# Anna Rodríguez Casadevall

Life Satisfaction,
Empowerment and Human
Development among
Women in Sex Work in the
Red Light Area of Pune
(Maharashtra, India)

The Case of Saheli HIV/AIDS Karyakarta Sangh

Estudios y Documentos













Life Satisfaction,
Empowerment and Human
Development among
Women in Sex Work in the
Red Light Area of Pune
(Maharashtra, India)

The Case of Saheli HIV/AIDS Karyakarta Sangh

Anna Rodríguez Casadevall

UNIVERSITAT DE VALÈNCIA

Colección: Desarrollo Territorial

Serie Estudios y Documentos, 18

Director: Joan Romero

Aquesta obra ha estat premiada en la VIa edició del Premi d'Iniciació a la Investigació Josep Maria Bernabé, lliurat per l'IIDL l'any 2015.



Esta obra está bajo una Licencia Creative Commons Reconocimiento-NoComercial-SinObraDerivada 4.0 Internacional.

© Del texto: Anna Rodríguez Casadevall, 2015 © De esta edición: Universitat de València, 2015

DOI: http://dx.doi.org/10.7203/PUV-OA-9881-4

ISBN: 978-84-370-9838-8 (papel) ISBN: 978-84-370-9881-4 (PDF)

Edición digital

# **Contents**

Acknowledgments	7
Abstract and key words	8
Alphabetical list of abbreviations and acronyms	9
Chapter 1. Context of the research and study	13
1. India, Maharashtra, Pune and Sahel HIV/AIDS Karyakarta Sangh	13
1.1. Why this research?	14
1.2. India: country of countries	15
1.3. Human Development Index	17
1.4. Maharashtra and Pune	20
1.5. Hinduism	21
1.6. Prostitution in India	24
1.7. Prostitution in Pune. The Red Light Area: origins and present	25
1.8. Saheli HIV/AIDS Karyakarta Sangh	27
1.9. Universitat Jaume I and Karve Institute of Social Service	32
1.10. Future	33
Chapter 2. Scientific article: Life satisfaction, Empowerment and Human Development among women in sex work in the red light area of Pune (Maharashtra, India). The case of Saheli HIV/AIDS Karyakarta Sangh	35
1. Introduction	35
1.1. Saheli HIV/AIDS Karyakarta Sangh	39
1.2. Life satisfaction	40
1.3. Empowerment	43
1.3.1 The Empowerment intervention-Empowerment Institute	46
2. Methods	49
2.1. Research design	49
2.2. Overview	50
2.3. Respondents	51
2.4. Measures	51
2.4.1 General data / Demographic questionnaire	51
2.4.2 Quantitative measure: Satisfaction With Life Scale (SWLS)	52
2.4.3. Qualitative measure: open-ended interview	53

3. Results
3.1. Quantitative results: Global Satisfaction with Life
3.2. Qualitative results
3.2.1 Empowerment
3.2.2 Agency
3.2.3 Life satisfaction
4. Discussion
Bibliography
Appendix I. Transcription of the interviews who attended the Empowerment Workshop in August 2012 ( $N=10$ )
Appendix II. Observations of the interviews to women who did not attend the workshop
Appendix III. Categorization of the open-ended interview (qualitative)

# **Acknowledgments**

My first words of thank you go to my supervisors both in Spain and India. Maria Raquel Agost and María Luisa Vázquez de Agredos, from Instituto Interuniversitario de Desarrollo Local at Universitat de Castelló and at Universitat de Valencia, respectively, who accepted the challenge I proposed and have guided me in the academic and research process, I really thank them for their attention, advice and patience. Mrs. Ujwala Masdekar, from the Karve Institute of Social Service in Pune, monitored my stay in India, giving me valuable advice about my placement and research process, and encouraging me to be part of the Karve Institute.

My deepest gratefulness to all the women at Saheli HIV/Karyakarta Sangh: Shivam Tai, Mahadevi Tai, Meena Tai, Shakuntala Tai, Rekha Tai, Shama Tai, Mala Tai, GangasagarTai, and all the Tais and brave women who struggle daily for their rights and their happiness. Social workers Tejaswi Serasvaki and Mandakini Desale passed their enthusiasm on me; I admire their commitment and implication with the women of Saheli and the task they carry on. Sarika Patil, Deepa Dandavate and Meena Chitale complete the professional team of Saheli social workers who work in a difficult environment for the improvement of life and empowerment of all the women in sex work. Adrienne Toumayan, for sharing interviews and translator. To all of them and the ones I may have forgotten: thanks. And still in India...thanks to Elena and Domi for the currys, the trips and the afternoon chats at our place!

