

Qualitative Health Research

<http://qhr.sagepub.com>

Participatory Change in a Campaign Led by Sex Workers: Connecting Resistance to Action-Oriented Agency

Ambar Basu and Mohan J. Dutta
Qual Health Res 2008; 18; 106
DOI: 10.1177/1049732307309373

The online version of this article can be found at:
<http://qhr.sagepub.com/cgi/content/abstract/18/1/106>

Published by:



<http://www.sagepublications.com>

Additional services and information for *Qualitative Health Research* can be found at:

Email Alerts: <http://qhr.sagepub.com/cgi/alerts>

Subscriptions: <http://qhr.sagepub.com/subscriptions>

Reprints: <http://www.sagepub.com/journalsReprints.nav>

Permissions: <http://www.sagepub.com/journalsPermissions.nav>

Citations (this article cites 13 articles hosted on the SAGE Journals Online and HighWire Press platforms):
<http://qhr.sagepub.com/cgi/content/refs/18/1/106>

Participatory Change in a Campaign Led by Sex Workers: Connecting Resistance to Action-Oriented Agency

Ambar Basu

Mohan J. Dutta

Purdue University, West Lafayette, Indiana, USA

Studies predict that the number of HIV infections among commercial sex workers (CSWs) in India may rise to 3.93 million. Efforts have been made to stem the tide. But most campaigns have been designed to ensure condom compliance among CSWs by spreading awareness and increasing availability. Absent from the discursive space of such campaigns are the agency of CSWs and their ability to resist dominant social structures. The authors respond to this lacuna in health communication by foregrounding voices of CSWs participating in two HIV/AIDS interventions in India. Based on the culture-centered approach to health communication and subaltern studies theory, it examines data from two sites to analyze how communicative narratives of agency and resistance are enacted in the marginalized lives of sex workers.

Keywords: *health; communication; culture; sex worker; campaign; resistance; agency*

The National AIDS Control Organization (2005), India's central AIDS monitoring agency, estimates that 2.9 million women or 1.1% of the adult women in the country are commercial sex workers (CSWs). Of these, 70,794 are estimated to be infected with HIV (Naco: Facts and Figures, 2003). Other studies predict that the number of HIV infections in the CSW network (CSWs as well as their clients) will rise to about 3.93 million by 2005 if all interventions work well, or to 6.87 million in a worst-case scenario (Chattopadhyay & McKaig, 2004). Though estimates for 2005 are not yet available, such a situation calls for efforts to stem the rising number of HIV infections in this high-risk population of CSWs. Indian governmental and non-governmental organizations have been active in this regard. But most campaigns, usually funded by external agencies such as the World Health Organization (WHO), have tried to ensure greater condom compliance among CSWs by spreading awareness about its use and by increasing its availability (Jana, Basu, Rotheram-Borus, & Newman, 2004). Cultural factors and sociostructural capabilities of target group members have been largely overlooked (Jana et al., 2004). Not accommodated in the frame of such campaigns are the recognitions of agency and the ability of sex workers to resist and frame discourses and life paths in opposition to those prescribed by the dominant social actors. Furthermore, top-down models of campaigns

traditionally manufacture and place messages in predetermined outlets without fostering opportunities for the participation of CSWs in determining the agenda, structure, and communicative choices of the campaign. This is true for HIV/AIDS-related health campaigns across the globe (Airhihenbuwa, Makinwa, & Obregon, 2000; Airhihenbuwa & Obregon, 2000).

Challenging the dominant framework of campaigns, two sex-worker-mediated HIV/AIDS prevention campaigns—in the Sonagachi red-light area of Kolkata, called the Sonagachi HIV/AIDS Intervention Programme (SHIP), and New Light's HIV/AIDS Project in the Kalighat sex worker community—have created sustainable platforms for the participation of CSWs and have successfully increased the rate of condom usage among CSWs through their active participation in the campaign. What separates these campaigns from the traditional campaigns in health communication is that the ownership and execution of the campaigns lie primarily in the hands of the CSWs. In this article, we examine the role and nature of CSW participation in the SHIP and in New Light's HIV/AIDS Project, foregrounding the concept of participation in the context of marginalization and resistance in subaltern areas. Based on the culture-centered approach to health communication (Airhihenbuwa, 1995; Dutta & Basu, in press; Dutta-Bergman, 2004a, 2004b; Dutta-Bergman & Basu, 2007),

and subaltern studies theory (Guha, 1988; Guha & Spivak, 1988), we examine qualitative data collected at two research sites to analyze how communicative narratives of agency and resistance are enacted in the marginalized lives of sex workers and how dominant discourses are set aside to posit alternative pathways to health and well-being.

CSW and HIV/AIDS

Contextualizing CSW

Epidemiologists define exchange of sexual favors for economic benefits as sex work. But the definition differs contextually, interpersonally and culturally (Basuki et al., 2002). In the June 2002 technical update, the Joint United Nations Program on HIV/AIDS (UNAIDS Technical Update, 2002) defines sex workers as “female, male and transgender adults and young people who receive money or goods in exchange for sexual services, either regularly or occasionally, and who may or may not consciously define those activities as income-generating” (p. 2). (In this article, the terms *sex worker* or *CSW* will be used to denote females in the profession.) The UNAIDS document also notes that the term *sex worker* has gained precedence over the term *prostitute* because people involved in the profession view it as less stigmatizing and better descriptive of their work and life experience.

In several countries around the world, CSW is illegal and therefore clandestine. There is a consensus that CSWs comprise a high-risk group in terms of HIV/AIDS infection (UNAIDS Technical Update, 2002). CSWs typically exist at the margins of mainstream social structures, with limited access to structural resources and modes of communication. In their study on reducing HIV/AIDS infection among CSWs in South Africa, Karim, Karim, Soldan, and Zondi (1995) quote a sex worker: “When you are a prostitute, you do not think about tomorrow; you just think of now” (p. 1525). Karim et al. argued that the ability of sex workers to negotiate safer sex practices within the current paradigm of HIV risk reduction strategies is low, given their marginalized status and limited access to basic resources. They also have limited access to the policy platforms and civil society organizations that must determine their fate through the regulation and implementation of policies. Sex workers are often victims of discrimination, trafficking (being sold or traded and then forced/coerced into the sex trade), legal persecution, and social stigma (Gangoli, 2001).

Harassment by law enforcement agencies, lack of access to health care, lack of education, lack of voice, and inadequate access to the basic needs of life characterize the lives of CSWs across the globe, particularly in the poorer sectors (Jana et al., 2004; Jenkins, 2000; Karim et al., 1995).

HIV/AIDS Campaigns and Condom Usage

Increased condom usage has been touted as an effective method of preventing the spread of HIV/AIDS infection among CSWs; however, condom usage has not always been prevalent among CSWs. A study of sex workers in Indonesia found that only 5% of CSWs in brothels and 14% of street workers had condoms with them (Basuki et al., 2002). In South Africa, Karim et al. (1995) noted the risk of HIV infection is less immediate than the need to feed one’s family. In such situations of severe structural deprivation, negotiating condom use is secondary among CSWs.

