Empowering the Indian Woman:

An Exploration of a Delhi Clinic’s Vocational Training Program for HIV+ Women

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ABSTRACT

This paper is the result of an action-based research investigation that commenced after more than a year of language learning and participation in marginal communities in Delhi. It is an analysis of the stakeholder perception of a vocational training program that a North Delhi clinic began for women living in Delhi who are infected or affected by HIV/AIDS. Perception was examined through a framework of felt and normative need. Based on semi-structured interviews with stakeholders, this paper analyzes the usefulness of such a program for HIV-infected women in Delhi, as well as the implications of the data for the sustainability and replicability of the existing program. The study reveals that the center is accomplishing many goals that are in keeping with common development themes and women empowerment indicators. It is, however, unlikely to become a sustainable endeavor, as the traditional patterns of Indian socio-cultural organization and the survival mindset in which the poor, infected women operate pose significant barriers to ownership. The replicability component will depend on the organization for creation and maintenance rather than on the program’s beneficiaries.

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# CHAPTER 1: INTRODUCTION

## Organizational Context

This research endeavor began as a conversation with director of a small HIV/AIDS clinic in North Delhi, India. Shalom Delhi (Shalom) is a faith-based non-profit and a unit of the Emmanuel Hospital Association (EHA). Shalom began in 2001 as an HIV/AIDS clinic, but more recently has expanded its mission to include those struggling with cancer, neurological diseases and organ failure. The clinic specifically targets those who are marginalized, “as they are the ones who find it hardest to access care” (“About Us”, 2015). In addition to providing palliative care at significantly subsidized rates, the clinic offers a wide swath of services, like values and health education to the youths and young adults, counseling and health education to individuals and families with HIV, and home based care.

Shalom works from a model of holistic care, seeking the good of the whole person.

On their website, they describe their goal of “seeking to address the physical, mental, emotional, social and spiritual needs of its clients and their families.” One dimension that they have recently been grappling with is the economic situations of their clients. Most people who come to Shalom are from poor communities; Shalom’s director estimates that no less than 95% of patients are from the slums. What the staff at Shalom have found is that HIV/AIDS tends to make the poor poorer; and while Shalom's social workers are glad to provide affordable care for those who come through the clinic's doors, they also recognize that many leave the clinic in better health, but only return to the financial straits and squalor of their slum communities. The vision of holistic care, coupled with observations of this pattern of ever deepening poverty for their patients led to the question: *Is there anything more that can be done for these people?*

In August 2015, Shalom launched a pilot business program they call the Livelihood Center. They have begun to train a handful of the women who are infected with HIV in the making of handicrafts, handbags, and clothing, which can then be sold once the production is up to market quality. The women receive a stipend each day that they work, even during the training process, and any. The hope is that this will become a self-sustaining endeavor, one that the women themselves eventually can operate independently and of which they can take full ownership.

It is also the hope of Shalom that this model can be replicated in other sites in the North Delhi area. In order for this to be replicable, critical step will be discerning the opinions of the stakeholders.

### Research question

The question this research will attempt to answer is, *What are the implications of stakeholder perception of Shalom’s Livelihood Program concerning the need, sustainability and replicabillity of the program?*

### Rationale and Community Relevance

Thus, this project is relevant both for the institution and their clientele. This question of the need for vocational training for women infected and affected by HIV and AIDS is not a question that came from the researcher, but from an indigenous clinic that is well acquainted with the struggles that the poor in Delhi. The question of how best to serve this community is one that Shalom is grappling with and this avenue of care that they are developing is one they would like their stakeholders to appraise so as to gain insight into how best to plan for the future.

It is also the researcher’s hope that this study will be beneficial to Shalom, but, most importantly, to the HIV-infected and –affected women of Delhi who quietly, diligently struggle to sustain themselves and their families. It is hoped that this research will prove helpful both for Shalom and for the women it seeks to serve. Ideally, at an institutional level, the research will provide some clarity as they consider the questions of sustainability and multiplication of the Livelihood program. At the community level, this will ideally works itself out as a network of self-sustaining centers that provide economic and social support for the women and their families.

### Terms Defined

Before moving forward, a word about words being used in this paper. First is the term “need.” There are many kinds of need and differing degrees of severity to needs. For this research, an adjusted form of Jonathan Bradshaw’s (2013) categories of social need—felt need, normative need, expressed need, and comparative need— were utilized to ascertain an understanding of the need for the Livelihood Program. “Felt need” refers to perceptions of those to whom an organization considers rendering services, in this case, poor women in Delhi infected or affected with HIV. “Normative needs” are those needs that scholars and professionals define as need. Modifications employed in this project will be described in Chapter 2.

The term “stakeholders” refers to those social workers at Shalom, social workers working in indigenous like-minded organizations (i.e. serving poor women and/or the HIV/AIDS population), indigenous scholars doing research in relevant fields, actual beneficiaries (women currently participating in the Livelihood Program, and potential beneficiaries (those who would be eligible for participation in the Livelihood Program but are not currently participating).

The terms “Livelihood Center” (LC) and “Livelihood Program” (LP) will be used fairly interchangeably. Both refer to Shalom’s current pilot vocational training venture.

### Acknowledgements

I want to thank Shalom for their willingness to collaborate with me on this project. This project is dedicated to them and to ‘the least of these’ whom they desire to serve and empower. I would also like to thank Dr. Grigg for his guidance and helpful suggestions during this process. That you desire your students’ success and transformation is evident. I am also very thankful to my dear friends and family in Delhi who were supportive and loving in spite of my strange America habits, like shutting myself in my room for hours on end to pore over books and articles and write this report and declining invitations to “take tea” with you. Know that an afternoon cup of *chai* with you all was always preferable to data analysis. I would be remiss not to mention my comrade during our season in the slum, Matthew Norton, without whose support, encouragement, and “Santa Claus-laugh” all sanity and hope of completing this degree would have slowly sunk into the putrid, viscous *nalas* of Tughlakabad. Lastly, I would like to express my deep gratitude to my family: to Mom and Dad, to Johanna, Christopher, Valerie, Kristen, and Jonathan. Each of you has made singular, indelible impressions on my soul; each has molded and enriched my love of wisdom and pursuit of truth. *SDG.*

# CHAPTER 2: METHODOLOGY

After fifteen months of language learning and living incarnationally among the poor of Delhi, the researcher utilized an external action-based approach to research, in which the researcher was “independent of the professional context, but work[ed] within it and alongside professional practitioners…to achieve change” (Gray, 2014, p. 330). While the research design contains numerous qualitative research elements, like interviews, inductive analysis, thick descriptions, personal experience and engagement, it is this dimension of “achiev[ing] change” built into the design that sets action research apart from qualitative research, which tends toward mere description, generally speaking.

## Population and Locations

The majority of the data was obtained through semi-structured interviews with the stakeholders, semi-structured in the sense that a prepared list of questions gave general direction to the discussion, but also freedom to explore noteworthy comments and anomalies that emerged in each conversation. The setting in which the interviews were conducted depended on the stakeholder. For scholars, conversations were held in their offices or via exchange of emails. For social workers, both Shalom’s and those affiliated with similar institutions (i.e. organizations working for the goals of women empowerment and/or serving people living with HIV/AIDS), they were interviewed on site, at their places of work. The actual beneficiaries—women currently receiving training at the Livelihood Center—were interviewed in a quiet, empty room above the room where training is conducted. The potential beneficiary was interviewed in the ward, away from the nurses and family members.

They stakeholders were asked questions designed to elicit critique of and reflection upon Livelihood program. The sets of questions varied, depending on the stakeholder’s relationship to the center. It would not have been appropriate, for example, to ask illiterate women if they were aware of relevant indigenous literature on the subject of capacity building or to ask a scholar at a local university to comment on the relational dynamics of a center she has never visited. The ideal was to obtain quality, honest feedback from stakeholders through questions that were pertinent to the interviewee’s relationship to the center and that preserved their dignity and safety.

Many of the leaders in the HIV/AIDS organizations and the social workers at Shalom spoke English; however the beneficiaries, the trainers, and a number of social workers from other organizations spoke little to no English. This made a translator necessary for some of the interviews. The translator selected was a young national woman who spoke good English and excellent Hindi, with experience working with both foreigners and among slum populations. She was selected for her experience in similar contexts; her personality, which was open, non-judgmental, and friendly; because of her gender, which was less imposing than a male translator would have been; and because she had no prior affiliation with Shalom, making her a neutral third-party.

## Ethics

Maintaining an ethical research process was of paramount importance. There were many considerations that needed to be borne in mind throughout the process, both in obtaining data and reporting data.

### Obtaining Data

One critical component for remaining ethical standards was the informed consent procedure that preceded every interview. In this procedure, after telling the participants about the project, and how they could help in the process, participants were informed that:

1. This interview was entirely voluntary. It was their choice to participate or not.
2. The questions are not expected to be stressful, but if they felt uncomfortable, they could stop the interview for a moment or indefinitely, or refuse to answer any questions that they did not feel comfortable answering. There would be no penalty if they chose that.
3. There was no immediate benefit to their participation, but their input could help other women in Delhi who are trying to support their families.
4. The location of interview was a “safe place” in which they could speak honestly and freely about their impressions of the Livelihood program, and neither the researcher nor the translator would never expose them. They were assured of anonymity, and that no one would be able to trace their comments back to them.
5. They were asked if they were opposed to being recording, and assured that no one would hear the recording other than the researcher, who simply uses the recording device because his memory is *kharaab* (broken, messed up).
6. They were given the phone number of the translator, and informed that they could call the translator anytime if they made any statements they wanted to retract or anything else that they forgot to mention that they wanted to add. They were reminded of this at the end of the interviews as well.
7. Lastly, the participants were asked if they had any questions for the researcher.

In the interest of cultural sensitivity, this information was presented verbally, in a casual, conversational manner. The verbal medium was selected over a written medium because of the pervasive antipathy Indians to signing documents, and because some of the interviewees were illiterate. The casual, conversational manner of informing interviews was employed to mitigate the sense of gravity and apprehension they might otherwise feel about the interview. It was preferable that the discussion be carried on as between friends as much as possible, rather than between a grim-faced lawyer and his client.

Occasional sections of recordings were not clear, either because the recorder was too close to a fan, someone nearby was raising his voice or due to car horns or construction occurring out in the street. Those words or phrases in the recordings that were not readily decipherable were eliminated from the data set.

### Reporting Data

For the protection of the more vulnerable interviewees in this study, they will not be referred to as Beneficiary 1, 2, 3 or Woman A, B, C. The connections between social workers and trainers and the beneficiaries are close enough—and the number of beneficiaries small enough—that Shalom’s social workers would likely be able to identify Beneficiary A, B, and C, if given enough information in relation to a particular, albeit anonymous Beneficiary 2 or D. Thus, relaying the thoughts of some of the interviewees will be non-specific, for example “One beneficiary responded, that, ‘I want like the other woman’s *chai*.’

## Validity

Firstly, the stakeholders were interviewed in contexts familiar to them, in the quietest places available, beyond earshot of coworkers, colleagues, or family members. The first time at the center, when asked where the interviews could be conducted, the trainer looked confused and then indicated to the room in which she, the researcher, translator, and all women present that day were sitting. “*Yahi pe, na?*” or “Right here, right?” With sew machines rattling, fans whirring, desert coolers roaring, the superior and all the other beneficiaries close enough to overhear an interview, and the normally vacant room above currently occupied, the only response was to postpone the interviews until a time when there was a quiet space available away from the noise and the other beneficiaries and trainers. Similar measures were taken at other sites to eliminate the opportunity for others to eavesdrop.

