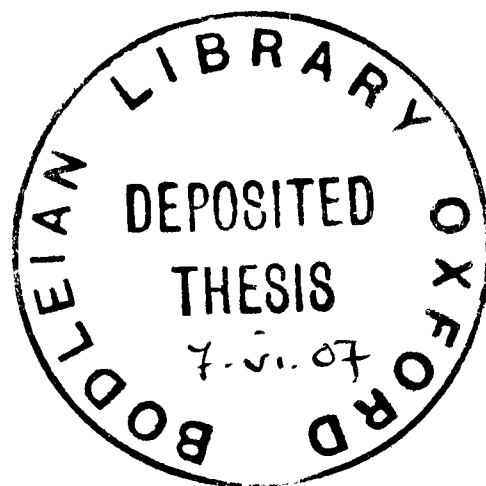


# Peer Learning Among a Group of Heroin Addicts in India: An Ethnographic Study

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*Is dukh dard se jamaane main koi aazad nahin hai.  
Gam itne hain ki khushi yaad nahin hai.  
Fariyad kisase karen?  
Duniya wale hanske kahte hain ki ye fariyad nahin hai.*

In this world, no one is free from these troubles and pains.  
There is so much suffering that happiness is not remembered.  
Who should we request for help?  
People of the world laugh and say that it is not a valid request.

Alok Sharma 01.03.05

*This thesis is dedicated to the addicts of Yamuna Bazaar, from whom I learned so much.*

## Abstract

This is an ethnographic account of peer learning among a group of heroin ‘addicts’<sup>1</sup> in Delhi, India. This study responds to the limited attention given to ‘naturalistic’ or ‘informal’ peer learning patterns in the educational literature, and the lack of explicit exploration of the phenomenon among drug user populations. The study involved seven and a half months of fieldwork with the predominant use of participant observation and semi-structured interviews to generate data. Analysis was inductive and interpretive with the use of situated learning theory to ‘tease out’ patterns in the data. The participants were using and non-using addicts affiliated to SHARAN, a non-governmental organization (NGO) in the religious marketplace of Yamuna Bazaar. The group included approximately 300-500 members, 20 of whom were main informants. Analysis of the group organization revealed community-based and masculinity-based characteristics that enabled the group to manage stigma, promote ‘positive’ ideals, and co-construct non-hegemonic masculinities. Peer-based outreach was identified as a form of ‘institutional’ peer learning in which peer educators performed the roles of ‘doctor’, ‘role model’, and ‘counsellor’ during interactions with ‘clients’ that had the effect of disempowering clients in many cases. The practice of poetry in which peers created couplets in alternating exchanges was identified as one form of naturalistic peer learning that entailed processes of legitimate peripheral participation, meaning negotiation, and reflective learning. Street ‘doctory’ in which peers provided medical care in the form of procedures, illness discussions, and health consultancy was identified as another naturalistic peer learning pattern

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<sup>1</sup> The term ‘addict’ is used in this thesis because it was the most prevalent self-identification label used by the participants.

involving processes of legitimate peripheral participation, meaning negotiation, and learning through teaching. These findings suggest that naturalistic peer learning involved co-participatory processes that manifested in a diversity of everyday practices. It is recommended that engaging these processes and practices would be useful for interventions, while further research should explore such patterns in other contexts.

## Acknowledgements

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Of course, no statement of acknowledgment could be complete without recognizing my family. Mom, Dad, and Ruby were unflinching supporters of my stubborn pursuits, and I am forever grateful.

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# Chapter 1: Introduction

This chapter introduces the study by articulating the rationale, personal motivation, terminology, and structure of the thesis. The rationale attempts to show the importance of the study by justifying the topic, method, and context in relation to the current status of research. The personal motivation describes my particular life experiences and research interests with peer learning. The terminology section explains how the term ‘peer learning’ is used throughout this thesis. Lastly, the section on the structure of the thesis describes the organizational structure of this document.

## ***1.1 Rationale for the study***

This study has been undertaken to provide rich descriptive data of peer learning in a naturalistic setting. As the literature review will demonstrate, educational research on peer learning has focused on peer learning as a method in institutional settings, while ‘everyday’ peer learning in informal contexts lacks attention. Sociology and public health literature on drug use explores addicts’ lives and activities with some recognition of learning, but most accounts are isolated, inexplicit, and lack in-depth exploration of the topic. An ethnographic study that examines peer learning among a group of addicts would, therefore, be a contribution to the literature. Such an inquiry also has important implications for educational and public health concerns. First, identifying peer learning patterns in informal spaces offers contrasting insight to data and theories of peer learning in schools, and aids in the construction of peer education programs that presumably rely on such patterns. Second, peer learning among most groups of addicts represents an important process of support and survival that shapes participants’ conceptions of illnesses and risk behaviours. Exploring the processes and practices of this phenomenon enables greater understanding of this population and its actions, and reveals avenues for more effective and informed interventions based on indigenous patterns.

The methodology selected for such an inquiry is ethnography with an interpretive and inductive analysis. Such an approach follows a tradition of qualitative study of drug use culture in the sociological literature (Rhodes, 2001). Moreover, the approach is most suitable for an exploratory study that requires gaining access to a ‘hidden’ population and generating data pertaining to learning patterns in naturalistic contexts. The analysis is interpretive and inductive in

character with primary reliance on Lave and Wenger's (1991) situated learning theory as a lens to 'tease out' patterns. This theory was selected because of its appreciation of the social aspects of learning, its ability to provide insight on interactional and community-level dynamics, and its resonance with ethnographic details (Barton & Tusting, 2005).

The setting and participants selected for this study was a particular group of heroin addicts residing in a lively religious marketplace called Yamuna Bazaar. This context was selected following a pilot study in which I visited a number of NGO-centred settings providing services for marginalized populations. This specific group captured my interest because of an early rapport with many of the members, and their intriguingly strong reliance on peer networks for support and survival. Such a dense peer-based community structure provided fertile ground for a diversity of peer learning patterns to be observed in everyday life—opportune conditions for a study of peer learning.

## ***1.2 Personal motivations***

I have been interested in peer learning for quite a long time because of its impact on my own educational journey. Since my early schooling in Canada, I was exposed to 'group projects' and team-based approaches to problems in the classroom. In my secondary and higher education experiences, I recognized important peer learning moments during extracurricular activities including interactions during class council meetings, peer review procedures for a student journal, and jazz quintet rehearsals. My medical studies further encouraged these learning practices through a problem-based learning curriculum based on peers as the primary conduits of teaching and learning.

My research interests also began to focus on this topic. Initially, my research was in the field of neurology and I examined illnesses such as Parkinson's Disease and Essential Tremor. At university, I conducted psychophysical experiments comparing Parkinson's Disease patients and controls. In medical school, however, I began to conduct research on the learning experiences of students using a survey design. I also initiated an elective course on medical education devoted to surveying the literature, applying various learning models to practice, and improving future doctors' abilities to teach. Subsequently, an internship in Vietnam exposed me to peer-based research and applications in the public health sector. During this time, I designed a peer education model that adapted the National Institutes on Drug Abuse (NIDA) model of peer outreach to Vietnamese intravenous drug users (IDUs) and commercial sex workers (CSWs) in a manner that aimed for ecological validity. During this project, I realized that designing and implementing such interventions would be enhanced with field study of the lives and learning experiences of such populations.

As these research interests were percolating, I became intrigued by the prospect of exploring these interests in India. As the birthplace of both of my parents, India has always been an important part of my identity and sociocultural experiences. However, I had never spent an extended period of time exploring the country without family obligations. Research on 'everyday life' provided an opportunity for such an exploration, and focusing such research on a marginalized population added to the appeal by being pertinent to current public health problems. The accumulation of these biographical experiences and, of course, funding opportunities engendered the motivation for this project.

### **1.3 Terminology**

Peer learning is an ambiguous term in the literature. As the literature review will discuss, educational literature examining peer learning phenomena in schools tends to use an intervention-based vocabulary and conceptualization. For example, Topping (2005) uses peer learning as an umbrella term encompassing cooperative learning and peer tutoring, the two longest established and researched forms of the ‘strategy’. Similarly, cognitive researchers consider peer learning to be instances of ‘effective’ peer interactions that may be enhanced by particular scripts and structures (Derry, 1999). The defining features of a ‘peer’ are also conveniently vague in the literature. Some researchers of peer tutoring conceive ‘peers’ as undergraduates and secondary school students who may be five or more years apart (Goodlad, 1979; Person & Graesser, 1999). Critics have suggested that such imprecision is indicative of an ‘adultist’ agenda that consider all non-adult individuals to be homogenous ‘peers’ (Frankham, 1998; Milburn, 1995).

Although these conceptualizations of peer learning are described in detail in the literature review, this thesis constructs a different conceptualization that is grounded in the participants’ own perspectives. In this study, ‘peer’ is conceived as an addict in Yamuna Bazaar who may be using or non-using. Inspired by the local use of the term ‘addict’, this study labels ‘peers’ as individuals who have a social identity marked by a history of drug use and experience of its associated consequences in this geographical area. Other characteristics such as age, place of origin, caste, and marital status do not act as significant differentiations within this group, although they are considered in particular situations. Peer learning, then, involves the learning patterns that occur among addicts during their daily lives in

this context. A more detailed definition will not be given at this early stage because it is the goal of this thesis to carefully arrive at the diversity of meanings of this term through analysis of the processes, practices, structures, and contexts that characterize this case. A final definitional point is the use of the terms ‘naturalistic’ and ‘institutional’. Naturalistic peer learning refers to the ‘natural’ or ‘informal’ learning patterns that occur outside of interventions or structured interactions, and represents the bulk of the data. In contrast, institutional peer learning refers to the more ‘formal’ or ‘structured’ interactions among addicts such as those that occur in the NGO-organized peer-based outreach program that intended to educate users in the wider ethnographic site.

#### ***1.4 Structure of the Thesis***

This thesis follows the structure of a qualitative study. It begins with sections to ‘situate’ the reader in the topic, methods, and context. Chapter 2 reviews the literature by surveying educational studies and drug use studies that pertain to peer learning. Chapter 3 explains the methodological approach by detailing the research design, theoretical frameworks, access, data generation procedures, analytical techniques, and ethical considerations. Chapter 4 describes the setting and participants providing both broad and more intimate contextual details.

The thesis then articulates the findings of the study in four chapters devoted to addressing each of the research questions. Chapter 5 explores the organizational qualities of the group using community of practice and masculinity frameworks. Chapter 6 describes an institutional peer learning pattern by analyzing the roles that ‘peer educators’ perform during outreach interactions with

'clients'. Chapter 7 examines a naturalistic peer learning pattern by exploring the learning processes entailed in the participants' practice of poetry. Chapter 8 describes another naturalistic peer learning pattern by exploring processes entailed in the participants' practice of street 'doctory'—the practice of medical care routinely provided by peers.

Finally, the thesis concludes with Chapter 9 which gathers salient points from the findings, extrapolates concepts, and provides suggestions for further research and practice.

## Chapter 2: Literature Review

This chapter surveys two genres of literature. First, it reviews educational studies of peer learning focusing primarily on research in schools, although concepts from workplace learning and peer education programs are also reviewed. Second, it reviews drug use studies which are divided into investigations before and during the AIDS epidemic. This survey demonstrates that the majority of educational research has been preoccupied with peer learning as a method in institutional settings; 'everyday' peer learning in informal contexts has not received adequate attention. This review also reveals that peer learning findings in the drug use literature are isolated 'scattered' accounts that have not provided in-depth understanding of the phenomenon. Therefore, a focused examination of the topic is warranted.

## **2.1 Educational studies of peer learning**

Although peer learning applications have a long history, educational studies began to focus on the topic in the 1960s. The predominant setting for research has been schools where ‘explicit and deliberate’ (Topping, 2005, p. 631) peer learning ‘methods’ such as peer tutoring and collaborative learning have received the most attention. More recently, studies in the workplace and peer education programs have begun to expand the conceptual approach and research paradigm. In this section, the history, empirical research, and theoretical developments of peer learning in schools are described because this doctoral research aims to challenge and extend this literature in subsequent chapters. The workplace literature is reviewed because of useful methodological, empirical, and theoretical concepts about implicit learning that will be used to generate and analyze the data in this thesis. Peer education literature is surveyed because it is one of the areas where this research aims to be applicable.

### **2.1.1 Peer learning in schools**

Peer learning as a ‘method’ used in schools may be traced to the inception of formal schooling in ancient Greece. In reports documenting this method, ‘peer’ is usually an adult’s or teacher’s definition of the term referring to children or pupils in a school setting; therefore, peers may range in age and ability according to most accounts. In a historical review, Wagner (1982) described how Aristotle used ‘archons’ or student leaders during his teachings, while Quintilian’s writings in Ancient Rome discussed how much younger children could learn from older children in the same class. In the fifteenth and sixteenth centuries, English elite

schools such as Eton College and Winchester were reported to utilize peer teaching in their curriculum. In the nineteenth century, Andrew Bell and Joseph Lancaster of England popularized schools fully taught by peers. Bell opened a school in Madras, India with boy-instructors who were much more accepting of his teaching ideas than the adult teachers in the area. He described the system as follows:

This system rests on the simple principle of tuition by the scholars themselves. It is its distinguishing characteristic that the school...is taught solely by the pupils of the institution under a single master, who, if able and diligent, could, without difficulty, conduct ten contiguous schools, each consisting of a thousand scholars (Bell, 1808, p. 2).

Lancaster similarly opened schools in England with pupils trained as monitors by the master. This led to the 'monitorial' or 'Lancastrian' system of instruction that spread to the North and South American countries until the 1900s, when popular opinion and political support of the programs decreased.

In the 1960s, there was a re-proliferation of peer-based strategies as complementary to formal classroom teaching. Such strategies performed a wide range of useful functions in educational settings. The following are only a few examples of these applications that continue to exist today. In primary school, peer teaching became an important mechanism to integrate learning disabled students with typically developing students in the classroom (Butler, 1999; DfEE, 2000; Fuchs et al., 1997; Gartner & Riessman, 1994; Hansen, 1992; Heins, Perry, & Piechura-Couture, 1999; Loney, 1994; Rimm-Kaufman, Kagan, & Byers, 1999; Tyrrell & Farrell, 1995). In secondary schools, peer tutoring was used to teach and learn specialized subjects such as algebra (Allsopp, 1997; Longwill & Kleinert, 1998; Rekrut, 1994). In higher education, peer learning techniques performed an important role in the professional development of individuals in

various fields (Boud, Cohen, & Sampson, 2001; Donaldson, Topping, & Aitchison, 1996; Falchikov, 2001; Gartner & Riessman, 1993; Griffiths, Houston, & Lazenbatt, 1995; Petress, 1999; Schmidt, Van Der Arend, Kokk, & Boon, 1995; Topping, 1996). For example, in medical schools it was a critical component of problem-based learning programs, which enabled training doctors to learn to think and work as a team (Moust, De Volder, & Nuy, 1989; Moust & Schmidt, 1995).

Educational research on peer learning also proliferated in the 1960s. Largely emerging from the United States and based on an educational psychology paradigm, researchers were initially interested in questions of effectiveness and utility of peer learning applications in schools. Again, throughout this early literature, peer learning was mainly conceptualized as a ‘method’ situated in schools. The earliest seminal review of the effectiveness research was an edited volume by Allen (1976). In this collection, Allen and Feldman (1976) summarized their own research on the effects of peer tutoring on behavioural outcomes of tutors and tutees. Using role theory, they concluded that the tutor attained positive behavioural outcomes, but that this may have come at the cost of the tutee who attained mixed or negative outcomes. They interpreted these findings as the result of the tutor enacting and performing according to the expectations of the ‘teacher’ role. The first British educationalist entering the field was Sinclair Goodlad who studied undergraduate tutors providing ‘cross-age tutoring’ in local schools (Goodlad, 1979, 1995; Goodlad & Hirst, 1989, 1990). Again, the implicit definition of ‘peer’ in Goodlad’s reports is quite liberal and debatable as it refers to students who range quite significantly in age and ability. On the practitioner’s level, Goodlad emphasized the cost-effectiveness of the

strategy and reduction in 'stress' for the teacher (Goodlad, 1979). Furthermore, he concluded after reviewing over 1000 papers on the topic that peer tutoring was effective for both the tutor and tutee: 'Research shows tutoring to be effective at producing both cognitive and affective gains for tutors and tutees in very many contexts' (Goodlad & Hirst, 1990, p. 25). Cohen (1982) conducted the first quantitative meta-analysis of the literature. He reviewed 65 independent evaluations of school tutoring programs and found that the programs have positive effects on cognitive and affective levels for both tutors and tutees. He found, however, that the programs had little or no effect on self-esteem of tutors or tutees.

In the last twenty years, research has begun to explore implementation issues and extended applications, cognitive processes of peer learning, and theoretical underpinnings. In a recent review, Topping (2005) suggests that implementation integrity is one of the most important issues in the literature because unstructured tutoring leads to 'primitive' behaviours. Therefore, he summarizes organizational variables important to consider when using peer learning in schools including: context, objectives, curriculum area, participants, helping technique, contact, materials, training, process monitoring, assessment of students, evaluation, and feedback (pp. 634-635). Two books (Boud et al., 2001; Falchikov, 2001) are concerned with implementation of peer learning approaches in higher education. The edited volume by Boud et al. highlights issues of monitoring and assessment of peer learning in higher education settings, while Falchikov discusses particular designs for incorporating peer tutoring into the university classroom. Numerous other manuals and guidebooks reiterate these structural and operational aspects for other settings (Barone, 1996; Cheveldayoff

et al., 1993; Greenwood, Delquadri, & Carta, 1997; Mazur, 1997; Topping, 1998; Topping & Bamford, 1998).

Extended applications of peer learning also compose a growing part of the literature. One of the most established and researched applications is cooperative learning. In this method popularized by Johnson and Johnson (1994) small groups work towards a specific shared goal or output with facilitation from the teacher. A key emphasis in this application is the encouragement of cooperative goal structures rather than competition:

Until it is demonstrated empirically that the pervasive use of competition does not result in damage to the person's self-attitudes, the authors recommend that students be informed of what goal structure is to be used within instructional activities and participate in competitively structured situations only on a voluntary basis (Johnson & Johnson, 1974, p. 234).

An emergent innovation is the collaboration of information technology and peer learning methods. With distance learning and online communities emerging as useful tools for practitioners, 'virtual' peer learning has become an important concept. McLuckie and Topping (2004) encourage caution in assuming that learning will automatically occur given appropriate technologies. Therefore, they examine the skill areas in face-to-face peer learning and use these to define a set of transferable skills and criteria for assessment for online peer learning. They conclude that by researching pedagogical underpinnings, virtual architecture can be developed to support and scaffold high-quality discourse exchanges. For further review of other extended applications, see (Topping, 2005).

Cognitive processes underpinning peer learning have also garnered attention by developmental and educational psychologists. O'Donnell and King's (1999) edited volume addresses the topic with theoretical, empirical, and

educational implication sections. In one chapter, Derry (1999) describes the contributors' collective interest:

...peer learning researchers share the common goals of understanding the nature of *effective* peer interactions and finding instructional formats that promote it. Also, scripting or structuring discourse or interaction is viewed as an especially useful, flexible, and promising instructional device for scaffolding student interactions. Other interests within the community are designs for promoting classroom acculturation and attention to learning task characteristics as a basis for guiding design (pp. 200-201) [my italics].

As is highlighted in this passage, the overarching concern is the nature of 'effective' peer interactions, with effectiveness usually defined by academic and behavioural significance. Therefore, the pre-defined unit of analysis is usually structured situations such as peer tutoring or collaborative learning activities where researchers can isolate and define learning events. Within these situations, the cognitivists then define 'natural' (unstructured or non-scripted) versus 'designed' (structured and scripted) interactions. The overall sentiment expressed by most of the research is that designed scenarios with peers trained in communication skills, help giving, and help receiving are more beneficial both in level of discourse and knowledge outcomes than natural scenarios (King, 1999; Webb & Farivar, 1999). Gilles' (2004) research on cooperative learning groups in ninth grade highlights this general theme. In a quasi-experiment using quantitative time sampling with questionnaires, she compared matched structured and unstructured cooperative groups. Her results revealed statistically significant benefits in behaviours, interactions, learning outcomes, and perceptions in the structured groups compared to the unstructured.

One criticism of this cognitive approach to peer learning is the removal of participants' own meanings and interpretations from the analysis. In an article

documenting a discussion between Packer (an interpretivist) and Winne (a cognitivist), Packer makes the following point:

Central to interpretive research is the belief that any study of people's activities must begin with a hermeneutics of everydayness....The cognitive researcher seeks to bypass this stage of analysis by treating symbolic forms—utterances, actions, texts, artifacts, and places—as simply 'information,' which the researcher can describe just as well as, if not better than, the participants. The interpretive researcher maintains that semiotic material is not merely 'information,' and that the participants have special ways of grasping and understanding it that the researcher must try to figure out by means of a variety of ethnographic techniques. You seek, I believe, a 'lower level' explanation in the sense of reducing behavior to mental operations you presume generate it. I seek a 'local level' of explanation, at least at first; that is I seek an explanation that makes reference to the local situation, to the semantic character of the behavior and the elements it deals with (Packer & Winne, 1995, pp. 3-4).

This critique is applicable to the study of 'natural' interactions during peer tutoring situations by Person and Graesser (1999). The investigators examine the pedagogical mechanisms occurring between 27 undergraduate 'tutors' and 13 seventh grade 'tutees.' Through analyzing discourse transcripts, the researchers find that 'effective' strategies such as active student learning, error diagnosis, and student modelling are not present, perhaps because of a lack of time, training, and over-politeness. Instead, the students are observed using strategies such as 'hinting,' 'prompting,' 'splicing,' 'pumping,' and 'summarizing' for speculated reasons such as:

It may be the case that splicing is so entrenched in normal conversation that tutors do it unknowingly. On the other hand, perhaps tutors can sense when students are unable to supply correct answers. If this is the case, tutors may jump in with the answer to avoid embarrassing the student (p. 83).

Echoing Packer's perspective, this study reduces behaviour to mental operations or cognitive determinants. First, individual variation is removed as generic types of 'tutor' and 'tutee' are used as uniform categories, casting a false sense of generalization as if all tutors and tutees act in the same way. Second, participants' meanings or explanations for the events are unexplored. Participants are treated as stimulus-response zombies whose behaviours are speculated upon; there is no attempt to constitute these behaviours in 'local' frameworks that have meaning or relevance for the learner. Some cognitive researchers recognize this deficiency and encourage researchers to examine it:

However, while numerous studies have reported on the benefits that accrue to students from cooperative learning experiences, little is known about what happens in groups to facilitate learning and what perceptions students have of their cooperative learning experiences. Understanding what happens as students work cooperatively together—in particular, how they interact to facilitate learning and how they perceive these experiences—is critical to understanding how this approach to learning can be used more effectively in classrooms to achieve academic and social goals (Gillies, 2004, p. 198).

Theoretical models of peer learning have recently emerged in the literature after many years of researchers using 'common sense' explanations (Topping, 2005). Inspired by the cognitive tradition discussed above, Topping and Ehly (2001) suggest one of the few such models. It involves five categories of processes feeding into an iterative cycle of peers extending each other's declarative, procedural and conditional knowledge (Figure 2.1). Many of the concepts from the model extend from a developmental reading of Vygotsky and Piaget. For example, in the scaffolding category the authors suggest that the zone of proximal development must be managed (Vygotsky, 1978). Additionally, the processes of accretion, retuning, and restructuring are derived from Piaget's

(1969) concepts of assimilation and accommodation. There are problems with this model. First, it is overly convoluted with very little explanation about how processes are connected or associated; the loop appears to be an attempt to show inter-relatedness of concepts, but it simply leads to a more confused understanding of their relationship. Second, the interpretive critique discussed above is applicable here again. Although as a model it attempts to be generalizable and widely relevant, it has skipped the steps of consulting participants and contextualizing the processes. Such treatment leads to a reduced appreciation of the rich social and contextual variations of this phenomenon. Without sensitivity to these cultural components, the model may only be relevant to laboratory testing settings.

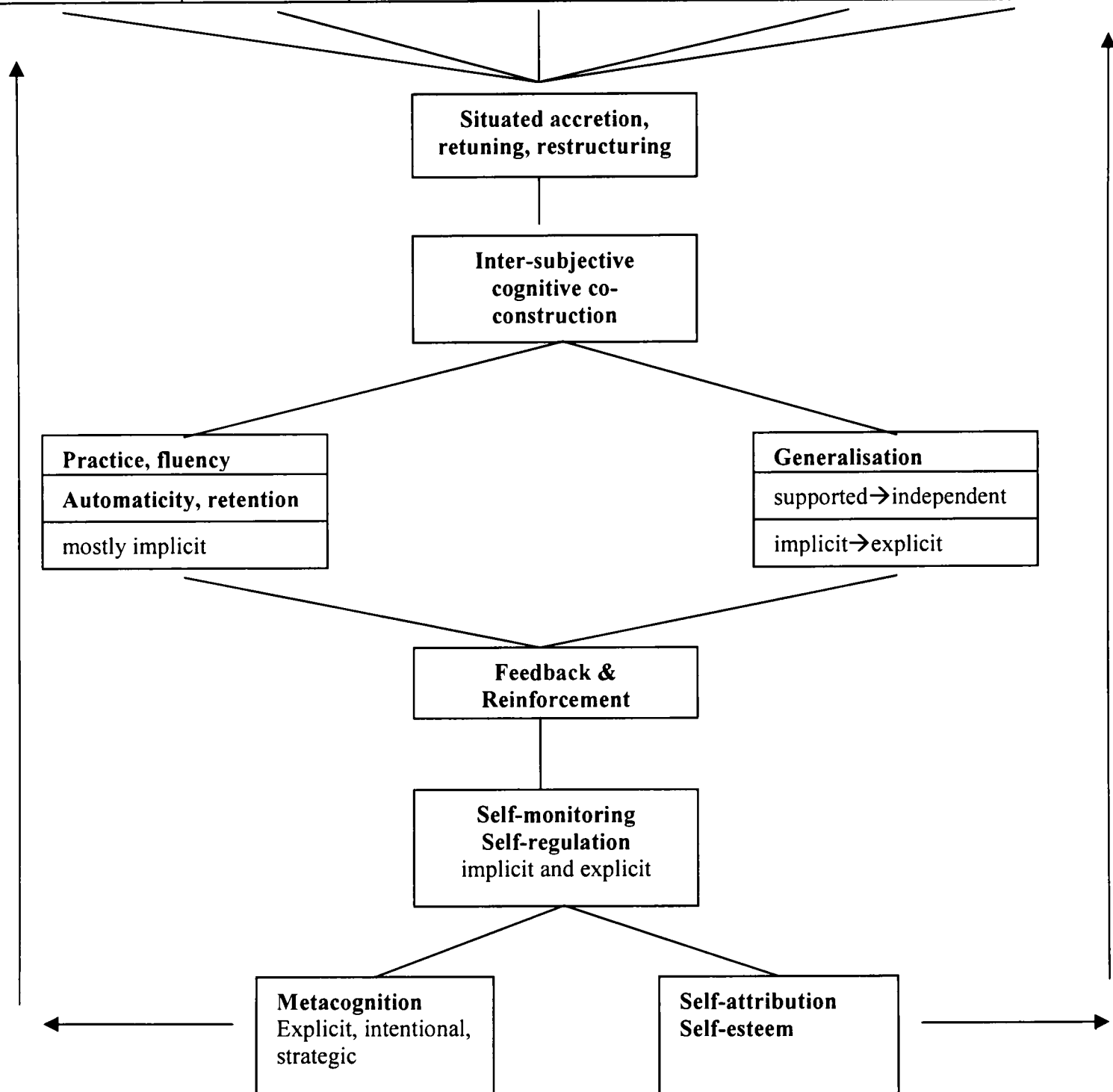
A second model in the literature is Parr and Townsend's (2002) model conceptualizing the interactions among peer learning environments, mechanisms, and processes (Figure 2.2). Unlike Topping and Ehly's theory, this two-tiered model accentuates the role of context (top tier) in understanding peer learning phenomena. Within the top tier, the authors distinguish between 'ambient environments'—pervasive peer-based contexts in schools where learners may not be directly engaged, and are not formally instructed—and 'tutorially configured environments'—embedded contexts of instruction designed and facilitated by teachers. In the lower layer, the model articulates some of the mechanisms and processes, distinguishing the two as distinct dynamics. Mechanisms include cognitive restructuring, observation, imitation, and internalisation, while processes include cognitive conflict and modelling. Between the two tiers, multiple arrows indicate the complex interactions between environments and dynamics: 'Arrows between the layers in the model are to suggest that there is no

one-to-one mapping between peer learning environments and the individual mechanisms and processes; learning is seen as multiply determined' (p. 406). Although the authors state that there is no one-to-one mapping, they suggest that processes and mechanisms such as observational learning from modelling are more likely within ambient environments, and others such as restructuring of knowledge and co-construction are more likely within configured environments.

While Parr and Townsend justifiably incorporate context into their conceptualization of peer learning, the model lacks acuity on the relationship between environments and dynamics. Their idea of 'multiply determined' interactions between the two levels is undeveloped and confused by their subsequent discussion which associates certain dynamics as 'more likely' in ambient or configured situations. Moreover, although they attempt to recognize 'ambient' contexts as significant, their definition of such contexts as school-based limits the range of learning possibilities and influences that may inform their model and its implications. For example, the authors' suggestion that co-construction is more likely to occur in configured environments may be challenged by storytelling exchanges among peers in non-institutional contexts.

Groups of processes influencing effectiveness

Organization & Engagement	Cognitive Conflict	Scaffolding & Error management	Communication	Affect
t.o.t., t.e.t.; goals, plans; individualisation; interactivity; immediacy; variety	To liquefy primitive cognitions and beliefs	ZPD management; information modulation; modelling, monitoring; error detection, diagnosis, correction	Language→thought; listen, explain, question, clarify, simplify, prompt, rehearse, revise, summarise, speculate, hypothesise	Motivation, accountability, modelling, ownership, self-disclosure



In iterative cycles:  
Surface→Strategic→Deep  
Declarative→Procedural→Conditional

Figure 2.1: Topping and Ehly's (2001) theoretical model of peer learning

## *Peer learning environments*

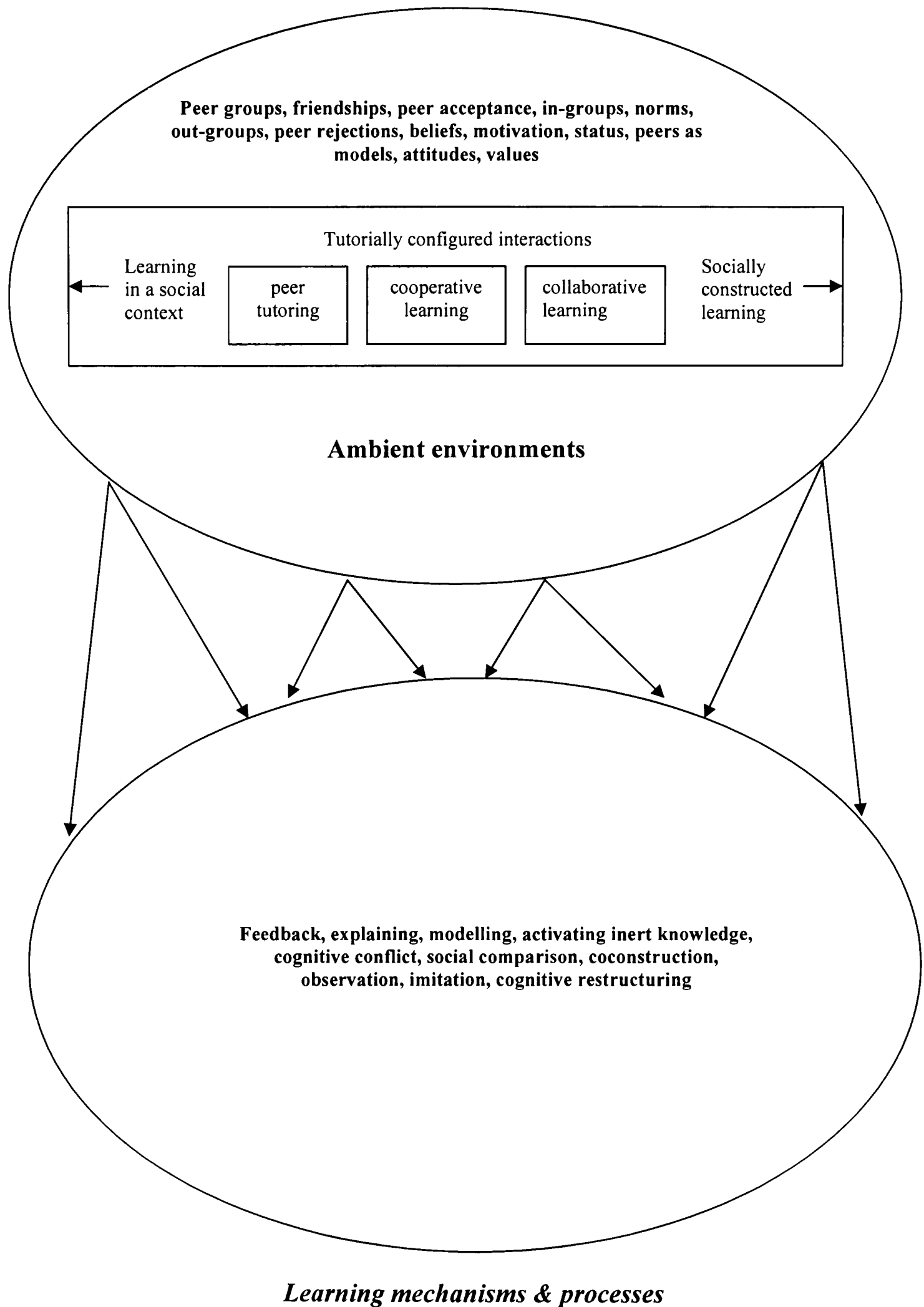


Figure 2.2: Parr and Townsend's (2002) theoretical model of peer learning

### **2.1.2 Workplace learning**

Although workplace learning studies usually do not use descriptors of ‘peer learning’ or make reference to the educational psychology literature just reviewed, there are research developments in this area that are useful for peer learning. Primarily, the field acknowledges and delineates informal learning processes that are important in the workplace. In researching such processes, investigators are developing methodological approaches, generating unique empirical findings, and constructing theoretical concepts which can serve as lenses for other contexts. This section will not thoroughly review the progression and trends of this field as in the previous section; rather, it will highlight some of the most useful and relevant literature addressing informal learning from a methodological, empirical, and theoretical perspective.

Researchers interested in informal learning, or learning occurring outside of formally organized situations, highlight the extent to which it dwarfs formal learning during human life. As Coffield (2000, p. 1) states:

If all learning were to be represented by an iceberg, then the section above the surface of the water would be sufficient to cover formal learning, but the submerged two thirds of the structure would be needed to convey the much greater importance of informal learning.

Workplaces have gained rejuvenated interest by educationalists because of the importance of learning in modern corporations, and the opportunity to examine learning and teaching in non-school settings (Boud & Garrick, 1999). Eraut (2000) has been an important contributor to the theoretical and methodological development of what he prefers to call ‘non-formal’ learning instead of informal learning. In this concept, he defines three distinctions based on the level of intention to learn. On one end is implicit learning where ‘there is no intention to

learn and no awareness of learning at the time it takes place' (p.115). On the other end of the spectrum is deliberative learning where learning is explicit and time is reserved for that purpose. In the middle of these two is reactive learning in which 'learning is explicit but takes place almost spontaneously in response to recent, current or imminent situations without any time being specifically set aside for it' (p.115).

In considering research methods to approach examination of such learning, Eraut highlights the challenges for researchers interested in the topic:

The problems faced by researchers investigating non-formal learning are very considerable. Not only is implicit learning difficult to detect without prolonged observation, but reactive learning and some deliberative learning are unlikely to be consciously recalled unless there was an unusually dramatic outcome. Worse still, potential respondents are unaccustomed to talking about learning and may find it difficult to respond to a request to do so. If they do, they are more likely to refer to formal learning rather than non-formal learning. The latter is just part of their work: solving a problem at work is unlikely to be interpreted as a learning process unless an interviewer can home in on it in a particularly appropriate way (Eraut, 2000, p. 119).

Eraut articulates the problems of awareness and representation facing researchers interested in any type of learning occurring in everyday life. Because of the situated nature of the learning in daily social interactions and cultural contexts, participants will not recognize events as 'learning' or be able to describe them in any substantial detail without relating experiences in schools or formalized instruction. In grappling with these problems in his research, Eraut then offers some useful advice for eliciting tacit processes. Through interviews, Eraut found that participants were more likely to talk explicitly about their knowledge if there was some mediating object that they were accustomed to discussing (e.g. an x-ray image), a climate of regular mutual consultation, mentorship, or informal

relationships promoting reflection and voicing of processes, or a crisis, review or radical change in practice. Although not emphasized by Eraut, other workplace learning researchers have recognized the importance of participant observation enabling real-time viewing of potential 'learning' events and shaping of questions in 'local' language to elicit responses (Steadman, 2005).

Using some of this methodology customized for the workplace, researchers have revealed some empirical findings relevant to peer learning as well. Cortese (2005) used narrative interviews to gather learning stories related to work experiences from 20 managers at different levels of hierarchy from four organizations. The findings revealed that all the participants gave accounts of learning acquired during teaching of colleagues. The interviewees recounted processes of observation, listening, and experimentation that facilitated learning during the course of teaching. Interpretation of these results suggested that learning was enabled through the initiation of an internal dialogue and awareness of the learning process itself during the interaction. Such recognition of learning along with transfer of knowledge enabled a consolidation of understanding. Abma (2003) describes a form of organizational or collective learning through storytelling. The author begins by highlighting properties of storytelling including its dialogical, divergent, emergent, and collaborative processes. He then analyzes and applies these properties by discussing a storytelling workshop intervention to facilitate learning in organizations. Using a case study of palliative care in a Dutch health care authority, the author described three phases of implementing such a strategy revealing benefits and pitfalls. These two papers highlight the attempt in this literature to describe learning events as naturalistic phenomena occurring in everyday situations, rather than a particular structured

‘method’. This approach enables generation of data contextualized in the situated context and constructed with meanings and perspectives of the participants themselves.

Researching workplaces has also led to the development of theoretical frameworks useful for recognizing and understanding informal learning. Specifically, the related concepts of situated learning and experiential learning are helpful lenses. Situated learning (Lave & Wenger, 1991; Wenger, 1998) accentuates the social and participatory nature of learning. Distilled from empirical investigation of various forms of apprenticeship, Lave and Wenger develop the concepts of ‘legitimate peripheral participation,’ and ‘community of practice.’ Legitimate peripheral participation refers to the process through which newcomers to a group become full participants acquiring understandings by engaging in sociocultural practices. Community of practice is the ‘intrinsic condition’ or the structures, relations, and context that make learning, in the form of legitimate peripheral participation, possible (Lave & Wenger, 1991, p. 98). Extending from these core concepts, Wenger (1998) develops the role of meaning, practice, community, and identity in understanding learning in organizations, and designing situated educational strategies. Despite its popularity, the framework does draw criticism from workplace learning researchers. When applied to contemporary workplaces, Fuller, Hodkinson, Hodkinson & Unwin (2005) describe limitations in issues such as experienced workers’ (old-timers’) learning, power and tension upon entrance of newcomers, structural qualities of the group facilitating or detracting participation and experience, the role of ‘teaching’ and formal education in workplaces, and newcomers’ identity as not a ‘tabula rasa’.

Experiential learning highlights the importance of personal biography, observation, reflection, formulation of concepts, testing of implications, and transformation of meanings (Jarvis, Holford, & Griffin, 2003; Mezirow, 1990, 2000). Out of these, Jarvis articulates the particularly significant process of contemplation and reflection involved during the learning process:

Contemplation is a common form of learning, one that behaviourist definitions of learning do not allow for....Contemplation is the process of thinking about an experience and reaching a conclusion about it without necessarily referring to a wider social reality' (pp. 63-64).

