

Culture, Health & Sexuality
Publication details, including instructions for authors and subscription information:
http://www.informaworld.com/smpp/title~content=t713693164

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First published on: 05 January 2010

To cite this Article Murray, Laura R., Lippman, Sheri A., Donini, Angela A. and Kerrigan, Deanna(2010) 'She's a professional like anyone else': social identity among Brazilian sex workers, Culture, Health & Sexuality, 12: 3, 293 — 306, First published on: 05 January 2010 (iFirst)
To link to this Article: DOI: 10.1080/13691050903450122
URL: http://dx.doi.org/10.1080/13691050903450122

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‘She’s a professional like anyone else’: social identity among Brazilian sex workers

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(Received 25 January 2009; final version received 29 October 2009)

Community mobilisation among sex workers is recognised as an important HIV/STI prevention strategy. However, factors such as poverty and stigma often negatively influence participation in activities that attempt to mobilise around a common identity of ‘sex workers’. A qualitative study was conducted to explore the relationship between social identity and participation among 24 sex workers enrolled in an HIV/STI prevention intervention research project with a community mobilisation component. The relationship between social identity and participation was found to be a dynamic process in which participation in project clinic and community-based activities was motivated by three overlapping strategies: participation for psycho-social and health benefits; participation to improve individual status; and participation to change group status. Rather than mobilising around a ‘sex worker identity’, we conclude that projects with a community mobilisation approach may be more effective if they facilitate space for critical self-reflection and opportunities for collective action with an emphasis on acceptance and solidarity.

Keywords: community mobilisation; participation; social identity; HIV; sex work

Introduction

Public health research has helped to establish the critical connection between participation in community mobilisation activities and reduction in HIV/STI-related vulnerability among female sex workers (Busza and Baker 2004; Kerrigan et al. 2006, 2008). One of the most heralded examples is the Sonagachi Project in Kolkata, India (Gangopadhyay et al. 2005; Jana et al. 2004). The project is primarily run by sex workers and includes local problem solving, healthcare clinics, a savings cooperative, HIV/STI health education, condom distribution and STI management. It has been associated with significant increases in condom use and reductions in STI infections in both Kolkata (Jana and Singh 1995) and other cities in India where the project’s basic tenets have been replicated (Basu et al. 2004). However, most projects with sex workers attempting a similar strategy have encountered difficulties in mobilising sex workers due to stigma and structural constraints such as race, class and gender inequalities (Campbell and Mzaidume 2001; Kerrigan et al. 2008; Scambler and Paoli 2008).
Commonly the term 'sex worker' is used in mobilising interventions under the assumption that it is a social identity shared by women who sell sex for money, without examining the groups these women identify with or their perceived incentives to participating in activities with other sex workers. The study reported here explores the relationship between social identity and participation among sex female workers enrolled in an HIV/STI prevention intervention research project in Corumbá, Brazil. Drawing on social identity theory (Tajfel 1981, 1982) we describe three participation strategies employed by sex workers in an attempt to construct positive social identities in a context with high levels of stigma and discrimination towards their profession.

**Background**

Research examining the social dimensions of sex work has called attention to the ways in which stigma, shame and discrimination structure sex workers’ experience of marginalisation, thereby discouraging sex workers from participating in HIV/STI prevention programmes that attempt a mobilisation approach (Campbell and Mzaidume 2001; Kerrigan et al. 2008; Scambler and Paoli 2008). Even in countries like Brazil, where the national strategy of partnering with sex workers and other vulnerable population groups in HIV prevention has been documented as one of the critical elements of the internationally recognised Brazilian response to HIV/AIDS (Berkman et al. 2005; Okie 2006), stimulating and/or facilitating such participation is a challenging process given the ongoing role of stigma and socioeconomic pressures that sex workers continue to face (Kerrigan et al. 2008).

Research on stigma has shown that the process by which people come to understand themselves as stigmatised is unquestionably social (Goffman 1963; Link and Phelan 2001; Parker and Aggleton 2003). Building on the influential work of Goffman (1963), Parker and Aggleton (2003) argue that HIV/AIDS-related stigma serves to reinforce race, class, sexuality and gender inequalities. Drawing on Castells (1997), they provide a conceptual framework for exploring the construction and reconstruction of identities in relation to, and in resistance to, experiences of stigmatisation. They suggest that the most successful examples of combating stigma are those in which stigmatised communities themselves mobilise for social change.