Additional validity considerations are cultural ones. In his book *Being Indian* (2004), Former Press Secretary of India Pavan Varma tells the story of a king and his royal *wazir* to elucidate what he maintains is the common Indian *modus operandi* concerning power dynamics:

The king was tired of eating eggplant. One day, he mentioned to his wazirthat the eggplant was an absolutely useless vegetable. The waziragreed wholeheartedly with the king, and went on to decry the poor vegetable so emphatically that the king was left in no doubt about how right he was. A few days later…the king’s personal physician met the king and spoke about the excellent health benefits of eating eggplant. Now the kind recommended it to his wazir*.* The wazircouldn’t agree more. The eggplant was veritably the king of vegetables, he said, and even as he continued to speak eloquently about its many qualities, the king suddenly remembered how on the last occasion this very man had so roundly condemned it. With anger he asked how he could maintain two absolutely contradictory points of view. The wazir’s answer came from generations of distilled wisdom. He said: ‘My Lord, I work for you, now for the eggplant. What good would it do *me* if I disagree with you and agree with the eggplant?” (emphasis author’s, p. 30)

Varma uses this anecdote to shed light on the “pragmatic perception that the power of his position was more important than the strength of his convictions” (p.31). Intimately linked to the discussion of power is hierarchy. Psychoanalyst Sudhir Kakar writes that, "irrespective of his educational status and more than any other culture in the world, an Indian is a *Homo hierarchicus*" (2009, p. 21). There is a tendency among Indians to categorize others according to (a perceived sense of) their relative importance. This proclivity becomes augmented in situations where there is significant power distance, or at least the perception thereof. As someone from the United States, educated, male, with light skin, this makes the researcher a *bade log* ("Big/important guy") in the eyes of some. This could have impacted the way that subjects answered questions; it's possible that, like the *wazir*, they felt the need to tailor responses according to what they thought the researcher wanted to hear rather than what they actually thought. To add to this, Momsen (2006) points out that “the women in some countries are not used to being asked their opinions…particularly…where women are less educated than men and allowed less mobility” (p. 45). She identifies Asia—even more than Africa—as a region where this tends to be the case.

Here too, great efforts were taken to overcome such barriers as much as possible. The researcher would begin by engaging the interviewee in a conversation in Hindi, something that most of the participants did not expect. Throughout the time with the participants were assured that they were not in any kind of trouble, that this was not a test, that they would not lose face with anyone at Shalom or at the Livelihood Center, that the researcher was the learner, and *they* the experts. The language of ‘friend’ and ‘brother’ was also employed frequently. All this was in attempt to mitigate any perceived power distance.

In many interviews, this approach seemed to pay off significantly in apparent candor from the interviewees. After explaining the project to one interviewee and telling her how her experiences could help women struggling with HIV in Delhi, she said, “You two seem like very good people to me. I will share with you what is in my heart.” Another interviewee said about the researcher and translator, “You are my *bhaiyah* and *didi* [brother and sister]; that is why I’ve told you everything.”

Like all human beings, they interviewees were no doubt selective in what they shared and how they shared it. For instance, one of the interviewees, in relaying her past experience in a red light district would refer to her activities there as a general *kaam* (“work”); whereas *kaam dhandha* is the more specific term for sex work. This example demonstrates a tension that other interviewees might have felt between openness and restraint.

Despite the great efforts taken to explain adequately the project to the interviewees, to provide for the stakeholders environments in which they would be free to share honestly, assure them of their anonymity and that all information shared was safe, to minimize perceived hierarchy and power distance, it is possible that some interviewees still felt uncomfortable or feared repercussions, either from the supervisors, from co-workers, the researcher or someone else.

## Limitations

### Scope of Exploration

Another item that deserves consideration is that this review is not a complete one. To cover all dimensions in the timeframe designated for research was not possible. Thus, some important components will not be explored that merit investigation and are essential to assessment and to making predictions. For example, this paper did not investigate the particulars of finances and budgeting, critical components to the creation of any sustainable, replicable enterprise.

### Generalizability

Another limitation of this research is its lack of generalizability. As is common in action-based research, the research is rather idiosyncratic, almost exclusively germane to Shalom and its stakeholder community. It is an inductive process that stops short of making sweeping general statements based on the particulars of the Livelihood Program. The process of qualitative research has sometimes been conceptualized as an hourglass, which begins by first acknowledging the existing research in the field, then narrowing the discussion to identify debates within the field and gaps within the existing research, and then, just as the hourglass grows very narrow at the midsection, so the researchers focus is to become very specified. It is here that fieldwork is conducted and results are analyzed. Up until this point, both the hourglass and the chalice have a similar structure; likewise, qualitative research and action research follow a similar pattern up until this point. Where they differ is in their bottom halves, the latter portions. Following the shape of the hourglass, qualitative research moves from the particulars to the general, connecting the specific findings to larger issues and established theories. Following the shape of the chalice, on the other hand, action-based research moves from the particulars to…the particulars. Just as the stem of the chalice does not widen significantly, so action research is limited to small-scale generalizations, if that. What the action-research method gains in specificity and applicability to particular issues, it loses in its power to make more sweeping claims.

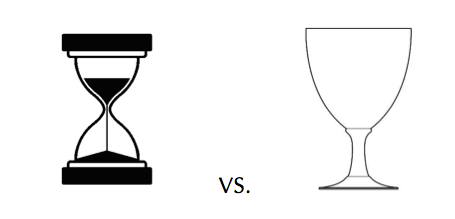


Figure 1: Qualitative Research Methods as Hourglass-Shaped; Action-based Research Methods as Chalice-Shaped (adapted from Scheyvens and Storey, 2013, p. 26)

In this way, the current research is only marginally generalizable, adding to the corpus of data surrounding poor women in India living with HIV. The study will likely corroborate aspects of existing research in the field. It does enhance an understanding of the barriers that hinder this particular demographic’s involvement in vocational training programs and gives insight into the reasons they might want to participate in spite of those barriers, but sweeping claims cannot be staked on this data alone. The chalice’s narrow stem cannot support broad claims.

## Assumptions

I am a male, White Anglo Saxon Protestant from the United States, with blonde hair and blue eyes to top off image of what many around the world might consider the ‘archetypal oppressor.’ I am mindful of this, and have been reminded of this perceived power distance through interactions and conversations with others in Latin America and South Asia. I have been met with everything from attitudes of servility to anger to a dismissive “you could never understand.”

Another assumption is the significance of religion and culture in driving social organization. There are certainly economic, political, and legal factors that affect current social arrangements in Delhi, and they will be discussed, but attention will be paid primarily to the sociocultural factors at play that create and perpetuate need.

In discussing cultural factors, it is often considered in bad taste not to adopt a relativistic so-called ‘neutral stance,’ that privileges the views of the marginalized or of developing world, or to make value judgments on the basis of culture. For an outsider, and certainly a Westerner, many view this as particularly bad form. In this paper, I will rarely use my own voice, but will explore the realities of women with HIV in India largely through indigenous voices. My background and assumptions no doubt influence the texts and passages to which I am drawn, but perhaps even more impactful have been the observations and conversations while living among Delhi’s poor and working with various indigenous NGOs. These experiences have given me a framework through which to understand the relevant literature.

I do maintain the view that certain cultural characteristics are preferable to others, for example, that peace is preferable to violence, health preferable to sickness, respect for women is preferable to disrespect. A related assumption is my belief in the importance of development work, and that it has the potential to aid in realizing more favorable ends for individuals and communities.

All this being said, I have done my best to facilitate a conversation between subaltern, indigenous voices in the literature and the voices of the stakeholders, giving preference and weight in my analysis to the actual and potential beneficiaries themselves, and allowing any critique to come primarily from indigenous scholars.

Another assumption relates to holistic care. This ideal of full transformation will affect my appraisal because I hold it up as a beneficial theological rubric that is helpful to apply to NGOs and non-profits, but essential to apply to Faith-Based Organizations (FBO) if they are to maintain a robust view of the kingdom of God and its implications for strategy and action.

## Theoretical Framework: Circle of Praxis

The action-reflection framework that seemed most compatible with the investigation was the Pastoral Circle, or the Circle of Praxis (Holland and Henriot, 1983).

The Circle of Praxis is a social-theological framework developed in a response to what Holland considered two rather disparate approaches to social analysis: 1) the “academic approach,” which “studies a particular social situation in a detached, fairly abstract manner, dissecting its elements for the purpose of understanding” and 2) the “pastoral approach,” which “looks at the reality from an involved, historically committed stance, discerning the situation for the purpose of action” (p.7). Holland himself admits the distinction to be overdrawn, but he does so to make the point that there is a tendency to divide the active and the contemplative, whereas there is a need for an integration of both in social analysis. The was all developed with the purpose of creating a more experiential approach to research, and one that would link faith to justice. Thus, this Circle of Praxis dovetails well with the action-based research approach, which seeks to catalyze change by its very design.

There are four steps in the cycle: insertion, social analysis, theological reflection, and pastoral planning.

1. ***Insertion***

In this first stage, the researcher steps into the geographical location, ascertaining a general understanding of what is happening at that location through lived experience with individuals and communities (p. 8).

For the research at hand, this involved spending time observing the goings-on at the clinic, conversing with the staff and director of Shalom, as well visiting to the Livelihood Center several kilometers south of clinic, spending time with the beneficiaries and the trainers, taking *chai* and *lassi* with those present.

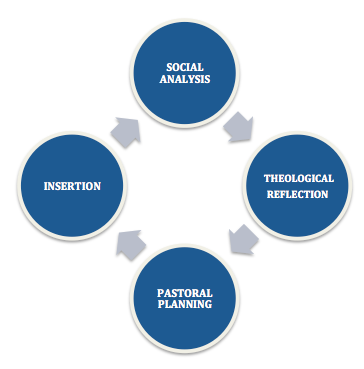


Figure 2: CIRCLE OF PRAXIS: 1) Insertion 2) Social Analysis 3) Theological Reflection 4) Pastoral Planning (Holland and Henriot, 1983)

1. ***Social Analysis***

Holland describes the Social Analysis step in which these experiences are “understood in the richness of all their interrelationships.” This is the step where the researcher “examines causes, probes consequences, delineates linkages, and identifies actors” (p. 8).

This section will primarily be devoted to presenting and analyzing the primary data gathered during the insertion step, during which time the researcher was spending time at the clinic, the Livelihood Center, and other organizations, observing and then interviewing the stakeholders. There will be interaction between the primary data and the literature, but the majority of the social analysis section will be examining the former, comparing and contrasting the comments about the Livelihood Program from diverse groups of stakeholders, seeing how the interviews corroborate or conflict with one another, and coding for need, sustainability, and replicability.

Since felt need by itself is generally seen as “an inadequate measure of ‘real need’” (Bradshaw, 2003, p. 3), several modifications have been made to the felt need model. It’s been modified in two ways: one, traditionally, felt needs assessments go to the population of potential beneficiaries themselves (Bradshaw, 2009). This analysis, on the other hand, will draw from not just the beneficiaries, but from stakeholders more generally who are well-acquainted with the struggles of poor women with HIV in Delhi. Thus, it will not be felt need analysis of targeted population, but of others who are acquainted with the targeted population, with the intention of presenting a “full-orbed” survey. Fig \_\_\_ represents this approach graphically, how the various perspectives generate a conversation about the livelihood center and will illuminate diverse perspectives on the subject of the Livelihood Program. Additionally, this analysis of stakeholder perception of need will be supplemented by normative needs standards. The conversations with indigenous experts and relevant capacity building/women empowerment literature (see Chapter 3) will provide a frame of reference for common indicators of need within the Indian context.

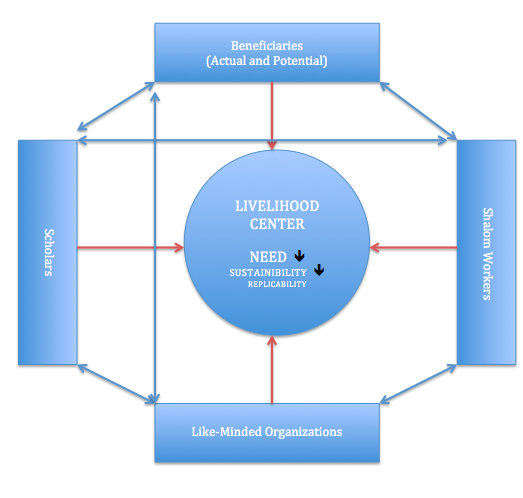
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Figure 2: Analyzing the Livelihood Center: This diagram shows the diverse stakeholder perspectives, and how these perspectives speak of each other, and, ultimately, will shed light on the questions of 1) Need 2) Sustainability 3) Replicability.

1. ***Theological Reflection***

The theological reflection step involves the researcher seeks to understand the analyzed experience through the eyes of faith, drawing from “scripture, church social teaching, and tradition” (p. 9). In this study, the social analysis is here complemented by an exploration of Shalom’s holistic care model in the light of the theological tensions concerning the kingdom of God.

