

# AIDS BUZZ

New Delhi December 2006



Photos: V Ramesh

## SHOOT AND SCOOT Dealing with the

# Virus in Kollywood

The tantalising field of films invites everyone to step into the arc lights to make it big. Some get carried away by the glamour and freedom to experiment, unaware of the risk of acquiring STIs or HIV. SFDRT seeks out these young hopefuls to help them along.

By **NANDAKUMAR VARMA** in Puducherry and Chennai

**F**ilms are the stuff that dreams are made of in Tamil Nadu. For decades, it has been ruled by film personalities, not only as superstars on the silver screen but also as leaders of main political parties heading governments.

No wonder that thousands of young men and women, with stars in their eyes, make their way to Kodambakkam (Kollywood) in Chennai, the Mecca of the film industry in south India. Very few make it to the top, the rest end up as junior artistes, light boys and odd jobs people.

Due to the working conditions and the need for close networking, the film community tends to be a closed one and the somewhat liberal attitude towards mixing of the sexes and casual relationships makes it prone to sexually transmitted infections (STIs) and HIV/AIDS – the reason why Society for Development Research & Training (SFDRT), an NGO working in the area of HIV/AIDS in Puducherry since 1996, stepped into this community in Chennai three years ago.

Its seven-member team, headed by Executive Director Shyamala Ashok, tries to reduce the incidence of HIV and other STIs, as well as improve the treatment of those living with these infections.

To date, it has met nearly 3,500 film industry workers

– directors, production executives, junior artistes and others — belonging to 22 unions that form Film Employees Federation of South India (FEFSI). The unions under FEFSI control most of the film workers, ensuring that the members get work in a fair manner and providing them medical help and insurance and pension benefits.

Almost 30 per cent of the 3,500 have been identified with STIs and treated. Further, according to SFDRT, nearly 40 per cent were motivated to go for Voluntary Counselling and Testing (VCTC) for HIV. Nearly 3 per cent of those tested found they had HIV. The project has been supported by Chennai AIDS Prevention and Control Society (CAPACS).

The high-profile film industry is reticent on its risks of HIV exposure and making inroads to it on this tenacious issue has not been easy. Even now, three years down the line, gaining entry into the sets of major actors like Rajinikanth or Kamalhasan is problematic as entry is limited to unit people carrying photo identity cards. Quite often, SFDRT staff are brushed aside rudely on grounds of asking too many 'personal' questions.

On the sets of Vijayakanth starrer *Sabari* in Puducherry's Tripurasundari temple, we find SFDRT project Coordinator A Senthil and outreach worker

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TEMPLE OF LEARNING: SFDRT outreach worker Rathnakumari (back to the camera) conducting a study class for film workers and artistes at a temple at break-time during shooting

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Nearly 3,500 film industry workers have been met up, 30 per cent of whom have been identified with STIs

S Rathnakumari a bit apprehensive about canvassing for a 'taboo' subject at a temple. But they are welcomed with broad grins by unit members who they've met earlier at other film sets.

Soon Rathna is surrounded by men – drivers, technicians, light boys and junior artistes – to whom she explains STI symptoms by using a flip chart. She also displays the correct way of putting on a condom by using a model she carries in her bag. No one sniggers or raises an eyebrow. During lunch break, she gets the others, who had been busy with the shooting, to sit on the floor and gives them a study class. Most of these people get work for 10-15 days in a month and the daily allowance is Rs 250 with free food and accommodation. Given the flexible working conditions, most are not interested in working elsewhere.

Soman, 37, a well-built agent-cum-stunt man (an agent gets fresh recruits into the industry), here as part of Vijayakanth's personal security, candidly admits to sex with at least 20 partners over the past 3 years. But after coming to know about AIDS and the importance of using a condom, he is more careful and has reduced his partners to 5-10. However, he contracted an STI after having unprotected sex with a sex worker brought to him by a friend after a drunken binge. "I have now become more aware of the dangers and will keep away from such encounters for the sake of my wife and three children," he says.

His companion, Ravi, also a muscular stunt man



Illustrations: Sheena

### "After all, I am an Actor"

Varadan, waiting at a hospital for his ART, found himself confronted by an acquaintance from the film industry who asked what he was doing there. Unwilling to reveal his HIV positive status, he said he was going to see a friend in ward no 3. A while later, he saw the same person again. Asked what would he have done had this man insisted on meeting his "friend" in the ward, Varadan said with a grin, "No problem, I would have taken him there and put my hands on the shoulder of a patient at random and asked, 'soukiyama, thambi' (Brother, are you well?). After all, I am an actor."

who is in the film star's security set-up for the day, works as a shopkeeper when free from film assignments and says he does not indulge in casual sex. Light boy B Babu, 27, and his colleague deny having time or money for casual sex.