These ideas about socially situated reflection counterbalance the tendency in situated learning to locate all of learning 'outside of the head'. As Salomon (1993) reminds us, it is neither helpful to confine learning fully in the head or fully distributed. Recognition of collaborative and parallel processes occurring both in social spaces and individual spaces is more honest.

### **2.1.3 Peer education**

Peer education studies are another body of educational literature relevant to peer learning. Perhaps surprisingly, this literature also lacks interaction with the formally defined peer learning literature: peer education studies do not use 'peer learning' as a descriptor, or reference the educational psychology literature reviewed. Instead, the studies are usually founded upon health promotion, health education, and public health perspectives. Again, rather than an exhaustive review, this survey will accentuate some of the themes that pertain to this doctoral research project. Specifically, justifications and critiques of such programs reveal the unrecognized complexity and difficulty of utilizing naturalistic peer dynamics. Additionally, process studies using qualitative methodology reveal the diversity of

processes occurring in programs, and suggest the importance of closer examination of the range of credibility, personal development, and empowerment dynamics.

Broadly defined, peer education involves members of a particular social grouping teaching, informing, and influencing other members of that grouping (Milburn, 1995). There are a variety of methods and intended outcomes for peer education programs. Interventions range from formal instruction in classrooms to theatrical performances. Many peer education programs are dedicated towards health-based outcomes such as drug prevention and sexual health education. Turner and Shepherd (1999, pp. 236-237) outline ten common justifications for such programs: 1) cost-effective; 2) peers are credible source of information; 3) peer education is empowering; 4) peer education utilizes already established means of sharing information; 5) peers are more successful than professionals in passing on information; 6) peer educators act as positive role models; 7) peer education is beneficial for those providing service; 8) peer education is more acceptable than other education; 9) peer education accesses those hard to reach; 10) peers can reinforce learning through ongoing contact. Although practitioners will quickly brandish these claims as rationale for programming, the theoretical foundations are quite fragmented and limited. Social learning theory, social inoculation, role theory, and subculture theories are some of the frameworks often stated as supportive. However, none of these theories was derived to explain peer education efficacy and each only does so in a limited manner. Therefore, Turner and Shepherd (1999) conclude that peer education is a method 'in search of a theory rather than the application of theory to practice' (p. 235).

Many educational researchers are cautious in their endorsement of the application for empirical reasons as well. In meta-analysis, Cuijpers (2002) reports that effectiveness in drug prevention programs is determined by a number of factors not simply whether the leader is a peer, teacher, or expert. Therefore, the author does not support the popular view that peer-led programs are at least as effective as adult-led programmes; a number of other variables such as content, number of sessions, use of booster sessions, age group, and degree of interaction between students have important effects. Frankham (1998) uses literature review and qualitative data to challenge the uncritical endorsement of peer education programs. The author presents evidence problematizing the assumptions that young people talk freely and frankly about health issues, peer pressure is a uniformly influential process for adolescence, and peer education is an intrinsically participatory and empowering activity. She concludes that peer education methods, where one peer imposes views on the other, runs counter to natural friendship culture where peers are not supposed to 'tell you what to do'. She also suggests that many interventions embody a contradiction: peers are supposed to listen to and adopt 'positive' messages from their friends, but resist being influenced by 'negative' messages. Milburn's literature review (1995) suggests that many programs have an 'adultist' agenda with imposed definitions of sexuality, behaviour, and norms. Implementing such programs through peers becomes a guised attempt of exploiting local channels for traditional messages that are bound to contaminate the channels themselves.

To more closely examine and hopefully resolve such criticisms, many researchers have called for inquiry into the processes and local cultures characterizing peer education programs:

One of the most notable gaps in current research is the lack of detailed analysis of the sorts of interactions that actually take place between young people under the guise of peer education. There is therefore no clear data on how these initiatives are, or *if* they are, being accommodated into forms of interaction that already take place between peers (Frankham, 1998, p. 187).

Nevertheless, it is open to question what exactly led learning to take place. As noted, those writing about peer education often play up the similarities between educators and those educated. But this downplays the importance of teaching and learning strategies adopted by the peer educators...(Warwick & Aggleton, 2004, p. 148).

Some researchers have responded to these recommendations with 'process evaluation' studies that examine the daily methods and mechanisms of peer education programs. Shiner and Newburn (1996) and Shiner (2000) conducted process evaluations of drug prevention programs utilizing peer education for young people. Largely relying on interviews, the studies report the importance of informal sources of information, and the oversimplification of 'peer pressure' models in the field. The papers delineate three dimensions of credibility including person-based, experience-based, and message-based credibility. Programs tend to stress the first with emphasis on age; these authors suggest that the others are crucial with many participants especially interested in the experiences of peer educators. Backett-Milburn and Wilson's (2000) process evaluation revealed that important factors in their observed program were recruitment, setting, organizational context, and personal development of participants. With a focus on interview data, the authors specifically mention the development of a range of communication skills, teamwork abilities, and self-confidence acquired by the peer educators. Personal development of the receiving participants was not examined. In the international public health literature, Campbell and MacPhail (2002) examined issues of gender and critical

consciousness among youth involved in a South African peer education program. Although advocating the importance of peer education, they report interview and focus group data that suggest that peer educators utilize didactic measures such as classroom lectures rather than more natural communication channels during peer education interactions. Other reports from international (Mitchell, Nakamanya, Kamali, & Whitworth, 2001) and British contexts (Frankham, 1998) indicate the tendency of peer educators to act like ‘experts’ rather than equal-level friends in order to establish legitimacy and respect for subsequent teaching. These findings have implications for considerations of empowerment especially for the participants receiving the education.

There are limitations to these process evaluations. First, there tends to be a predominant focus on the programs’ teaching and information delivery, rather than co-constructed learning interactions between peers. Similar to teacher-based education studies, the focus is the one-way delivery of concepts rather than the interactive exchange of ideas. Second, the studies tend to rely on interview data with minimal participant observation details. Such a methodology depends too heavily on participants’ accounts, and does not illuminate the interaction patterns that are valuable data for assessing the nature and effectiveness of the program. What is actually happening during interactions between peers still needs closer inquiry.

#### **2.1.4 Summary**

The body of educational literature primarily bases its inquiry of peer learning on institutional variants that may be enhanced for educational purposes. Peer learning in schools predominantly uses an educational psychology approach

to examine cognitive processes occurring during ‘methods’ such as peer tutoring and collaborative learning. Workplace learning studies provides methodological, empirical, and theoretical insight on informal learning mechanisms, although this research is again focused on inside organizations. Peer education is a popular approach with some examination of the embedded processes, although most analyses focus on one-way delivery of information rather than co-constructed interactions. Overall, the literature lacks attention to non-institutional, informal, ‘everyday’ peer learning that is perhaps most pervasive, and probably more difficult to study.

## ***2.2 Drug Use Studies***

Drug use studies have an important place in the history of sociology. With some form of drug use being a characteristic of nearly every society, researchers have been dedicated towards understanding the socially constructed nature of this activity. Examination of this topic has led to the emergence of specialized research methodologies such as drug user ethnographies, and the further development of theories such as symbolic interactionism. Although the rich history is acknowledged, this review primarily draws attention to the unit of analysis during different periods of the research history. Beginning with drug user ethnographies, the unit of analysis was the individual drug user ‘type’ with a micro-sociological focus. In the HIV/AIDS era, the unit of analysis changed to ‘risk behaviours’ and, more recently, social structural ‘risk environments’ with a range of micro- to macro-sociological perspectives. The final part of this section documents some of the ‘scattered’ peer learning accounts in the literature.

### 2.2.1 Drug user ethnographies before AIDS

Rhodes (2001) suggests that the first qualitative research study on drug use was De Quincey's (1822) *Confessions of an English opium eater*, where the author described the use of opium among urban poor in London and his own experiments with the drug. The rise of a field of inquiry devoted to this topic emerged from the United States in 1920s and 1930s from the University of Chicago. Known as the 'Chicago School,' academics in the department of sociology promoted a methodology based on field research in urban and institutional settings (Atkinson & Housley, 2003). This led to classic ethnographic studies such as Thomas and Znaniecki's (1918-1920) *The Polish Peasant in Europe and America* and Zorbaugh's (1929) *The Gold Coast and the Slum*. In stride with this methodological innovation and inspired by the philosophy of pragmatism, sociologists such as George Herbert Mead, Herbert Blumer, Robert Park, and W.I. Thomas developed the theory of 'symbolic interactionism' (Hammersley, 1989). Broadly understood as a micro-sociological approach focusing on meaning acted upon, constructed, and interpreted through interactions (Blumer, 1969), symbolic interactionism was important in shaping the approach and analysis of 'deviance' subjects that researchers were beginning to pursue.

With the burgeoning city of Chicago serving as an inspiration, researchers became interested in drug use as a social phenomenon of increasing importance. With medical, legal, and political analyses dominating the discourse, the fieldwork-based symbolic interactionist approach offered an alternative 'insider' view of the activity and its participants. One of the first studies was a doctoral

thesis by Bingham Dai (1937) titled *Opium Addiction in Chicago*. Supervised by Robert Park, Dai states the following purpose:

...this study considers the opium addict essentially as a member of society and a carrier of culture, and attempts to locate the aetiological factors of opium addiction as well as the effective methods of rehabilitation in the addict's relation with other people and with culture (p. v).

In addition to examining the pharmacological effects, natural history of addiction, characteristics of addicts, and distribution of addicts in Chicago, Dai used in-depth interviews to examine the social situations and personality factors related to addiction. This exploration revealed that initiation of drugs usually began in the company of drug users in 'smoking parties,' 'houses of prostitutes,' 'pool rooms,' and 'gambling houses'. The initiating addict usually had admiration or affection for the drug users and viewed them as 'heroes,' 'intimate friends,' or 'lovers' (p.190). This connection combined with personal factors such as depression and low self-esteem led to the initiation and learning of drug use. Dai concluded that the addiction was not simply a physical phenomenon, but a social and cultural one in which the addict may be viewed as a 'maladjusted personality' created by the 'cultural chaos and social disorganization' of society (p.191).

Although studies such as Dai's recognized the importance of peer relationships and interactional processes, the articulated focus of commentary or the basic unit of analysis remained the individual drug addict 'type'. As Finestone (1957) states:

The following delineation of the generic characteristics of young colored drug users constitutes in many respects an ideal type. No single drug addict exemplified all of the traits to be depicted but all of them revealed several of them to a marked degree (p. 3).

Three of the classic ethnographies of the 1950s and 1960s provide evidence of this trend. To begin with, the titles of these ethnographies should be noted as they spotlight the individual addict, usually with a singular noun. In 'Taking Care of Business—The Heroin User's Life on the Street,' Preble and Casey (1969) challenge the popular notion that heroin use offers an escape from psychological and social problems for the addict. Using participant-observation and interviews, the authors report that an addict engaged in personally meaningful and legitimate pursuits. Therefore, '...the quest for heroin is the quest for a meaningful life, not an escape from life' (p.3). Sutter's (1966) ethnography 'The World of the Righteous Dope Fiend' also describes the rich meanings embedded in the everyday life of an addict. Specifically, it reveals the diversity of 'social types' within addict subculture: 'Righteous dope fiend' uses the most expensive narcotics in the country and is ranked as the most versatile of hustlers on the street (p. 177); 'Crystal freak' is a regular user of methamphetamines 'for the trip' (p. 201); 'The Weed Head' is generally a relatively inexperienced 'young kid' who uses marihuana (p. 202). Other types include 'The Pill Freak,' 'The Acid Freak,' and 'Garbage Junkies and Winos' (p. 203-205). Finestone's (1957) ethnography 'Cats, Kicks, and Color' researched the 'social type' of 'cats' who were a comprised of young 'colored' drug users from Chicago. As mentioned above, Finestone analyzed the individuals as an 'ideal type' because as he explains: 'Methodologically, their common patterns of behavior suggested the heuristic value of construction of a social type' (p. 3). His report primarily brought forth the rich vocabulary of the 'cat' with a number of lines containing a quoted word or phrase directly from the addict. Such a description provided a linguistic and,

through analysis, hermeneutic understanding of this particular type of addict's worldview.

Apart from being an appealing writing device apparent from the very earliest reports including De Quincey's (1822) use of the singular, the focus on individual types rather than groups or interaction patterns is an intriguing and counterintuitive characteristic. Why did researchers using an interactionist framework and interested in the diversity of phenomena use pseudo-generalizable singular units rather than situated range of interactions or plural units? Although this has not undergone thorough analysis, I present two hypotheses. First, with a micro-sociological emphasis, researchers wanted to concentrate, at least in their descriptions, on the smallest unit of analysis—the drug user. Second, because this group of sociologists was often responding to quantitative researchers and epidemiologists, they inherited the individualistic language to both challenge others' findings and gain a wider audience.

It must be mentioned that not all studies of this era followed this trend. Agar's (1973) *Ripping and Running: A Formal Ethnography of Urban Heroin Addicts* describes conversations and 'event performances' such as 'copping' and 'getting off' using a cognitive anthropology framework. Becker's (1953) classic study 'Becoming a marihuana user,' although framed with a focus on the individual addict, reveals important learning interactions. This study focuses on learning processes during the experience of using marihuana to challenge theories that ascribe behaviour to antecedent predispositions or individual traits. He reveals that an individual will only sustain marihuana use if he 1) learns to smoke in a manner that produces effects, 2) learns to recognize those effects as drug induced, and 3) learns to enjoy the effects. In each of these learning events,

experienced users perform an important role in facilitating the learning process through direct and indirect methods. In learning the techniques of using to produce effects, Becker describes episodes of direct teaching as well as indirect observation and imitation where newcomers reported watching experienced users 'like a hawk' (p. 237). To recognize effects, the author describes newcomers asking experienced users about 'symptoms' and provoking conversations in which 'concrete referents' may be applied to subsequent experiences (p. 238). During this stage, Becker also describes reflective processes in which the user 'examines succeeding experiences closely, looking for new effects, making sure the old ones are still there' (p. 239). In the third event of learning to enjoy effects, experienced users report 'coaching' newcomers through intoxicated episodes which may be frightening, teaching them to regulate amounts of smoking, and constructing positive meanings for unpleasant effects. Becker summarizes the learning processes as follows:

This happens in a series of communicative acts in which others point out new aspects of his experience to him, present him with new interpretations of events, and help him achieve a new conceptual organization of his world, without which the new behavior is not possible (p. 242).

The limitation of Becker's examination was its reliance on 50 interviews without any stated participant observation of the interaction patterns described. Along with other ethnographers, he was also criticized for having 'maudlin sympathy toward the underdog' and characterizing them as more 'sinned against, than sinning' (Gouldner as cited in (Weppner, 1977)).

## 2.2.2 Drug use studies during the AIDS era

A dramatic shift in drug use research occurred in the mid-1980s. With the onset of HIV and the recognition that intravenous drug use was a vector of transmission, drug use studies changed from inquiries of deviance in society to an examination of ‘risk behaviours’ and ‘risk factors’ with an intention to prevent the spread of an epidemic. As Rhodes (1995) suggests, the conception of ‘risk’ was initiated by epidemiology whose job it is to identify determinants and distribution of disease. Because HIV was a behaviourally-based disease, such identification processes led to categorization of specific groups and activities that served as agents of transmission. Therefore, populations such as homosexual men, commercial sex workers, and IDUs became ‘risk groups’ whose respective activities required measurement. For IDUs, this assessment involved investigating the prevalence and incidence of HIV, assessing modes and capacity of viral dissemination, and modelling its future spread (Rhodes, 2001). However, such inquiries were found to be difficult by public health authorities. As Wiebel (1996) describes:

While the basic nature of the problem was clear, the specifics of what needed to be done and how best to do it were by no means apparent. It was known, for instance, that IDUs were spreading HIV through the sharing of injection paraphernalia. Yet the factors which influenced such sharing, the contexts in which such sharing took place, the meanings injectors associated with sharing, obstacles to the reduction of sharing, and effective strategies to discourage this practice were not well understood. Further, it was recognised that the vast majority of individuals at greatest risk—those not in drug treatment and still actively injecting in community settings—were not readily accessible through established systems of service delivery (p. 188).

Rhodes (1995) also reports that the conceptualization of ‘risk’ in epidemiological circles is flawed. He suggests that epidemiological constructions assume a ‘single

rationality' as if every individual's rational decision-making contains the same perception of the risk-taking costs and benefits. Such studies ignore the relative and situated nature of reason that may be greatly influenced by a wholly different set of contextually sensitive priorities. His chapter attempts to reveal this 'situated rationality' in groups of British addicts by demonstrating prioritization of overdose and vein damage over transmission of HIV or other infectious diseases.

Recognizing this insufficiency, the National Institute on Drug Abuse (NIDA) in the United States followed by other governments worldwide sponsored research initiatives that included ethnographic methods. Some of the earliest and most influential ethnographic findings were details about drug sharing. In a series of papers, Koester, Booth and Wiebel (1990) and Koester (1996) describe that direct sharing of a single syringe between two or more IDUs is not the only manner that HIV may be transmitted. Transmission of the virus may occur during 'indirect' sharing procedures during the preparation and distribution of a shared portion of drugs. Among a group of Denver IDUs, Koester (1996) observed that although injectors may be using their own needle and syringes for actual injection, they were using common syringes, 'cookers' (drug mixing container), and 'cotton' (filter) for the mixing, measuring, and distributing of drugs. Especially during the use of small quantities of drugs that are best divided in liquid form, shared paraphernalia that may have been contaminated would be used for preparing each person's dose. Koester concludes that HIV risk remains high even if such intermediate steps are used. Among a group of El Paso IDUs, Wiebel (1996) observed addicts unknowingly engaging in similar high risk procedures while otherwise complying to risk reduction instructions such as no direct sharing and use of bleach. Wiebel observed the following:

What had been witnessed was injectors first flushing previously used syringes with water and then bleach as a disinfectant measure. They would then draw up more water from the same shared communal container to rinse out residual bleach and then again to dissolve their drugs into an injectable solution. At issue was the fact that everyone frequenting the gallery was using the same shared container of water both to liquefy their drugs prior to injection and then to rinse out the syringe after injection to prevent the needle from clogging with dried blood. After extended periods of use, the water remaining in such containers became visibly tainted by the small amounts of blood left by previous users (p. 193).

Complementary to these behavioural observations, ethnographers began to recognize the importance of social context and relationships in drug sharing routines. In observing similar sharing phenomena in Rotterdam, Netherlands, Grund (1993) and Grund et al. (1996) examined the social interactions and relationships involved in drug use routines. Using interviews and participant observation, this research revealed that drug sharing plays a significant role in the social organization of drug using culture. As in other contexts, drugs have intrinsic symbolic meaning of solidarity that informs social actions and norms. This leads to ritualized patterning of drug sharing and established norms of reciprocity in drug users' relationships. For example, in groups from both Rotterdam and New York, drugs were shared for reasons such as helping a friend in withdrawal, obligation for previous debts, and mediation of conflicts (Grund et al., 1996). Zule's (1992) ethnographic study of San Antonio IDUs examined methods of drug exchange, resources, reciprocity, symmetry of relationship, role of parties, and the control of risk. This research reports that the three predominant methods of acquiring drugs—purchase, barter with goods and services, and gift—nearly always involved asymmetrical relationships based on balanced reciprocity with varying roles and control of risk. In purchase interactions, the person who

contributed the largest amount of money to the pool held the dominant role and control over the use of paraphernalia. In bartering interactions, the person with the drug had a dominant role and controlled risk conditions over the individual providing services such as transportation or sex. In gift situations, the dominant role again was the person with drugs offering it to the subordinate user who lacks control over any decisions about needle use or hygiene. These findings reveal the influential social and economic conditions driving practice and risk prioritization.

Although the social aspects of AIDS have been recognized as significant since the onset of the epidemic (Aggleton & Homans, 1988), the critical role of social context demonstrated by the above studies has led to greater attention to the social structural production of risk. In a recent literature review, Rhodes, Singer, Bourgois, Friedman, and Strathdee (2005) coin the term 'risk environment' as the appropriate unit of analysis to describe the space that may be social or physical in which factors interact to increase HIV vulnerability. Factors involved in this space include cross-border trade and transport links, population movement, community and neighbourhood characteristics, specific injecting environments, peer group and social network qualities, political and economic status, inequalities and stigma, and law and policing. As can be seen from this list (which is only a selection from the article), there is growing interest in meso- and macro-sociological influences on drug use as well as the micro-sociological dynamics that has been the focus of this review thus far.

The social network approach is one example of this focus. Focused on mapping social and risk relationships, network approaches collect data usually with questionnaires about individuals' social contacts and their relationship and activities with those contacts. Analysis then involves a series of quantitative

assessments including measurement of size, density, multiplexity (overlap of social and risk networks), network member turnover, and concurrency (simultaneous relationships with two or more partners) (Miller & Neaigus, 2001). One of the pioneering studies in this literature was the Social Factors and HIV Risk (SFHR) study (Friedman, 1999; Friedman, Neaigus, Jose, Curtis, & Des Jarlais, 1998; Friedman et al., 1997). In this large-scale investigation, data were collected from 767 IDUs from Bushwick, New York City who were interviewed and 3151 network contacts whom they described. Participants were recruited using target sampling and chain-referral techniques. Primary questions were asked about the index subjects' social and risk relationships in the last 30 days. Subsequently, for each member named, data were elicited about relationship duration, type, drug and sexual activities, other activities, and the member's personal characteristics and behaviours. After collecting these data, researchers identified which subjects were linked through triangulation of data. Findings revealed injectors in two central groups called the '2-core' component of the network were more likely than others to be infected with HIV (Friedman et al., 1998; Friedman et al., 1997). Such information may be used to inform interventions such as outreach, or peer education for drug users. For example, Latkin's (1998) social network analysis of outreach using peer leaders revealed that peer leaders were significantly more likely to increase their use of condoms and clean needles when employed by the program. Moreover, the leaders' risk networks were also significantly more likely to adhere to greater needle hygiene. This report is representative of a body of literature enabling researchers to examine the flow of risk behaviour change through peer group communication channels. In effect, one can record the ripples of an intervention in a community.

There are, however, limitations to the social network approach. By using large samples, structured questionnaires, and quantitative analyses, the diversity of meanings and experiences of relationships is largely lost. Researchers are interested in relationships as ‘transmission channels’ of information and risk, rather than rich social interactions where resultant actions are based on a wide range complex meaning constructions. Perhaps, the best integration of the macro- and micro-sociological approach is the work of Bourgois (2003). In his ethnography *In Search of Respect: Selling Crack in El Barrio*, Bourgois uses participant observation and semi-structured interviews over six years to understand the lived experience of a group of Puerto Rican crack dealers in East Harlem (El Barrio), New York. The author applies a structural political economy analysis to his observations and recorded life biographies of six key informants. Bourgois skilfully intertwines rich ethnographic descriptions and long participant accounts with structural commentary connecting the large-scale and abstract social marginalization trends to the everyday stories of six individuals and their families. For instance, during participants’ accounts of informal peer learning of criminal activities such as car theft and burglary, Bourgois interjects interpretations about economic imperatives and gender-based street identities (pp. 194-196). The author’s conclusion is that drugs are an epiphenomenon of more deeply rooted structural problems of social marginalization and alienation requiring confrontation of racial and class inequality instead of a ‘war on drugs’.

### **2.2.3 ‘Scattered’ findings of peer learning among drug users**

There is no organized body of literature addressing peer learning patterns among drug users. Accounts relating to peer learning are usually found with close

reading in the descriptive results sections of the research text; authors rarely deeply examine or extend findings relating to peer learning in their analyses. Therefore, the findings are difficult to search and locate, and commentaries are isolated without any cross-referencing—hence, the descriptor ‘scattered’. It follows that any attempt to classify and categorize this literature is unfeasible, and the best that can be done is a listing and description of some of the reports that were found. My review uncovered five studies with empirical data relating to learning patterns among drug addicts. Because no particular thematic order is used, studies will be mentioned in chronological order.

The first study that was found to concern peer learning was Becker’s (1953) ‘Becoming a Marihuana User’. As discussed earlier, in describing the identity journey of a first-time user, Becker highlights the importance of social learning patterns in sustaining marihuana use. Specifically, he identifies processes of observation, imitation, direct and indirect question asking, self-reflection, and co-construction of meanings. The author does not provide observational accounts of these processes, and does not analyze them from a learning or educational viewpoint (although social learning theories were premature at this time). Becker plainly points to their existence using interview-based articulations by a group of users as evidence.

Grund’s (1993) ethnography examining drug use as social ritual among addicts in Rotterdam also provided insight into peer learning structure, functions, and processes. The author observed that transmission of knowledge occurred during ritual performances where addicts participated in patterned behaviours, implicit rules, and coordinated actions. As he describes:

It was likewise observed that the knowledge of many of these practices is passed on to other users, normally in the

course of the ritual performance itself. Rituals play an important role in educating novices about the rules of drug use. They serve to buttress, reinforce and symbolize these rules. Generally such information flow takes place at an unconscious level, as part of a peer group based social learning process. However, it is not uncommon to see more experienced users explicitly explain to novices *why* and *how certain things ought to be done*....Many of the described rituals and rules are developed in the drug scene during a long process of casual information exchange in informal networks—generally not based on objective information, but on personal experiences of users (p. 97-98).

The informality and unconsciousness of these learning rituals are notable in Grund's findings. Learning is so embedded in daily life that it is extremely difficult to identify for researchers and participants. Nonetheless, the author finds that such rituals perform an important role in creating and reproducing cultural norms which are often directed at safety and regulation of group health.

In ethnographic work carried out in London, Power (1996) reports community-level learning processes between established members and newcomers. The author first describes the highly supportive and reciprocal relationships among heroin addicts compared to stimulant-using groups, which he suggests is because of the daily need to procure drugs. He then reports accounts of the importance of informal networks for 'communicating information on drug availability, quality and price' (p. 152). In exploring these 'grapevine' systems, Power found the following:

This group was well-established and was founded on the sale and consumption of heroin and cocaine. The core membership (including the dealer) was made up of established users, who would pass on advice and information to the new and casual recruits to the network. Such wisdom would include warnings about the dangers of needle use and sharing, inappropriate drug combinations and the mechanisms of seeking help. All of this would be delivered spasmodically, informally and in the general

context of getting on with the main business of buying, selling, and consuming drugs (p. 152).

Without pre-empting subsequent arguments of this thesis, I suggest that this is a clear description of legitimate peripheral participation occurring in a community of practice context. However, such an analysis using a situated learning lens has not been conducted by any of these authors.

As indicated previously, Bourgois (2003) writes about Puerto Rican crack dealers learning criminal activities such as car theft and burglary. With data consisting of the dealers' recollected accounts of childhood and adolescence, Bourgois describes the 'apprentice-like manner' (p. 194) in which experienced peers incorporated novices in a type of 'rite of passage' (p. 195). Two accounts by the participants are noteworthy:

*Primo:* You see, it was me and my older cousins. I was a little nigga' and they were already thieving...but I liked'ed it out on the street with my cousins; and they taught me the tricks as to how to get into cars; how to break into places; how to pick locks. Ray used to key us on the techniques (p. 195).

*Primo:* Luis used to have me as a lookout because I was so inexperienced, so I wanted to graduate and do my own cars. So one time when Luis be in the back taking out the speakers in this big car, he said, 'Okay, you take the radio out this time.' That first time, it was too hard. I couldn't do it. As a matter of fact, I'm thinking now that probably Luis maybe gave me a radio that was hard to take out just to test me (p. 195-196).

Following these accounts, Bourgois also describes the horrific reality of the dealers' socialization through gang rape episodes, which were also learned through watching and participating. However, because of a focus on social marginalization and political economy, Bourgois does not elaborate on these learning events, and does not provide real-time observations of street learning in

current daily life. The emphasis remains on participants' recollected memories of the events.

In an article exploring perspectives of Hepatitis C among London injectors, Davis, Rhodes and Martin (2004) suggest that one major theme is 'skilling and autonomy' related to methods of injecting. Using qualitative interview data, the authors report that learning to inject according to participants involved 'observation' trial and error; learning 'as you go'; and 'self-tutoring' (p. 1811). Early in the learning process, experienced users or 'sweet geezers' were recognized as important in facilitating and supporting the novice by injecting the newcomer and directly teaching him or her about risks. As the novice became more experienced, autonomy became an important objective because it enabled greater control over drug use and risk. The authors conclude that: 'The safer injection 'curriculum' is embedded in practical knowledges that are shared in social networks in ways that are informed by discourses of autonomy, risk reduction and a kind of morality about drug injection' (p.1812). The authors, however, were more interested in appropriating these networks than in exploring the range of qualities and patterns characterizing them.

Although each of these reports is isolated and disconnected from each other, perhaps this separation reveals a consistency and significance in the phenomenon. If accounts independently report the presence of similar learning patterns with emphasis on experienced users relationships with novices, social construction of meanings, and learning through participation, then this may indicate a type of reliability in multiple contexts: findings in this review come from the United States, the Netherlands, and the United Kingdom. At the same time, this may also reveal a lack of in-depth inquiry causing superficial 'common

sense' ideas to be presented rather than the unique range of learning patterns that may be quite different across contexts. Either way, this review supports the need for a focused examination of peer learning patterns among drug users.

#### **2.2.4 Summary**

Drug use literature has acknowledged the importance of qualitative methods in exploring and understanding the lives of addicts situated in particular contexts. Stemming from Chicago school methodological and theoretical innovations, drug user ethnographies focused on individual drug user 'types' and characterized the diversity of 'lived experience' according to their perspectives. The onset of HIV/AIDS caused a dramatic shift in emphasis from 'types' to 'risk behaviours' and 'risk environments'. Distinguished by a unique alliance between epidemiology and ethnography, studies began to illuminate specific behaviours and their socially constructed nature enabling customized and targeted interventions to contain the epidemic. Throughout this literature, peer learning accounts are dispersed and disconnected with most reports articulating the importance of experienced users relationship with novices, social construction of meanings, and learning through participation in activities.

## Chapter 3: Methodology

This chapter outlines the methodological approach, procedures, and considerations for this study. It first describes the research design highlighting the research questions, sampling techniques, and methods for data generation. This is followed with an overview of the theoretical frameworks shaping fieldwork including symbolic interactionism and reflexivity. Subsequently, there is in-depth explanation of the access processes describing how I gained access to the sub-structures of the NGO, 'brotherhoods', and dyads. This is followed by descriptions of the specific participant observation and semi-structured interview techniques employed. Next, in-field and out-of-field analytical methods and theoretical lenses will be discussed. Lastly, I will explore some of the ethical questions surrounding informed consent, privacy and disclosure, and obligations to intervene when researching heroin addicts in this context.

### **3.1 Research design**

Constructing a design for a research project involves defining problems of interest, selecting settings and cases that provide insight to these problems, devising questions that are ‘answerable’, creating sampling procedures that do not predispose towards one conclusion, and determining the methods to generate data. In ethnographic inquiry, this process is iterative—its soundness depends on constant refinement throughout the research project. Exact questions and procedures for answering them are not ‘set’ before fieldwork, or even during fieldwork. The approach evolves as the researcher learns what is important to ask and what is possible to answer.

That being said, I am not embarrassed to state that I did not have a ‘fixed’, unflinching research design until the late analytical stages of this project. Therefore, throughout the seven-month ethnography, questions and procedures were in flux; nonetheless, the process of constant refinement enabled clarification and sharpening of my thoughts and analyses. My purpose here, then, is to present this dynamic process with acknowledgement of both concrete and fluctuating elements. Such a description reveals a more honest view of how this research was conducted.

#### **3.1.1 Problems, settings, and questions**

As Hammersley and Atkinson (1995, p. 24) instruct: ‘Research always begins with some problem or set of issues, from what Malinowski refers to as ‘foreshadowed problems.’’ My foreshadowed problem was learning among peers—its processes, varieties, functions, and meanings. Broadly, I wanted to

understand what is happening in peer learning situations. To tackle this problem and to make it ‘research-able’, I needed to transform it into a set of questions that would direct and structure a research approach. This step, however, required engagement with settings and cases; I could not theorize ‘answerable’ questions without interacting with some of the empirical realities that would define the parameters of study. Therefore, I embarked on a pilot study that explored NGO-centred settings and ‘high risk’ case groups in India.

Immediately, the critical reader will ask how and why was India, NGO settings, and high risk groups selected, especially prior to articulation of a core set of questions. Here, I cannot claim rigorous deductive reasoning. I was personally interested in Indian disadvantaged populations, and NGOs were the best means to initially access such groups. Moreover, I had a ‘hunch’ that such groups may be intriguing in terms of naturalistic informal learning because their marginalization from society and traditional education systems may have made them more reliant on informal means of learning and surviving. Such curiosity combined with rational hypothesizing led me to visit 14 NGOs in 4 Indian cities from March 15-April 23, 2004.

During the preliminary explorations, I met sex workers, migrant workers, truck drivers, men who have sex with men, and drug addicts. Throughout these meetings, I was attentive to interactions in my presence, participants’ reactions to me, constraints to working with particular groups, and potential opportunities. I also treated the visit as a practice session. I rehearsed Hindi in the local dialects, engaged in various rapport-building strategies, honed my data generating procedures and routines, and experimented with data analysis packages. Most significantly, the exploration led to the serendipitous encounter with Derek, one of

the leaders of SHARAN, at a joint NGO event. The ensuing conversation led to my visit to the SHARAN drop-in centre in Yamuna Bazaar where the research project began to crystallize.

Hammersley and Atkinson (1995, p. 36) also state: ‘Sometimes the setting itself comes first—an opportunity arises to investigate an interesting setting; and foreshadowed problems spring from the nature of that setting.’ This was not entirely true for this project: I was interested in the problem of peer learning before arriving in Yamuna Bazaar. However, the setting and group of heroin addicts that I met did significantly shape the research questions by revealing aspects of peer interactions that intrigued me. Specifically, the group was characterized by the following: a peer-based lifestyle reflected in daily interactions and community structures, co-constructive ‘talking’ patterns common in small group settings, and reliance on each other for health advice and support. Again, many of these characteristics could not be so definitively articulated until formal fieldwork stages; however, I did see ‘glimpses’ of these traits during the initial visits that caught my attention.

With a problem in mind, and the empirical constraints and opportunities explored, I began to develop research questions. Broadly, I was interested in capturing the social structures and interaction patterns involved in peer learning. Taking my cues from the literature and the field, I believed that understanding the group’s structure was necessary to appreciate specific interaction patterns. Therefore, the first formal question was devoted to group organization, and constituted a ‘structure’-based question. The exploration of community life led to the emergence of interplays between individuals that began to hold my attention. Specifically, peer education interactions, small group poetry sessions, and street

medicine conversations were discovered and explored in great detail. These elements constituted three ‘pattern’-based questions. Therefore, with the organization of a structural question followed by pattern-based questions, the following were developed in an evolving manner:

1. How do the participants organize themselves in a community of practice whose members engage in processes to restore masculine identities?
2. What are some of the roles that addicts who are ‘peer educators’ perform with other addicts who are ‘clients’?
3. What are some of the learning processes entailed in the participants’ practice of poetry?
4. What are some of the learning processes entailed in the participants’ practice of street ‘doctory’?

Each of these questions requires some explanation to justify their place in this study. Without jutting too much into the literature and fieldwork descriptions presented elsewhere, I provide the following defence. The first question seeks to understand the group’s organization by exploring the community structures that establish the social context for peer learning patterns. These structures were best illuminated through community of practice (Lave & Wenger, 1991) and masculinity lenses. The second question inquires about the roles performed in a formalized peer education program, providing insight into institutionalized peer learning patterns in contrast to naturalistic peer learning patterns. The third question examines how *sher-o-shayari*, or the practice of poetry in small group settings, constitutes a naturalistic peer learning pattern. The last question examines how street ‘doctory’, or the practice of medical care routinely provided

by peers, constitutes another naturalistic peer learning pattern. In total, these questions attempt to make the foreshadowed problem of peer learning processes, varieties, functions, and meanings into a research project suited for this particular setting.

### **3.1.2 Sampling procedures**

Rhodes (2001, p. 42) points out:

Those in contact with services are often unrepresentative of the broader population of drug users, and this may be the case with regard to patterns of drug use, risk behaviour and health status. This has led researchers to consider research methods and sampling designs capable of reaching ‘hidden populations’...

This statement reveals a general emphasis in the literature to employ methods and sampling designs that access and represent populations that may be ‘invisible’ in epidemiological surveys. Heeding this advice, I originally planned to use sampling procedures that accessed the elusive ‘hidden population’ beyond the reach of the NGO. However, I realized that participants fully ‘outside’ the purview of any NGO services were quite rare in this context; even in areas quite distant to Yamuna Bazaar, many addicts had heard of SHARAN or were in contact with other NGOs. A number of reasons may explain this finding: perhaps the population was truly ‘hidden’ and my initial point of entry contained me in a homogenous network; on the other hand, perhaps the NGO, whose employees were former addicts from the area, was quite proficient in its outreach; lastly, perhaps the poverty-based context, lack of social services, and evident stigma in public hospitals made most addicts reliant on NGO services staffed by like-minded peers. I did not investigate this matter much further. I determined that

finding a representative sample of the 'hidden population', if it existed, was not the purpose of this study. Rather, I resolved to acknowledge that my sample is a purposively selected group of addicts associated to an NGO, and probably unrepresentative of the broader population of drug users.

Similar to most studies on deviant populations, the sampling strategy used within this select group was 'snowball sampling', or requesting initial contacts to refer their peers. Such a strategy obviously has its weaknesses:

Bias is an almost inevitable feature of snowball samples because the social relations which underpin the sampling procedure tend towards reciprocity and transitivity....As a result, networks tend to turn in upon themselves and to be homogenous in their attributes, rather than providing linkages to others whose social characteristics are different...(Lee, 1993, p. 67).

Lee subsequently reviews a number of strategies used to reduce bias including monitoring referral chains, using a variety of starting points, 'spatial outcropping' (identifying areas where participants congregate), and theoretical sampling. For this study, I utilized these techniques in the following ways. My initial contacts were NGO staff members who referred me to using addicts during everyday activities. I monitored these referrals and began to notice an internal structure to the community: NGO staff members, small group 'brotherhoods', and dyads. Recognizing these sub-structures, I built rapport with a variety of individuals who acted as 'starting points' in each of these groups to sample across levels. I also identified and spent time in areas where members of each sub-structure congregated such as the NGO centre for staff members, the 'backstage' park for 'brotherhoods', and the living quarters of two addicts. Lastly, as data began to accumulate, I began to seek out contacts and situations that could elaborate and

provide diversity to specific themes and concepts. Further details of these procedures will be discussed in the sections on access and analysis.

### **3.1.3 Methods to generate data**

An ethnographic approach was deemed the most appropriate method for data generation because of the nature of the research questions and sampling techniques. Answering the questions required a contextualized exploratory approach with an inductive and interpretive analysis. Moreover, the characteristics of the population were such that trust and rapport were critical to gaining access and describing the phenomenon of peer learning as accurately as possible.

By choosing such an approach, I must acknowledge the assumptions that were embedded in the method. As Glesne (1999) summarizes, the interpretivist traditions assume that reality is socially constructed, and variables are complex, interwoven, and difficult to measure. Moreover, researchers are nearly always personally involved with a degree of empathic understanding to their research topics and participants. These points are, of course, central to a heated debate about the validity and soundness of such methods (Hammersley & Atkinson, 1995, p. 1-22). I address issues related to this debate in the theoretical lenses and analysis sections.