1. ***Pastoral Planning***

In this fourth and final stage in the cycle (though, really, it is simply preparation for a new turn in the cycle, those involved in the Circle of Praxis attempt to answer the question of what implications the analyzed research has for individuals and communities, what response it called for (p. 9).

The goal of action research and of the circle of praxis is that action can be taken as a result of the research. While it would be ideal to be present for any implementation, and even repeat the Cycle a second time, the time constraints and the external nature of the research role renders that an impossibility. The researcher’s role in this Pastoral planning stage is a less direct, role of *kan foosi karne wallah* (From the Hindi, “whisperer”), someone who can examine the situation and then whisper some helpful findings into Shalom's ear, which could then lead to appropriate action being taken.

# CHAPTER 3: RESEARCH THEMES/LITERATURE REVIEW

This project is situated at the intersection of a number of fields: capacity building, women empowerment, health, and social entrepreneurship/microenterprise, all situated within an Indian, urban context. The challenge is that they do not always relate to one another in an integrated way in the literature. For example, the literature on business might speak to the field of entrepreneurship; entrepreneurship to development work; development work to capacity building or studies of women in India, but rarely do these fields combine in such a manner as to shed light on all aspects that need to be researched simultaneously. The deeper one delves into one of these aspects, the less one will find on the others.

To continue the metaphor of the chalice referenced above, this chapter will begin at the rim of the chalice, providing a bird’s eye view of the relevant literature. This review will bring together some diverse threads in hopes of illuminating the current demographic, cultural, and economic elements in the Indian context, and what that means for poor women in the slums, specifically those who are infected with HIV/AIDS. As the review of literature progresses, the scope will narrow, addressing increasingly specific aspects to the study, as well as identifying points of debate and where some gaps exist within the literature that this study can partially illuminate. It will conclude with an examination of development efforts in India generally and for women empowerment in particular, as well as an identification of gaps in the literature.

## India: A Bird’s Eye View

### Demographics

The world is rapidly changing. Just over 200 years ago, 97% of the world’s population was still rural, and less than 2% lived in ‘urban centers’ of 5,000 people or more (Grigg, 1992, p. 27). In 2009for the first time in human history, there were more people living in urban areas than rural areas. This urbanizing trend continues in most countries around the globe, though the process is slower in some places than others. In India, the percentage of urban population was 28% in 2001 and 32% in 2015, substantial increases from 100 years ago when that figure was 10.9%, but still significantly less than global averages (Toor et al, 2013, p. 51; “The World Fact Book,” 2015). This means a group of people larger than the entire United State’s population, is currently residing in India’s cities.

Despite the largely rural population, India contains some of the world’s largest urban centers. Mumbai is the fifth largest urban agglomeration, and Delhi is the second largest, with almost 26 million residents (“World Fact Book,” 2015). With the emergence of these megacities have come numerous problems. For one, the infrastructure of Delhi is insufficient to accommodate its burgeoning population. With hundreds of people coming from villages in neighboring state everyday, the pressure on the infrastructures fault lines results in many people falling through the cracks. Those who migrate to Delhi typically settle into one of the almost 1,100 colonies at the fringes of the city (Wadhwa et al., 2012).

### HIV/AIDS in India

The number of people with HIV and AIDS in the world is currently about 40 million (Shah, 2006). More than half of this 40 million is women, and recent incidence rates reflect that younger women are being infected “at an alarming rate” (2006, p. 16). As of 2006, there were 2.5 million people living with HIV/AIDS (de Souza, 2009, p. 692). In India, as in the rest of the world It has been a topic of much discussion, though the conversation has tapered off within the last ten to fifteen years, as some scholars conclude that the AIDS crisis is much more manageable than researchers had originally thought (2001, p. 42). The volume on HIV and AIDS in South Asia published by the World Bank (2009) describes India's HIV situation as "high preventable" (p. 32), although as many as 50% of Asia's HIV-infected are in India (14). The viewpoint that the situation has improved is not an uncontested one. Some scholars maintain that while incidence rates might have leveled, prevalence rates are just as high as ever. Others maintain that the apparent decline may not even be a decline at all, and has more to do with adjustments in the data collection strategies (UNAIDS, 2007). As of recently, the city of Delhi itself is considered an “emerging hotspot” (Wadhwa et al., 2012). Unlike the United States and other countries in the West, where HIV has been prevalent among the educated and wealthy as well as among the poor, it is typically the poor and uneducated of India who contract the condition.

Given the general wisdom that the HIV crisis in India has been averted, funding for research and treatment has been consequently diverted. What this means is that those organizations that treat PLHA tend to be short-staffed and under-funded. A number of organizations, like Shalom, seek to provide more than medical services. Part of their work involves providing education for the infected, affected, and their communities about HIV/AIDS, explaining what it is and is not so as to help counter the isolation that PLHA and their families often experience as a result of the condition.

## Indian Social Organization and its Implications for Women

### Caste and Family: Chief Organizing Principles of Social Life in India

In Sudhir Kakar’s (2015) estimation, the joint family and *jati* (caste) are the two most significant organizing principles for Indian society. He writes, “Second only to the extended family as a pervasive social dimension of identity in India is the institution of caste [*jati*]” (p. 146). He defines *jati* as social group to which an individual belongs by birth,” and that it is from within one’s *jati* that one will have the closest relationships, that one will likely enter into one of several traditional occupations, that one will likely be married (p. 146).

According to some, however, caste is not such a neutral phenomenon. This has been a point of contention for centuries. Jotirao Phule (1827-1890), considered the father of Indian social revolution and hailed by Gandhi “the true Mahatma” (great soul), equated the caste system with prison, a “system of slavery…to which the Brahmins [high caste] reduced the lower classes, in no respects inferior to that which obtained a few years ago in America [antebellum slavery]” (2008, p. 7). In protest of the institution, he was willing to make his well available to *atishudras*, (untouchables) and ate meals with others—regardless of their *jati*. These were considered radical steps in a culture where distinct group identities and the purity thereof were maintained by eating with and marrying within the caste.

Dr. Ambedkar (1891-1956), the writer of India’s Constitution, also rejected the idea that caste is neutral or necessary. In his famous undelivered speech, “Annihilation of Caste,” Ambedkar decries caste and calls for its demise. Unlike Gandhi, who advocated for the institution, and viewed it as a mere division of labor essential to any functioning society, Ambedkar maintained that it was not just a division of labor, but rather a division of *laborers*, a “hierarchy in which the division of labourers are graded one above the other” (2014, p.233-234). He viewed the structure as both pervasive and pernicious. “Turn in any direction you like, caste is the monster that crosses your path. You cannot have political reform, you cannot have economic reform, unless you kill this monster.”

Caste was legally abolished in 1949, and some argue that is no longer exists or that its influence has significantly diminished. Others, like Arundhati Roy, argue vehemently that caste remains just as real as ever, albeit in more modern garb: “Democracy hasn’t eradicated caste. It has entrenched and modernized it.” Varma voices a similar observation, that, while caste is “officially frowned upon…the mentality of a stratified society is very much in evidence in everyday life” (p. 21). Caste has implications for women as well. The resultant stratification will be evidenced in the review of gender and joint family, and its implications for women.

### Women in their Place

The plight of the girl child in India continues to be a grave concern. Acid attacks, dowry burnings, rapes and infanticide of the girl child are not uncommon headlines in Indian papers, and such reports are beginning to garner substantial international attention and heavy criticism. Nobel Laureate Amartya Sen’s recent essay (2015) describes the enormous contrast between the lives of India’s “first boys”—India’s shining stars who get top marks and recognition at home and abroad to their achievements (it would seem Sen himself is among their ranks)—and the lives of India’s girls from poor families. He writes, “When biases of one kind (for example caste or class) combine with other sources of disparity (such as gender), the oppression of the victim groups (such as girls from poor and low-caste families) can be massive and tyrannical” (p. xxvii). An exploration of these factors will help in locating the woman’s position in Indian family and culture, as well introducing the barriers to her empowerment.

India tends to follow the joint family or “collective household model” (Ghosh, 2009). When the daughter is married—the average age is fifteen or sixteen—she leaves her natal family and joins her husband’s. This has profound implications for a family’s view and treatment of their daughter as well. The cultural practice makes the girl a sojourner of sorts. Growing up in her natal family, her treatment can been described as that of a guest. As one author puts it, she is “treated with the solicitous concern accorded to a welcome outsider who, all too soon, will marry and leave her mother for good” (Kakar, 2009). When she leaves her mother for good, she becomes a servant to the *sasuraal* (in-laws), more a daughter-in-law to her mother-in-law than a wide to her husband (Kakar, 2015, p. 93).

The girl child’s imminent departure from the family when she joins the *sasuraal*—not to mention large expenses for wedding and dowry required in the pre-departure expenses—contribute to a prioritization of the son over the daughter. The son tends to be seen as a more sensible ‘investment’ for the family, as he will continue to live with his parents, earn income for the family, and support his parents in their old age.

The age at which girls are married in India also contributes to her disempowerment. A 2006 surveys found that 27% of 15-19 year-old females were married and almost 12% were married by age 15 (Wadhwa et al, 2012). These marriages—a choice over which the daughter rarely has any say—have serious implications for the rest of the girl child’s life. By getting married so young, many of these girls do not finish their education. As of 2008, the literacy rates among females between 15-24 were 65% for females, compared to 80% for males in the same range (Wadhwa et al, 2012).

The female’s expected role within her husband’s family also de-incentivizes investment in the girl child and her education. What good will an education go a girl who is going to spend her life doing *ghar ka kaam* (house work), cooking, cleaning, and rearing children? It is the boy-child who will be doing *bahaar ka kaam* (literally “outside work”), and an education naturally prepares him for vocation. Early marriage is often followed swiftly by child rearing, with “15% of annual births are to women between 15 and 19 years of age” (Wadhwa et al. 2012). Furthermore, the number of children born tends to be higher among the poor,

With a mother-in-law insistent on being served and her home well cleaned and a husband expects to be fed and for his wife to take care of the children’s needs, the wife has numerous obligations that ensure that the *ghar* (home) remains her domain.

These duties serve to reinforce the “home-boundness” of the women, significantly reducing mobility and autonomy. One scholar describes a woman as “living under the control of first their fathers, then their husbands and finally their sons” (Ghosh, 2009, p. 249). The scholar was likely cognizant of the fact that her statement closely approximates a sanction found in the *Manusmriti* or *The Laws of Manu*, a Hindu sacred text that stipulates a code of civil conduct:

‘By a girl, by a young woman, or even by an aged one, nothing must be done independently, even in her own house. *In childhood, a female must be subject to her father, in youth, to her husband; when her lord is dead, to her sons;* a woman must never be independent.’ (Doniger & Smith, 1991; emphasis added)

Some scholars point out that there are also passages from Hindu sacred texts and mythologies that speak to a family’s duty to revere its women. In his book connecting Hinduism’s ideological roots to India’s current social patterns, the late Indian sociologist Pandharinath Prabhu identified sacred verses that exhort in-laws to treat new brides “with respect and kindness,” and that, “where women are honoured…there the very Gods are pleased, but where they are not honoured, no sacred rite even could yield rewards” (2010, pp. 230, 267).

Despite the existence of such texts, patriarchy remains a commonly noted element of the Indian experience, both in public and private spheres of life, and some even position these Hindu texts at the root of the issue of patriarchy—among other issues (Ambedkar, 2014; Kakar, 2015; Wadhwa et al., 2012). Some sacred texts point to the woman’s relationship to her husband as being to that of a lord to whom she remains bound be he alive or deceased or even to that of a god whom she should worship, “even though he happens to be a man of bad character and has no good quality in him (Prabhu, 2010, p. 231).

As manifested in domestic violence statistics, men of “bad character” is a reality for some women. A recent study found that 13.1% of youths aged 15-24 have been victims of sexual abuse, “*predominantly at the hands of their husbands or partners*” (Wadhwa et al. 2012, emphasis mine). Kancha Illiah (2013), in a discussion of rape in India, maintains that there is a strong connection between the conduct of Hindu gods and their devotees, that if the pantheon dominates women, so will those who glorify them. "What gods do influences us much more than the moral lesson at the end," Kancha asserts.

