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Living with STDs and AIDS: The Mother Saradadevi Social Service Society, India

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• Introduction

As day breaks over the town of Palani, near Madurai, hundreds of pilgrims throng the hilltop temple of Lord Muruga, the town's presiding deity. One of the most popular pilgrimage centres in the State of Tamil Nadu, Palani is a mixture of the old and the new. In response to the burgeoning influx of pilgrims, a bewildering variety of shops, hotels, garishly painted lodges and tourist cottages has sprung up around the ancient temple.

At the same time, as in many other temple towns, prostitution in Palani has boomed. Although prostitution is officially illegal in Tamil Nadu, women from the vicinity come into the town to sell sex in the evenings. To escape the vigilance of the local police, they do their business in places that are deserted at night.

The number of people in Palani infected with HIV is unknown. However, as a temple town and the centre of a huge vegetable producing area, Palani is a crossroads for many thousands of temple visitors, truckers, traders and agricultural labourers. HIV is certain to be present.

"We heard that hospitals in the towns of Madurai and Dindigul were seeing increasing numbers of people with HIV infection and AIDS." says Prasanna Raja, secretary of the Mother Saradadevi Social Service Society in Oddanchatram, a small town an hour's drive from Palani. *"We realized that we had to do*

something. What we had imagined as a problem of Madras had arrived at our own doorstep".

Founded by Prasanna and her husband Raja in 1988, the Society is named after the wife of the well-known Hindu spiritual leader, Ramakrishna Paramahansa, who attracted a large following in the early part of the twentieth century. Saradadevi was a leader in her own right, whose work in promoting women's education and the rights of widows was considered progressive at the time. The Society works on a range of health, environment and economic development programmes for women of different religious faiths.

• The AIDS project

The Society's AIDS project started in Palani and the village of Porulur 90 kilometres away in January 1994. Its objectives were :

- to increase the level of information about STD/HIV/AIDS among women in prostitution as well as women living in the slums;
- to increase women's knowledge of safer sex and increase the utilisation of condoms;
- to heighten women's health awareness; and,
- to provide women with STD/HIV/AIDS prevention and support services, such as STD treatment facilities.

The project employs two counsellors, who are professional nurses, and a group of twenty 'animators', mostly women, complete the team.

• **Beginnings**

The project began by identifying low-income women who spent at least part of the year in prostitution. The next step was to establish a good rapport with them and identify key informants. The animators visited the women every day to understand the types and extent of risky sexual behaviour, as well as existing beliefs and attitudes to HIV/AIDS. They also tried to understand how women were vulnerable to STDs and HIV.

The animators learned that many of the women from both rural and urban areas had more than one sexual partner. Many also had sexually transmitted diseases. A considerable number sold sex because of poverty. Most of the women who sold sex were 'family women'. They lived with their families and sold sex without the knowledge of other family members, in order to supplement the family's meagre income. Wives were often the target of physical and sexual abuse by their husbands, many of whom also had sex with other women, including sex workers.

Although the animators were initially met with suspicion, their non-judgemental attitudes to the women's sexual lifestyles eventually paid off. Importantly, many of the women were already familiar with the work of the Society, whose income-generating schemes and other programmes for women had won it considerable respect in the area.

At weekly staff meetings, the animators exchanged their experiences, documenting their progress by recording the numbers of women they had met and the STD cases they had found. Using locally available materials such as tamarind seeds, flowers or food grains, each animator kept a visual record of the women they talked with and the STD cases they encountered (see Figure 1).

Over time, the animators became more comfortable about discussing sexual activities that promoted the spread of HIV. They also found it easier to share ideas about how both men and women could change their behaviour to protect one another from HIV and other STDs. "We found the staff gained confidence," says Raja. "They valued their work and became

increasingly sensitive and responsive to the problems of the women."

• **Women's groups and PRA**

The Society's main operational strategy is the formation of women's groups, which enable women to work together in order to have more say in the decisions affecting their lives. Within the first six months of the project, 50 women's groups - each with 20 to 25 members - were formed. Each group now meets regularly to discuss problems related to health, income, children, sexuality, and the attitudes and sexual behaviour of their husbands and other sexual partners.

In helping women's groups to get started, the Society found Participatory Rural Appraisal (PRA) to be extremely useful. PRA helped the communities themselves to define, evaluate and influence their economic, environmental, health and educational status.

The following PRA exercises have been particularly useful as they allowed information to be displayed visually:

- *Mapping exercises* helped the women to understand what facilities were available in their area. It also helped to motivate women to form their own groups. The women drew a map of their town or village on the ground with a stick or with powdered chalk and added features such as schools, temples, houses, hospitals and water pumps. Using neem or tamarind seeds, they counted the number of men, women and children in their area and described the work done by each.

The exercise also enabled the Society to identify women in prostitution, and to verify their findings by cross-checking with key members of the community.

- *Seasonal analyses* helped the women understand how seasonal variations in their income affect their sexual vulnerability. In urban areas, during the festival months, a major share of the women's income comes from selling fruits, flowers, pictures and pooja articles to pilgrims. Between festivals, many women sell sex to maintain their income.

In rural areas, women earn enough when there is plenty of work in the fields. During the dry months from April to September, however, there is little agricultural work available so the men migrate to the adjoining State of Kerala, where extra labour is required in the fields. The women are left behind in the villages, and many sell sex to sustain the household until September. *"This analysis greatly helped us anticipate and plan for STD treatment and condom distribution according to the seasons,"* says Sathyabhama, an animator.