This ethnography had the following core design features. First, fieldwork was broken into three periods that totalled seven and a half months: the first period was the pilot study from March 15-April 23, 2004; the second period was formal fieldwork from December 12, 2004-March 12, 2005; the third period was formal fieldwork from August 7, 2005-November 14, 2005. Such a broken design

enabled sampling across different times of year (Hammersley & Atkinson, 1995, p. 46), synthesizing themes and concepts in a different context, meeting with my supervisor, and planning for the subsequent fieldwork session. Secondly, the ethnography included mixed methods. Although participant observation and semi-structured interviews were the predominant data generation tools, I employed quantitative surveying of various characteristics and activities of participants, document analysis of registries and participants' poetry books, and map drawings of the area. In this thesis, fieldnote entries are denoted by the abbreviation 'FN' and date, while accounts from interviews are indicated by the participant's pseudonym followed by the date.

### **3.2 Theoretical lenses**

There were two broad theoretical frameworks that guided the methodological approach of this study. First, symbolic interactionism, particularly as articulated by Herbert Blumer (1969), inspired a focus on interactional details including the fluid, emergent, collaborative, and meaningful aspects of social life. Secondly, Martyn Hammersley and Paul Atkinson's (1995) explanation of reflexivity provided guidance about conducting fieldwork with awareness and reflection of the researcher's impact on the social world.

#### **3.2.1 Symbolic interactionism**

Blumer (1969, pp. 20-21) presents the following view of society:

This approach sees a human society as people engaged in living. Such living is a process of *ongoing activity* in which participants are *developing lines of action* in the

multitudinous situations they encounter. They are caught up in a vast process of interaction in which they have to *fit* their developing actions to one another. This process of interaction consists in making indications to others of what to do and in interpreting the indications as made by others. They live in worlds of objects and are *guided in their orientation and action by the meaning of these objects*. Their objects, including objects of themselves, are formed, sustained, weakened, and transformed in their interaction with one another [My italics].

The italicized phrases in this description of the social world highlight important concepts of the interactionist lens. First, social life is seen as fluid (‘ongoing activity’) with the constant emergence of new actions (‘developing lines of action’). Second, participants are ‘acting organisms’ (Blumer, 1969, p. 12) who collaborate to configure (‘fit’) their actions to one another in an intersubjective reality (Prus, 1996). Lastly, meanings attributed to objects in the world are the guiding entities (‘guided in their orientation and action by the meaning of these objects’). The transformations of these meanings through interactions represent an evolution of understandings and interpretations—processes particularly suited for ethnographic inquiry (Atkinson & Housley, 2003; Emerson, Fretz, & Shaw, 1995).

### **3.2.2 Reflexivity**

Hammersely and Atkinson (1995, p. 16-17) state:

Reflexivity thus implies that *the orientations of researchers will be shaped by their socio-historical locations*, including the values and interests that these locations confer upon them. What this represents is a rejection of the idea that social research is, or can be, carried out in some autonomous realm that is *insulated* from the wider society and *from the particular biography of the researcher*, in such a way that its findings can be unaffected by social processes and personal characteristics [My italics].

The highlighted phrases in this passage represent critical ideas of reflexivity, or awareness and reflection of the researcher's impact on data generation. First, the influence of context is acknowledged ('the orientations of researchers will be shaped by their socio-historical locations'). No research occurs in a vacuum: the cultural circumstances affect the researcher's predispositions for what will be observed, asked, and recorded. Second, social research is a construction itself that cannot be 'insulated...from the particular biography of the researcher.' Past experiences, personal traits, and relationship dynamics will influence the researcher's navigation of the social world and subsequent reporting. Instead of ignoring this subjectivity, the researcher must attempt to record and present it for the reader to interpret: personal reflections are indeed data.

### **3.3 Access<sup>2</sup>**

This is an extended treatment of the various processes involved in accessing the community's internal structure of NGO staff members, small group 'brotherhoods', and dyad relationships. These procedures involved the researcher becoming a 'legitimate peripheral participant' (Lave & Wenger, 1991) who gained access by performing multiple co-constructed roles and participating in various aspects of group life. I indulge in such an in-depth examination of this process because it represented the pivotal mechanism that operationalized the research design and established the foundation for the formal data generation methods. Moreover, given that this group was a subculture population, processes

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<sup>2</sup> This section is adapted from a book chapter (Dhand, in press) titled 'Using learning theory to understand access in ethnographic research' which has been accepted for publication in G. Walford (Ed.), *Developments in Ethnographic Methodology*, Oxford, UK: Elsevier.

of ‘getting in’, establishing trust and rapport, and performing multiple ‘accepted’ roles became the key event in the methodological approach.

### **3.3.1 Playing a part in the NGO**

The process of accessing this group of heroin addicts began by establishing a role in the NGO that provided services for the participants. In this section, I describe the evolution of identities that I performed from ‘international guest’ to ‘NGO worker’ to ‘interviewer’ and ‘observer’. Each transition in this process was marked by disagreement with my performance and the role’s associated expectations. This dissonance led to a re-negotiation of my identity in which individuals legitimized my new position. Interestingly, in the course of co-constructing and legitimizing the ‘interviewer’ and ‘observer’ roles, participants began to enact their renditions of these roles and discussed their ‘findings’ with me. Although a key stage in gaining access, the NGO-associated roles also limited access to relationships that were important to my research questions. Therefore, over time, I began to transition into roles with other group structures.

During my pilot study in March 2004, I navigated the network of NGOs in Delhi to learn about target populations and the offered services. I searched the Internet and directories, contacted leaders through e-mail, and visited various centres and events. At one of the events sponsored by POND (Partnership of NGO’s in Delhi), I met Derek, one of the leaders of SHARAN, who invited me to observe the harm reduction services for heroin addicts in Yamuna Bazaar. When I visited the SHARAN Drop-in Centre, I was an ‘international guest’, a role to which the participants were adapted. Because the organization received international funding, and conducted research in collaboration with Johns Hopkins University, the members were accustomed to visitors inspecting the services. My

host, Derek, spent half a day introducing me to their programs and staff members. He gave me a tour of the facility, explained the services in English, enabled me to observe an education session, and led me through the surrounding parks where I watched addicts actively injecting. He also enabled me to take pictures of the drug sets and equipment by explaining to the addicts that I would not photograph them, just their drugs (FN 03.29.04). At this point, my presence was not unusual for the participants. I was another Western voyeur who was being escorted by the leader, perhaps in an attempt to secure funding or programmatic assistance. There was no need to further investigate this short-term visitor.

When I returned to the Centre in December 2004, Derek and the staff were surprised to see me. Derek stated, 'Although you had said you would come back, I didn't think you actually would.' I was no longer following the expectations of a guest: I returned to the site; I was hanging around for full days without the leader, and I was speaking Hindi with the staff and clients. This discordance with role expectations led to a flurry of questions that aimed to re-position me into a meaningful role. Although my responses to these questions aimed to establish a researcher's identity, my efforts were thwarted by more pervasive ideas about identities and motives. For example, when I attempted to explain that I was doing research on how friends learn from each other to a group of staff, one of the members announced to the group: 'He's thinking about setting up a new Centre in his country and came here to get ideas.' The other members nodded in agreement with the statement (FN 12.21.04). Similarly, when I attempted to explain that I was born in Canada, but my parents were from India, this was interpreted as: 'He's an Indian who left India and is living in Canada' (FN 12.21.04). As this statement reveals, there were some intrinsic characteristics that also contributed to

my role designations. Specifically, my Indian origin and appearance (mid-twenties age, male sex, foreign Hindi accent, single marital status) were a unique set of characteristics that needed interpretation. One such justification was that I was ‘an Indian living abroad who had returned to look for an Indian wife’. My intrinsic qualities for the most part, however, could not explain my presence in Yamuna Bazaar socializing with heroin addicts. Although one participant mentioned that he initially thought that I was an addict (FN 02.03.05), most participants explained my membership as a ‘NGO worker’, especially the non-addict, middle-class type who worked with the computers in the back room. This assignment as a ‘worker’ was initially troubling for me because it had interventionist expectations—that I would be providing services for clients on a daily basis. I believed, however, that to force a researcher’s role designation at this stage was neither tactical nor natural, although I would continually remind participants of my research even though they may reinterpret it. Therefore, I accepted the status of ‘NGO worker’ as one of my roles, and contributed by providing feedback to the staff.

As an ‘NGO worker’ without any official responsibilities, my activities included accompanying peer educators on outreach in the surrounding areas, sitting with staff members as they provided services at the Centre, and participating in idle ‘time pass’ routines such as drinking tea, conversing about daily happenings with addicts, and simply watching and listening to participants. My only informal responsibility was to provide feedback, or commentary, on services. For instance, NGO leaders such as Derek would request my input on educational materials such as new booklets, posters, and videos. They would look for advice and insight from my experience, which I tried to emphasize was very

little in the NGO arena. On one occasion, however, I intervened after observing NGO barbers not cleaning shaving equipment or changing blades during their services with the clients (FN 12.27.04). My actions included informing on-duty NGO leaders, researching and explaining the literature on contracting blood-borne viruses to Derek, and conducting a 10-minute presentation on the topic for the staff upon his request (FN 12.28.04). Following this instance that I felt I had both a role and an ethical obligation to act upon, I did not make any more presentations. Rather, my feedback came in more discreet conversations with individual members. For example, when a worker publicly disclosed the HIV status of a client, I took him aside and explained why that may not be a good idea (FN 02.17.05).

Over time, it became clear that there was discordance with my role as a 'NGO worker' and its associated expectations: I spent little time in the back room with the computers; I would not keep a regular schedule, and I was more interested in listening and talking to active users than most NGO workers. My anthropological tools, including my notepad and tape recorder, also became identifying symbols. Participants became interested in what I was writing down or why their recordings would be useful. With new inspiration, I began to explain that I was writing down stories so that I could understand what was happening and then describe it to people in my country. Similarly, I would explain how I would listen to the recordings, think about them, and then 'play' certain parts for the outside world. Some participants became excited about the possibility of being recorded for an outside audience. My topic of 'learning', however, remained a mystery to most participants who would again reinterpret my statements into constructs such as 'he is watching how drug users live'. Nonetheless, my

positions as ‘observer’ and ‘interviewer’ were becoming consolidated through these interactions. Some of the peer educators who were keen observers of my activities began to validate and legitimize my presence and actions. In one instance, a peer educator explained to an addict: ‘He has come from Canada to listen to us, and because he is from so far away, your stories are safe with him and will not get to the police’ (FN 01.21.05). Similarly, prior to my first recorded interview, two peer educators gained the participant’s permission by endorsing me as a person from ‘outside’ who has come to talk to clients and learn about SHARAN’s services (FN 12.29.04). As these examples reveal, specific supporters began to legitimize my questions as benign and confidential, and my identity as deserving openness and, perhaps, respect. Additionally, in the process of facilitating my research, some participants were beginning to play the role of ‘co-investigators’.

Participants who were co-constructing the roles of ‘interviewer’ and ‘observer’ with me also began enacting these researcher roles. For example, one staff member devised strategies about how to collect data:

- 1) Observe before 8am to see addicts before and after their first fix; 2) Listen to conversations at the night shelter where there is a more relaxed atmosphere; 3) Follow some of the ‘smarter’ clients to see how they talk to their friends (FN 12.22.04).

Similarly, in a number of instances including my first recorded interview, participants would ask questions and, occasionally, conduct full ‘interviews’ for my benefit:

Rohit and a self-appointed ‘translator’ began asking questions like when did you start, what did you use, and where do you inject as if these were the questions that I would be interested in. There is no doubt that I am but it’s funny that they assume that this is my project and they are asking on my behalf. It’s also interesting that these

interactions automatically become interview interrogations of one or two users (FN 12.30.04).

One participant also became an ‘observer’ who reported his ‘findings’ in connection with my current research aims:

After I described my current project of observing the switch [from smoking to injecting] in the park, Derek said he observed a peer interaction in which one user was really looking for an injection cocktail but couldn’t find one for the set price. Another drug user then said, ‘I’ll take you there’. The man said, ‘No, you’ll give me today and then what will happen tomorrow’. Derek thinks he said this because he and others were present and listening (FN 03.02.05).

It is important to note that none of these instances were coordinated or encouraged by me prior to the event; I did not recruit ‘interviewers’ or ‘observers’ for my research. Rather, in the process of co-constructing my roles with the participants, the members themselves began naturally to enact those roles. These instances, therefore, suggest that the legitimacy process causes shifts in not only the researcher’s role, but also the participants’ roles.

Although the role of a liberal ‘NGO worker’ with a co-constructed ‘team of research partners’ was advantageous on multiple levels, there were drawbacks as well. First, as I report in chapter 6, peer educators needed to sustain a professional distance from active users in order to maintain a reputation of a ‘clean’ ex-user. I found that this distance was being transferred into my relationship with active users as well. Second, because of expectations that I should only be present with my other ‘colleagues’, I found that I did not ‘fit in’ so well to the context during non-work hours (FN 08.14.05). Most importantly, I found that my research questions, which were interested in naturalistic learning among active addicts, required a different set of roles than were available with my current identity. Therefore, I underwent a transition period that involved changes

in spaces where I spent time, activities that I participated in, and relationships that I fostered. I began to spend less time at the Centre, limited my involvement in services such as outreach, and became less connected with staff members. Instead, I became more of a regular in the 'backstage' park, played card games, and built friendships with a small group of addicts who began to legitimize my presence as a 'brother'.

### **3.3.2 Becoming a 'brother'**

Small groups of five to seven addicts would spend idle time together, sleep in the same area, generate income, gather food, and usually, but not always, use drugs together. They would call each other 'brothers', occasionally with adjectives such as 'big brother' or 'little brother'. Through a series of legitimizing activities, I began an enculturation process of becoming a 'brother' in one small group. This section describes this process highlighting my activities with the participants, knowledge acquired, boundaries of my particular role, justification and validation of those boundaries, and legitimacy that participants gained from me.

To use Goffman's (1959) term, the 'backstage' area was a public park adjacent to the 'frontstage' SHARAN Centre. In this space, addicts congregated, relaxed, socialized, gambled, and used various substances in concealed corners on the periphery. Near the beginning of my fieldwork, my access to the area was limited. The NGO staff typically stayed in the 'frontstage' space because it was important for maintaining professional standards including a reputation of being 'clean'. Therefore, through association, my initial attempts to enter the 'backstage' was met with disapproving comments by the staff and curious stares

by the addicts. Any attempt to strike up conversations with the addicts was awkward and uncomfortable. A breakthrough occurred when a main informant, with whom I built a friendship in the NGO space, was playing cards in the park one day. I got his attention from the outside railing and asked whether he could teach me the game. He agreed and invited me to join the group. After introducing the basic rules to the 4-player game called *seep*, the main informant made me hold his dealt hand of cards. Initially, he would gesture towards a card and instruct me to place it on a particular pile or open space in the middle playing area. Eventually, I would begin to gesture to a card and he would nod affirmatively or negatively, with occasional explanations without tipping off the other players (FN 02.17.05). Although I did not become extremely competent at the game, the apprenticeship activity began to legitimize my presence in the park. My actions of sitting with a small group, watching the card game, and occasionally playing became accepted as part of the social life of the environment. Furthermore, as the participants' curiosity of me lessened, the activity became an ideal vantage point to observe interactions and activities in the area.

As I learned about the range of activities that occurred in the park, I began to participate in as many non-drug related ones as possible: I played cricket with the addicts and street children; I listened to disagreements and verbal fights that absorbed everyone's attention, and I participated in 'gossip' about daily happenings. Of course, during the 'gossiping' sessions, I could not help but ask a few more questions than the others, but I attempted to refrain from disrupting the natural path of the conversation. The topics of these 'chats' ranged from complaints about NGO services to health problems of a particular addict to even jokes or stories for entertainment. Topics that were relatively hidden from me at

this time, probably because of my lack of participation in drug-related activities, were conversations about illegal income generation and drug procurement procedures. These topics would cause addicts to use a lower voice or to adjust their body position. Importantly, my presence was not unnoticed by the group: many conversations would become about me. Groups of addicts would ask numerous questions and engage in lengthy dialogue about my comments. In many ways, I embraced this process and answered questions enthusiastically because the sorts of queries and their responses to my answers provided me with insight into the types of issues that were important to the group. Similar to the NGO staff members, questions about my origin, family, and marital status were some of the initial questions. However, unlike the staff, these participants were also interested in street-related aspects of my country such as whether fights occur between Muslims and Hindus, the degree of cleanliness compared to India, and the variety and effects of the drugs (FN 02.09.05). For many of these questions such as the drugs in my country, I could not provide experience-based answers that satisfied the crowd. This would lead to theorizing about the life and culture on the streets of Canada. One member explained the use of a drug called ‘crack’ that is placed on the top of the head causing the body to freeze like a statue, which he demonstrated (FN 01.20.05).

Over time, I learned about the daily routine that extended past NGO work hours. Once the sun went down, mosquitoes would make the park uninhabitable so participants would coordinate to meet in other places where they would have tea or continue their game. After receiving a few invitations and making safety arrangements such as having my rickshaw driver parked in the area, I began to join members for tea. During my first night visit, I met Imran, a 38 year-old

addict who had been in Yamuna Bazaar for 20 years. Immediately, he struck me as a respected senior in the group who was insightful of events and issues. During our conversation, he described criminal activity under the bridge while addicts sleep, the methods of two men in front of us who were planning to steal supplies from the back of rickshaws, and the way that he and his friends removed a dead body from the river one hour ago at the request of the police (FN 08.31.05). My presence with him also stimulated other addicts to approach us and talk about events openly and honestly. One participant communicated that the reason he came to Delhi was to pickpocket in order to make money to survive (FN 08.31.05). The openness and richness in stories were unparalleled in the study thus far. Participants were discussing topics that were previously off-limits with me. Additionally, on repeated encounters with Imran at the tea stand and the park, I began to notice a consistency to the addicts that gravitated around him, and they began to welcome my company.

Through the initial connection with Imran, I began to spend leisurely time with his small group of ‘brothers’ on a regular basis. I would seek out the group in both the park and the tea stand and sit with them, drink tea, watch card games, listen to the radio, and engage in daily conversations. I learned that the ‘brotherhood’ consisted of five core street addicts and one or two fluctuating ones. All the ‘brothers’ were Muslim, although two including Imran had spent many years as Hindu Babas, or holy men, travelling to pilgrimages across India. Although he was not much older than the rest, Imran was referred to as the ‘big brother’ in the group and usually made decisions about activities, timings, and drug use. In addition to the activities that I mentioned above, the group would sleep in the same area and smoke *ganja* (marijuana) together. The group,

however, never used smack as a group, which a member said was because Imran advised against it, although members would do it ‘quietly’ outside of the group (FN 10.10.05). The ‘brotherhood’, therefore, served as a drug deterrent, but was probably tolerant of private use by individuals. Throughout my time with the ‘brotherhood’, I retained a privileged status: my tea was always paid for by Imran or other members; my arrival was acknowledged with respectful greetings; individuals became quiet when I talked and never argued with me as they did with each other, and members would admonish any addicts who would ask me for favours or money.

The group’s special treatment was complemented with a legitimization of my participation boundaries and eccentric qualities. Most of the ‘brothers’ celebrated my lack of drug use including not taking cigarettes by openly announcing it to curious bystanders. One of the ‘brothers’, named Veer, was particularly vocal in my defence. He explained to another addict in my presence that I do not play cards, smoke *ganja*, or drink with the ‘brothers’ because I probably do that with ‘brothers’ in my country, but cannot do it here (FN 10.10.05). Similarly, in an admonishment of an addict asking me to help him with NGO services, Veer stated:

He is here to meet brothers because of love. He comes here on his own accord to hang out and meet with brothers. He will then tell his brothers [in his country] about the brothers here and how there are good people in Delhi (FN 10.24.05).

These examples illustrate that key limitations of my involvement, namely my non-drug use and inability to provide services, were justified in local explanations to legitimize my unique role in the group. Similarly, my constant note-taking, which many participants outside of the group associated with police record-keeping, was interpreted as beneficial for the ‘brothers’: ‘I think this, that our brother writes for

our benefit. He does not write to harm us' (Veer 10.10.05). Moreover, Veer appeared to even understand my research procedures:

Veer: You do this: you write down all of our conversations and go home at night. When you write down from here, then at home you go at night, alone, you do it, you write. That my brother did this today. Today, he did this and this. So you write all of it when you go there. And that makes us happy.

AD: How did you figure this out?

Veer: You sit with us, get up with us, and you are always writing. So from this I deciphered it. Yes, that our brother writes for us (Veer 10.10.05).

The legitimization process also had reciprocal qualities: the 'brothers' seemed to gain legitimacy through my presence with them.

Sentiments of love, happiness, and even pride were expressed when the 'brothers' described my involvement with them. More than one 'brother' celebrated my connection with their group. During an interview, Veer described how he felt about my presence:

That our brother has come close to us from a foreign land. He will do something or other for us, our brother. For this reason, we get happy, by seeing you. It feels good to us. That our brother has come to us from a foreign land. He sits here with us. Because we have seen those types of people, who don't stand, let alone sit. But you sit and stand with us. It feels good to us. He is our brother. He is also one (Veer 10.10.05).

Acknowledgement of my participation in their lives was also accompanied by an appreciation of my studies and pride for my future potential. Veer continued:

When you go home, then our big brother Imran, he remembers you. So following him, we also begin to remember you. This brother tells us that our brother is doing his studies there. He is doing great studies. One day, he will become a good man, a very big man he will become. So we also get happy, that our brother had come close to us at one time. He is doing some good work. We are addicts. But our brother, he is one good man, sure a

great man. So, we remember you. So it makes us happy,  
when our big brother tells us (Veer 10.10.05).

Although it was important for me to gain legitimacy from the group to secure access, my scholarly accomplishments and potential for success seemed to provide legitimacy or even hope for Veer and, perhaps, other members of the group. It was probably the first time that they could associate as a ‘brother’ with a person who was not fixed in a world of poverty and addiction. Perhaps through documenting and presenting their lives to ‘brothers’ in my country, I was a vehicle for a type of transcendence for them.

Becoming a brother was a gradual process of gaining access to the ‘backstage’ regions, building relationships with main informants such as Imran, and spending copious amounts of leisurely time with one small group of ‘brothers’. In so doing, the ‘brothers’ became advocates of my unique qualities and actions, and, in turn, I became a legitimizing presence in their lives as well.

### **3.3.3 A friendship with Baba**

Baba was a 33 year-old street addict who became a main informant in the study. My relationship with him was an important means of experiencing and understanding events and issues. Our relationship, therefore, not only provided physical access, but also interpretive access to underlying meanings that were often implicit and subsumed in everyday life. This section will describe these aspects of access by delineating the development of our relationship and how it gained interpretive functionality. It highlights initial role-plays of a ‘guide’-‘follower’ where Baba facilitated my viewing and experiencing of events. It follows with descriptions of how we coordinated our daily lives and created new

communication strategies to teach and learn from each other. Lastly, it recounts the formation of ‘big brother’-‘little brother’ dynamics including protection and planning instances that both facilitated and impeded access to data.

Baba was a holy man in appearance. He had a beard and wore a cream-coloured turban, saffron *kurta* (traditional loose fitting shirt), white *dhoti* (wrap-around cloth around his waist and legs), beads around his neck, and colourful rings on his deformed fingers. I was, therefore, interested in his reaction to an exorcism that was taking place on the banks of the Yamuna River during the first days of my fieldwork. However, our initial attempts at communicating were frustrating: he would speak in a rough street Hindi dialect that I could not understand, and I would reply in formal Hindi that he would find funny. Therefore, I chose to stand next to NGO staff members and listen to their commentary instead. However, when the exorcism group returned from the other side of the river on a boat and banked slightly downstream from our *ghat* (steps leading into the water), Baba gestured to me:

Baba follows, looks back at me and nods at me, motioning me to come forward. I don't know if this is a good idea but I move behind him. We navigate some tight alleys. I catch up to him and he says, ‘look at what they did to her’. We walk up the stairs and down to the main road where we see two auto rickshaws waiting...Baba leads me to the street and tells me to write down the number of the rickshaw (FN 12.27.04).

Baba facilitated an extended observation of the event. He had navigational knowledge about the alleys and cultural understanding about how close to follow and watch the events, all of which he used for my benefit. Moreover, his facilitation of accessing these data was not through verbal explanation, but through silent direction. He became a ‘guide’ and I became a ‘follower’.

In subsequent months, Baba guided me through a number of experiences that were difficult and, occasionally, dangerous without his help. In the one instance that I assumed an ambiguous identity, he led me through an observation of how drug cocktails were acquired by injecting drug users. Drug cocktails were ampoules of injection drugs sold by local pharmacies for inflated prices to street addicts. I had heard the name and location of one such pharmacy and I wanted to observe the interactions. When I asked Baba for directions, he recognized the naivety of my plans and decided to take me. On our way, he reprimanded me for arranging to complete the observation by myself. He explained that I could not go to the shop by myself and just watch. The addicts or the storeowners may suspect me, and then I would be in danger. Subsequently, Baba organized the operation: he recruited a middleman who was a 'regular' and would be trusted by the pharmacist; he instructed the middleman on the drugs to purchase and the procedures to use, and he assembled our relative positions so that the middleman would not run away and I would have a good view of the transaction. He then lectured to me about the 'rules' that I must follow to observe the drug procurement. His directions were specific and repeated multiple times with illustrative analogies, examples, gestures, and signals. In total, he gave me the following 'rules':

1. Don't go to the shop by yourself.
2. Don't let anyone know that we are doing this just for knowledge.
3. Keep quiet during the negotiation with the middleman.
4. Watch your pockets (Baba slapped my hand when I took something out of my pocket and a 10 rupee bill fell on the ground).
5. Follow the middleman and keep walking (to make sure he doesn't run away).
6. Don't show your notebook.
7. Don't let them think you are an undercover cop.
8. Don't show the ampoules too much.

9. (Through gestures like stepping on my foot) Walk away from the middleman and don't talk to him too much.
10. Pretend you are a user who uses at home (FN 03.02.05).

These 'rules' were the implicit protocols for assuming an indigenous identity in this situation. Baba was providing me with cultural knowledge about interactions, motivations, and dangers that he probably acquired through experience (in dealing drugs as I later learned). Moreover, he had tailored his 'rules' to accommodate my unique qualities and motives: he would probably not tell other 'novices' to hide their notebooks. Through 'insider' knowledge and an understanding of my traits, Baba enabled me to be legitimate and peripheral in the social context, thereby securing access not only physically, but also in terms of interpretation of events and personalities.

Baba used to describe our relationship as 'two guys walking together' (FN 03.02.05). There was coordination in our daily activities. We created our own traditions such as buying a half litre of whole milk and sharing a kettle of *dood ka chai* (tea with extra milk), exploring hidden markets of Old Delhi, and walking together to my rickshaw at the end of the day. Baba would also emphasize our shared *Kshatriyas* caste heritage and suggested that we follow the traditional schedule of our ancestors including waking up at 4:00am, working from 6:00am-12:30pm, napping from 1:30-3:00pm, working again from 3:00-9:00pm, eating dinner and sleeping at 11:30pm (FN 02.17.05). During this and other suggestions such as playing the role of 'street doctor' which he did often and I was not comfortable doing, I had to set a limit to our joint participation. Such boundaries were usually accepted, although occasionally they would lead to curt disagreements. Our negotiated coordination led to the development of new communication mechanisms that bridged the comprehension gap that was initially

present. During our conversations, he would frequently interrupt himself and ask: ‘Do you understand what I mean?’ Whenever I would say yes, occasionally he would test me by saying: ‘Okay what? Explain’ (FN 09.15.05). Additionally, he would reiterate some of my incorrectly pronounced words in better forms to both understand what I meant, and to help me learn the ‘lingo’. Interestingly, he also began to detect when I would use my language difficulty to act naïve with him or other participants; he would joke that I played dumb so that others would give me more information (FN 08.20.05). Outside of language scaffolding, we also drew diagrams and used demonstrations to convey our meanings. Diagrams such as maps of places for exploration were drawn in my notebook or in the dirt with both of us contributing scribbles to make points as we talked. Demonstrations such as common pick-pocketing strategies in crowded areas (FN 08.30.05) would involve both of us using bodily movements to understand each other.

The co-constructed process of designing specialized communication mechanisms produced educative interactions that were reciprocal. As we began developing these unique conveyance devices, much of our time was spent teaching and learning from each other. Perhaps, we both became excited about the ‘foreign’ information that each of us could gather from the other person. Baba taught me about a great diversity of topics. Nearly every area that I was interested in received some commentary and interpretation from him. He was particularly important in understanding core religious and cultural values, health beliefs, and different relationship structures. He would illustrate his points with experiences from his roles as a ‘holy man’, ‘street doctor’, ‘drug dealer’, and ‘son’ in a ‘father’-‘son’ relationship with another street dweller. For example, he would explain the causes of ‘cancer’ of the lungs by drawing a diagram in my notebook

(Figure 3.1) depicting alcohol going into the lungs and damaging them (Figure 3.2). On another occasion, he described the players involved in drug dealing by adding arrows to the English labels that I wrote in my notebook (FN 09.14.05). Importantly, his comments would be couched in elements of our new 'language' that began to ring with clarity. Our collaborative tools were able to expose and unravel difficult concepts providing an unparalleled access to significant meanings and processes. This educative utility was also reciprocal. Baba would ask me to read English instructions on drug labels and explain them to him (FN 02.04.05). I would also conduct basic English speech and writing lessons as well as participate in mental math games that he would usually win. On occasion, he would playfully call me his 'Master' in reference to a principal in a school.

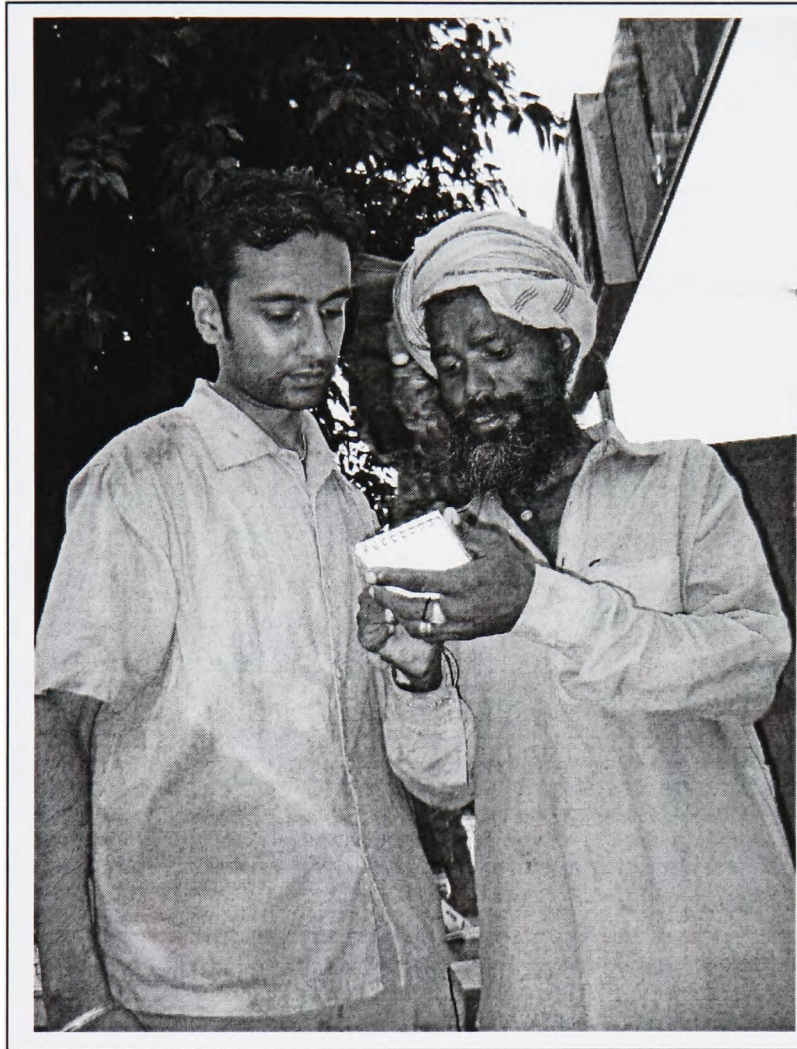


Figure 3.1 (left): Baba (right) drawing a diagram for A.D. (left) (FN 09.15.05)

Figure 3.2 (right): Baba's illustration in the ethnographer's notebook depicting how alcohol goes into the lungs and causes 'cancer' (FN 09.15.05)

As much as we were collaborators in gaining understanding from each other, Baba and I also constructed a 'big brother'-'little brother' dynamic. On multiple occasions, Baba would nurture and protect me. For example, during my interviews with other addicts, he would occasionally leave a cup of tea on a ledge behind me. Moreover, the specificity of his 'rules' during our observations and explorations were largely to ensure my safety. Following his pick pocketing demonstration, he emphasized that I should learn this so that I do not become a victim. During the final months of my fieldwork, he also became very interested in giving advice for my future. He recommended that I should open a hospital with a pharmacy on the side to treat patients and make money from drugs as well. He also suggested getting married quickly, having one boy and one girl, and taking care of my mother and father (FN 09.18.05). Such notions of 'settling down' seemed to taint his perspective of my research. As I was watching a card game in the park with Baba, Imran, and the brothers, the following dialogue occurred:

Baba then says, 'Amar Singh, settle down.' Imran returns the comment and says, 'Worry about yourself.' Baba continues, 'I look at him and I... don't like it...sitting with drug addicts. Open a store. Sitting with these men, and you will one day...[use drugs?]' (FN 10.08.05).

In some ways, Baba seemed to want to save me from becoming like him. In his 'big brother' role, he was not a 'role model' but rather a person who encouraged me to live a traditional healthy life, and perhaps even unlearn the 'tragic knowledge' that he had taught me. Although such tactics of nurturing, protecting, and planning were important for access, they also impeded access and data generation in significant ways. Baba would get frustrated with seeing me spend idle time with the 'brothers'. Moreover, he would admonish me for walking

alone in some areas, coming at night, or talking to particular people. Balancing these concerns with my objectives as a researcher took negotiation and, at times, distancing from my main informant.

Baba provided access to core meanings and implicit knowledge of a street addict's life. Our relationship involved guidance through everyday activities, sharing daily rituals, creating new communication tools, and using these tools to teach and learn from each other. Through our friendship, he enabled me to be a researcher that was physically present in, and cognizant of, some key moments in an addict's everyday routine.

### ***3.4 Participant observation and semi-structured interviews***

Participant observation and semi-structured interviews were the predominant means of data generation. While the previous section described how roles were constructed and performed, this discussion will focus on the mechanics of data generation including decision-making about what I 'watched' and 'asked' and how I recorded my experiences.

#### **3.4.1 Participant observation**

Data generation from participant observation involved writing in-field jottings followed by expanded fieldnotes at the end of each day of study. In all, 88 entries were completed with an average length of 5 pages per entry. Throughout the process, Emerson et al. (1995, p. 26-30) provided the guiding rubric for selecting elements that deserve attention and balancing the 'emic'

(intrinsically meaningful) and ‘etic’ (extrinsically meaningful) perspectives (Figure 3.3).

My initial fieldnotes were dedicated towards initial impressions including ‘the tastes, smells, and sounds of the physical environment, the look and feel of the locale and the people in it’ (p.26). From a largely ‘alien’ perspective, I wrote long sensory descriptions of places and people—details that quickly became ‘invisible’ as I became more accustomed to the site and participants.

Next, I focused on key events and incidents according to my expectations. ‘Here...the fieldworker may look closely at something that surprises or runs counter to her expectations, again paying attention to incidents, feeling tones, impressions, and interactions...’ (p.27). For example, one of my early entries was a detailed description of an exorcism ritual that occurred on the Yamuna River in front of the NGO field station (FN 12.27.04). I recorded not only the specific events, but also reactions of the participants who viewed the incident with me. As anticipated by Emerson et al., I was struck by the difference in my response of horror and yearning to act, and the participants’ general indifference to the ‘common’ event. Here, I realized the importance of writing personal reflections about my reactions, feelings, and expectations, and how they differed or agreed with those of the participants.

As I became more embedded in the community, I focused on indigenously ‘meaningful’ events. ‘Specifically: What do they stop and watch? What do they talk and gossip about? What produces strong emotional responses for them?’ (p.28). Concentrating on these questions provided for more interactive conversations with participants; for example, they were more interested in discussing stealing within the community than exorcisms. In total, locally

significant meanings and events represented the bulk of the data generated. As sensitized by Emerson et al., I recorded data pertaining to terms of address and greetings, everyday questions and answers, descriptions and stories, terms, types and typologies, indigenous contrasts, and local theories and explanations. Moreover, as I became familiar with the meaning 'units', I began to attend to processes involved in constructing and changing those meanings. Interaction patterns, specific circumstances, and key personalities related to the development of 'significant' ideas became important data points. Additionally, there was constant iteration between locally 'meaningful' ideas and exogenous concepts and theories that were relevant to my research questions. Therefore, there was continual reflection on how these localized accounts, meanings, and patterns related to 'outsider' perspectives.

The final stages of observing particular phenomena involved exploring variations and exceptions to the recorded patterns. 'When first venturing into a setting, field researchers should 'cast their nets' broadly; they should observe with an eye to writing about a range of incidents and interactions' (p.29). Identifying specific patterns or processes was insufficient; instead, I would attempt to explore the *range* of patterns and, indeed, search out the disconfirming case. Although frustrating at first, the discovery of such a case nearly always offered greater insight into the nuances and subtleties of the patterns, and provided a more honest portrayal of the 'messy' social world. Therefore, I deliberately attempted to record and understand interactions and individual accounts that challenged developing ideas, did not fit into 'common' patterns, or did not make 'sense' in the frameworks that I had constructed.

Initial impressions → Key events or incidents → Indigenously  
'meaningful' events → Variations and exceptions

Figure 3.3: What to 'watch' during participant observations (Emerson et al., 1995, p. 26-30)

### 3.4.2 Semi-structured interviews

Interviews in this study ranged from informal conversations to formally arranged meetings. Because most interviews were spontaneous occurrences, they were recorded in fieldnotes rather than on tape. Nonetheless, 48 'social events' (Hammersley & Atkinson, 1995, p. 156) including formal interviews, poetry sessions, and commentaries on recent happenings were recorded on 16 ninety minute tapes.

Heeding the advice of Hammersley and Atkinson (1995), interviews were treated as a type of participant observation in which the interviewer and interviewees were social actors engaged in an interaction embedded in a specific context. Participants' accounts, therefore, were not treated as 'valid in their own terms' (p. 156) or unimportant utterances; they were treated as another co-constructed data point coupled with reflexive commentary to allow careful interpretation. With this epistemological stance, interviews were flexible and non-directive with most questions arising from the conversation rather than pre-defined beforehand.

Apart from simply asking questions and recording responses, there were some unique features to the recordings of this study. First, as indicated above, there was a great diversity of recorded events including single person interviews, small and large group poetry sessions, and group interviews with participants

asking some of the questions. As covered in the access section, this range largely stemmed from the variety of ways that I participated in group life, and the extent to which participants were engaged in facilitating data generation. A second feature of the recordings was the participants' enthusiasm to have their voices recorded and 'presented' to the outside world. Although I repeatedly attempted to explain the project and the anonymity conditions, most participants were excited about being recorded and then hearing their voices played back afterwards. In some cases, I had to hide my tape recorder because of some participants continuously requesting to have their comments recorded. A third feature was a technique of repeating naturalistic comments. Occasionally, when insightful statements or provocative conversations occurred spontaneously, I would ask the participants if they would agree to repeat and expand their comments for the tape recorder. Therefore, many recorded events were 'staged' and then expanded for the purpose of recording a more exact version of a spontaneous utterance. The extended explanations and clarifications were often useful for subsequent translation and interpretation of statements.

All recordings were transcribed and transliterated into Roman Hindi (phonetic script) by one native speaker versed in the local dialect. Analysis was conducted on these Hindi transliterated passages, and translation into English did not occur until final selection and write-up of quotations. I performed the final translations with consultation of native speakers.