Since the spread of the HIV pandemic, many studies have examined high-risk sexual behavior within an individualistic paradigm, framing HIV risk behavior as the result of either poor information or illogical choices with regard to health, and have sought to attribute HIV risk behaviors to individual characteristics of their target audiences. Jana et al. (2004) noted that most HIV prevention models rely on theories focused on the individual. Such models obscure the role of contextual factors in HIV transmission and typically omit the critical role played by structure in determining health choices (Seidel, 1993). Omissions of contextual elements that constitute the lived experiences of sex workers perhaps stem from the very absence of sex workers in the domain of campaign development and implementation (Dutta-Bergman, 2005). Sex workers traditionally are pitted as target audiences of campaigns, and opportunities for their participation are limited.

Hansen, Lopez-Iftikhar, and Alegria (2002) suggested that future HIV prevention efforts should frame condom use and other self-protective acts in terms that build on sex workers’ own strategies for understanding their options and modifying their risks. Jana et al. (2004) also make a case for participatory campaigns in which target group members are able to articulate health needs, mobilize available resources, implement behavior changes, and reap benefits of changes. The culture-centered approach to health communication responds to this need for community participation by highlighting the pivotal role of the community in defining health problems and corresponding solutions based on community needs

(Dutta-Bergman, 2004b, 2005). Both the SHIP and New Light's HIV/AIDS Project embody the core principles of the culture-centered approach by centralizing the critical role of the CSW community in determining its health agendas. The following discussion provides an overview of the culture-centered approach to health communication.

Culture-Centered Approach to Health Communication

Privileging the narratives that emerge through conversations with the members of marginalized communities, the culture-centered approach to health communication provides theoretical, methodological, and pragmatic guidelines regarding the practice of participatory health communication in marginalized spaces (Airhihenbuwa, 1995; Dutta & Basu, in press; Dutta-Bergman, 2004b, 2005; Dutta-Bergman & Basu, 2007). This approach highlights the interaction between structure and agency in how health communication is theorized at the margins. Structures constrain and limit the possibilities of health in underserved communities. Examples of structures include microlevel community resources such as community medical services, community modes of transportation, channels of communication, and health-enhancing resources such as food, clean spaces, and spaces for exercising; meso-level resources such as points of policy implementation, avenues of civil society organizations, and media platforms; and macrolevel resources such as national and international political actors and points of policy formulation, and national and global health organizations. Agency is enacted in its interaction with the structures at these different levels and embodies a variety of communicative actions and processes that challenge, navigate, and attempt to change these structures that constrain the lives of subaltern participants. Of relevance to the theorization of agency in health communication is the articulation of the ways in which such structures are resisted in marginalized spaces, because resistance provides the impetus for social change, and for securing access to resources that are otherwise unavailable to subaltern groups (Dutta-Bergman, 2004a).

This line of thinking foregrounds the importance of understanding articulations of health by engaging participant voices, particularly in the context of the marginalized sectors of the world (Airhihenbuwa, 1995; Dutta-Bergman, 2004a; Ford & Yep, 2003). These

voices present opportunities for social change by challenging the dominant articulations of social reality and by suggesting alternative interpretations. Challenging the dominant notions of subaltern classes as passive recipients of campaign messages, the culture-centered approach foregrounds the ways in which members of marginalized spaces enact their agency as active participants in processes of social change.

The culture-centered approach underscores the importance of participation of community members in the articulation of health problems as a step toward achieving meaningful change (Guha, 1988; Guha & Spivak, 1988). In doing so, it centralizes the voices of subaltern communities, brought forth through the conversations between the researcher and the community participants. Dutta-Bergman (2004a) stated that the culture-centered approach to health communication emphasizes dialogue and mutual understanding, locating the agency for examining health practices in the culture being studied, not in the researcher and the institutional practices that inform his or her research practice. Cultural context is central to the culture-centered approach, emphasizing the meanings that are co-constructed by the researcher and the cultural participants.

Fundamental to the articulation of the culture-centered approach is the notion that members of communities actively participate in interpreting the social structures that encompass them, in making sense of these social structures, and in interacting with them on a daily basis. This approach seeks to narrate these stories that are typically enacted at the margins of modern health care systems and achieve social change by the very introduction of these marginalized voices into the discursive spaces that have been systematically erased through one-way models built on the assumed expertise of the health communication scholar. It asks questions such as, How do subaltern communities interpret structures within which they live their lives? How do they respond to such structures?

Note that the focus of the culture-centered approach is not on empowering the subaltern participants from outside, as this very stance once again assumes the implied expertise of the researcher and exhumes the subaltern participant of his or her agency. In the culture-centered approach, the emphasis is not on creating skills such that community members can be empowered through the campaign after being taught the necessary interpersonal communication skills (see, for instance, Storey & Jacobson, 2003); rather, the emphasis is on understanding existing forms of participation and resistance in

communities that have traditionally been treated as devoid of agency. Inherent here is the idea that marginalized communities exercise their will in challenging structures through their day-to-day practices. It is the task of scholars to find ways to listen to such stories of participation and be responsive to them. The culture-centered approach begins with the understanding that participatory forms of communication have long existed in those marginalized spaces that typically have been conceptualized as recipients of interventions in the broader development communication literature.

The important role of participation in marginalized spaces can be seen in the works of subaltern studies scholars who have extensively documented participation in peasant societies (Guha & Spivak, 1988). Ample evidence is found in this body of scholarship that documents the agency and active participation of the peasant class, a class that is often treated as the passive recipient of campaign messages of enlightenment sent out by the elite and the bourgeoisie classes. The culture-centered approach provides a starting point for including those voices in the discursive spaces of knowledge that have typically been treated as objects of campaigns in much of the international and development communication work. Furthermore, drawing from subaltern studies theory (Guha & Spivak, 1988), this approach articulates the ways in which subaltern groups resist the structural constraints that are imposed on them. The emphasis is on resistance as a communicative act that challenges the dominant structures and seeks to transform them. The centers of power that participate in the marginalization of the subaltern classes are interrogated, and opportunities are sought for their transformation. The culture-centered approach to communication seeks to contribute to current theorizing of health communication, and communication in general, by (a) constructing resistance as a communicative act and (b) by exploring the ways in which resistance is enacted. This approach thus situates agency of cultural participants at the core of theorizing and praxis, facets that are evident in the SHIP and New Light's HIV/AIDS Project.

Two Cases of Culture-Centered Intervention

Launched in 1992, the SHIP has successfully increased the rate of condom usage among sex workers. The SHIP highlights the need for a bottom-up framework in health campaigning and situates social change in the agency of cultural participants and their

ability to resist forces that seek to marginalize them (Airhihenbuwa, 1995; Airhihenbuwa, Makinwa, & Obregon, 2000; Airhihenbuwa & Obregon, 2000; Dutta-Bergman, 2004a; Dutta-Bergman & Basu, 2007).

