



Collective demands and secret codes: The multiple uses of “community” in “community mobilization”



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ABSTRACT

The romance of “community mobilization” continues to pervade development and public health programs. Critics argue that “community” has become a buzzword devoid of content or a mechanism of neoliberal governmentality. This article revisits these approaches to community mobilization, using ethnographic data from a context in which “community mobilization” has met with wide acclaim: HIV prevention programs in India. Focusing on how the concept of community is used in everyday practice reveals its multivalence and flexibility. I show that, for many planners and administrators of HIV prevention programs, “community mobilization” is a strategy for placing responsibility for HIV prevention onto groups at risk, but, for those groups, it also has two alternative usages: as the basis for making collective demands, and as a code word for membership in a subversive sexual category. These latter two uses undergird the formation of “communities” that make new demands on the state. While scholars tend to characterize community mobilization programs in terms of their intent, as either mostly empowering or mostly a mechanism of domination, this article shifts the focus to how the concept of community is used, demonstrating its multiple usages within the same program. I show that groups bring to bear on the concept of “community” not only abstracted NGO concepts, but also a history of using “community” in India as a political category of membership. Rather than rejecting or celebrating the concept of “community”, this article uses ethnography to show how community is put to use and given meaning through everyday struggles for control and survival.

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1. Introduction

Though “community” has appeared as a “buzzword” (Cornwall, 2007; Cornwall & Brock, 2005) since at least the 1950s in development programs, skepticism abounds alongside romanticism. Critics argue that the “community” serves at best as a vague concept that may or not be leveraged effectively to reduce poverty (Sihlongonyane, 2001, 2009), and at worst as a friendly mask for the insidious extension of neoliberal governmentality (Li, 2006, 2007; Rose, 1999).

Yet even as a generation of development scholarship has argued for the theoretical and practical failings of community participation and community mobilization,¹ “community” continues to figure prominently among the “best practices” major international

development institutions promote in a range of sectors. Indeed, “community” has been tethered to widely divergent political agendas, on both the right and the left (Collins, 2010). Even as scholars, particularly those influenced by Foucault, criticize “community-based” approaches on behalf of the marginalized, social movements of the marginalized themselves often demand community consultation, community mobilization, community-based organizing, and community leadership.

This article uses ethnographic data from community-based organizations involved in HIV prevention in Bangalore, India to further this scholarship. While scholars tend to focus on the intentions of community mobilization programs, as either a mechanism of empowerment or domination—or else on evaluating their outcomes against those intentions, for example, asking whether a program met its goal of empowerment—I focus on how the concept of community is put to use by actors engaged in everyday struggles for control and survival, in the process of implementing a community mobilization program. I posit that the concept of community can be used both to devolve responsibility from donors or the state onto communities at risk, and as a powerful language with which to make claims on resources and decision-making. In other words,

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¹ This article focuses on community mobilization, the term most commonly used in HIV/AIDS programs in India. However, I draw on literatures on community participation and on political community in part to suggest the shared resonances of the concept of “community” in different contexts. In order to avoid confusion, I clarify in the text to the best of my ability whether “community participation,” “community mobilization,” or “community” is the concept in use.

this article argues that “community” is a concept available for repurposing, one that can be leveraged by actors at different positions in the organizational hierarchy. Through an analysis of the uses of “community” as an everyday concept, I show that community emerged in three distinct ways. First, administrators and planners used the idea of “community” to displace responsibility onto peer educators and outreach workers, while, second, these peer educators and outreach workers used the idea of “community” to make collective demands or, third, to subvert official knowledge by using “community” as a secret code for stigmatized identity. Through these processes, at the “macro” level, just as the state sought to displace the task of disease prevention onto non-governmental entities and community self-governance, these groups used the institutional infrastructure of participatory models of public health programming to demand more support and control, and, more generally, fuller citizenship (Lakkimsetti, 2014; Lorway & Khan, 2014).

This deployment of “community mobilization” was not simply a creative rethinking of received neoliberal program strategies. In Indian HIV/AIDS programs, the multivalence of the idea of “community” also originates with a locally specific history of collective identity formation in relation to the colonial and postcolonial states. In India, the community serves as a key avenue through which groups access state protection—as religious communities, caste communities, and, more recently, sexual minority communities (Pandey, 2005). The “community” serves as a way to mark group membership as a basis for making political demands and to build collective identity. This history provided an alternative language of “community” that allowed marginalized sex workers and sexual minorities to make demands in everyday interactions as well as in collective engagements with state policy.

