

# AIDS Education in Bombay's Red Light District

As Brad Gillings made his way through the rows of brothels that lined the streets in Bombay's red light districts, he witnessed many of the cultural, economic and institutional forces that unwittingly help to spread the AIDS virus. He also witnessed the courageous efforts of social workers to stem the ever advancing tide of HIV, and the lives of the prostitutes caught in between.

by Brad Gillings

*Maronesha sits wedged between crumbling walls. For the past year her illness has rarely allowed her to move from this corner. One stone tile is shifted higher than the next below her sagging body. The stench of urine is stifling. On the concrete wall behind her, the paint has faded to many different shades of green, a slow process that parallels Maronesha's own deterioration.*

*Her future has been stolen by a past that never offered much hope. Born to a prostitute and raised in a brothel, her*

*cost them business. Maronesha is dying of AIDS.*

In Bombay's largest Red Light District, Maronesha sits lonely, but is not alone. More than 35 percent of Bombay's prostitutes are infected with HIV. Every hour there are three to four new cases of the virus transmitted in these streets. Maronesha's corner lays at the epicenter of a major catastrophe. India is in the beginning stages of an AIDS pandemic.

For the prostitutes there is no real

they remained idle when they could have acted. India ignored the rapidly growing number who, like Maronesha, sat deteriorating from this puzzling new killer.

As early as 1981, blood was identified as the main mode of transmission for HIV, but no effort was made to protect the Indian blood supply. Not until 1989 did officials admit that AIDS had reached India. Only then did testing of blood donors become mandatory, but by this time contamination of the blood supply from professional donors had spread nationwide. Even today, despite the new

*“One out of five clients refuses to wear a condom,” said Sangeeta, an 18-year-old prostitute from Kamathipura district, in an India Today article. ‘If he hikes his payment, I accept him and just pray that he is not infected.’”*

*mother started her in the business at the age of 18. But, at 28, she can no longer work. Instead, she stays in her corner, listening to the other women lead their customers up the creaking narrow wooden stairway through the darkness. Stepping around her, the men are told not to mind the girl in the corner. She is mad, they say, knowing that the truth would*

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choice. Most have been sold or tricked into a situation of bonded labor not much different from slavery. Poverty-stricken and illiterate, they have little chance of escaping this lifestyle. Though they face a tremendously high risk of contracting AIDS, they continue without other options.

In contrast, many critics claim that the Indian government did have a choice, and has been criminally negligent in its slow response to HIV. As the reality of AIDS became clear in the early 1980s,

law, the government's own sources estimate that up to 85 percent of donated blood is still not tested. In a country with the size and diversity of India, where the demand for blood outnumbers its supply more than 25 times, effective administration of these tests is virtually impossible.

## The Impending Avalanche

The obstacles that hold India back from addressing the spread of HIV—blood banks and sex workers—are vast. The nation is now racing to catch a rolling,

ever-increasing, ever-accelerating snowball that will soon become an avalanche.

Government studies show that during 1992 India recorded more cases of HIV than in the previous six years combined. The official number of positive HIV carriers stands at 11,071, though other estimates range from 500,000 to one million. The Indian Health Organization (IHO) believes these figures will multiply to nearly 50 million by the turn of the century—a number equal to five times the total number of HIV infection cases in the entire world today.

In response to the critics, government sources maintain that they have improved their efforts, most notably through the formation of the National AIDS Control Organization (NACO). NACO has developed a state management program and an advertisement and education campaign.

Dr. Alaka Deshpande, head of the Department of Medicine at J.J. Government Hospital in Bombay, pointed out that developing nations like India face many more health problems than countries in the West, due to malnutrition, malaria, tuberculosis, and the scarcity of clean drinking water. "You must look at the entire health picture," said Deshpande. "We cannot possibly focus all our efforts on AIDS like some people would like us to."

The Indian government is also preoccupied with a wide range of non-health related problems unique to developing nations. Poverty is widespread and the illiteracy rate remains about 75 percent. However, a population explosion inflating the country by more than one million a month is possibly India's biggest impending nightmare. Soon after the turn of the century the country will be struggling to sustain more people than any other nation on earth, while living on only a fortieth of the world's land mass. According to Deshpande, these barriers

mean that the Indian government cannot afford a full commitment to the fight against AIDS. Others have been left to pick up the slack.