The uneducated, poor Indian woman typically does not have the autonomy or the will for fighting or fleeing from such situations. Kakar (2015) writes that, “in the social hierarchy of her new family [her husband’s], the bride usually occupies one of the lowest rungs” (p. 84). Elsewhere, Kakar notes that the Indian woman tends to "choose to suffer humiliation, rather than leave an oppressive husband," and that, regardless of social class, "is apt to deny the presence of marital problems, such as a husband's alcohol abuse and violence" (p. 64).

If she did manage to muster the strength of will to leave, where would she go? Her home is her sphere of experience, not the outside world. Her limited mobility would make it difficult for her to move about easily. Were she able to find a way to travel back to her natal family’s village, it is not likely that they would receive her back. Such a trip, of course, assumes the means to pay for transport. Her husband earns the money, and she has neither the skills nor education to qualify for anything beyond menial tasks. As *bahaar ka kaam* (outside work) is considered the man’s domain, she would likely be a woman working alongside mostly men, which poses other threats to her safety.

Despite the difficulties that might be present in the home, it is far safer in the estimation of many women to remain in the *ghar*, their domain of influence—however limited—than to run away and face the largely unknown domain outside the household with all its attendant risks and dangers.

Unpromising prospects of rebelling within the family structure or leaving it all together are complemented by the cultural-religiously engrained belief in faithfully performing one’s *dharma* (duty) and in accepting one’s sense of fate (Steward, 2008, p.1233)—combine to devastating effects. The following section will investigate the impact of HIV on the woman.

### The HIV Dimension

The prevalent socio-cultural and economic patterns already pose significant challenges to the autonomy, mobility, capability, and respect of the poor Indian woman in the slum. The added dimension of HIV tends to significantly complicate the lives of women.

With a lack of education comes tremendous ignorance about the nature of HIV and AIDS. A study of factors affecting slum-dwelling female youths in Delhi and Hyderabad found that, while 88.5% of females aged 15-24 had heard of HIV, only 16% of them could identify a method of prevention (Wadhwa et al., 2012).

Even if there were access to education in the slum and the girl was able to pursue it, early marriage effectively truncates the girl’s education pursuits. Their activities confined to the house also means that access to information is also limited. Sex and reproduction are viewed as taboos, so they are not discussed in the home (Wadhwa et al., 2012). This is reflected in a study of poor low-caste women in Delhi found that most of women interviewed were “unprepared for, and ignorant about, sexual intercourse until the first night with their husbands” (Kakar, 2009).

Should they come to understand about the nature of HIV and the ways in which in can be contracted, most women in the urban slum setting still have little ability to resist advances of an infected husband or to negotiate practices that would prevent infection. Interviews with women in Hyderabad (2012) revealed that they could not insist on the use of condoms or refuse their husband. This echoes the dynamics at play in the study of low-caste women in Delhi. Kakar (2009) describes the findings:

Most women found it [sexual intercourse] painful or distasteful or both. It was situation to be submitted to, often for fear of a beating…the act itself was seen as a prerogative and a legitimate need of the male—‘*aadmi bolna chaata hai’* (Man wants to speak).’ (p. 94)

Kakar maintains that this submissiveness has everything to do with the archetypal good wife image found in Sita, the heroine of the epic *Ramayana*. He asserts that, regardless of religion, region, caste, or class, modernization or urbanization, Sita remains “the quintessence of wifely devotion” and “ideal of womanhood” in India. The ideal is one of “chastity, purity, gentle tenderness, and a singular faithfulness that cannot be destroyed or even disturbed, by her husband’s rejections, slights, or thoughtlessness” (pp. 73-76).

This common template for husband-wife relations in India poses serious risks to the woman, and greatly increases her vulnerability to HIV/AIDS. Some studies regard marriage as posing the greatest risk of infection for women (Wadhwa et al., 2012). Even when a woman is infected by her husband, the *sasuraal* commonly casts blame on the daughter-/sister-in-law as the one who brought the disease.

***Stigma: Perceptions and Misconceptions about HIV/AIDS among Indians***

As many women are ignorant about sexual intercourse itself, this clearly poses problems to proper understanding of the nature of HIV, how the condition is (and is not) contracted. Interviews with women from Delhi and Hyderabad found that many of the interviewees’ knowledge about HIV/AIDS was “incomplete and inaccurate” (Wadhwa et al., 2012, p. 481).

In the same study of females from Delhi and Hyderabad, those interviewed who do not have the condition displayed an air of superiority. Some women believed that those with HIV are “victims of the *karma* (action) (p. 481). One interviewee maintained that:

“It is their fault [those who have contracted AIDS]…one should control oneself…so why should I think about AIDS, it is a time-waste—those who are making this mistake [multiple sexual relationships] will get this disease, so I don’t think about it.”

Many women thought that it is only through relations multiple sexual partners. This misconception precludes used needles and breastfeeding as possible pathways to infection. The BBC recently ran a story about people contracting HIV through blood transfusions in hospitals all over India. Over 2,000 patients have contracted the condition through hospital blood transfusions in the last two years alone (“India hospital transfusions infect thousands,” 2016). By the dominant (and misguided) rubric of HIV/AIDS, these patients infected through hospital transfusions would be viewed as profligates who have gotten what they deserve for immoral sexual relations.

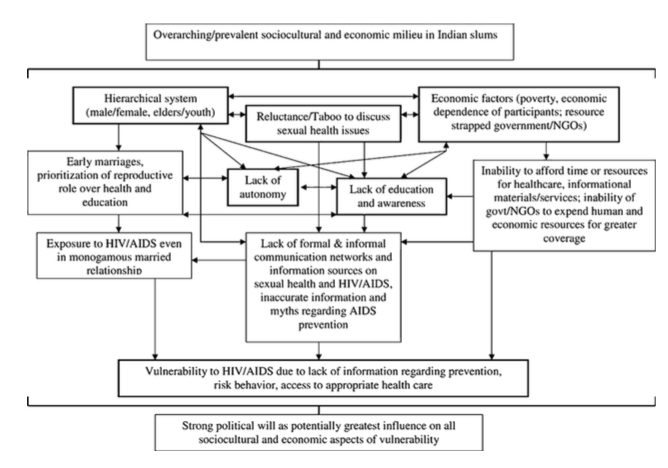
Such studies give keen insight into the stigma surrounding HIV/AIDS, and why people would want not tell anyone about their condition. Those in India who do have HIV tend to keep their status very private. One study (Asfar, 2004) found that, from a sample of almost 300 people infected with HIV living in Delhi, only 10% had informed their parents, and even fewer had chosen to inform their friends (5%). Many of those interviewed revealed that they had experienced mistreatment because of their status, many from family and health personnel, and others from neighbors or distant relatives. Other studies have noted the vulnerability that many women feel, and the similar trend of ostracization of women who have are positive—or at least believed to be positive—by the in-laws:

“[R]esearch has shown that the consequences of HIV stigma are particularly harsh for women, including rejection from husband’s families and fewer financial resources for managing the disease…These consequences may place women at the mercy of extended relatives or public assistance programs, making it more challenging to maintain medical privacy.” (Steward et al., 2008)

***Concerning Widows***

The widow infected with HIV in India is possibly the most vulnerable of all. Without skills, without work, without education or sufficient knowledge of the world beyond the household, without reputation, without a person in whom she can confide, and, possibly, without a place to stay—in the event that the *sasuraal* (in-laws) remove her and her natal family does not receive her back—this all creates a perfect storm of isolation and vulnerability.

Figure 4: This diagram maps some of the interrelated social, cultural, and economic factors that perpetuate and exacerbate conditions of vulnerability of female slum youths to HIV/AIDS in the Indian context (Wadhwa et al., 2012)



With discussions of this nature come objections of essentialism, reductionism and overgeneralization: unfashionable assaults on Indian identity and its oft-championed diversity. India’s diversity is a common point of pride among many Indians, as manifest in the oft-invoked fact that in India, every so many kilometers, the language, the clothing, the food, the culture changes. In a country of 1.2 billion people—or even in the city of 25 million—there are bound to be exceptions to such general statements. Undoubtedly there are families that are happy to at the birth of a girl, who see her as an equal with her brothers. No doubt there are husbands who love their wives and mother-in-laws who treat their daughter-in-laws “with respect and kindness,” as the *Mahabharata* enjoins.

Aware of the unpopularity of generalizations among academics, Kakar, in his work that attempts to outline the Indian cultural imagination or “Indian-ness,” offers the counter that, “without the big picture—whatever its flaws of inexactness or tendency to err in some details—the smaller, local pictures, however accurate, will be myopic, a mystifying jumble of trees without the pattern of the forest” (2015, p. xii). Similarly, Varma points out what he describes as an emerging “Pan-Indian-ness,” maintaining that, “a people who have evolved in the same crucible for thousands of years are bound to develop certain unifying traits, a tapestry of common beliefs, cultural similarities, shared outlooks and overlapping identities” (p. 148).

Furthermore, things *are* certainly changing for India's women. Many writers have noted such shifts as women working as well as the husbands, having more active roles in decision-making, and so on (Kakar, 2009, p. 58). But, as mentioned above, the change is not evenly diffused across all sectors of Indian society. It is typically concentrated among India's more culturally and socially dynamic middle and upper classes. These classes are usually the most common exceptions to sweeping statements about Indian identity found in the literature. In the villages and in many of the slums, changes in the treatment of women are relatively negligible. As Nobel Laureate Octavio Paz once observed, India’s social institutions—particularly castes—“were invented not for change, but for *endurance*” (Varma, 2004, p. 167; emphasis author’s).

## Proposed Solutions

### Development Goals and Indicators

In 2000, the United Nations developed a list of eight development goals known as the Millennium Development Goals (MDGs). There were eight goals with corresponding targets and indicators, ideally to be reached by 2015, related to everything from eradication of poverty and hunger to gender equality and women empowerment to maternal health and education (see Fig. 5 for full list). For the goal of gender equality, the target and indicators that the UN created were:

**Target 4**. Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

**Indicators**

* Ratio of girls to boys in primary, secondary and tertiary education
* Ratio of literate women to men, 15-24 years old
* Share of women in wage employment in the non-agricultural sector
* Proportion of seats held by women in national parliament

(“Goals, Targets, and Indicators,” 2006)

When 2015 came, the UN and its affiliates revised the goals. After the revisions, the eight MDGs became seventeen Sustainable Development Goals (SGDs), with 2030 set as the target year for their realization. On this expanded list, as well, gender equality (and “social inclusion and human rights for all”) remained a goal and was accompanied by a list of targets and indicators. Below are the relevant targets and indicators:

**Targets and Indicators**

**4a**. Monitor and end discrimination and inequalities in public service delivery, the rule of law, access to justice, and participation in political and economic life on the basis of gender, ethnicity, religion, disability, national origin, and social or other status.

* Percentage of seats held by women and minorities in national parliament and/or sub-national elected office according to their respective share of the population (modified MDG Indicator)
* Average number of hours spent on paid and unpaid work combined (total work burden), by sex

**4c**. Prevent and eliminate violence against individuals, especially women and children.

* Prevalence of women 15-49 who have experienced physical or sexual violence by an intimate partner in the last 12 months
* Percentage of referred cases of sexual and gender-based violence against women and children that are investigated and sentenced

(“Proposed Goals and Targets,” n.d.)

Figure 5: UN's Millennium Development Goals, developed in 2000 with a target year of 2015 (left); UN's Sustainable Development Goals, developed in 2015 with a target year of 2030 (above)





These goals and indicators from the UN and similar organizations focus on a number of issues related to women, including improvement in education and literacy, increases in employment and pay, and reductions of physical and sexual violence victims.

### Social Entrepreneurship

The burgeoning field of social entrepreneurship is a relatively recent development according to David Borstein (2007). Microenterprise development (MED) endeavors began to become popular in the 1990s with the emergence of notable programs like FINCA in Latin America and Grameen Bank in Bangladesh (Bussau & Mask, 2003). Others in the field similarly note that, “maximizing the common good and minimizing social injustice is the order of the day” (Greenberg et al., 2011, p. 1).

This cultural shift that is taking place in many regions of the world: on the consumer side, people are now caring more about where products are coming from and how ethical the production process is, how the workers involved in production are being treated and paid, and so on. On the business side, there has been significant discussion of how to make these efforts succeed. The tradeoff in pursuing such ends is less profit, as social entrepreneurs seek to consider outcomes other than the "bottom line," like the social and environmental impact, sometimes referred to as the "triple bottom line" (2011, p. 122). There are many challenges that social entrepreneurs face, and while the trend continues to grow, most social endeavors do fail, and those that succeed tend to see only modest returns (MacMillan & Thompson, 2013, xiii).

As mentioned above, the plight of women is a common point of discussion, and there are numerous NGOS throughout India that seek to empower women through various means. De Souza (2009) comments that, “NGOs are deeply embedded within India’s sociopolitical landscape” (p. 692).

### Capacity Building and Women Empowerment and Social Change

Amartya Sen (2000) discusses that while many of these efforts address well-being, there is a need to focus on agency as well (pp.189-190). Agency has been defined in development circles as “the capacity of human beings to participate in their environments and shape the circumstances in which they live” (de Souza, 2009). For Sen, this idea agency carries the idea of women becoming “agents of change: the dynamic promoters of social transformations that can alter the lives of *both* women and men” (p.189, emphasis author’s). He intentionally places juxtaposes this notion of agency to the older well-being approach that tended to make women passive recipients.

Sen goes on to note these categories of agency and well-being are not mutually exclusive but rather overlapping, and empirical studies demonstrate that the former tends to reinforce the latter. Variables that Sen mentions as contributing to a woman’s agency—and thereby contributing to her well-being and respect—are a woman’s ability:

1. To earn an independent income
2. To find employment outside the home
3. To have ownership rights
4. To have literacy
5. To be educated participants in decisions within and outside the family (p. 191)

Ghosh (2009) posits a similar argument, that material well-being of the woman is insufficient, and that development requires such things as:

1. Higher standards of health and nutrition
2. Better education
3. More equality of opportunity
4. Political freedom
5. Personal security
6. Community participation
7. Guaranteed human rights

The description in previous sections of the situation of the poor Indian woman illuminates the legitimacy of Sen’s (2000) assertion that these albeit diverse elements like education, employment, exposure to the world beyond the home, “have a unified empowering role.” He goes on to state that, “economic independence as well as social emancipation—can have far-reaching impacts on the forces and organizing principles that govern divisions *within* the family and in society as a whole” (p. 192, emphasis author’s).

Presumably development goals are in response to need. Thus, these discussions provide a frame of reference for the discussion of normative need. This will provide a helpful supplement to an assessment that analyzes the felt need. From the literature, several items emerge as the most commonly identified normative needs for women in India: education and literacy, mobility, autonomy, ability to earn an independent income, and a voice within the family and outside the family.

### A Note about Preferential Option for the Poor

It is interesting to note that, across the many disciplines discussed, there appears to be a strong preferential option for the poor and the oppressed in the literature, both religious and secular. Paul Farmer (2003) refuses to blame poverty and poor health on the poor themselves, opting for a more systemic view of poverty that dovetails neatly with his reflections upon Liberation Theology à la Gustavo Gutierrez and anti-colonialism à la Eduardo Galeano. The former adopts a lens that interprets the *Bible* from the margins, and the latter adopts a historical hermeneutic that operates on dualistic terms of oppressor-oppressed, colonizer-colonized, or--in Marxist speak--*bourgeoisie-proletariat*.

Minkler (2005), speaking from a community organizing perspective, warns against the use of the social capital rubric for similar reasons, because it might lead to a "victim-blaming mentality" and a "social deficit perspective which implicitly holds up the middle class community as the standard of comparison" (p. 38). Any critique that would cast the poor in a negative or blame-worthy light is categorically dismissed as misguided and even unethical.

The language of “subaltern” perspectives and voices is a common word in indigenous literature, often in reference to the plight of the poor, the low-caste, and women (de Souza, 2009).

The "'rights-based' rhetoric" that Leisinger reflects upon (2009) is the political manifestation of this preferential option. Leisinger is by no means not alone in his conviction that governments are "the most comprehensive duty-bearers," responsible for providing goods and services to those who do not have access to them (p. 86); it is taken as axiomatic by most in development circles. In the forward to his book on urban development, S.L. Sharma (2013) writes that urban development should aim to raise the "quality of life of the people [living in the city], *especially of the poor and the deprived*" (p. xiii, emphasis mine).

### Gaps in the Literature

While there is plenty of literature on HIV and AIDS, on women empowerment and the plight of the Indian woman, on vocational training programs and microenterprise schemes, there is a dearth of literature on the intersection of all these areas. In a conversation with a professor of social work from a Delhi university, she maintained that there is currently no literature on the topic, “absolutely nothing on vocational training for women in Delhi from an HIV perspective.”

## Conclusion

These are some of the major themes that come together in this study. What the literature points to is that not only in religious, theological circles is there a concern for people at the margins, but also in secular literature as well: the rights-based rhetoric continues to abound, as does discussion about, and in many cases, preference for the poor, the plight of the Indian women is coming to the global fore, and the discussion of AIDS in India continues to be a topic of discussion among health professionals (2006).

Joint family and *jati* emerge as significant shapers of the social fabric by many scholars’ estimation. The Indian sociocultural mileu and its impact on the treatment of women remains a point of contentious discussion, a debate sparked by Phule, and stoked Ambedkar and others. The plight and empowerment of women continues to feature prominently in development forums, and among NGOs and governments and the United Nations. Development. Microenterprise and vocational training have also entered the mix as a means of facilitating transformation for women.

While there is a great deal of discussion about social entrepreneurial endeavors, sustainable models are hard to come by. A study recently featured in the *Harvard Business Review* (2005) found that there is "a pattern of unwarranted optimism" in the evaluation of nonprofit pilot programs and social ventures. Good intentions are not tantamount to economic success. It would seem that narrow is the road and small is the gate that leads to successful community-based social entrepreneurial endeavors, and few are the organizations that find it.

# CHAPTER 4: INSERTION AND SOCIAL ANALYSIS

## Insertion

The Insertion Step of the Circle of Praxis began in the Chapter 1 with the introduction to the research context. The Insertion Step will continue in this chapter with a description of the findings form the conversations with stakeholders, and will conclude with an analysis of those conversations.

The transcripts were coded for themes of need, sustainability and replicability. Any words or phrases that expressed need or want (explicitly or by implication) were flagged. Any statements that related to reasons why they joined, hindrances to actual or potential beneficiaries joining, or comments on the usefulness of the endeavor were also flagged. For sustainability and replicability, the researcher flagged words and phrases that related to the future: goals, dreams, intentions, vision, feasibility, predictions. Additionally, statements about the present dynamics of the program and current challenges were also flagged.



Figure 6: Approximate locations of Clinic and Livelihood Center

Ensconced in a neighborhood adjacent to a yellow line metro station is a small yellow building with blue doors and windowpanes. From the roadside it looks like just another apartment building, but step inside, and one hears sewing machines. Climb the stairs to the second floor (which, in India, is the first floor). There are *chappels* at the door, and the sound of laughter and exuberant voices over the whir of fans and desert coolers. There, in a small 15x15 room, a handful of women, some young, some middle-aged, sit and put the finishing touches on the straps for the brightly colored handbags.

### Life Circumstances of HIV Positive Women in Delhi Slums

When asked to describe the state of HIV-positive women in Delhi when they come to NGOs and the life circumstances that they face, social workers described mostly bleak realities, full of hardships. One social worker described the state of such women as “quite broken,” “discriminated against,” “marginalized from society.” Another social worker described women in the slums with HIV as “suppressed.”

Interviews revealed that the beneficiaries—and many other women who come to the NGOs—tend to live in poor living conditions: large families crammed into small, poorly-constructed homes. Many of the women are uneducated and live in poverty. Many women stay at home and do not leave the house much. One stakeholder mentioned a woman who was dropped off at the NGO for assistance, but was then unable to find her way home from the NGO, because she had never had to travel by herself.

Many of them have husbands who are sick, and so they burden falls on them to tend their sick husband and also work. One woman mentioned a patient she had recently met:

“She leaves for work at eight in the morning, leaving three kids under the age of ten. Three children! She’s an HIV positive widow, just twenty-four years old, leaving two positive kids [at home]. Leaves home at eight in the morning, comes home nine at night, works Sundays.”

Numerous social workers confirmed that this is common, that women who have to work typically work in factories work for long hours, with inflexible schedule, under dangerous working conditions—pollution and male coworkers were most frequently mentioned hazards—and for little pay.

The stakeholders had personal experiences to offer to the conversation.

“I am HIV positive. My husband got expired, and then I was kicked out from my in-laws. So I have struggled so much. I didn’t have support from in-laws or my own family. They [natal family] kicked me out of my village. They gave me a little place, and I covered my house with plastic bags.”

The pattern of the wife being blamed for a husband’s HIV-related death and eviction from the *sasuraal* (in-laws) was a common theme. “They give all the shame to the lady,” one social worker asserted. “Maybe 20% stay with their in-laws, but 80% of women have been kicked out. They usually don’t tell the family that they have it.”

The stakeholders asserted, some by personal experience and others by trends that they had observed, that it is positive widows who suffer the most. One woman remarked that,

“It’s not just being a widow…it’s being a widow with HIV attached to it, which is one of the worst discriminations that a woman can face.”

Below are some common themes and descriptors used to explain the state of the women and their common life circumstances. These are direct quotations from the social workers and beneficiaries themselves.

* Quite broken
* Discriminated against
* Hopeless
* Marginalized from society
* Think HIV is a curse from God
* Dreams shattered
* Frustrated
* Husbands drinking, abusing drugs
* Not much money left
* Women live at home
* Uneducated/Illiterate
* Drinking, gambling
* From broken families.
* Packed, crowded homes
* Suppressed
* Very poor
* Untouchability
* I am in very hard times
* Discriminated from the family
* Very menial job

When asked about what women in such circumstances need and what would empower them, the responses from the social workers were diverse:

* Money
* Emotional support
* Physical support
* Mental support
* Literacy
* Education
* Love and care
* Stable employment
* Autonomy
* Self-esteem/confidence
* Independence
* Mobility
* Capacity/capability
* Stand on their own feet
* Spiritual support/love of God
* Safe environment
* Rights/knowledge of rights
* Job skills
* Leadership skill

### Needs Described by Potential and Actual Beneficiaries

The needs that women most commonly identified were the skills being taught—sewing was by far the most common skill mentioned—and the money they received each week (Rs. 900 per week, approximately $13.80) was most commonly devoted to the purchasing of food items like wheat, rice, and *daal* (lentils), clothing, and for apartment rent.

* Skills/training
* Money
* *chaaval, daal, aatha* (rice, lentils, wheat)
* *roti, capre, makaan* (bread, clothing, shelter/home)
* Books for children’s education

### Reasons Women Gave for Joining the Livelihood Program

A related question asked was why they joined the Livelihood Program. All indicated that it was necessity that drove the decision. All listed a reason related to family. One woman joined because her husband has died, and she needs to provide for her children. Another woman said that she husband was not working currently and so she needs to provide for their household’s needs. Another woman’s husband is sick and can only work several days in a month.

One woman, while mentioning the reason related to a husband, also remarked that it was “something to do,” that with a husband who works occasionally and children in school, she would have nothing to do at home. “What am I supposed to do all day? Look at the walls?” Here are other responses given:

* + Learn something for a bright future
  + Fathers/husbands who cannot work, unemployed or underemployed
  + Children must be provided for “If I don’t come, how will my kids eat?”
  + Hunger
  + Aspirations beyond the LC: tailor, designer, working on sewing machine at home

### Hindrances to Participation in Livelihood Program

The experiences of the women are who currently participating in the Livelihood Program and the predictions of social workers that are regularly engaged with similar individuals reveal common consensus about barriers. Below are some of the most commonly discussed hindrances to participation.

***Lack of Motivation or Confidence***

Interviews revealed that some women require tremendous support and encouragement before they begin. One respondent said,

“It took me almost two and half years to motivate a woman that, ‘Your husband is HIV positive, you’re HIV positive, your children are HIV positive; if he’s not working you *have* to work for your family.’”

Other respondents noted the lack of confidence in many women, especially when they first come to Shalom and to similar organizations. Some social workers described some women they have worked with as “timid” or even “fearful,” and then many feel powerless and incapable.

“Its about motivating them…the environment makes them feel that they can do it.”

Another subject expressed similar sentiments:

“They didn’t realize that they can do it. They’ve been treated as if they can’t do anything. They’re just sitting at home. So if there’s somebody or something that can help them realize that they are capable of doing things, then I think it will help them because even their thinking is “oh no I can’t do it.” When something tells you ‘you can’t do it’ you also believe that you can’t do it. But if someone encourages you, pushes you do try it, do it. But if you’re suppressed, you just sit at home. Then you’ll obviously feel like you can’t do it.”

***Family Circumstances***

Family issues were another commonly discussed hindrance. When husbands are sick, it falls to the wife to stay at home and care for his needs. Taking care of children is the woman’s domain. It is often not feasible for her to travel and leave her children. These domestic tasks are expected to be fulfilled by the woman as well, and their fulfillment can make it unfeasible for some women, according to some respondents. One woman said discussed how it is an effort for her to leave the house for work, because her husband does not her working:

“In my place, where I come from, we just cook and clean, and husband go out and work. We are not made for work. My husband said, ‘If I make one rupee, we have to survive on that one rupee. You don’t go out and work.’ Man feels bad because of the society pressure. Why the ladies are going out for work? If you are the man and you are sitting at home, so that’s not good.”

***Distance***

Distance is another factor that many respondents noted as a potential hindrance to participation. In discussing some of the challenges regarding the LP, one woman commented on how far the center is from her home. “Everyday, one person, 40 rupees transport.” That means about a fourth of the day’s stipend goes to transportation costs. This beneficiary continues to come, as do other women who travel significant distances across Delhi. Respondents from other organizations noted distance as a potential issue for people from their networks who might be interested in joining the LP.

“200-250 would be their [daily] travel expense. The money they make would be spent in travel expenses.”

At another point in the interview, the woman

“If I tell a person from Agra [a city three hours’ train ride away from Delhi]…[about the LP], that wouldn’t make any sense. In [northwest Delhi] we have the same organization. For those women, it is their own decision whether they go or not, so we can tell them about it [LP], but it’s their choice. If someone has the spirit, then they will go anywhere in Delhi. For some people who have medicine, but doesn’t have the money to eat for two days, for that person, 150 rupees is a big deal and they would say, ‘Yes, I’ll do that, I want to go!’”

***Lack of Connection/Trust***

The above comment speaks to yet another potential barrier, which is lack of trust. The fear of their HIV-positive status being discovered is deep-seated, and keeps many women in their homes, afraid to go out, isolated. A social worker said that most women when they first come to the NGO share very little about their lives. It is only over time that enough trust and rapport is build that women will open up about their lives and their struggles. Interviewees discussed how women affiliated with other organizations may not trust Shalom enough to avail themselves of the Livelihood’s services.

***Stigma***

According to almost every interviewee, stigma came up as a likely barrier to participation in the Livelihood Project. Both the gender-related and HIV-related stigmas were points of discussion. One beneficiary discussed how her neighbors think she was becoming prideful for doing outside work.

One subject described a common situation for widows who work to provide for their families, and the scorn that they commonly encounter from neighbors and community:

“If she’s a widow and she’s on her own, leaving 9 in the morning, coming back 9 at night, neighbors say ‘ Why’s she coming home so late?’ Nobody will understand that she’s putting food on the table for her family to survive. All they see is she’s coming, she’s going, and no one will stretch out their hand to help.”

The assumption commonly held by onlookers is that the “coming” and “going” means that the widow is in a sexual relationship. But according to numerous interviewees, even stronger than the gender-related stigma against women doing *bahaar ka kaam* (outside work) is the HIV stigma. In discussing stigma, one interviewee posed the the following hypothetical:

Suppose my neighbor comes to learn that I am HIV positive, she won’t talk to you, she won’t sit along with you, she won’t stand along with you, she’ll go and spread rumors, she’ll go and tell everyone. And then you’ll go down to the market and look at you as though you’ve done a crime. Or they’ll start thinking, ‘oh maybe she got HIV because she’s been involved with multiple sexual partners.’ That’s the only thing that comes to the people’s minds.

### Ownership

Ownership was another theme discussed. Based on the interviews with the social workers at Shalom, beneficiary ownership is a desired end of the Livelihood Program. It is hoped that in the next several years, the beneficiaries will learn the skills they need to manage the enterprise themselves: managing accounts, taking the products to market, training future beneficiaries. When asked to describe the vision for the center and the beneficiaries, one interviewee said,

“The vision is this: that what they’re learning, they can stand on their own feet and they can teach other ladies, and we can see how they’re growing and learning, and they can teach other ladies what they’re learning. They don’t need us; they can run the center by themselves. And they can be very confident. “

Another social worker voiced similar sentiments:

“We want them to be self-dependent, so they can do everything on their own. Now we give the 150 rupees a day. In these 3 years, we want to train them so well, make them so sharp that they can earn their own income each day.”

When social workers were asked if the beneficiaries felt like the center is their own, one that the beneficiaries would be willing to continue running, not one Shalom employee responded in the affirmative. The general answer was “not now,” followed by descriptions of efforts being taken to inculcate the idea of ownership into the women. For example, the beneficiaries are frequently reminded that the center is their own—not Shalom’s; they are also reminded that their supervisors are not going to be helping out forever, but that in the next years, they, the beneficiaries, will have to be able to run things without supervision.

Another measure taken to instill an ethos of beneficiary-side ownership and collective decision-making is the language of family and egalitarianism. While multiple social workers refer to the women as “family” and talk of their desire that the beneficiaries “feel at home,” that this LP is theirs, the language used by the beneficiaries to describe their trainers tended to reflect hierarchy. The women described their trainers and the people at Shalom such as “patient,” “such nice ladies,” and as having a “good relationship with them,” but they never reciprocated the language of family. The comments from the women reflected a perceived hierarchical dynamic, in which they were the employees answering to superiors. When asked about voice, one interviewee said the following:

“Unless we get *order from up*, we cannot say let’s [do activity X]. [Social worker] does not say ‘yes.’ They always say ‘we will do this thing later.”

Another woman’s remarks reflected a similar perception of hierarchy:

“They [superiors] say that whatever they [superiors] say, we have to do. They’re our boss. We are *only servants*.”

### Plans Beyond the Livelihood Program

While it is hoped that the beneficiaries take ownership of the project, many social workers mentioned the importance of equipping actual and future beneficiaries for life more generally, that they will have skills that extend beyond the Livelihood Center, so that they can provide for their needs on their own.

“It’s a way of helping them out so that they’ll be able to do something after going beyond the LC, they can move on and do something on their own.”

Other social workers made reference to the beneficiaries’ use of the skills they are acquiring in post-LP terms. Many women themselves expressed plans beyond the Livelihood Center. When asked about dreams, one said that she would like to be a tailor. Others mentioned a desire to do this trade at their home once they are confident in their skills and have their own sewing machines.

## Social Analysis

### *Roti, Capre, Makaan*:Felt Need

Interviews with the beneficiaries and social workers revealed that there is tremendous need among the women currently participating in the LP as well as those in comparable conditions. Discussions of their cramped living conditions, meager incomes, the inability to freely move about, their lack of skills, the stigmas related to gender and HIV, and the related issues of emotional, physical and social isolation and the more active ostracization from family and neighbors creates a perfect storm of needs and hindrances to their fulfillment.

The needs as described by actual and potential beneficiaries were immediate needs like *roti, capre,* and *makaan* (bread, clothing and shelter). The food products mentioned—rice, wheat, oil, and lentils—the cheapest, most basic staples of the Indian diet.

Even needs like education and skills training were desirable only because these would aid in the fulfillment of basic physiological needs. In encouraging the women to commit to the literacy training, social workers stressed connections between literacy and effective household management and childrearing were stressed as incentives.

Empirical studies do indicate a strong relationship between these elements (Sen, 2015), but it is worth noting that the social workers stressed the more pragmatic benefits of literacy and basic math education in their discussions with the beneficiaries. For this reason, when subject responses were categorized according to Maslow’s Hierarchy of Needs (see below), the educational goals mentioned by the beneficiaries were placed in the bottom quadrant of physiological need, because they were only valuable insofar as tangible, pragmatic benefit could be elicited from the skills.

Not only were almost all the needs mentioned by the beneficiaries immediate needs, but were related to family, and the support thereof. Many women joined because of a sick family member or because no on else could provide for the family needs. In each case, the preoccupation was procuring the needs of the family. One beneficiary said,

“I want to really improve my family’s situation. I am not educated, but I want to teach my brothers and sisters so much that people will see them. Another thing, I want to make my family so happy that they would never have that joy like they would have with me.”

Comments like this reflect an intensely family-centered focus, and show family as the end towards which many beneficiaries’ training center aspirations tend.

### Normative Need

The interviews with scholars and social workers revealed that there was a need for a program like this, that women with HIV are very vulnerable, particularly widows. The struggles that the beneficiaries described were by no means atypical experiences. As the social workers come from a different perspective, their responses differed from the beneficiaries; however, their responses differed not in identification of HIV positive women’s need, but rather in the range of needs mentioned. While also identifying many of the needs frequently mentioned by the beneficiaries, they also listed needs among the women that the women themselves made no mention of.

***Changes: Commensurate with Development Themes***

Social workers at Shalom and the beneficiaries themselves discussed the changes that they are seeing since beginning at the Livelihood Center. While some were transfixed on the immediate economic benefit they received, interviews with other beneficiaries revealed other dimensions of transformation. One woman, in addition to noting skills of sewing and making bags and other products, identified emerging qualities in her life and in the lives of the women, like learning how to read, how to pray, proper etiquette for greeting foreigners who visit the NGO from time to time. One woman said she had never met a foreigner before she joined the LP.

The interviews with the women revealed that they had already achieved many skills and qualities that are consistent with normative need indicators. They seemed to take some skills for granted. In comparison to some poor women who lack sufficient knowledge of the city to travel by themselves, some beneficiaries come via metro to the center everyday. The complaint reflecting the expense of 40 rupees per day devoted to the ride shows that money remains an issue, but it also demonstrates that mobility is not a struggle: the transport is part of the daily routine that has become second nature. More than mobility, this suggests confidence; this is women “standing on their own.” These are ends that many social workers pointed to as ideals to be sought and indicators of progress.

Furthermore, that a beneficiary can leave the home for work and dismiss the comments of gossiping neighbors saying, “I stand for my rights” or resist a husband’s preference to that she remain at home and *jabardasti* (by force) choose to go to work show degrees of autonomy and confidence. When asked about whether the women’s voices’ are heard, one social worker just reminded the researcher to remember the actions of the beneficiaries

Indeed the beneficiaries speak their mind and everyone talks at once. The boldness and confidence with which they greeted the researcher and spoke with him were a powerful foil to the women in Shalom’s ward who have not joined the program. The women in the ward were far more timid and soft-spoken Difference between women at the center and women at the ward shows a growth in self-confidence.

These findings suggest that there is certainly a need by normative standards as well as by the felt need standards. The reflections of the social workers as well as the women themselves suggest that changes are taking place in the lives of the women that are commensurate with common empowerment and development themes found in the literature. By these lights, the need appears to be very evident, and a center like the LC, useful.

The literature on poor Indian women with HIV combined with an analysis of the primary data suggest that the need for such a program as the Livelihood Program is significant, as judged from the standpoint of both felt need and normative need. This is supplemented by the expressed need of the actual beneficiaries from north Delhi area who, despite numerous physical and socio-cultural constraints, continue to consistently participate in the Livelihood Program. While the interviews with stakeholders combined with scholarly estimation affirm the program and that expansion and replication is warranted, there are significant barriers related to needs being met and sustainability being achieved that must be detailed.