Sonagachi is Kolkata's largest red-light area. Along with other sex worker sites in India, it has been the testing ground for several HIV/AIDS campaigns. Most of these campaigns promoted a condom use-based medical model for HIV/AIDS prevention. The assumption is that spreading awareness about the high risk of being infected with HIV/AIDS, the life-threatening dangers associated with such an infection, and how using condoms can help prevent such infections will lead to condom use compliance among sex workers (Chattopadhyay & McKaig, 2004; Jana et al., 2004). This approach has traditionally not worked. UNAIDS Technical Update (2002) and NACO: Facts and Figures (2003) numbers indicate that despite condom promotion-based interventions in CSWer communities in cities such as Mumbai, New Delhi, and Chennai, HIV seroprevalence rates among community members have been on the rise, with rates of 50% to 90% having been reported in these cities in India. As stated previously, similar interventions in Indonesia have also not yielded encouraging results. One study revealed that only 5% of CSWers in brothels and 14% of street workers had condoms with them (Basuki et al., 2002).

For Sonagachi, however, UNAIDS reports from 2002 state that the rate of HIV infection among sex workers appears to be about 11%, and condom use has been consistently rising—from 3% in 1992 to 90% in 1999. This success is largely attributed to the SHIP, which is a combined participatory community-based approach, based on the networks of solidarity among CSWers. Jana et al. (2004) noted that the underlying principle of the SHIP was the belief that to address the health of sex workers, they have to take the lead role in the campaign. It acknowledged the ability of the sex workers to resist and act within the constraints of their marginalized spaces. Steps were also taken to ensure that there was adequate access to condoms, STD treatment, HIV testing, and information on the diseases.

As the campaign progressed, economic programs emerged as a vital component. Jana et al. (2004) stated that when sex workers were in need of money, banks or wealthy individuals would typically charge the workers 50% interest. Under such circumstances, sex workers would fall to the temptation to forego condom use in an attempt to make money. To combat this situation, a cooperative loan service (Usha) was established for sex workers. The cooperative bank

granted small loans at 15% interest with feasible payment arrangements. It provided the CSWers financial security and meant that they could resist clients who insisted on not using condoms. The SHIP also organized the CSWers into a quasi-trade union. The Durbar Mahila Samnwaya Committee (DMSC) was established in 1995 to help sex workers exercise collective power and articulate demands (Newman, 2003). Besides running the SHIP, the DMSC is now fighting for the rights of sex workers. How then did a campaign that began as an avenue for promoting safe sex evolve into collective resistance?

Similar to the SHIP, New Light's HIV/AIDS Project is a CSWer-led campaign, run in the Kalighat area of Kolkata. New Light is a charitable trust that was set up in 2001. The project combines HIV/AIDS awareness, prevention, and control with community development activities (<http://newlightindia.org/>). Though there are not enough evaluative studies to configure the success of this program, the emphasis of the project, as in the case of the SHIP, is on CSWer participation and the development of agendas through CSWer involvement in the program. The goal of our study was to determine the success of the SHIP and New Light's HIV/AIDS Project in the context of agency that emerges from marginalized life spaces of sex workers. We analyze narratives of resistance from two research sites to examine the following research question: How do CSWers enact resistance and agency in the context of a participatory HIV/AIDS campaign?

Method

Sites of Data Collection

Data for this project were collected at two red-light districts in Kolkata, India: Sonagachi and Kalighat. Sonagachi, in north Kolkata, has been in existence for more than 100 years—since British colonial days. The area houses about 9,000 CSWers, 6,000 of whom are “full-timers” (live in the area), and 3,000 are “casuals” (commute to the area on a daily or seasonal basis from the suburbs of Kolkata or from adjoining states such as Orissa and Bihar). Almost half of this population of CSWers (49.1%) in Sonagachi list acute poverty as the chief reason behind their joining the profession (Chattopadhyay & McKaig, 2004; Gangoli, 2001). They live under unhealthy conditions in overcrowded tenements on narrow lanes, don't have adequate access to health care, are stigmatized for the work they do, and are

at the mercy of landladies (madams), pimps, moneylenders, law enforcement agencies, and clients. Like other sex workers in other red-light areas, HIV infection is a constant cause of concern in this community. The community, as we mentioned previously, has been the site for the HIV/AIDS campaign called the SHIP, which has been funded by the Ford Foundation and the Bill and Melinda Gates Foundation, among other organizations.

Kalighat is a historic site in south Kolkata. The Kali temple, located on the banks of the Ganges, gives the place its name. The temple of the goddess Kali was built in the mid-19th century, and in its vicinity is a red-light district that is considered the oldest in the city. It houses nearly 3,000 CSWers from Kolkata, the districts, and neighboring countries such as Nepal and Bangladesh. Like Sonagachi, the living conditions of the sex workers are poor and they are at a constant risk of sexually transmitted disease (STD) and HIV infections. The Kalighat red-light district, a 5-minute walk from Mother Teresa's Nirmal Hriday (home for the dying destitute), is also the site of New Light's HIV/AIDS Project. It combines HIV/AIDS awareness, prevention, care, and treatment, along with community development activities such as running a crèche and safe shelters for children of CSWers, providing microcredit and legal aid to CSWers, and sponsoring school education for children of CSWers.

Establishing Contact and Data Collection

We were able to access the Sonagachi research site through the local networks of a doctor who is involved in running health clinics for CSWers in Sonagachi and is a member of the SHIP campaign team. Once contact was established with the DMSC, we had to seek permission for research from the organization's research review board. We submitted our research proposal along with the Institutional Review Board-sanctioned protocol from our institute.

At Sonagachi we conducted in-depth interviews with five stakeholders: three executive board members of the DMSC, a leader of the DMSC/SHIP program, and a peer health worker for the SHIP. CSW, they mentioned, “is our profession.” None of them were comfortable revealing their ages and all of them preferred to speak in Bengali. The interviews, each of which lasted between 45 and 90 minutes, were conducted in May 2005 in the conference/meeting room of the DMSC office in north Kolkata, a mile from the Sonagachi red-light district. The interviews were unstructured for the most part, to leave ample opportunity for dialogue and emergent theorization. Questions were focused on the participants'

experiences with the DMSC and the SHIP, HIV/AIDS, STDs, health campaigns, their roles, their living contexts, their stories of life, and tales of resistance, achievements, and goals.

Access to the Kalighat site came through a local journalist who had worked with members of New Light. We were taken around the red-light district by the New Light Project's peer workers, who are also CSWers. Their knowledge of the environment and their closeness to the field enabled the authors to conceptualize the setting of the project and the life of CSWers. However, owing to the sensitive nature of their profession and the time chosen for the field visit, we were not able to talk to CSWers in the field. We visited the project's shelter, which is housed on top of a temple in the area, and interacted with the children at the shelter. One of us took notes during the visit.