The role of identity has also been hypothesised as an important determinant in participation in social movements (Castells 1997; Edelman 2001; Polletta and Jasper 2001; Stryker, Owens, and White 2000). In the public health context, several authors have argued that the concept of social identity may be useful for illuminating how structural constraints such as poverty limit the extent to which people can construct positive identities and employ healthy behaviours (Campbell 2003; Campbell and Jovchelovitch 2000; Haslam et al. 2009). Developed first by Henri Tajfel (1981, 1982), social identity theory refers to the ways in which people perceive themselves as being part of a group. At the heart of social identity theory is a belief that an individual can identify with a variety of different groups and that the decision to do so is structured by the individual’s perceived costs and benefits of belonging (Tajfel 1981). If an individual is aware that he/she belongs to an ‘inferior’ group, social identity theory holds that he/she will attempt to improve his/her status through two primary strategies: ‘social mobility’ and ‘social change’ (Tajfel 1981). Social mobility refers to a process whereby individuals perceive group boundaries to be permeable and aspire to move from one group to the other, yet the extent which they are able to do so is heavily shaped by the social context in which they live. Social change refers to the process that occurs when group boundaries are perceived as impermeable and groups...
seek wider social change to modify the definitions upon which their group identity is based. The key difference between the two is that social mobility is considered to be a strategy employed by individuals and social change is a strategy used by groups (Tajfel 1981).

In the context of female sex work, social identity theory has been applied to highlight the difficulties sex workers face in constructing positive identities due to the race, gender and class inequalities that often structure the context in which they live and work (Campbell 2003; Campbell and Mzaidume 2001). Campbell (2003) found that extreme poverty and gender inequalities in a small mining town in South Africa precluded the ability of sex workers to negotiate positive social identities in an HIV prevention programme with a community development approach. In resource-poor settings such as mining communities, structural constraints limit not only the ability of sex workers to belong to other groups, but even the existence of other groups with whom they could aspire to identify. In such situations of extreme inequality and limited options for livelihood, social change (modifying the definitions upon which their group identity is based), as opposed to social mobility, may be the only way for sex workers to construct identities that facilitate full and equal engagement in their communities.

The larger research project within which the qualitative research presented herein was conducted, ‘Projeto Encontros’ (Coming Together), combined clinical, behavioural and social intervention strategies to facilitate enabling spaces for sex workers to construct positive social identities with the hypothesis that this would lead to safer sex behaviours and improved health (Lippman et al. 2009). The principal social intervention strategy originally included the formation of an association of sex workers, however, very few women were interested in forming an association that openly identified as a ‘sex worker organisation’ and the activity was suspended. The project then focused on alternative community mobilisation strategies, yet participation in these activities remained low. We conducted this research to better understand why sex workers choose to participate in community mobilisation activities or declined to do so, hypothesising that social identity played a key role. We explored the relationship between social identity and participation among women with varying levels of participation in the Encontros project by eliciting narratives of their feelings towards their profession, comfort disclosing their work to others, future plans, community ties and motivation and/or impediments to participation in project activities. Our findings, used in 2005 to improve the project community mobilisation strategies, are presented here alongside documentation of how the project evolved with hopes that the Encontros project experience will contribute to improving the design and implementation of other similar projects with sex workers.

Methods

Project setting

Sex work is legal and recognised as an official occupation by the Federal Government in Brazil, provided that it is consensual and the sex worker is over 18 years of age. In Corumbá, a city of approximately 95,000 situated in the Pantanal on the Bolivian border, sex work occurs primarily in four types of environments: brothels; local bars and restaurants; the street; and sex workers’ homes via phone calls from regular clients. The majority of women who work in brothels, where clients are generally of higher socio-economic status, are migrants from other states in Brazil, generally between 18 and 25 years old and have completed high school. These women tend to come to Corumbá during the fishing season and have relatively little contact with the local population. In contrast, many of the sex workers working in lower socioeconomic spheres of the sex
industry such as the street, bars and via home are from Corumbá and tend to be poorer with little formal education (Lippman et al. 2009).

**Projeto Encontros**

The goal of the larger longitudinal, research project was to test the idea that a comprehensive, multi-level intervention combining clinical, behavioural and social intervention components would decrease incident STI and increase condom use among sex workers. To this end, 420 sex workers were recruited into a cohort and scheduled for follow-up visits at 3, 6, 9 and 12 months following enrolment in the study. The behavioural and clinical components of the project involved periodic psycho-social and behavioural assessments, STI screening and management and gynecologic care, as well as high quality STI counselling with an emphasis on promoting STI protective behaviours and respecting the women’s professional choices (Lippman et al. 2009).