Back in Chennai, Varadan (name changed), an HIV-positive junior artiste on anti-retroviral therapy for the past two years, is neatly dressed in a dark blue shirt and sports the sandalwood paste *tilak* on his forehead. Father of two girls, he has not revealed his positive status to anyone other than his wife, who is HIV-negative. The entire family is into acting. He says he does not feel any different upon being declared positive.

Though a member of *Thenninthiya Venthirai Saganadigar Sangam* (South India Film Junior Artistes Association) for the past two years (the membership fee is Rs 5,000, payable over five years), he faces problems getting timely payment. Payments, he says, are quite often tagged on to the release of films, spelling out a delay of several months or even years. No wonder, many seek other avenues to earn money, including dispensing sexual favours.

Junior artiste Sugu (name changed), showing a sheaf of at least 30 documents, some dating back to 2004, for pending payments, says her husband left her some years ago and with an 8-year-old boy and elderly mother to take care of, she is having unprotected sex with 10-15 men. "Everyone from director downwards to the cameraman and agents tries to pressurise girls into having sex, holding out the threat of not being called for the next shooting if they refuse," she says.

She confesses to having procured young girls for them, as well as for politicians. "All this I am doing for my son who is in an English-medium school," she says. When she developed abdominal pains and white discharge recently, she went to the Association-run clinic for treatment upon the advice of SFDRT.

Jama (name changed), a member of South India Films Women's Association, complained that her teenage son was becoming a wastrel, like the other men in the locality. On spotting SFDRT workers, she requested that they provide a psychologist to counsel the women and their family members. After the death of her drunkard husband, she joined sex work to supplement her income from washing vessels at shooting sites to put her son in school. "This is the tale of most members of this association," says Kantha Ammal, the association's President.

With a view to providing alternative income to these women, the women's association is planning to open a departmental store in collaboration with SFDRT and UNDP's Trafficking and HIV/AIDS project.

SFDRT's mobile VCTC services that reach the film industry on location in Chennai have been useful. P Venkatesh, 38, says 65 per cent of the members of South Indian Cine Dancer and Dance Directors Association, of which he is a member, attended a VCTC camp held in June 2006.

An indication of the progress of the project is provided by an end-line survey conducted a year into the project on the same lot of 100 people that were contacted for the baseline survey. The percentage of those seeking STI treatment went up from 8 to 17 while of those using condoms went up from 33 to 84.

SFDRT hopes to expand its activities to Mumbai and Hyderabad in the near future. "In this closed community you have sex workers and clients in the same field, facilitating a composite programme," says Ashok.

## WORLD BYTES

### Anti-HIV Properties of Green Tea Uncovered

A recent study has revealed that consuming just two cups of green tea a day could block the advancement of HIV infection. Scientists in Texas in collaboration with their counterparts in the UK carried out this study.

This study featured in the online edition of the *Journal of Allergy and Clinical Immunology*. The study revealed that a major polyphenol called epigallocatechin gallate (EGCG) present in green tea has the ability to block HIV from attacking the immune system.

Previous studies have revealed the anti-cancer, anti-microbial and anti-



Photo: The Studio

inflammatory functions of EGCG, a flavonoid that gives green tea its characteristic colour. Clinical trials of several EGCG-based cancer drugs are in progress.

Scientists at Baylor College of Medicine and University of Sheffield, UK revealed the mechanism by which EGCG blocks HIV. They found that EGCG bound to the same site as the HIV on the cells it infects. *gp 120*, a surface protein of HIV, facilitates the release of the virus' genetic material into the cells through a unique pocket on the cell surface. The study revealed that EGCG binds to the same pocket and prevents the HIV from entering the cells.

— Medindia.com

### Cipla Cuts AIDS Drug Price

**Mumbai:** Mumbai-based pharma major Cipla is reducing the price of Viraday, its one-pill-a-day anti-retroviral treatment (ARV) for HIV/AIDS, which was launched in India in October.

The decision to cut the price of the drug by half was taken in response to a request by AIDS Healthcare Foundation (AHF), which operates free HIV/AIDS clinics worldwide. At present, Viraday, a combination of three anti-HIV drugs – Efavirenz, Tenofovir and Emtricitabine – is sold for about Rs 5,200 per month.

The high price of Viraday is due to the steep customs duties and taxes imposed on the pharma firm for the raw materials



A CLEAN JOB: Garbage clearing work being handled by former sex workers who say they earn money, respect and goodwill in the new job

Photos: A S Sathreesh

# CLEAN SWEEP FOR Women in Blue

Sex workers in Muvattupuzha, Kerala, have found new respectability through their community-based organisation, Swaruma, floating a laundry and garbage collection and disposal service. By **SADHNA MOHAN** in Muvattupuzha, Kerala

**M**ove over, men in black. The women in blue (or red uniform) are here – and how! Before you can say swoosh, they’ve done the job – well and on time!