The bulk of this work is being done by private non-government organizations (NGOs), who are largely funded by foreign interest groups and have the freedom to focus specifically on AIDS. A present leader in this campaign is the IHO who believes that there is no time to waste and that drastic and direct measures must be taken.

"The future is bleak," said Dr. I.S. Gilada, founder and honorary secretary of the organization. "We wasted at least five years of precious time which was available to us and not available to other countries. That was one of our greatest blunders. We simply waited for the problem to come our way. Nature had given us a chance, but we did not take up the opportunity."

### Education at the Source

The IHO has now started an aggressive campaign aimed at the main source of AIDS escalation: prostitution. Focusing on education and condom distribution for sex workers and their clients, IHO social workers take their work into the side streets and alleyways of Bombay's Red Light Districts. In its first year the NGO conducted a day-long free health camp for the women. "It was a shocking

experience for our members and had shown us altogether a different world of its own," Gilada remembered.

*The IHO's mobile clinic van rounds the corner toward Kamathipura, Bombay's largest Red Light Community, housing over 600 prostitutes. The front of the van reads "Sex Thrills, AIDS Kills." The vehicle creeps slowly ahead, wedging through a solid mass of life. Prostitutes line both sides of the street; clumped together in doorways, cooking over open fires, and lounging on beds, sometimes four and five to one. They fix an expressionless gaze on the van. Others peer down from three stories of windows where a wall of hanging laundry creates a colorful facade against the blackened, decaying buildings.*

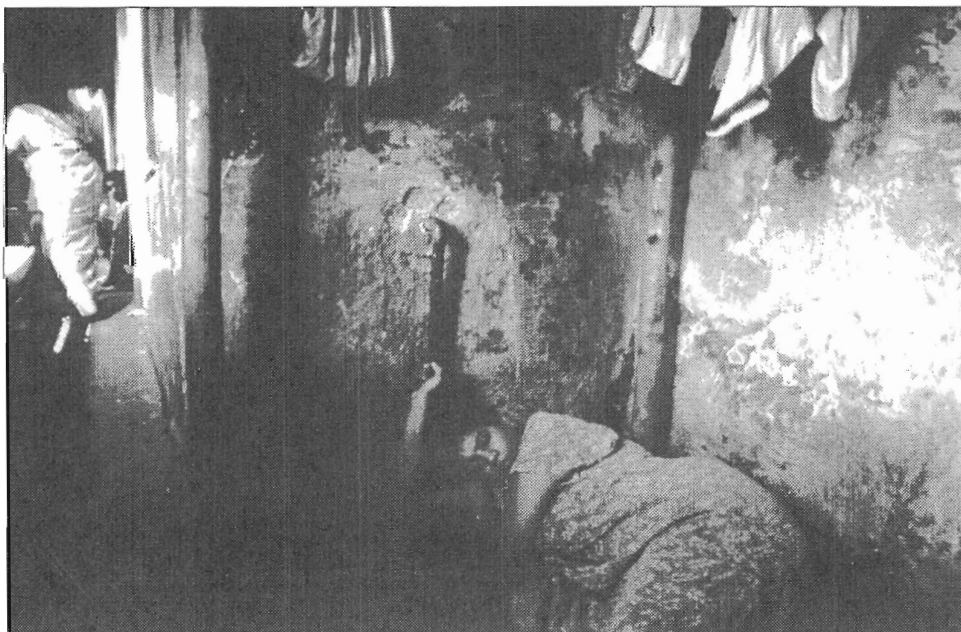
*Across the street, some live in a makeshift dwelling, thrown together from sheets of plastic, rags, branches, and scraps of lumber. The laughs and cries of naked children playing in the street are barely audible as the high pitched screech of Hindu music competes with the monotonous whining of loud speakers from a nearby mosque calling the Muslims to prayer.*

*Seven social workers pile out of the van, unloading two huge cardboard boxes full of condoms. Three prostitutes greet the workers with smiles and help them carry the boxes.*

IHO has come a long way in breaking down barriers between the sex workers and themselves. Today the relationship is open and trusting. "Dialogue and placing facts squarely at them is the approach we have taken," said Gilada. "Mobile clinics are seen as an essential attempt to outreach into the community and develop constructive relationships with them."