- *Trend changes* enabled the women to analyse the changes they had experienced in their lives regarding work, illness, family planning, child bearing and sexual relationships. The exercise was conducted in small groups of two to three participants to encourage the free exchange of

information related to sex. These laid the foundation for one-to-one discussions between animators and women in prostitution.

Using this exercise, women began to understand the underlying reasons for the spread of STDs and HIV, including the impact of male sexual behaviour, the influence of cinema, and the role played by modern transport facilities. Importantly, they also realised that preventing an HIV epidemic would require the cooperation of the entire community, particularly the men.

This prompted many women to try to discuss HIV, AIDS and STDs with their husbands and other sexual partners, and to obtain treatment for their STDs. Many also began to try to persuade their husbands and other sexual partners to use condoms.

Figure 1. Matrix ranking: animators depict their work visually using tamarind seeds and flowers. Credit: S V Raja.



- *Timelines* were used to help the women and society workers to understand the history of their village or town, their religion, their festivals, their customs and beliefs. The process was useful in understanding the relationships between prostitution and caste, religion and local politics. The exercise led to much discussion that cleared up some misunderstandings about women in prostitution, and also helped to promote caring attitudes and better self-esteem among the participants.
- *Well-being and wealth ranking exercises* were used to identify the criteria for rich, middle class and poor families. It was found that amongst the poorer families, there were more women who turned to selling sex, and Society staff decided to spend extra time with these women. STDs were also found to be most prevalent amongst these women and their husbands. The exercise also helped the Society to offer the most vulnerable women training for other means of income generation (see below).
- *Venn diagrams* were used to understand women's relationships with agencies such as the police and health facilities. Women discussed police harassment, and their reluctance to seek STD treatment at government-run Primary Health Centres, where the staff often subjected them to ridicule and humiliation. This prompted the Society to intensify the STD services provided by its own health centre, and to send one of its nurses to help part-time at the STD clinic of the Palani Government Hospital.
- *Decision-making matrices* helped the women and the staff of the Society to identify the decision-makers within the women's families. This exercise helped the women to discuss inequalities in their sexual relationships with men, and to explore ways of persuading their sexual partners to seek STD treatment and to use condoms regularly.

The PRA approach enabled the women - none of whom are able to read and write - to understand their economic, social and

physical vulnerability to HIV and AIDS. The exercises had a profound impact on the women's attitudes towards themselves. *"When they realised that STDs did not originate in their bodies, but were given to them by their husbands or clients, they realised there was no reason to feel guilty or ashamed"* says Raja. *"They gained confidence when they learned that STDs could be easily and inexpensively cured or, better still, prevented by using condoms"*.

• Reaching out

Using the PRA approach, the Society identified neighbourhoods where the men needed to be sensitised to AIDS. The staff visited these neighbourhoods, holding video shows of popular films to attract crowds. They then talked about AIDS and distributed pamphlets and condoms. Members of the women's groups reported that these meetings were helping to make local men aware of the dangers of risky sexual behaviour, and of the need to use condoms to protect themselves, their wives and other sexual partners.

Home visits by the animators and counsellors have also helped to motivate women who are not group members to seek treatment for their STDs. The Society's workers also explain how condoms can prevent STDs and stress their importance in protecting people from AIDS.

The number of condoms distributed each month is rising steadily. After a year of the project, women involved in prostitution began coming to the animators' homes to pick up condoms whenever needed. A women's group in one area also took a joint decision to follow a *"no condom - no sex"* policy with their clients.

With funding from the South India AIDS Action Programme, the Society has also established a truckers project at the Oddanchatram Check Post, which serves Gandhi Market, famous for its vegetables and butter. Truck drivers now pick up nearly 1,000 condoms each month from the iron pots strategically placed in the area's petrol stations. In addition, an animator from the Society meets with groups of truck drivers early each evening to talk about STDs, AIDS and condom use.

It is not yet possible to identify people with HIV and AIDS in Palani Taluk (sub-district), but it is only a matter of time before the burden of sick and dying people begins to make its presence felt. Plans are underway to provide home- and community-based counselling, as well as care and support for women with HIV and their children in Oddanchatram.

• **Beginnings of change**

Initially the project encountered great resistance from local political leaders, who thought the Society was encouraging the formation of women's groups in order to weaken the influence of the political parties. The problem was overcome when the project staff met with local political leaders to explain their plans and seek their co-operation.

Initial reluctance on the part of the animators to talk about specific sexual matters had to be overcome through special training sessions. In some cases, meetings were held with their husbands or parents. The animators also had to withstand taunts from men in the areas where they worked, who named them 'balloon sellers' because they regularly distributed condoms. To deal with this problem, the Society worked with local organisations to make the role of the animators more official.

The Society also helps women to overcome their vulnerability to social and economic exploitation by helping them to increase their income. In collaboration with the State government, the Society has distributed 35,000 fruit tree seedlings to women farmers, and has enabled 45 women to be trained as radio, television and computer mechanics. The Society also gave vocational training to 20 women sex workers who wanted to give up the profession. These women now undertake tailoring, manufacture leather goods and make knitwear garments.

The members of the women's groups have recently begun to reach out to others like themselves. They aim to make one another aware of the sexual risks to which they are exposed, have their STDs treated, and persuade their husbands and other sexual partners to use condoms. The Society's goal is for the 50 women's groups to be registered as societies in their own right, which will qualify them for

government funding. Each member currently contributes 10 rupees every month to her group. If a group collects 15,000 rupees, the State Government will provide a matching grant. This will enable the members to begin small income generation activities.

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NOTES

1The two NGOs with whom I did this research were the Child Workers in Nepal and the Child Welfare Society.