You spot them on the main road of Muvattupuzha, a small Kerala town en route to the tea-leaved Munnar hills. But if, like me, you decide to follow them around briefly to see them work, you’ve got a job on your hands. You find yourself breaking into a trot and searching all over, wondering where they went. You might spot one here and another there, only to vanish again as if into an alley in a videogame. Tourist-packed buses, headed for Munnar, add their bit of noise and confusion to the scene.

The women are former sex workers, now professionally engaged in collecting garbage from more than 150 shops on a 3 km stretch from the Kerala State Road Transport Corporation bus stand to

Kacherithazham.

They begin work at 2 pm sharp each day. Aboard a municipal tractor that makes a few stops along the way, they step down, big buckets and gunny bags in hand, and swarm out in different directions, hopping from shop to shop. The system is fine-tuned. At some places, the big bucket is placed outside the shop and within seconds an errand boy empties the day’s garbage into it. At others, for instance, a small restaurant, the woman makes her way right through the sit-in area to the back with a gunny bag and again, very quickly, is out with the stuff.

A polite exchange of words with the shop owner is commonplace. “What happened, the waste quantity is very small today?” she asks. “Business was lean,” replies

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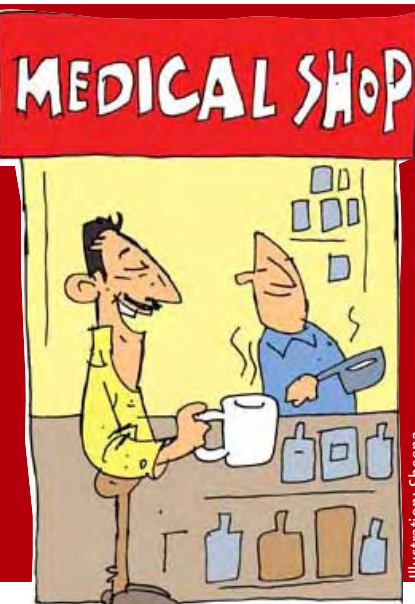


Illustration: Sheena

imported. Cipla has also asked AHF to submit a pricing proposal on the ARV drugs, including Viraday, that the former manufactures. AHF will soon submit the proposal, Chinkholal Thangsing, AHF Global Asia-Pacific bureau chief, said. **DNA**

## Catholic Bishops Want Gays to Stay Celibate

**Baltimore:** The US Roman Catholic bishops have adopted new guidelines for gay outreach that are meant to be welcoming while also telling gays to be celibate since the church considers their sexuality “disordered”.

Gay Catholic activists said the approach



was so contorted and flawed that it would alienate the very people it was trying to reach.

Speaking on the statement “Ministry to Persons with a Homosexual Inclination”, adopted by a 197-37 vote at a meeting of the U S Conference of Catholic Bishops,

conference chairman Bishop Arthur Serratelli said, “The document’s starting point is the intrinsic human dignity of every person and God’s love for every person.”

However, gay Catholic activists who have run afoul of some church leaders said the guidelines “do not reflect science, good theology or human reality”. “This document proposes that lesbian and gay people be viewed not in the entirety of their lives, but in one dimension only – the sexual dimension. No other group is singled out in this way.”

**AP**



Illustration: Sheena

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This is a **revolution** of sorts, a kind of mainstreaming of **sex workers** unheard of in modern times

the eatery owner.

This is a revolution of sorts, a kind of mainstreaming of sex workers unheard of in modern times. Here, it's been happening since nearly three years when the women first took up laundry work for the *taluka* hospital. A year later, in 2004, they moved into the garbage business.

Spurring them on has been an AIDS prevention project run by Resource Centre for Training and Counselling (RCTC), an NGO addressing development issues since over a decade.

These new occupation ventures have enabled many a woman to opt out of sex work, thereby reducing her risk of acquiring and transmitting HIV. They also provide a beacon light to others seeking to quit sex work.

How did the turnaround happen? Its genesis lay in the coming together of sex workers to form a community-based organisation, Swaruma, in 2000 and the formation of a project Steering Committee in the first year of the project in 1999. The committee consisted of 22 key representatives of society, such as doctors and administrators of government and private hospitals, police officers, municipal authorities, media people, NGOs and sex workers, explains Shefeena Vinovin, Project Manager for the HIV targeted intervention run by RCTC.

"The desire to leave sex work and earn a living through other means was articulated at a Swaruma meeting and carried forward at a Steering Committee meeting. Face-to-face interaction of sex workers and authorities once every three months at Steering Committee meetings led to the authorities supporting the AIDS prevention programme. Sex workers could now talk and even argue with officials," says Vinovin. At one such meeting, the sex workers demanded alternative means of livelihood. "We want to get out of this

profession but nobody is ready to give us a job," they said.

The municipal Chairman Mohammad Bashir contacted Kudumbasree, a project of the state government's Poverty Eradication Mission, which helps women below the poverty line to start small enterprises. A minimum of 10 members are required to form a neighbourhood group under this project.