Maria José Gómez has been a great help from the Instituto Interuniversitario de Desarrollo Local, a perfect combination of great professionalism and fun! Thanks to her and to Óscar Climent for helping me out and opening (literary) their home to us. I will not forget the promotion 2011-2013 of the online edition of the Master in Cooperation and Policies for Development...what will you do on weekends from now on? It has been really worth it.

Thanks to Jesús Delgado and Óscar Mateos, Administrator and Vice dean for International Relations at the Pere Tarrés Faculty of Social Education and Social Work, for facilitating and encouraging this international research. To Pilar Muro, for her patience, good mood and academic advice before, during and after my stay in Pune. And thanks to all the colleagues who asked how I was and showed interest in the project.

And last but not least, the persons without whom I would not have had the courage and stability to live and enjoy this experience at its maximum, my parents, Alfonso and Francesca, who, closer or further, are always by my side. Gràcies!

# **Abstract and key words**

Saheli HIV/AIDS Karyakarta Sangh is a sex workers collective and community-based organization established in 1998 in Pune (Maharashtra, India) whose mission is the empowerment of women in sex work through collectivization. The collective is not governed by members from mainstream society; rather, the board is elected by its members (9) who live among other women in sex work and take all decisions regarding the collective and welfare of the community.

In August 2012, 17 Saheli members attended the Imagine Empowerment Workshop, a 4-day workshop focused on seven core areas (relationship, body, work, money, sexuality, emotions and spirituality) and designed to empower women in challenging life circumstances to envision and create new possibilities for their life, family and community through participation. After the empowerment, trainers (who are also social workers at Saheli) realised that women verbalised their feelings and that this was the first time in their life they were getting an opportunity to release their tensions and think about themselves.

Having detected the positive outcomes of the empowerment workshop held in Pune in August 2012 and checking the positive results of the research conducted by the Imagine team in Kenya in August 2012 (Shankar A. et al., 2013), the research hereby presented wants to evaluate the impact of the Imagine Empowerment Workshop and empowerment of the women in sex work of Saheli HIV/AIDS Karyakarta Sangh, giving special attention to the areas of interest of the Saheli collective.

Besides, we also wanted to evaluate the global life satisfaction of the women in sex work, so we replicated a study on life satisfaction in Kolkata (Biswas-Diener and Diener, 2001) and Managua (Cox, 2012), where women in sex work were measured their global life satisfaction as well as domain life satisfaction.

Thirty-six women in sex work of Saheli HIV/AIDS Karyakarta Sangh in Pune (India) were interviewed and responded to several measures of life satisfaction, empowerment and agency. Our study includes both quantitative and qualitative analysis, and the goals of the current study are (1) to measure the global life satisfaction of women in sex work of Pune, and (2) to evaluate and follow up the impact of the Imagine Empowerment Workshop in the empowerment and agency processes of the subjects. The conclusion is that (1) women in sex work of Pune have a similar global life satisfaction than women in sex work in Kolkata and higher global life satisfaction than the women in sex work in Managua, and (2) that the Empowerment Workshop seems to show a positive effect in empowerment and agency in most of the participants, which is related human development and more gender equality.

# **KEYWORDS**

Life Satisfaction, Empowerment, Development, Women in sex work, Agency.