### **3.5 Analysis**

This section will describe analytical procedures and lenses. First, it will describe in-field analysis and the use of theoretical sampling to enable a

progressively focused generation of data. Second, it will explain out-of-field analysis with the more deliberate use of the constant comparative method, computer 'code-and-retrieve' software, and triangulation across different levels of data. Third, it will describe how theoretical lenses, particularly Lave and Wenger's (1991) situated learning framework, were employed throughout the analysis to provide insight into different aspects of the generated data.

### **3.5.1 In-field analysis**

Glaser and Strauss (1967, p. 45) state:

Theoretical sampling is the process of data collection for generating theory whereby the analyst jointly collects, codes, and analyzes his data and decides what data to collect next and where to find them, in order to develop his theory as it emerges.

Joint collection, coding, and analysis are an accurate description of the initial analysis procedures for this project. Engagement with the recorded data and a broad range of readings, academic and non-academic, led to the emergence of 'sensitizing concepts' (Blumer, 1969, p. 148) that shaped and progressively focused further data generation. Theories, structuring concepts, and nuances derived from 'playing' and 'looking' at the data from different perspectives the night before influenced what I watched and asked the following day.

Embedded in this sampling process, four procedures highlighted by Emerson et al. (1995, p. 142-160) were practiced. First, I constantly read and re-read fieldnotes and transcripts. I read entries line-by-line multiple times and in combination with earlier passages (p. 144). I read the data from a removed position as if a stranger had written it, and I asked questions of the findings. Second, I practiced open coding with the use of a software package called

TamsAnalyzer (Weinstein, 2004). I formatted and inserted all data portions into the program to create a searchable database. I then ‘tagged’ usually large chunks of data with codes that were mostly descriptive and derived from the data. For example, ‘health\_beliefs’, ‘NGO’, ‘religious\_beliefs’, and ‘group dynamics’ were some of the earliest open codes. I entertained as many analytical possibilities as possible, and generated a large number of codes without overtly integrating or containing codes along a single framework (p. 152). Third, I wrote initial memos at the end of entries or in a separate document. Without inhibition, I wrote descriptive and extrapolative ideas and thematic constructions that cut across different entries (p. 157). For instance, I would discuss how ideas of ‘fallen man’ were constructed in different scenarios, or the lack of harsh violence in everyday life. I engaged in ‘mini-research projects’ by writing about possibilities, mechanisms, and explanations for different phenomena. I hypothesized how disease mechanisms for jaundice and hepatitis were related historically and socioculturally. Fourth, I selected broad themes to preliminarily integrate and organize the burgeoning data. I chose wide-reaching themes that appeared to capture substantial data, related to the research questions and the literature, seemed to be significant to participants, and offered an organizational structure for further analysis (p. 157). Some of the themes included community life, drug trade, NGO peer education, poetry, and religious beliefs.

### **3.5.2 Out-of-field analysis**

Upon exiting the field and engaging full time in analysis, I more deliberately used formal analytical procedures such as the constant comparative method, ‘code-and-retrieve’, and triangulation. Again, Emerson et al. (1995, p.

160-168) provide a useful sequence of three steps in which to explain the use of these analytical devices.

First, partly using TamsAnalyzer and partly by hand on a hard copy, I engaged in focused coding (p. 160). Here, I re-read broadly coded sections, compared and contrasted passages with previously read sections, hypothesized the relationship between incidents, and attempted to synthesize and test this relationship by creating and re-creating refined sub-codes that categorized the data (Glaser & Strauss, 1967, p. 101). The creation and modification of codes was facilitated by TamAnalyzer's function of retrieving coded passages, selecting a specific group of incidents, and re-coding those sections with a refined sub-code such as 'health\_beliefs>mechanisms' or a wholly different code. Such refinement led to an evolution of coding structures. For example, data related to the group organization chapter were originally coded under 'group\_dynamics' and 'brotherhood' themes. These data were re-read, compared to each other, and re-coded and organized under the broad category of 'brotherhood.' Further iterations led to the emergence of sub-categories and sub-sub-categories depicted in Figure 3.4. I would also use the program to search for a single word or phrase across the entire dataset. This was especially useful to check whether a certain incident, character, or idea was discussed during another time or place.

The focused coding procedure was complemented with the writing of integrative memos. Mostly done by hand in the margins and empty spaces of coded hard copies, I would write to explore relationships of coded sections, attempting to articulate and build arguments about the range and nuance of generated conceptual structures and themes (p. 162). For example, I developed the idea of local heroes by writing an integrative memo about Derek and his role

in the community. I would also triangulate inferences emerging from one coded passage with passages from other days, other characters, other places and across fieldnotes and interview transcripts. Heeding the advice of Hammersley and Atkinson (1995, p. 231) and Massey (1999), however, I was careful to recognize and limit over-emphasizing the validity of this procedure because of problems of systematic bias, mutual confirmation, false convergence, and assumption of a fixed social reality. Therefore, connections with data were only suggested, not verified through these procedures.

The final step in analysis was generating theory or other research products (descriptions, explanations, etc.) directly relevant to the data (p. 166). Here, although I relied on grounded theory procedures, I did not ‘discover’ ‘pure’ theories from the dataset. Rather, I engaged in an iterative process of synthesizing, amalgamating, and integrating external models such as the situated learning with internal structures and themes such as peer educator role-plays. I used the external framework to ‘see’ higher-level relationships, and ‘speak’ about these patterns in ways that perhaps corresponded to other accounts in the literature. For example, I used legitimate peripheral participation to understand how newcomers learned to become full peer educators. However, in examining particular scenarios, I realized that perhaps role replication, in which subordinates re-enact dominant roles, may be a process underpinning the legitimate peripheral participation in this group; such a process is unmentioned in the original theory.

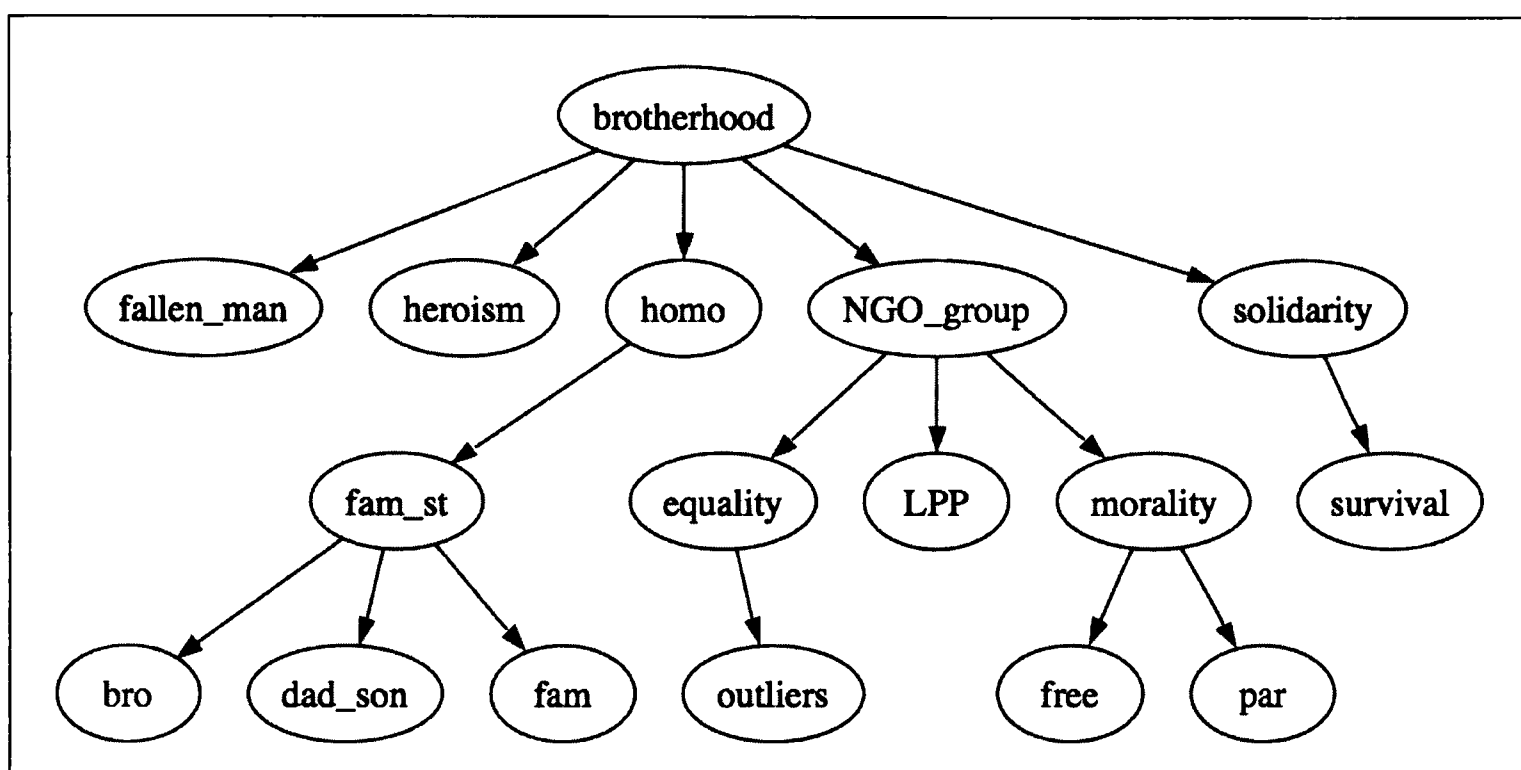


Figure 3.4: Evolution of coding structure for theme of 'brotherhood.' Graphic produced using TamsAnalyzer (Weinstein, 2004)

### 3.5.3 Theoretical lenses

Theories were used as lenses to ‘tease out’ and articulate different patterns in the data. These analytical theories differed from the methodological theories presented earlier, because they were specifically used to provide insight to concepts in the data, rather than the procedures for data generation. Out of the multiple frameworks studied and sporadically applied to parts of the data, Lave and Wenger’s (1991) situated learning theory was one framework applied systematically across most of the data.

Situated learning is an attempt to provide a culturally-informed perspective of learning. Derived from the sociocultural tradition, the framework re-frames the process of learning as intrinsically social and participatory rather than exclusively an individual mental capacity. Using ethnographic vignettes of apprenticeship in groups ranging from Vai and Gola tailors to meat cutters, the authors describe two key concepts. The first is the notion of legitimate peripheral participation: the process through which newcomers to a group become full participants acquiring understandings by engaging in sociocultural practices. The second foundational concept is the community of practice, described as the ‘intrinsic condition’ or the structures, relations, and context that make learning, in the form of legitimate peripheral participation, possible (Lave & Wenger, 1991, p. 98). Further development of the community of practice idea led to the articulation of three defining characteristics (Wenger, 1998, p. 73): 1) mutual engagement (regular interaction), 2) a joint enterprise (collaboration involving meaning negotiation), and 3) a shared repertoire (shared meanings accumulated over time) (Holmes & Meyerhoff, 1999).

Since its inception, the situated learning model has become a ‘useful heuristic’ appropriated in a wide range of disciplines ranging from vocational studies to linguistics. Its appeal may be due to its propensity to be a ‘mesolevel’, or middle-level, theory linking individual action to social structure. As Barton and Tusting (2005, p. 3) state:

It [situated learning] is attractive as a middle-level theory between structure and agency which is applicable to and close to actual life and which resonates with detailed ethnographic accounts of how learning happens. It has proved useful as a theory and has been of value in practice.

In this study, such a middle-level lens provided the means to connect in-depth interactional details with wider contextual properties. The approach, therefore, preserved dynamic intricacies while incorporating structural influences.

### **3.6 Ethical considerations**

Ethical issues were addressed through understanding of ethical standards in the field, constant questioning of research practice, and adaptation of the practice to the setting and participants. This section will illustrate this approach by describing procedures for informed consent, privacy and disclosure, and obligations to intervene.

#### **3.6.1 Informed consent**

Clause 10 and 11 in the British Educational Research Association (BERA) ethical guidelines (2004, p. 6) state:

10. The Association takes voluntary informed consent to be the condition in which participants understand and agree

to their participation without any duress, prior to the research getting underway.

11. Researchers must take the steps necessary to ensure that all participants in the research understand the process in which they are to be engaged, including why their participation is necessary, how it will be used and how and to whom it will be reported....

Unlike guidelines from other review boards, these clauses do not stipulate written informed consent. This study adhered to this aspect of the guidelines because, although written consent was attempted, oral consent was deemed the overall best strategy for two reasons. First, seeking written consent from every member during participant observation or informal interviews often in street contexts such as busy intersections would have been highly disruptive and limiting, as suggested by other street ethnographers as well (Hammersley & Atkinson, 1995, p. 266). Second, for a population already uncomfortable with recording of identifying details, oral consent was much preferred by the participants themselves. Ulin (2005, p. 59) describes similar situations where oral consent may be preferred because of ‘profound repercussions’ for the participant.

The BERA guidelines also suggest that researchers should ensure that participants understand the research process. This was a more difficult guideline to adhere to in all situations for this study. With limited educational background, most participants had difficulty immediately comprehending the exact purpose and uses of the research project. As mentioned in the access section, my attempts to explain the research early on were thwarted by re-definitions of my role and work according to local categories such as NGO service or finding a wife. At this point then, I could not ‘ensure’ understanding. However, again as mentioned in the access section, as individuals became more interested in my presence and participation, I was able to co-construct roles of ‘observer’ and ‘interviewer’ that

were accepted in the group. It was also helpful that other research projects had occurred and were occurring concurrently to this project, allowing participants to gain insight into 'how' and 'why' research happens. Therefore, over time, I was more confident that participants had a fairly accurate understanding of the research and their role in it.

### **3.6.2 Privacy and disclosure**

BERA (2004, p. 8-9) clauses about privacy and disclosure state:

23. The confidential and anonymous treatment of participants' data is considered the norm for the conduct of research...Conversely, researchers must also recognize participants' rights to be identified with any publication of their original works or other inputs, if they so wish. In some contexts it will be the expectation of participants to be so identified.

27. Researchers who judge that the effect of the agreements they have made with participants, on confidentiality and anonymity, will allow the continuation of illegal behaviour, which has come to light in the course of the research, must carefully consider making disclosure to the appropriate authorities.

As with all ethical questions, this study considered these guidelines in relation to the context, and adapted the research practice to respect and protect participants as much as possible. Regarding privacy, all individuals' data were treated anonymously with the use of pseudonyms in written reports. The site, however, was named because of the infeasibility of maintaining absolute anonymity for a location in which I was so intimately connected, and to prevent results from being falsely generalized (Walford, 2002). I am aware, consequently, that a highly determined person may be able to go to Yamuna Bazaar and, over time, identify individuals in my writings. Therefore, as in other drug ethnographies, absolute anonymity could not be promised (Fitzgerald & Hamilton, 1996). I attempted to

be clear about this reality with my participants, to the extent that they could understand this subtlety. I would tell them that their name would not be used, but I did not promise that their identities could absolutely be protected. Quite honestly, however, most individuals were not interested in these details, especially with recorded interviews, because they were excited about being recorded and ‘presented’ to the outside world. Nonetheless, whenever I had the opportunity, I would repeat the description of the study, what I would do with these findings, and how their names would not be used.

I could not adhere to BERA’s guidelines of disclosure. Trust and rapport in this research depended upon not exposing my participants to the police. Furthermore, the relations between the SHARAN NGO with its clients and the local police could have also been jeopardized if I were to follow this principle rigidly. In this context, the NGO has a long-standing relationship and understanding with the police. The NGO is the only organization that can reach and service this population. Moreover, the police do not want to apprehend large numbers of using addicts because the addicts’ ill health makes them problematic inmates. Disturbing this equilibrium would have led to greater harm for the participants.

### **3.6.3 Obligations to intervene**

A rather unique issue emerging from this study and my particular biography was the obligation to intervene when witnessing high-risk behaviours. As an individual in training to be a medical doctor, I felt compelled during many instances to somehow interrupt harmful behaviour or become involved in the care of individuals. For example, as described in the access section, when I observed

NGO barbers not changing their blades during shavings, I intervened by informing the leaders, providing literature to the NGO leader, and giving a presentation about hepatitis. In most instances, however, I refrained from getting involved.

The ethical basis for this decision was twofold. First, I was not a fully trained doctor, so my abilities to provide sound judgment and care were premature. Second, proper medical care in this setting required understanding of facilities and resources available. My American-tuned instincts to recommend an expensive treatment called interferon for addicts with chronic hepatitis may be unfeasible for this street context. Moreover, to suggest such a regimen could potentially cause the patient to mistrust his current doctor, or to depend on me to enable this procedure. Both possibilities would undermine both the research aims, and probably, the medical care of the participant.



## Chapter 4: Setting and Participants

This chapter describes the particular stage and actors involved in this research study. First, it introduces the broader setting of India with focus on drug use and the HIV/AIDS epidemic in the country. Subsequently, it narrows its scope to the specific area of Yamuna Bazaar, a lively religious marketplace in Old Delhi. Characteristics of Yamuna Bazaar that will be highlighted include its religious atmosphere, modern development, and its function as a site of refuge for addicts. With greater magnification, this chapter will describe particular regions in Yamuna Bazaar that served as ‘frontstage’ and ‘backstage’ areas for the participants. The frontstage regions were NGO spaces marked by particular standards for behaviours, interactions, and language. The backstage region included a public park, late night tea stand, footpaths, and flyovers that served as places of congregation, socialization, resting and drug use. This chapter then focuses on the participants beginning with demographics of the group reporting attributes such as sex, age, occupation, marital status, income generation, and religion. This is followed with drug use and illness patterns revealing behavioural routines and infectious disease epidemiology. Lastly, I will recount some of the main informants’ biographies providing a glimpse of the diversity of life stories among this group of addicts.

## **4.1 India, drug use, and HIV/AIDS**

A robust fusion of ancient and modern characterizes India and its 1.095 billion inhabitants (Central Intelligence Agency, 2006) in the 21<sup>st</sup> century. Such is true of the drug use culture in the sub-continent as well. Since the 9<sup>th</sup> century AD, Arab traders were reported to bring opium to India for medicinal purposes (Trivedi, 2003). Ever since that time, traditional use of both opium and cannabis has been part of the cultural fabric, identified with both social and religious significance. Ganguly, Sharma, and Krishnamachari (1995) describe the traditional use of raw opium in the form of ‘amal’ and ‘doda’ among villagers in three Western districts of Rajasthan. The authors report that opium is used to self-medicate for various health problems, relieve mental distress, and facilitate social bonding in recreational settings. Deviant behaviour such as selling personal goods to purchase opium was managed by local measures including social boycott of the individual or admission to a psychiatric hospital for treatment. In a photographic account, Howard (2004) describes the common practice of Hindu holy men called ‘Babas’ and ‘Saddhus’ using opiate laced hashish or cannabis as a means of transcendence. Police do not usually interfere or restrict such activities because of their religious connotations.

In the 1980s, these traditional drug use patterns underwent a dramatic shift when regional laboratories isolated and activated the potent ingredients of the opium resin to create heroin (Dorabjee, 2005). Geographically, India was positioned in between the two growing and currently largest illegal opium producers in the world: the Golden Crescent on the northwest (Pakistan, Afghanistan, Iran, and Turkey) and the Golden Triangle on the northeast (Thailand, Myanmar, and Laos) (Trivedi, 2003). India served as an important

transit route for its opium-producing neighbours, and some of the products found a destination within India itself. In the northeast states of Manipur, Nagaland, and Mizoram, a refined form of heroin known as 'white sugar' or 'number four' became a potent drug available on the streets (Dorabjee, ; Trivedi, 2003). Subsequently, the trade and use escalated when locally cultivated opium intended for legal pharmaceutical development was diverted to black markets for conversion into a cruder form of heroin known as 'brown sugar' or 'smack'. Consumed by 'chasing' and inhalation, this form flooded the Indian markets and became the drug of choice for most of the country. The government's response was a highly restrictive new law called the Narcotic Drugs and Psychotropic Substances (NDPS) Act that was introduced 1985. The act stipulated severe penalties such as the following:

Whoever, in contravention of any provision of this Act of any rule or order made or condition of licence granted thereunder manufactures, possesses, sells, purchases, transports, imports inter-State, exports inter-State or uses prepared opium shall be punishable with rigorous imprisonment for a term which shall not be less than ten years but which may extend to twenty years and shall also be liable to fine which shall not be less than one lakh [100,000] rupees but which may extend to two lakh [200,000] rupees (As cited in (Nijhawan, 1986, p. 13)).

The death penalty was also suggested for major offences of actions involving 10kg of opium, 1kg of heroin, or 20kg of hashish, although such sentences have not been carried out (Trivedi, 2003). In 1988 and subsequent years, there were amendments to the more 'draconic' aspects of the original act, although the overall approach remains quite stringent. The result of these legal measures was a broad-sweeping criminalization of drug use, fortification of an underground economy, and stigmatization and marginalization of drug users. Only NGOs with

ground experience of drug users' lives were capable of accessing this growing segment of the population.

Beginning in the mid-1980s and manifesting widely in the 1990s, drug users began to inject opiate-based drugs. Again, the northeast states of Manipur, Mizoram, and Nagaland were the first areas where such practices became endemic. In this region, injection drug use involved the refined 'white sugar' heroin available as an offshoot from the Golden Triangle production and trade. In the mainland, the amount of impurities in 'brown sugar' made this form less viable for intravenous injection. Instead, pharmaceutical drugs based on the morphine-analogue 'Buprenorphine' became the preferred option. Some researchers argue that this trend originated from the use of injectable buprenorphine to manage heroin withdrawal in detoxification centres (Dorabjee & Samson, 2000; Trivedi, 2003). Buprenorphine ampoules were easily available from the numerous pharmacies in metropolis cities, and therefore costs were substantially lower than 'brown sugar'. For poor urban addicts, such conditions led to a proliferation of injection drug use throughout major cities. Eventually, experimentation with other pharmaceutical drugs led the preparation and use of 'cocktails' which were mixtures of drugs that usually included tidigesic and norphine (buprenorphine), avil (chlorpheniramine maleate), valium and calmpose (diazepam), proxyvon (dextropropoxyphene), fortwin (pentazocine), and phenargan (promethazine). One of the most popular cocktails was the combination of norphine, avil, and diazepam (Dorabjee & Samson, 2000). Ironically and tragically, this upsurge in injection drug use corresponded to the arrival of HIV in India.

The first AIDS case was reported in 1986 in Chennai, Tamil Nadu (Solomon, Chakraborty, & D'Souza Yephthomi, 2004). The most recent figures indicate that there is an overall HIV prevalence of 5.206 million people (National AIDS Control Organization, 2006), arguably the highest absolute number of people in any one country in the world. National authorities, however, are quick to point out that this number is only 0.91% of the country's population making India a low prevalence country. In the most recent surveillance, however, there are five 'high prevalence' states (Andhra Pradesh, Karnataka, Maharashtra, Manipur, and Nagaland) defined as having a prevalence of higher than 1% from women in antenatal clinics, a proxy for indicating prevalence in the general population (National AIDS Control Organization, 2006). The nature of the epidemic in these regions is quite different, and the situation has been described as 'multiple heterogeneous epidemics' (J. Cohen, 2004; National AIDS Control Organization, 2006, p. 2). In the south, at least 85% of cases are accountable to heterosexual transmission of the virus; in the northeast, intravenous drug use is the driving mechanism with interface with sexual partners and commercial sex workers as the means of bridging the epidemic into the general population (Solomon et al., 2004). There is some evidence that the epidemic is being contained by government interventions in certain regions. Kumar et al. (2006) examined the incidence of HIV (number of new infections) by investigating the prevalence of the disease among young people (age 15-34) attending antenatal and sexually transmitted infection clinics. They found that the HIV-1 prevalence among women aged 15-24 in southern states fell from 1.7% in 2000 to 1.1% in 2004, suggesting a decline in the incidence of the disease in the south, but a similar decline was not found in the north. They attribute this decrease to rising

condom use by men and female sex workers, and encouraged increased peer-based education programmes that they believe are contributing to this effect.

As expected from the historical trends, the HIV epidemic among IDUs has been centred in the northeast states, especially Manipur and Nagaland. Eicher, Crofts, Benjamin, Deutschmann, and Rodger (2000) examined risk behaviours and seroprevalence of HIV and hepatitis C (HCV) in Manipur IDUs. The authors report that 93% of 191 IDUs in their study self-reported sharing injection equipment and only 3% regularly used condoms during sexual activity. The prevalence rates that they recorded for this group was 74.7% HIV and 98% HCV. More recently, the National AIDS Control Organization (2006) report a more modest 24.10% HIV prevalence rate among IDUs in Manipur for 2005, indicating both effective programming and underreporting by the national surveillance (Solomon et al., 2004). There is also growing evidence that such IDU epidemics are expanding from the northeast nucleus. Particularly, the national surveillance has revealed that Delhi, Assam, Chandigarh, West Bengal and Kerala have an increasing trend of HIV among IDUs (National AIDS Control Organization, 2006). Sarkar et al. (2006) report an 11.8% HIV and 47.7% HCV prevalence rate among a cohort of West Bengal IDUs. Baveja, Chattopadhyaya, Khera, and Joshi (2003) report a 36.99% HIV and 36.34% HCV prevalence rate among a cohort of Delhi IDUs. According to the more conservative national surveillance estimates, Delhi is now rated the second highest state in terms of HIV prevalence among IDUs with the following incline in recent years: 7.23% in 2002, 14.40% in 2003, 17.60% in 2004, and 22.80% in 2005. The most recent rate is more than 12% higher than the national average of 10.16% HIV prevalence among IDUs across India (National AIDS Control Organization, 2006).

In terms of interventions, India has managed to be both conservative and progressive in its programming to address the epidemic. For the general population, interventionalists have promoted a conservative ABC approach (Abstinence, Be faithful, Condoms) through national family health awareness campaigns in urban slums and rural areas, school AIDS education programs, and Bollywood movies with HIV/AIDS themes. There has also been an expansion of voluntary counselling and testing centres for early diagnosis and management, and promotion of prevention options (Solomon et al., 2004). In contrast, for high-risk populations such as men who have sex with men, commercial sex workers, IDUs, migrant workers, and truck drivers, national programs promote progressive targeted interventions run by NGOs and community-based organizations that are able to reach the populations. These interventions include a diversity of strategies such as outreach, condom distribution, legal advocacy, peer education, and documentary films (Solomon et al., 2004). For IDUs, harm reduction campaigns have been adopted in most parts of the country. Components of these programs include HIV/AIDS education usually through former or current addicts, needle syringe exchange programs, bleach distribution, pharmacological treatment of addiction, outreach, HIV testing, and fostering IDU organizations (Chatterjee, Kumar, & Abdul-Quader, 2002). Effectiveness of some of these components has been debated in the literature. Kumar, Mudaliar, and Daniels (1998) report that community-based outreach among 250 IDUs in Madras, India produced significant changes in injecting risk behaviour but not sexual risk behaviour during an 18-month evaluation. Sharma, Panda, Sharma, Singh, Sharma, and Singh (2003) conducted an evaluation of a needle and syringe exchange program that has been running for five years in Manipur. They found that although

HIV/AIDS awareness levels were high, addicts participating in the program continued to practice unsafe injecting procedures and high-risk sexual behaviour in the same frequency as addicts not using the intervention. They attributed this problem to insufficient distribution of needles and wider contextual constraints such as a volatile political situation and high levels of stigmatization.

## **4.2 Yamuna Bazaar, Delhi**

Yamuna Bazaar was located in the Old Delhi area on the northeast side abutting the Yamuna River (Figure 4.1). Some of the important landmarks in the area included the *Lal Qila* (Red Fort), *Hanuman Mandir*, Inter-State Bus Terminal (ISBT), *Kashmere Gate* Metro station, and the *Nigambodh Ghat* cremation ground. Historically, the area was believed to have ancient roots with reference to activities by the *Pandavas*, characters of the *Mahabharata* epic poem written as early as 300 BC (Lutgendorf, 1997). In modern Delhi, the area was a lively religious marketplace that functioned as a site of deep spiritual significance, tremendous urban development, and a place of refuge for the city's poorer and marginalized residents. This section describes each of these characteristics with evidence from previous research reports, observations, interviews, and documents.

In his examination of the Old Delhi Hanuman temple (dedicated to the monkey deity Hanuman), Lutgendorf (1997) describes some of the religious features of Yamuna Bazaar:

This monkey's Delhi is Old, not New—the maze-like Shajahanabad of winding lanes and crowded tenements, densely inhabited by a greater proportion of the city's poorer residents. Hanuman abides just outside its seventeenth-century walls, in a locality known both as Yamuna Bazaar and Nigambodh Ghat. This is a Delhi that few foreign visitors see, a narrow strip of riverfront that

resembles pilgrimage towns like Banaras or Hardwar [sic], with the requisite temples, bathing platforms, and cows. Here too is the city's principal cremation ground—an array of steel-roofed sheds set in a riverfront park, each sheltering numerous low brick platforms for funeral pyres. The Hanuman temple is just across busy Ring Road from this place, and indeed derives its popular name from it: *marghat baba Hanuman ji*—‘Hanuman, the old man of the mortuary ghat’. The small complex, set among huge old pipal trees, is barely noticeable from the street, except on Tuesdays and Saturdays when crowds of *darsan*-seekers line Ring Road in a blocks-long queue that is famous in Old Delhi....Although the circumambulatory passage is studded with marble commemorative plaques recording the (mostly modest) gifts of donors, a worshiper tells me proudly that, in this temple, ‘there is no pressure to give anything. You get *prasad* regardless of whether you offer anything or not, and you can offer whatever you please’. Clearly this shrine is perceived as especially friendly toward supplicants of humbler status (p. 313).

There were three elements that embodied the religious tenor of the area: *Hanuman mandir* (as named by participants in this study), *Nigambodh Ghat* cremation ground, and the Yamuna River. Together these entities created, what Lutgendorf (1997) calls, a ‘chthonic’ or underworld atmosphere with ‘associations with death and with unquiet spirits’ (p. 313). The most direct association with death was the daily parade of up to 30-40 dead bodies carried by mobs of men chanting the name of the deity *Ram*, followed by weeping women in bright-coloured saris.

The regularity of cremation fires barraged the senses with unusual stimuli:

The haze engulfing everything is a mix of fog and the smoke of burning flesh and wood. The debris in the water includes red and yellow flowers from the garlands used in the Hindu cremation ceremony mixed with scraps of trash. Upstream, various individuals are busily working but the objects that penetrate the haze and strike the viewer are the glowing fires of burning corpses. The songs in the distance are religious and mournful, unlike the Bollywood songs that one usually hears on the radio. Meanwhile, across the river on the opposite bank, a man sits in solitude cross-legged next to a pink temple and a yellow flag. And next to me is a drug user staring at the same man (FN 12.21.04).

There were also numerous rituals carried out by austere Holy men and women on the banks of the river. On one occasion, I witnessed a frightening tantric exorcism ritual in front of the NGO drop-in centre (FN 12.27.04). A party of six members that resembled a family requested a boat to cross the river. The individuals included a middle-aged woman dressed as a gypsy, a middle-aged man who paid the expenses, a young man in a leather jacket, another young man, a boy, and a woman shrouded in a pink scarf. During their zigzagging journey across the river, a loud bellowing was heard, attracting the undivided attention of all of us on the shore. The bellowing was accompanied with the leather jacket man using his hands to strike the woman under the pink scarf. Suddenly the woman was thrown into the water and the attacking continued on the side of the boat. One of our acquaintances jumped into another boat in an attempt to subdue the violence. When the boat of six reached the opposite shore, the woman, stripped of her pink scarf, was directed to a small temple known as the *Baluck Nath Ji Mandir* that was believed to 'bind' spirits so that they do not roam after death (FN 03.03.05). Following her devotional prayers, the woman was brought down to the shore and beaten with a wooden stick by the man who had now taken off his leather jacket. The woman contorted her body into odd positions, stumbling as she was struck. Our acquaintance arrived and separated the woman from the group. One of the other members from her boat took her again to the small temple where she leaned in to perhaps kiss the idol inside as she prayed. Quite quickly the party returned to the shore and departed as they held the woman in affectionate embraces. The consensus among the voyeuristic addicts was that the event was an overly violent ritual to remove a recently deceased relative's spirit from the woman who was probably 'heated' or 'crazy' in recent days.

Yamuna Bazaar's mystical milieu did not shield it from the urban development ambitions of the city of Delhi. In an article titled 'Yamuna River Front Development to Change Face of Delhi,' a news source reports:

Delhi might one day compete with the urban waterfront of London or Paris, provided the development of the Yamuna River front is carried out according to an ambitious project drawn up by state-owned Housing and Urban Development Corporation (HUDCO)...Hotels, office complexes, urban entertainment centres, shopping malls and pedestrian plazas could come up in a big way, changing the city's face, he said. Creation of water reservoirs in the form of lakes and construction of an express rail and road transport corridor are also envisaged in the project, he said (Zeenews, 2006).

In pursuit of these development goals, the City engaged in a number of projects affecting the residents of the area. Beginning in 2004, the Yamuna Pushta slum with over 150,000 residents was forcefully cleared with slum-dwellers relocated to other parts of Delhi and 'hutments' bulldozed by government workers (Gopalakrishnan, 2004). Concurrently, the Delhi Metro constructed a major metro station at *Kashmere Gate* that served as a nexus for major commuter lines and other transportation services such as inter-state bus travel. With a resolve to 'beautify' Delhi, police officers played their role of clamping down on crime and displacing homeless people from the footpaths. Some of these people were the addicts in this study who voiced the following experiences:

Mukash described being beaten by the police last night. He takes off his shirt to show me his bruises. He explains that he was just sleeping on the footpath next to the Red Fort and the police came and started to hit him with their sticks. He swore at them and then ran away. Imran explains that the police are being very strict these days, and he thinks it will only get worse. He believes that the removal of the Yamuna Pushta was the first step. The second was the setting up of the Metro which really brought increased pressure from the police. He suspects that in 2 years, the police won't let anyone sleep on the footpath. You can buy a pillow and blanket and sleep in one of the tents, but not on the footpath. He reminisces that before these changes,

there used to be so many more people lining the street. He says that it used to be like a bazaar under the bridge (FN 09.08.05).

Another development that had impacted the participants was the displacement of a major drug distributor known as the *Dolak Wala*. This dealer or team of dealers was situated in the Yamuna Pushta and was considered the primary source of ‘smack’ in the area. When the area was destroyed, this trade was dispersed to other areas causing addicts to travel further distances, and be more transient and fluctuant in their dwelling patterns—a challenge for NGOs attempting to maintain contact with the participants.

Despite the challenges faced on the streets of Yamuna Bazaar, addicts perceived the site as a place of refuge: food was available from different temples throughout the day; shelter during winter months was provided by NGOs; basic healthcare was available from both religious organizations and various NGOs, and charity in form of food and money was provided by middle-class devotees on Tuesdays and Saturdays at the *Hanuman Mandir* (FN 03.04.05). In addition to these survival provisions, the participants described a sense of freedom and acceptance in the area that contrasted family environments where questions and suspicions were abundant. As Derek described:

Yes, the type of freedom there, nowhere else is like it. The type of closeness there, friends, friends, circle, you know? Nowhere else will they find it. Satisfaction. So they will come to Yamuna Bazaar, even if they are street users. Now, they will go live in GK 2 [Greater Kalash 2, a wealthy South Delhi area and location of a rehabilitation centre] for six months or two years. Yes, in the morning breakfast, bed, tea. You get everything, you know? There is a cooler in the summer, and bedding is good, shower, you know? But...that freedom you will not get like you get in Yamuna Bazaar. Whenever you wish, you come and sleep...you come and go...you do drugs. That freedom you can't get there....And there [Yamuna Bazaar], there is

nobody who watches you and says 'what are you doing?'  
'Why are you doing that?' (Derek 10.22.05).

As is suggested in Derek's comments, Yamuna Bazaar attracted not only using addicts, but also non-using rehabilitated addicts. Contrary to my intuition that recovered addicts would like to distance themselves from a drug-using context, a number of former users preferred to be staff members in the area. Although this was partly due to the lack of other employment options available for many addicts, some members believed that they needed a reminder of their past lifestyle:

'By working, I see my past life. I see the consequences of any bad moves that I make now.' I ask if he feels desire when seeing the drugs. He says he does but he also feels lots of fear. 'I don't want to sleep on the street. I don't want to beg. I don't want to stand in line for food' (FN 10.04.05).

The connectivity between addicts or the 'friends' and 'circle' cannot be overemphasized either. As will be discussed later, the participants created a community in which identities and rules contrasted those given to them by wider society. Each addict performed a role that was legitimate in the group and understood by the members. Trading this role for one that was usually illegitimate and stigmatized in a family or occupational setting was a difficult hurdle for many of the participants.

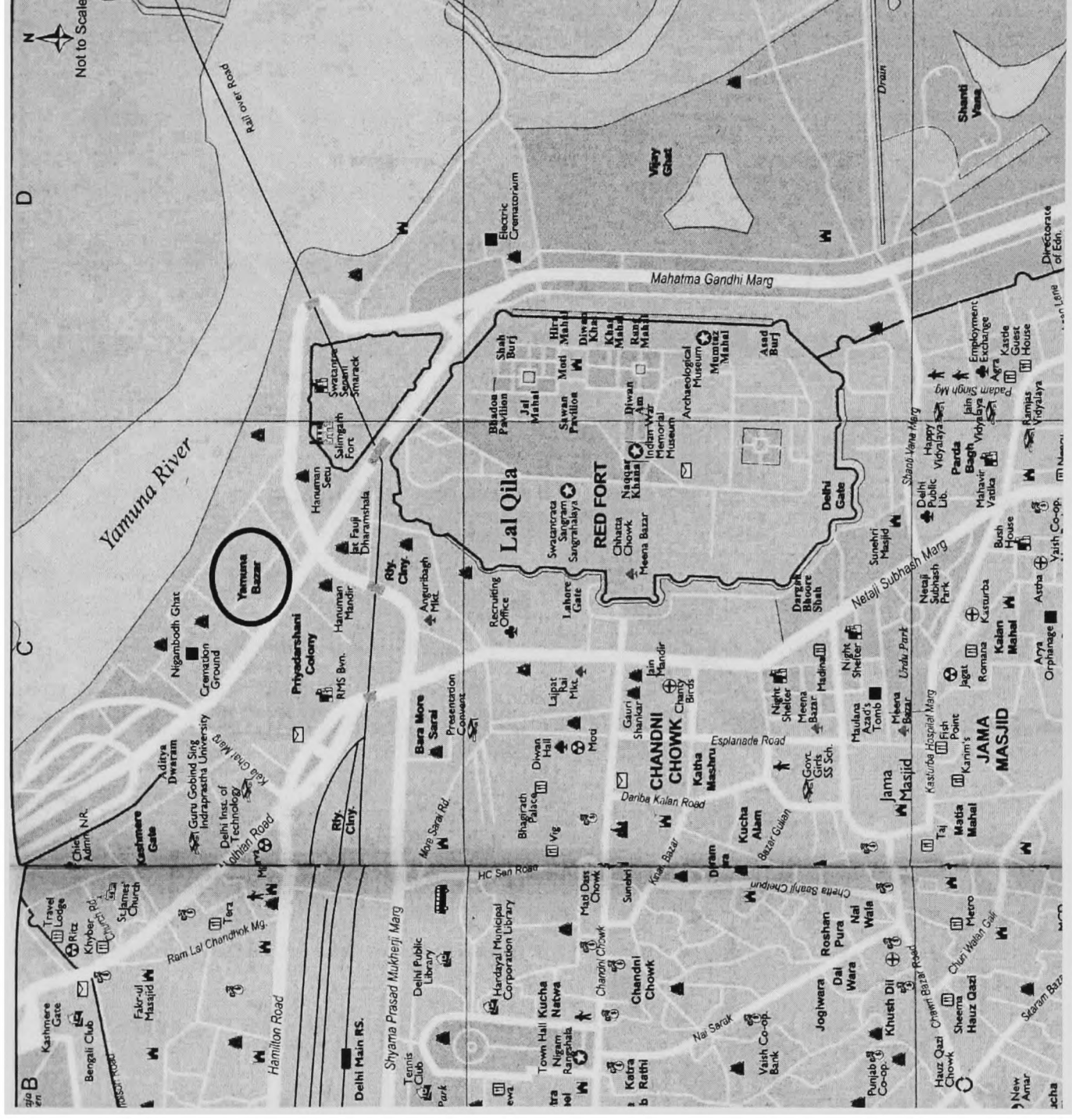


Figure 4.1: Yamuna Bazaar located in the northeast side of Old Delhi (TTK Maps, 2004, pp. 24-25)

### 4.3 'Frontstage' regions

In his dramaturgical framework, Goffman (1959) describes 'frontstage' or 'front regions' as a place in which an actor attempts 'to give the appearance that his activity in the region maintains and embodies certain standards' (p. 110). Goffman further divides these standards into criterion for 'talk' and 'decorum,' or appropriate language and actions. This concept is helpful in distinguishing parts of Yamuna Bazaar that promoted performances according to certain 'socially appropriate' codes of practice. Specifically, SHARAN NGO spaces such as the drop-in centre, adjacent tea stand, and peer education outreach areas represented frontstage regions that were characterized by certain rules of etiquette in behaviours, interactions, and language. This section will first describe SHARAN and its services, and then provide descriptions of these regions with their associated standards.