Yes, 10 sex workers wanted to go for this opportunity but they couldn't fill a basic requirement of having a house address in Muvattupuzha municipality. Most of them lived on the street! A year of negotiation led to Kudumbasree granting a special sanction to register the sex workers as a neighbourhood group in August 2002.

The *taluka* hospital Superintendent suggested they take up the hospital's laundry work. One-time setting up cost (for a washing machine, gas connection, cupboards, etc.) was Rs 100,000. Kudumbasree agreed to a grant of Rs 50,000 and a loan for the remaining amount, of which Rs 42,000 has now been paid up by the women.

Laundry earnings are low. To beef them up, door-to-door garbage collection was launched in 2004 after harnessing the merchants association's support. Each group member earns between Rs 1,500-2,000 from garbage collection and another Rs 1,000 from laundry. Profit from laundry is Rs 600 after Rs 300 is spent on detergents and Rs 100 goes towards loan repayment.

Are the women happy with the work? "Yes," beams Aswathy, 35, Convenor of Swaruma, vigorously shaking her head.

What does she like about it? "People's acceptance," is the prompt reply. Walking the streets as a sex worker, she heard shopkeepers shout "*Dho, Dho, Patakkam*" (teasing and comparing her to a firecracker). Now, she is their "*Chechi*" (elder sister) and she calls them "*Chettan*" (elder brother).

"As a sex worker, I was charged Rs 2 for a product sold to others for Re 1. Now, I buy on credit," Awasthy elaborates on her gain in social stature.

As a sex worker she made a lot of money but had no saving. "I'd sleep in the cinema hall through several shows, paying Rs 120 for sleeping because I had no home. Nobody would rent me one. Now, money is less and I work very hard but I sleep without tension," her smile becomes broader.

She's bought 40 gm of gold from her current earnings while her regular partner pays the house rent. Her work hours match an office goers, 9 am to 6 pm, for between garbage collection (three hours job) and laundry she makes work plans for peer educators working in AIDS prevention, helps with referrals for HIV testing and maintains accounts along with others of her ilk.

Omana, 39, one of the few in the neighbourhood group who continues with sex work, also marks out social acceptance as the key factor leading her to the new vocations.

Her parents broke links with her when she took up sex work and Omana herself refused to talk to her 17-year-old daughter who came to visit, scared that she too would be identified by others as a sex worker. But when Omana was seen collecting garbage from shops by people known to her family, her parents sought her out and now meet her regularly.

At present she sees two regular clients in their homes and has a regular partner who pays for the house rent and some expenses. These three men pay her about Rs 800 a week. "If the garbage collection business expands and I earn more, I'll leave sex work," she says.

The shopkeepers find the garbage service good and reliable. "It saves me the bother of carrying garbage to the dump on my scooter," says George Cheria, owner of Bakery Park.

The initial hesitancy to deal with sex workers has given way to a new sense of respect. Will the yet unserved 600 shops on the 3 km stretch covered by the neighbourhood group turn to the women in blue? Time will tell.



We chased commercial sex workers on their daily garbage collection round down the main road of a small Kerala town, Muvattupuzha. Next, we visited the sets of the Vijaykanth starrer 'Sabari' in Puducherry's Tripurasundari temple to meet up with the off-screen faces of the South Indian film industry whose vulnerability to HIV is being addressed by a Chennai-based NGO.

We caught up with SPARSHA, a unique West Bengal project that brings HIV-positive and presumably HIV-free people together to combat stigma associated with the virus, and we also went to Ahmedabad to get the latest on Jyoti Sangh's targeted intervention with commercial sex workers that has shown impressive results through systematic impact assessment.

All this to bring you accounts of innovative HIV/AIDS projects. The innovation may be in terms of the target audience addressed, for example, the film industry, or the strategy used, for example, including presumably HIV-free people in a support group for HIV-positive people or mainstreaming sex workers into regular work such as garbage collection to help them gain respectability and also provide them an alternative means of livelihood.

AIDS BUZZ exposes you to on-the-ground initiatives all over the country. Unique approaches yielding good results in a state are not known about in another. AIDS BUZZ seeks to rectify this by bringing you stories of action from different places.

What do YOU think of the accounts featured in this issue? Do you have an experience you'd like to share with us? We welcome your comments and opinions.

Sadhna Motan
Editor-in-Chief

FOOTLOOSE



"MUST BE AN IMPORTANT BUILDING, SIR, WE NEED TO KNOW WHERE IT IS."

Illustration: Dhir

LETTERS

Thank you for the latest issue of AIDS BUZZ. The issue is unaffectedly fresh, bold and candid for even intelligent Indian readers.

You have picked up 'an invisible community' of millions of common people and given glimpses of their doubts, fears, misgivings, insecurities and loneliness.

It has been a contribution to my understanding of the 'human condition' to which they are all ordained to adjust.

This is a commendable effort. Congratulations!

Devdutt
Journalist, New Delhi

Greetings to the AIDS BUZZ editorial team! I want to thank the team for regularly sending out the newsletter. I am a freelance journalist focussing on gender, reproductive health and human rights issues

and find that I am enlightened by the information provided. I would like to thank you immensely for providing such valuable and multi-focussed information. In this connection, I would like to offer my services to the organisation for any documentation, translation (from English to Telugu and vice-versa), script writing, reporting and evaluation work.

Nirmala Ghantasala
A/11, Amba Gardens,
Mehdipatnam, Hyderabad 500 028

Greetings from Centre for Media Studies and congratulations on publishing AIDS BUZZ!

This is an informative initiative from RCSHA. We find the newsletter very useful.

Jaya Ghosh
Researcher, Centre for Media Studies
'Research House', Saket Community Centre, New Delhi-110 017

Dear Editor,

I am quite taken aback by the way you've used the short talk you had with me. I wish it had been more sensitively dealt with. I do think you've not been very fair with the way you have used the quotes.

For example, in para nine of the article you quote me when I have purportedly said "Lying is second nature to MSM". Please do refer to your notes. I have them with me in the sequence I said that. This was with particular reference to the fact that transgender do not like to be physically examined for their post-op status and that's why the clinical protocol in Humsafar Trust makes it mandatory for them to be physically examined because they lied often about their 'nirvana' (castrated status) status.

I also remember telling you that MSM have to lie about their sexual/gender identity from a very young age because they have to hide from mainstream society due to the stigmas attached to these identities that lead to discrimination — and violence — against them. I don't think it was pertaining to the number of partners at all.

I also think it unfair of you to have asked Dr Raman Gangakhedkar about this because he is basically a clinician and not a behavioural scientist or anthropologist. I suggest you read the highly researched book The Homosexual Matrix by Prof C A Tripp. For more details on women's sexuality, I suggest you also read the work of Masters and Johnson which clearly talks of the major differences between male and female sexuality. Strangely, this research emanates from studying same-sex relationships between men

and between women. So as not to prejudice you or lend bias to your views, I won't comment on them.

Please correct me if I'm wrong but your article has a judgmental tone that borders on homophobia, a faint resentment that gay men have so many partners and therefore possibly deserve what they get – higher STIs or even HIV.

Also I think you have got some numbers wrong; please permit me to correct you. In para 12, you write "MSM in India are conservatively estimated at 2.3 million ..." This is not correct, the sentence should read "MSM vulnerable to anal sex in India...." This number is estimated from library searches to gauge how many MSM have anal sex and hence must be brought into the public health scenario for interventions. There may be many more MSM but neither do you need to access them if they do not have anal sex nor do we need to include them into any kind of public health survey as they may not be vulnerable. Also, the number of male sex workers was determined as approximately 10 per cent of the vulnerable MSM again from the library searches where 10 per cent of MSM at public cruising sites were determined to be exchanging sex for cash.

I am sure this should clarify many issues for you. And I also hope you are more sensitive to issues around MSM is an area that needs to be understood in the larger scenario of sexuality and gender in this country.

Ashok Row Kavi
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Mumbai-400 055, Maharashtra, India





Photos: Nilayan Dutta/Drik India

HUG AND TELL: There's no way to spot the HIV-positive person in the picture as project SPARSHA promotes close companionship among HIV-positive and other people

A unique project, SPARSHA, brings HIV-positive and presumably HIV-free people together to reduce stigma associated with the virus. By **NITIN JUGRAN BAHUGUNA** in Kolkata



MOTHER'S CARE: Rina hugs her mother who has accepted her despite her HIV-positive status, thanks to the example set by SPARSHA members

Four community based drop-in-centres attract people in need of care and support from far off districts. SPARSHA now reaches out to over 900 positive people, 47 per cent of whom are women

Tota, 30, of West Midnapore district of West Bengal does not blame her husband for getting HIV and infecting her with it. A gold artisan working in Mumbai and Surat, he died in 2003, 12 years after their marriage. "I do not hate him," she says. "He made a mistake and paid for it. But had he not kept quiet for so long, his treatment could have started earlier and I would not have been infected with HIV," is her only regret.

Similarly, when Rina, 27, of Kolkata, lost her husband, a drug injector, to AIDS in 1997 and herself tested positive for HIV, she was frustrated. "I faced discrimination within my own family and my sister-in-law disclosed my HIV status to the neighbours to force me out of my parents' home," she recalls bitterly.

Scared, confused and subjected to ridicule and social ostracism from their own families, both women might have suffered the same fate as their husbands but for the chance introduction to a novel project underway in Kolkata, which brings together HIV-positive and other (presumably HIV-free) people in an attempt to reduce the stigma associated with the virus and promote the care and support of those infected and affected by it.

Described as the first of its kind in the country, the project, run by Society for Positive Atmosphere and Related Support to HIV/AIDS (SPARSHA), is a care and support initiative by 'People Living With HIV/AIDS and their Friends' (PLWHAF). While most support groups for HIV-positive people have an exclusive membership of positive people, this one consciously includes those presumably HIV-free.

