3. The Conditions of Choice: Capability Servitude in Unpaid HIV Care

After the elaboration of the conceptual framework in the previous chapter, we turn to an examination of capability servitude in the stories of unpaid caregivers as told in their own voices to demonstrate how women, men and children perceive and experience the caring.

In the absence of jurisprudence on 'servitude', what might be the conditions that could determine capability servitude? What might be the elements of the carer's life that would speak to the denial of human rights?

From the literature review, we determined that the following questions would be of use in our analysis:

1. Do you choose to be the carer?
2. Does anyone come to help you?
3. Did you get any training for this work?
4. What is the work like?
5. Do you get any rest or a holiday?
6. Were you at school or in paid work?
7. How do you see the future?

Under each question we highlight aspects of caregivers' lives as they voice their perceptions, perspectives and experiences. There may be multiple caregivers in a household for one ailing relative with each carer experiencing the care-giving differently.

1. Do you choose to be the carer?

Article 6 of ICESCR 'includes the right of everyone to the opportunity to gain his living by work, which he freely chooses and accepts'. In the capability analysis, the presence or absence of choice is fundamental. None of those participating in our research felt that they had any choice. Carers were daughters, grandmothers, sisters, best friends and gay partners. Of course some said they would do anything for the loved one in their care, but that does not negate their experience of lack of freedoms and choices. While the universally accepted definition of work does not encompass them, they cannot be seen to be at leisure. Servitude must be examined as an alternative description.

Here are the voices on choice:

> ‘I had no choice because there was no other person close to my mother to assist her when she fell sick or to look after my young brother and sister.’ – Jessy, Uganda
>
> ‘After the death of our own mother my aunt took care of us. Nobody else can do this. My grandmother is old now so I am the primary caregiver.’ – Geeta, India
>
> ‘I didn’t have any choice about becoming a caregiver. It wasn’t a choice, I would do anything for my brother. D lived with us for about 7 years, and he was diagnosed about 15 years ago. There was certainly no choice about becoming a caregiver. We thought it was better for him to spend his time in Auckland with all his friends around him because that’s where his support was….’ – Sharon, New Zealand
>
> ‘I have no choice about being the primary caregiver. There are four in the house who are HIV positive, myself, my husband, my brother, who also has cancer, and my 14-year-old daughter. My mother passed away, then my son passed away. A few months after giving birth, the mother of my grandson just dropped her son off with his dad, my son, and ran away. I am taking care of my husband, my daughter and myself, we are all HIV positive. I am taking care of my brother who is HIV positive and also suffering from cancer in his legs and feet. My 14-year-old daughter was not born with HIV, she was raped when she was 9 years old.’ – Sylvia, Namibia
>
> ‘The 16-year-old, I had no choice but to take him in at 4 months old when his mother, my daughter, died. In the case of the twins, she was my neighbour and we would share everything. The other girl is staying here to study. She is my granddaughter. Who would look after the children if I was not here?’ – Emily, Namibia
>
> ‘I didn’t have any choice about becoming a primary caregiver, there is no one else to take care of my aunt. My aunt’s first born is a boy so he cannot bathe his mother, and remember that my aunt took care of my mother too.’ – Lillian, Botswana
>
> ‘My daughter, B, was living with me at home when she got sick. Whatever she wanted me to do, I would do for her if I could. At times people get sick of looking after sick people, but I wouldn’t. This was my child.’ – Ruth, Papua New Guinea.

2. Does anyone come to help you?

If the carers had no choice about what they did, we needed to know if they got any assistance or relief from their work. Was the work 24 hours a day and 7 days a week, well beyond what might be 'a normal civil duty or obligation' (article 8 of the ICCPR), if that caveat was relevant to our analysis? How did the carers manage their endless responsibilities? Is Article 7 of ICCPR, which recognises the right of everyone to the 'enjoyment of just and favourable conditions of work', relevant here?

Once again, carers' voices:

> 'My mother's brother is the only person who comes to visit us, especially when she becomes very ill. He gave me his telephone number for use for calling him. But mum collapsed in the night and I was alone with her in the house, with no one to help me carry her to the bed. I was forced to scream to draw the attention of a neighbour.' – Jessy, Uganda

> 'Staff of VAMP[1], a collective of women in prostitution, helps us a lot. They visit our home regularly. They give in time proper information, they also support me. Women around my home routinely help me. No one of my relatives come and helps me in this way…'– Geeta, India.