SHARAN was established in 1979 with a broad mission of serving the urban poor. In 1992, it opened a drop-in centre for drug users in the *Nizamuddin Basti* in Old Delhi. The underlying philosophy of their approach was harm reduction—minimizing the potential harm involved in a risky activity without attempting to prohibit the activity itself (Trivedi, 2003). Early services included peer-based outreach to street addicts and referrals to local hospitals. With increasing momentum and funding in subsequent years, the organization open the Yamuna Bazaar drop-in centre in 1998. From this station, SHARAN provided a comprehensive intervention package with needle-syringe exchange, outreach, primary medical care, abscess care, detoxification options, education sessions, counselling, testing, hair-cutting and shaving, income-generation programs, and lunch voucher services. SHARAN has also initiated and been the focus of a

number of research projects in recent years. Chatterjee, Kumar and Abdul-Quader (2002) described SHARAN's pioneering oral buprenorphine maintenance program which uses buprenorphine instead of morphine as a substitution therapy for street users. Effectiveness of this strategy is currently being examined in collaboration with Johns Hopkins University (Personal communication with Mike Sweat and Luke Samson). Dorabjee and Samson (2000) report a five city rapid assessment conducted by SHARAN in which patterns of drug use, current interventions, and drug users' perceptions of injecting and sexual risk behaviour were investigated in Mumbai, Chennai, Calcutta, Delhi, and Imphal. Interestingly, some of the data for this project was generated by 'peer researchers' who were former addicts trained in basic qualitative research techniques. An ethnography has also been conducted in conjunction with SHARAN: Trivedi (2003) used interviews, group discussions, and observations to examine the hygiene and health-seeking behaviours of SHARAN-affiliated addicts.

The SHARAN drop-in centre was the primary frontstage region (Figure 4.2). Located on the banks of Yamuna River downstream from the *Nigambodh Ghat* cremation ground, the actual building was the back portion of a house with the front inhabited by the family. The centre's portion of the building had one hallway with three rooms on the right side and two rooms and an open meeting area on the left side. The function of these rooms often changed, but they were usually for counselling, doctor's clinic, abscess care, buprenorphine delivery, research, computer use, and education sessions. Activities of the centre also extended to the large open space from the building to the river. On one side, this area had large traditional steps leading down to the water where addicts bathed and washed their clothes (Figure 4.3). Adjacent to these steps were open spaces at

varying levels where tables and chairs were set for needle and syringe exchanges, interviews, and condom distribution. A second frontstage region was a popular tea stand and café on the main road behind the centre that was frequented by both staff and clients. The café made tea for nearly all major meetings and education sessions, and post-work activities nearly always revolved around that space. Many of the rotating employees of the tea stand were former or current addicts. Frontstage regions may also be dynamic and fluctuant with backstage areas. For example, areas where peer educators conduct outreach were usually backstage shooting galleries. However, in the presence of the staff members, interactions changed according to the standards of frontstage practice. Therefore, outreach areas represent a more transient part of the frontstage—like a prop brought from the backstage to the frontstage for certain scenes.

Standards in the frontstage governed behaviours, interactions, and language. The most basic rule was that participants were not allowed to use drugs in this space. This regulation was not written or mentioned in daily life, but it was understood as a characteristic of the space. Nearly always, this rule was adhered to in the drop-in centre, tea stand, and most peer education interactions. The only exception I observed was the use of solvent laced-handkerchiefs that were grasped and hidden in a closed fist. Staff members occasionally admonished individuals practising this in the drop-in centre, but they had trouble to control a widening use of the drug that often caused delirious behaviours (FN. 09.18.05). Interactions also complied with a certain set of unspoken standards. Specifically, most interactions were concerned with service-oriented or health-based issues. Usual discussions were about buprenorphine pills, food vouchers, haircut vouchers, or medications. The interactions were also structured with roles of ‘staff’ and

'client' being quite distinct. Especially with senior staff members and international guests, clients usually took a subordinate role with respectful treatment and consideration of the more senior party. This hierarchical nature of interactions is discussed at length in chapter 5 on peer education role-plays. Lastly, participants also abided by tacit rules of 'socially appropriate' language in frontstage spaces as illustrated in the following event:

One of the clients got into a fight in the centre after an educational session....I wasn't there for the primary incident but the collection of stories involved tea not be distributed to two people after the session. The client asked for them to be and when they weren't, he began swearing at the tea giver. Bosses came in and he was escorted outside. There was more talking about how swears should not be spoken in someone's house especially when women were there. This was the main moral argument being placed against the man. Another scuffle took place and a few punches were thrown. The man was then escorted off the premises. Derek talked to him afterwards (FN 02.17.05).

In this relatively rare incident of violence in the frontstage, the primary issue was swearing by the addict which was deemed immoral because of the presence of women in the house. Both clients and staff members admonished this actor for not respecting the tacit standards of the area.

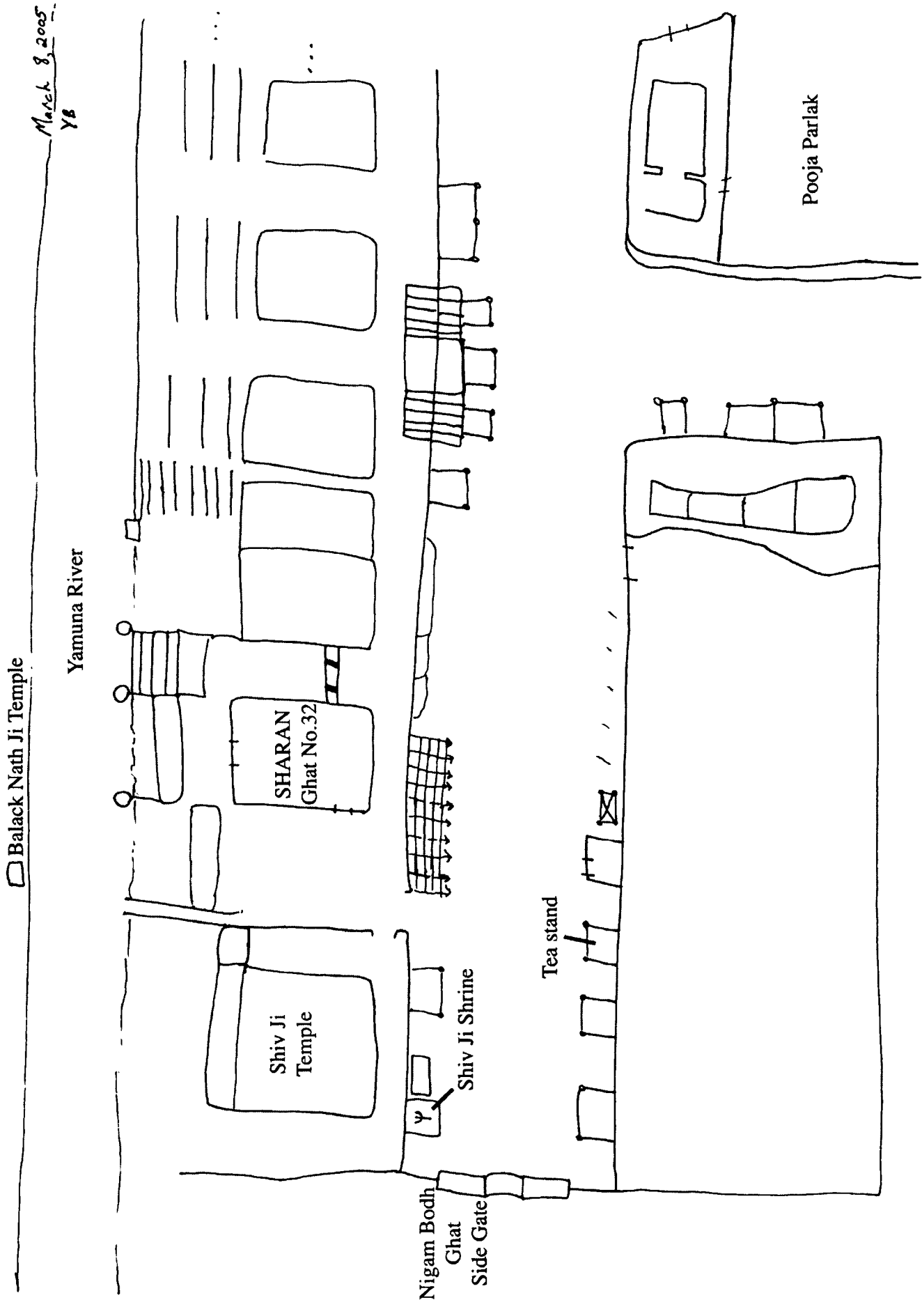


Figure 4.2: SHARAN Drop-in Centre and adjacent frontstage regions



Figure 4.3: Frontstage region, steps leading down to the Yamuna River for bathing

#### 4.4 'Backstage' regions

Defined as the place where 'the impression fostered by the performance is knowingly contradicted' (Goffman, 1959, p. 114), 'backstage' regions are characterized by their own counter-performance actions. As Goffman eloquently describes:

The backstage language consists of reciprocal first-naming, cooperative decision-making, profanity, open sexual remarks, elaborate griping, smoking, rough informal dress, 'sloppy' sitting and standing posture, use of dialect or sub-standard speech, mumbling and shouting, playful aggressivity and 'kidding', inconsiderateness for the other in minor but potentially symbolic acts, minor physical self-involvements such as humming, whistling, chewing, nibbling, belching, and flatulence (p. 129).

In this study, the backstage regions were public parks, late night tea stands, areas under flyovers, and footpaths where mostly non-staff member addicts congregated, socialized, engaged in drug use and drug-related negotiations, and slept at night. This section describes these areas, and reveals some of the norms and patterns characterizing them.

The primary backstage region to which I gained access was *Pooja Parlak*, a public park in close proximity to the drop-in centre, and directly opposite to offices of SHARAN and other NGOs. The park was a medium-sized rectangular area with a number of scattered trees, thick shrubbery on one of the shorter sides, two makeshift cricket pitches, encroached dwellings in one corner, a short fence dividing the park from the main roads, one main entrance that was hardly used, and a number of dirt paths made by walking on certain routes (Figure 4.4). A structure adjacent to the park on the side with the shrubbery was an unused public lavatory that was now filled with trash and filth. Individuals in the park not only included addicts, but also rickshaw drivers, young children, and usually two to

three transgender persons called *Hizra*. As suggested by this diversity of people, there was a range of social activities in the park including board and card games, cricket matches, gambling, poetry, storytelling, singing, tea drinking, and drug use. Among the participants, relaxed and unrestrained behaviours usually characterized these activities:

Men in the park, somewhat circular formation, standing, squatting, cross-legged, one man lying with his shirt off with his head on another's knee, men drinking tea, others sniffing from handkerchiefs. The formation was a non-conformed circle with different levels. There were stories being told, and people looked at the main person talking. Topics included gambling, and where to get girls. All of the 'bad habits' that we consider to be socially inappropriate from a Western context occurred in this context. For example, men scratched their pelvic areas, hands were in their pants, *ganja* was smoked, *solotion* [solvents] was sniffed, and most were lying around. They openly did such actions and felt freedom to do so. It was quite in contrast to social behaviour in the NGO area (FN 02.09.05).

The park also functioned as a strategic planning area: *Hizra* would use the park to prepare their makeup and target individuals to demand money from at weddings in the adjacent temple, and teams of rag-pickers would lay out their collections and sort the contents into appropriate piles. Circular groups of 3-8 addicts were usually positioned in the centre of the park in between the cricket pitches. Participants engaged in a variety of drug use formations and positions depending on the substance used. *Ganja* (marijuana) was usually smoked in circles of 3-5 people in wide-open spaces without care of camouflage. *Smack* was used between two or maximum three people behind trees or long grass with moderate attention to onlookers. *Injection* was either a solitary activity or occurred in groups of two to three in a hidden fashion. Most users would inject themselves in covered corners of the park or in the unused public lavatory adjacent to the park.

A particular late night tea stand down the street from *Hanuman mandir* was another backstage region to which I gained access. This tea stand, different from the NGO frontstage tea stand that closed early, was popular among participants because it was open late in the evening and sold large cups of tea for 2 rupees instead of 3. The tea stand was remarkable for the following reasons: addicts openly used smack in front of the owner's family including women and children; drug users did not intimidate or threaten the family; the store ran an informal bank to hold money for addicts, and drug users often took responsibility for washing their used cups and retrieving water for tea (FN 09.06.05). This backstage region, therefore, involved quite harmonious participation with non-addict community members. Unlike portrayals of United States drug users (Bourgois, 2003), intimidation and violence did not characterize the interactions between addicts and wider society. Furthermore, it is important to note that this example highlights that backstage areas were not 'rule-less'. Although standards were distinct from frontstage regions, the backstage contained its own set of implicit rules and meanings that were constructed through informal participation in social life. These understandings and their construction are explored in the subsequent chapters.

The final backstage regions were areas under flyovers and footpaths (Figure 4.5). I was not able to maintain a consistency or intimacy with these regions; most of my participation involved short passing-by visits involving brief conversations in a similar way as outreach workers. Unlike *Pooja Parlak* and the late evening tea stand, these settings were living and sleeping dwellings particularly active at night, and my presence was more difficult to justify. Nonetheless, during some of my late night visits, I did record the following

observations of life under the ring road flyover that locals called the ‘red light’ area because it used to be an important traffic-light intersection:

The multiple routes, adjacent footpaths, and darkened open spaces are teeming with people. Many in the ‘homeless garb’ are perhaps most comfortable sitting or lying on their laid out trash bags. Other ‘middle-class’ actors are standing watching activities and waiting for the rain to cease for a moment so they can leave. Meandering through the crowd drawing all the eyes of the mostly male majority is a street woman dressed in a dark blue sari wrapped tightly. Occasionally she talks to one or two men and others quickly gather to listen to the ‘negotiation.’ Perched on a separating wall is a younger girl dressed in a *salwar-kamise* usually worn by younger girls. As I walk to the other side of the barrier, I see a majority of individuals no older than 14. The boys play cards for money. Most have solvent-laced handkerchiefs in their hands pressed to their mouth (FN 09.12.05).

Sexual relations and street children were part of the backstage happenings. Although I could not gain access to most of these interactions and meanings, it is important to recognize that the milieu of sex for money and children mimicking adults were part of the participants’ daily lives. Ramakrishna, Karott, Murthy, Chandran, and Peltó (2004) describe some of these contextual realities in their work on sexual behaviours of street boys and male sex workers in Bangalore.

March 8, 2005  
Pooja Parlak

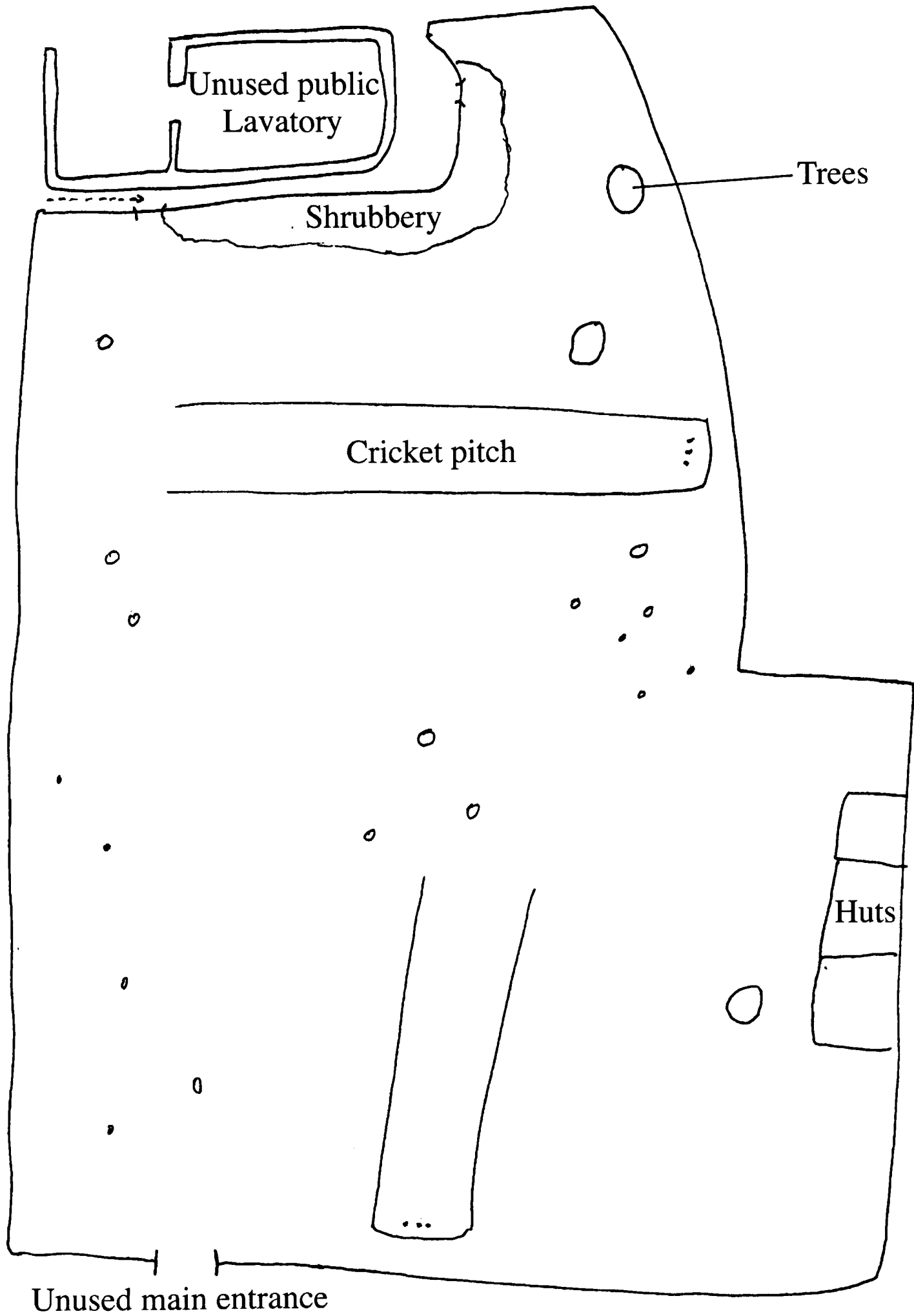


Figure 4.4: Pooja Parlak backstage region

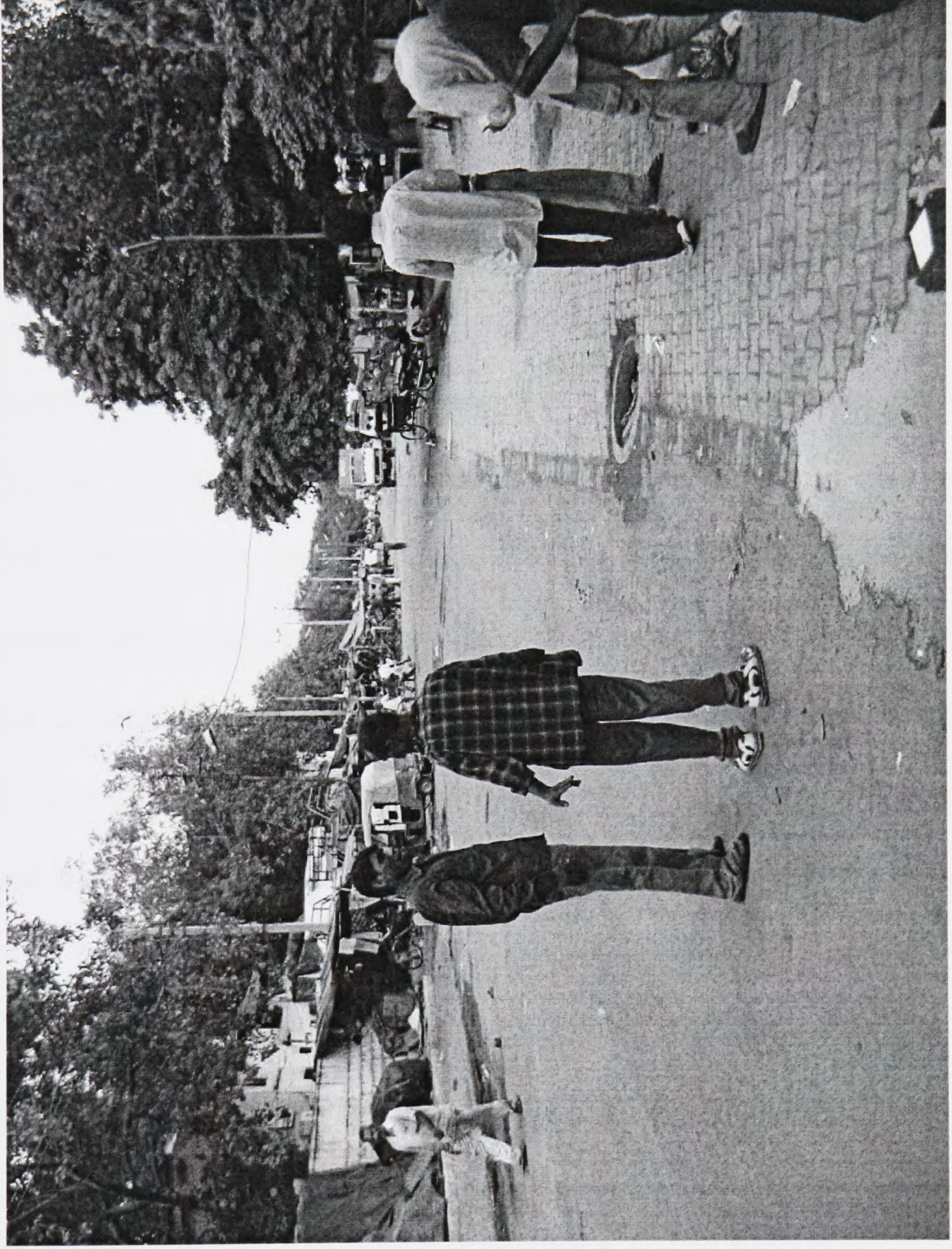


Figure 4.5: A main road in Yamuna Bazaar that turned into a backstage region at night

## **4.5 Demographics of Participants**

There were two requisite characteristics of the participants in this study: first, they were part of a group of ‘addicts’, both using or non-using; second, they were affiliated to the SHARAN NGO in Yamuna Bazaar in some sort of role. With respect to the first inclusion criterion, ‘addict’ referred to a social, not behavioural, identity. Inspired by the local use of the term ‘addict’, this group was not so much defined by behavioural characteristics or a physical dependency on heroin. Instead, it encompassed a wider collection of individuals sharing a social identity marked by a history of drug use and experience of its associated consequences. Therefore, a person could have been abstinent for the last ten years, but he may still be categorized as an addict because of his biography and social affinity with other addicts. The participants, therefore, were a social grouping rather than a behavioural grouping—a categorization that runs counter to most epidemiological literature and public perspective. The second inclusion criterion concerned the individuals’ association to the NGO. Contrary to the first requisite that expanded the group’s membership, this criterion narrowed the focus onto a particular, non-generalizable group of addicts with a relationship to an NGO operating in a specific community. There were three roles that participants occupied in relation to SHARAN: 1) staff members were paid workers of the NGO who were usually rehabilitating or non-using addicts. Non-addict staff members were not considered participants; 2) volunteers were non-paid workers of the NGO who were usually using or rehabilitating addicts; 3) clients were the majority of participants who were targeted by SHARAN’s services and were usually using or rehabilitating addicts.

The number of participants in this study was a difficult calculation because the entire group of urban addicts was a 'floating' and 'hidden' population that made surveillance difficult. In 1998, treatment providers and government officials quoted 100,000 as the number of using addicts in Delhi. Out of these, 25,000-30,000 individuals were believed to be regular IDUs (Dorabjee & Samson, 2000). Since that time, numbers have increased but no estimates are available in the literature. For this study, NGO written records of individuals receiving buprenorphine therapy and individuals exchanging needles were used to approximate the number of group members from which an ethnographic sample was selected. As a daily average, 100-120 addicts received buprenorphine and 60-90 exchanged needles and syringes making a total of approximately 160-210 clients. These figures represented a minimum number of participants in the area in one day because addicts usually exchanged needles every second or third day, and only a small number of registered addicts received buprenorphine therapy everyday. Additionally, the NGO employed approximately 50 staff members with a small core group of 5-8 leaders, and a majority of low-paid members most of whom were using the work as a rehabilitation process. Volunteers included about 10 non-paid members who were on a trajectory towards becoming staff members. In total, the number of group members ranged from 300-500 addicts affiliated to SHARAN as clients, volunteers, or staff members. Approximately 20 of these participants were main informants who will be described in subsequent sections.

Salient characteristics of the participants are summarized in Table 4.1. These numbers were quite rough approximations, especially for volunteers and staff members whose activities and attributes lacked the regular record keeping that clients received. Overall, the participants were a group of mostly male

individuals with an average age of approximately 30 years who had been using heroin for 5-8 years (first smoked and then injected). They were mostly migrants to Delhi and originated from a number of neighbouring states. Most had been in Delhi fairly consistently for at least five years resulting in broken ties to their families because of their lifestyles and distance from home. Most were homeless or living in shelters in Old Delhi with significant amounts of time spent in the Yamuna Bazaar area. The group had a 3:1 Hindu to Muslim ratio, although this was not a significant distinction for most participants. Educationally, most were either uneducated or had a primary school background. Although I could not gain access to details of sexual life, participants' accounts and other studies (Trivedi, 2003) indicate both heterosexual and homosexual activity mostly within the addict community usually because of drug-related reasons (i.e. sex for drugs). Income generation involved a range of manual work, NGO-related service, and illegal thievery providing erratic funds and an impoverished quality of life. The participants' illegal activities also led to significant criminal records with most being repeat offenders. For homeless addicts, death could be due to a variety of lifestyle-related conditions including traffic accidents, arterial ruptures, or drug overdose (although overdoses were relatively rare because of the poor quality of street drugs). For rehabilitating or non-using addicts, death was more likely due to chronic problems stemming from infectious diseases such as HIV/AIDS, TB, and hepatitis. Again, mortality figures were difficult to estimate because of the 'hidden' nature of the group making most deaths unrecorded or unable to be connected to a specific identity by public authorities.

<b>Trait</b>	<b>Clients</b>	<b>Volunteers</b>	<b>Staff members</b>
Sex	Mostly male	Mostly male	Mostly male
Average Age	30 years (range 15-60)	30 years (range 25-35)	35 (range 20-60)
Primary drug addiction	Heroin (smoked and injected)	Heroin (usually smoked)	Heroin (smoked if using)
Regional origins	Uttar Pradesh, Bihar, Manipur, Nagaland, Rajasthan, West Bengal, Nepal, Delhi	Uttar Pradesh, Bihar, Manipur, Nagaland, Rajasthan, West Bengal, Nepal, Delhi	Uttar Pradesh, Bihar, Manipur, Nagaland, Rajasthan, West Bengal, Nepal, Delhi
Current living status	Homeless or living temporarily in shelters	Mostly living in shelters	Mostly living in shelters or in family homes
Marital status	Mostly unmarried and estranged from family	Unmarried or married but usually estranged from family	Unmarried or married and occasionally living with family
Children	No co-inhabiting children	No co-inhabiting children	Occasional co-inhabiting children
Religion	3:1 Hindu to Muslim ratio with a few Christians	3:1 Hindu to Muslim ratio with a few Christians	3:1 Hindu to Muslim ratio with a few Christians
Schooling	Uneducated or primary school	Usually primary school	Usually primary or rarely high school
Sexual life	Heterosexual and homosexual activity mostly within addict community	Heterosexual and homosexual activity mostly within addict community	Private sexual life outside of addict community
Occupation	Trash scavenging, rickshaw driving, odd-jobs, or thievery	NGO work	NGO work
Average income per day	100-120 rupees with significant variation	0-50 rupees with supplemented food and shelter	50-300 rupees depending on position
Criminal history	80-90% have been to jail and most have been more than once	80-90% have been to jail and most have been more than once, but less active recently	80-90% have been to jail and most have been more than once, but much less active recently
Mortality	<10 per year because of arterial emergencies, accidents, or overdose	Minimal deaths due to emergencies, but more chronic problems (HIV, TB, hepatitis)	Minimal deaths due to emergencies, but more chronic problems (HIV, TB, hepatitis)

Table 4.1: Participants' salient characteristics

It is important to note exceptions to the characteristics given to the group, as it was not a homogenous collection of individuals. First, female addicts that numbered perhaps 20-40 were in the area as well. To approach these addicts, the NGO had hired two female peer educators, one of whom was a non-using addict. Female street users were often observed with children who were being raised on the streets. Their usual drug of abuse was smack smoked on tinfoil. Trivedi (2003) reports that injection was rare among females because they were able to afford the more expensive form of heroin by selling sex on a consistent basis. This connection to sex-work also made most women vulnerable to attack and abuse by other street inhabitants who were usually male. Predictably, my access, as a man, was extremely limited—female addicts did not even make visual contact with me. The only data I generated was with the female peer educators whose perspectives are included in subsequent chapters. A second exceptional group included two to three *Hizra*, or transgender individuals who often spent time in *Pooja Parlak* and were users of smack, although the usage of only one individual was publicly apparent. As a group stigmatized because of their gender and drug use, these individuals used their marginalization as an income-generating device. They would approach newly married couples and families and demand donations, threatening bad karma if they did not give. Because of their consistent moneymaking abilities, the *Hizra* were respected by other addicts in the area. Finally, there were many exceptions to assumptions of ‘class’ and ‘education’. A poignant example was a 52-year-old using addict who had a high school education and was estranged from his Brahmin (considered the ‘highest’ caste) family of a wife and three children. He used to make his living as a rickshaw driver, but now he scavenged trash and lived on the street. He was an articulate commentator of

Urdu poetry, explaining significant inside meanings and associations (FN 02.14.05).

#### **4.6 Drug use and illness patterns**

The participants were experienced poly-drug addicts who had been using heroin for more than five years. They used both major drugs including unrefined heroin and cocktails of pharmaceutical drugs, and recreational substances including solvents, CNS depressant pills, marijuana, and alcohol. The participants' lifestyles led to both acute and chronic health problems. Acute issues included abscesses, infected wounds, and emergency arterial ruptures, while more chronic problems included infectious diseases such as TB, HIV, STDs, Hepatitis B (HBV), and HCV. This section will first describe the drug use patterns with emphasis on the procedures for 'chasing' unrefined heroin on tinfoil, and 'fixing' cocktails intravenously. Subsequently, it will describe some of common illnesses and their reported prevalence rates.

There were two forms of heroin used by the group: 1) *brown sugar/smack* was an unrefined powdered substance 'chased' on tin-foil; 2) *injection* was an intravenously-administered cocktail of pharmaceutical drugs usually including 2ml ampoules of 'buprenorphine,' 'avil,' and 'diazepam' (opioid alkaloid, anti-histamine, and CNS depressant) (Figure 4.6). Participants usually began with *smack*, citing reasons such as peer-group bonding, increasing sexual potency, and involvement in drug dealing to make money. One addict explained the typical initiation pattern:

Comes to Delhi as a teenager looking for a job, can't find job, hangs out in parks during free time, begins drinking and using minor drugs (marijuana) to keep up spirits, can't

go home because of shame and no job, possessions get robbed, runs out of money, has to spend nights in the park, sees and tries major drugs (smack), associates with homeless drug users, addiction begins to drive routine, learns to steal and survive as a homeless addict, lack of money forces switch to cheaper injection cocktails, maximizes survival by associating with NGO and living close to temples (FN 08.20.05).

As is described in this brief synopsis, transition to injections usually occurred because of financial reasons. At the time of this study, street dealers were selling approximately 15 ‘lines’ of smack that were reported to provide a decent high for 100 rupees. In desperation, 4-5 ‘lines’ were also available for 50 rupees (FN 03.07.05). The cocktail of three pharmaceutical drugs was approximately 40 rupees with an occasional 5 rupees service charge if a middleman was needed to retrieve the drugs from the pharmacy (FN 03.02.05). These prices often fluctuated depending on supply and police clampdowns in the area. One addict reported pharmaceutical cocktails rising to 80 rupees on some occasions (FN 03.07.05). Addicts usually chased or fixed at least twice a day with recreational substances used concurrently and in-between ‘hits’. It was often the case that frequency of use depended on the amount of money earned in one day—higher amounts of money usually translated to increased usage (FN 12.30.04). In one extreme case, an addict reported using smack six times per day because he made quite large sums of money by stealing car windows (FN 03.03.05).

‘Chasing’ smack usually involved one or two persons squatting in backstage areas occasionally under the veil of a blanket. The procedure of usage was as follows:

After some conversation, the two men became quiet and the younger one took out some tinfoil. He then took out a small 3-way folded piece of white paper. He unfolded it to reveal a small collection of light brown powder. He held the tin foil firmly and placed the powder in a small pile at

one end of the rectangular tinfoil sheet. He took out a cigarette-like rolled up piece of tinfoil and placed it between his lips. He opened and removed a match from the matchbox that was lodged under his toes. He struck the match on the box while holding the tinfoil in his other hand. He then slowly lifted the match so the flame was under the area of tinfoil that held the brown powder. As the powder melted into a dark brown liquid, he moved his tinfoil cigarette close to the transformed substance and sucked in the smoke that came from it. He then began moving the flame underneath and tipped the tinfoil to make the liquid flow in a line down the centre of the foil. As it was flowing, he followed it with his tinfoil pipe [chasing]. He then placed it on the ground and looked away. After 30 seconds, both men stood up and began placing the foil in their pockets as they saw the police officers (FN 12.22.04).

Unlike injections, addicts using these procedures had no problems in the delivery of the substance into the system. However, because of a lack of quality control, addicts did complain of very low quality smack supplemented with a number of additional substances. Therefore, acute scrutiny of the colour, texture, and smell of the *puri* (individual portion) during purchasing, and identification of the dealer with the best smack on a given day were important activities.

‘Fixing’ cocktails of pharmaceutical drugs involved increased time for preparation of the ‘set’ and delivery of the substances intravenously. Especially for regular IDUs whose veins had closed or collapsed due to the irritant nature of the drugs, injecting could be a protracted and frustrating process. ‘Fixing’ usually occurred in groups with peers injecting each other (Figure 4.7), although individual injecting was also witnessed. Trivedi’s (2003) ethnographic study of the hygiene of Yamuna Bazaar addicts provides the following in-depth observational details of the procedure among the participants:

...3. The set is carried in pocket or in a plastic box lying inside the rag-carry bag to the injecting place—under flyover, on footpath, on the road dividers, in the park or on the bank of the river Yamuna....6. The user always has a 22-gauge needle (tip of which is generally sealed with used

and broken needle) and 10ml vial (in which he mixes contents of all three ampoules) to draw the content. The paraphernalia for use will be made ready on the ground along with the vial and set. For few, cotton and rarely spirit also seen as part of paraphernalia. 7. Once things are ready, breaking the ampoule, one by one, pressing it with bare teeth or with a cover of rag plastic or newspaper, if available. 8. Drawing from the content of each ampoule with the help of the syringe and 22-gauge needle (*'badi suee'*) into the 10ml vial. The indication of mixture is turbid solution....Now the cocktail drug is ready to inject...10. Drawing out the content from vial with the help of 24 [sic] gauge needle and put the ready to inject syringe + needle on the ground, after capping it again. Cleaning of the site, with a sole purpose of finding/locating the vein. If the vein is accessible, cleaning the site is generally not preferred....Uncapping the needle by putting the cap on the ground and rubbing the tip of the needle either with the nails or the finger. Insertion of needle into the respective vein assuring the correct vein by checking the blood oozing out into the syringe and getting mixed with the drug....Once perceived to have found the vein, injecting the content of syringe into the blood stream. Re-injecting—to ensure the total consumption of the drug, the user draws the blood into the syringe and again re-injects it. Removing the needle by pressing...the injecting site by the other hand....To ensure clotting of blood or perceived protection of entry of air into the circulation, covering the site with a piece of paper moistened with saliva to ensure proper sticking or rubbing the site with bare hand. Cleaning of syringe by mere shaking, with water if available, or with saliva. The cleaning of needle is done either by blowing the air or by injecting saliva from the other side. The use of cotton rolled over a matchstick for cleaning of syringe as well as needle was also observed (pp. 6-7).

During this procedure, sharing practices were reported to be a frequent occurrence with indirect sharing being more common than direct sharing. Dorabjee and Samson's study (2000) that also included Yamuna Bazaar addicts reports that direct needle sharing occurred during periods of withdrawal with associated attitudes of invulnerability to harm. Additionally, Trivedi (2003) reports indirect sharing practices such as sharing of paraphernalia and 'frontloading' in which a common syringe injects measured amounts into the front of other syringes.

The participants' drug use patterns and unhygienic practices contributed to a number of ailments that were both acute and chronic. The most frequent problems were injection-related skin pathology such as abscesses, ulcers, and cellulitis (inflammation due to spreading infection). Before the implementation of abscess care services in SHARAN, these conditions could become horrific injuries with maggots burrowing into the wounds, and gangrene destroying the tissue (Manning, 2003). The only option in many cases was the amputation of limbs in order to contain the infection. Moreover, hospitals were particularly stigmatizing in their treatment of these conditions, and often rejected Yamuna Bazaar addicts for the following reasons:

Health care providers offer two main reasons for refusing to treat injecting drug users. Firstly, many are afraid of being infected with HIV. Secondly, many don't believe that drug users will be healed by their treatment. They believe that drug users are irresponsible, and don't care about their health (Manning, 2003, p. 14).

With the initiation of basic first aid care for abscesses including decontaminating and dressing the wounds, SHARAN made a significant step in reducing the severity of these ailments, and only localized wounds and inflammation were observed in this study.

Although less frequent than abscesses, perhaps the most fatal acute ailment among this group was femoral artery rupture caused by a misguided needle puncture in the groin. As described previously, extensive use of pharmaceutical drugs led to the closure and collapse of superficial veins in the bodies of experienced IDUs. Therefore, the addicts were strategic in their injection sites, attempting to use more distal veins such as on the fingers or backside of the hand before more proximal and larger veins on the arms and legs. Eventually, however, the addict would be left with the *goucha* ('bunch' referring

to the cluster of vessels) or ‘end vein’—the femoral vein in the groin area which drains a number of veins in the leg and is one of the largest veins accessible to needle and syringe. Maliphant and Scott (2005) recently describe the use of the femoral vein and ‘groin injecting’ as a frequent occurrence among a group of IDUs in the UK for similar reasons. The major complication with this practice is inadvertent puncturing of femoral artery that is directly adjacent to the vein and supplies blood to the leg. Multiple perforations result in thrombosis (clotting) or rupture of this artery causing a life-threatening situation locally described as ‘blood that cannot be stopped flying everywhere’. Emergency surgery involving grafting of another vessel wall may occasionally be attempted, but the situation is quite dire for a homeless addict in this state. The number of fatalities from this problem was not available, but the increasing trend of groin injecting was causing concern among NGO leaders.