1.1. Background

Community has always been a slippery and elusive concept. The term “community mobilization” has been used in sociology and political science since at least the 1950s and 1960s (Aiken, 1969; Jackson, 1978). Sociologists sought to identify the factors that determined a community’s success in altering local political structures. Aiken (1969, 77) defined community mobilization as “the capacity of a local community to reach a critical threshold of collective action.” Within development programs, “community” has a “long and chequered history” (Watts, 2004, p. 196): it was associated with colonial development in the 1950s and 1960s in sub-Saharan Africa and India, later with radical resistance to capital-intensive development in the 1960s and 1970s, especially in Latin America, and then in the 1980s and on with neoliberal structural adjustment programs aimed at devolving responsibility to the local level (Cohen & Uphoff, 1980; De Kadt, 1982; Gilbert & Ward, 1984; Joseph, 2002; Mohan & Stokke, 2000; Rose, 1999; Sihlongonyane, 2009).

Community-based approaches came later to the field of public health, in the 1970s, but became increasingly popular in the 1980s and 1990s (De Kadt, 1982; Ugalde, 1985), and especially after the mid-2000s. The 1978 Alma Ata Declaration articulated community involvement in health care as a right, arguing that “the people have the right and duty to participate individually and collectively in the planning and implementation of their health care” (WHO, 1978). The increasing appeal of programs that seek to engage “communities” in public health is reflected in the public health scholarship. Articles mentioning “community mobilization” in the medical and public health database PubMed first appeared in 1981, but nearly half, or about 42%, were published between 2011 and 2015. Fig. 1 shows the increasing frequency with which the terms “community participation” and “community mobilization” appear in articles catalogued in PubMed. Though both con-

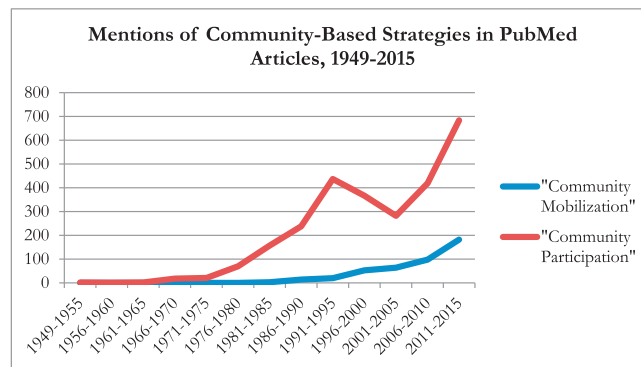


Fig. 1. Mentions of “Community” Programs in PubMed Articles, 1949–2015.

cepts remain relatively rare—“community mobilization” had appeared in 434 articles by 2015, and “community participation” appeared in 2698 articles, compared to “information, education, and communication,” a more individually oriented public health education strategy that appeared 23,586 times in the same period—they have seen increasing use in the last decade.²

Community mobilization programs in public health are most often defined as strategies for altering the social context of disease wherein “marginalized communities, as communities, are mobilized or mobilize themselves to challenge different forms of power (e.g. gender, economic, state) that shape their risk” (Blankenship, Biradavolu, Jena, & George, 2010, p. 1629, original emphasis). Though used in a variety of areas in public health, the literature mentions them most often in relation to programs that require some kind of behavior change, such as family planning programs, maternal health programs, and programs for the prevention of infectious diseases. In the area of HIV/AIDS, community mobilization has become a widely acknowledged “best practice” even if it is not always pursued. Public health scholars and medical sociologists argue that the most effective community mobilization addresses the structural determinants of disease (Blankenship, Friedman, Dworkin, & Mantell, 2006; Campbell, 2003; Cornish & Campbell, 2009), including, as Campbell (2003, 19) notes, “macrosocial policies and interventions that work towards the empowerment of women and poverty reduction” alongside community partnerships and individual strategies, all driven by “political will.”

1.2. Literature

Scholars from multiple disciplines have theorized the potential and limits for the concept of “community” as an organizing principle for social programs. On the one hand, scholars in development studies as well as in critical anthropology and sociology have suggested, in different ways, that community-based programs sustain existing power relations. On the other hand, some among these scholars, as well as other political theorists, suggest that communities can be sites for transformation. However, both sets of perspectives tend to focus on the intent and vision of community-based strategies; there is relatively less theoretical scholarship on the concrete and multivalent ways in which the concept of “community” is put to use in everyday practice.

Scholarship in development studies has offered decades of critique of the concept of “community” (along with related concepts,

² These counts were compiled based on PubMed’s publicly accessible search function. Articles were counted if they included these terms in the title or abstract. The analysis was conducted in late 2016, so specific counts may have changed slightly since.

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