> 'I had lots of friends and family that wanted to help provide care for D, but basically D was quite private and embarrassed really … There was a mobile health service that came to our home, near the end. They were good to him, but in most cases it was too late. It seemed like a lot of work and there were times when it was a strain on me and my partner so his sister used to take D then. That was a real help for me because it gave me time to recoup again. When D was with me he took all of my attention.' – Victor, New Zealand

> 'Nobody comes to provide me with help. Last year some people from the church came and they took some information from me but still no one has come.' – Sylvia, Namibia

> 'It is only me and I am always busy taking care of the children or the house. No one in the current household is HIV-positive but I look after all these people because of HIV.' – Emily, Namibia

> 'Sometimes once in a while the home-based care people come. I don't want to involve anybody else in the household to give me rest. I do not want to involve my sister, I do not want her to get frustrated and disturbed in her studies.' – Lillian, Botswana

> 'We didn't get any help from anyone, no one here helped us. During the time of caring no one came to give me or the family a helping hand. We had no support. No one helped me in this difficult time. I did it alone. Our traditional ways are that we help

> each other out during times of sickness but for some reason this time no one came, maybe they were scared. Normally family would be there for support. People bring food, help care for her. Why was this different? Why was I left to care for B on my own?' – Ruth, Papua New Guinea

3. Did you get any training for this work?

Article 6(2) of the ICESCR and CEDAW 11 (1c) commit State parties to provide 'technical and vocational guidance and training programmes' to everyone who 'freely chooses' the right to work. This caring activity is not, whatever the demarcations drawn by international rules on the definition of 'work', a state of leisure.

Examining carers' voices on the notion of care as work reveals the following:

> 'I have had no advice or training to help me with this work.' – Jessy, Uganda
>
> 'Women from VAMP gave me training. After their guidance I came to know how to take care of my aunt.' – Geeta, India
>
> 'I didn't have any training to help with care-giving but I'm a mother and D is my brother so it's not about care-giving it's just about being there.' – Sharon, New Zealand
>
> 'I'd not had any formal training. I had a little bit of advice from the doctors and the nurses. I think my angle was that I'd known D for so long. I knew what my partner was like, so I just wanted him to be as peaceful and calm … you know, it was a hard strain on him. He was panicking; he was dying.' – Victor, New Zealand.
>
> 'I have had training on home based care through the AIDS Care Trust.' – Sylvia, Namibia.
>
> 'I had no training on anything to help me with this work. When I attended a counsellor's conference, they educated us on hygiene, but that is all.' – Emily, Namibia.
>
> 'I got advice from a nurse at the clinic about how I should take care of my aunt and also to take care of myself so I do not get the virus from her.' – Lillian, Botswana
>
> 'We didn't see any counsellors or anyone. I asked around but nothing came. The night before she died I went across to the church and asked if they could put a line into our house and provide us with some light. I could see that my daughter B was in a bad way and it would not be long now. Her time had come. I didn't want to be in the dark when it happened. It was the only time I got any help from the church. After she died people from the AIDS clinic came and did a workshop here and asked me all sorts of questions

> about how I looked after her. Now she was dead they wanted to know everything. Where were they when she was alive?' – Ruth, Papua New Guinea.

4. What is the work like?

Article 7 of ICESCR recognises 'the right of everyone to the 'enjoyment of just and favourable conditions of work that ensure 'safe and healthy working conditions'. This is mirrored in CEDAW Article 11 (1f). In this context, we asked carers to describe their work.

> 'I did household chores like washing dishes, washing clothes, cooking, weeding the garden, keeping the house tidy, fetching water. For water we would go to the centre of the village but if that water was not running we would walk to Doru, which is a fair distance. We would be fetching water all the time to wash them, to wash their clothes, which would be soiled. If we had food I would prepare a meal. If we did not have food we would spend all the time looking for means of getting food. K and her husband M's sores made life very hard for them. Their skin was always itchy. We would try to soothe it with warm water. Sometimes I was up all night. You know when people are sick you don't sleep in case they want something like water so we would light the fires to boil water for tea and to wash them. If they slept soundly then so did we, but if they had a restless night due to the itchiness then we would not sleep either. My sister K's daughters are young girls and sometimes they would help and sometimes go and visit friends. But they would work very hard again, going out to collect shells or sea slugs to sell in order to get food for their mother. While they were sick the main thing was having the kettle on the fire. They would ask for hot water. They constantly wanted their bodies to be cool. We would massage them with warm water, and washed their sores with dettol mixed in warm water. Sometimes we used sea water.
>
> 'When their bodies were strong we helped them down to the toilet. When their bodies were really weak we opened up a slat in the floor in the corner and they would do their business. We would wash it with soapy water or seawater. Our hardest thing was the carrying, the urination, the diarrhoea – constantly, lots of it. Another hard area was food, trying to find food. We really struggled. Sometimes we would stay hungry because I didn't know who could help us. If we had any food the main thing was the sick would not go hungry. Sometimes I would put my pride aside and send the kids to beg for rice from our relatives. If not then we had nothing.' – Alice, Papua New Guinea.
>
> 'I could not buy B foods because I did not have any money. Our ways of getting food was difficult. My sons were little boys when I took them out of school to help me. "You have to fish, go to the