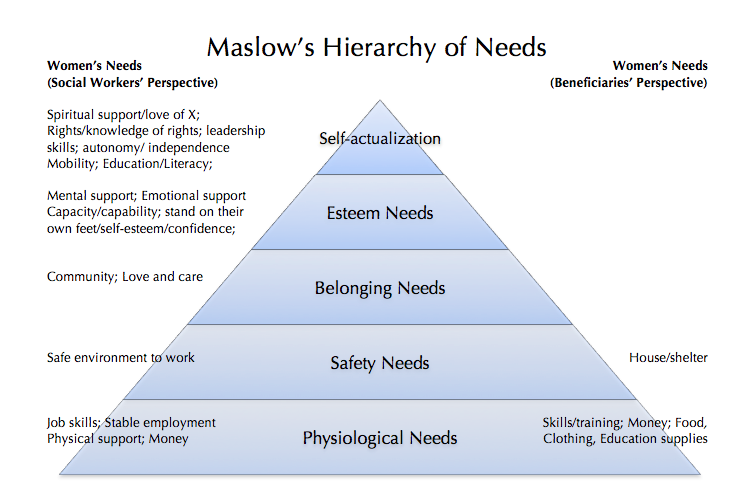
### Hindrances

The need within Delhi, and certainly within Shalom’s network, is evident. The issue then, will not be one of need—from each of the various perspectives, there does appear to be a significant need—but one of hindrances. The chief challenges will continue to be hindrances to women’s joining. It seems the spirit is willing and need is real, but the sociocultural patterns and economic circumstances in place are less than obliging. Factors such as distance, transportation costs, fear of one’s HIV status being discovered, lack of trust, the stigma against women doing *bahaar ka kaam* rather than the socially and religiously sanctioned domestic *ghar ka kaam*, the responsibilities related to domestic life that ensure home-boundness—any or all of these could prove obstructions. The need is there; connecting women to this option for meeting the need will be the challenge.

### Disparate Visions

As mentioned above, the sense of need is immediate for the beneficiaries; any ideas that they have about the future are nebulous at best. When one beneficiary was asked about her dreams, the women remarked that her dream is to get through the day, nothing grander than that. “[I] don’t have dreams, but one day passed: that’s a victory. When the sun goes down, it’s a big dream, because it’s hard everyday to survive for me.” These women don't want to own the center; the NGO hopes that they will come around to owning it, caring about the community. These women just want to survive, and give their families "*roti, capre, makaan*" (bread, clothes, place to live).

Figure 8: When stakeholder responses were divided into social worker responses and beneficiary responses, and grouped according to Maslow’s pyramid, there was not a difference in answers as much as there was a difference in the range, the social worker responses spanning all five tiers, the beneficiary responses only two.



Figure

The differences in visions of needs, as expressed by the various stakeholders, are highlighted by categorizing them according to Maslow’s hierarchy of needs. The theory is not without its critics, but it does bring to light the difference in perspectives when responses are divided into the main stakeholder groups of social workers and beneficiaries. As can be seen in the chart above (Figure 8), the social workers’ responses about why the LP is useful and needed for the women spanned all five tiers of the pyramid, from the most basic needs (physiological) to the highest rungs as well (self-actualization, esteem). The beneficiary responses, by contrast, mostly fell on the lower rungs, and related to the more basic elements of life: *roti, capre, makaan*. They wanted to have bread, clothing, and shelter.

What accounts for the disparate visions? One possible answer is found in Oscar Lewis’ famous essay “Culture of Poverty” (1966), in which he details, among other characteristics, the proclivity towards a present-time orientation among the world’s poor, versus the middle class, which tends to have a more future-oriented perspective. This is often manifested as “relatively little disposition to defer gratification and to plan for the future” (p. 23).

The needs expressed by the beneficiaries, both in the interviews as well as in their very participation in the LP reflect some of the normative needs discussed in the literature. The social workers (most of whom are middle class and educated) corroborate the literature on normative need that the beneficiaries did not discuss, particularly—to use Maslow’s vocabulary—the self-actualization and esteem needs.

## Implications for Sustainability

The beneficiaries’ descriptions of their personal needs tell us something very important about their priorities and primary allegiances. This has implications for the possibility of sustainability, as does the disparity of visions between social workers and the beneficiaries.

With a clear focus on the immediate needs, and the beneficiaries and their family’s the recipients the primary reason for joining the LP center, it would be a large leap for them to begin expanding the list of bare essentials to include responsibilities of management. The lack of education and business experience do not render the transfer impossible, but they do extend the amount of time needed to facilitate the necessary capacity in the women. The women are driven by a sense of caring for their family rather than running a livelihood center, however noble they may consider the endeavor to be. The fact that several of the women mentioned an interest in teaching other women when they have sewing machines of their own someday is an indication that they see the idea of helping others as good and important.

But while Shalom’s commitment level to the women might be high (responses ranged from “okay” to “very high” to “99%” to “more than 100%”), it women’s commitment is not to the Livelihood Program, but to their families, and so it is likely tht their decision making will be driven more by the needs of the family than by the altruism towards other women outside kith and kin. One woman said that if she had a more secure occupation closer to her home or one that paid better, she would choose that.

What is more, while Shalom’s social workers have stressed the communal ownership of the project and used the vocabulary of friendship and family and want to incorporate the women into decision making processes where possible, the women themselves still feel like their relationship is between that of a boss and an employer, and they are hesitant to air some complaints or suggestions. What exactly this hesitancy indicates is not the researcher’s place to speculate, but it seems to be the case that the women do not feel like owners of the endeavor, and it is unlikely that they will, certainly within the three to five year period in which Shalom is planning.

In some ways, the common patterns of leadership in South Asia do not naturally lend themselves to an ethos of ownership and decision making that Shalom is trying to cultivate. In his book on leadership,Peter Northouse (2013) describes the preferred leadership behaviors across the world’s cultures. He finds that in South Asia, the participative style of leadership, which is characterized by “nonautocratic” leadership and “involv[ing] others in making and implementing decisions” is the least popular approach. The self-protective leadership style is the most common, characterized by “behaviors that ensure the safety and security of the leader and the group. It includes leadership that is self-centered, status conscious, conflict inducing, face saving, and procedural” (p. 395-395, 401). While the ethos Shalom seeks to cultivate is more the former than the latter, it is likely that the common views of leadership in India influence the ways that the beneficiaries interact with their trainers and the director in such a context as the Livelihood Program.

Speaking about the women, one social worker said, “They’re getting stronger, learning more. So once they will learn more, maybe the will have the same thing. Maybe the can do, they can run their center by themselves.” The great tentativeness in the statements about beneficiary willingness to take ownership of the project is noteworthy.

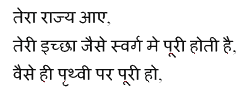
There is a sense that the women do not have the capacity to completely take over. Several interviews revealed that some people were coming to this conclusion. This is a critical realization for Shalom to come to, and the interviews do reflect that those who work closely with the women are coming to a similar conclusion to the one being drawn by the researcher, namely, that the issue of ownership—so critical to sustainability—is not likely to be realized, certainly not within the earlier hoped-for timeline of within three to five years. For a group struggling at the bottom rungs of Maslow’s hierarchy, it is unrealistic to hope for community-based ownership.

# CHAPTER 5: THEOLOGICAL REFLECTION

*Your kingdom come,*

*Your will, just as it is in heaven,*

*May it also completely be on earth.*



The desire of the Shalom is to deliver care for the whole person. This kind of Biblical-based holism requires a theology that navigates the tensions that come with such a vision. As the late scholar and theologian Robertson McQuilkin once remarked, “It seems easier to go to a consistent extreme than to stay at the center of Biblical tension.” Scot McKnight identifies a similar challenge, specifically as it relates to the discussion of the Kingdom of God. In *The Kingdom Conspiracy* (2014), McKnight outlines a typology that illuminates the competing conceptions of the Kingdom of God. He identifies two groups: the Skinny Jeans Kingdom people and the Pleated Pants Kingdom people. McKnight writes:

“Skinny Jeans folks understand Kingdom as social activism that is for the common good and accomplished in the public sector. Pleated Pants folks, in contrast, have reduced Kingdom to “redemptive moments,” which are sometimes seen in the inner heart, in healings of all sorts and also in the public sector.” (p. 8)

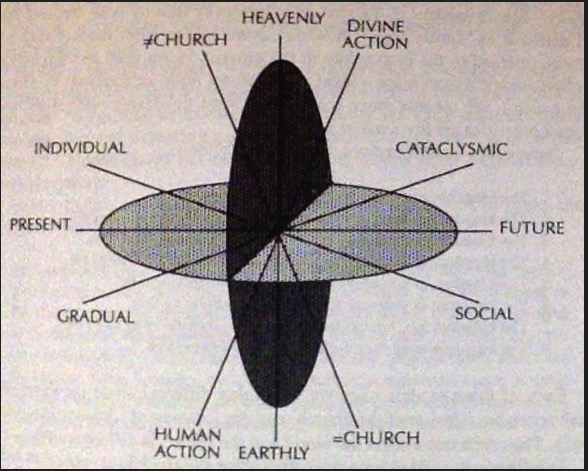
Essentially, the Skinny Jeans folks tend to place greater weight on the justice of God’s Kingdom, and the Pleated Pants folks tend to emphasize the salvific dimension. McKnight’s conclusion is both camps hold important pieces, but they are incomplete by themselves; there must be an integration of the salvific piece that Pleated Pants tend to emphasize and the justice piece that the Skinny Jeans tend to emphasize.

The scripture is full of numerous tensions, and it is the difficult, but essential task of the theologian—be he scholar or layman—to reflect upon how a healthy tension can be struck and maintained. In his book on the Kingdom of God, Howard Snyder (1991) also asserts the need for such a theological balance, and even makes the notion of balance the basis for assessing or “rating” conceptions of the Kingdom (p. 122). Snyder identifies eight commonly recurring models throughout the world and throughout church history.

1. The Kingdom as Future Hope
2. The Kingdom as Inner Spiritual Experience
3. The Kingdom as Mystical Communion
4. The Kingdom as Institutional Church
5. The Kingdom as Countersystem
6. The Kingdom as Political State
7. The Kingdom as Christianized Culture
8. The Kingdom as Earthly Utopia

Snyder devotes a chapter to each of these conceptions, and gives his take on each model’s strengths and weaknesses. His lens of assessment of each is based largely on how effectively the model maintains what he describes as kingdom “polarities,” shown in the Fig. 10.

Figure 10: The below diagram shows the theological polarities related to the kingdom of God that Snyder (1991) highlights.



Using a point system, he describes the process of “rating” a kingdom vision using a point system, five being a the highest, representing a tension that is well-maintained between the two extremes. The farther a given model moves toward emphasizing one extreme over its relative opposite, the fewer “points” it garners. For example, if a vision focuses on the individual aspects of the kingdom while neglecting the social aspects, it would get a one or a two or a three, in accordance with the degree of theological lopsidedness, a score of one being an inordinately heavy emphasis of one dimension over its opposite end of the spectrum and a when. The farther to a particular extreme a model is, the fewer the “points.”

1---------------2---------------3--------------4---------------5---------------4--------------3-------------2--------------1

[extremely imbalanced] [mildly imbalanced] [well-balanced] [mildly imbalanced] [extremely imbalanced]

The assumption Snyder maintains is that a balanced theology is better than an imbalanced one. The closer you are to the center of the polarities, the more “points” can be given. Shalom’s vision will be evaluated in terms of Snyder’s model, using Shalom’s core values and vision, interviews with social workers, and observations from the site to generate a picture of the kind of kingdom conception that drives them.

Given Shalom’s emphasis on holism, the organization’s desire to meet the needs of the whole person, a rubric that builds upon the theme of theological balance with the kingdom of God as the foundational starting point should provide an interesting discussion. An examination of Shalom’s values, as revealed in interviews, their vision and core values statements, and personal observations. gives an idea how the organization understands and navigates these polarities.

The numerical values accorded to Shalom will be based largely on the researcher’s observations and conversations, so should not be viewed as the final word on the matter, nor is it free of subjectivity. This exercise is to be taken together with the social analysis as a conversation starter about how to faithfully seek first the Kingdom (Matt 6:33). Before providing a review of Shalom’s theology of Kingdom, a list of some of Shalom’s values.

## The Values of Shalom

It would not be helpful—nor would it be possible—to catalogue all of Shalom’s values, explicit and implicit. Instead, those which are pertinent to Snyder’s Kingdom polarities will be discussed, as will the numerical values selected to profile Shalom.

Below is a list of vision, mission, and core values taken from Shalom’s website.

Vision Statement

Fellowship for transformation through caring

Our Mission

EHA is a fellowship of Christian institutions and individuals that exists to transform communities through caring, with primary emphasis on the poor and the marginalized.

We care through

* Provision of appropriate health care
* Empowering communities through health and development programs
* Spiritual ministries
* Leadership development

We serve people and communities regardless of race, caste, creed or religion with a geographical focus of North, North-East and Central India.