# Alphabetical list of abbreviations and acronyms

ART Antiretroviral

BRICS Brazil, Russia, India, China and South-Africa

CBO Community-Based Organization

CSE Commercial Sexual Exploitation

EI Empowerment Institute

EW Empowerment Workshop

FPAI Family Planning Association of India

GDP Gross Domestic Product

GEM Gender Empowerment Measure

GII Gender Inequality Index

GDI Gender-related Development Index

GNH Gross National Happiness

HDI Human Development Index

HIV/AIDS Human Immunodeficiency Virus Infection / Acquired Immunodeficiency

Syndrome

IIDL Instituto Interuniversitario de Desarrollo Local

IFAD International Fund for Agricultural Development

ITPA Immoral Traffic (Prevention) Act

LS Life Satisfaction

MTP Medical Termination of Pregnancy

NGO Non-Governmental Organization

OECD Organization for Economic Co-operation and Development

PMC Pune Municipal Corporation

SD Standard Deviation

STD Sexually Transmitted Disease

STI Sexually Transmitted Infections

# Anna Rodríguez Casadevall

SWB Subjective Well-Being

SWLS Satisfaction With Life Scale

UJI Universitat Jaume I

UN United Nations

UNDP United Nations Development Program

UN DHR United Nations Human Development Reports



Source: Saheli HIV/AIDS Karyakarta Sangh

# Chapter 1. Context of the research and study.

# 1. INDIA, MAHARASHTRA, PUNE AND SAHEL HIV/AIDS KARYAKARTA SANGH.

Saheli HIV/AIDS Karyakarta Sangh Sangh (Marathi<sup>1</sup> words that mean "Saheli is a group friend of women who works for people with HIV/AIDS") is a women in sex work collective and community-based organization (CBO) established in 1998 in Pune (Maharashtra, India) whose mission is the empowerment of women in sex work through collectivization. The collective is not governed by members from mainstream society; rather, the board is elected by its members (9) who live among other women in sex work and take all decisions regarding the collective and welfare of the community.

In August 2012, 17 Saheli members attended the Imagine Empowerment Workshop, a 4-day workshop focused on seven core areas (relationship, body, work, money, sexuality, emotions and spirituality) and designed to empower women in challenging life circumstances to envision and create new possibilities for their life, family and community through participation. After the empowerment workshop, trainers (who are also social workers at Saheli) realised that women verbalised their feelings and that this was the first time in their life they were getting an opportunity to release their tensions and think about themselves.

Having into account that the empowerment of women has been recognized as a primary driver of human development (UNDP<sup>2</sup>), having detected the positive outcomes of the empowerment workshop held in Pune in August 2012 and checking the positive results of the research conducted by the Imagine team in Kenya also in August 2012 (Shankar et al., 2013), the research hereby presented wants to evaluate the impact of the Imagine Empowerment Workshop in the life satisfaction and empowerment of the women in sex work of Saheli HIV/AIDS Karyakarta Sangh, giving special attention to the areas of interest of the Saheli collective and the relation between women's empowerment and development.

This work is structured in two parts: 1) Introduction, 2) Scientific article, 3) Bibliography and 4) Appendix. The Introduction searches to give a wider context of the research to the reader and more meaning to learning process I lived in Pune, India, between November 2012 and January 2013, period of the academic placement of the Master in Cooperation and Policies for Development (Universitat Jaume I) at Saheli HIV/AIDS Karyakarta Sangh. India is a complex

<sup>1</sup> Official language of the state of Maharashtra, spoken by 72 million people.

<sup>&</sup>lt;sup>2</sup> http://hdr.undp.org/en/statistics/indices/gdi\_gem/ (Last visit: 01/07/2013)

country and the information given in this first part is only an introduction to its vast reality. The second part contents the research and study itself, in the form of scientific article. The whole list of bibliography used for this research has been included in the third section of the work, whereas some contents have been included in the first and the second section of the work in order to facilitate the reading and understanding of the study. The fourth section includes three appendix documents.

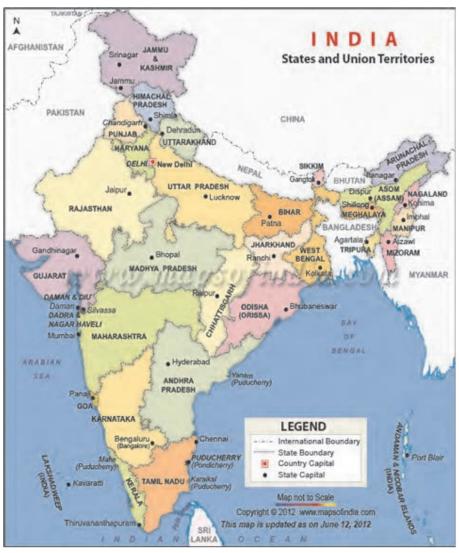
This will be a long introduction because India deserves it. A country with such a vast history and with more than one billion people needs to be presented from different fields: politics, religion, cooperation for development, culture, etc. and well deserves this 20 pages, introducing the reader into the Indian current reality and helping her/him understand the context, the purpose and the meaning of this study, which, with its scopes and limitations, has as final goal to do its bit to help improve the quality of life of the brave, encouraging and beautiful women of Saheli HIV/AIDS Karyakarta Sangh.