We also conducted semistructured interviews and group discussions with eight field workers at the site. Of the eight participants, three were sex workers and four were peer workers (three of whom were also CSWers serving only known clients). One of the interview participants was a coordinator of the project. The taped interviews were conducted in New Light's office next to the shelter. The interviews and group discussion were conducted in May 2005 and lasted for a little more than 4 hours. We did not ask interview participants to record their ages. Questions asked focused on their experiences, HIV/AIDS, STDs, health campaigns, living contexts, and tales of resistance.

The confidentiality of the participants at both the sites was maintained by destroying the tapes after transcription and by changing the names of the participants on the transcripts and in this manuscript. The transcripts were stored on secure computers. The interviews were conducted in Bengali and were combined simultaneously with transcription, translation into English, and data analysis. Translations were done by the authors, who grew up speaking both languages (Bengali and English).

Data Analysis

Given the emphasis on context, the grounded theory method of analysis was well suited to analyze the data for this study (Strauss & Corbin, 1990; Charmaz, 2000). We combined our focus on meaning-making grounded in the local context with thematic analysis because grounded theory posits that theory is grounded in themes (Strauss & Corbin, 1998). Thematic analysis is a qualitative research method that involves the coding of concepts. The general idea is that by analyzing an array of discrete concepts, a researcher can better

understand emergent theoretical relationships between concepts. Data analysis proceeded concurrently with data gathering, and the interviews were continued until conceptually dense theory was derived from the data (Strauss & Corbin, 1990). To ensure validity of data, the authors checked and compared the transcribed data. Disagreements were resolved by further discussion about the translation/transcription and by modifying it based on the consensus of the authors.

A culture-centered theory of health was generated by using the constant comparison technique (Strauss & Corbin, 1990). Open coding, axial coding, and selective coding were systematically used to test the fit of new pieces of data with the emerging theoretical framework.

One of the authors started the data analysis with open coding to identify discrete concepts that could be easily labeled and sorted. Examples from the text were stitched together to construct themes. Themes related to similar phenomena were bracketed into conceptual categories. The conceptual categories were then checked and validated by the second author, following which relationships were laid out from within and among categories through a process of axial coding. Finally, theoretical integration was achieved by selective coding (Strauss & Corbin, 1990).

We collected data at two sites so that we could compare and contrast data and strengthen the validity and credibility of our exploratory analysis. At Sonagachi as well as at Kalighat, the CSWers were associated with running the HIV/AIDS programs. The narratives of the CSWers were built around (a) their marginalized lives and (b) the ways in which they enact their agency and resist the dominant social structures.

Results

Marginalized Lives of CSWers

CSWers at both research sites described themselves as being harassed and exploited. They pointed to social constructions and social evaluations depicting them as lowly and incapable individuals. Rani, from Sonagachi, while talking about the initial days of the SHIP, stated that when SHIP officials, specifically Dr. Samarjit Jana (who started the project), suggested that sex workers be at the helm of a campaign that is targeted at them, local political leaders and experts were not ready to believe that the sex workers were capable of working or achieving anything. "After all, they said we are only sex workers," she says. Lakshmi, her compatriot, pointed to the low self-esteem that generally weighs down the lives of

CSWers. She mentioned that she and her colleagues were rarely able to stand up for their profession, which they said is as good and as respectable as any other profession. Jayantidi, from Kalighat, said that in spite of the substantial work that is being done with CSWers in different quarters, they and their profession are still looked down on. Lakshmi, too, shared her belief that the stigma associated with being a sex worker will always live on: “No matter where you are rehabilitated, no matter where your son takes you when he gets a job, someone might just recognize you and remind you that you are part of a lowly profession.”

The stigma of CSWers is intertwined with their exploitation. In India, where CSW is not legal, CSWers experience harassment and exploitation on multiple fronts. Rani expressed her feeling of being violated and exposed by the madams, the pimps, the law enforcement agencies, the politicians, and researchers alike:

It is true that over the years there have been so many non-governmental organizations [NGOs], so many research scholars who have come to us, so many of us have been interviewed for films and others. But we have not gained out of any of these. We are still harassed and exploited by our *babus* [in Bengali, a word referring to the regular clients of sex workers], the pimps and the police. It is the people who have interviewed us, photographed or filmed us who have gained.

Rani’s narrative suggests that the dominant stakeholders in society continue to exploit CSWers to benefit themselves. Referring to practices such as interviewing for research and for films, the CSWers articulate that these practices benefit the individuals conducting the interviews and do not really address the concerns of the CSWers. In this context, the participants discussed the documentary film “Born Into Brothels” (Kauffman & Briski, 2004) that was filmed in Sonagachi and how it brought recognition (namely, the Oscars) for Zana Briski by commercially exploiting the story of the CSWers, and further contributing to the stigma surrounding CSW.

Lakshmi portrayed how moneylenders short shrift CSWers; a loan of Rs 100 (Rs 40 = US \$1) from a moneylender can turn into a loan of Rs 300 in a month because the moneylender charges interest of Rs 10 per day for the loan. Niyoti added to the narratives of exploitation. She lived and worked in the Rambagan and Sethbagan areas of Tollygunge in south Kolkata for several years. There, she and her colleagues were

forced to part with a substantial portion of their earnings every week to three local goons who had political connections. “We could not say no. If we refused, we were kicked out of our living and work quarters, and that meant we would not be able to earn a living,” she said.

This exploitation plays out in the lack of trust that the CSWers displayed toward people within and outside their community. “We did not believe that a person would come to work with us for our benefit. We felt that no one could work for our betterment,” said Rani, of the initial days of the SHIP. This distrust, according to Shyama (Rani’s colleague), comes to fore in the CSWers’ refusal to believe that the peer workers in the SHIP campaign were out to do good for them. The same sentiment is evident in the narratives of CSWers in Kalighat. Phulloradi said,

When we started work as peer workers of our [New Light] Project, we were treated with suspicion. Our colleagues thought since we were paid workers of the project, we were only concerned about the project. They told us that we were trying to profit the project by asking them to use condoms and have medical checkups.

Besides exploitation and mistrust, their existence at the periphery of modern discourse is manifested in the way the CSWers lacked a platform from which to speak, and in the way they lacked the unified strength to resist. Lakshmi and Niyoti stated that they had always had a strong urge to protest against injustice and exploitation. “But I did not have the support to resist and fight. I knew I was wrong in having to support it (injustice), but I had to. I had no other way,” said Lakshmi. “I needed the backing of an organization to protest against our exploitation,” explained Niyoti. That backing came in the form of the SHIP, and then the DMSC in Sonagachi and New Light’s HIV/AIDS Project in Kalighat. These projects got the CSWers under one roof, fostering the ability to resist violence, the will to fight for their rights, and to enhance their self-esteem.