market and sell the fish, buy whatever you can." If no fish, no food and we stayed hungry. They were only young but they were trying to do the job of a man. During this time I was hungry all the time. If we had food I would spoon-feed her.

'I would give B hot water to drink. If she wanted cold I would ask around and try to find some cold water for her. I would wash her and rub her back and brush her hair. I would dress her, lie her down, help her up. If she wanted to go to the toilet I would dig a hole beside the house and take her and help her do her business and then I would bury it. I would take her outside and place a mat on the ground and I would wash her. I didn't only wash her in fresh water. Sometimes I would take her down to the sea and wash her and bring her back then dress her in clean clothes. I bought so many clothes from the second hand because she was soiling them and I didn't have enough time to wash them and no one wanted to touch her clothes. We also had to collect water in containers and that is a long way to walk – about a mile. Several times a day.' – Ruth, Papua New Guinea.

'I wake up early in the morning, wash clothes, prepare food and boil water for everybody. I do everything, breakfast, lunch, dinner and other work. Wherever my aunt goes I make sure that she should have everything with her, water, medicine. The hardest physical task I have is fetching water from outside and storing it in the house.' – Geeta, India

'The hardest physical task for me was lifting. Near the end D was just a dead weight and it was very heavy to lift him. I had to build up momentum just to get him off the bed, change his bed sheets, things like that; getting him up and down the stairs, into the car. I am a pretty strong man but you know, sometimes I just thought wow – heavy ...

'My toughest emotional task as a caregiver was watching him get sicker basically, that was quite tough watching him deteriorate. The meals I was preparing were nonstop and whatever he wanted, which got a bit extreme because he got really fussy. But then in the end he couldn't eat what we were cooking and I think that was the toughest thing....'– Victor, New Zealand

'There is a borehole for water and we buy the water by the bucket. I have to go back and forth and carry it. It is between Nigerian \$5-\$10. We buy it about three or four times a day. It is about \$5 when there is electricity and \$10 when there is no electricity.' – Amira, Nigeria

'The hardest physical task is fetching wood, the distance is very far away, you have to search. I am not healthy, it's not very safe near the riverbed and very far away from people. I can do gardening but there is no place to do it. The land is so stony, you cannot have a productive garden and rainwater is also scarce and

> tap water is expensive. The nearest tap is 10 minutes away but sometimes there is a long queue, up to an hour, especially in the weekends. For meals I normally cook pap, sometimes rice and macaroni.’ – Sylvia, Namibia
>
> ‘I have to go out every week and try to look for food at places where they sometimes are providing food for orphans so I can feed the kids. Sometimes I hear they are giving food away at these places for the elderly, but often when I go, by the time I get there the food will be finished. I go to the life centre on Wednesdays to do needlework and Thursdays to get food in return for my needlework. I make pap for breakfast, I clean the house. My washing machine broke so I wash all my clothes by hand. I make all the clothes and traditional bed and chair covers. We usually have just the two meals, pap for breakfast and dinner in a day. I use the chickens I have (10 of them) for eggs.’ – Emily, Namibia
>
> ‘The most difficult part for me is when I am bathing her and also changing her nappies. She has grown so thin but is still heavy and also what makes it even more difficult is the pain that she seems to be going through. Sometimes she begs me not to bathe her and sometimes I just listen to her. It is so painful and heartbreaking. I also do her washing and sometimes we do not have enough nappies. The most emotional moment that I never forget is when my aunt emotionally begged me to stop giving her the medication ARV [antiretroviral], saying that if I can stop she will be dead within two days and our suffering would come to an end.’ – Lillian, Botswana

5. Do you get any rest or a holiday?

Article 7(d) of the ICESCR recognises the right of everyone ‘working’ to ‘rest, leisure and reasonable limitation of working hours and periodic holidays …’.