Social mobilisation strategies included a bi-monthly community party with presentations of dance, fashion, music and theatre mixed with HIV/STI prevention messages; a fashion workshop to design lingerie and discuss sexuality, body image and safe sex; and various other workshops and activities providing safe spaces for promoting community and discussion. While activities were organised and facilitated by trained staff members and sex worker volunteers of Projeto Encontros, all events were promoted as collective spaces open to full community participation in an attempt to both create an environment in which sex workers would feel more comfortable participating and to help reduce prejudice and stigma against sex workers in the community itself.

**Sample**

Between October and December 2004, 24 women enrolled in the Encontros cohort participated in this qualitative study. We sought a purposeful sample of individuals who had and had not participated in the project’s community mobilisation activities. Of the 24 women interviewed, 15 women reported participating in at least one project community mobilisation activity (e.g. craft workshops, community parties, weekly movie showings) and 9 reported having been invited and never participating in such activities. Additionally, one focus group was conducted with 7 of the women who had participated in an in-depth interview and who consistently participated in community-based project activities.

Over three-quarters (79%) of women interviewed were under thirty years of age, with a median participant age of 26.0 years (range 18–45). None of the women reported being married, however, two reported living with a partner. The majority of women did not study past primary school (71%), whereas the sample had an average of 6 years of formal schooling (range 1–13). Forty-five percent of the women were born in Corumbá. The time reported working in their current sex establishment varied from 1 day to 15 years, with a median of 23 months. Of the 24 women interviewed, 9 reported currently working in brothels, 9 in bars, 3 through phone calls and 3 from the street. The qualitative study sample was slightly younger than the project cohort (median age of female participants was 24 years), with fewer married or cohabitating women and more representation of non-local and brothel workers as compared to the full cohort.

**Data collection and analysis procedures**

Interviews were conducted by a female member of the local project staff in a private location, either at the participant’s place of work or at the health post that served as the
base for project activities. Transportation to and from the interview site was provided in addition to a purse as an incentive for participation in the study. All interviews were recorded, transcribed and analysed in Portuguese. The Encontros study was approved by the Institutional Review Board of the Population Council in New York, by a local university ethics committee (Comitê de Proteção dos Sujetos Humanos na Universidade Federal de Mato Grosso do Sul) near the project site and by the Brazilian National Ethics Committee. All cohort participants consented to being contacted by the research team for further interviews, which encompasses the qualitative research that was undertaken and presented herein. Additionally, all study participants signed an informed consent form specific to the qualitative research component prior to their interview.

Semi-structured field guides were utilised to conduct the interviews and were developed based on formative research conducted prior to project implementation. To explore social identity, we elicited narratives regarding how the women felt about their colleagues, their perceptions of their work, their identification with the term ‘sex professional’ or ‘prostitute’, their experiences in the Encontros project, their membership in other groups or organisations, future plans, personal and familial relationships and definition of community. Interview guides were pilot tested. The guides were identical for both those sex workers who participated and did not participate in community mobilisation activities with the exception of questions regarding motivations to participate (or not) in project activities.

Interview transcripts were analysed using content analysis and coding techniques (Patton 2002). A preliminary content analysis was conducted of the interview transcripts to identify themes, categories (community, collegial relationships, profession, participation in Projeto Encontros), patterns within the data, and differences across the two groups (community mobilisation activity participants and non-participants). Interviews were then coded based on 46 interviewer and interviewee generated domains related to the categories. Coded sections of the transcripts were then organized into general categories and further analysed to identify patterns and themes within the data and variance across types and levels of participation.

Results

Regardless of their level of participation in community mobilisation activities, all of the women considered themselves as members of the Projeto Encontros group due to their participation in the clinic-based project activities and research. Contrary to what we expected initially, the differences in the women’s narratives about identity and participation were not related to how they felt about sex work or even their openness with regards to disclosing their profession to others in their community. Rather we found the relationship between social identity and participation to be a dynamic process, in which the women employed three participation strategies with distinct, yet overlapping, motivations: participation for psycho-social and health benefits; participation to improve individual status; and participation to change group status. We will argue that participation to improve individual status is exemplary of Tajfel’s concept of social mobility and that participation to change group status as an example of his concept of social change.