Resistance and Agency: The Urge to Act

Sundari stated, “When a sex worker goes to another and talks about her health, her life, her problems, it is then that we realized that we had people who wanted to know our problems. This is how trust in the Project [SHIP] and trust in the community developed.” Situating this contextually in the realm of

sex work, we can theorize that developing trust was at the base of the CSWers' fight against injustice. Though many of them had the willingness to resist violence, they could not do so because there were not many of them in the community who would come under one roof, trust each other, and resist the forces that marginalize them. The SHIP and the DMSC were able to instill trust in the community, providing a common platform for sex workers to launch and sustain their unified struggle against exploitation. Rani made this clear:

Imagine this: My neighbor, a colleague, comes to me and inquires about my health, talks to me about our lives, cares for me and tells me that I have the right to take care of my health, coaxes me to come for a checkup, insists that I refuse clients who refuse to wear condoms. It is then that I begin to trust her. I realize that she cares for me, especially when I see her with me on the job.

Lakshmi and Niyoti noted that when the DMSC opened its branches in Barackpore and Tollygunge, respectively, they were able to gain strength from the organization and raise their voices against violence. Sonali and Mita shared the same sentiments about their project in Kalighat. They talked about how all of them had been able to "rise together" to resist clients who refused to use condoms. Some clients who refused were even beaten by the sex workers, they added. "Yes, clients have to use condoms. I heard one girl tell another the other day that if the client refuses to use the condom, she should thrust a knife into his belly," Mala, their colleague, stated. Kajol, another sex worker in Kalighat, also pointed out that their organization and unity has given them the ability to fight against pimps who try to sell minors to the profession. She tells this story:

There was this man who, a few days ago, brought his sister and wanted to initiate her into this profession. She looked like a minor. We stood up together with people of the locality and refused to let her in.

Situated in these narratives is a sense of self-esteem that was enacted through the participation of the CSWers in the campaigns. Shyama, from Sonagachi, talked about the peace of mind, the strength, and the solidarity that the DMSC was able to engender. "We got the strength to protest against injustice, against goons, politicians, and law enforcers who harass us. It redeemed us," she stated.

Niyoti mentioned how this improved self-esteem plays out in running an organization such as the DMSC. She said that people have always doubted and still doubt the capability of sex workers to run a project. But, she added, "Even if they do not want to believe, the DMSC has shown that sex workers can run a project."

Once the CSWers found a valid platform in the DMSC, the SHIP, and/or New Light's HIV/AIDS Project, their ability to take charge of their lives and health and make decisions that emanate from their living contexts soared. This is reflected in their discourses and actions. Mala, a peer worker in Kalighat, was quick to point out that the girls realized their health is important for them, because if they are not able to stay healthy, they will not be able to work and earn a living. Recognizing that they need to and have a right to protect their health, and that they can indeed take care of their health and their children, is a manifestation of the agency that resides in the marginalized community of sex workers. This agency is consistently borne out in the resistance to the violence that is inflicted on them, resistance to the health practices that are thrust on them, and resistance to the social constructions of their living spaces.

Sundari mentioned that before the DMSC was formed or before the SHIP was launched, the sex workers were not willing to go to health clinics even when they realized that they needed to, because of the stigma associated with STDs and the fear of rejection by prospective clients who might see them visiting the clinics. But the DMSC gave them the collective strength to resist these forces and start doing what was necessary to remain healthy. Both Sundari and Rani talked about how the clinics helped educate the CSWers about the different types of STDs and how debilitating they can be:

We came to know what we, as sex workers, were vulnerable to. For instance, we had heard about HIV/AIDS. But we did not know anything about the disease, or its dangerous implications. We realized that it is imperative to talk about it, know about it, and encourage each other to get regular checkups.

Lakshmi unraveled another facet of resistance. She told the story of how the CSWers in Sonagachi resisted dominant cultural and structural codes that stood in the way of their health and well-being. During the initial days of the SHIP, she said, colleagues resisted attempts by peer workers to get them to use condoms (also mentioned by Jayantidi) and arrange for regular health

checkups. “But we persisted,” she added. Then, she said, the peer workers were faced with questions such as “OK, we are ready to listen to you. But what is the guarantee that you can address the oppression, the exploitation, the stigma we face?”

What followed was a period of introspection and questioning of the cultural conventions that marginalize sex workers and impede their access to basic structural resources. Niyoti recounted that the peer workers realized that to get sex workers to use condoms and to go for regular checkups, “the first thing we needed to do was go to the root of our problems, and list them—the police, the goons, the madams, the pimps, the politicians.” The DMSC was formed with the realization that to fight these issues, the sex workers needed to unite.

“The DMSC gave us the strength to resist. We knew we could do it,” said Shyama, again pointing to the belief in their abilities even in their marginalized condition of existence. “We took up a sex worker’s cause when we found that a madam had usurped her earnings, or when the police picked up a gang of us on charges of immoral trafficking,” she stated. The DMSC also provided the CSWers the dialogic space to appraise their living contexts and frame practices to resist processes that impede access to health resources. They realized that to improve their health, they had to address the problems that encompass their lives. “We understood that to address STD and HIV/AIDS issues, we needed to look at the context that shapes our lives,” Lakshmi stated.

Rani’s narrative, like Lakshmi’s, elaborates on this:

Money is a big concern for us. Say, a sex worker does not do good business for a day. She goes to the local moneylender and asks for a loan of Rs 100. The moneylender gives her the loan but she has to pay an interest of 10% every day. If she is not able to repay, she ends up paying an interest of Rs 300 on a loan of Rs 100 in one month. This is a regular occurrence and we have generally noticed that sex workers have suffered for not having been able to save money. We realized we needed a financial unit we could call our own. That was how Usha was formed.

Usha is a microcredit institution that acts as a bank for the CSWers in Sonagachi, providing them loans at nominal rates. New Light’s HIV/AIDS Project in Kalighat has organized a similar initiative. Niyoti states that with Usha, the CSWers knew that they could have financial support in times of need. They need not fear losing clients who refused to use condoms to their colleagues. “The financial strength was another facet of our

resistance, to resist violence from clients, pimps and madams, who used to insist that we work without condoms,” she added. For Phulloradi, resistance took the form of being able to stand up and fight the violence perpetrated on sex workers—be it from the goons, the police, the madams and pimps, or political leaders. She believed that the organizations—DMSC and New Light—gave sex workers the latitude and support to initiate the process of resistance.

Resistance is a key theme in the personal battles of Lakshmi and Niyoti. Lakshmi recalled how she was the target of the local political goons in Barrackpore when she took charge of the DMSC’s branch in the area. The political leaders in the area were threatened by the presence of the DMSC, and when she started protesting against their harassment and exploitation, they “made life hell” for her. Her son was arrested on charges of rape and robbery. And even though she fought her way through the bureaucratic maze, challenged political leaders, and got her son away from the police, it left a scar on her and her son. She was forced to leave the area, much against her wishes:

I was also jailed. It was then that I felt very sad and depressed. It’s fine that I did everything for the organization. But I felt that I gave up everything. I thought if I don’t even get to keep my place, I will lose my son. He did not want to be in that area and even if he did, he said he would not study. And he was only sixteen then. I thought if I lose this opportunity to educate my son, there’s nothing I could claim to have done in my life. So, like these there have been many stumbling blocks.