HIV-positive people pioneering the formation of SPARSHA in 1998 insisted that other people too be a part of it and this helped what began as a 15-member organisation later attract a large number of HIV-positive people as they felt 'welcome by all and not isolated'. Group meetings, previously held only for HIV-positive people, now include their relatives and friends.

At present, 80 per cent of the executive committee members and 68 per cent of all project staff are people living with HIV. This unique approach of HIV-positive and others working alongside not only reduces stigma at the workplace but also in the community at large.

Saumitra Poddar, Coordinator of a situation assessment project at SPARSHA, refers to Rehana and Abid, an HIV-positive married couple shunned by relatives and friends in a village. While the family was willing to bear the cost of treatment for Abid, Rehana was refused any support. Worse, the villagers too kept away from the small grocery store run by her.

Learning of her plight, SPARSHA organised a panel discussion in the village, with the speakers comprising

an HIV-positive man and two HIV-positive widows sharing their experiences while an NGO counsellor and a local physician described how they worked with them on a daily basis. A question-answer session clarified the villagers concerns. The success of SPARSHA's philosophy lies in the fact that today Rehana is reunited with her in-laws and the couple has started anti-retroviral therapy through the project.

SPARSHA began to receive financial assistance from West Bengal State AIDS Prevention and Control Society in 2004 and now reaches to over 900 positive people, of whom 47 per cent are women.

Four community-based drop-in-centres (DICs) – one at the border between Kolkata and North-24 Paraganas and one each in Howrah, West and East Midnapore districts – serve to attract people in need of care and support from far off districts. The DIC in Howrah has a short stay home attached to it. Establishing a functional network of existing health care services, sensitising media, community and family members, carrying out advocacy at the state and national levels and regular group meetings with positive people and their relatives to obtain direction for future activities have been central to the success of the effort, says Poddar.

Saddened by her sister-in-law's attempts to isolate her and her daughter, Rina learnt of SPARSHA from her physician. "I came to their drop-in-centre and found so many HIV-infected people sharing food and using common toilets with non-infected people. And everyone accepted me warmly."

Loaded with information booklets about HIV/AIDS prevention, care and management, Rina read these out to her family members. She also took her mother to the SPARSHA office, where the latter interacted with various members and came away with a new sensitivity towards her daughter.

Rina says she has got a new lease of life. "The counsellor at SPARSHA helped me understand how to live a quality life even with the infection," she recalls. "For instance, once I was depressed due to severe rash from taking Nevirapine. The counselling sessions and treatment from a physician linked to SPARSHA did wonders for me." Rina's happiest moment came in 2004 when she joined the project as an outreach worker.

Recognised as an example of 'a best practice' by UNAIDS, the SPARSHA model is now set to be duplicated in Chennai, Tamil Nadu, and in Nepal.

Says Tota, who works as a counsellor and has received training in making jute based products, "I would really like to go home and train the girls in the village who are HIV-positive. We have to stand on our own feet," she firmly asserts.

# A Healthy Turn to Sex in the City



Photo: Panikaj Shukla

Set up in 1934, with Mahatma Gandhi's blessings, to involve women in the national freedom struggle, Jyoti Sangh changed track from being a morality brigade to motivating commercial sex workers to practise safe sex and even involve themselves in public health awareness drives like the recent one against chikungunia. By **AMITA BUCH** in Ahmedabad

**Chikungunia**  
 Nearly 30,000 chikungunia cases were registered in various AMC hospitals and urban health centres until mid September. AMC teams surveyed over a lakh homes in a single day, finding and destroying mosquito breeding sites in 2,131 of them.  
*The Times of India, Ahmedabad, 14th Sept 2006*

Putting sex work on hold and pushing for chikungunia control is a new army of health workers in Ahmedabad – an army whose foot soldier is the ubiquitous commercial sex worker.

Making house-to-house visits to check for water stagnation and suitably educate inmates, this lot of sex workers is espousing a social cause with relish. The involvement is a happy by-product of a strategy adopted by NACO in collaboration with Ahmedabad Municipal Corporation (AMC) and implemented by a Gandhian institute, Jyoti Sangh, to create STI and HIV awareness among the high-risk population of sex workers of the city.

The results of the nine-year project are encouraging with condom use and visits to STI clinics growing tremendously over the years. In 1997, when the project started, let alone the use of condoms and visits to STI clinics, there was no mapping available of the CSWs in the city due to their being spread all over the city and not confined to a demarcated red light area. Dr Gauranjani, Professor of Sociology, Gujarat University and technical consultant of the project, began from scratch, finally succeeding in identifying and working with 3,500 CSWs.