More chronic illnesses were infectious diseases including TB, HIV/AIDS, HBV, HCV, and STDs. TB prevalence rates were not available, but a recent study provides epidemiological details of the other ailments. Baveja, Chattopadhyaya, Khera, and Joshi (2003) conducted a cross sectional study among 246 IDUs associated with SHARAN over a period of three months. They found a high prevalence of the viral markers including HIV 36.99%, HBV 39.59%, HCV 36.45%, and Syphilis 6.09%. The authors also found that most IDUs carried multiple infectious markers that were transmitted parenterally (intravenous, intramuscular, subcutaneous). In other words, there were high co-infection rates of HIV, HBV, and HCV. However, the difference in prevalence of HIV and syphilis was statistically significant indicating that co-infection was less common. They concluded that the main route of transmission was parenteral and that other

risk behaviours such as sexual promiscuity were not prominent transmission avenues, perhaps because of use of condoms. It is noteworthy to mention that deaths due to AIDS-related complications were not observed during this study. This may be because serious cases were moved to facilities outside of Yamuna Bazaar. However, the more likely explanation was that most HIV-positive addicts had become infected since they began to inject drugs 5-7 years ago. Therefore, with a relatively recent exposure to HIV, the viral load has not reached the level to produce full-blown AIDS symptoms. These symptoms are likely to be more prominent in 3-5 years time.

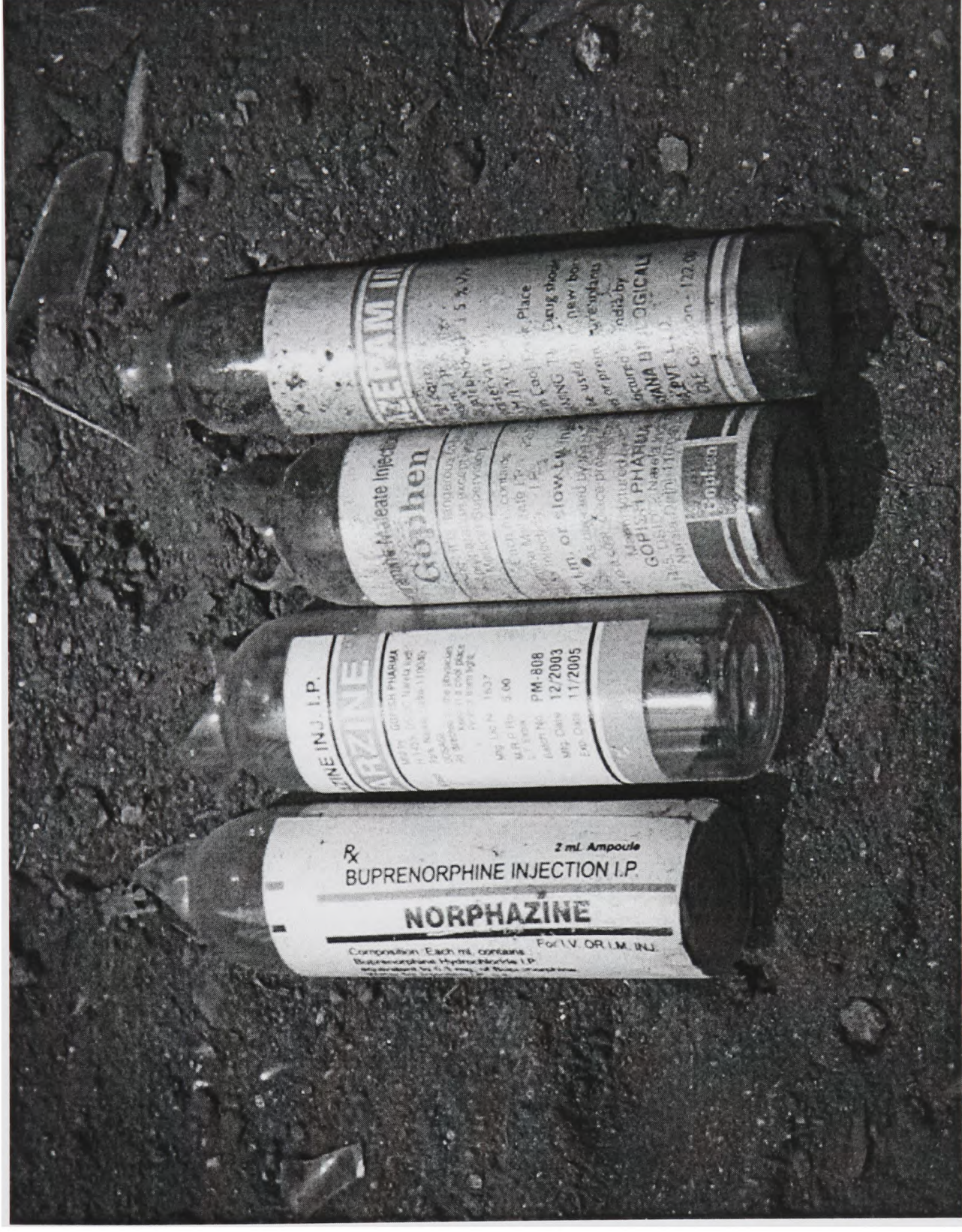


Figure 4.6: Used ampoules of common pharmaceutical drugs ‘buprenorphine’, ‘promethazine’, ‘avil’, and ‘diazepam’



Figure 4.7: Preparation for a group 'fixing' session in a backstage park

## ***4.7 Biographies of main informants***

There were approximately 20 main informants in this study. A main informant was defined as any participant who was regularly in contact with me during some stage of the fieldwork, and served an interpretive role by providing insight and explanations on local happenings. The individuals highlighted here include seven of these individuals whose biographical details were recorded. The objective of this section is to present some of the diversity of life stories not captured in the demographics presented earlier, and introduce some of the main characters whose voices will be heard throughout this thesis. The biographies are presented in no particular order, and actual names are not used.

### Alok Sharma

Alok Sharma was about 45 years old, and had been working as a SHARAN peer educator for the last 3 years. He stated that he had been clean from smack for 1.5-2 years, although he continues to drink alcohol and take a single buprenorphine pill daily because of ‘pain in his knees’. Among the group, he was known for his timely jokes, stories, and poems, which he often used during outreach to enable clients to feel comfortable and speak frankly with him. Upon listening to these interactions, I became interested in his versatility with words and he introduced me to practice of poetry among addicts in informal settings. He described these events in great detail with examples from his own experiences, including a number of recited poems that I tape-recorded.

One of the identifying characteristics of Alok Sharma was his Brahmin caste indicated by his last name, which was always stated along with his first during everyday conversation. In traditional Indian communities, Brahmins were

treated as closest to God and received the highest status in the caste system. Such caste-based hierarchy was not present in this group as discussed in chapter 5, but Alok Sharma was acknowledged as a 'Pundit' or scholar of religious happenings. Therefore, if he was in the vicinity, the other participants directed me to him when I began asking questions related to exorcisms, ghosts, and other Hindu beliefs.

Biographically, he was born and raised in Old Delhi into a business family. He stated that he was a healthy boy who was involved in *palvani* that involved weight-lifting and man-to-man wrestling. His current body form reflected this history as he was one of the largest men in the group. At age 18, he claimed that he began to drink after seeing his elders doing the same. A significant moment in his life was the arrangement of a marriage to a woman while he was in love with another woman. His father negotiated the marriage in order to unify two families with similar business interests. He was tremendously unhappy with this event and identifies it as the reason that he began to use drugs. He first began using drugs while he was driving trucks across India. His friends introduced him to chewing opium because it enabled drivers to stay awake and concentrate for longer hours. Eventually, he began to use smack and even cocaine. Following his arranged marriage, he began to sell all of his inherited property and possessions including his wife's gold. His wife, however, never left him and they had two children together. In 1991, with an opium stick in his mouth he got into a serious car accident and nearly died. At that point, he attempted to stop his use with help of SAHARA and other organizations. In 1998, he was one of the first volunteers of SHARAN and eventually became a peer educator in Yamuna Bazaar. He was one of the rare examples of an addict who continued to live with his wife and two children (FN 12.28.04).

## Rohit

Rohit was a 30 year-old addict who had been a SHARAN peer educator for two years. He first started smack when he was 15 years old and reported using as much as 6 portions on a daily basis. Most recently, he stated that had been clean for 9 months, although other participants report that he has relapsed a number of times. As one of the youngest members of the staff, he was most familiar with the younger homeless addicts. His descriptions of the peer education process were particularly insightful because of his dedication to the job and awareness of the clients' behaviours.

Based in Delhi, Rohit lived with his family for a number of years while he used smack. To support his habit, he used to steal from his family on a regular basis. He recalled stories of stealing his mother's ankle bracelet while she was sleeping and her necklace while she was hugging him. He joked that objects in the house used to move; they could never be found where you left them. In 2000, he was kicked out of the house and spent two years as a homeless addict in Yamuna Bazaar. Only during this time did he learn about SHARAN and its services. He attempted to work in a sewing shop, but the money was a destructive force as it led to greater use of drugs. He used both smack and injections during this time. He believed that his breakthrough was getting a job as a peer educator for SHARAN two years ago. Although he was still using drugs during the job, the consistency of work and rehabilitation services enabled him to 'quit'. The job also enabled reconciliation with his family. He moved back in the house in 2002, and now garners respect especially from his young nephews and nieces. Because of a humble 1500 rupees monthly salary, he stated that he did not have money to

give to his family, but he was self-sufficient and did not steal from them either. His only frustration was his family's continued suspicion of his actions and statements, which he knew would take time to change (FN 09.14.05).

### Amin

Amin was 43 year-old addict who had been a client of SHARAN for at least one year. Amin's drug history was not recorded, but he was HIV-positive indicating that he was probably injecting drugs in the last few years. His most significant contribution to this study was his in-depth understanding of Urdu poetry. As a Muslim, his first language was Urdu and he provided a classical view of the practice of poetry and recited a number of traditional poems with scholarly explanations of the multiple meanings embedded in the lines. My interactions with Amin were most frequent during the first fieldwork period between December 2004 and March 2005. Following this period, Amin was more disconnected from the NGO and other participants stated that he was in jail.

Amin's prison history was one of the most extensive in my records. Amin was in jail for 53 months for a crime involving murder. He spent another 16 months following this time for a smaller crime. He also mentioned a 4.5 months imprisonment because of carrying 100 grams of smack. As mentioned above, another participant reported seeing him in jail again in 2005, although details were unknown. His stories of the past highlighted his violent nature with an arrogant and hegemonic tone. He described committing a murder and not being caught. He also described owning an expensive gun at one time. But all of this 'shock' (referring to his enthusiasm for such activities) was destroyed with his addiction to smack. He explained that all of his respect and strength was eliminated with

smack. People used to kneel in front of him, and now they did not even greet him. He used to fight anyone who challenged him, and now he would not move even if he were insulted. He even sold his gun for 10 000 rupees to pay for his drugs. He referred to himself as a man who had ‘fallen’—a theme developed in chapter 5 (FN 02.16.05).

### Arvindh

Arvindh was about 30 years old, and transitioned from volunteer to a low-paid staff member during the first fieldwork period. However, in between the first and second fieldwork phases he was arrested and spent 14 days in jail for the first time in his life. Following this, he disengaged from the NGO because of a lack of support during this time. As a more solitary figure, Arvindh was one of the most obviously reflective individuals in the group. He often sat with me during my observation of interactions and explained underlying motivations and specific terms. He was also an example of a person becoming a staff member through social learning processes.

Arvindh’s accounts of his past began with a love story. During school times, he met a girl and fell in love with her. He began to have sex with her in her house, and since that time he has never had sex with anyone else. He explained that in order to ‘last longer’, he tried smack two times before sex. He lasted longer and had much more pleasure. However, he was a Brahmin and she was a Rajput, so his family did not accept her caste. He explained that caste restrictions were especially strong in his village located close to Varanasi, one of the holiest Hindu cities. His family arranged a marriage with a different woman and he felt this was very wrong. He thought about leaving with his love, but he did not have

any work or savings. So he decided to leave without her with the plan of returning after he had made some money. Five years had now passed and he had never returned. In Delhi, he recounted how his possessions were stolen within the first couple weeks. One man got into a fight with him and cut his chest with a blade. On the sight of the blood, Arvinth believed that he changed. He began to fight back and protect himself. He explained that such episodes wore him down. He tried to find a job but could not, and then he began using drugs to relieve his depression. Again, he stated that he believed he had fallen compared to his family. With the help of SHARAN, he stopped using drugs and began to work, but he could not maintain his job (FN 02.28.05).

### Baba

Baba was introduced in chapter 3 as an important participant who facilitated access. He was a 33-year old addict who was a client of SHARAN for a number of years and occasionally volunteered in the organization. For 3 years, he had been a holy man dressed in religious garb, but the outfit may in fact have been a type of camouflage for his drug dealing activities. He was a contributor to nearly all subjects of this thesis because he remained a particularly close informant throughout the fieldwork.

Baba was born in a village in Assam to a poor family. He was the youngest of six, with three brothers and two sisters. He went to school until third grade and then began doing manual labour, including working on farms. Quite early in his life, he learned the rules of card games and enjoyed to play for money. After following a number of low-paying jobs across his region, he came to Delhi in 1982 at the age of 10. He worked a number of odd jobs including a helper in

local 'hotels' (cafes) selling food, cigarettes, and sweets. He stated that he made a significant amount of money and began gambling with it. On one night, he won 5000 rupees and used it to buy a bottle of 'Bagpiper', an expensive bottle of whiskey. He was 12 years old at this time. He visited home during these periods and his family did not recognize him because he had become bigger and grown a beard. He never spent too much time at home because they did not have enough money or food to support him. On one occasion, however, his mother was 'murdered' and he had to go home, but he did not have any money. An older man, with whom he worked, helped him by giving 7000 rupees. This older man became his 'father' or 'daddy' who has lived with him for the last few years. When his biological father also died some years after his mother, Baba stopped going home. In 1992 when he was 20 years old, he began to use smack. When asked why, he explained that he used to deal the substance to make money. But on one occasion, he gave 3000 rupees for a batch of smack that was fake, and he lost his money. After that, he realized that he needed to 'taste' the merchandise before buying it in order to assure its quality. In this process, he became addicted and transitioned to injections in 2000 when he was 28 years old. His use was reduced with association to SHARAN, but he continued to use and deal during the duration of this study (FN 08.30.05).

### Derek

Derek was about 38 years old, and was one of the highly regarded leaders at the SHARAN Drop-in Centre. He was a practising Christian probably from birth, and went by a Western name that was quite unique in this group. Because he spent a significant amount of time on the streets of Yamuna Bazaar as a

homeless addict himself, other participants related to him and respected him as a heroic figure as described in chapter 5. For this research, he was the initial point of contact and a constant source of support and advice throughout the project. His insights were both locally relevant with personalized details, and widely informed with exposure to international settings such as Vancouver's drug scene.

Derek was born and raised in Darjeeling, West Bengal in northeast India. Because of his geographic location, his initial exposure to heroin was both quite early and quite potent. He began using white heroin during his early teenage years. In 1979, he came to Delhi as a student but dropped out of the 9<sup>th</sup> grade. When he was married, he was not hindered by his drug use, which was now brown sugar, and he was able to maintain a job and support his family. However, his wife soon found out and he went to detoxification programs about 10-15 times in various centres in Delhi including private ones. When his wife got fed up, she left him in 1990 and moved to Hong Kong while his kids were sent to boarding school. He did not see his wife for the next four years. Eventually he left his relative's house and made his home on the streets of Yamuna Bazaar. He had two good friends with whom he learned many survival techniques including pick-pocketing, trash scavenging, and drug pedalling. He spent six months in jail during this time as well. Many of his relatives believed that he had died. He went in and out of SAHARA detoxification programs about 20 times. Each time, he was the troublemaker and even stole from the NGO centres. In 1994, however, a conversation with Neil, another heroic figure in the community, inspired him to control his addiction. He began to work as a volunteer in the SAHARA NGO and soon he was given an opportunity to join the core group. He was bringing new ideas to the group, and he was quickly given more responsibility. He was part of

the first group to start working for SHARAN's new drop-in centre in Yamuna Bazaar in 1998 and subsequently became a leader of one of its programs. After a number of emotional discussions, he reconciled with his wife and began to live with her and their two children in Delhi (FN 02.03.05).

### Gaurav

Gaurav was about 37 years old, and had been a high-ranking staff member of SHARAN for at least three years. As one of the few addicts who was publicly open about his positive HIV status, Gaurav was one of the most senior participants with the virus and was beginning to show AIDS-related symptoms. He was frequently afflicted with TB and suffered from non-healing abscesses in his feet. As one of the few literate participants, however, he was also quite sharp with details and common patterns in the group. Therefore, he was helpful in describing characteristics of the group as well as frequently occurring practices.

Gaurav's history provided a tracing of the drug use patterns, as he was one of the pioneering addicts for most substances. He was born in Bombay and began drinking alcohol in his early teenage years. In 1982, he began using smack when it first became available, and then was arrested because of the substance in 1986. Following his release from jail, he came to Delhi in 1988 and used excessive amounts of smack for about two years. In 1990, he switched to injection cocktails again during one of the first years that it became popular among street users. He described suffering from a number of difficulties because of his injecting, especially large abscesses. His wounds become so unmanageable that his foot and hand were close to amputation. During these early years, he also shared needles regularly because there was no understanding on the streets about HIV/AIDS or

other diseases. In 1998 when SHARAN's outreach program began, he was one of the first clients. The staff explained the risk of sharing and advised that he get a HIV blood test. He took the test and after 44 days, he received the test results that stated he was a 'P'. He was deeply saddened and only Derek convinced him to persevere. He then became a staff member, although he continued to suffer from a number of relapses even during the period of this study. He also believed that he would never marry because he did not want to spread the virus to any women or children (FN 02.01.05).

#### **4.8 Conclusion**

This chapter described the stage and performers of this research project. It began with broad overview of the historical and cultural developments of drugs and HIV/AIDS in India. It then narrowed its focus on Yamuna Bazaar describing it first from a cultural and urban perspective, and then using Goffman-inspired lenses to examine frontstage and backstage regions. It then focused on the participants, acknowledging both homogenous characteristics and heterogeneous variability. Because one of the defining attributes of the participants was their drug use history, patterns of drug use and associated illnesses were described in detail. Finally, biographies of some of the main informants revealed some of the diversity of journeys that individuals had taken to reach their current situation in Yamuna Bazaar.

## Chapter 5: Group Organization<sup>3</sup>

This chapter addresses the question: How do the participants organize themselves in a community of practice whose members engage in processes to restore masculine identities? This question was developed because it explores and establishes the social context in the form of organizational qualities of the group. Two frameworks, community of practice and masculinity, facilitate this analysis by revealing different aspects of the group's organization. What emerges is a social foundation or backdrop useful for the interpretation of the peer learning patterns that follow. The first part of this chapter considers the group from a community of practice lens highlighting characteristics such as social learning, a lack of traditional differentiations (e.g. caste), and a collective morality. The second part uses a masculinity lens to reveal other organizational qualities such as group solidarity, homosocial relationships in the form of 'brotherhoods' and 'father'-'son' dyads, and the celebration of local heroes. Definitionally, these lenses are applied to the group of participants as a whole because it reveals aspects of organization that are not limited to specific regions (backstage or frontstage) or structures (NGO, brotherhoods, dyads). Although some of the organizational features such as homosociality may be more obvious in areas and structures such as backstage brotherhoods, the characteristics highlighted in this chapter have resonance across the lived social world of this group. This chapter ends with a discussion section that synthesizes these perspectives by presenting 'meta-patterns' of managing stigma, promoting 'positive' ideals, and co-constructing non-hegemonic masculinities.

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<sup>3</sup> This chapter is adapted from a paper (Dhand, under review-a) titled 'From 'fallen' men to heroes: Heroin addicts in India restoring masculine identities'.

## 5.1 Introduction

One of the favourite stories among the Yamuna Bazaar heroin addicts was the tale of Krishna (or Krsna) and Sudama. The former was the revered incarnation of God in Hindu tradition, and the latter was Krishna's childhood friend and Brahmin devotee. In the clutches of abject poverty, Sudama's wife requested Sudama to visit Krishna and ask for his help. Sudama agreed and travelled to the palace where his well-known meeting with Krishna occurred:

Lord Krsna immediately left His seat and came forward to receive His *brahmana* friend and, upon reaching him, embraced the *brahmana* with His two arms. Lord Krsna is the reservoir of all transcendental pleasure, yet He Himself felt great pleasure upon embracing the poor *brahmana* because He was meeting His very dear friend. Lord Krsna had him seated on His own bedstead and personally brought all kinds of fruits and drinks to offer him, as is proper in receiving a worshipable guest. Lord Sri Krsna is the supreme pure, but because He was playing the role of an ordinary human being, He immediately washed the *brahmana's* feet and, for His own purification, sprinkled the water onto His head (Prabhupada, 1996, p. 772).

Krishna and Sudama then began to reminisce about the days when they lived as students together. Krishna recalled one instance when both of them were caught in the forest during a fierce storm:

You may remember that heavy rainfall—it was not actually rainfall but a sort of devastation. On account of the dust storm and the heavy rain, we began to feel greatly pained, and in whichever direction we turned we were bewildered. In that distressed condition, we took each other's hand and tried to find our way out (Prabhupada, 1996, p. 776).

This story exemplifies the themes of brotherly connection and masculine identities that I would like to explore in this chapter. Specifically, I reveal how this group of addicts were 'fallen' men caught in their own 'sort of devastation' who 'took each other's hand', creating a unique type of community of practice: a community characterized by social learning, equality, and a collective morality. One of

group's joint enterprises was an attempt to restore the participants' 'fallen' masculine identities through solidarity, alternative homosocial relationships, and constructions of heroic identities.

## ***5.2 Addicts as a community of practice***

This group of addicts engaged in a manner that satisfied the community of practice's definitional characteristics of mutual engagement, a joint enterprise, and a shared repertoire. This section will begin by illustrating this and then describe other community characteristics revealed by the meso-level lens. Specifically, the group participated in social learning, in the form of legitimate peripheral participation, exemplified by the way volunteers learned to become full staff members of the NGO. Secondly, the community had a lack of traditional differentiations with collapse of usual social hierarchies, tolerance of multiple religious beliefs, and respect for other stigmatized groups. Lastly, the community promoted its own collective morality that regulated problems of stealing, drug use practices, and street life habits.

In their everyday life together, Yamuna Bazaar addicts satisfied the characteristics of mutual engagement, joint enterprise, and a shared repertoire which define a community of practice. Participants were mutually engaged in a synchronous daily routine because of their addictive lifestyles and reliance on free services in the area. Regular activities such as acquiring and using drugs, eating, sleeping, and receiving health services occurred in patterned sequences in common street corners, temples, and NGO shelters. Therefore, there was constant interaction and, especially in the case of acquiring drugs, interdependence among group members. Moreover, the interactions were not simply procedural;

participants were frequently involved in joint enterprises of meaning negotiation. These were rich co-constructive interactions involving not only issues of survival, but also around humanistic goals such as restoration of masculine identities and personhood, which will be discussed in the following section. Over time, the group's participation in these joint practices created a shared repertoire of accumulated meanings and collective representations. These 'artifacts' of cultural life emerged in the form of stories, poetry, jokes, remembered experiences, common roles, and implicit expectations among members. The totality of these shared activities, collaborations, and portfolio of meanings fostered a rich sociocultural backdrop for social learning experiences.

### **5.2.1 Social learning**

Social learning processes such as legitimate peripheral participation were naturalistic dynamics in which newcomers became full members of the group, acquiring understandings of their roles and expectations along the way. One example was the training and identity transformation of volunteers as they 'learned' to become full staff members. Derek, one of the leaders of the NGO who began his involvement as a volunteer, described the benefits of being a volunteer:

Here, with us, many are doing voluntary work. And what do they get? Just a cup of tea and food. But those people, even though they are only getting just one or two things, those people are clean today. They are not even doing drugs because they are volunteers with us. They are doing something. They are with us. They feel so proud, that I am doing service on the street. I am doing work, not work, one service I am doing in this organization, so how can I do drugs (Derek 10.22.05)?

Although the notion that all volunteers were clean was an exaggeration (FN 02.01.05), Derek's statement represents a community expectation that the volunteer identity encompassed non-public use and a passion for service. By accepting these expectations, the addict occupied a peripheral role that was validated as being 'with us.' He did not have a salary or the responsibilities of full members. However, he was on a trajectory to become a paid employee with associated expectations and benefits after at least three months of service. As a current employee advised a volunteer in my presence:

'Do small jobs for free, voluntary. Let the bosses see you. Take people to the hospital. Do it for 5-6 months.' He explains, 'this way they will notice you, offer you a job, and provide a salary.' I [the researcher] ask, 'so it doesn't happen by asking for a job?' He says, 'No...you have to show your serving potential on voluntary basis. They want to see consistency and punctuality' (FN 09.10.05).

In participating in tasks such as taking people to the hospital, the volunteer was engaging in the 'learning curriculum' of ambient community life. He was a recipient and contributor to 'knowledge' that was not explicitly taught or even acknowledged as elements of education. Nonetheless, through participation he was acquiring the understandings that enabled him to comprehend and contribute to the functions of the NGO. Eventually, once he had displayed markers of having 'learned' something, he would be adopted as a full member.

Interestingly, this legitimate peripheral participation process was not only a 'training' journey, but also the means of rehabilitation and identity transformation for many volunteers. Although Derek's point about volunteers being 'clean' may have been overemphasized, there was evidence that they used work to 'act', and potentially, 'become' clean. Initially, volunteers gained motivation to change their lifestyles by being occupied in a routine, and

interacting with street addicts who served as reminders of the perils of addiction. Chapal, a new volunteer with a 22-year drug history who had recently ceased use, stated:

It gives me the memory that I was a drug user, and in what way I lived my life. If today, I do drugs then how I will become. Understand? So, to walk among these people, I become very aware by being here. This is why I come here (Chapal 10.07.05).

The journey, therefore, would bring introspection of the volunteer's past, current, and future status in the community. He would begin to acquire understanding not only of procedures and practices, but also of identities and expectations. He would realize what being a staff member 'meant'. In response, his actions would adjust to this meaning: he would hide and eventually reduce his drug use in order to comply with the social standards; he would dissociate himself from friends who openly use (locally referred to as the 'majority'), and he would spend more time with other staff members. He would also begin to think of himself as different from his former peers, and, because of that difference, he would feel that he could be influential. As Chapal explained: 'I understand that if...we people stay among these people, then maybe they will feel that man, Chapal was also like this. Why did he quit?' (Chapal 10.07.05). The use of the pronouns 'we' and 'these people' demarked a division between the group that Chapal now believed he was a part, and the 'other' group with whom he had historical, but no longer personal, ties. This illustrates a transformation of perspective and identity that occurred for the volunteers. Similar to Lave and Wenger's (1991: 80) non-drinking alcoholics, the volunteers would begin to 'view', 'act', and 'express' themselves differently in relation to their peers and context. Consequently, with this change of identity, new types of 'role-plays' emerged between the volunteers and their peers.

In their peripheral roles with a trajectory towards employment, volunteers began to perform roles similar to staff members during interactions with their openly using friends. Such role replication is illustrated by Rupak, a 24 year-old who had been using injection drugs for eight years and recently became a volunteer. He described an interaction with a user:

I came like this and sat by him. He didn't have a needle. So he took his needle after it was used [by another addict]. He quickly, with his spit, you know spit, with spit he cleaned the needle, and then began to fill the medicine. So I told him not to. Look, don't do this, don't do this. If you use this needle, HIV can happen to you. You will get HIV/AIDS from this and you will die. [Okay.] Yes, I also swore at him...he listened to me, so I give him two rupees. I told him to go to that medical store. In the medical store, for two rupees or three rupees whatever needle is there, get one new needle and use it. So that boy went to the medical store, got a new needle. It was almost 9:30 in the evening, and the medical store was closing. They gave him one needle, and he did his drugs (Rupak 09.08.05).

In this episode, Rupak was performing his interpretation of a peer educator. He was acting in the manner that he believed a staff member would probably act in this situation. At the time of this interview, Rupak had not received any training or instruction on these methods. Following his story, I asked him about whether others had talked to him in this manner. He replied: 'Yes, people told me. The counsellor people from here told me. The outreach workers from here came close to me' (Rupak 09.08.05). Therefore, one mechanism of knowledge transfer regarding appropriate conduct in this situation was through naturalistic role replication. Rupak who had experience with the subordinate role of 'client' was now recasting himself in the dominant role of 'peer educator' and reproducing his interpretation of the role-play with a new subordinate. Interestingly, during this same interview, Rupak practiced another version of the role-play with me:

...like I am an outreach worker. I am not. I am just speaking one talk. (AD: If). Yes, if [I were]. Like I am an outreach worker, and I am explaining to you that look, not like this, but like this....that if you use another person's needle syringe...first clean it with hot water, and then once you have cleaned it with hot water, then clean it with cold water. After that, you can use it for your injection, whether it's a needle or syringe (Rupak 09.08.05).

In participating in such role-plays, Rupak was essentially practicing his approach to future clients. He was rehearsing the logical arguments, procedures, and vocabulary that he would use. In another instance, he haltingly explained the use and significance of CD4 counts for an addict with HIV (FN 09.08.05). Without explicit teaching, he was transferring his participatory experiences of community life into a practice of his own. In this manner, Rupak was gradually acquiring a new identity and skill set that would enable him to become a full staff member.

### **5.2.2 Lack of traditional differentiations**

Another significant characteristic of the community of practice was a lack of traditional differentiations with the collapse of usual social hierarchies, tolerance of multiple religious perspectives, and respect for individuals from other stigmatized groups. Social hierarchies in India occur most commonly along the lines of caste, age, sex, sexuality, and socioeconomic status. Such divisions and patterns, apart from sex segregation, were relatively absent from this group of addicts. High caste 'Brahmins' socialized with low caste 'untouchables' as same status members of the community without the discourses of respect or discrimination common among inter-caste relationships. Similarly, elderly addicts would often be seen sitting with younger addicts especially in drug using circles (FN 10.02.05). Participants explained this phenomenon by referring to the

non-selective nature of heroin: ‘Drugs don’t ask who or what you are’ (FN 10.04.05). The reliance on heroin, therefore, appeared to eclipse practices that ordinarily categorize individuals or their beliefs. Participants’ religious worldviews lacked usual divisions and embraced quite tolerant positions. When I asked a group of addicts about their respective religions, the following occurred:

I then ask their religions. Akash says he is Muslim. Without me asking, Muni quickly says that it is no problem what religion any of us are. We are all like brothers. Everyone is the same. Akash then gives an example that if one of us had one roti, he would divide it up for everyone to eat (FN 01.18.05).

Both Hindu and Muslim addicts professed the idea that one God was represented in multiple different ‘faces’, and they believed in all of them (FN 01.31.05). One Muslim addict explained that different religions were only human constructions: ‘From above, only one entity is born. Only when coming here was the dealing done. He became a Sikh. You are Hindu. I became a Muslim’ (Amin 02.12.05). Moreover, the addicts did not typically exclude or distance themselves from other socially stigmatized individuals such as the *Hizra* (transgender individuals who dress as women). Two *Hizra* were commonly seen in the ‘backstage’ park socializing or using heroin with addicts, and one was observed playing cricket with the participants (FN 02.28.05). Upon asking about the *Hizra*, one addict explained that they had God-given legitimacy: ‘God made only three types of people. One man, one woman, and one hizra’ (Arvind 02.18.05). Another participant described that the *Hizra* were appreciated because they made large amounts of money during weddings (FN 02.16.05). This lack of common social differentiations was also associated with a certain collective morality.

### 5.2.3 Collective morality

Although their families and society at large commonly labelled participants as ‘immoral’, the community of practice promoted its own set of morals or rules that regulated problems of stealing, drug use practices, and street life habits such as swearing. Participants frequently discussed and denounced the numerous instances of theft of NGO supplies or of individual addicts by other addicts. Such condemnations were usually open descriptions of the event, collaborative commentary on its inappropriateness, and, occasionally, public shaming of the guilty party. For example, Baba, a using addict, reprimanded another addict in front of five members about stealing blankets from the NGO, which he described as ‘stealing from an organization that gives you a place to sleep and eat’ (FN 01.20.05). Participants also controlled drug use practices through informal regulation. Addicts would publicly admonish those members who would use in the proximity of the NGO centre, in front of women or children, or directly in my presence. For example, the following event occurred in front of the NGO centre:

An older drug user was sitting next to a very young boy (maybe 10 years old). The two were doing something with a cloth and solvent tube. Balu [a staff member] saw the older drug user and lightly smacked him on his head saying you’re going to die and then you’re going to kill the young one as well. After Balu leaves and the young boy runs off, two drug users stand in front of the older man and start verbally scolding him for his actions of doing drugs with such a young kid. I didn’t hear the full interaction but it lasted about 5 minutes (FN 08.25.05).

The group also maintained a standard in terms of appropriate language in front of women, children, and guests. On one occasion, a fight erupted in the NGO Centre when one of the participants swore at the tea vendor for not distributing the tea evenly. One of the non-using addicts explained why this was wrong:

Swearing is wrong sir....In the house, ladies are there, everyone's family, everyone has mothers and sisters. So in that situation, swearing is not appropriate....Everyone's mother and sisters are equal (Arvind 02.18.05).

In summary, participants seemed to co-construct a shared 'code of conduct' that negotiated the realities of thievery, drug use, and inappropriate speech common in street life.

### ***5.3 Restoring masculine identities***

This section will begin by reviewing the indigenous conception of an addict being a 'fallen' man in society. Subsequently, it will describe how participants attempted to restore masculine identities through the following social mechanisms and structures: 1) participants used group solidarity to create a validating social context in which alternative masculine identities may emerge; 2) addicts participated in homosocial relationships such as 'brotherhoods' and 'father'-'son' dyads in which they performed co-constructed masculine identities in alternative family structures; 3) members celebrated local heroes who were admired for their abilities to rescue, motivate, and forgive their peers.

Addicts co-constructed the identity of 'fallen' men by withdrawing from their families, deviating from accepted patterns of manhood, and not meeting normalized characteristics of health, wealth, and respect. Most participants had departed from their family settings for at least five years, with only some of the older staff members reintegrating with their families. Moreover, many addicts were migrants from neighbouring villages, making unification of their home life and Delhi-based life logistically difficult. This led to the common sentiment that addicts 'have no-one' and receive 'no support.' As Rohit, a peer educator, stated:

Those brothers who do drugs, they do not have anyone. They live on the footpath. They do not have a mother. They do not have a father. They do not have anyone who asks about them (Rohit 08.22.05).

By being estranged from traditional support systems, many addicts lost step with the accepted 'sequence' of an Indian man's life: study or work to help the family, get married, have children, financially and morally support the family. Participants described not 'fitting in' with their family units. As one homeless addict explained:

I can't go back [home]. When I do, it doesn't seem right. Brothers that are younger than me have little kids. The faces I saw on my brothers like this (he demonstrates fish lips) are now seen in little kids (FN 03.03.05).

This lost sense of status and functionality in a family setting was exacerbated by the physical, social, and psychological toils of heroin addiction: addicts were more susceptible to infectious diseases; they found themselves socially confined to other addicts, and they felt psychologically defeated by the addiction. More than one addict described this as a 'fallen' state:

This drug is such a thing sir, whether it is smack or injection. It causes all elements of a human to fall. It causes the house to fall. It causes friends to fall. It causes family members to fall. It causes all things to fall. All things fall in drugs (Pavan 02.07.05).

The lost sense of status extended to general society as addicts failed to fulfil demonstrative characteristics of a successful man. Specifically, addicts conceived their failure in terms of not being able to financially support their family or themselves, physically lacking strength of previous years, and losing both self and social respect for their way of life. As Chapal states: 'His respect, his body, his money, he is losing' (Chapal 10.07.05).

### 5.3.1 Solidarity

One mechanism used to restore masculine identities was group solidarity based on shared experiences and inside ‘knowledge’ that replaced support from traditional networks and enabled a social context from which alternative masculine identities may emerge. Many participants described a bond with their peers that exceeded relations with biological family members. As Derek explained:

...he is also a drug user. I am also a drug user. With this relation, we people are very close. His worries and my worries, you know, are one....One can also say brother-brother. But it is even closer than a brother. Brother cannot even know another brother as closely as a one drug user knows another drug user....Yes, he could be from anywhere, speaking whatever language. But he is still so close, very close. Because their pattern is one. Their lifestyle is one. Their understanding is one....So thinking same. They act like...same. They behave like same...and we can understand very well each other (Derek 10.22.05).

Derek suggested a universal bond between addicts based on a unity in ‘pattern’, ‘lifestyle’, and ‘understanding’ or ‘thinking’. This conception may be rephrased as uniformity in the realms of the ‘biological’, ‘socio-historical’, and ‘psychological’. Participants shared physiological drug effects, ways of living on the street, and mental and emotional states of being. These commonalities linked addicts as both collaborators and sympathizers in a way that eclipsed family bonds. The following fieldnote describes the permanency of this identity:

Their identities are based on their drug use history....A comment by Kavi is relevant. He says a person always has a nashabatz [addict] stamp once he has used. When I say that I can’t tell with some. He says, yes but we know. If they go outside, no one would know but we know. Therefore, it’s not the appearance but the historical experiences that reveals a drug user to a drug user. These experiences are not forgotten and tie them together even when clean (FN 10.17.05).

Chapal articulated an example of the sexual dysfunction that leads to many relapses: ‘Nowhere is it written, in no book is it written that after you quit drugs, why sexual power decreases. But I know’ (Chapal 10.07.05). Chapal’s comment suggested a form of knowledge that was exclusive to addicts because of the shared bodily experience of rapid ejaculation following heroin cessation. Such experiential understanding transcended public and, perhaps, academic (‘book’) comprehension of the phenomenon. Therefore, a collective and private knowledge-base enabled members to understand, sympathize, and help each other in ways that ‘outsiders’ simply could not do. As Sachin, a peer educator with approximately a twenty-year drug history, stated: ‘All the men here have so many wounds inside. That’s how we connect and help those who have wounds right now’ (FN 01.06.05). The solidarity reflected in these descriptions contributed to the construction of a new micro-context in opposition to the larger Indian society. This micro-context, unlike the macro-context, validated the ‘tragic knowledge’ of an addict’s life and enabled the emergence of alternative identities. In essence, through their bonding as a group, addicts created a new ‘baseline context’ from where participants had a second chance to build masculine identities in relation to each other.

### **5.3.2 Homosociality**

In this ‘baseline context’, addicts co-constructed the role of ‘brother’ by participating in the alternative family grouping of ‘brotherhoods’ dedicated towards joint survival, ‘time pass’ activities, and negotiation of individuals’ drug addiction. ‘Brotherhoods’ usually comprised five to eight addicts who were of similar age, but varied in status with some members called ‘big brother’ or ‘little

brother' based on age, experience, and authority in decision-making. In the group with whom I spent the most time, Imran was the 'big brother' because he seemed to be the member who was most shrewd, experienced, and decisive. Imran's brothers practiced joint survival by protecting each other from thieves and police, scavenging materials to generate money, providing care for members who got beat up, and teaching and learning from each other about new strategies and patterns. One of the brothers described his care of another member of the group:

He explains how he helped a fellow brother who was cut on the face by a knife. He told the injured addict that I will take care of your expenses until you get better. Whenever, I buy a biri pack, I will buy two packs. Whenever I buy a set, I will give half to you. Whenever, I get food I will get enough for you. He helped him for four days until his stitches were removed (FN 10.04.05).