# 1.1. Why this research?

- a) Scientific reasons: this master's research thesis follows the previous research and theories of life satisfaction by Robert Biwas-Diener and Ed Diener. Previous research connected to the topics of this research has been conducted by the Instituto Interuniversitario de Desarrollo Local (IIDL) / Universitat Jaume I (Spain) research group "Communitarian psychology and cooperation for development" so the results of this work will be connected to further research and projects in the future.
- b) Methodological reasons: the basis of the work hereby presented is a mix of qualitative (open-ended interviews), and quantitative methods (Satisfaction With Life Scale – Diener et al., 1993-, Saheli's annual reports and other governmental and nongovernmental resources).
- c) Personal and social reasons: personal motivation and interest should be the main reason to start a research, and this has been my case. Achieving a deeper understanding of the collective organization of women in sex work and basically their life satisfaction led me to Saheli HIV/AIDS Karyakarta Sangh. Besides, despite the fact that Spanish and Indian contexts are completely different, human being share a common search for well-being and life-satisfaction, so the hereby presented research aims to become the basis for further research projects related to sex work and life satisfaction in the future. Last but not least, empowerment is the framework of the Millenium Development Goal number 3: "Promote gender equality and empower women", so empowerment and the values and variables related to are an issue of universal interest, where scientific research becomes a solid basis for further study and applicability.

# 1.2. India: country of countries.

The Republic of India (*Bharat Ganrajya*) is a Union of 28 States and 7 Union Territories. It is a Sovereign Socialist Secular Democratic Republic with a parliamentary system of government. India is an independent State (From the British Colonial Rule) since 15<sup>th</sup> August 1947 and the Constitution of India, adopted by the Constituent Assembly on 26<sup>th</sup> November, 1949, came into force on 26<sup>th</sup> January, 1950, as the source of the legal system of the Republic. The first general elections under the new Constitution were held during the year 1951-52 and the first elected Parliament came into existence in April, 1952. The Constitution of India secures to all its citizens justice, liberty, equality and fraternity<sup>3</sup>.



In connection to Constitution of India, we wish take to this chance to briefly introduce relevant people who deserve a special mention regarding the Independence, Constitution and history late of India: Rabindranath Tagore (1861-1941), Nobel Prize in 1913 and author of the lyrics of the

Indian anthem;

Figure 1. Political map of India.

Mohandas Karamchand (Mohatma) Gandhi (1869-1948), activist for the independence of India against the British through the movement of non-violence, fighter and key leader for the

<sup>3</sup> http://india.gov.in/my-government/constitution-india (Last visit: 01/04/13)

liberation and independence of India; Jawaharlal Nehru (1889-1964), relevant fighter for the independence of India and first democratic president of the country (Nussbaum, 2007:109). "All of them aspired to build a united India, free of discrimination of castes and interreligious hostility" (Ibid, 110). Finally, Babasaheb Ambedkar (1891-1956) considered and known by some as "the father of the Indian constitution<sup>4</sup>", was born in a family of "untouchables", fought for the suppression of castes and finally converter into Buddhism, promoting secularity in politics, he was one of the authors of the Indian Constitution. Plenty of literature has been written about them and much more could have been added here, but this is not the goal of this research. India is a vast country with a long and dense history, so what is the role of women in this history? Indira Gandhi was a powerful woman but, is there really a place for women in India?

Changing to the political structure of India, the country has a Parliamentary federal government with unitary features, being the President the constitutional head of the State, while the Prime Minister is the Head of the Government, and runs office with the support of the Council of Ministers who form the Cabinet Ministry (executive branch). The Indian Legislature comprises the Houses of Parliament, known as the Council of States (*Rajya Sabha*) and the House of the People (*Lok Sabha*) The Supreme Court of India is the apex body of the Indian legal system, followed by other High Courts and subordinate Courts.<sup>5</sup>