### Lata and the Sahells

Lata is a good ambassador of this



*Lonely, but not alone: Maronesha slowly dies of AIDS.*  
[Al Schaben/J.D.&A.]

relationship. She welcomes the IHO people into her brothel. The flesh of this jolly woman spills from the sides of her bright purple sari. A red dot decorates her forehead between big brown eyes, slightly shadowed from five years of living in the night. She wears a nose ring and several bangles on her right arm. She spits and stuffs more tobacco into her mouth as she follows the social workers inside the "cage" and offers them tea.

All told, the "cage", another name for the brothel because of the prison-like bars found in front of most doors and windows, is no more than 200 square feet, partitioned into four separate bedrooms and one kitchen. This is home to 12 prostitutes.

Prostitution in India is legal for those over the age of 18, if done individually and privately. However, exploitation of the women in commune setups, like Lata's, is not legal—though allowed to continue through a labyrinth of police corruption that reaches to the highest levels.

Lata speaks openly about the circumstances that led her to this life. Her husband left her five years ago when she was 22. With no money, job, skills, or education she was lured to Bombay from her rural home by someone who promised her a good job. However, like many women in the same situation, she was sold to a brothel with a price tag of \$300. To gain her freedom she must pay back this debt, an unrealistic endeavor.

Even on a busy day when she serves five customers, her earnings total no more than \$3.25, fifty percent of which is paid to the brothel owner. In all likelihood, Lata will never go home. Education has become her only defense against the AIDS threat.

IHO is reaching out to around 4,000 prostitutes, no mean feat considering the high rates of illiteracy. The program's success relies on the hierarchical system which already exists in the brothel network. Certain prostitutes, called *Sahelis*, have a higher rank and are responsible for a number of

other women. The IHO concentrates their efforts on the *Sahelis*, who then pass on their knowledge and the condoms. As

## "Sex Thrills, AIDS Kills"

an incentive, the IHO pays these women for their efforts, based on the amount of time they contribute.

A monthly meeting has been called for the *Sahelis*. Thirty five of them crowd into a small, stuffy room, pushed up against each other on the bare, concrete floor. It is hot. Sweat flows from their faces. There is a sense of community amongst them. Women laugh and slap backs as hands go up aggressively and enthusiastically to answer questions.

"How can AIDS be transmitted?" asks one social worker. "Through blood and bodily fluids," answers a *Saheli*. Debate and chatter fill the room over this response. Another question is posed. "What are the medicines for this disease?" A different woman jumps to her feet. "No medicine, except for the use of a condom," she says.

As the *Sahelis* file out, they are given

100 rupees (\$3.25); payment for the hour each day that they give to these meetings over a month's time. Their signature is recorded by an inked thumb pressed onto paper, since none know how to write.

It is the IHO's mission to raise the awareness of the prostitutes. If nothing else, the education has brought about the use of condoms. The women know not to accept any client who refuses to wear one and are instructed to prove they have done so by showing the used condom after finishing with each man.

There is no way, however, for the IHO to prove that what is said is actually being done. With the desperation that exists in the brothel districts it may be naive to think that a prostitute would ultimately turn down a customer and his money if he refused to wear a condom.

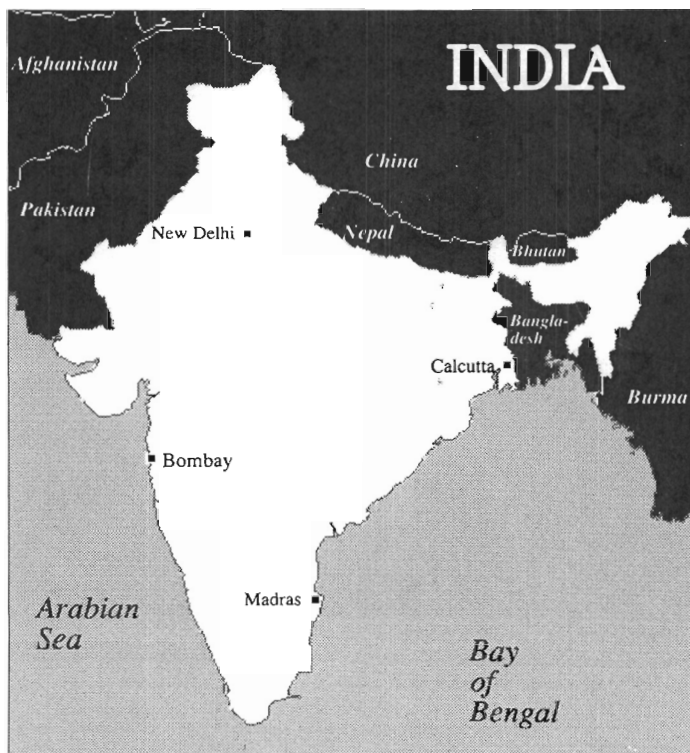
"One out of five clients refuses to wear a condom," said Sangeeta, an 18-year-old prostitute from Kamathipura district, in an *India Today* article. "If he hikes his payment, I accept him and just pray that he is not infected."

### Educating the Clients

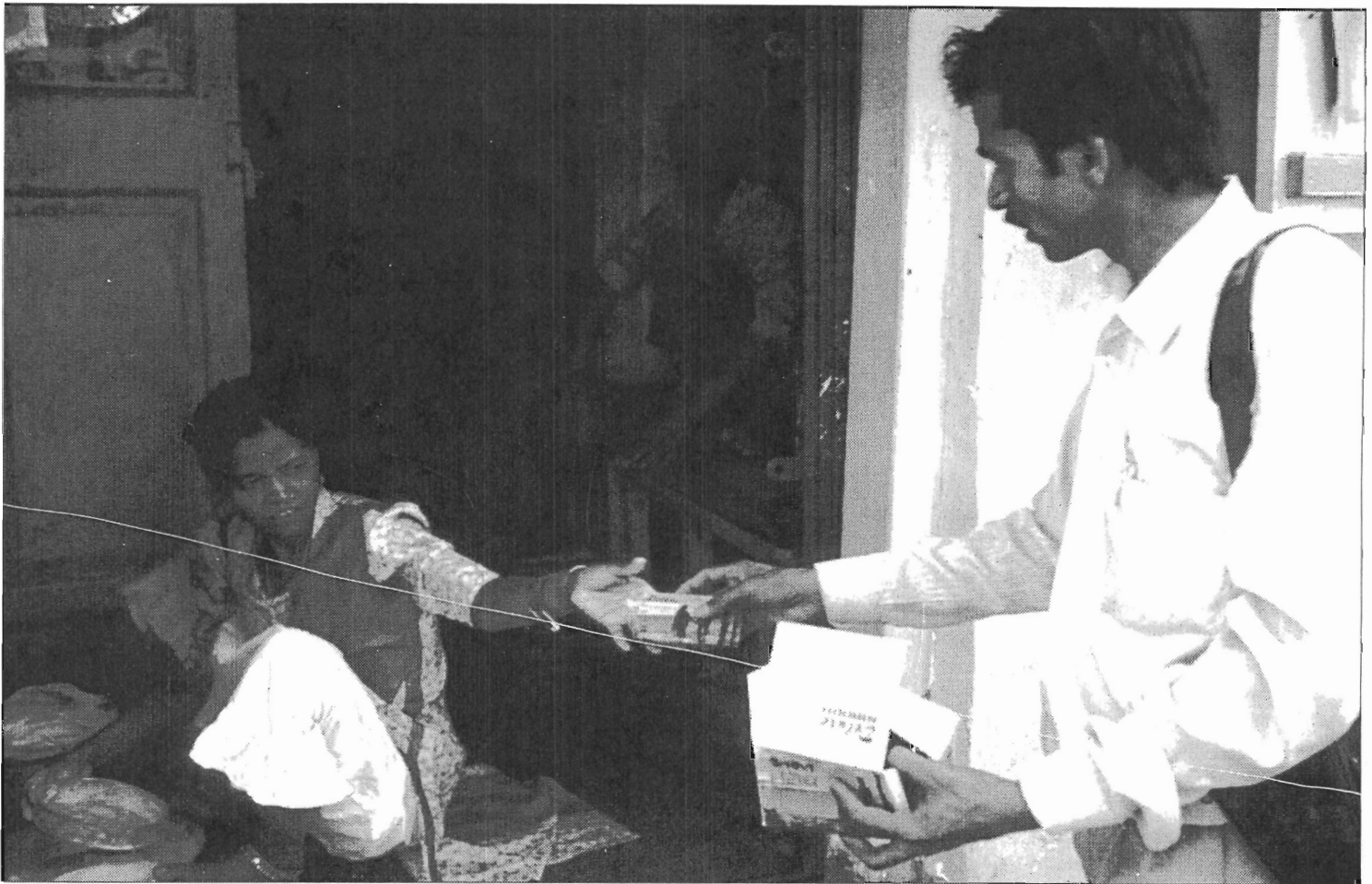
Too many clients are unaware of how important it is for them to wear a condom. On a street outside the cages, Bublo, a young pimp dressed in blue jeans and a ripped T-shirt approaches a potential customer. "Hello. What you want sah?" he asks. "Come. Just look. Nice girls, clean girls, just look." Like any typical street vendor trying to sell his merchandise, Bublo continues. "What you want? Indian girls? Chinese? Nepalese?"