The story of his tapping the first sex worker is interesting. "For four days I sat in a garden from morning to evening, observing the goings on. On the last day, a woman, who I thought was a sex worker, went with a man in an auto rickshaw. I followed and saw her make her way to a small time guesthouse. I took the guesthouse owner into confidence. He put me through to that sex worker, who then opened the doors to hundreds of them."

Today, the project team understands its target audience well and classifies the 3,500 women it works with under six categories, that is street-based sex workers, call girls, residence-based sex workers, brothel-based sex workers (working from lodges/brothels in groups of five upwards), guesthouse-based sex workers and floating sex workers (those who visit various towns). A startling fact found by a recent survey is that more than 50 per cent of the sex workers are housewives.

The project team, consisting of 2 project officers,

10 outreach workers and 50 peer educators who volunteer from among the CSWs, has conducted innumerable workshops with the CSWs, imparting them knowledge about STIs and their link with HIV. It has also held 35 workshops to sensitise police personnel on the issue.

Very few targeted interventions scientifically measure their own impact. This one has done this through two STI prevalence studies in 2000 and 2003. Jyoti Sangh's strong organisational skills enabled it to use the stratified cluster sampling technique in 2003.

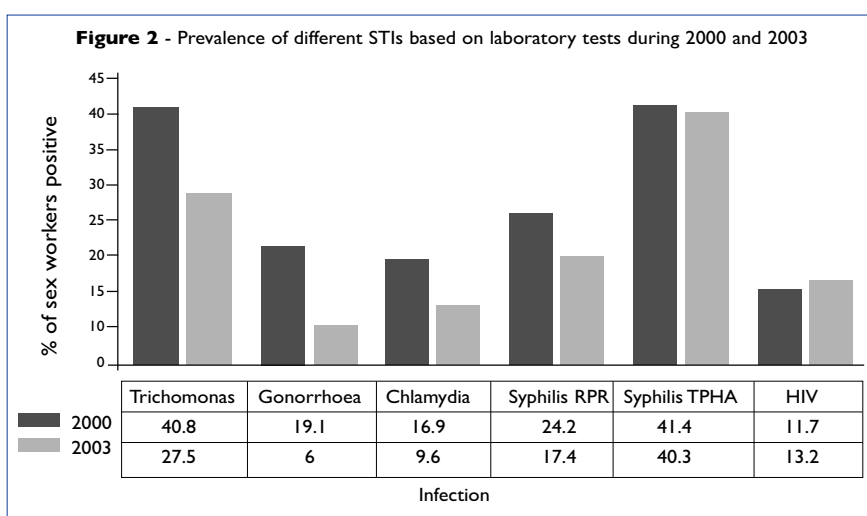
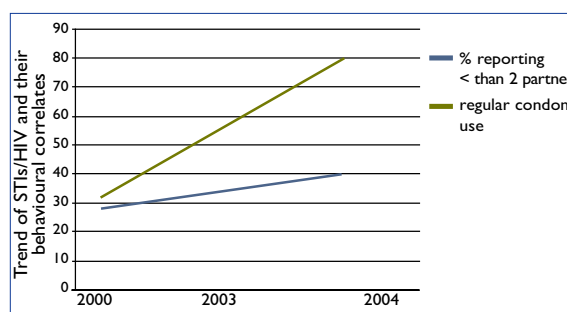
Laboratory diagnosis conducted for the studies showed a dramatic decrease in curable STIs such as trichomonas, gonorrhoea, chlamydia and syphilis RPR over the three-year-period. Syphilis TPHA and HIV remained approximately the same, which indicated either stabilisation or a decrease in transmission. (See Figure 2)

The findings correlated with the results of the behavioural questionnaire that showed significant reduction in the number of partners of CSWs (nearly 40 per cent compared to 27 per cent in 2000 reported less than two partners a day) and a significant rise in those using condoms regularly (79.8 per cent in 2003 against 32 per cent in 2000). (See graph)

Jyoti Sangh made a major turnaround when it accepted the 'challenge' of working with CSWs. Until then, it had worked as a morality brigade, calling the police to arrest CSWs operating in the commercial area where its office is located.

Thus, when Jyoti Sangh volunteers first knocked on CSWs' doors to bring them AIDS awareness, the latter would hide. Later, Jyoti Sangh's credibility gave them strength and won the empathy of the police and the press.

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# Will The Real MSM Please Stand Up

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The urgent need to demystify MSM identities was underscored at the recent *Risks and Responsibilities* consultation. By **SHREE VENKATRAM** in New Delhi



The rising rates of HIV prevalence among MSM in Asia point to the urgent need to recognise the group and design adequate interventions for its risk taking behaviour. However, one of the main challenges in reaching out to MSM is the very diversity of the group itself.

MSM identities in Asia include transgender individuals, feminine-acting MSM, their masculine-acting partners, gay-identified men, and men who have situational sex with each other. Interestingly many of them, though they have sex with men, will not qualify themselves as homosexual. And therefore, they remain hidden from MSM-specific programming.