Furthermore, for the women most active in the community mobilisation activities, participation appeared to move along a continuum whereas their involvement began in the clinic-based research activities, developed into a more proactive and reflective participation in community mobilisation activities and led to the eventual formation of an advocacy organisation. This gradual change may be reflective of what Brazilian theorist
Paulo Freire (1993) calls ‘conscientisation’, in which an actor’s awareness of the oppressive nature of their current situation is raised and they are inspired to take action to change it. We will explore similarities between Freire’s framework and our findings in the results and more in-depth in the discussion.

**Participation for psycho-social and health benefits**

All of the women interviewed for this sub-study participated in the larger research project, which included visits with project psychologists. During the visits, the women responded to a structured questionnaire, had a space to ask questions, discussed issues of importance to them, received HIV/STI prevention information and then provided biological samples for STI testing. In the women’s narratives, participation in the research component was tied to psycho-social and health benefits such as increased self-esteem and improvements in health-related behaviour.

One of the common threads throughout the interviews was the conceptualisation of the project space as one of reflection and learning. The project office was located in the municipal HIV/STI testing centre and during the first year of the project, the health post evolved from a clinic previously viewed by study participants as being highly prejudiced toward sex workers to a space in which the women felt respected, cared about and important:

> That is what we need, is a lot of *carinho* [affection]. Because in the street we are abused ... you arrive here [at the project] and receive care and attention. (Neide, age 33)

> It [the project] is a place that I felt was like a safe harbour, everything that happened I could go there, if I needed anything I had medicine, I had people to talk with about what happened here [brothel]. (Carolina, age 20)

> Today I love myself, and it is through the conversations that I had with her [project psychologist] that I learned to love myself ... before ... I had sex without condoms ... (Patricia, age 45)

The project space became a reference for sex workers in Corumbá as a place in which they could count on receiving quality care and attention and be respected for who they were. As demonstrated in the above quotes, the space was distinct from the women’s experiences in spaces outside the project. Narratives in the interviews and focus group had a tone that indicated that they felt part of something larger. As one of the women stated, ‘What I felt inside was a very strong force, from a group that was already formed, that wants to bring more people to support the cause’. Thus, as we will discuss in the following section, in addition to the psycho-social and health benefits, the Encontros project also became akin to a social group in which there was both space and support to construct a positive social identity.

**Social mobility: participation motivated by a desire to improve individual status**

We observed two participation strategies that reflect Tajfel’s concept of social mobility within the women’s narratives. The first emerged in almost all of the interviews in which participation in the research and clinic activities and was linked to seeing oneself as part of a respectable ‘professional’ group as opposed to the stigmatised group of ‘prostitutes’. In the counselling sessions, women had space to construct their identities as professionals and reported feeling like their individual status was lifted through their work with counsellors. However, outside the project space, adopting the term ‘sex professional’ was
rarely perceived as being beneficial to improving status. Hence, the second social mobility strategy was tied to a desire to form part of the general community and be seen ‘like everyone else’. This strategy was most present in the narratives of the 15 women who participated in the community mobilisation activities.

**Improving individual status by adopting a ‘professional’ identity**

The individual counselling sessions were the spaces where all of the women interviewed reported learning that sex work was classified as a profession in Brazil. As one woman stated:

> It was inside the project [STI/health counselling sessions] that I learned that being a sex worker was a profession and that I should respect it as much as I respect myself, because I always thought that I was doing something wrong. (Luciana, age 27)

Referring to sex work as a respected profession was related to increased self-esteem and self-respect throughout the interview texts. In addition, those who were most active in the community mobilisation activities further stressed the political and social implications of using the term ‘professional’ as they perceived it as implying a real profession with the same benefits as other occupations:

> I feel like a real professional, like with an authorized work permit. I told Patricia [brothel owner] that she is going to have to give me vacation time, Christmas bonuses, a bunch of stuff that is going to lead her into bankruptcy! (Valeria, age 29)

When asked directly about their feelings on the use of the term ‘sex professional’, many women reported preferring the term to others, yet still expressed some ambivalence. We specifically asked what terms the women preferred to use to describe their own work and only 3 out of the 24 said, ‘sex professional’. Twice that many said they preferred to use the word ‘professional’, without using the word ‘sex’. The following comparison between a response to the question, ‘What do you think of the term “sex professional”?’ as opposed to ‘What do you think of the term “prostitute”?’ illustrates how the women perceived the word professional as aligning them with a larger professional community as compared to the term prostitute, which maintained a stigmatised and negative connotation of non-professional, cowardly, woman:

> How can I put this … it is better than arriving and saying, like I told you, [she’s] a whore, a slut. No, she’s a professional like anyone else. (Maria, age 31)

> I don’t like the term whore, prostitute, I ask ‘Why?’ There are many more prostitutes in the street, that do not accept their identity than those of use who work in the brothel. At least I have the courage to own up to my identity, me and thousands of others who work in the nightclub. I have the courage to own up to what I do, I am not a street prostitute who goes out for free. (Priscilla, age 26)

Identifying with a larger group of professionals was perceived as having numerous positive benefits as the focus shifted to the economic, rather than the moral, aspect of their work. It was also perceived as a way to be seen as ‘like everyone else’. None of the women identified with the term prostitute, which is not surprising given the stigma surrounding the term.

Negative aspects of sex work were almost exclusively related to stigma associated with the profession and a fear that if they did stand up for themselves, no one would respect them due to their professional choices. The following quote points to the common dynamic of not feeling ashamed of the work, yet feeling that they had to keep it a secret to protect their family and/or image as a good mother/wife:
The truth is, when you have a family, you have to preserve it, it is a secret that you are a sex professional, you have to hide it from your children, your partner. ... So I have this problem that I cannot share with everyone what I do, because I don’t think it is so terrible to be a sex professional. I think it is a good thing. (Luciana, age 27)

The stress associated with hiding their work was often coupled with a desire to be seen as normal by others. Throughout the interviews, being a sex worker was consistently compared to and differentiated from normal people, or those whom society recognises as ‘normal’:

[In the future I would like] to begin to live my life honestly, to be able to go out and be treated like they treat you [female researcher], how they treat any other normal person ... to enter into any place without being pointed out as a garota de programa [neutral slang term, literally translated as date girl]. (Debora, age 21)

One day I want to go away from here, to a place where I can start everything again and forget about all of this, where no one knows me, what I was, who I am. ... Here everyone knows me, and they know and act like they don’t know ... we always have this mark on our backs ... so I need to go where no one will know me, and start over like a housewife, and be happy, God willing. (Patricia, age 45)

Normal was equated to not being a sex worker and, more often than not, to the ideal of a happily married housewife, a strikingly conservative view of femininity in stark contrast with stereotypical views of sex workers as rebelling against gender norms.

Improving individual status by being ‘like everybody else’

Realising the limitations of the professional identity outside of the project space, the fifteen women interviewed who participated in the community mobilisation activities also sought membership with groups outside the sex worker community. Their motivation for participation in the project workshops and cultural activities was linked to a desire to integrate into the general community in an effort to be seen as normal and ‘like everyone else’.

When the initial attempts at establishing an association of sex workers failed, staff spoke with participants to find alternative activities to promote sex worker cohesion. Women requested workshops and cultural activities not limited to sex workers that would develop or strengthen skills such as dance, sewing and craft making while also promoting conversations on sexuality and HIV/STI prevention. Project staff responded by organising a number of activities in community spaces where the participation of non-sex workers was welcomed and encouraged. The products of the workshops were shared in community parties and municipal street fairs with the goal of promoting opportunities for larger community interaction and dialogue aimed at reducing the stigma surrounding sex work. The project attempted to make the boundaries between sex workers and non-sex workers permeable, while also building on the in-group solidarity that existed among the women in the larger research project.

The women’s motivation for participating in such activities was largely tied to desires to learn new talents, rekindle old ones and interact with other people from their communities. As one participant stated:

They [project staff] motivated me to go back and dance again, I was scared to death and embarrassed to perform again because I get nervous and butterflies in my stomach, and cannot dance at all, it had been nine years since I had danced, but the experience was the complete opposite. Clara [the psychologist], stayed with me the entire time, calming me down ... and when I got up on stage, before I knew it, I had let go and was dancing, and I realized that it was as if I was at home. (Debora, age 21)
Such presentations formed part of a series of community parties in which the project participants and other community members performed dance, music and theatre. As the performances included both sex workers and non-sex workers, the parties offered a time to be in the spotlight without being identified directly as a sex worker. The ambiguity appeared to be important for motivating the women to participate and feel at ease.

While the focus of the workshops was not to help sex workers achieve alternative economic prospects or job training, several participants expressed hope that these learning opportunities would facilitate alternatives to sex work. Even for some women who recognised sex work as a respectable profession, they perceived it as being disrespected by the larger community and therefore desired to advance into other areas by learning new skills. As one fashion design/sewing workshop participant stated:

One year from now, God willing, I am not going to be in this life any longer, because I am going advance, and we are [our sewing workshop] is going to grow strong, God willing ...(Fabiana, age 22)

The workshop spaces were also important for the women to improve their knowledge of safe sex behaviours and discuss a variety of topics. A peer educator’s description of the workshop attests to the diversity of issues covered in the meetings and the way in which the organisers did their best to create an open space for discussion:

... while some people were working [making candles] ... we would talk about safe sex, about condom use, family, rights ... I could plan what I wanted to talk about, arrive with the condom, the dildo, but sometimes when I would start, another issue would come up that was more important for the group ... we started to listen more and see what the women brought for us, for us to discuss in the group, be it adolescent pregnancy, single mothers, a bunch of things that were helping to strengthen the family. (Luciana, age 27)

Similar to the project space, the space in which the community mobilisation activities were held came to represent an important context for reflection on the variety of factors that affected the women’s lives. In short, participation in the activities was seen as a way to broaden their skills, be a part of a larger community and also work towards improving their health and that of their families.

However, among the group of women who were the most active in the community mobilisation activities, their narratives were more critical of the constraints they faced to negotiating positive social identities as sex workers:

The worst part of being a sex professional is when you stand up for your rights and no one looks at you like a professional, they look at you like a whore. This is the bad part of being a sex worker ... the worst part is being harassed, treated badly, suffering violence and not being able to do anything. (Luciana, age 27)

To return to Tajfel’s definitions of social mobility and social change, the above quote points to an awareness that the boundaries between sex workers and other social groups are fact not as permeable as she may have imagined, thereby requiring the use of alternative strategies.

**Social change: participation to change group status**

In the narratives of the seven women most active in the community mobilisation activities, improving individual status while also maintaining an identity as a sex worker was perceived as being nearly impossible without collective efforts to change the basis on which their marginalized status as sex workers was built. Months after the in-depth interviews were conducted and nearing the end of the research project, these same women decided to form a non-governmental organisation (NGO) in an effort to continue the
project’s prevention and community building activities. They named the NGO Dignity, Action, Sexuality, Health (Saúde), Citizenship (DASSC). Initially the women were hesitant to restrict it to sex workers, wanting to leave it open to participation of women in general (regardless of their profession) with a strong focus on health promotion. In this early stage, the first president of the organisation described the group, within the context of a focus group discussion, as follows:

It is a small group. A group of sex workers together with the community, we don’t want to lose that. We want to continue the opportunities created by the Projeto Encontros ... especially the part about citizenship, rights, health, health promotion, and prevention. Lots of us here, a lot of the 420 project [study] volunteers have autonomy [to go to the doctor when they need to], but a lot still don’t, and we need to continue emphasising the importance of that. [Communicating that] you have to take care of your self, do a pap exam once a year, do the self-breast exam ... pick up condoms. (Natalia, age 23)

The organisation’s goals offer a powerful testament to the necessity of quality and accessible health services and to the central role of a clinic space built on respect and non-discrimination. Health is described as a collective value, which was important both to build community support for the organisation and to stimulate women to collectively organize.

The women who founded DASSC also reported having witnessed the positive benefits of the community mobilisation and prevention activities in the general community in terms of reframing their social identity as sex workers in a more positive light. In the focus group, one of the women shared her perception that the attitudes of others towards sex workers had evolved:

We changed the point of view of people in the bar ... because we learned how to respect ourselves and show that we deserve respect. So it [project] served to show them that we are not what they thought: that immorality that they have in their head. That we can be friends, neighbours, we can be everything ... (Neide, age 33)

Her reference to first learning how to respect ‘ourselves’ prior to showing that they deserve respect is illustrative of the Freireian consciousness-raising process that begins at the individual level prior to proceeding to larger-scale social change. The importance placed on the fact that ‘we can be everything’ also sheds important light on the desire to be recognized in their multiplicity. Rather than simply move into other social groups, the women who founded DASSC worked towards social change by challenging the norms that premised sex workers as lower status citizens.