With a total estimate figure of 1,210,000,000 million inhabitants (01/03/2011), the largest democracy of the world has increased its population by more than 181 million people from 2001 to 2011, becoming the second most populated country in the world after China. Uttar Pradesh is the most populous State in the country, with almost 200 million inhabitants, followed by Maharashtra, with 112,372,972 inhabitants<sup>6</sup>. The increase in the population goes hand in hand with an economic growth in the country in the last decade and has emerged as the world's fourth-largest economy in purchasing power parity terms<sup>7</sup>. India is part of the so-called BRICS (Brazil, Russia, India, China and South-Africa) and, according to the United Nations Human Development Report 2013 "by 2020, according to projections developed for this Report, the combined economic output of three leading developing countries alone—Brazil, China and India—will surpass the aggregate production of Canada, France, Germany, Italy, the United Kingdom and the United States." ( iv). The idea of BRICS as a concept emerged in 2001 and

<sup>4</sup> http://www.themuslimtimes.org/2013/01/countries/pakistan/jinnahs-nationality-and-oath-what-did-ambedkar-father-of-indian-constitution-and-nehru-thought-of-jinnah (Visit: 29/03/13)

<sup>5</sup> http://www.india.gov.in (Last visit: 26/03/13)

<sup>6</sup> http://www.censusindia.gov.in/2011-prov-results/data\_files/india/Final\_PPT\_2011\_chapter3.pdf (Last visit: 27/03/2013)

<sup>7</sup> http://www.worldbank.org/en/country/india/overview (Last visit: 29/03/13)

five BRIC summits have already taken place, being the last in Durban, South-Africa ("Fith BRICS Summit in Durban"<sup>8</sup>),on March 26 and 27, 2013, where representatives of the BRICS met with the commom goal (among others) to contribute positively to global peace, stability, development and cooperation.

However, despite India's economic growth, the same report affirms that "economic growth alone does not automatically translate into human development progress. Pro-poor policies and significant investments in people's capabilities—through a focus on education, nutrition and health, and employment skills—can expand access to decent work and provide for sustained progress" (iv). And, as we will read later on, they believe that these investments in people's capabilities are the key for progress and development, the leading factor of the research. India is a polarized country with a relevant role in the "rise of the South". Together with Brazil and China, India is the largest donor outside the OECD and this three countries combined are projected to account for 40% of global output by 2050, up from 10% in 1950 (UN DHR, 2013: 13). However, inequality still threatens a global recovery and the sustainability of future progress, also limiting poverty reduction and seriously concerning about the environment (UN HDR, 2013: 2) and poverty affects a third part of the population. Education and heath are abandoned and at least one third of the Indian population is illiterate (Le Monde Diplomatique, 2012: 108).

# 1.3. Human Development Index

"The basic purpose of development is to enlarge people's choices. In principle, these choices can be infinite and can change over time. People often value achievements that do not show up at all, or not immediately, in income or growth figures: greater access to knowledge, better nutrition and health services, more secure livelihoods, security against crime and physical violence, satisfying leisure hours, political and cultural freedoms and sense of participation in community activities. The objective of development is to create an enabling environment for people to enjoy long, healthy and creative lives."

Mahbub ul Haq (1934-1998), Founder of the Human Development Report

But, is the situation of the people of India really improving? India is part of the G20 but, according to the United Nations Human Development Report Indicators 2013, the Human Development Index of India in 2012 is 0,554 (being 0 de lowest and 1 the highest score), whereas the medium human development is 0,640, occupying position 136 (out of 186) in the world ranking. Life expectancy in India is 65,8 years, adult literacy rate (both sexes and beyond

-

<sup>8</sup> http://www.brics5.co.za/ (Last visit: 29/03/13)

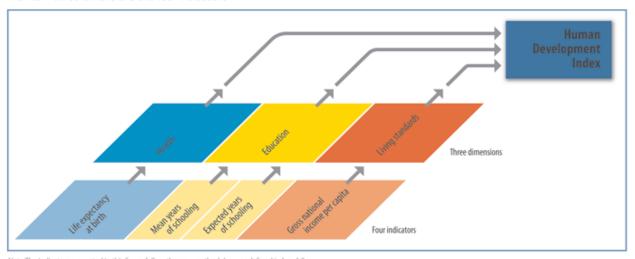
15 years) is 62,8%, adults go to school an average of 4,4 years, and the gross natural income (GNI) per person is 3,2859. So, what is and what calcutes the HDI?

"The Human Development Index (HDI) is a composite measure of health, education and income that was introduced in the first Human Development Report in 1990 as an alternative to purely economic assessments of national progress, such as GDP growth. It soon became the most widely accepted and cited measure of its kind, and has been adapted for national use by many countries. (...) The HDI rankings and values in the 2013 Human Development Report cannot therefore be compared directly to HDI rankings and values published in previous Human Development Reports<sup>10</sup>."