Recent research shows that most masculine-acting MSM view sexual encounters with transgender individuals as heterosexual. Male sex workers often do not identify as MSM. Even defining them as male sex workers is problematic for though exchange of money is common, they would not characterise themselves as sex workers. In fact, Bangkok-based medical anthropologist, Dr Carol Jenkins, who has done extensive research on sexuality issues, goes so far as to say that "the term MSM has now, unfortunately, become as difficult to use as gay, homosexual/bisexual as it is misused, misunderstood and no longer useful."

In a paper presented at the *Risks and Responsibilities* consultation on male sexual health and HIV in Asia and the Pacific in New Delhi in September, she underlined the need to distinguish between sexual behaviours, sexual preferences or attractions and sexual identities to "unpack components of sexuality."

Researchers studying sexuality issues in Asia say that Thai culture is the most accepting of homosexual behaviour. While it frowns upon any overt, public displays of affection, it is very accepting of different sexual practices. The sex industry thrives with every provincial town having at least a couple of brothels. The country had also effectively controlled the spread of the virus with intervention programmes.

But the last few years revealed 'catastrophic increases' in HIV seroprevalence among MSM in Thailand, rising from less than 10 per cent early this decade to more than 28 per cent in 2005, leading some experts like Don Baxter, Regional Coordinator of Asia Pacific Council of AIDS Service Organisations, to question if the Thai case was a precursor to the situation in other Asian countries. Researchers began to look for what could have gone wrong.

They pointed to the lack of research and knowledge about the many identities that exist under MSM. They also zeroed in on the failure of the government to recognise the group and effectively deal with it in the national AIDS plan.

Other Asian countries particularly India, China, Indonesia and Vietnam, are seen as having the potential for similar major MSM epidemics to erupt over the next decade.

Dr Jenkins points out that transgender individuals have been completely ignored even where a few interventions have taken place. According to her, as they spend a great deal of effort to feminise themselves, they don't want to be engaged in "men's transactions" and are best served by having their own funding, organisations and intervention designs.

India too, has few studies regarding HIV/AIDS and STI among transgender and MSM. In 2001, a survey in Chennai showed that 6.5 per cent of MSM were HIV-infected against 0.9 per cent of men who were heterosexual. A Mumbai study among MSM and transgender the same year showed that 17 per cent MSM and over 60 per cent transgender were HIV-positive.

The Chennai study also revealed that MSM, including transgender individuals, were five times more likely than other men to use illicit non-injecting drugs. It also found that 9.4 per cent of married men reported sex with another man in the past one year.

UNAIDS has estimated that only 9 per cent of MSM had access in 2005 to any type of HIV prevention programme in the world, ranging from 4 per cent in Eastern Europe and Central Asia to 24 per cent in Latin America and 2 per cent in 16 Asia-Pacific countries surveyed.

Wearing a proud smile while showing their identity cards, CSWs who've worked with peer educators say, "This project has made a positive difference to our lives and business. We now know the threats involved in our work and no longer have to stay out of business for a long time on account of STIs. If at all we get the infection, we are cured in no time. None of us does any 'programme' (sexual act) without a condom. If the partner is reluctant, the female condom is used," groups of CSWs told us.

At Kaloopur police station, near Jyoti Sangh's office, we find a condom box, which, according to Jagdish Vadhvana, Jyoti Sangh's project officer, has a turnover of about 400 condoms a month.

"Earlier, the police would arrest us if we had condoms in our purses and often have free sex too. But now they pay for our services and also tie us *rakhi* on *Rakshabandhan* as a mark of protection," says a young street-based sex worker.

A police commissioner's notice to all the police stations of the city in 2000 to 'respect' women arrested for any crime has also helped. All this has boosted the morale of CSWs, who've enthusiastically prompted others to make regular visits to STI clinics and use condoms without fail.

As for criticism that Jyoti Sangh encourages CSWs, its 70-year-old President Bharti ben Gandhi is clear: "One may say so, but we think they are going to join the profession anyhow. The demand for the work triggers the supply. They should know the hazards involved."

Has it been a cakewalk to success? Not so. Four months after the project began it was in a limbo. Then NACO, along with the Department for International Development, approached Dr Jani, who had, as part of Gujarat Institute of Development Research faculty coordinating high-risk behaviour mapping in Gujarat in 1993, listed Jyoti Sangh and another NGO as those interested in HIV work. Dr Jani, along with his team of sociology students, joined hands and the project took off.

#### Announcement

The Indian Association for the Study of Sexually Transmitted Diseases and AIDS in collaboration with COTTISA and RCSHA is holding the 3<sup>rd</sup> STI Certificate Course for medical practitioners in Chennai from 24<sup>th</sup> February to 4<sup>th</sup> March 2007.

To apply, visit [www.iasstdaids.org](http://www.iasstdaids.org) or contact [sucheta@rcsha.org](mailto:sucheta@rcsha.org)

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