An addict from a different group described learning with his brothers by playing a legitimate peripheral role of a 'look-out' man: 'I would go with them, when those people used to cut [pockets], then watched. Yes, like this, those people taught me' (Chirag 09.10.05). 'Time pass' activities were also an important part of life for the small groups. Brothers would play card games, listen to the radio, smoke *ganja* (marijuana) together, co-construct poetic couplets, sing songs, play cricket, go on walks, and engage in conversations that were often heated debates or battles of wit. Some 'brotherhoods' also participated in group heroin use, but not necessarily—as evidenced by Imran's brothers, who were discouraged from using while together (FN 10.24.05). Although seemingly ineffectual, these 'time pass' activities were also deceptively important in regulation of individuals' drug addictions. Imran explained the difference in drug use by Baba, one of my main informants, while he was playing cards with the group versus being alone:

He [Imran] then says, 'when he was playing cards with us, he was fine and doing well.' I also noticed this.

Regardless of the trading and drug use going on around him, Baba would be focused on the game in a relaxed and healthy way. Imran continues, 'but when he stays by himself then he starts injections, smack, and everything else' (FN 10.17.05).

Imran's comments highlighted the role of card games or collective moments to occupy idle time that could become unhealthy for the lone addict. 'Time pass' activities, therefore, structured the day and engaged addicts in joint endeavours that enabled regulation of their addictive tendencies. Therefore, such engagement and interdependence among brothers created a unique scaffold that replaced traditional support systems and provided meaning and identity centred on homosocial relations.

Addicts also co-constructed 'father' and 'son' identities by participating in alternative dyad relationships in which an older addict would provide for a younger addict for an extended period of time in a variety of ways. Three cases presented some of the diverse range of relationships and their unique functionality. Baba (age 33) and the person he called 'daddy' (age 65) participated in mutual 'doctory' and basic health care for twenty-two years. When Baba had fallen off a tree and become unconscious, 'daddy' picked him up, spent a lot of money on his recovery, and nursed him to health (FN 09.15.05). Similarly, when 'daddy' had a fever and pain in his lungs, Baba searched for the correct medications, and asked for my advice (FN 09.15.05). Ravi Sr. (age 45) and Ravi Jr. (age 30), identical names that they preferred me to use, were a 'stealing team' who collaborated on 'jobs' for the last ten years. They would split their earnings, bail each other out of jail if caught, and buy and use smack together. No longer stealing to the same extent, Ravi Sr. was now dedicated to make Ravi Jr. into a successful man dressed as a 'student', married, and living in a

house that Ravi Sr. had built in Jaipur (FN 10.11.05). Imran (age 31) and Bhim (age 17), together for one to two years, participated in drug deterrence for the son. Through public disciplining, teaching, and support from their 'brotherhood', which was described previously, Imran enabled Bhim to become what he called a 'big' and 'healthy' man (FN 10.18.05). Imran, however, abandoned his own rehabilitation opportunities because of these efforts:

Imran comments that the reason he doesn't get better is because he can't leave his '*baccha*' (child) here [First thing to note is that he uses the term meant for little children and he is deliberate about his use. Even when I suggest meanings associated with little brother, he prefers 'child'.]. He explains that he has been offered three to four chances but he is forced to refuse the opportunities. Why? Because he fears that if he goes, his son will be in trouble. For this reason, his state is becoming worse. He continues explaining that the boy has no knowledge. He can't even count to 10. You know how even a child can count to ten (he demonstrates). He can't do that. If you give him five rupees and ask him to buy a one rupee item, he won't know how much to bring back. I ask what would happen to him if you left. He says that he will do '*apna marzee*' (what he wants). Others will begin to offer him smack and he will not say no. He explains that currently no one offers his son smack because they are scared of Imran. They know that this is his boy, and if they offer him drugs or do anything to him, Imran will beat them up. Basically, Imran believes that he is the only protective barrier between his son and drug addiction (FN 10.28.05).

This illustrated a general pattern that fatherly support was commonly at the expense of the older addict, who was physically weaker, meagrely dressed, and more 'wore-down' from addiction compared to the healthier son. It is also important to note that the dyad relationship was controversial in the group because of suggestions of exploitation and homosexual sex, both of which were largely unacceptable. Although I gathered some evidence of relationships with sexual and exploitive features (e.g. sex for drugs) (FN 08.25.05), such dimensions of these relationships were mostly inaccessible to me.

### 5.3.3 Local heroes

Masculine identities were idealized in the group through the celebration of local heroes who were admired for their abilities to rescue, forgive, and motivate their peers. One such hero according to most of the participants was Derek, a non-using addict briefly introduced earlier. Derek migrated to Delhi in 1979, began drugs in 1981, lived homeless in Yamuna Bazaar for approximately four years, attempted to quit using NGO services multiple times, successfully quit in 1994, reintegrated with his wife and children, and worked as a volunteer before becoming one of the leaders of the NGO (FN 02.03.05). Celebrations of Derek, however, did not focus on his ‘success-story’ life. Rather, participants described instances when Derek rescued or ‘saved’ them:

Whatever is, Derek is. If Derek was not here, maybe I would not even be alive. My heart vouches for it. How many times he, in such terrible times, picked me up and took me. Two or four more days on the footpath, then I would have died (Gaurav 02.01.05).

Another addict described Derek as a ‘Guru’ who taught him and forgave his biggest mistakes, an action that his family or society at large could not do:

Yes, I believe in him as a Guru because he has taught me everything. And many of my mistakes, he has also forgiven. How ever big mistake I did, all of them. To this day, he has never said that you did this mistake. Now boss, his reputation, how can I let that be tarnished? If someone says something about him, then we people would not be able to endure it (Sachin 08.18.05).

Sachin’s comment about teaching seemed to be one component of a general category of the hero’s ability to motivate and coach addicts through difficult moments. Interestingly, Derek described his own hero in such a manner:

Whenever I used drugs, then I went to Sahara and sat with Neil. 'Neil, it happened like this. I have again used. What should I do?' So Neil used to help me. 'Do this, do this. It does not matter. Now you can try.' Right? He always used to encourage. 'You are strong. Now you can do something' (Derek 10.22.05).

The abilities of rescuing, forgiving, and motivating were celebrated traits associated to particular heroes that seem to epitomize service and inspiration for participants, providing a new ideal to the definition of man in a 'fallen' context.

## **5.4 Discussion**

This analysis attempted to first use a community of practice meso-level lens to describe community structures and dynamics, and then articulate specific group processes involved in restoring masculine identities from 'fallen' man to hero. Such a biphasic approach affords the following meta-patterns to be revealed. First, replacement of traditional differentiations with locally-defined structures enabled release from marginalizing social forces internally, while also consolidating stigma externally. Second, the collective morality seemed to be symbiotically related to the processes of constructing heroic figures in a way that fostered what might be thought of as 'positive' ideals. Third, the co-construction of heroic identities did not involve subordination of other masculinities, suggesting that not all 'prominent' masculinities are necessarily hegemonic. This section will end by considering some of the important limitations.

The group's replacement of traditional differentiations with localized structures (e.g. 'brotherhoods') enabled a release from marginalizing social forces internally, while also consolidating stigma externally. Nearly all divisive forces, with the notable exception of sex segregation, that characterize and, at times,

plague Indian society were absent among this group of addicts. The local explanation was the non-discriminative nature of heroin addiction. Although this is true, especially with highly dependent addicts, an alternative explanation may also be suggested. Specifically, creating a localized social structure enabled participants to shed their marginalized identities within traditional frameworks, and establish a context that validated their history and enabled a future of restoring their identities. In *Stigma*, Goffman (1963, p. 137) calls this phenomenon ‘in-group alignments’:

One of these groups is the aggregate formed by the individual’s fellow-suffers. The spokesmen of this group claim that the individual’s real group, the one to which he *naturally* belongs, is this group....The individual’s real group, then, is the aggregate of persons who are likely to have to suffer the same deprivations as he suffers because of having the same stigma; his real ‘group’, in fact, is the category which can serve as his discrediting.

Goffman’s last phrase reminds us that no group is in a bubble. Stigmatized individuals must participate in ‘out-group alignments’ with ‘normals’ of wider society. In such interactions, this group of addicts remained, probably perpetually, as ‘fallen’ men. In fact, even heroes who continued to participate in the ‘in-group’ after recovery as staff members remained frozen as ‘fallen’ men from an external perspective. Despite this external view, most rehabilitated addicts did not leave Yamuna Bazaar. One reason may be that their masculine identity and overall personhood were embedded in that social context. Although they recognized it as the source of their ‘fallen’ history and possible relapses, their identities as ‘restored’ men were bound within the affiliations with this group. Ironically, therefore, the very processes that restored these men within the group may be the same ones that maintained their ‘fallen’ nature outside the group.

A second meta-pattern was that the group's collective morality was symbiotically related to the construction of heroic figures in a way that fostered what might be thought of as 'positive' ideals. Through actions exemplifying integrity and service (as promoted for volunteers for example), Derek and Neil embodied these values and were celebrated because of them. In some ways, this is intuitive: those most representing group ideals will be elevated. However, the relationship was also reciprocal. Heroes' embodiment of the values appeared to buttress a certain 'positive' set of morals in a context where rules of survival were usually antagonistic to them. Of course, the battle was never fully won. Theft and dishonesty were still rampant among group members. However, although I attempted to take an approach that did not 'value' participants and actions, the extent of 'positive' values, behaviours, and role models were notable, if not surprising, compared to similar groups presented in other ethnographies, such as Bourgois' (2003) crack dealers. There may be two reasons for this finding. First, unlike Bourgois' participants, this group of addicts was affiliated to some degree with an NGO—a service organization. Therefore, their proximity to the organization which is related, to some extent, to the access I gained probably selected for those individuals especially willing to perform and advocate such ideals. Second, this Indian street context appeared to be quite different from Western street contexts in terms of the degree of violence. In my seven months in the field, violent acts or intimidation were rarely observed and minimally reported by the participants. Rather than due to violence, injury or death was usually because of motor accidents or drug-induced complications (e.g. burst femoral artery). This presents a very intriguing question for future studies. Why are drugs

so intimately associated with violence in Western contexts, if there is a possibility that these do not necessarily come as a pair?

Heroes such as Derek were prominent men who were not hegemonic in terms of being subordinating, marginalizing, or colonizing in relation to other participants. Borrowing the term from a class relation analysis in Italy, Connell (1987) originally defined 'hegemony' as social ascendancy established and maintained in 'the organization of private life and cultural processes' (p.184). From here, hegemonic masculinity became a central concept:

'Hegemonic masculinity' is always constructed in relation to various subordinated masculinities as well as in relation to women. The interplay between different forms of masculinity is an important part of how a patriarchal society order works (Connell, 1987, p. 183).

He further defines this identity as 'naturalized in the form of the hero and presented through forms that revolve around heroes: saga, ballads, westerns, thrillers' (p.249). This account presents an exception to this claim by showing that heroes need not always be hegemonic. Heroes such as Derek were celebrated for their ability to serve and inspire other addicts. Derek's ascendancy, therefore, was related to his service orientation that actually played an equalizing force rather than a subordinating one. The following excerpt is from an interview:

A.D.: I have also heard that in Yamuna Bazaar, many people believe in you as a Guru [Derek chuckled]. So, what do you think about why they believe this?

Derek: Believe in a Guru, because of this maybe. They cannot say Guru. They believe in me as their friend because I am close to them. I am close. I look at everyone at one level. I spend time with everyone (Derek 10.22.05).

In essence, then, Derek and his group who have co-constructed his identity were working against hegemonic constructions in this context. They were idealizing and performing forms of heroic identities that tended to see followers at 'one

level', while at the same time supporting role models and hierarchical structures. Therefore, I argue that this was an example of a masculine hierarchy existing without hegemonic relations with other masculinities. Such an example suggests that perhaps greater distinction should be made between masculinities that are 'prominent' and those that are strictly 'hegemonic'. The two do not necessary go hand in hand, especially in service-oriented social structures.

There were important limitations to the findings and extended analysis of this chapter. First, the role of feminine identities in the group structures and dynamics was not explored. This was primarily because, as a male, my ability to have sustained personal relationships for a long-term period with the few women addicts in the area was very difficult. The concept of *pardah* or 'curtain' as a social norm, with the added shame of addiction, inhibited even basic daily interactions. Such lack of public relationships was true for the male addicts as well. In fact, the NGO hired two female peer educators, whom I did interview cursorily, to explicitly approach and aid female addicts. Second, sexualities, and specifically homosexuality, was also not thoroughly examined, although not because of a lack of effort. I attempted multiple approaches to access information of whether homosociality, for instance, had a homosexual component. Although I can only conclude that it did to some extent, the specifics were not discussed with me or with other participants in front of me.

## **5.5 Conclusion**

This chapter began with the tale of Krishna and Sudama: God incarnate and his poverty-stricken devotee. With both knowing their place in the quintessential hierarchy of God and humanity, it is told that that the two embrace

as friends, as equals. God incarnate then washes the devotee's feet, in service to his guest, and they reminisce about their shared experience of hardship in the past.

There were many reasons why the Yamuna Bazaar heroin addicts may have appreciated this story. They too have collapsed the traditional hierarchies of caste, age, religion, and sexuality that characterize society. They have replaced it with their own structure of brothers, fathers, and sons that enabled new masculine identities to emerge—identities that were lost to them with their 'actual' families. Their engagement in new families and communities, however, was also the reason they may remain 'fallen' according to outside perspectives.

The addicts may have also appreciated the story because of morals of service and appropriate conduct towards a guest. No entity, even God himself, is too 'high' for unselfish service and genuine kindness to a human being. These ideals were collectively cultivated and self-regulated with support from heroes in the group, in a manner that led to the engendering of a moral compass in the face of harsh street life conditions.

Lastly, the addicts may have associated the portrayal of Krishna with their local heroes. Similar to Krishna, heroes had a history of hardships with their followers, and were celebrated for their abilities to rescue or 'save' their ailing peers. Moreover, their rescuing attempts were not dissociated hierarchical 'blessings'; rather, they involved constantly coming to 'one level' and being a supportive friend who validated the past and gave hope for the future. Such heroes were prominent, but not hegemonic, in relation to the men they served.

## Chapter 6: Peer Educators' Roles During Outreach<sup>4</sup>

This chapter addresses the question: What are some of the roles that addicts who are 'peer educators' perform with other addicts who are 'clients'? This question was developed in order to provide insight into institutional forms of peer learning, and enable a contrast to the naturalistic peer learning patterns that are described in subsequent chapters. The chapter focuses on the activity of peer-based outreach in which mostly non-using addicts are employed as peer educators to contact and educate out-of-treatment 'clients'. It examines the interaction patterns that occur during outreach with particular regard to the roles that peer educators perform while educating their peers. The findings reveal that peer educators assumed three roles that were co-constructed with clients: 'counsellor', 'doctor', and 'role model'. As a 'counsellor', peer educators built rapport with clients, asked questions about their current situation, described options, and co-constructed plans. As a 'doctor', peer educators provided explanations for illnesses, suggested therapies, and occasionally scolded clients for not being more careful. As a 'role model', peer educators asked questions about new happenings, gauged motivation levels, shared personal stories, and provided mentoring advice. When asked about these role performances, peer educators and clients emphasized the values of service and integrity. The role performances were largely viewed as demonstrations of these values. Analysis of these role-plays revealed three significant patterns. First, the performances involved a hierarchical structuring with the peer educator in an authority position in nearly all interactions. Second,

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<sup>4</sup> This chapter is adapted from a paper (Dhand, 2006b) titled 'The roles performed by peer educators during outreach among heroin addicts in India: Ethnographic insights' which was published in *Social Science and Medicine* 63 (10): 2674-2685.

the role-plays were fluid and evolving with peer educators often transitioning across roles during the same interaction. Lastly, role performances appeared to have an underlying role replication mechanism in which roles were learned by first playing the subordinate role (e.g. 'patient') and then performing the dominant role (e.g. 'doctor') with another peer (e.g. new 'patient'). Consideration of these findings offers insight into issues of empowerment, peer relationship dynamics, and social diffusion processes among drug-using communities, and peer-based situations more generally.

## **6.1 Introduction**

Over the last 20 years, outreach has become a cornerstone of prevention interventions for drug-using communities. In a recent review, Needle et al. (2005) report that there is strong evidence supporting the effectiveness of community-based outreach: it reaches IDUs providing the means for behaviour change; it enables IDUs to reduce their high risk behaviours, and it is associated with lower rates of new HIV infections. Despite its effectiveness, however, there continues to be a lack of understanding about the processes underpinning outreach, and how these can be developed and refined. Researchers continue to rely on rather vague notions of ‘trust’, ‘reciprocity’, ‘influence’, and ‘rapport’ in describing outreach interactions. These general ideas have eclipsed the relationship intricacies and social positioning dynamics that occur between participants in this context.

This chapter provides data addressing this point. It examines how a group of peer educators and clients engaged in co-constructed role-plays. It provides descriptions and narratives distinguishing roles of ‘counsellor’, ‘doctor’, and ‘role model’, and suggests that role-plays were hierarchical, fluid, and reproducible dynamics. It argues that understanding these roles and their properties provides insight into foundational topics such as empowerment, peer relationship dynamics, and network diffusion processes.

The chapter focuses on the activities of SHARAN’s 17 employed peer educators, approximately 8 of whom I consistently observed on outreach. Using a harm reduction model, the peer educators conducted daily community outreach, broadly understood as contacting out-of-treatment heroin addicts, raising awareness of health issues, and encouraging enrolment in the NGO’s programs. All, but one, of the peer educators were addicts whose drug use careers were

based in Yamuna Bazaar. At least half of the peer educators were actively using heroin at some period during my stay. Drug use was not publicly admitted, although nearly all group members could identify active users. Relapse cycles were common, and many peer educators participated in detoxification programs to regain control over their addiction. Because most peer educators found it difficult to admit their addiction problems to me, I became aware of active use through off-work observations and conversations. The lone individual who did not have a history of drug use was also one of two female peer educators on the team. All others were men ranging in age from 26 to 50. Most peer educators had at least two years of work experience corresponding to the initiation of the funding for the program. Their monthly salary was 1000-1500R (\$21.67-\$32.50 USD) per month.

Qualitative inquiry into outreach interaction patterns has been limited. Strike, O'Grady, Myers, and Millson (2004) examine the role boundaries between outreach workers and clients in Canada. They report that the workers conceptualize their roles quite flexibly to include education and support with strong beliefs in social justice. They also describe how outreach workers tend to extend their professional boundaries to meet client needs in unexpected situations. Their study, however, relies on interview data and lacks ethnographic observations and interpretations.

Broadhead and Heckathorn (1994; 1995) report ethnographic findings from traditional outreach projects in the United States. They reveal organizational problems that lead to mal- and non-performance of outreach workers, which they interpret as rational adaptations to the work conditions. Interestingly, they report that, in spite of these dysfunctions, IDUs respond positively to the services

because of a culture of volunteerism spurred by the intervention. These findings provide the impetus for developing the peer-driven intervention (PDI) model that utilizes peer networks (R. S. Broadhead et al., 2002; R. S. Broadhead et al., 1998). This set of studies, however, focuses on organizational issues using agency theory. Peer relationships and micro-sociological dynamics are largely omitted.

Examination of outreach among drug users from an educational perspective has been limited (Aggleton, Jenkins, & Malcolm, 2005); however, researchers have used educational viewpoints to study 'peer education' interventions in youth groups (Frankham, 1998; Shiner, 1999; Shiner & Newburn, 1996). In a critique, Frankham (1998) provides evidence challenging the uncritical endorsement of the concept. She suggests that peer education methods, where one peer imposes views on the other, run counter to natural friendship culture where peers are not supposed to 'tell you what to do'. She also suggests that many interventions embody a contradiction: peers are supposed to listen to and adopt 'positive' messages from their friends, but resist being influenced by 'negative' messages. Perhaps, examining assumptions of outreach among addicts may be a necessary exercise as well.

The analytical lens used in this chapter is role theory. The perspective draws from a theatrical metaphor or dramaturgical principles, perhaps best articulated by Goffman (1959). In a review, Biddle (1986) provides the following definition:

Role theory concerns one of the most important features of social life, characteristic behavior patterns or *roles*. It explains roles by presuming that persons are members of *social positions* and hold *expectations* for their own behaviors and those of other persons (p. 67).

Ideas from role theory have been used to examine peer relationships in the literature. Latkin, Sherman, and Knowlton (2003) link a reduction in injection drug use among outreach workers to performances of prosocial roles within the community which compel participants to act in accordance to their messages. Allen and Feldman (1976) report that peer tutors who perform the role of a 'teacher' in tutoring situations have better learning outcomes, although this may be at the expense of the peer who is the 'student' in the relationship. A study explicitly investigating the range of roles played by peer educators has not been conducted.

This chapter first presents methodological procedures and contextual details. It then provides descriptions of outreach role-plays highlighting the 'counsellor'-'client', 'doctor'-'patient', and 'role model'-'follower' interaction patterns observed in this group. Subsequently, it presents the participants' narratives of these roles suggesting that they were performed as demonstrations of service and integrity. Finally, it explores the hierarchical, fluid, and replicable characteristics of the role performances with consideration for future research and practice.

## ***6.2 Specific methodology***

I accompanied peer educators throughout the seven months, closely documenting peer education interactions, tape-recording semi-structured interviews, and writing comments from spontaneous interviews with the participants. My interviews with clients usually occurred outside of outreach sessions, either during my independent visits to the field or in the NGO centre. My approach was guided by a series of research questions constructed during

fieldwork. I was interested in 1) what peer educators do during outreach, 2) what teaching and learning methods are used, 3) who initiates peer teaching, 4) what content is communicated, 5) how peer educators discuss the main purpose, attributes and problems of the program, 6) how clients discuss the main purpose, attributes and problems of the program, and 7) what characteristics make peer educators and client alike and different.

The first results section 'Outreach role-plays' presents data primarily from fieldnotes. A constant comparison process led to the emergence of themes that I labelled 'counsellor', 'doctor', and 'role model'. Arrival at these labels involved a process of using indigenous language and meanings with ideas from role theory. Each term seemed to have different analytical, and perhaps sociocultural, progression. The label 'counsellor' was a ubiquitous term spoken in English with meanings closely associated to the counsellor position in the NGO. The label 'doctor' was also spoken in English, although it represented more of a range of meanings. This label's meanings spanned from associations to the doctor position in the NGO to a common street nickname given to IDUs because of their reputation of being highly skilled with needles. Lastly, the label 'role model' was not spoken in English and did not have an equivalent Hindi phrase. Rather, the role was referred to in action by describing how one watches and then follows someone else. It must be noted that these categories were not 'clean' groups with precise boundaries. Some accounts were placed in more than one category, and a few descriptions did not fit into any groups. The categories are described in the dramaturgical language of role-plays because it offers one way to usefully conceptualize the micro-sociological dynamics.

The second section 'Participants' narratives of roles' presents data from semi-structured interviews. Peer educators and clients were asked to discuss positive and negative experiences of outreach, and reflect upon important qualities of peer educators. Similar to the fieldnotes, the interview transcripts were reviewed and coded with constant comparison of previous codes, fieldnotes, and ideas of role theory. The data categories, as previously suggested, were not definitive groupings. Varying sections of the same comments received different 'role' codes implying qualities of flexibility and fluidity. Moreover, the emphasis on the values of service and integrity, described first in the section, and the role replication process, described last, was common across categories.

### ***6.3 Outreach role-plays***

Outreach was a daily activity for peer educators. From 10:00am-12:30pm, groups of four to six peer educators would depart on walking routes through public parks, bridges, and footpaths of Old Delhi where heroin addicts were known to spend their time. The peer educators would be equipped with identification badges, shoulder bags, notebooks, pens, condoms, stickers and pamphlets. Their primary responsibility was to contact out-of-treatment addicts, engage in conversation about high-risk practices and diseases, and encourage them to visit the SHARAN Drop-in Centre for services. Initiation of the interaction was a careful series of assessment rituals including observation and questioning of the client to ensure that he was reasonably sober and cooperative. Usually one, but no more than two, peer educators would approach one client at a time.

In the interactions categorized as ‘counsellor’-‘client’ role-plays, peer educators would build rapport with the clients, ask questions about their current situation, describe options, and co-construct plans. This interaction pattern seemed to be a type of introductory ritual with new clients. For example, the following is a first-time encounter with a client who has just moved to the area:

Meena and Rohit [peer educators] crouch to be slightly above eye level with the client who is sitting on a mat leaning forward. The client has a shaved head and wears only one cloth covering his private parts. He is perhaps a Baba. I enter the conversation in the middle of the interaction and position myself slightly behind the client. The peer educators are interviewing the client about the length of time he has been in the city. The client is confused and has difficulty giving logical answers. In order to help determine the length of time in the city, Meena tries to co-construct logical statements with the drug user. She says, ‘how long have you been sick?’ He says, ‘3 months.’ She says, ‘so, you probably haven’t gone home during these 3 months because it is difficult while your sick.’ The client loses the point and says he has gone home. The two therefore don’t come to a logical agreement. The client looks perplexed and worried. There are further comments by the client about going to another place. He has a Baba in Hardwar who he needs to see. Rohit interjects by saying, you need to focus on your health. Come to the centre and see the doctor. Meena also directs the user to correct his health. She asks, do you know how to treat yourself? He says, no. She then says, so you need to see a doctor. Near the end of the interaction, there is laughter mixed with respectful comments and health directives. The final instruction is repeated 6-7 times: Come to the centre before 12:00. Rohit then embraces the client. The addict tries to put his hands together in respect, and Rohit separates them as if to say there is no need for that (FN 08.16.05).

In this interaction, the peer educators asked questions about the client’s situation and co-constructed plans about how to proceed. Interestingly, the peer educators did not directly address sensitive topics such as needle sharing or risky sexual activity. Instead, they would indirectly imply positive messages through promotion and discussion of the needle-syringe exchange and health services

offered at the 'Centre' (SHARAN Drop-in Centre). If the client had specific problems or concerns, the argument for visiting the Centre would be customized accordingly. The Centre was presented as the panacea for problems, and 'coming to the Centre' was a message repeated and emphasized as in the above example. Before departing, peer educators, including those with limited writing abilities, would record the client's name, age, and his father's name in their notebooks. Peer educators considered the recording of this information as a legitimizing activity—it was an important part of their job and, perhaps, distinguished them as literate. The information, however, was usually not transferred to any official records or used in any important ways in my observation. Nonetheless, the act of writing, in the manner of a counsellor, was consistently observed.

In the interactions grouped as 'doctor'-'patient' role-plays, peer educators would provide explanations for the origin and presentation of illnesses, suggest therapeutic options, and, occasionally, scold clients for not being more aware or careful. This pattern seemed to occur whenever peer educators encountered ill clients, a scenario that was quite frequent because of the participants' poor state of health. The following excerpt from the fieldnotes illustrates two peer educators, Rajesh and Rohit, interacting with a sick client:

During the outreach, we came across a group of clients. I stood back at first as Rajesh and Rohit approached them. Rajesh then called me over. One of the clients said, 'He's got *peliah* (jaundice).' Rajesh confirmed and told me to look at his eyes and skin. Rohit then interjected, 'It is hepatitis.' The 20-year old boy had visibly yellow sclera and pale skin. His facial expression was sullen. Rajesh then began writing Ajay's details in his notebook and gave directions to the boy. He said, 'This is a very dangerous disease. You need to go the Centre as soon as you can. This will make your blood into water.' Rohit nodded and made the additional comment, 'Your body stops making blood.' Rajesh then advised, 'You shouldn't eat any meat.'

You shouldn't eat anything that's hard to digest.' 'Also,' he said, 'you shouldn't have any sex' (FN 01.17.05).

In this episode, the peer educators made a diagnosis, emphasized the seriousness of the illness, described a mechanism for the disease, and provided dietary and lifestyle advice. From a medical science perspective, the mechanism of the illness and therapeutic advice is largely untrue, although not eating food that is 'hard to digest' is reasonable advice. Nonetheless, the boy passively listened to the directives, nodding without asking questions. Both the self-proclaimed expertise of the 'doctor' and the affirming inaction by the 'patient' contributed to a hierarchical role-play.

In the interactions labelled 'role model'-'follower' role-plays, the peer educator would ask questions about new happenings and illnesses, gauge motivation levels, share personal stories, and provide mentoring advice. Such interactions were most frequently observed when peer educators encountered clients who were previously known. In this set of interactions, peer educators attempted to inspire motivation with descriptions of new programs that offer incentives such as free food and new treatment options. The details and eligibility procedures would be explained using examples from personal experience, such as stories or jokes that highlight the possibility of change. The following is an example of such interactions:

The peer educator first explains the steps for inclusion and progression in the Johns Hopkins program. He explains the series of interviews, medication routines, and necessity to stay in the Yamuna Bazaar area. The process to me sounds complex, but the emphasis is on commitment....After one or two questions about how the client ended up in this place, the peer educator shares his own story. He first connects with the end of the client's story by saying 'I too was new to Delhi. I couldn't find a job and I was sorting and carrying *kavari* (garbage). I ate all of the drugs: smack, alcohol, injections. I was a client and now I am a

staff member (pause). How did I do it? By being close to others and listening to them. The important thing for drug users is to listen to others. We usually don't. From the start, we didn't listen to our parents or family. We only listened to ourselves. And by listening to ourselves, we've ended up here (he bangs his hand against the client's cloth bag full of garbage). So, we have to listen to others and do what they say. But, it's up to you if you want to walk with us' (FN 08.16.05).

On one hand, the peer educator in this instance emphasized the intrinsic connectivity between the two individuals as addicts, suggested by the use of 'we' statements. On the other hand, the peer educator distinguished himself as a 'staff member, a position denoting progression or accomplishment. Therefore, he suggested that the path for achieving such success was listening and following, implying that he was the one to be emulated.

Although 'counsellor', 'doctor' and 'role model' were common roles adopted by peer educators, the role of 'teacher' and 'student' as understood in this context was not observed in outreach interactions. This was despite the fact that peer educators were often exposed to didactic training seminars in which they acted as 'students'. At least once every two weeks, peer educators had sessions in which one of the leaders from the NGO would teach lessons on topics such as HIV transmission, HIV testing techniques, and conceptions of HIV in the general public. One such session was described as follows:

Peer educators were directed to attend a presentation with a white board by the head counsellor for the Johns Hopkins study. The peer educators are attentive, wide-eyed, listening, nodding, participating in discussions, not chatting amongst each other, and taking notes. One could call them a somewhat ideal group of students or classroom participants. The session lasting one hour covers the following topics in this order: Conceptions of what HIV is to the general public, distinction of HIV and AIDS, listing of body fluids and which ones convey HIV, list of tests for HIV, window period, mother-to-child transmission, and ABC's (abstinence, be faithful, condoms). The presenter

emphasizes multiple times how he was also a drug user and homeless once upon a time. Therefore, people should feel free to speak. During sexual discussions, there is some laughing and hidden gestures, but the peer educators continue to take notes (FN 08.27.05).

During these sessions that resembled a classroom lesson, peer educators were attentive, disciplined, and engaged in group discussions. However, this pattern was never replicated in the outreach situation. Peer educators did not teach facts in the way they themselves had been taught. Indeed, foundational information such as HIV transmission was hardly mentioned. This is not to say that the participants were ignorant of this information, or did not transmit their understanding through the other vertical structures mentioned. Clients and peer educators eagerly displayed their intricate knowledge about HIV and hepatitis to others and me on a number of other occasions. Moreover, many of the outreach conversations were carried out with an assumed understanding of HIV concepts. However, peer educators and clients, whether deliberately or not, did not co-construct a 'teacher'-'student' role-play within the outreach interaction.

The role-plays of 'counsellor'-'client', 'doctor'-'patient', and 'role model'-'follower' were co-constructed performances occurring during outreach interactions. The learning patterns were vertical with the peer educator assuming a position of authority or expertise in each case. The adoption of these particular roles and the hierarchical transmission of information will now be explored in consideration with how peer educators and clients viewed these roles.

## 6.4 Participants' narratives of roles

Service and integrity were values underpinning the opinions of both peer educators and clients. This emphasis may reflect the NGO-based context that was the social backdrop to this group. As one peer educator stated:

Whatever work I am doing is for the client, and I often think that the client should get all the facilities, because that client who is living on the footpath does not have anything. He does not have soap to bathe, his beard stays long, his hair stays long. So he should have all these facilities. We call him to come to us (Rohit 08.22.05).

Some peer educators also expressed a redemption sentiment: being a peer educator was an opportunity from God to repay old sins. This idea resonates with South Asian religions particularly Hinduism and Sikhism which advocate *sewa* or service to the poor and suffering. As a peer educator described:

When I bring him, it feels very good, that I am doing good. God has given me the opportunity, it does not come time and again. Who knows, for my sins or doing bad things I am doing repentance. Otherwise how can a person like me do this kind of thing (Mihir 08.22.05)?

Within the idea of *sewa*, there are meanings of volunteerism and work without financial reward. The fact that peer educators were paid for their work became a point of integrity that peer educators attempted to defend, and clients were eager to criticize. As a peer educator explained:

Yes, to understand then, they should understand themselves, that we are coming to you daily-daily. We are here not that it is our duty, because we are paid a salary that we have to go to the field. We go, fill the book, and come back. We are doing a service here. So we have to see this that how much we can help, it should appear to him that we are helping him. So, then he will talk to us, and he will come to us (Meena 08.22.05).

Clients, on the other hand, frequently criticized peer educators for 'just doing their duty', walking around for 'time pass', not being genuinely concerned, and doing

drugs in hiding. Both the opinions of peer educators and complaints of clients contributed to establishing a 'standard' that a peer educator should maintain. This standard included historical, professional, stylistic, and reflective characteristics. According to the participants, a peer educator should be an ex-user from the area, but not currently using. He should have the professional appearance of a clean, well-groomed man with 'bag', 'pen', and 'copy' (notebook). He should have a simple style and attitude that is not too 'hi-fi' or sophisticated. Lastly, he should be introspective about his work and methods. Interestingly, the necessity for a legitimizing standard especially in terms of appearance and drug use created a social distance between the peer educator and client that was duly advocated; peer educators should not look or act like clients.

With service and integrity as foundational principles for the outreach activity, the roles of 'counsellor', 'doctor', and 'role model' were described as means to demonstrate these values. For instance, peer educators viewed building understanding on a daily basis with clients as one responsibility of a 'counsellor'. The following peer educator described this responsibility, using the English label 'counsellor' while discussing a peer educator's interaction:

The counsellor has to see this that he has to counsel the client in such a way. If he [the client] should all of a sudden say that I want to go, then no, not like this. He should be given time to think. Give him the opportunity, talk to him daily-daily. How do you feel today? Do you want to go today? How do you feel for tomorrow? How did you spend the day today? What, what? Slowly, slowly with care, after building the rapport, it should appear to you that, yes, now he is understanding you, your advice is sitting in his mind, and he is accepting in his heart. Then we should extend our help to him (Meena 08.22.05).

In addition to the importance placed on building 'rapport' through daily contact and co-construction of motivation states, peer educators also discussed delivering

messages to clients. One peer educator attempted to convey the following to her clients: 'These drugs are useless. Save yourself from these drugs. Leave these drugs, and look at your life. Life is very long' (Shreya 08.22.05). A distinguishing feature in both of these examples was the introspective perspective advocated by the 'counsellor'. In contrast to the 'role model', the 'counsellor' guided the client to reflect and create a customized strategy, rather than following in the footsteps of another. Interestingly, those who were more frequently observed playing and discussing the role of 'counsellor' were the female peer educators, one of whom did not have a drug history. Since the interactions observed were with male clients, there may be two explanations. One was that the male-female relationship in this situation manifested most comfortably as a counselling interaction. A second possibility was that there might have been an association between this role and a greater degree of dissimilarity between peers. Perhaps taking the role of 'doctor' or 'role model' required more common characteristics and experiences with the client; therefore, those who were most unlike the clients may be more able and legitimate in the 'counsellor' position.

Integrity in the role of peer educators also involved playing the role of 'doctor' who provided medical care and consultation to 'patients'. One individual described his responsibilities as follows:

If he [the client] is telling me about some health problem...so he met me in the field, he told me that 'I am not well, for two days or for three days loose motions are happening to me', so after listening to his story, I have to do that work for him (Rohit 08.22.05).

Another peer educator described a doctor-patient relationship with his clients:

I am actually not a doctor. But, these brothers say to me, 'Doctor sir' and 'Brother sir.' They understand that. So, I gave one example, doctor and patient. Because all of them are friends, all are also brothers. But, I don't do drugs

today, boss. I am saying this for this reason, that the only relationship with them is like the doctor and patient relationship. The guy who accepts my advice, and agrees with me, he tries to tread a good path—he is my brother. Now, the person who does not accept my suggestions, he is my client. How could he be my brother? He is a patient and I am a doctor. Everyday I am giving medicines to him, advising him. They don't accept, they don't take medicine on time, we cannot do anything for them. We can only advise them (Mihir 10.11.05).

In his opening sentence, the peer educator clarified that he does not actually view himself as a qualified doctor. Rather, he recognized that it was a role co-constructed with clients who identified and labelled him as a 'doctor.' In return, he perceived them as 'patients.' He then proceeded to justify the role-play and its vertical patterning. He emphasized that although there was an inherent connectivity ('all are all brothers'), his sobriety had made it necessary to have a doctor-patient relationship with his peers. He then made a notable distinction: those who accepted his advice and followed 'good' paths were his 'brothers', while those who did not acquiesce remained 'clients' or 'patients' to whom he gave 'medicines', a metaphoric term for advice and assistance. Here, there was an indication of value-driven role transitions. If there was compliance, then the relationship evolved into a 'role model' relationship in which a 'brother' followed another 'brother'. If there was disobedience, then the 'doctor' felt justified in treating the 'patient' as a self-inflicted sick person, and the roles were maintained. Therefore, transition or progression of roles was based on inheritance of the dominant role's values and confirmation of that role's authority. In this way, the roles evolved but the hierarchical structure remained continuous.

A hierarchical structure was also maintained by the promotion of a 'standard' set of qualities for peer educators that were mentioned earlier. These characteristics representing integrity were especially important in the participants'

conceptions of 'role models'. During one conversation, a peer educator commented about my willingness to sit and casually socialise with active users in the park, an activity that peer educators did not do. I asked him why this did not occur and, in paraphrase, he answered:

We cannot because they will not learn from us if we sit with them. They will look at us and think, 'when we are using we are in this situation, and when we quit we will remain in this situation'. We will not be a positive inspiration for them (Rohit 10.25.05).

Being a 'positive inspiration' was viewed as an important means of rehabilitation. Peer educators were eager to set an example and encourage replication of their journey.

Today, I try to do this. I tell the client, quit this drug by watching me....If he thinks that 'this person also yesterday, meaning like me, thought about it, quit this drug, and today she has reached such great heights, and today she is living a good life' (Shreya 08.22.05).

I can show the path, that brother I am walking like this. You also walk like this. God has performed a miracle in my life. I hope that the miracle will happen in your life too. But when? When you walk behind me. I am walking ahead of you. Day by day, as I am walking ahead of you, in the same way you should walk together with me (Mihir 10.11.05).

If revealing the path and directing the journey were role expectations for the 'role model', the 'follower' was expected to be passively obedient. As a peer educator explained:

And hopefully, every man will experience a miracle. Meaning when? When he turns off his mind, and follows such a man who does not use drugs today....like he is walking in the field, facing the outside world, behind him he can walk (Mihir 08.22.05).

Interestingly, the client or 'follower' was quite disempowered in his designated role. He was told to 'turn off' his mind and blindly follow his peer. The

hierarchy in this scenario had been consolidated into a fully dominant leader and a voiceless shadow. In contrast to the disempowered client, the peer educator appeared to be empowered in his role performance. He was impelled to maintain his standard to retain his status as a 'role model'. Moreover, his own rehabilitation journey was bolstered by the presence of a 'follower' who expected him to lead. The peer educator's empowerment, therefore, seemed to be at the expense of disempowering his client. In the relationship, the peer educator transformed into a fearless leader 'facing the outside world' and legitimized by a 'follower' walking behind him.

Peer educators performed the roles of 'counsellor', 'doctor', and 'role model' because they viewed these as one way to demonstrate service and integrity. However, there was no specific mention as to why these particular roles were selected, or how they were learned. The training sessions that I described previously seemed to be mostly didactic events where emphasis was placed on factual information. Therefore, the evidence seemed to support a naturalistic role replication process: participants in subordinate positions re-cast themselves as dominant roles in reproduced role-plays with new characters. One peer educator described to me what he mentions to clients: 'Brother, like today we are explaining to you, tomorrow you also will be explaining to someone else' (Lokesh 08.22.05). Another peer educator described his observation: 'Our work which we do, they [the clients] deliver the message to others. They, then, sometimes take the time and come to us saying, 'brother, do this work for him as well'' (Mihir 08.22.05). Current peer educators also discussed their previous and current roles as 'clients', 'patients', and 'followers.' The peer educator, who was previously quoted discussing his doctor-patient relationship with clients, recalled

the following about an addict who had influenced him: ‘He is my doctor, in one sense. Because for me, like he is walking, that is the way he is guiding me’ (Mihir 10.11.05). It appeared, therefore, that there might have been multiple parallel role-plays occurring with participants performing both dominant and subordinate roles consecutively.

## **6.5 Discussion**

As is common of most individuals in the social world, peer educators in this context adopted a range of social identities during outreach activities. Some elements of these role performances are highlighted in this section to provide insight into the educational nature of these interactions, and implications for research and practice. First, the vertical or hierarchical pattern was conserved in nearly all performances during outreach, despite evidence of predominant horizontal peer learning patterns among the same participants in other contexts. Second, the performances of roles were often fluid and evolving with most peer educators transitioning to different roles during the same interaction. Lastly, the suggestion of a role replication process with multiple role-plays occurring consecutively may have been a mechanism of social network ‘ripple’ effects in this group.

Perhaps the most conserved pattern across interactions in this group was a vertical relationship between peer educator and client. Regardless of role, there was a consistent hierarchical structuring with the peer educator assuming a more expert or authoritative position. This degree of hierarchy was interesting in light of the predominance of horizontal learning patterns among the same participants in other contexts. As I will report in chapter 7, these individuals participated in

small group poetry sessions usually late at night. During this practice of poetry, processes of legitimate peripheral participation, meaning negotiation, and reflective learning occurred among group members. Using these processes, participants organized themselves in quite equitable roles, socialising newcomers through implicit communication. Any elements of dominance were usually distributed across participants so no one character maintained an authority position throughout the performances. Therefore, the extent of vertical patterning in the outreach context was unique and significant. The evidence implied a few possible reasons for this hierarchical tendency. First, underlying values of service and integrity in the group appeared to engender a 'professionalism' culture among peer educators who aimed to maintain a certain standard. The maintenance of this image as a type of job requirement created a social distance between peer educators and clients. Second, peer educators may have been predisposed not to elevate clients to their level because that may have caused greater competition for their paid positions. Considering that this was a poverty-stricken context where jobs were scarce and individuals were abundant, maintaining a 'competitive edge' may have encouraged greater vertical positioning. Finally, the evidence suggested that personal empowerment of the peer educator may have been through disempowerment of the client. Problems in the idea of empowerment through peer education have been identified by authors who argue that an 'adultist' agenda may be being promoted through youth peers (Frankham, 1998; Parkin & McKeganey, 2000). This study reveals another issue: peer educators may be empowering themselves by disempowering their clients who act as a relative marker of their success. Such a process consolidates the vertical relationship and effectively freezes the client in a dependent position. Combined with a

concurrent dependency on heroin, the client may experience an exacerbated form of powerlessness.

Although the presentation of data emphasized the distinct nature of each role, transitions or fluidity in role performances were observed in the field, suggested in interviews, and reported in the literature (Strike et al., 2004). No participants were rigidly fixed to one role on a continuous or definitive basis. Many peer educators transitioned through more than one role, and occasionally all three roles, during the same interaction with a client. Moreover, there may have been a pattern, or an evolution, to these transitions. Greater connection or bonding between participants tended to cause interactions to transition from 'counsellor'-'client' and 'doctor'-'patient' role-plays to the 'role model'-'follower' performances. In other words, the first two interactions appeared to be primary performances with greater social distance, whereas the latter pattern was a more developed and intimate secondary performance. Data from this study suggested four possible factors that may have been involved in this evolving social process: 1) Familiarity of participants: As was noted in the observations, interactions with new clients usually began as 'counsellor'-'client' role-plays. As clients became 'regulars', then transitions to 'role model' performances were more frequent. 2) Similarity of participants: Less similar participants included the two female peer educators, one of whom was a non-addict. These individuals were more frequently seen in the 'counsellor'-'client' pattern and less likely to transition. It appeared that transitions to role modelling occurred more frequently when there were similarities in characteristics such as, but not limited to, sex, age, experience, and place of origin. 3) Power and value dynamics: As was illustrated in the peer educator's 'doctor' narrative, transitions may have depended on the

client's compliance to listen and follow the peer educator. If there was consensus on the 'good' path, obedience, and confirmation of the peer educator's authority, then the relationship was more likely to evolve to the 'role model'-'follower' role-play. 4) Credibility: Being integral and maintaining a 'standard' were important responsibilities for peer educators. If clients believed that peer educators were sustaining the qualities that they were advocating, then transitions to 'role model' performances were more likely. The extent of influence of these factors, how they may interact, and whether other forces are at play require further study.

One of the central aims of peer outreach is to influence and alter group norms. Advocates of the social network approach describe 'social diffusion processes' (Latkin et al., 2003), 'harnessing peer pressure' (R. S. Broadhead et al., 2002; R. S. Broadhead et al., 1998), and 'social influence frameworks' (Latkin, 1998). These processes, however, largely remain theoretical ideas that have not been carefully studied qualitatively. As Latkin et al. (2003) report: 'Further research is needed to understand the mechanisms and social processes that may explain the observed behavioral risk reduction of the present intervention.' (p. 338). Additionally, a focus on 'behavioural modelling' has largely overlooked the relationships and social meanings with which such modelling and behaviours occur. This study suggests that replicated role-plays may be one of the modelling mechanisms underlying social diffusion or 'ripple' effects. Some participants in this group, who had experienced role-plays as subordinate characters, re-cast themselves in dominant roles and re-enacted the performance with their peers. Peer educators usually played, and continued to play, the roles of 'client', 'patient', and 'follower' in relationships before they performed the roles of 'counsellor', 'doctor', and 'role model'. This role replication may be the

precursor of risk reduction behaviours. As a participant assumed a dominant role, his subordinate peer's expectations may have required him to change his behaviour if he wanted to maintain his credibility. Just as a peer educator needed to refrain from sharing needles in order to be a viable 'role model', this expectation may have percolated to the client who also wanted to be a 'role model' for his friend. Because this chapter focuses on the peer educator-client relationship, claims about the role-plays between clients can only be speculated upon, although this is discussed in further chapters. Nonetheless, there is an important implication for network processes in these findings. It suggests that group behaviour change does not occur solely because of behavioural mimicry, or seeing and doing a behaviour. There are important relationship role-plays and meaning negotiations that enable behaviour change to make sense. Fostering and supporting these downstream role-plays may be an effective strategy for future interventions.

There are limitations to these findings and extended analysis. First, as a qualitative project, this research could not be 'insulated' from the investigator's participation and distinct characteristics. Instead of ignoring this subjectivity, I followed the principles of reflexivity that promote being aware and reflective of one's influence in the field (Hammersley & Atkinson, 1995). Second, this group of addicts was not a representative sample. Data and analysis, therefore, must be treated as specific to this group, although careful reading of the literature suggests that some of these patterns may be applicable to other contexts. Third, the role of gender and particularly femininities has not been explored. Such perspectives were limited because, as a male, my ability to have sustained personal

relationships with women peer educators or clients was very difficult in this context.

## **6.6 Conclusion**

In examining the interaction patterns of peer educators and clients, this chapter arrives at the following suggestions for practitioners and researchers. First, a negative process of some outreach programs may be peer educators disempowering and freezing clients in dependent roles. Programs need to train peer educators to recognize this pattern, and provide greater opportunities for clients to perform empowered roles. Ensuring a healthy peer educator rollover process where clients are given opportunities to be the next generation of peer educators is one suggestion. Other strategies may include the creation of a volunteer educators force, or an incentive-based peer-driven model as advocated by Broadhead and Heckathorn (1994; 1995; 2002; 1998) and Broadhead et al. (2002; 1998).

Second, this chapter suggests that there may be identifiable factors shaping how peers influence each other. Factors such as familiarity, similarity, power and value dynamics, and credibility deserve closer examination and attention in the intervention arena. Some work has been done on this question in youth contexts (Shiner, 2000; Shiner & Newburn, 1996). Perhaps, greater understanding and harnessing of these factors could foster relationships that are closer and potentially more influential.

Lastly, peer networks require micro-sociological inquiry. This chapter illustrates the usefulness of such an approach by demonstrating that role replication processes may be one mechanism of social diffusion effects. This

level of examination is also helpful because it gives insight into the dynamics of a network and how changes in behaviour are embedded within everyday meanings and actions. An integration of this perspective into network research and interventions will remind us that the 'node' is actually a person.

## Chapter 7: Practice of Poetry<sup>5</sup>

This chapter addresses the question: What are some of the learning processes entailed in the participants' practice of poetry? This question was developed in order to examine some of the naturalistic peer learning processes during an activity that was performed in informal contexts of daily life. The chapter first describes the participants' diversity of meanings given to *sher-o-shayari* revealing four categories: 1) a free form of everyday 'talk' with implicit rules of performance, 2) a 'separate' and 'unique' practice that upheld certain moral and cultural standards, 3) an emotional and reflective practice that made the heart 'happy', and 4) a practice that was 'not learned'. The chapter then explores the participants' experiences of participating in *sher-o-shayari* and reveals both group and individual processes. In groups of 4-6, participants would sit in circles and fill their idle time by improvising couplets in alternating exchanges. Individually, addicts would lie down and engage in a deeply reflective process of preparing couplets that were occasionally expressed in written form. Analysis of these descriptive data reveals that the practice of poetry involved three learning patterns. First, it entailed 'legitimate peripheral participation' during group sessions in which implicit performance rules were created, evolved, and transferred to newcomers. Second, it included 'meaning negotiation' in which participants 'broke' and 'joined' different lines, images, or themes in group improvisation or individual creation events. Third, it contained 'reflective learning' which enabled development of the 'whole' person and helped situate the

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<sup>5</sup> This chapter is adapted from a paper (Dhand, 2006a) titled 'The practice of poetry among a group of heroin addicts in India: Naturalistic peer learning' which was published in *Ethnography and Education*, 1(1), 125-141 (See Appendix 1).

individual in the social world. Discussion of these patterns suggests implications for examining peer learning in informal settings and improving interventions aimed at drug addicts.

## 7.1 Introduction

Poetry, especially in the Urdu language, is part of everyday life in South Asian society. From childhood, individuals from all segments of society have heard and learned a rich array of verses from daily conversations, Bollywood films (e.g. *Umrao Jaan*), and special poetry recitals called *mushairas*. As Molteno (1992) aptly states, ‘Quoting couplets as a comment on daily events seems to be among Urdu speakers as much a cultural habit as talking about the weather is among the British’ (p.9).

Therefore, although unexpected from a Western perspective, it is quite reasonable that the participants interject what they call *sher-o-shayari* in everyday conversation. Dictionaries define *sher* as ‘couplet (as in Urdu poems)’ (Bahri, 2004) and *shayari* (or *shairi*) as ‘poetry; art of composing poems’ (Nathani, 1999). Taken together, *sher-o-shayari* is broadly understood among this group as the practice of poetry involving lines that are rhythmic and rhyming.

This chapter explores the possibility that *sher-o-shayari* in this context is a form of naturalistic peer learning, or the informal learning that naturally occurs among those having similar experiences in local situated environments. Considering this activity from a learning lens is important and useful from both an educational and public health perspective. Educationally, it challenges current conceptions on ‘how’ and ‘where’ learning occurs and advocates inquiry into informal relationships and contexts. In terms of public health, it is suggestive of interventions such as poetry-based health messages for this group, and also reveals the importance of studying indigenous practices in creating such interventions.

Literature relating to peer learning from both educational and sociological perspectives has been reviewed in chapter 2. Suffice it to say that examining peer learning patterns within naturalistic practices of oral poetry performances has not been conducted. There have been, however, studies exploring oral poetry from literary and sociological lenses. For example, literature on ethnomusicology of rap music offers some comparative findings from an urban African-American context. Keyes (2002) describes ‘ciphers’ as circles of three or more people who ‘feed off one another’ (p.124) with spontaneous improvised lines. Similar to *sher-o-shayari*, the lines are rhyming couplets uttered in a group performance with an emphasis on originality, competitiveness, catharsis, and signification rooted in local meaning units. In contrast to the Indian poetic form, however, rap music tends to celebrate the ‘rawness’ of street life whereas *sher-o-shayari* maintains its more classical poetic themes. Furthermore, ‘ciphers’ tend to be high-intensity energetic performances, whereas *sher-o-shayari* circles tend to be relaxed late-night musings. There has been no study of ‘ciphers’ as an educative or learning event.

This chapter first describes the methodology specific to the generation of these data. This follows with presentation of the descriptive data on meanings and experiences of participating in the *sher-o-shayari*. Lastly, it discusses the resultant themes in relation to learning theory. Extensive literary analysis of the poems is limited because my approach is focused on the sociology of the practice rather than the poems themselves.

## 7.2 Specific methodology

I generated the data discussed in this chapter by asking two research questions created during fieldwork: 1) How do Yamuna Bazaar heroin addicts discuss the meaning of *sher-o-shayari*? 2) How do Yamuna Bazaar heroin addicts discuss their experiences of participating in *sher-o-shayari*? The sample included most of the participants regularly contacted throughout the ethnography. While not all members participated in *sher-o-shayari*, nearly all had meanings and experiences associated with the activity. Three forms of data were collected: semi-structured interview transcripts, poetry transcripts, and fieldnotes.

The semi-structured interviews focusing on meanings and experiences were the primary source of data. These conversations, however, were not traditional interviews. Rather, they were solicited and unsolicited comments from participants usually in between, or after, recited lines of poetry. First, I would ask single speakers who had just recited lines, or would like to recite lines, to speak them into the tape recorder. After the performance, I would request the participant to ‘please explain the meaning.’ After his description, I would ask questions about when, where, and how these lines were usually spoken and learned. Occasionally, the speaker would remember and interject more lines in between his comments leading to further questions about meanings and experiences.

In addition to single speaker recordings, I recorded two simulated group sessions with six and twenty-five members respectively in the unnatural environment of the NGO centre during the day. I initiated these ‘constructed’ sessions primarily for triangulation of the verbal descriptions. This was because it was unsafe to access the naturalistic context: a remote backstage setting during

late hours and accompanied with recreational drug use. Although artificially set, the participants eagerly engaged and enjoyed the performance. During any breaks in the poetry, I would ask frequent questions about meanings of particular poems, opinions about the activity, and differences between this and natural events. The greatest acknowledged difference was censorship of ‘dirty’ poems that will be discussed in the next section.

Poetry transcripts included recordings of 134 poetic pieces, some of which were repeats, in the manner described above (See Appendix 2 for compilation of these poems in Roman Hindi). Fieldnotes of spontaneous individual utterances and group session dynamics focused on unspoken rules and actions during the activities.

Analysis of the data involved immersion in the data, generation of emergent themes, and testing of themes among interview transcripts, poetry transcripts, and fieldnotes. A formal content analysis was performed on the semi-structured interview transcripts. The data were first sorted into two groups defined by the research questions: 1) meanings of *sher-o-shayari*, and 2) experiences of participating in *sher-o-shayari*. I then completed a constant comparison analysis in which content from the individual comments was compared to look for similarities and differences (Glaser & Strauss, 1967; Leech & Onwuegbuzie, 2005). Similar data were grouped together and a theme was selected using the words of the participants as the descriptor of each group. I then conducted a modified keyword-in-context analysis in which I identified, counted, and considered words that were used frequently or used in an unusual manner in the context of the sentence, speaker, and theme (Leech & Onwuegbuzie, 2005) (See Table 7.1). I finally studied the data within the groups and between the

groups in triangulation with the fieldnotes and poetry transcripts to develop and test ideas.

Quotes used in this chapter were translated in collaboration with a native Urdu speaker.

### **7.3 Meanings of sher-o-shayari among the participants**

*Amiri di to aisi di ke apna ghar jala baithe.  
Aur garibi di to aisi di ke hum unke dar par aa baithe.  
To dene wale kisiko garibi na de.  
Maut de-de par kisiko badnasibi na de.*

Wealth was such that I burned my own house.  
And poverty was such that I ended up sitting at their doorstep.  
So Giver, don't give anyone poverty.  
Give death but don't give anyone bad fate (Amin 02.03.05).

There was a rich diversity of meanings given to *sher-o-shayari* among this group of addicts. Many viewed it as a relatively free form of everyday 'talk' with an implicit set of rules based upon its performance in a group setting. Others believed it to be a 'separate' and 'unique' practice that upheld certain moral and cultural standards. There were also participants who emphasized the emotional and reflective nature of the practice. Lastly, many perceived the practice as one that was 'not learned.' Each of these meanings will be elaborated upon in this section.

#### **7.3.1 'Talk' with implicit performance rules**

When describing the effect of listening to *sher-o-shayari*, one heroin addict said, 'When someone talks to me...' (Pavan 02.07.05) This reference to poetry as 'talk' represented one category of meanings that emerged from the data.

The participants treated the practice as a form of ‘talking’ highlighting the highly oral and conversational nature of *sher-o-shayari* in Yamuna Bazaar. The couplets were a part of everyday parlance; they were a form of communication that could be naturally inserted into common speech. As another heroin addict stated: ‘The meaning of poetry is this: to say long speeches in fewer words’ (Vinay 02.14.05). Again, the word ‘speeches’ is a translation of *baaton*, which is derivative of the word *baat* meaning ‘talk’. This quote illustrates that the poetry was an economical way to communicate a large amount of meaning. It was a type of verbal shorthand for everyday speech that was understandable by the group.

The ability of this poetry to be understandable among group members suggested that there was a shared set of conventions or rules that enabled the symbolic shorthand to be translated into full units of meanings. In exploring this question, however, I found that there were very few explicit rules that could be articulated by the addicts. In fact, most responses to this question emphasized the freedom of form and convention. As one participant commented: ‘...some couplets can be one or two lines, some can also be of ten lines. Sometimes more words occur. As many words come forth, that’s how long it will become’ (Yogesh 02.14.05). As indicated by the speaker, a relatively free form was utilized to suit the word number and choices. The idea that a *sher* or ‘couplet’ could be ten lines highlighted the lack of conformity to any traditional structure. This was further supported by the common belief among the participants that the poems could be in either Urdu or Hindi. This perception also went against convention because nearly all formal *shers* were usually written and recited in Urdu.

Although explicit rules were rare and traditional conventions seemed to be dismissed, observation revealed that there was an important set of implicit rules that governed the performance of *sher-o-shayari*. In a simulated group session, there were instances in which the majority of the group ridiculed particular participants after their delivery (FN 03.03.05). In comparing these ridiculed instances with examples that were lauded, I was able to discern some differences. One was the necessity of the lines to be rhyming and rhythmic to such an extent that listeners could actually finish the last words of the couplet with the speaker in a type of collective ‘punch line’. In mocked performances, this definitive rhythm and rhyme were lacking or unsure causing the poem to end without recognition that an end had occurred. After an awkward pause, listeners would scoff ‘that’s it?’ and proceed to tease the speaker. Another tacit rule was that *shers* should not be a repeat of previously spoken *shers* during the same group session. Performers who unwittingly repeated a previously spoken couplet would be mocked with comments such as ‘This is what he said!’ The rule implied the importance of listening and originality. Overall, such implicit rules suggested that entertainment value was a priority among the addicts at least during group sessions.

### **7.3.2 A ‘unique thing’ that is not ‘dirty’**

As is true in any group, there was variation in beliefs and meanings. In contrast to the concept of *sher-o-shayari* as ‘talk’, another emergent theme was poetry as a predominantly Muslim practice that upheld certain moral and cultural standards; it was ‘unique’ and ‘separate’ from the ‘dirty’ utterances of addicts. The following statement from a relatively older and more educated Muslim heroin addict elaborated this point:

Most of this poetry you will find among the Muslim nation. Yes, with this poetry, drug users don't maintain a relationship. Drugs don't have a relationship with poetry. Poetry is a separate thing and drug user...among them, the couplets are those said by dirty people, poems that mother-sisters cannot even listen to. They say such couplets, if you say so and I will record them on this, even that would not look good. Four other men will hear and they will speak badly about me. That such dirty swearing-swearing only has come out. So, within this, lots of things happen. These are dirty couplets, and what poetry is, that is a unique thing (Amin 02.14.05).

The full spirit of this sentiment was a relatively rare belief among the majority of addicts. Most did not echo the Muslim nature and non-association with drugs and heroin addicts. However, one idea that was repetitively observed among differing participants in various contexts was the necessity of *sher-o-shayari* to be 'not dirty'. Nearly all participants were very careful not to speak 'dirty' *shers* in my presence. During a group session, even after a participant had asked my permission to deliver a Banaras jail song that was 'a little dirty', others interrupted and scolded him during the song and he discontinued singing (FN 03.03.05). During another instance, a heroin addict warned that 'this was dirty', but then modified words and cut out the last line during the performance (FN 03.03.05).

During the data collection, I was worried that this aversion to immoral poetry was due to my presence and that of the tape recorder constituting a type of researcher effect. However, while pursuing this query by directly asking about 'dirty' *shers*, I found that there was an intrinsic social reason for the participants to feel embarrassed about reciting or discussing 'dirty' poetry. As indicated by the above speaker, others would 'speak badly' about individuals who uttered such lines, especially among women and children. Therefore, my presence with the tape recorder probably exacerbated the shame and limited the number of dirty poems spoken, but the guilty reactions were naturalistic. The researcher effect

turned out to be data. It indicated that among the group, *sher-o-shayari* should uphold moral and cultural standards in order to be heard in public, especially in front of the ‘purer’ ears of women and children. When it did not, the speaker was both admonished by the group and felt shameful.

### 7.3.3 ‘My heart gets happy when I speak it’

*Sher-o-shayari* was a highly personal enterprise for this group of addicts for three reasons: it was an accepted outlet for intimate and emotional expression; it was personally uplifting particularly during group performances, and it stimulated a deeply reflective process of self-exploration during moments of creating poetry. The first two reasons will be discussed here, and the last one will be described in the following section on experiences of participating in *sher-o-shayari*.

Evidence for poetry as a unique outlet lay in the observation that the topics of poetry were not present in everyday conversations. Themes such as love, tragedy, and religious devotion were not directly or extensively discussed on a routine basis. As one addict stated:

He is made up of, a man made up of his feelings. You know, he cannot easily talk to people because of his personality or something. So he has...to express his feelings through the help of *shayari's* or *sher* (James 02.15.05).

Further, even when addicts did express such feelings (usually due to provocation by me), they did not engage the same audience of sympathetic listeners as *sher-o-shayari* did. Other types of storytelling just did not garner the attention as the symbolic shorthand of rhythmic and rhyming lines. In part, this was due to the necessity for everyday conversation to handle the real-world practicalities of daily

life, especially the procurement of drugs. Such practicalities were absent in poetry. It represented a form of communication that was allowed to be ‘useless’ in an addict’s life. One did not use poetry to communicate which dealer to buy drugs from today. For this reason, it maintained its artistic and expressive nature. It was a catharsis on the part of the speaker to mull issues that an addicted person could not address in a regular conversation. Perhaps, it was a language not controlled by addiction.

As illustrated by the poem at the beginning of the section, a general characteristic of the poems collected in this study was that they were imbued with sadness. Even *shers* of themes such as love or religious devotion caused a melancholy feeling to an outside listener. The participants, however, nearly always emphasized the personally uplifting nature of the *sher-o-shayari* practice. As one heroin addict stated: ‘Happiness happens. Happiness happens to us. It feels good. Our time also passes. No pain. No regrets’ (Bhuvanesh 03.03.05). Another heroin addict referred to the ability of *sher-o-shayari* to remember the good times before drug use: ‘Yes, regarding couplets, my heart gets happy, whenever I speak it...the old times are reminisced, that I also once used to sing...’ (Pavan 02.07.05). I never received an adequate explanation about the seemingly incongruous phenomenon of happiness yielded from expressions of sadness. My only theories connect back to expressive catharsis, engaged audiences, and perhaps a creation of peer support through this shared expression of tragic experiences.

### **7.3.4 'Not learned'**

As this was part of an ethnography exploring peer learning, I was interested in the ways that participants talked about how they learned *sher-o-shayari*. I asked questions about meanings and experiences of learning multiple times. I was disappointed to receive relatively null responses to these questions. Most of the answers were captured by the following quote: 'This is not learned; this, boss, just is...' (Amin 02.03.05).

This finding revealed a discord in the present study. The claim of this chapter is that the practice of poetry contained processes of naturalistic peer learning in a group of addicts. Yet, the participants themselves did not acknowledge and, in fact, rejected that learning had occurred. Therefore, either I was misinterpreting the data, or the addicts' conception of 'learning' did not include the mechanisms that I was defining as 'learning' processes. I suggest the latter for two reasons. One is that the practice may have been so engrained in the participants' cultural fabric that there was no single moment or set of moments that could be remembered or conceived as 'the learning process.' Secondly, they frankly did not value the acquisition of this ability as 'learning', because learning occurs in schools in which, as mostly illiterate addicts, they did not participate.

Acknowledging the paradoxical nature of this research, I believe that the following is an enduring characteristic of peer learning in this context: participants did not consider the activity 'learning'.

## **7.4 Experiences of participating in sher-o-shayari**

*Humme to apno ne loota. Gairon mein kahan thi dum?  
Kashtiya wahan doobi jahan paani tha kum.*

Our own stole from us. What strength was there in strangers? Boats sunk there, where the water was less (Uday 02.14.05).

*Humme to apno ne loota, Gairon main kahan dum tha?  
Hamari kisti wahan doobi jahan nasha kam tha.*

Our own stole from us. What strength was there in strangers? Our boat sunk there, where the drugs were less (Sachin 01.06.05)

*Humme to apno ne loota. Gairo mein kahan dum tha?  
Humari kisti wahan ja ke doobi, jahan Sahara walon ka paani kum tha.*

Our own stole from us. What strength was there in strangers? Our boat went and sunk there, where Sahara people's water was less (Yashodhara 03.03.05).

The above three couplets were spoken by three addicts at different times. The three were variations of the same poem with the first one probably being, or closest to, the original. I must note that I have not found the primary source, but it may have been a locally created couplet. The theme was one of tragic irony. Although you would think that strangers were the most likely to steal from you, it was actually those closest to you who did so. It was like boats that sink not in deeper waters, but in the shallow waters that were supposedly 'safe'. Without delving into a literary analysis, there were elements that had been modified in variations two and three that deserve attention. First, the plural 'boats' was transformed into 'our boat', indicating, perhaps, a more direct connection between the poet and the boat. Secondly, the final line was radically changed into phrases that were more 'situated' or relevant to addicts, but did not maintain the metaphoric sense of the original poem. In variation two, 'drugs' were substituted for water suggesting 'sinking' during times of less drugs, perhaps indicative of withdrawal. In variation three, 'Sahara', the name of a local NGO serving addicts, and 'people' were added as somehow dependent or possessive of the

water that had become less, perhaps suggesting that decreased financial resources had affected the life of the heroin addict.

My reason for presenting this variation pattern was that it implied that somewhere during the everyday lives of Yamuna Bazaar addicts, a process of meaning negotiation was occurring. Addicts were listening to poems, contemplating their significance in relation to their life, and adding elements such as situated ideas and images to make the poetry more meaningful for themselves, and their audiences. How did addicts talk about this creation experience? What were the different ways of participating in the construction of ‘meaningful’ poems? Through answering these questions, this section suggests that meaning negotiation and the diversity of processes underlying it were important parts of naturalistic peer learning in progress.

#### **7.4.1 ‘Sitting-sitting with friends joining-joining’**

As suggested previously, a group session was one usual setting for *sher-o-shayari*. The groups usually consisted of four to six addicts sitting in a circle, and occasionally using recreational drugs such as marijuana, solvents, or alcohol. The important characteristics of these sessions that emerged from the data were idleness, engagement, and improvisation.

A word that became apparent from the keyword analysis was *bekaar*, meaning ‘unemployed’, ‘idle’, ‘useless’, ‘good for nothing’ (Bahri, 2004) (See Table 7.1). The word was used to describe the type of people who participate in *sher-o-shayari*. In one instance, a non-using addict stated: ‘poetry that is, that is the work of idle people.’ Other addicts stated the following:

The man who is idle. Who has no work-business sir, this is his mind's product...He who has work, he will do his job. It will not be within the scope of his ability. But like us who are idle men, we are free (Alok Sharma 02.15.05).

...you won't find people educated people into all this. People who have nothing to do really you know, they have a good mind but they're uneducated. Those are the ones that are really marvellous, outstanding (James 02.15.05).

These statements implied that idleness was a necessary element for the creation of poetry. A person who worked in a job was too mentally 'occupied' to engage in this practice. One needed to be 'free' or not busy to participate in what members called 'time pass.' This lack of occupation may have been the spark that lighted the creative spirit (Hodgkinson, 2004). Heroin addicts realized that they were responsible to fill the long hours of nothingness in their day. There was limited access to passive time-fillers such as television, so the participants turned to group-initiated entertainment. It was reasonable that such 'open space', both in terms of time and mental state, in collaboration with a shared responsibility for entertainment encouraged a culture of poetry in the group.

Another keyword that was used frequently by participants was the verb *baithe*, meaning 'sitting' (Bahri, 2004). The word and its derivatives (e.g. *baithne*, *baith*) were distinctly associated with descriptions of the group process of creating poetry by a variety of speakers. The following was an example from one active user:

Like we are sitting empty. While sitting empty, one meets friends. Four, five, six sit, together they sit. I said my part, and through that I did my sharing. He said, and I have also remembered a couplet. He also said his sharing. Together we sat. So, one another's separate-separate couplets keep on happening. Like this, together sitting it happens (Yogesh 02.14.05).

'Sitting' had explanatory force in the speaker's description. It 'meant' something; it had cultural significance. Similar to English, it may have implied a passive action associated with relaxation. However, in the context of the description, it more precisely suggested engagement and equality. By sitting and usually in a circle, the addicts were taking a break from their walking errands, directing their attention to their peers, and interacting together. The engaged heroin addict thus listened, contemplated, and coordinated a response that intermingled with others' 'talk.' One addict gave the following response when I asked how he created a recently recited couplet: 'Now, by sitting-sitting, thinking-thinking. How else? Sitting-sitting, [I] made it' (Ojas 03.03.05). An important caveat to 'sitting' was that it must be on the ground, not on chairs. When I was conducting interviews, I would invite the participant to sit down on the bench next to the street. Invariably, the heroin addict would prefer to sit or squat on the ground instead. Engagement and equality were, therefore, important engrained processes embedded in the bodily cultural habit of 'sitting' (Connerton, 1989).

The actual creation process during group sessions was most frequently referred to as *jod* or 'joining.' As one heroin addict explained: 'Just like that, sitting-sitting with friends joining-joining, made' (Tapan 02.14.05). Another addict commented: 'Sir, it just happens, between us we join them together. Sitting-sitting, like we are sitting four brothers. So we are talking. And we join them sitting-sitting' (Pavan 02.07.05). The 'joining' process involved taking different words, lines, images, or themes and 'gluing' them together in real-time. The keyword analysis revealed that *jod* was commonly in proximity to words *nikal* meaning 'to take out' and *tod* meaning 'to break.' Thus, like jazz musicians, participants were actively 'breaking' off ideas from group members or

other sources of inspiration and re-configuring them in unique patterns. For instance, during group sessions, an image such as a moon would cause a string of poems by various performers that would ‘play’ with the image in different ways (FN 03.03.05). In another example, speakers in groups would participate in ‘battling’ sessions where two participants would reply to each other, trying to outwit the other by using similar words or themes in more clever or entertaining ways (FN 03.03.05). One addict’s description was especially fitting:

You spoke it, and then I will repeat that. I will attach something more onto yours on my behalf. I will attach a reply within yours.... So, to have an **opening of the mind** four men sit. They spoke something, I spoke something, sir spoke something. This is what happens, sir (Alok Sharma 02.15.05).

The highlighted words ‘opening of the mind’ were a translation of the local term *mathakhori*. It was a slang word that was derived from *matha* meaning ‘forehead’ and *khori* meaning ‘use’ (Bahri, 2004). A non-using addict explained that *mathakhori* literally meant ‘to bang one’s forehead on the wall causing the head to split open’ (James 03.05.05). In a figurative sense, as used in this statement, the speaker was capturing the idea of a group of people actively using and opening their minds during a conversation—a type of brainstorming session.

Keyword and Definition (Bahri, 2004)	Frequency and Usage
<b>'baithe'</b> <i>sitting, settle down</i>	Used very frequently, 18 instances among 6 speakers often double repeated fashion ('baithe-baithe') when describing a group process in creating poetry. Suggests informality, engagement, equality, relaxation, and idleness. Derivative word is 'baithak', a noun meaning sitting, meeting.
<b>'lete'</b> <i>lying, lying down</i>	Not as frequently used as 'baithe', 6 instances among 4 speakers often in double repeated fashion ('lete-lete') when describing individual processes in creating poetry. More than half followed by the word 'sochete' meaning thinking. Suggests seclusion, contemplation, relaxation, and idleness.
<b>'jod'</b> <i>to add, to unite, to join, to link</i>	Used frequently, 6 instances among 3 speakers, occasionally in double repeated fashion ('jod-jod') when describing the adding together of different lines during a group process, but also the adding together of different sources (bible, popular books, spoken lines), or themes (oneself, love, friendship). Often it is in proximity to the words 'nikal' meaning to take out and 'tod' meaning to break. It, therefore, suggests a process of extracting meanings or inspiration from sources and 'gluing' the poetic elements together in what may be considered a construction of meanings.
<b>'bekaar'</b> <i>unemployed, idle, useless, vain, good for nothing.</i>	Used relatively infrequently, 2 instances among 2 speakers when describing the type of people who engage in this practice. It is mostly used by non-using addicts reflecting on their past, perhaps because the identity has socially negative connotations. A similar word used in conjunction or in place of the word is 'khali' meaning nothing to do, or idle. Suggests the importance of idleness, time to waste, filling empty time, and entertainment.
<b>'mathakhori'</b> [slang] <i>'matha'=forehead and 'khori'=use, bang against a wall;</i>	Used by only 1 person in 1 instance, but in an unusual and poignant manner. It is used to describe group sessions in which speakers interchange couplets or ideas in alternating fashion. It suggests the opening of the forehead which may be extended to the opening of the mind during the group process. Again, the concept of meaning construction is also applicable.

Table 7.1: Keywords identified in transcripts of accounts describing experiences of participating in *sher-o-shayari*. Selection of words was made not only on frequency of use, but also the manner in which it was used in the given context, speaker, and topic of speech (Leech & Onwuegbuzie, 2005).

### 7.4.2 'Lying-lying kept on thinking'

In contrast to improvisation among peers during an idle and engaged group session, some members talked about a more private individual process of participating in poetry. A non-using addict described the process as a 'journey inside yourself' (James 02.15.05). Some of the important themes that emerged in comments of this 'journey' included its propensity to be more deeply reflective, prepared, and interactive with written texts.

Whereas 'sitting' was frequently used in descriptions of group processes of poetry creation, *lete* or 'lying, lying down' (Bahri, 2004) was importantly found to be associated with descriptions of individual processes. Although not used as frequently and obviously as 'sitting', 'lying' was used at critical moments especially in descriptions of poetry creation in jail. As an active user stated: 'I made it about my personality, lying-lying kept on thinking...' (Amin 02.03.05). In the previous section, I argued that 'sitting' in the world of addicts implied a sense of engagement and equality among peers. Correspondingly, 'lying' may have implied a sense of disengagement, isolation, and seclusion in which attention was directed inward rather than towards the peers. The very position of lying, especially with its association with sleep, was more vulnerable and, perhaps, more conducive to dreaming. Again, we see that body positions such as 'lying' and 'sitting' seemed to contain social memory, as argued by Connerton (1989), that were at least partly responsible for different types of poetry creation.

During a group session, one of the participants explained why he was not more active in the performance: 'Like for me to say poetry, time is required to write. After it's written, then I am able to speak' (Bhuvanesh 03.03.05). He then proceeded to clarify that if I would give him a notebook, he would fill it up with

poems tonight that I would really like. This comment sensitized me to the idea of individual creation process being more 'prepared' than improvised poems. Moreover, there was a sense of quality assurance among some of these individual creators. They were more concerned with spending time and being careful with their poetry. Such participants also seemed to be more contemplative, literate, and older than the rest of the participants.

In addition to preparedness, this unique sub-set of addicts interacted more with written texts. As one heroin addict explained:

Some are taken out from the Koran, and those books which are sold, from these as well meanings are taken out....some couplets are your own, some from another person's couplet are broken, taken out, by yourself, separately joined and made (Amin 02.03.05).

Although isolated, the individual creation process involved meaning construction. As the quote indicated, the participant was still 'breaking' and 'joining' pieces together from written as well as oral material, although the 'synthesis' process in this case may have been very different. Some participants also interacted with written texts by keeping personal journals in which they expressed themselves in multiple forms including poetry, drawings, and prose:

After I asked earlier in the morning, Ravi brought his book with songs. He showed me some of the pages and asked me to read it. I said I would like him to read it to me. He was shy and after a crowd developed he didn't make a sound. He did flip through the pages for me which had writings of his name and a woman's name spelled in English, and drawings of a boy and a girl holding each other. There was other symbolic drawings as well. One notable one was of a heart cut by a knife and then dripping into a burning candle (FN 02.14.04).

Although I acknowledged that this was a rich and unexplored source of data, examination of this medium was beyond the scope of the current study.

## 7.5 Discussion

*Sher-o-shayari* was the practice of poetry among the participants. Group members gave a diversity of meanings to the practice including everyday communication like ‘talking’ with implicit performance rules, a ‘unique’ and ‘not dirty’ parlance that upheld certain standards, a personal enterprise that enabled catharsis, and a communication form that was ‘not learned’ at least in traditional ways. Participation experiences were also varied including idle and engaged group sessions where lines were ‘cut and pasted’ in real-time improvisation and private individual moments when members ‘journeyed’ inside themselves and interacted with more ‘prepared’ written texts including a personal journal.

The claim that I am making using the evidence presented is that *sher-o-shayari* was one type of naturalistic peer learning in Yamuna Bazaar heroin addicts. In order to suggest this, I will argue that the practice of poetry was ‘naturalistic’, meaning present organically without external intervention, involved ‘peers’ that in this case referred to heroin addicts in Yamuna Bazaar, and constituted processes of learning. The first two premises were relatively straightforward. The practice was ‘naturalistic’ in that it was an indigenous form of communication occurring naturally in the context. It may have received external stimuli from written and audio-visual sources, but the tradition was defined and practised according to local meanings. The practice involved ‘peers’ who were heroin addicts was also factually accurate, although one must appreciate the complexity of the definition of ‘peer’. Although participants in this study primarily included actively using heroin addicts, non-using addicts were accepted as ‘peers’ by the participants, and for this chapter provided some of the important reflective data. Furthermore, even among using addicts, there was

tremendous diversity in terms of age, experiences, drug use, and values that created a very complicated social structure.

The consideration of *sher-o-shayari* as learning will be discussed with respect to three processes described in the evidence sections. First is the observation that *sher-o-shayari* had implicit performance rules that were transferred to members through participation. