Health Communication and Citizenship Among Sex Workers in Mysore, India: Beyond "Centers" and "Margins"

Shamshad Khan[1]*, Robert Lorway[2], John O'Neil[3], Akram Pasha[4] and Sushena Reza-Paul[2]

[1] Department of Communication, University of Texas at San Antonio, San Antonio, TX, United States, [2] Department of Community Health Sciences, University of Manitoba, Winnipeg, MB, Canada, [3] Faculty of Health Sciences, Simon Fraser University, Burnaby, BC, Canada, [4] Ashodaya Samithi, Mysore, India

In the last couple of decades, there has been a significant turn toward critical and "culture-centered" approaches to health communication. Through the lens of critical ethnography, this paper aims to unsettle dominant Eurocentric and exclusionary notions of citizenship tied to a legislative and juridical framework of rights—as entitlements and obligations emanating from the "nation-state." Instead, by focusing on the communicative practices of members of *Ashodaya Samithi*, a sex worker collective responding to local forms of discrimination and violence and susceptibility to the HIV infection, we disrupt dichotomous notions of political "centers" and "margins" by emphasizing how local forms of resistance and transnational alliance building constitute complex socialities that enable sex workers to navigate risks, demand services, expand their rights and freedoms, while fulfilling individual and collective responsibilities. We argue that, in the "developing" world, emergent forms of citizenship are more likely to be found not in some concentrated center of cultural authority like the nation-state, or its ancillaries, but in more dispersed sites where postcolonial struggles may appear as uncivil, coarse, insurgent, impure, ambiguous, marginal, and thus threatening to more purified, populist portraits of nationhood redrawn by politicians and health officials. This paper highlights alternative voices often blocked by the dominant discourse, thereby potentially recentering health communication in marginalized spaces. By juxtaposing field data and theory, this paper also aims to demonstrate how to engage in critical health communication research with rigor and quality.

Keywords: critical health communication, citizenship, sex workers, India, HIV/AIDS

INTRODUCTION

The 1990s saw the rise of citizenship studies in the social sciences—a focus that primarily sought to contest traditional notions of citizenship. A plethora of social scientific literature, paralleling the advent of post-modernization and globalization studies, emerged to challenge narrow conceptualizations of citizenship as a "natural" legal status bestowed upon the rights-bearing individual living within a nation-state (Alexander, 1994; Isin and Turner, 2002). Critical scholars have argued, instead, for a broader understanding of citizenship that encompasses the complex social processes through which individuals and groups struggle for a variety of political

and social recognitions, be they related to sexual, gender, racial, or ethnic identity or difference (Alexander, 1994; Isin and Turner, 2002; Isin, 2012). Notions of "modern citizenship," as linked with the nation-state and legal status, have been heavily criticized for the hypocrisy of giving the impression of "universalism" and "inclusion" while systematically excluding certain groups deemed as "outsiders" or undeserving of fuller sociopolitical recognition (Isin and Turner, 2002, p. 6). The emergence of citizenship studies, thus, has not only attempted to make visible the injustices and inequities that transpire in democratic states through processes of exclusion and marginalization but has also aimed to more fully recognize and support individual and collective efforts to reassert claims to social and political rights in the face of ongoing oppression.

Over the last couple of decades, critical theorists have worked diligently to rewrite the boundaries of citizenship beyond the confines of nationality, redrawing them to expose its underlying Eurocentrism and continuity with (neo) colonial imposition (Isin, 2012; Sabsay, 2012). Postcolonial scholars have been especially attentive to the exclusionary practices of governments in "developing" countries that have (ironically) taken up normative Eurocentric notions of citizenship in ways that reinforce grave injustices, while, at the same time, these scholars also stress the vibrant actions taken by social groups to confront and redress these injustices, claiming vital space in which to forge their social legitimacy. From this perspective, citizenship is reconceptualized in terms of political subjectivity rather than mere membership (Isin, 2012; Lorway, 2014).

The turn toward retheorizing citizenship has come with calls for increased participation of people in public matters that directly or indirectly affect their lives, thereby redefining a "good citizen" as one who "participates as a grassroots actor" rather than one who dutifully adheres to a social contract without question (Kligler-Vilenchik, 2017, p. 1889). For this reason, over the years, citizenship studies have been accompanied by an increased scholarly interest in community related concepts (such as community empowerment, social capital, and social cohesion) that speak to the ways in which people are conditioned and inhibited by their social and political context that has a direct impact on the quality of their lives (Labonte and Laverack, 2001; Dutta-Bergman, 2004a; Broom and Avanzino, 2010).

Communication studies scholars have long analyzed community dynamics, although the conceptual lens used for analysis, over time, has varied—ranging from transmission or instrumental to constitutive or interpretive perspectives (Broom and Avanzino, 2010). From the transmission perspective, communication is used as a tool by established (or identified) communities to meet their particular needs and goals, be it health literacy or early childhood programs, and in this sense, communication is seen as a means to an end (Broom and Avanzino, 2010). On the other hand, scholars employing constitutive perspectives examine how communication creates and sustains communities, and, in that sense, the constitutive elements of communication become an end in themselves (Labonte and Laverack, 2001). In this case, the focus is placed on the everyday communicative practices of people that constitute the very fabric of sociality, and the ways in which

citizens negotiate matters of concern, develop a shared vision, generate innovative solutions to their shared problems, and in the process create interpretive communities (Burgess et al., 2006; Underwood and Frey, 2007; Broom and Avanzino, 2010; Kligler-Vilenchik, 2017).

Over the last decades, there has been a significant turn in health communication studies toward critical and "culture-centered" approaches that foreground participatory methodologies and dialogical processes as ways of engaging with local communities and "cultural voices" with the goal of confronting social structures that produce health and social inequities (Dutta-Bergman, 2004b; Dutta, 2007, 2010; Dutta and Basu, 2011). In the context of sex work particularly, drawing on their research among sex worker communities in Kolkata, India, Basu and Dutta have effectively demonstrated how participatory or community-led organizations that "emerge organically from within sex worker communities challenge commonly held notions" (of them being incapable or lacking agency), as well as unequal structures of power relations (such as those with clients, police, or health-care system) although also largely contained by them (Basu and Dutta, 2009, p. 87; also, see Basu and Dutta, 2008, 2011). With the help of Subaltern Studies and theorizing from below, Basu has further argued that sex worker's consciousness, as a marker of subaltern identity, is autonomous as it exists "parallel to and in spite of the mainstream discourse, resisting it and simultaneously adopting it to frame a local, seemingly fractured, version of rationality"—thus further exposing the universality claims of the "dominant health paradigm" (Basu, 2011, p. 392, 394). Basu also delineates multiple strategies that sex workers use (as forms of resistance) within sex work spaces, ranging from direct confrontation and deceit to risk management, negotiation, and appeasement (Basu, 2017). Such critical approaches emphasize the need for empowered communities with highly participative members who, as a result of increased participation, have greater perceived control over their everyday lives and have better access to healthful resources, thereby reflecting their commitment to the responsibility of being "healthy citizens" (Petersen and Lupton, 1996; Dutta-Bergman, 2004a).

While recognizing the power of engaged communities, scholars have nevertheless cautioned against shifting the discourse on citizenship too far with too great a focus on communities such that it would "localize global problems and obscure macro-level systems of power and decision making" (Labonte, 1990, p.158). Building on this argument, Zoller (2005) calls for "health activism" that empowers community members to challenge the status quo to bring about significant systemic changes, as otherwise there is a risk of community empowerment unwittingly playing into neoliberal regimes that reduce social and health services in the name of efficiency and thereby exacerbate existing health and social inequities, particularly among marginalized populations (Zoller, 2005).

Although "community" has been well-researched within communication studies and from various perspectives, with a few notable exceptions (such as Basu and Dutta, 2008, 2009, 2011; Basu, 2011, 2017), there still remains a significant gap in knowledge about communication pertaining to highly

stigmatized and marginalized communities, particularly from a critical-interpretive stance. In this context, it is important to ask: how do multiple forms of hegemony play out in the everyday lives of people and how do communities challenge and resist dominant systems of power (Dutta-Bergman, 2004a; Zoller, 2005; Basu, 2011, 2017; Basu and Dutta, 2011; Dutta and Basu, 2011)? In other words, how are everyday communication practices implicated in the continual recreation of such political fields of domination and dissent? In more specific terms, we lack sufficient insight into the array of citizenship issues confronted by sexually dissident communities, particularly within contexts where citizenship is premised within frameworks of heteronormativity and heteromasculinity (Alexander, 1994; Atluri, 2012). Largely absent within the health communication literature are studies that point to where these political arenas of citizenship and sexuality overlap with post-coloniality.

This paper begins to fill this gap by examining the dominant Eurocentric and exclusionary notions of citizenship encountered by members of a sex worker organization in Karnataka (South India), known as *Ashodaya Samithi*—a collective which formed in collaboration with a consortium of global health actors to respond to localized forms of discrimination and violence and to reduce their susceptibility to HIV infection. Research has well-documented the structural challenges faced by female, male, and transgender sex workers and other sexual minorities in south India and, in particular, the "interlocking subsystems of discrimination and victimization" encountered by them in their everyday lives (Chakrapani et al., 2007, p. 358; Khan et al., 2018; Dutta et al., 2019). Our years of research in this area has shown how these sex workers face myriad forms of stigma, discrimination, and violence in different contexts, such as in accessing health-care services or encounters with the police or in their interaction with clients, brokers, boy friends, family, and the broader community (Argento et al., 2011; Reza-Paul et al., 2012; Thompson et al., 2013; Chevrier et al., 2016; Khan et al., 2018; Dutta et al., 2019). Overtime, in recognition of the commonness of their experiences and challenges, these sex workers in Mysore formed their own collective in an attempt to resist everyday discrimination and violence in their lives while also bonding to more actively participate in society (Argento et al., 2011; Reza-Paul et al., 2012).

In this paper, by focusing on the communicative practices of members of *Ashodaya Samithi*, as reflected in their narratives of lived experiences, we disrupt dichotomous notions of political "centers" and "margins" by emphasizing how local forms of resistance and transnational alliance building constitute complex socialities that enable sex workers to navigate risks, demand services, expand their rights and freedoms, while fulfilling individual and collective responsibilities. We argue that, in the "developing" world, emergent forms of citizenship are more likely to be found not in some concentrated center of cultural authority like the nation-state, or its ancillaries, but in more dispersed sites where postcolonial struggles may appear as uncivil, coarse, insurgent, impure, ambiguous, marginal, and thus threatening to more purified, populist portraits of nationhood redrawn by politicians and health officials.

METHODOLOGY

Since 2004, as an alternative to the top–down, behavior-centered targeted health intervention model, a group of health researchers from the University of Manitoba, under the auspices of *Avahan* (a Bill and Melinda Gates Foundation HIV/AIDS initiative in India), worked on creating the conditions for the emergence of a community-led sex worker collective in the Mysore and Mandya Districts of Karnataka, South India. The primary goal of the initiative was to reduce the risk of HIV and sexually transmitted infections (STI) among female, male, and transgender sex workers, through community mobilization, capacity building, better access to health services, and a curriculum-based demonstrative learning in elements of community-led interventions, with the ultimate goal of having an organically developed community-based organization. From the initial years, the program reported high level of success in reducing the risk of HIV/STI and in capacity building, resulting in the emergence of an increasingly assertive community-based organization, the *Ashodaya Samithi*. Over the years, the organization's goals and management have changed with increased participation of members in setting the agenda that resulted in a shared vision and path of action for the collective that often spanned beyond the locale.

The current study was conceived to probe the formation and growth of *Ashodaya Samithi*, to understand the conditions and processes that are involved in the emergence of a highly participative sex worker collective, and to foreground the experiences and aspirations of the members in their own words. To this end, we employed a critical ethnographic approach that involves reflective thinking, empirical inquiry, and transformative action. The foundational premise of critical ethnography is the act of critique that is "iterative, moving back and forth between examining the assumptions and foundations of how things are, how they got that way, how things might be changed, and why we should care in the first place" (Thomas, 2003, p. 46). In the process, critical ethnographic researchers attempt to locate meanings within the broader context of unequal power structure, unmask hegemony, and challenge the oppressive forces rather than merely affirm the status quo (Crotty, 1998; Thomas, 2003). These core themes of critical ethnography, particularly where it demands the foregrounding of the world view of the subalterns or the marginalized, made it a suitable methodology for our study in which we wanted to situate the experiences and actions of the sex workers within the broader context of systemic inequities faced by them. Accordingly, the study adopted critical ethnographic methods that included (a) 4 months of observation at multiple intervention sites in the districts of Mysore and Mandya (e.g., solicitation sites, learning centers, drop-in centers, clinics, organizational meetings, and group activities of the *Ashodaya Samithi*); (b) semistructured interviews ($n = 50$) with researchers and professionals who initiated the project, service providers (e.g., managers, outreach workers, counselors), and sex worker members of *Ashodaya Samithi*; and (c) a document analysis of project proposals, progress reports, HIV/STI and behavioral surveillance data, learning and counseling materials, news reports, etc.

The ongoing close partnership between the University of Manitoba and *Ashodaya Samithi*, under the umbrella of *Avahan* program in Karnataka state between 2003 and 2010, provided the primary point of entry for the study. The first author introduced the study to key members of *Ashodaya Samithi* and its advisory board and, through a series of meetings, garnered their interest and help in shaping and conduct of the study. After initial consultations, an interview guide was developed with input from the community to make the questions most relevant to their needs and experiences. The first author then trained a few interested community members in core issues of qualitative research and conduct of interviews. This community-based research is part of the methodology adopted by authors in their other studies conducted in the region as it is most appropriate for marginalized communities, not simply to gain entry in the "field" but to place their insights and guidance on center stage at every step of the study to make the research process and findings most fruitful for the community and the researchers. In fact, the participation in the study as well as the training for research was much appreciated by the community, as articulated by this participant: "they [university researchers] conduct programs and bring the community people together which create awareness in issues and to call us to conduct interviews means recognition for us, which helps us grow."

In this collaborative spirit, the first author and the trained community researchers conducted interviews with sex worker members of *Ashodaya Samithi* including female sex workers ($N = 23$), male sex workers ($N = 11$), and transgender sex workers ($N = 6$). The interviews were mostly conducted at the *Ashodaya Samithi* office or its drop-in center, or at a mutually convenient place (such as local eateries, parks) and lasted 30–90 minutes. The topics discussed included the social and structural contexts of their lives, factors that led to the formation of the collective, the initial phases and growth of the organization, the benefits and impact (if any) felt in their lives and community, the need for such an organization, and their suggestions for improvements and broadening of goals. The study involving human participants was reviewed and approved by Simon Fraser University Research Ethics Board. Informed consent was explicitly obtained from each participant with the reiteration that participation was completely voluntary. Participants had a choice of providing written or verbal consent, with most of them opting verbal consent, which was not surprising given the largely oral nature of Indian society, the history of persecutions against sexual minorities in India, and that most participants lacked formal education and did not know how to read and write. All consent procedures followed were approved by the Ethics Committee that approved the study. Participants were also given a choice of getting the interview conducted by the community researchers in their local language (Kannada) or by the first author in English or Hindi. With their expressed consent, the interviews were audiotaped and transcribed (and translated) in English. Qualitative content analysis was conducted to identify substantive themes emerging from the interview dataset, and a coding scheme was developed through an iterative process, in which transcripts were read and reread by the authors to generate

a list of emergent codes that was further refined. Interview data were managed with the aid of NVivo 11 software.

While the broader study included observations and interviews with a variety of key players associated with *Avahan* initiative and *Ashodaya Samithi*—providing an understanding of the context and background—for the purpose of this paper, we focus on interview data that reflects the experiences of *Ashodaya Samithi* sex workers ($N = 40$) in running a community organization, emphasizing their vision for their collective.

FINDINGS

The age of participants ranged from 21 to 46 years with an average of 33 years. Most had no formal education (54%), and the rest had some primary schooling (18%) or finished high school (22%) and two (6%) had a higher degree. Furthermore, most (87%) female sex workers were married with children while this was not the case for male and transgender sex workers. Most interviewees conveyed genuine interest, enthusiasm, and passion for *Ashodaya Samithi* and a vision for the future as a sex worker's collective. In this paper, we foreground themes that particularly showcase the communicative practices of participants through which they assert their citizenship locally, nationally, and even on an international level.

Collective Identity and a Sense of Pride

A key theme running across participants' narratives was the growing feeling of a common identity, a sense of purpose in life and pride in their work. Many participants commented that their shared focus on the health issue of HIV fostered their coming together to realize the commonalities of their life situations and their strength in numbers.

> *Ashodaya Samithi' s main intention is to provide guidance to the community members in a right way and also teach us to resolve the problems that the sex workers face in their life, and very importantly tell us about our health issues, what is HIV, how can we prevent HIV by using condoms, all these things we have learnt from Ashodaya Samithi…Our life is not simply dedicated to sex work, we also have life in future, and if we have to come forward in the society, what are the important and good things that we should be doing is also what I have learnt after coming to Ashodaya Samithi. (Female sex worker, ID #10)*

> *Many Samithis [organizations] are working towards preventing HIV in Mysore, but…they[only] give condoms…in Ashodaya they conduct every program like HIV prevention, STI prevention, distribute condoms, referring from our[Ashodaya] clinic to other hospitals and also identify wherever there are other HIV patients and provide them with medicines, so Ashodaya Samithi is doing all this [for us]…. (Female sex worker, ID # 13)*

Given the historical exclusions that sex workers have faced within the government health system, *Ashodaya Samithi*, by facilitating access to health care and assuming responsibility for sex workers' health and well-being, has made available structural resources necessary for good health and, in that sense, has opened avenues for them to belong more fully in society. By providing health

services, *Ashodaya Samithi* has allowed its members to reimagine a sense of belonging in society, an imagining that opens up new life possibilities in the future beyond despair and oppression. Health consciousness has a critical role to play in community participation as healthy individuals tend to be more engaged in their community, provide support to each other, cultivate the capacity to have their voices heard, and situate themselves in a better position to challenge and transform structural forces that impede their health (Dutta-Bergman, 2004a).

Besides a focus on health issues, *Ashodaya Samithi* has also worked toward making sex workers aware of their social entitlements and legal rights. Being more literate in rights and entitlements in many ways transforms how people accept their positioning in society and their willingness to fight against injustice.

> *Earlier we did not know anything about IPC 377 [gay criminalisation]… We thought that the rights were only for the males and females in society but now we know we also have rights. We now know about HIV and though we are transgender, we are also human beings and we are part of the mainstream. [Earlier] life was only begging and sex work, but now after forming the Samithi, our attitudes have changed and we can now look into a broader spectrum.… I have now taken my ration card, PAN card and I know about my rights after coming here. I have also learnt about my property rights and I have the courage to live happily and help others in society. (Transgender sex worker, ID # 1)*

Historically, within the context of Indian caste system, sex workers and other marginalized groups accepted their low positioning in society and remained on the periphery without much questioning. Although, over time, many social entitlement schemes have been made available for disenfranchised people in India, they have made limited impact. Rather, it is the highly participative sex workers collectives, like *Ashodaya Samithi*, that have had success in disrupting the traditional notion of linking marginal status with fate (and thus questioning passive acceptance of marginality). In fact, *Ashodaya Samithi's* efforts have sparked critical consciousness among its members and the idea that they can transform their socioeconomic destinies. It has opened up the possibility for them of becoming a member of society, of being raised out of the shadows of marginality, in a way that the state and social welfare has failed to accomplish.

Such feelings of collective political existence and of optimism to bring about a change amid otherwise constraining structural conditions through collective efforts mirrored in the narratives of many participants.

> *We realized we cannot face all of them all alone, and if we have a Samithi[collective] of our own, we can face anything. When thousands of us make a noise together, our problems will be heard. Hence, we decided to form our own Samithi. MSMs [men who have sex with men] will have many problems at home, TG [transgender]will not be allowed to stay at home, they say you should have remained as a boy and forcefully get those married and FSW girls [female sex workers] are thrown out of the house once they came to the profession—knowingly or forcibly. (Transgender sex worker, ID# 1)*

> *Before Ashodaya's existence, we had problems from miscreants, police and others [shopkeepers and people in neighbourhood], we couldn't avoid it. After forming the Samithi, [even] boyfriends get scared a little thinking what will happen if we complain to Ashodaya. When we looked at police [earlier], we would get scared and run away, thinking police will come and take us away. But now police also give us respect, they also have a fear that we have an association…that's why we sex workers can walk around without fear, after forming Ashodaya Samithi. (Female sex worker, ID # 13)*

Ashodaya Samithi here not only can be seen to play a protective role for its members but also, as a collective, it enables its members jointly to enter into a kind of social contract with power authorities (local, state, or central government) and local entities (such as lodge owners, police officials, hospitals) where they can (and do) receive recognition as a legitimate group because of assuming particular responsibilities (i.e., health service delivery) conventionally under the jurisdiction of the state. In this case, *Ashodaya Samithi* members are not just championing for human rights in defiance of the state, but they are taking up responsibilities like the state, which is at the limits of its reach and efficacy. Moreover, this is not a small or marginal work that they engage in; rather, it has become quite central to the work of fighting the HIV epidemic in the country. Indeed, programs throughout India hinge on the participation of these types of collectives, and *Ashodaya Samithi*, through such endeavors, disrupts notions of margins and centers in the context of the nation state. Such health activism on the part of sex workers helps build up not only their self-esteem and their sense of collective responsibility but also a pride in their profession and consequent demand for status in society.

> *…in Mysore nobody would come forward and say that they were sex workers, because we had a deep fear that if we say that we are sex workers then they might think that we might be HIV positive, or society will treat us badly, or people at home might throw us out of the house.…but after forming our Samithi, we learnt that there are thousands of people like us and why should we not identify [with our] profession…if I identify my profession, society also identifies me and if I don't identify myself, nobody would identify me. (Male sex worker, ID # 10)*

> *[Earlier] if someone threatened, we would get scared and go away from there but after Ashodaya came into existence, we learnt that ours is also a job and we are ready to reveal the information anywhere that we are sex workers and we are also ready to face any kind of problems… All the shop owners say that this is our shop; similarly it's our body and we give pleasure to others and don't hurt anybody. (Female sex worker, ID #11)*

The above narratives convey strong emotions about "becoming an *Ashodaya* sex worker" as being highly affective and politically productive for this group, especially in how it rewrites their individual life experiences as part of a larger form of collective oppression facing "a people." It indeed sows the seeds of defiance and rebellion while igniting a hunger for social change that spills out beyond the confines of public health projects—more than merely instrumentalizing "the community" to meet the ends of global health goals (such as the end of HIV epidemic). In

forming a sex workers community, *Ashodaya Samithi* creates forms of visibility and raises collective awareness which, in turn, empowers members to assert their right to seek and receive bodily pleasure, framing them in terms of a citizen's right to work and earn a livelihood in the society.