We do this in the name and spirit of Jesus Christ so as to manifest Him through word and deed.

Core Values

* We strive to be transformed people and fellowships
* Our model is servant leadership
* We value teamwork
* We exist for others, especially the poor and marginalized

We strive for the highest possible quality in all our services.

Members of the Shalom staff interviewed made references to holistic care of the individuals and families, either explicitly using the word ‘holism’ or ‘holistic’ in their responses or in the use of words or phrases that reflect the same, like “helping them [patients] in all these areas [mental, emotional, physical].” When discussing the genesis of the LP, one social worker described these physical needs as “critical aspects of the person’s life. Does he have enough to eat, enough to live? We find that these are basic things that many of our patients deal with.”

The structure of Shalom itself suggests the balance. One interviewee revealed that Shalom also seeks to mobilize the church and connect them to the work being done at the clinic. While Shalom seeks to meet the physical needs through palliative care as well as emotional and spiritual needs through counseling, education, and values courses. When patients receive treatment, the family is also involved as well, though the house visits, through values education for the youth of their family and their friends.

## Conclusion

Based on the Shalom’s explicitly stated and implicitly enacted values, this is where Shalom theology lands on each of the spectrums:

Heavenly : 1---2---3---4---5---4---3---2---1 : Earthly

Heavenly Action : 1----2----3----4----5----4----3----2----1: Human Action

Cataclysmic : 1----2----3----4----5----4----3----2----1 : Gradual

Future : 1----2----3----4----5----4----3----2----1 : Present

Social : 1---2---3----4----5---4---3---2---1 :Individual

=Church : 1----2----3----4----5----4----3----2----1 : ≠Church

As one can see from the scores, Shalom’s theology of Kingdom is well balanced. Shalom’s holism is practiced as well as preached. The relative balance in their theology of kingdom is a manifestation of that holism. Shalom’s program reflects a concern not only for the future and the heavenly, but also for the earthly, as seen in their socially engaged model of caring for the sick and the poor. The emphasis on the present and gradual rather than future and cataclysmic makes sense given the demographic with whom Shalom works with. When working with the poor, the marginalized whose needs are so immediate and often pressing, it makes sense that Shalom’s program would reflect an emphasis in that direction. While Shalom seeks to care for each individual, the social element of the kingdom also appears to be very present as, as they engage the family in various venues and involve the wider circle of friends and neighbors as well for the various values and education courses that the clinic offers.

The LP is yet a another manifestation of a relative theological balance, in which Shalom seeks to involve the salvific, futuristic aspects of Kingdom through Bible studies and prayer with the women, but also seek to provide means by which women can help feed and clothe their families.

# CHAPTER 6: PASTORAL PLANNING

## Moving Forward: Possibilities for Replication

The challenges to sustainability clearly have implications for replication as well. The women are not thinking about contributing to the center, but how the center contributes to their wellbeing. Some want training so that they can make these items at their homes one day and say time and transportation fare. Others just want the 150 rupees. Replicability, then, is unlikely if it depends on the women.

The figure below shows the change that has occurred in the vision of institutional progression. In responding to the need, the plan was to make the endeavor a sustainable one (i.e. the women take ownership and only a loose relationship with Shalom remain). More recent interviews suggest that sustainability is not an essential piece for the continuation of the Livelihood Center.

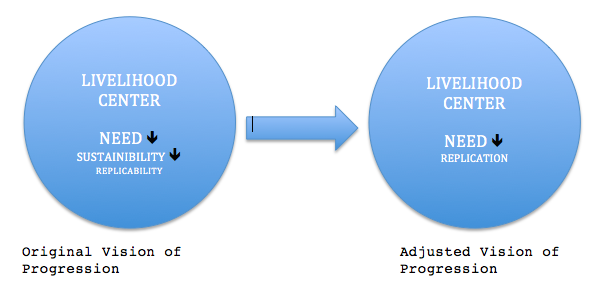


Figure 11: Shalom’s anticipated progression has changed since the beginning of the research process, from involving sustainability as a prerequisite for replicability to moving straight to replication, with or without achieving sustainability.

## Options for Replication

In their book about making social entrepreneurial endeavors sustainable, MacMillan and Thompson (2013) turn to the subject of expansion and replication. The assumption is that sustainability precedes both expansion and replication. Even with sustainability unlikely, Shalom still plans to move forward with their plan for expansion of the existing center, followed by the opening of several new centers in the next three years (p. 171).

Though sustainability is highly unlikely, replication is still possible. There are however, tradeoffs involved in not establishing a sustainable endeavor. Below are some options that could be pursued based on the interview data.

1. ***Splintering***

An interesting theme of the interviews with beneficiaries was an interest is starting a similar endeavor to the Livelihood Center. One woman imagined her center would be smaller and only for HIV positive women. Another woman said that when she has her own sewing machine, she would like to teach other women. “I will go in home and teach other ladies. I wont’ take money. I will give with the love, I will teach them with the love.” A social worker from another organization identified one HIV positive woman who went through a similar training and now runs her own business, and is now empowering other women.

Once the beneficiaries have learned all they can through the Livelihood Program, they start a similar endeavor in their own locality, teaching friends and neighbors. As the women have affirmed and the supervisors also understand, the beneficiaries are glad to be receiving “a life-long skill.” Many of them have intentions of continuing at their own homes.

In this model, sustainability and replicability are potentially achieved, but not through the institutional structure of Shalom. Given the survival mode in which these women operate and the present-time orientation, this philanthropic impulse would likely be throttled by the pressures and stressors that many encounter on a daily basis.

1. ***Partnerships with NGOs in Network***

Another option would be to explore partnerships with like-minded NGOs also serving the HIV/AIDS population. One social worker, reflecting on the notion of replication, made the following suggestion:

“They should have [centers] everywhere, like south Delhi, east Delhi, north Delhi. Or would they can do is work with another NGO. So if there is an NGO working in south Delhi, so Shalom or [like-minded organization] can connect with them and do work with them.”

By involving other organizations, this would allow for patients in a wider geographical area to be served, with centers being set up throughout Delhi, not just in the northwestern pocket of the city. This option, while dividing responsibilities for more widespread impact, would also create challenges of coordination between organizations and could pose challenges to the ethos that Shalom wants to create in each of its sites.

1. ***Continuing through Shalom and improving support through local networks***

The first option would not involve Shalom after the splintering. The second option would depend on the willingness of NGOs to coordinate and partner, but regardless, the comments raises an important notion, that of networking. As a faith-based organization, Shalom can consider the local church a resource in achieving replicability. With this option, the potential conflict of vision for ethos and approach that would arise from partnerships with other NGOs would be eliminated by the shared vision of faith with those in the local churches. A constant recruitment from the middle class within the local churches would mean a stream of people who are socioeconomically stable, and share the vision that Shalom has of holistic care. The downside of this would be the need for additional funds to support and sustain additional middle class salaries.

One interviewee discussed an option similar to this, mentioning a shared ownership between the women and church volunteers. This would a more economic alternative to hiring additional personnel from the middle class to work at the new sites, but it also poses challenges to sustainability, as volunteerism may not lead to the consistent assistance that a paid worker would give.

# CHAPTER 7: CONCLUDING REMARKS

Unlike some NGOs that place the ideals of ownership and sustainability at the pinnacle of their agenda, Shalom’s chief objective is clearly to bring benefit to one of the world’s most vulnerable and marginal populations: poor, HIV-infected widows from poor communities in Delhi. This means meeting women where they are, in their squalor, poverty, illiteracy, and lack of vocational skills.

It seems that the structure of the enterprise is important to Shalom, but certainly less important than the empowerment of the women. Shalom seems willing to flex and respond according to the needs and capabilities of the women. This has been sufficiently demonstrated in that fact that, even over the course of the research, the vision and anticipated structure of the program has shifted slightly as the director and trainers arrive at the conclusion that I have also come to through my interviews with the stakeholders: *At least at this point—and I would submit for the foreseeable future—that full ownership is not a priority for the beneficiaries—survival is*. It would likely require more than the previously projected three years for the beneficiaries to become capable of running and managing the center.

This is not to suggest that unsustainability is tantamount to failure. Replication is still possible and can be accomplished through one of several approaches, perhaps the most feasible being the incorporation of volunteers or additional social workers from the local church to partner with the Livelihood Program. What is more, by the most common indicators of capacity development and empowerment, the Livelihood Center is accomplishing many goals, and, beyond that, the goals that secular models tend to overlook, like spiritual support and community. Perhaps it is Shalom’s robust vision of the *shalom* of God, the ancient Hebraic understanding of divine peace that encompasses every part of the human beings he created in his image, that will sustain the clinic’s impulse to meet these fundamental needs of the marginalized.

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# APPENDIX 1

**STAKEHOLDER INTERVIEW QUESTIONS**

**I. General Questions for actual and potential beneficiaries**:

A. Actual

1. When did you join the Livelihood Center?

2. What kinds of things are you learning at the center?

3. Can you talk a little bit about why you wanted to join the livelihood center?

4. Do you have employment goals/aspirations beyond the center?

5. Did you face any challenges when you began working at the center?

6. Do you face any challenges now related to the center?

7. What do you like about the center?

8. If you were to be charge of a center like this, what things would you do differently? the same?

9. What are ways that the center can improve?

B. Potential

1. Where are you from?

2. How long have you been connected with Shalom?

3. How did you hear about Shalom?

[After giving caveat that I don’t have money or employment opportunities, that I’m just a student]

4. Are you currently employed? Your husband?

5. What is the status or your work?

6. How much money does your family earn each month?

**II. General Questions for Social Workers and Scholars**

1. Tell me a little about the work that [organization name] does.

2. What is your role within the organization?

3. In what ways are you involved with PLHA?

4. What are the backgrounds/life circumstances of the PLHA with whom you have worked?

5. In your experience, what are the prominent needs/problems/struggles that PLHA are facing?

6. Are there any struggles particular to women living with HIV/AIDS?

[Explain livelihood center if not yet adequately explained]

7. At least 7 women in the North Delhi area have found this beneficial. Are there other women in Delhi who would find this useful?

8. What barriers would hinder/prevent them joining?

9. Have you heard of/do you know of similar microenterprise efforts for women in Delhi? India? How similar or different?

10. What problems/challenges do you anticipate for the livelihood center? What should Shalom keep in mind as it looks to make this center sustainable and replicable?

11. In your opinion, what are the indicators of a successful microenterprise?

12. In your opinion, what does it mean to empower women?

**Specific questions for:**

A. Social workers at Shalom

1. What is the background/what are the circumstances of the women working at the center?

2. On what basis are women invited to the Livelihood center?

3. How are they invited to join? How was the center described to the women?

4. What skills did the women come to the center with? Was an inventory of prior skills sets taken?

5. What skills are taught at the center? Why were these particular skills selected?

6. Are they learning any business/entrepreneurship skills?

7. Describe the activities of a normal day at the center. What is the daily routine for the women?

8. Do women have ambitions beyond the center? How do they hope to use these skills they’re learning?

9. What are some of the challenges and things that you are trying to figure out as you move forward?

10. What is your hope and vision for these women? What do you want to see? What would make you say, ‘The Livelihood Center is accomplishing its goals’?

11. What will it take for these women to be able to run the livelihood center themselves/with limited supervision? What still needs to happen before the women can do that?

12. How would you describe Shalom’s level of commitment to the women?

13. Have the women changed at all since they came to the center? If so, in what ways have they changed?

14. How does decision making work? Who decides the materials, what will be made, what won’t be made? You? Dr. Savita? The women? If the women are involved, give an example of a situation where their input is sought.

15. Are the women allowed to voice opinions and preferences? Do you think they feel free to do so?

B. Those working with PLHA (fieldworkers)

1. Would you consider partnering with Shalom in this endeavor? (*Matlab* beginning a referral service for those patients in your circle whom are receiving ART)?

2. Would the women in your network be interested? What barriers would prevent interest or ability to capitalize on the opportunity?

C. Scholars in relevant fields

1. Are you familiar with similar efforts in Delhi? India? Were they successful/failures/mixed? What contributed to success/led to their failure?

2. What factors are necessary for sustainable microenterprises for women? For a replicable one?

3. Does the HIV/AIDS dimension complicate the goal of sustainability?