Niyoti, too, had to leave Tollygunge, where she had lived and worked for several years. “I stood up against our exploitation,” she said. Niyoti mentioned that she was able to muster support in the fight against three local goons who had been harassing them for a number of years. It was not long before she was forced to leave the area. But that did not dampen her will to resist and stand up for justice. She said, “A lot of things happen and it is in everybody’s best interests that both Bharati and I have left Barrackpore and Tollygunge. I have stood up against violence on sex workers. I will keep fighting for our rights.”

Another aspect of resistance that emerges from the marginalized lives of sex workers is the fight against the forces that paint them as agency-less masses and seek to impose externally defined solutions on the CSW community. The participants at both research sites consistently spoke about their ability to identify

key community problems, brainstorm on potential solutions, engage in dialogue both within and outside the community and allow the answers to emerge from the dialogue, and manage interventions to address these problems. At Kalighat, Kajol and Phulloradi noted how the community participates in child care, educating children, running health clinics, and being united in the struggle against oppression. At Sonagachi, Shyama made this statement about the DMSC:

If we have to take any decision or resolve any issue, we will do that ourselves. We might make mistakes. But still we will do it on our own. . . . Let there be mistakes. We will solve our mistakes too. But we will not take decisions based on your logic.

Located in Shyama's narrative is an articulation of the top-down models of communication embedded in traditional campaigns and the resistance to such models. Shyama articulated the importance of the solution emerging from within the community, in spite of the possibility of mistakes. What emerges here is a sense of ownership in defining problems based on community consciousness rather than blindly accepting problems, configurations, and solutions that are imposed by external actors (such as campaign planners and scholars).

Participant narratives also suggest resistance against the government's stance on sex work. The profession has almost always been painted as lowly, and sex work has been denied the recognition of a profession. Shyama believes that the government's stance is based on the moralistic notion that if sex work is recognized, it will encourage more girls to become sex workers. Lakshmi argued,

See, there is no recognition now. But still the number of sex workers has gone up. Why hasn't the government been able to stop this? Suppose the government gives me a job tomorrow. I take the job and rent a house in the middle of the society. The next day somebody says, "I saw her at Sonagachi. She used to be a sex worker." Then what will happen? The government cannot stop this attitude toward a sex worker. They can at least look after the well-being of the sex workers.

Clear in Lakshmi's description of the government's stance is a message of protest and a confirmation of the notion that sex workers, within their marginalized spaces, do have the willingness and ability to seek out pathways to resistance. Both Rani and Sundari echoed Lakshmi's sentiments. They wanted to register a protest against the government's

motive to reinstate sex workers. They explained that there are many who feel that sex work is not a noble enough profession to be regarded as one.

Resistance to this dominant ideology that justifies the stigmatization and exploitation of sex workers resonated through layers of our dialogue with the research participants. In Sonagachi, Niyoti noted that she would continue to fight for the rights of sex workers because she believes her profession is a good one. At Kalighat, Jayantidi emphasized that sex work should not be looked down on because, like all other professions, it gives the sex workers the means to feed their children.

Pride in the profession also plays out in the resistance to dominant structures that strip sex workers of a right to hope for a better future for themselves and their children. We notice in our dialogue an assertion that sex workers have a right to dream and plan for a better future. Shyama pointed to older retired sex workers who have no resources to fend for themselves. "We don't want to be left that way," she said, and added that the DMSC has given them an avenue to make sure sex workers have the recognition and the resources to retire with the knowledge that they and their children will be safe and healthy. "That it's our project, our organization, and we can run this. This we consider to be our biggest achievement," is how Lakshmi put into perspective the significance of the DMSC in their lives. She also mentioned that it is the goal of the DMSC to keep up the fight for the rights of sex workers. In this task, she dreams, the children of sex workers will play an important role.

Discussion

As stated previously, the SHIP and New Light's HIV/AIDS Project demonstrate the continuous interaction between structure and agency in the realm of health communication, particularly in the context of marginalized experiences of subaltern groups in society (Dutta-Bergman, 2004a, 2005; Guha, 1988; Guha & Spivak, 1988). The condition of subalternity refers to the condition of "being erased," to the condition of being under the mainstream platforms of civil society, and to the condition of being hidden from the mainstream public discourse. Subaltern groups have minimal access to those social and economic resources that constitute the basic foundation of health care systems and also have minimal access to those platforms of civil society that constitute spaces for policy formulation, implementation,

and monitoring. How then do such groups enact their agency in the context of the highly constrained structural systems within which they find themselves? Our dialogues with the CSWers at Kalighat and Sonagachi suggest a complex sense of consciousness of the structural forces and a continuous struggle to enact agency through everyday practices of resistance and efforts of mobilizing that challenge the structures both implicitly and explicitly (Haynes & Prakash, 1991). The communicative threads presented in this article support the notion of a deeply intertwined relationship between structure and agency, such that agency is constituted in the realm of the structures that define the parameters of the lives of the CSWers (see Bhadra, 1997, for discussion of the relationship between structure and agency).

Our conversations with the participants suggest that embedded in the structural marginalization of CSWers is their communicative marginalization through the circulation of messages that construct sex work as a lowly profession and sex workers as “agency-less” masses. The participants challenged these dominant constructions of sex workers and suggest that outsiders such as researchers, campaign designers, and filmmakers who come to work with the CSW community typically benefit themselves by selling the plight of sex workers and by propagating the stigma about sex work; central to such oppression is the discursive construction of CSWers as passive participants. They further asserted that such portrayals as the documentary “Born Into Brothels” (Kauffman & Briski, 2004) continue to marginalize sex workers by communicatively sustaining the conditions for their exploitation and propagating the dominant stereotypes about sex work. Furthermore, the participants suggested the importance of resisting such dominant constructions to create opportunities for change. In this basic stance of resistance that questions the portrayals of passivity, the CSWers articulated their agency in making their own choices and in determining the course of solutions for their community.

By analyzing the narratives of the CSWers at Sonagachi and Kalighat, we theorize the role of communicative processes in the realm of the experiences of marginalization of subaltern groups and the ways in which subaltern groups respond to their experiences of marginalization. One form of communicative enactment within the ambit of structure is resistance. Resistance refers to those communicative processes and messages that directly challenge the structures that constrain the life experiences of subaltern groups, with the goal of changing these structures (Haynes & Prakash, 1991). The forms of resistance enacted in this

context demonstrate the relevance of theorizing resistance along a spectrum, including challenges to the dominant discursive constructions of CSWers, the ownership of CSW agency in determining community-relevant solutions, the mobilization of resources to create alternatives such as the microcredit program, and overt confrontation of local goons, police, madams, and pimps. Theoretically, this suggests the relevance for exploring the possibilities of resistance in a variety of communicative contexts, instead of simply focusing on the micro- or macrodimensions of resistance. Resistance is both a practice enacted through day-to-day actions that challenge the dominant structures and also a practice of organizing and mobilizing for more overt forms of communication directed toward challenging structures (Haynes & Prakash, 1991). Documenting the interplay of structure and agency, our engagement with the sex workers at Sonagachi and Kalighat demonstrates the ways in which resistance is played out in its relationship to those structures that surround the health experiences of members of marginalized communities. Supporting the notion of subaltern agency, the narratives obtained during this project point out the variety of ways in which marginalized members of a community find opportunities to voice their concerns and work toward change.