Mahbub ul Haq and Amartya Sen first introduced the HDI in 1990, creating a new method to measure a long term process of development, which was not centered in the country GDP results but in the sum of three dimensions (health, education and living standards) and four

### Components of the Human Development Index

The HDI-three dimensions and four indicators



Note: The indicators presented in this figure follow the new methodology, as defined in box 1.2.

Source: HDRO

Figure 2. Source: UNDP. Human Development Reports

indicators (life expectancy, years of schooling, expected years of schooling and gross natural income per capita) (see Figure 2), which allowed to measure development having into account that "people are the real wealth of a nation<sup>11</sup>", and with the aim to stimulate global, regional and national policy discussions on issues that are relevant to human development<sup>12</sup>.

http://hdrstats.undp.org/en/countries/profiles/IND.html (Last visit: 01/04/13). UNDP explanatory note on India 2013 HDR composite indices available at http://hdrstats.undp.org/images/explanations/IND.pdf (Last visit: 01/04/13).

http://hdr.undp.org/en/statistics/hdi/ (Last visit: 29/03/13)

http://hdr.undp.org/en/humandev/ (Last visit: 30/03/13)

http://hdr.undp.org/en/data/about/ (Last visit: 29/03/13)

As can be read above, the HDI rankings and values in the 2013 HDR cannot be compared directly with previous reports, so hereby we only show the data of the last HDR with the goal of presenting the current situation of India as a territory.

The HDI has evolved with the years and allows to calculate other aspects of development, such as Gender Inequality (which is of great importance for our research, centered in a collective of women), who are discriminated against in health, education and the labor market (among others) and that causes negative repercussions for their freedoms in many parts of the world. The Gender Inequality Index (GII) is designed to reveal the extent to which national achievements in these aspects of human development are eroded by gender inequality, and to provide empirical foundations for policy analysis and advocacy efforts. It reflects the inequality in achievements between women and men in three dimensions: reproductive health, empowerment and the labor market. The health dimension is measured by two indicators: maternal mortality ratio and the adolescent fertility rate. The empowerment dimension is also measured by two indicators: the share of parliamentary seats held by each sex and by secondary and higher education attainment levels. The labor dimension is measured by women's participation in the work force<sup>13</sup> (See Figure 3).

In 1995, the UN introduced the Gender-related Development Index (GDI, measures achievement in the same basic capabilities as the HDI does, but takes note of inequality in achievement between women and men) and the Gender Empowerment Measure (GEM, a measure of agency), which coincided with growing international recognition of the importance of monitoring progress in the elimination of gender gaps in all aspects of life, but both indexes were limited, so the Gender Development Index, that combines elements of the GDI and the GEM, was introduced in 2010.

With 0,61014, India occupies again a world position 136 in GII. The second dimension, empowerment, is one of the key concepts of our research, and also a key element to achieve development and gender equality both in the countries of the developed and the developing world, "since it is a proven fact that the development of any country is directly proportional to the Gender Development Index, Indian government should act more prudently to raise the status of women, the most important but vulnerable section of society" (Nelasco, 2010: xi).

The Census of 2011 revealed that the population ratio in India 2011 is 940 females per 1000 of males<sup>15</sup>, being the major cause of decrease of the female birth ratio the violence against the girl

19

<sup>13</sup> http://hdrstats.undp.org/en/indicators/68606.html (Last visit: 30/03/13)

<sup>14</sup> It ranges from 0, which indicates that women and men fare equally, to 1, which indicates that women fare as poorly as possible in all measured dimensions.

<sup>15</sup> http://www.census2011.co.in/sexratio.php (Last visit: 01/04/13)

child at the time of birth (infanticide) and the main cause of this gender bias, inadequate education. Indian states show amazing different proportion of women and men, which is an indicator of the access to nutrition and access to primary health services (Nussbaum, 2009: 163). Kerala (with 1084 women per 1000 males) and Punducherry (with 1038 women per 1000 men) are the only states where the number of women is higher than the number of men, and when comparing this ratio with the literacy level, we can see that Kerala holds the first position, with 93.91% of literate population (96.2% male and 91,98% women) and Punducherry, with 86.55% (92.12% male and 81.22% female), the seventh position<sup>16</sup>. This data is not included in the HDI nor the GII but it clearly shows the importance of access to education and health people, both men and women, to achieve gender equality.