> ‘No one comes to give me rest. I don’t rest. I am always thinking of what is going to happen to my young siblings when my mother passes away.’ – Jessy, Uganda
>
> ‘I do not get any rest. Since my aunt became sick I take care of her all the time. I don’t get any free time in the day. My grandmother can’t do anything at home, she has an eye problem. I only can work at home and not outside. I have never had a holiday.’ – Geeta, India
>
> ‘I wasn’t able to get free exercise time, I think running around and cleaning up after him was exercise enough. Whenever I needed rest or D had had enough of me we would call his good friend J. I used to have holidays but since D got sick no one wanted a holiday. My last holiday was his funeral.’ – Sharon, New Zealand

> 'No one gives me time to rest. I have holidays from the centre when there are public holidays but I still have to care for my family in these holidays. I do not have any rest at all.' – Sylvia, Namibia
>
> 'I do not have any rest at all. My last vacation was in 1988. I just heard the municipality order to meet but it was too far for me to get to. I really want to go to meetings, to know what is going on so I can speak to them and hear from the horse's mouth.' – Emily, Namibia
>
> 'A poor person like me knows nothing about holidays.' – Lillian, Botswana

6. Were you at school or in paid work?

To demonstrate servitude, it must be possible to show that those who live in that position were doing something else, that they chose or wished to do, before the state of servitude, and that they had been in charge of their own labour or educational choices. All participant carers had been in formal or informal work or education before they 'had no choice' but to become carers.

> 'I loved going to school and I wanted to complete it so that I could look for a simple job and sustain my siblings.' – Jessy, Uganda
>
> 'Before D was sick I used to work all day and run my children to and from school and my partner worked through the evening. I had no savings when I went into full time care-giving, you just manage.' – Sharon, New Zealand
>
> 'Before my sister became so sick I used to go to the bush and fetch firewood for selling. I had to stop this. I used to buy melon seed and break it and sell it.' – Amira, Nigeria
>
> 'Before they (her sister K and sister's husband, M) got sick I would do my little marketing of juice, buatau or shell necklaces to help bring money into the household.' – Alice, Papua New Guinea
>
> 'Before she (B) got sick I would go out and tend the gardens, fetch water or go shell fishing.' – Ruth, Papua New Guinea
>
> 'I have lived here for more than 10 years, but I have been providing care for her now for over five. Before my aunt started to get too sick I worked in one of the teacher's quarters as a maid.' – Lillian, Botswana
>
> 'I went to volunteer at the centre because they help me a lot. The centre has 500 children and OVCs. They pay for school fees and sometimes they give me food to bring home. The only income I have is from the centre, about 200 Namibian dollars every month. Before joining the centre as a volunteer I was not getting anything but I told the centre I needed to go to the hospital and I needed

money for transport. I pay for ART every month. The hospital is 4-5 kilometres. If I have taxi money then I take a taxi, if I don't then I walk. I usually take a taxi there and come back walking. The centre helps pay school fees, toiletries, blankets and uniforms. Those services are only provided once a year for my 14-year-old daughter.' – Sylvia, Namibia

'I was a cleaner at the central hospital, I took the boy at 4 months and the twins when they were 2 years old, so I have been caring for them all for over 10 years. I receive an old age pension of $450 a month. From this pension $400 goes to water and electricity and to doctor's visits at the clinic. The remaining money is usually used up in one day and goes mainly on food. All the children go to school. For the twins I do not have to pay school fees because I got permission to excuse them from this for this year. I do have to buy their uniforms, like a shirt and so on. From the Government I get $300 in OVC grants and this helps to pay for their uniforms. This also goes to help pay for the school fees and uniform of the 16-year-old.' – Emily, Namibia

7. How do you see the future?

'I think of our future as being hopeless when our mother has passed away.' – Jessy, Uganda

'When I also became HIV positive, it was very difficult; I have always been faithful to my husband. He would go away for two days sometimes and whenever I would ask him where he was, he would get very angry and beat me. I don't feel sick. But I am not healthy. I started ARV treatment in 2006. Sometimes I am stressed because I have nobody to talk to. I have to keep it all inside. I don't get help for my 4-year-old grandson. I have a lot of difficulty because the Ministry of Home Affairs won't give him a birth certificate. They say go and look for the mother. Over Easter I went north to see his mother and try and get a birth certificate. I can't get one for my grandson and I do not know what his future is going to be like because without a birth certificate he is not going to be able to go to school and I cannot get any social grants for him.' – Sylvia, Namibia