Over a period of approximately six months, DASSC collectively decided to openly identify as a sex worker organisation, yet the number of organisational members remained low. Without the financial and political support of a large international research project, it proved difficult to maintain activities in the broader community spaces. However, the women of DASSC have made some important gains: DASSC achieved non-profit status and was subsequently awarded a project from the Brazilian National AIDS Program to continue the fashion/sewing workshops. Furthermore they continue to have an important voice in the local HIV programme and Brazilian National Network of Prostitutes and most recently received a grant from a local business to develop a new fashion line.

Discussion
The goal of this study was to explore the relationship between social identity and participation among female sex workers enrolled in an HIV/STI prevention research project in Corumbá, Brazil. We found the relationship between social identity and
participation to be a dynamic process in which the women employed participation strategies with three distinct, yet overlapping, motivations: participation for psycho-social and health benefits; participation to improve individual status; and participation to change group status. We draw parallels between participation to improve individual status and group status to Henry Tajfel’s concepts of social mobility and social change, respectively. Our findings support previous research that in contexts with high levels of stigma and structural inequality, social identities can be catalysts for social change (Campbell and Jovchelovitch 2000) and illuminate important policy and intervention recommendations below.

Among the women who founded DASSC, we found that their identity formation process culminated in what Brazilian social theorist Paulo Freire (1993) terms ‘conscientisation’, or self-awareness of one’s situation, which Freire conceptualised as a critical first step towards positive social change. Campbell and Jovchelovitch (2000) make an important connection between conscientisation and the concepts of participation and social identity. They argue that conscientisation occurs when ‘members of a socially excluded grouping are able to state their identity in a way that asserts recognition of their needs and interests, and in a way that demands recognition of these needs and interests by other sectors of society’ (Campbell and Jovchelovitch 2000, 265). The formation of DASSC at the end of the project is an example of how a group of women not only stated their identity as sex workers, but also articulated their needs and interests in terms of health and reducing stigma and discrimination. An additional example can be seen in the women’s perception of the term ‘professionals’ as more advantageous for their needs and interests than ‘prostitutes’, as demonstrated by all of the women’s outright rejection of the later term. As Campell and Jovechelovitch (2000) point out, in such contexts, identity becomes a site of resistance and tool for social change.

Social identity theory is thus a useful theoretical framework for analysing motivations and benefits of participation, yet our small sample size and the cross-sectional study design limits our ability to establish whether the women’s positive perception of themselves as sex workers was an outcome of and/or a motivation for participation. Our results suggest that the relationship between social identity and participation is more dynamic than linear. However, further long-term research with a larger group of sex workers is needed to more clearly establish the connections. Future research projects with sex workers can also benefit from drawing on social identity theory when designing prevention strategies and research instruments. Additionally, researchers and practitioners should consider the ability to negotiate positive identities as a social factor that contributes the vulnerability of sex workers to STI/HIV.

From a programmatic perspective, our findings point to several strategies that may be effective for HIV prevention and community mobilisation with sex workers. The creation of cultural and social spaces based on acceptance and solidarity can facilitate community building as well as offer tangible benefits to participation. In her article exploring the strategies used in the Sonagachi Project to challenge stigma, Cornish (2006) argues that concrete examples of sex worker achievements, such as recognition by authorities and inclusion in community decision making, provided an important material context for sex workers to overcome internalised stigma and collectively mobilise. Similarly, in the Encontros experience, participation in both the clinic-based project components and community mobilisation activities was motivated by individual benefits to participation (i.e. healthcare and new skills) and by opportunities for the women to be recognised in the community for their talents (i.e. sewing) and activism (i.e. having a project approved by the Brazilian National AIDS Program). This is not to suggest that interventions should
focus on individual material benefits – but rather to demonstrate the fundamental importance of providing varied opportunities for full participation in community life.

We also found that mobilising around the ‘sex worker’ identity may not be the most effective starting point for pursuing community interventions with sex workers. Although they were implemented in very distinct contexts and timeframes (Sonagachi began in 1991 as opposed to Encontros, which began in 2003), there are some similarities between the two projects in this regard that highlight important lessons for future community mobilisation projects. The Sonagachi Project began as an occupational health project rather than a ‘sex worker project’ and focused on reframing prostitution as work, HIV as a community health problem and creating opportunities for sex workers to participate as decision makers and peer educators (Cornish 2006; Jana et al. 2004). The experience of both projects points to the importance of facilitating spaces for reflection and community integration early in project implementation as opposed to first mobilising around a stigmatised identity such ‘sex worker’.