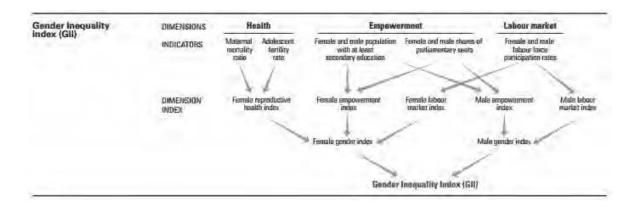


Figure 3. Source: UNDP. Human Development Reports

To end with, we close this section with a question posed by Nussbaum (2009: 167) and which is still in force in India: "Also very important, both for Nehru and for Ambedkar (an untouchable who converted to Buddhism) was the equality of women. How could the constitutional right contribute to undo centuries of inequality in status and opportunity?"

## 1.4. Maharashtra and Pune.

"La primera impresión que me llevé esa misma mañana de la ciudad en la que debía de pasar las próximas ocho semanas no fue grata en absoluto. Recuerdo que pensé que era extremadamente caótica, ruidosa y gris, aunque los vistosos y elegantes saris de las indias lograban camuflar en buena medida este último rasgo de una fisonomía urbana que era y es desordenada por definición. Sin embargo, pronto me sentí cómoda en medio de ese caos

<sup>16</sup> http://www.census2011.co.in/literacy.php (Last visit: 01/04/13)

ensordecedor del que sólo logré aislarme entre la última hora de la tarde y el inicio de la noche.<sup>17</sup>" (Vázquez de Agredos, 2009: 8)

I did not find a better way to describe what I felt my very first morning in Pune. The chaos, the excess of people, cars, rickshaws, two-wheelers, charts, animals and bikes, the pollution, the colors, the smells... and the life. Pune, located 3 hours away from Mumbai, is a vibrant city of 3,115,431 inhabitants, with an official average literacy rate of 91.61% with Marathi and Hindi as official languages. Pune has been known as the *Queen of the Deccan, the cultural capital of Maharashtra, the pensioner's paradise* and *Oxford of the East,* was the center of the Maratha and the Peshwa dynasty in the 16<sup>th</sup> and 17<sup>th</sup> centuries; opened the first women's university, SNDT Women's University in 1916; held the first All India Women's Conference<sup>19</sup> in 1927; Kasturba and Mohanmas Gandhi were imprisoned in Aga Khan Palace for their pacific resistance to the British rule; the University of Pune was founded in 1948 and the city is nowadays one of the IT centers of the country, consequence of the economic growth that the country has been experiencing during the last decade.

All this help us imagine a city full of contrasts: history *versus* modernity, women freedom *versus* gender inequalities, East *versus* West... Pune combines a very strong traditional and religious influence with a modern and westernized society, where the old rules prevail together with the last technology and never-ending transformation. As Akash Kapur writes in his essay *India Becoming* (2012) "India didn't lend itself to easy judgments. The central fact (perhaps the only incontrovertible fact) of modern India was change. The notion was on a journey. It was still sorting through the contradictions of a rapid and inevitably messy, transformation. Who could say where the journey was leading?" (p.254).

Again, a lot could be written about Maharashtra and Pune, but we will stop here, since our goal is only to present a general context of "Saheli HIV/AIDS Karyakarta Sangh" and this, we will do later on in this work.

# 1.5. Hinduism.

"What is Hinduism? Is it a religion, a culture or, as many Hindus would say, a way of life? In fact, it can be considered as a sum of the three, since Hindu traditions do not

<sup>17 &</sup>quot;The first impression I had that morning of the city where I had to spend the next eight weeks was not pleasant at all. I remember I thought it was extremely chaotic, noisy and grey, although the colorful and elegant saris of the Indian women managed to disguise to a great extend this last feature of a urban physiognomy that was and is messy by definition. However, I soon felt easy in the middle of that deafening chaos, which I could only scape from late in the afternoon till the night started" (Translation by the author of the research).

<sup>18</sup> http://www.census2011.co.in/census/city/375-pune.html (Last visit: 29/03/13)

<sup>19</sup> http://www.aiwc.org.in/ (Last visit: 30/03/13)

# **DESARROLLO TERRITORIAL**