Although an increasing body of work recognizes the role of participation and participatory processes in health communication, this body of literature examines participation primarily with respect to empowerment (Dutta-Bergman, 2005). Empowerment, in this context, is thought of as a communicative process through which individuals and groups in marginalized spaces express themselves and articulate their needs. Empowerment is seen as an outside-in process, where the community members are provided communication skills that would enable them to articulate their needs. In contrast to the top-down form of empowerment that dominates much of the current scholarship on participatory health communication processes, the narratives of the sex workers running the SHIP and New Light’s HIV/AIDS campaigns demonstrate the ways in which agency is enacted from within. In this sense, agency and consciousness are not elements that are introduced into a marginalized community by outsiders (in this case, health communication scholars and practitioners), but are intrinsic to the existence of structural oppressions within social systems. This distinction between empowerment and agency is highlighted in the functioning of the SHIP and New Light’s HIV/AIDS Project. Both projects are theoretically based on the notion that health communication

in subaltern areas needs to move away from instructing and educating cultural participants to imbibe a certain set of skills or behaviors to negotiate health and/or HIV/AIDS. Empowerment in this top-down sense takes a back seat; instead the focus is on empowerment through community participation that is organic and local. Agency is enacted through the sex workers' engagement with their living contexts and through the formulation and implementation of strategies by sex workers themselves. Intrinsic to this process of indigenous empowerment is the philosophy that consciousness about their health and living conditions resides within sex workers' communities and that this consciousness is borne out in communicative acts of resistance to structures and political forces that oppress them. The in-depth interviews discussed in this article demonstrate that resistance and participation in the domain of social change are integral to the processes of marginalization that create the conditions of inadequate access to structural resources. In other words, the voices of subaltern participants articulate the dialectical tensions between structural constraints and the enactment of agency.

The participants discussed that the lack of access was not only played out materially in terms of resources, but also communicatively in terms of limiting access to the participatory platforms that would enable the ability of the sex workers to secure resources by articulating their voices. At both Kalighat and Sonagachi, we noted the "hidden-ness" of the sex worker communities, and their voices, from mainstream discourse. The sex workers noted that local political leaders and experts consistently minimize the possibility of their participation in projects such as the SHIP by continuing to construct them as lowly and incapable of making decisions for themselves. Mainstream media platforms, too, adopt a similar policy and either fail to portray sex worker voices or, worse still, represent sex workers in a poor light, and in need of deliverance ("Born Into Brothels," Kauffman & Briski, 2004, for instance). The sex workers talked about their harassment and exploitation at the hands of the madams, pimps, law enforcement officials, politicians, researchers, and so forth. In other words, the possibilities of participation by sex workers in discourses that frame their own lives were constrained because of the very stigma associated with their profession. In this realm, resistance was constituted in the very interrogations of the notion of passivity of the sex workers. By questioning the dominant constructions of passivity, the CSWs sought to take ownership of the health interventions targeted toward them in their own hands.

Evident at Sonagachi and Kalighat, we noted sex worker resistive strategies to counter the hegemonic forces that strive to keep them hidden and their voices unheard. By organizing and coming together under a unified umbrella, sex workers found the platform to resist their marginalization and to force their voices into the mainstream discursive framework. This was possible through organized workers' collectives (such as DMSC) and cooperative banks (Usha) and by organizing public meetings and rallies to press for their rights.

Furthermore, the sex workers who talked with us pointed out that outsider attempts at engaging in the community were typically top-down and were veiled as dialogue although they were mostly targeted at exploiting the community. This is reflected in a deep-rooted mistrust among community members of outsiders. In resisting the dominant construction of sex workers as passive recipients of messages, the sex workers articulated their ability to identify community problems and run programs, such as the DMSC, that addressed the needs of sex workers. They took pride in their ability to self-govern the community-based interventions and suggested that the decisions needed to emerge from within the community of sex workers. Inherent here was the notion of resisting dominant configurations of problems and solutions imposed by outsiders based on logic that was extraneous to the CSW community. Such forms of resistance were targeted toward establishing the ownership and decision-making capacity of community projects within the community.

For the sex workers, it is the process of communication that demonstrates an opportunity to enact agency. The process of talking to other sex workers offered the opportunity to build trust and organize as a collective which would articulate the critical issues faced by the community. It is in the process of communicating with each other and coming together that the sex workers were able to define a set of collective interests that they were able to protect. In this context, communication is interpenetrated with organizing, which in turn is interpenetrated with the ability to act as a collective to engage in a unified struggle against exploitation. Thus, concepts of community participation are related to agency, or the ability to appraise structures that frame their lives, devise plans to optimize use of available resources, and at the same time extract a share of those resources, of which they have traditionally been deprived. It is interesting to note that this notion of community participation is set against traditional formulations of cultural participation in top-down health communication initiatives.

Community participation in the context of the SHIP and New Light's HIV/AIDS Project extends beyond cultural participants responding to surveys or formative research that seeks their answers to questions set by experts from outside their cultural spaces. In the SHIP and New Light's Project, the agenda that guides the community participatory process emanates organically from within the sex worker communities, as opposed to being dictated by external agents. As a result, community members participate in a process that questions the agenda of these dominant discursive frames and unifies to resist them.

It is also within the capsule of this unified struggle against exploitation that the participants discussed their ability to secure financial resources for the organization. Here, being together is central to the act of resistance. Furthermore, it is by engaging in resistance that the sex workers in the project built their sense of self-esteem and challenged the dominant structural and cultural indices. The stories of Shyama and Jayantidi highlight the renegotiation of the communicative symbols surrounding sex work and renegotiation of identities that are tied to sex work. They suggest that the dominant constructions of sex work need to be challenged to foster a dialogical space for sex workers. Ultimately, the results of this study demonstrate the ways in which agency is communicatively constructed and, in turn, resists structurally imposed identities, thus creating openings for social change in marginalized spaces.

In summary, this project offers insights about the ways in which participatory communication serves as a means for social change. Embodying the culture-centered approach, both the SHIP and New Light's HIV/AIDS Project demonstrate the dynamic and continuously emerging roles of structure and context as marginalized groups engage in resisting structures that impede their lives. The study draws our attention to resistance as a communicative act and its links with interpersonal communication (with other sex workers) and organizing as a collective. Projects such as the SHIP open up the discursive space of health communication scholarship for future work that explores the dynamic ways in which members of subaltern spaces engage in collective resistance and offer opportunities for theorizing about agency in the domain of subalternity. Challenging the dominant discursive construction of subaltern participants as passive recipients of messages, the results offer us insights about the tangible ways in which members of marginalized communities resist dominant structures in seeking to bring about social change.

