in the minds of the project staff a need to respond to the pains and problems of HIV-positive people.

Durbar Mahila Samanwaya Committee (DMSC) then introduced a wing—Positive Hotline—which was inaugurated by

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Smt Minati Ghosh, Ministry of Family Welfare, Govt. of West Bengal on November 28, 1996 at 43/C, Nintala Chat St., Calcutta.

All HIV positive patients and their family members may contact the Centre at Ph: 533-3003 for free counselling, medical assistance and legal aid. A team of medical specialists, legal experts and social workers are available there for help. The Centre not only seeks to assist the HIV victims but also aims to help their family members and others associated so that they are able to cope with the psychological trauma. One of the unique aspects of this project will be the launching of home-bound services that will provide training to interested individuals and groups to build up a support system for the distressed families in their own localities.

Our peer educators, supervisors, doctors have already visited many HIV positive patients and helped to resolve the social problems encountered by them. They have also stood by them in their illness, depressions, anxieties and ignorance. They have helped to cover up a few of our knowledge deficits. They have shown us that the latent strength of human beings do surface in the face of insurmountable odds.

One of the victims was a housewife; innocuous, retiring, soft spoken—till HIV crept into her life. She was swept by a storm of social ostracism and medical indifference. When she was aware of the nature of the disease that was making her life ebb away, she responded with a dignity that I have seldom seen in anyone. She was a person who believed and affirmed that every human being has the right to live and die in dignity.

Rajam Velu
Physician, STD/HIV Intervention Programme

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Sex worker gets damages

Thomas Hood, the famous Victorian poet had written, "Here where flesh and blood so cheap but bread so dear", in his poem *The Song of the Shirt*. The socio-economic condition of the sex worker in today's India could be effectively described by this line. The woman, called "whore", has to tolerate every possible humiliation, dishonour and insult while satisfying the sexual want of a large male population without any recognition from the society. Confined within the so called "red-light area" these "fallen women" are looked down upon as mere commodities and are stigmatised unjustly.

In this situation the judgement regarding the compensation awarded by Justice S. B. Sinha of the Calcutta High Court to a sex worker of Kalighat, Putul Dey, after her decade long companion-cum-client died under police custody, could be called historic.

Subhash Das, a social delinquent, was living off and on for about 10-12 years with Putul. He was arrested for theft under Section 379 of IPC from Putul's room and was put under police custody in Bhowanipore P.S. (Case No. 499, Oct. 24, 1994). He was then found dead and the obvious presumption was that he succumbed to police atrocities and illegal third-degree methods of torture.

A Public Interest Litigation was then started by a legal activist from Association for Protection of Democratic Rights (APDR) and by an order of the High Court, the District Sessions Judge of South 24-Parganas, Alipore, Sri Gorachand Dey did an independent investigation into the case examining all the witnesses and dependants of Subhash Das produced by APDR. Finding "dereliction of duty on part of the officer-in-charge and four of his colleagues" causing Das's death, the Court awarded Rs. 1,00,000 to his widow Gita Rani Das. The High Court then, on 25th of

April, 1996, further ordered the Govt. to pay another Rs. 20,000 to Putul Dey upon finding about her dependence, both emotional and economic, on Das. Justice Sinha also directed the Home Secy. Smt. Leena Chakraborty to take appropriate steps against the accused policemen.

Living as a prostitute for all these years Putul has naturally not expected recognition as a woman in her own right. Yet the decision didn't stir her much and she reacted very coldly to it, "Yes, I have heard about it, I am glad". Eminent advocate Gitanath Ganguly heartily welcoming the High Court's decision said, "It's a remarkable decision to remember. We highly appreciate it and expect to have some more like this in near future."

In this context it may be said that a section of the legal trade feels that the question of and issues involved in the rights, title and interest regarding compensating a dependant one, especially in a case like this, is a debatable one and intricate too. It is an open question before law whether a sex worker-at-all qualifies for such compensation or not and this is precisely why forces responsible for awarding the money could again, reportedly, make the matter sub-judice.

We believe in an equalitarian society and not an elitist one. But facts show that the constitutional ideas of equality before an equal protection under law as stated under Articles 14 and 21 are still at times a distant dream for some.

Let us hope that this landmark judgement that has brought hope and acknowledgement unforeseen by a section of our society holds forth till the end of this matter and brings the promised relief to Putul Dey.

Mitra Routh (Mukherjee)
Staff, STD/HIV Intervention Programme

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