'I am worried about my younger sister, who is doing her final junior certificate examination. If she does not do well in her final examinations it means that she will also be cut out of the food basket programme like me and we will only be getting one for my younger sister and my aunt's daughter who is also in standard 7. Since the death of my mother we have been struggling but we have been lucky because of the orphans' programme that the Government has. I also used to get my own share but now I have been taken out of the programme because I am old enough to take care of myself.' – Lillian, Botswana

Servitude: a perspective from Canada

This is the story of a Canadian caregiver, who was employed full time as a palliative care worker before having to give up her paid work to care for her daughter, grandson and, more recently, her mother. If she were not an immediate relative of this family, she would expect to be paid by the State for this provision of care. However, as an immediate relative she is not 'working' even though she employs the same skills, and more time, than her former paid work. She has not been eligible for any unemployment assistance, and Ontario Works has threatened to discontinue their basic payment to her if she does not find a regular position 'volunteering'.

'We picked E up at the station and took her down to the rehab at St. Joe's Hospital and we booked her in there. She was very pregnant and very messed up. We were there every day. All her needs were met. She had everything she needed, clothing, make-up, whatever. Anything that she needed she had, on the understanding that she was to stay in rehab and that at the time of the baby's birth in the hospital, that she go into a programme for mothers and children.

'I received a phone call that she was going into labour and she was in premature labour. With her background of using and with the HIV, I called the doctor into the hallway and had a long talk with him about what may happen, what could happen. He requested that I come into the operating room with her for the C-Section. They were talking a lot about the precautions of E and the baby. I knew this time there could be something not quite right maybe with the baby. I just kept talking to E and it was a little longer than I thought it would be.

'I was the first to see the baby, and he cried and everything was fine. He was taken up to the special unit I stayed with E for a minute or two while she got cleaned up and recovered. I went straight to the nursery and told them who I was and immediately, as before with all the children, the CAS (State welfare agency) was there. The doctors were there. They always come at me about E's situation: 'the baby would be safer in the long term' and whatever. I just kept repeating that this is my grandchild and he's coming home and this is not an issue and I won't have it.

'My boyfriend at the time and I said we would sign the papers. E and the baby would be given to us on condition that she's not to use, and if there was a situation like that I would report it. So we were given guardianship. We were there every day in the hospital. We made sure that her and the baby were very comfortable and then we brought them home.

'E became very sick with MRSA [Methicillin-resistant Staphylococcus aureus] and the baby became very sick: He was also on AZT [azidothymidine] to counteract the HIV. All the new doctors were being set up for her at St. Mike's and we were bringing the baby in, in the beginning, a lot to Sick Kids. He went through a lot of testing, which we had to do, and then blood work, a lot of that. So I was always with her. I went to every appointment with her to help her through this, because, you know, he was sick and she was sick. Then they both got MSRA. I took them to the hospital one night and they kept them overnight in quarantine. As a mom and living with her at that time, I found her to be very weak and not able to parent. I was very concerned so I intervened and just started care-giving her, caretaking both of them for a long time. My boyfriend started acting out at the amount of money and the attention that was being put out, so I decided that it would be best to separate. He was abusive. I removed my daughter and the baby to my mother's house, confronted the situation and walked out.

'My mom was sick at the time too. Her nerves were shot and she was just getting over pneumonia, so I went out and got an apartment, I set E up and we got everything going with her assistance and my assistance, we put it together and we created a home.

'The CAS were involved and E made a commitment to me that we were to stay together for two years so that I could be with her and the baby. I stuck to my guns and totally committed myself to the living arrangements I had with E and told the CAS that I was looking for work, but would still be in the home and monitoring E. I know E so well that I know her pattern of using. I know when she's agitated and know the certain moods she gets in, where I know she's going to use. So usually I can counteract that. I make her get on the phone and talk to her counsellors or I intervene and I have people call her. Or I talk her down. Sometimes I'll take the baby for three or four days just to get her rested so she doesn't go out and use.

