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Mobilizing collective identity to reduce HIV risk among sex workers in Sonagachi, India: The boundaries, consciousness, negotiation framework

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ABSTRACT

The significantly low rate of HIV infection and high rate of condom use among sex workers in Kolkata, India is partially attributable to a community-led structural intervention called the Sonagachi Project which mobilizes sex workers to engage in HIV education, formation of community-based organizations and advocacy around sex work issues. This research examines how Sonagachi Project participants mobilize collective identity and the manner in which collective identity influences condom use. Using purposive sampling methods, 46 Sonagachi Project participants were selected in 2005 for in-depth qualitative interviews. Taylor and Whittier's (Taylor, V & Whittier, N (1992). *Collective identities in social movement communities: lesbian feminist mobilization*. In A. Morris & C. Mueller (Eds.) *Frontiers in social movement theory*. New Haven, CT: Yale University Press) model of identity-formation through boundaries, consciousness and negotiation was used to interpret results. Subjects mobilized collective identity by (1) building boundaries demarcating in-group sex workers from out-group members, (2) raising consciousness about sex work as legitimate labor and the transformative change that results from program participation, and (3) negotiating identity with out-group members. This research establishes a conceptual link between the boundaries, consciousness and negotiation framework of collective identity mobilization and condom use. Condom use among sex workers is motivated by each element of the boundaries, consciousness and negotiation model: condoms mark boundaries, enunciate the consciousness that sex with clients is legitimate labor, and help negotiate the identity of sex workers in interactions with clients.

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Introduction

While HIV prevalence among sex workers in Indian cities like Bombay, Delhi and Chennai ranges from 50% to 90% (see Basu et al., 2004), seroprevalence among sex workers in Kolkata is 11% (UNAIDS, 2002). Reported condom use

among sex workers in Kolkata rose from 3% in 1992 to 90% in 1999 (NACO, 1999, 2001). Scholars have argued that a peer-led intervention called the Sonagachi Project (SP) which utilizes sex workers engaging in HIV intervention efforts has played a significant role in changing attitudes among Sonagachi's sex workers (Gangopadhyay et al., 2005) and reducing their sexual risk behavior (Basu et al., 2004; Jana & Singh, 1995).

Although scholars have emphasized the role of collective identity (CI) in the success of peer-led interventions like SP (Campbell & MacPhail, 2002; Latkin & Knowlton,

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2005), few studies have sought to describe it, or explicitly link it to behavior change. Understanding the role of CI in empowering Sonagachi sex workers can fill several gaps in our knowledge. A lack of conceptual understanding of how the programs of SP and other peer-led interventions work limits the scope of efforts to replicate them. A conceptual framework that describes CI and the way it influences condom use can serve as a useful guide for replication efforts, especially in sites where differences in culture and context do not allow an easy or direct translation of the original intervention programs.

As a peer-led intervention seeking to change structural factors affecting HIV risk such as access to healthcare, the legal environment of sex work and societal perception of sex workers, SP has been described as a community-level structural intervention (CLSI) (Blankenship, Friedman, Dworkin, & Mantell, 2006). Evaluations of CLSIs have usually focused on individual-level outcomes and have largely ignored evaluating changes in the structures that they target (Blankenship et al., 2006). A conceptual definition of sex workers' CI will facilitate efforts to measure and evaluate one of the key structural outcomes of a CLSI like SP that seeks to increase levels of community empowerment.

This research contributes to our understanding of the role of CI in HIV interventions by (1) describing how it is established by SP participants and (2) enunciating the conceptual link between CI and condom use.

Background

The Sonagachi project

SP began in 1992 as a peer-facilitated condom education program implemented by Durbar Mahila Samanwaya Committee (DMSC)¹, a community organization run by sex workers. It now runs healthcare clinics providing services to 20,000 sex workers, a savings and banking co-operative that invests in community business enterprises, a dance-drama troupe that performs in public venues about sex worker issues, a support group for HIV positive sex workers, several schools for children of sex workers and a babu (long-term male clients) group that helps clients avoid being targeted by the police (Chakrabarty, 2004; Jana & Singh, 1995). Moreover, the intervention has been replicated in 49 sites all over West Bengal, India (Chakrabarty, 2004) and has been shown to increase condom use in replication sites (Basu et al., 2004).

Community empowerment and CI

Community empowerment has been described as the community gaining control of, and helping to solve, the problems confronting it (Rappaport, 1987). Portes (1998) identifies two broad domains of community resources that are targeted by community empowerment efforts: (1) the *material* resources and capital embedded in networks at the community level (see also Carpiano, 2006) and (2) the *relational* and social psychological resources available in social networks, community participation and social cohesion (see also Hawe & Shiell, 2000; Putnam,

1993). Scholars have identified these two resource domains as the two types of social capital that can potentially enrich a community (Bourdieu, 1986; Campbell & MacPhail, 2002; Carpiano, 2006). This paper focuses on community empowerment processes that target relational social capital. We argue that the relational, social-psychological and discursive processes that constitute this arm of empowerment can be described through the mobilization of CI. By studying the process of CI mobilization among sex workers in Sonagachi and linking it to condom use, we seek to construct a conceptual framework for a crucial aspect of community empowerment.

Theoretical framework

Given the established body of work on CI in social movement scholarship, we draw on the work of social movement theorists who argue that CI formation is a key aspect of community mobilization and collective action (Melucci, 1985; Snow & McAdam, 2000). Taylor and Whittier (1992) describe CI mobilization as (1) the formation of boundaries differentiating movement actors from outsiders, (2) the establishment of consciousness that infuses meaning into group identification, and (3) the negotiation of identity where it is made visible and politicized to the outside world. This paper builds on their framework of boundaries, consciousness and negotiation (BCN) to examine the mobilization of CI by SP participants (Fig. 1).

While scholars have emphasized the importance of social identity in health-related behaviors (Campbell & MacPhail, 2002; Hawe & Shiell, 2000; Putnam, 1993), research has not traced the manner in which mobilization of this collective identity can influence health behaviors like condom use. We seek to address this theoretical gap by conceptually linking the BCN framework to condom use.

Methods

Sample

In-depth semi-structured interviews were conducted with 46 participants of SP. Since we were interested in distilling the elements of CI fostered by SP participation, purposive sampling was utilized to select key informants from the membership roster of Durbar who had been long-standing SP participants. Participants included 36 female sex workers and 10 non-sex worker Durbar staff members. Of the sex workers, two worked in Sonagachi, but didn't

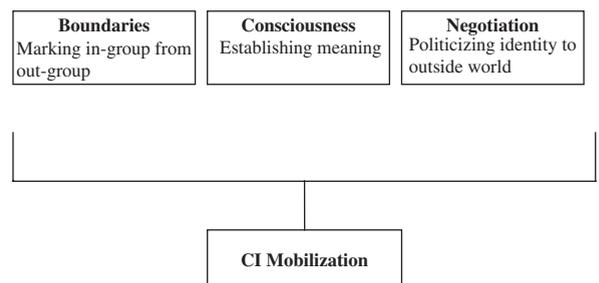


Fig. 1. The BCN model.

¹ Also called Durbar, which means "unstoppable".

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