The man shows interest and confers with Bublo, making it clear that he does not want to use a condom. "No condom, no problem," said Bublo. "Medical check up girls. Condom no."

Educating the prostitutes alone is not enough. Clients must also be made aware of the risks. "This is obviously more complex than it appears," said Dr. Gilada at the Second International Conference on AIDS in Asia and the Pacific. "Specific targeting, locating them, and access to their interest and atten-



[Electromap, Inc.]



An IHO worker distributes condoms in a Bombay red light district: "a drop in the desert"?  
[Al Schaben/J.D.&A.]

tion seems an arduous task that somehow needs to be done."

The IHO has taken it upon themselves to try. They now hand out free condoms and conduct informational meetings with customers right in the streets of the brothel neighborhoods. Programs have also been taken into the workplace of groups known to have a large number of employees who frequent the Red Light Districts. The truckers association, the police force, colleges, factories, and construction sites have all been targeted and flooded with posters, pamphlets, presentations, talks, videos and dramas.

### Changing Perspectives

But education remains difficult, even among those in the medical field. *India Today* recently published the story of a woman whose baby was abandoned on the delivery table when doctors discovered that she was HIV positive. The child was finally delivered by the nurse in the AIDS ward, one of the few people in the

hospital who knew that the risk of AIDS is avoided by wearing gloves.

According to Deshpande, awareness has improved tremendously within the medical profession and situations like this are rare today. Among the general populace, however, fear and ignorance remain high. An important start in battling this may be to concentrate on educating the young. Pressure is being put on the schools to introduce sex education into the curriculum, but this will undoubtedly be introduced slowly, as Indians generally consider the subject of sex to be taboo.

A recent advertisement campaign by NACO used the slogan "One sure way to stop AIDS. Use a condom while having sex." The organization was bombarded by complaints. Parents were outraged, arguing that the advertisement was effectively condoning sex among the young.

These social barriers to controlling the spread of AIDS will not change overnight. Such ignorance has led many AIDS victims through the trauma of

being rejected by their friends and families. "I have been ostracized by my brother and not allowed into the house," said Vijay Kapoor, from his bed in Bombay's G.T. Hospital. Kapoor is a professional blood donor, who was diagnosed with the disease two and a half years ago. He comes from an educated background, but still his family has remained ignorant about AIDS. Like many, he has been cast out. Kapoor explained that when he leaves the hospital he will have to survive by sleeping and eating at temples.

The IHO continues to make headway in this direction. Dr. Gilada, however, feels overwhelmed by the momentum that AIDS is gathering in his country, and seriously disadvantaged in the battle against it. "What we are doing is not a drop in the ocean," he said, "it's a drop in the desert." Pushing forward, they attempt to chip away by making a difference in as many lives as possible. Unfortunately for some like Maronesha, India's response to AIDS was too little, too late. ●