'When we were together in the apartment, when she brought the baby home, he was premature and we had to go to the doctor's all the time, because he had to go on AZT. He needed a lot of needles and he was very tiny. The care-giving I did was meals, changing the baby, making her go to bed in the afternoon to rest. She wasn't resting at the time. She was put on meds for her HIV, you have to know that she hadn't been on her meds like that before, so she was being regulated.

'I was picking up the baby, taking the baby out, wiping him down and taking his temperature, checking his diaper, going in to see if she's okay, making her sleep, getting them up in the morning, getting up for feeding, stuff like that. Obviously she had the HIV before she was diagnosed in 2000, because there were many signs, looking back. In a lot of areas of being with her and taking care of her, it was her inability to care for herself and her destructiveness was a fear for me that she would die. And if that meant that I had to keep fighting for her not to die, then I guess I just, you know, I think, I'm pretty sure that moms just do that.

'After two years I thought that maybe it was better I kind of back off a little bit. I've got like a bachelor kind of place now. It's small and I now have to look for work, because apparently I'm not working! I'm in E's life and on my calendar today, I've counted 10 appointments this month that I have to be there for her. She has many appointments for doctors and I give her every second weekend off to be with her boyfriend overnight. And I take the baby from her in the afternoon until the next day, so she can rest. Sometimes she gets very agitated and impatient and I know it's from stress, and I'd rather she go away and take a breather than get to that point. So up to this date, that's basically what I do. I phone her every Monday to see what appointments are coming up that week for her. Actually, I phoned this morning to the Caregivers Association to see if there's any help that I could get to give me [laughs] some respite. But unfortunately, there isn't anything out there. I said a bill should be passed in Canada for women like myself. They told me to phone public health and they can offer babysitting and I already know that that's not a possibility because E has a very strong trust issue, which is understandable.

'Lately, I've noticed that's she's using the word that she's sick more than the usual. So I'm more there than I was say in the last month. I'm concerned about her with my grandson because he's into everything and he's not even two yet. I just need her to calm down. So I kind of calm her down and keep her at a kind of level where I know she's not going to just say, you know, screw it and hit the street.

'So I just hung in and hung in there and I'm still doing it. And I'll probably will do it until she gets to the point of her clean time now, where she can let go and do it on her own, you know. Or not. Or maybe she's going to become ill with the HIV and it's going to go to the next level. And it's going to full-blown AIDS at some point. In which case she has asked me to be there and be there at the end, which of all my palliative training and all the care-giving I've done with the elderly dying in my arms, I'm sure that this, to me, is another door that I have to pass through with her. And that's just ... it seems like it's just something that has to be. So I've already pretty well resigned myself to the fact that I'm in it, you know, for the long haul.

'I may go make her bed. I do her dishes. I do little things around the house, because some days she's very, very sick. When she lays on the couch, I just sit with her and I rub her head and you know, she cries and I talk with her. And then sometimes she's so tired that she can't even stay awake at the table, you know. And I tell her, go to bed. You know, get some sleep. And I take over. Finally I've got her on her meds at the proper time. Because I went with her to the doctor not too long ago and he warned her, the nurse warned her that if she didn't take her meds on time that she could be in a lot of trouble. She wasn't taking her meds. She was taking them and forgetting them and taking them and forgetting them. Now she's having problems with her eating. She's not eating. She's weak. She's feeding the baby, but I see that she's not eating properly because every time I go there, the same food is in the fridge. And it upsets me a great deal. But I just ... I see that she's losing a lot of weight. I try and talk to her about her eating and her habits and go grocery shopping, get fruits and vegetables. And we have our battles. You know, we have our ups and downs, but I think all and all, she knows that I'm only doing it because I just want her to stay healthy, you know.

'To get any assistance so I can survive, I am expected to volunteer for up to 20 hours a week, depending on where you are and depending on what's going on with the place where you're volunteering at. The extra $100 a month is for transportation to get there and back. So it's a kind of a no-win situation. But it does leave you, obviously, with a few more bucks than you had if you didn't volunteer. I go to the food bank downstairs to get my food. Sometimes E will give me a couple of dollars. Or mom will help me out a little bit here and there. But I have difficulty with that. I went from $1,000 a month to this.'

Notes

1. VAMP – Veshya AIDS Muqabla Parishad or Women in Prostitution Confront AIDS, a sex workers' collective, established in 1996 in Sangli, India, focuses not only on HIV and AIDS work but also works on the socio-economic impact of women sex workers' health and wellbeing. For more information see http://www.sangram.org