The study has a limitation worth noting. The key findings of this study—namely, resistive enactment of agency through active organizing—emerge from our dialogues with CSWers and stakeholders in the SHIP and New Light's HIV/AIDS Project, most of whom occupy leadership positions in the organizations. Thus, even as future scholarship needs to explore the ways in which messages of resistance are co-constructed collectively by subaltern groups such as sex workers, there is also a need to investigate the tensions and complex, layered communication processes inherent in subaltern communities. Do subaltern communities themselves create and foster subalternity within their own communities? What are the entry points for theorizing subalternity within subalternity? What are the opportunities for engaging in dialogue with the subalternized within subaltern communities? Do voices of leaders in subaltern communities represent those of community members? Such issues need to be addressed even as we advocate an understanding and documentation of processes of organizing through which resistance is enacted in the subaltern sectors of the globe.

References

- Airhihenbuwa, C. O. (1995). *Health and culture. Beyond the Western paradigm*. Thousand Oaks, CA: Sage.
- Airhihenbuwa, C. O., Makinwa, B., & Obregon, R. (2000). Toward a new communications framework for HIV/AIDS. *Journal of Health Communication, 5* (Suppl.) 101-111.
- Airhihenbuwa, C. O., & Obregon, R. (2000, April/June). A critical assessment of theories/models used in health communication for HIV/AIDS. *Journal of Health Communication, 5*(2, Suppl.), 5-16.
- Basuki, E., Wolffers, I., Deville, W., Erlaini, N., Luhpuri, D., Hargono, R., et al. (2002). Reasons for not using condoms among female sex workers in Indonesia. *AIDS Education and Prevention, 14*(2), 102-116.
- Bhadra, G. (1997). The mentality of the subaltern. In R. Guha (Ed.), *A subaltern studies reader, 1986-1995* (pp. 63-99). Minneapolis, MN: University of Minnesota Press.
- Charmaz, K. (2000). Grounded theory: Objectivist and constructivist methods. In N. Denzin & Y. Lincoln (Eds.), *Handbook of qualitative research* (pp. 509-536). Thousand Oaks, CA: Sage.
- Chattopadhyay, A., & McKaig, R. G. (2004). Social development of CSWers in India: An essential step in HIV/AIDS prevention. *AIDS Patient Care & STDs, 18*(3), 159-168.
- Dutta, M., & Basu, A. (in press). Meanings of health: Interrogating structure and culture. *Health Communication*.
- Dutta-Bergman, M. (2004a). Poverty, structural barriers and health: A Santali narrative of health communication. *Qualitative Health Research, 14*, 1-16.
- Dutta-Bergman, M. (2004b). The unheard voices of Santalis: Communicating about health from the margins of India. *Communication Theory, 14*, 237-263.

- Dutta-Bergman, M. (2005). Theory and practice in health communication campaigns: A critical interrogation. *Health Communication, 18*(2), 103-112.
- Dutta-Bergman, M., & Basu, A. (2007). Health among men in rural Bengal: Exploring meanings through a culture-centered approach. *Qualitative Health Research, 17*(1), 38-48.
- Ford, L. A., & Yep, G. A. (2003). Working along the margins: Developing community-based strategies for communicating about health with marginalized groups. In T. L. Thompson, A. M. Dorsey, K. I. Miller, & R. Parrot (Eds.), *Handbook of health communication* (pp. 241-261). Mahwah, NJ: Lawrence Erlbaum.
- Gangoli, G. (2001). *Prostitution as livelihood: "Work" or "crime"?* Retrieved March 8, 2005, from http://www.anthrobase.com/Txt/G/Gangoli_G_01.htm
- Guha, R. (1988). The prose of counter-insurgency. In R. Guha & G. Spivak (Eds.), *Subaltern studies* (pp. 37-44). Delhi, India: Oxford University Press.
- Guha, R., & Spivak, G. (Eds.). (1988). *Selected subaltern studies*. Delhi, India: Oxford University Press.
- Hansen, H., Lopez-Iftikhar, M. M., & Alegria, M. (2002). The economy of risk and respect: Accounts of Puerto Rican sex workers of HIV risk taking. *Journal of Sex Research, 39*(4), 292-301.
- Haynes, D., & Prakash, H. (1991). Introduction: The entanglement of power and resistance. In D. Haynes & G. Prakash (Eds.), *Contesting power: Resistance and everyday social relations in South Asia* (pp. 1-22). Berkeley, CA: University of California Press.
- Jana, S., Basu, I., Rotheram-Borus, M. J., & Newman, P. A. (2004). The Sonagachi project: A sustainable community intervention program. *AIDS Education & Prevention, 16*(5), 405-414.
- Jenkins, C. (2000). *Female sex worker HIV prevention projects: Lessons learnt from Papua New Guinea, India and Bangladesh*. Retrieved March 24, 2005, from http://www.ippfwhr.org/publications/serial_article_e.asp?PubID=20&SerialIssuesID=39&ArticleID=164
- Karim, Q. A., Karim, S. S. A., Soldan, K., & Zondi, M. (1995). Reducing the risk of HIV infection among South African sex workers. *American Journal of Public Health, 85*(11), 1521-1527.
- Kauffman, R. (Writer/Director), & Briski, Z. (Writer/Director). (2004). *Born into brothels* [Motion picture]. New York: THINKFilm.
- Naco: Facts and Figures. (2003). National AIDS Control Organization. Retrieved March 8, 2005, from http://www.nacoonline.org/facts_hivestimates.htm
- National AIDS Control Organization. (2005). Ministry of Health and Family Welfare, Government of India. Retrieved March 8, 2005, from <http://www.nacoonline.org/>
- Newman, P. A. (2003). Reflections on Sonagachi: An empowerment-based HIV-preventive intervention for female sex workers in West Bengal, India. *Women's Studies Quarterly, 31*(1/2), 168-179.
- Seidel, G. (1993). The competing discourses of HIV/AIDS in sub-Saharan Africa: Discourses of rights and empowerment versus discourses of control and exclusion. *Social Science and Medicine, 36*, 175-194.
- Storey, D., & Jacobson, T. (2003). Entertainment-education and participation: Applying Habermas to a population program in Nepal. In A. Singhal, M. Cody, E. Rogers, & M. Sabido (Eds.), *Entertainment-education and social change: History, research, and practice* (pp. 417-434). Mahwah, NJ: Lawrence Erlbaum.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: Sage.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research*. Thousand Oaks, CA, and London: Sage.
- UNAIDS Technical Update. (2002). *Sex work and HIV/AIDS*. Retrieved March 8, 2005, from http://data.unaids.org/Publications/Irc-PUB02/jc705-SexWork-TU_en.pdf

Ambar Basu, MSc, BSc, is a PhD student at Purdue University, West Lafayette, IN.

Mohan J. Dutta, PhD, MA, BTech, is an associate professor at Purdue University, West Lafayette, IN. Correspondence concerning this article should be addressed to Ambar Basu, Purdue University, Beering Hall of Liberal Arts and Education, Room 2114, Department of Communication, 100 North University Street, West Lafayette, IN 47907-2098. E-mail: abasu@purdue.edu.