Struggle for Social and Political Recognition: Beyond Local

Over time, collective consciousness begins to supersede the influence of the nation state in ways that open up new political terrain, permitting *Ashodaya Samithi* members to feel affirmed and capable of challenging and making demands on the state, thereby asserting their social and political legitimacy, as reflected in the thinking of participants.

Wherever there are sex working girls like us in the society, we should be exemplary to all of them and we are not only these many sex workers in Ashodaya, there are many sex workers in many different countries, different Taluks [sub-districts] and they should take care of their health. In some places, they would not know anything about health, so the main intention is to reach the place wherever our sex workers are (Female sex worker, ID# 15)

Many people from Ashodaya have gone to Rajasthan [Indian state] and are working there, all these programs are conducted there also and recently we got the news that it has been very successful... our community people whichever corner they are in, whichever, state, country, international, our Ashodaya should be an exemplar. How we have achieved our goal in Ashodaya, they [other sex workers] should also achieve their goal... our community should not have an end but community people should get rid of HIV is the only thing that I want to say..... (Male Sex worker, ID # 5)

The above narratives speak to the growing political awareness among members of *Ashodaya Samithi* that comes from their increased consciousness of their collective identity and the need to mobilize to forge the legitimacy and recognition of their identity as an oppressed group, to assert their rights and to fulfill their obligations as members in national and transnational sex work alliances. This growing sense of collective identity and global awareness has been cultivated by *Ashodaya Samithi* through a number of their endeavors, be it participation in national and international HIV/sexual health conferences or partnering with research institutions and universities or through their active representation on the boards of national sex work activist networks. It is through such intense engagement with these programs that the sense of obligation of their members have come to stretch across national boundaries, even as they assert themselves in their own localities.

Within the local context, the members began by asserting their rights to engage in activities that they had traditionally been excluded from such as participating in annual Indian Independence day celebrations and other cultural events that enhanced their sense of pride and belonging in society. These were "privileges" that had been denied to them historically through systemic processes of exclusion, often seen by them as not having the "freedom."

[Earlier] when the flag was hoisted during Independence, we would watch it secretly. We did not have freedom then. But after Ashodaya, we are hoisting our own flag. (Female sex worker, ID # 23)

Earlier if someone conducted rally... we would think... why shouldn't we do it and again within us we [knew] we couldn't do it but we wanted to come forward and start celebrating Independence day, Republic day and all functions, as the other workers do, as we want to identify ourselves as sex workers... [now] we invite all taluk members, organize functions and would go for rallies as all other workers. We conduct "May Day" [International workers day] with an intention to bring Ashodaya in the first [forefront]... we want recognition. (Female sex worker, ID #3)

Besides gaining a strong political orientation, the members have also worked toward cultural recognition for their community by organizing cultural activities and local festivals at *Ashodaya Samithi*.

... being an MSM, I left home 3 years ago, I don't go home for any of my home programs, any festivals or cultural activities... many people in the community have also left home... [now we] do cultural activities at Ashodaya and follow all the cultural traditions... when we do all this, the society people should agree with us because like a common man, we celebrate festivals, we are in good financial condition, and also maintained relationship with neighbours and people around us. So everyone must accept us and hence Ashodaya's name will definitely grow. (Male Sex worker, ID # 32)

After forming our Samithi, we are conducting all programs happening in the society... we celebrate Independence Day, we celebrate festivals... to be honest, if we are at home during festivals, we are not [able to] celebrate the festival... I would think that if I was in Ashodaya, we all could have been together, I could celebrate this festival with everyone. (Male Sex worker, ID # 10)

Cultural festivals here can be interpreted as celebrations of "authenticity" tied explicitly and implicitly to portraits of nationalism or regionalism, and in this sense, engagement in cultural performances at *Ashodaya Samithi* can be seen as pageantry of nationalism or localisms. *Ashodaya* has thus successfully created places of belonging for sex workers who have been otherwise profoundly excluded in society. Participation in these events can be seen to constitute powerful modes of citizen engagement as they become sites of collective activity or "cultural citizenship" that involves bonding, community building, and everyday communicative practices of identity construction (Burgess et al., 2006). Thus, it is through these symbolic processes or forms of participatory culture that identity consciousness flourishes, leading to individual and collective activism that further empowers members to assert their rights and fulfill their obligations.

Beyond Responsible Citizenship

A sense of common identity, belongingness, and bonding thus emerged through high levels of participation in community activities which also led to feelings of personal and collective responsibility among *Ashodaya* members and the willingness to

undertake responsible actions. To a large extent, their responsible actions began primarily in their personal lives on an individual basis—be it in controlling their addiction to alcohol, focusing on personal hygiene whereby they are able to enhance their value in the eyes of their clients and society or their refusal to have sex without condoms. Even though these actions may have been undertaken individually, the impetus for it came through a collective sense of responsibility where each member supported each other in dealing with their daily realities and to take responsible actions.

> A lot of changes have taken place. Before we would sit anywhere, sleep anywhere. No one would want us for even Rs. 50. Now after Ashodaya, we come here, have a bath, soap and shampoo is available, wash and dry our clothes, get dressed neatly, and go…now they will take us even for Rs 250….Earlier we used to stand on the roads, booze, fight with others and go for sex if we are offered Rs. 500 without condoms. Now…we have changed. Without condoms we do not do sex. We tell them, we will come for sex only if there is a condom. (Female sex worker, ID # 22)

> Normally sex workers are prone to bad habits…I would drink a lot earlier…and would never save or keep the money that we earn…But [now] when we have our own co-operative society, if we earn Rs. 1000, we think of saving or depositing Rs. 500 for my two children. So, we were very happy when we started a co-operative society of our own. Our children, the children of sex workers are taken care by our Ashodaya Samithi, as they are sent to hostels and in various fields…so after forming the Samithi, we have come forward saying that we have strength and determination in us. (Female sex worker, ID #11)

> [Earlier} my intention was not to see anyone but just go straight, like how they put a mask to the horse, I had such feeling, anyone falls, has a fight or does anything, I [we] would never look at it. If someone is fighting and call us, we would just take our client and go to the lodge as we wanted money…but now, we have a feeling to help people, now when we see someone fighting, though we are talking to our clients, we will leave that and go help…we have changed to this extent. (Female sex worker, ID # 14)

The above narratives can be interpreted as speaking to the notion of responsibilization, as discussed in the literature on neoliberalism, citizenship, and governmentality, where the voluntary sectors work on producing responsible citizens (rather than social-justice advocates) in alignment with the goals of the state (Ilcan and Basok, 2004). However, at the same time, we could argue to go beyond a governmentality perspective, by looking at how the forms of responsibility they assume do not merely feed into alignment with governmental objectives but rather feeds into projects and approaches that are aimed to subvert and re-write the boundaries of citizenship, of "being" in Indian society—in ways that counters and subverts the normative project of the nation state. Although the responsible choices they made may seem to meet the social welfare goals of the state (like HIV prevention, or poverty alleviation), the propelling force for these changes is one of growing collective consciousness that empowers these sex workers to challenge those in power (police, health, and electorate system), to claim

social and political recognition, and to gain full citizenship rights instead of only being in the role of a dutiful citizen. In fact, their sense of responsibility and engagement extended beyond immediate individual needs to the broader community realm and even public sphere including policy fronts to include issues that would have impact on their health, profession, and on future generations, as is evident from narratives below:

> To tell you culturally, we provide more importance to boys, girls and hijras [transgender] of age group 18–25. We have formed a Youth Wing and in this we conduct cultural programs, show our performances in different places…we do all this and the funds we get from there we keep half of it and rest half we give it to Ashodaya because in future it will be helpful for HIV positive members. (Male sex worker, ID # 6)

> Earlier, we did not know anything about our health. Now we know. We formed groups and decided what must be done and teach good things to others and work like other committee members. We decided that girls who are [less than] 18 years should not do sex work, should be sent to school or stitching, dance classes or embroidery. We tell them please do not do sex work or call your parents and go back to your parents. (Female sex worker, ID #18)

Although *Ashodaya Samithi* articulates and politicizes sex work as a form of labor and organizes itself as a labor collective (employing the words of collectivization and mobilization as used in trade unions), its narratives articulate a sense of obligation to members in intimate familial and parental terms, thereby conveying care for the next generation. In other words, the texture of solidarity within *Ashodaya* takes on the inflections of kinship. These narratives also speak to the anti-trafficking work undertaken by *Ashodaya Samithi* and their political acumen with respect to the powerful global anti-trafficking lobbies that tend to cast all sex work as exploitative. By setting up an anti-traffic committee, for underaged girls and boys to get them out of sex work, *Ashodaya Samithi* enacts a political strategy that makes a clear distinction between sex work as a consensual form of labor in contrast to forms of exploitation that characterize other women's and children experiences. In this sense, the committee aims to work toward both "rescuing" underaged and exploited people and, at the same time, carve out a space for legitimate sex workers (Jana et al., 2013).

DISCUSSION AND CONCLUSION

The past decade has seen a particular focus on critical and culture-centered approaches to health communication (Dutta, 2010; Dutta and Basu, 2011; Khan, 2014), and yet the idea of citizenship, especially in the context of HIV/AIDS and Global South, remains largely unattended and undertheorized. In this paper, based on the findings from a larger ethnographic study on the formation of a sex workers collective in South India, we situate collectivization and community-led structural intervention among sex workers as an emerging form of citizenship, which, we argue, is fundamentally different from traditional understanding of citizenship centered on

nation-states and from which these communities have been historically excluded.

In interviewing and observing the sex workers in the study, we found them focused on the structural issues in their lives, particularly their experiences of violence and stigma associated with their work, which is directly linked with HIV and other health problems encountered by them. The urgency to form a sex worker's collective thus arose from their growing awareness of their collective experiences of systemic inequities and injustices, both social and health, and the need to mobilize to claim social and political recognition as sex workers in society. As reflected in the narratives of participants, the umbrella of *Ashodaya Samithi* provided them with forms of protection, visibility and political space from which they gained the strength to assert their identity, challenge the power structures, assume obligations as responsible citizens, and demand structural resources from the state for the same. Through global health frames of reference (such as HIV prevention), new forms of belonging and politics were created that produced a kind of reflexivity among sex workers in which they came to question more broadly the oppressive position in which they have been placed in society. This is particularly evident in instances where the study participants claimed their right to celebrate India's Independence Day or cultural festivals, their insistence on safe sex and engagement in financial planning for themselves and their children, among many other actions undertaken. These seemingly mundane activities when closely investigated, as urged by critical ethnography, expose the existing asymmetrical power relations and social inequalities in society and foreground the communicative practices adopted by sex workers that enable them to assert their citizenship even from the margins of society. Through collective health consciousness and mobilization around HIV prevention, this otherwise disenfranchised group of sex workers have thus begun to transform themselves into a responsibilized political force that is able to assert its own unified politics (as a definable social group with a unified identity) and legitimate social positioning. Being seen as a politically viable entity and with defined purposes (be it health or social) provided them with power and confidence to challenge and change myriad forms of social oppression encountered—and in that sense, they can be seen to take the step beyond health citizenship and toward health activism (Zoller, 2005).

Besides providing a political orientation and space, *Ashodaya Samithi* could also be seen to function like a kind of social welfare organization for its members that filled a tremendous gap on the part of the state in terms of serving the health and social service needs of sexual minorities. At the same time, this space existed as a protected enclave that temporarily insulated sex workers from the daily grind of oppression that persists outside the doors of *Ashodaya Samithi*, as noted by participants when they talked about "being themselves" and able to wear clothes of their choice in *Ashodaya Samithi's* office space. The provision of this personal and cultural space, in certain ways, enhanced both their recognition of the myriad individual and collective oppressions they face in everyday life, and at the same time, it offered a temporary respite from the crushing social

conditions of discrimination and structural violence. This respite in many ways allowed them to collectively gather their strength, articulate solutions (social or political) to their problems, and choose specific tactics and forms of organizing to bring about a specific change or at least make an attempt to do so (Zoller, 2005).

In this paper, we have sought to problematize the conventional understanding of citizenship that has still remained centered on nation-states in the developing world. Instead, we argue that citizenship needs to be explored in spaces and actions that have so far remained outside the margins of the state such as in the everyday creative (and resistive) communicative practices of marginalized communities. In doing so, we are mindful of the dialectical tensions in the relationship between "structure" and "agency" since even when sex workers assert their identity, rights, and freedom, they often do so through narratives and communicative acts that seem to correspond with traditional notions of citizenship (such as through participation in India's Independence Day celebrations). However, as Basu and Dutta also suggest, subaltern consciousness, while relatively autonomous, exists in relationship to, or as reflection of, one's conditions of marginality (Basu, 2011, 2017; Basu and Dutta, 2011). Second, it is often through these acts of "cooperation" or "participation" in the mainstream practices, such as Independence Day or Republic Day celebrations or other cultural festivals, that these highly stigmatized and marginalized communities necessarily end up rescripting their own narratives—narratives that rewrite the boundaries of citizenship in ways that subverts the dominant, universalist, and normative project of the nation-state.

Thus, critical and cultural approaches to health communication have a key role to play in unraveling the myriad ways in which citizenship gets mediated in the everyday lived experiences of people and foreground the agency of traditionally marginalized communities in resisting and changing dominant power structures (Zoller, 2005; Dutta, 2007, 2010; Dutta and Basu, 2011; Khan, 2014; Khan et al., 2018). To that extent, our study engaged with sex workers right from the start, beginning with community consultations to refine the study aims, followed by their concrete input in the development of interview guides and training and participation of peers in conduct of the interviews. As noted earlier, this process of engagement, besides grounding the study in the local realities, provided opportunities for reflexivity on the part of all participants, especially with the interview questions serving as catalysts for mutual dialogue. Moreover, in our analysis of data, we foregrounded the voices and experiences of the community members and took lead from there to understand the exclusionary and discriminatory practices faced by them, as well as myriad forms of local and global resistance and alliance building in which they engaged in. As found in our study and noted by de Souza (2011), the daily struggles of marginalized sex workers in India is not simply to acquire structural resources needed to lead fulfilled lives (although significant in itself) but "to be productive and contributing members of society. It is not a fight *against* society, but rather…it is a fight to be a part of society or to be allowed to be good citizens within society" (p. 34).

DATA AVAILABILITY STATEMENT

The datasets generated for this study are available on request to the corresponding author.

ETHICS STATEMENT

The studies involving human participants were reviewed and approved by Simon Fraser University Research Ethics Board. Written informed consent for participation was not required for this study in accordance with the national legislation and the institutional requirements.

AUTHOR CONTRIBUTIONS

All authors contributed to the conceptualization and design of the study. SK and RL led the development and writing of this manuscript. JO'N, AP, and SR-P contributed to the data analysis, revising, and finalizing of the manuscript.

FUNDING

REFERENCES

Alexander, M. J. (1994). Not just (any) body can be a citizen: the politics of law, sexuality and postcoloniality in Trinidad and Tobago and the Bahamas. *Feminist Rev.* 48, 5–23. doi: 10.1057/fr.1994.39

Argento, E., Reza-Paul, S., Lorway, R., Jain, J., Bhagya, M., Fathima, M., et al. (2011). Confronting structural violence in sex work: lessons from a community-led HIV prevention project in Mysore, India. *AIDS Care* 23, 69–74. doi: 10.1080/09540121.2010.498868

Atluri, T. (2012). The prerogative of the brave: Hijras and sexual citizenship after orientalism. *Citizensh. Stud.* 16, 721–736. doi: 10.1080/13621025.2012.698496

Basu, A. (2011). HIV/AIDS and subaltern autonomous rationality: A call to recenter health communication in marginalized sex worker spaces. *Commun. Monogr.* 78, 91–408. doi: 10.1080/03637751.2011.589457

Basu, A. (2017). Reba and her insurgent rose: sex work, HIV/AIDS, and subaltern narratives. *Qual. Health Res.* 27, 1507–1151 doi: 10.1177/1049732316675589

Basu, A., and Dutta, M. J. (2008). Participatory change in a campaign led by sex workers: Connecting resistance to action-oriented agency. *Qual. Health Res.* 18, 106–119. doi: 10.1177/1049732307309373

Basu, A., and Dutta, M. J. (2009). Sex workers and HIV/AIDS: Analyzing participatory culture-centered health communication strategies. *Hum. Commun. Res.* 35, 86–114. doi: 10.1111/j.1468-2958.2008.01339.x

Basu, A., and Dutta, M. J. (2011). 'We are mothers first': localocentric articulation of sex worker identity as a key in HIV/AIDS communication, *Women Health* 51, 106–123 doi: 10.1080/03630242.2010.550992

Broom, C., and Avanzino, S. (2010). The communication of community collaboration: when rhetorical visions collide. *Commun. Q.* 58, 480–501. doi: 10.1080/01463373.2010.525701

Burgess, J. E., Foth, M., and Klaebe, H. G. (2006). "Everyday creativity as civic engagement: a cultural citizenship view of new media," in *Proceedings Communications Policy & Research Forum* (Sydney).