We conclude by emphasising that our research attests to the importance of providing continual opportunities for learning and reflection between project participants and the project staff. In many ways, the process of conscientisation occurred not only among the participants, but also among the researchers and project team who realised during implementation that larger scale social change was necessary if the project were to truly attain its goals of reducing sex worker vulnerability to STI and HIV. On a practical level, our research thus points to the importance of project documentation, monitoring and dialogue among researchers, participants, peer educators and community members. On a theoretical level, it demonstrates the usefulness of social identity theory to projects seeking to reduce the vulnerability of sex workers to HIV and design innovative strategies focused on social change. Finally, on a policy level, it adds to the diverse evidence (Girard 2004; Masenior and Beyer 2007; Scambler and Paoli 2008) that policies resulting in stigmatisation are antithetical to improving sex worker health and are particularly detrimental to the successful model of HIV/STI prevention and care programmes based on principles of social solidarity and human rights.

Acknowledgements
We thank the Encontros advisory committee (Roberto Chateaubriand, Magda Chinaglia, Juan Díaz, Maria Inês Franca, Gisele Brandão Freitas, Mario Sergio Kassar, Carlos Laudari, Gabriela Leite, Paula de Oliveira, Carmen Pereira, Liliana Pitaluga, Vera Ramos, Arthur Reingold, Telma Regina Santos, Elaine Bortolanza, Silvia Conceição, Kelly Guerra, Kelly Marcon and Lucia Viana) for their time and commitment to this project. We thank Magda Chinaglia for input into the qualitative interview guides and the final draft of the paper. We thank Carole Vance for her valuable suggestions on the final manuscript. We thank the anonymous reviewers for their insightful comments that contributed to strengthening the text. The first author received funding for qualitative data collection through the University of Michigan Graduate Applied Mini-Grant in addition to support from the Ministry of Health in Brazil.

References
Résumé

La mobilisation communautaire parmi les professionnelles du sexe est reconnue en tant que composante importante des stratégies de la prévention du VIH et des IST. Cependant des facteurs tels que la pauvreté et la stigmatisation ont souvent une influence négative sur la participation aux activités ayant pour objectif la mobilisation autour d’une identité commune de « professionnel(le)s du sexe ». Une étude qualitative a été conduite afin d’explorer le rapport entre l’identité et la participation sociales, parmi 24 professionnelles du sexe participant à un projet de recherche action en prévention du VIH et des IST, ayant une composante de mobilisation communautaire. Ce rapport s’est révélé comme un processus dynamique, dans lequel la participation à des activités liées à des projets se déroulant au niveau des communautés et des centres de soins était motivée par trois stratégies se superposant l’une à l’autre: participation pour bénéficier de soutien psycho-social et des soins; participation en vue d’une amélioration du statut social individuel; et participation pour changer de groupe social. Plutôt que de tenter de mobiliser les professionnelles du sexe autour de cette identité, les projets basés sur cette approche de mobilisation communautaire pourraient être plus efficaces s’ils ouvraient un espace à l’auto réflexion critique et aux opportunités d’actions collectives mettant l’accent sur l’acceptation et la solidarité.

Resumen

La movilización comunitaria entre las trabajadoras sexuales está reconocida como una importante estrategia en la prevención del sida y de infecciones de transmisión sexual. Sin embargo, factores como la pobreza y el estigma muchas veces influyen negativamente en la participación de actividades cuyo finalidad es movilizar a las trabajadoras sexuales en aras de una identidad común. Se llevó a cabo un estudio cualitativo para analizar la relación entre la identidad social y la participación con 24 trabajadores sexuales que se inscribieron en un proyecto de investigación para la prevención del sida y de infecciones de transmisión sexual con un componente de movilización comunitaria. Se observó que la relación entre la identidad social y la participación era un proceso dinámico en el que la participación en actividades basadas en la clínica del proyecto y en la comunidad estaba motivada por tres estrategias de solapamiento: la participación para prestaciones psicosociales y sanitarias; la participación para mejorar el estatus como individuo; y la participación para cambiar el estatus del grupo. Más que movilizarse en torno a una ‘identidad de trabajadora sexual’, los proyectos con un planteamiento hacia la movilización comunitaria podrían ser más eficaces si facilitasen el camino hacia una autorreflexión crítica y oportunidades de acciones colectivas poniendo énfasis en la aceptación y la solidaridad.