Chakrapani, V., Newman, P. A., Shunmugam, M., McLuckie, A., and Melwin, F. (2007). Structural violence against Kothi-identified men who have sex with men in Chennai, India: a qualitative investigation. *AIDS Educ. Prev.* 19, 346–364. doi: 10.1521/aeap.2007.19.4.346

Chevrier, C., Khan, S., Reza-Paul, S., and Lorway, R. (2016). 'No one was there to care for us': Ashodaya Samithi's community-led care and support for people living with HIV in Mysore, India. *Global Public Health.* 11, 423–436. doi: 10.1080/17441692.2015.1091488

Crotty, M. (1998). *The Foundations of Social Research: Meaning and Perspective in the Research Process.* Thousand Oaks, CA: Sage Publications, Inc.

de Souza, R. (2011). Local perspectives on empowerment and responsibility in the new public health. *Health Commun.* 26, 25–36. doi: 10.1080/10410236.2011.527619

Dutta, M. J. (2007). Communicating about culture and health: Theorizing culture-centered and cultural sensitivity approaches. *Commun. Theory* 17, 304–328. doi: 10.1111/j.1468-2885.2007.00297.x

Dutta, M. J. (2010). The critical cultural turn in health communication: Reflexivity, solidarity, and praxis. *Health Commun.* 25, 534–539. doi: 10.1080/10410236.2010.497995

Dutta, M. J., and Basu, A. (2011). "Culture, communication, and health: a guiding framework," in *The Routledge Handbook of Health Communication*, eds T. L. Thompson, R. Parrott, and J. F. Nussbaum (New York, NY: Routledge), 346–360.

Dutta, S., Khan, S., and Lorway, R. (2019). Following the divine: an ethnographic study of structural violence among transgender jogappas in south india. Culture, Health & Sexuality. *Adv. Online Publ.* 21, 1240–1256. doi: 10.1080/13691058.2018.1555718

Dutta-Bergman, M. J. (2004a). An alternative approach to social capital: exploring the linkage between health consciousness and community participation. *Health Commun.* 16, 393–409. doi: 10.1207/s15327027hc1604_1

Dutta-Bergman, M. J. (2004b). The unheard voices of Santalis: Communicating about health from the margins of India. *Commun. Theory* 14, 237–263. doi: 10.1093/ct/14.3.237

Ilcan, S., and Basok, T. (2004). Community government: Voluntary agencies, social justice, and the responsibilization of citizens. *Citizenship Stud.* 8, 129–144. doi: 10.1080/1362102042000214714

Isin, E. F. (2012). Citizenship after orientalism: An unfinished project. *Citizenship Stud.* 16, 563–572. doi: 10.1080/13621025.2012.698480

Isin, E. F., and Turner, B. S. (2002). Citizenship studies: An introduction. *Handbo. Citizenship Stud.* 1, 1–10. doi: 10.4135/9781848608276.n1

Jana, S., Dey, B., Reza-Paul, S., and Steen, R. (2013). Combating human trafficking in the sex trade: can sex workers do it better? *J. Public Health* 36, 622–628. doi: 10.1093/pubmed/fdt095

Khan, S. (2014). Manufacturing consent?: Media messages in the mobilization against HIV/AIDS in India and lessons for health communication. *Health Commun.* 29, 288–298. doi: 10.1080/10410236.2012.753139

Khan, S., Lorway, R., Chevrier, C., Dutta, S., Ramanaik, S., Roy, A., et al. (2018). Dutiful daughters: HIV/AIDS, moral pragmatics, female citizenship and structural violence among Devadasis in northern Karnataka, India. *Glob. Public Health* 13, 1065–1080. doi: 10.1080/17441692.2017.1280070

Kligler-Vilenchik, N. (2017). Alternative citizenship models: Contextualizing new media and the new "good citizen. *New Media Soc.* 19, 1887–1903. doi: 10.1177/1461444817713742

Labonte, R. (1990). Empowerment: notes on professional and community dimensions. *Can. Rev. Soc. Policy.* 26, 64–75.

Labonte, R., and Laverack, G. (2001). Capacity building in health promotion, Part 1: For whom? And for what purpose? *Crit. Public Health* 11, 111–127. doi: 10.1080/09581590110039838

Lorway, R. (2014). *Namibia's Rainbow Project: Gay Rights in an African Nation.* Bloomington, IN: Indiana University Press.

Petersen, A., and Lupton, D. (1996). *The New Public Health: Health and Self in the Age of Risk*, Thousand Oaks, CA: Sage Publications, Inc.

Reza-Paul, S., Lorway, R., O'Brien, N., Lazarus, L., Jain, J., Bhagya, M., et al. (2012). Sex worker-led structural interventions in India: a case study on addressing violence in HIV prevention through the Ashodaya Samithi collective in Mysore. *Indian J. Med. Res.* 135:98. doi: 10.4103/0971-5916.93431

Sabsay, L. (2012). The emergence of the other sexual citizen: orientalism and the modernisation of sexuality. *Citizenship Stud.* 16, 605–623. doi: 10.1080/13621025.2012.698484

Thomas, J. (2003). "Musings on critical ethnography, meanings, and symbolic violence," in *Expressions of Ethnography: Novel Approaches to Qualitative Methods,* ed R. Clair (Albany, NY: State University of New York Press), 45–54.

Thompson, L. H., Khan, S., du Plessis, E., Lazarus, L., Reza-Paul, S., Hafeez Ur Rahman, S., et al. (2013). Beyond internalised stigma: daily moralities and subjectivity among self-identified kothis in Karnataka, South India. *Cult. Health Sexual.* 15, 1237–1251. doi: 10.1080/13691058.2013.818714

Underwood, E. D., and Frey, L. R. (2007). Communication and community: clarifying the connection across the communication community. *Ann. Int. Commun. Assoc.* 31, 370–418. doi: 10.1080/23808985.2007.11679071

Zoller, H. M. (2005). Health activism: communication theory and action for social change. *Commun. Theory* 15, 341–364. doi: 10.1111/j.1468-2885.2005.tb00339.x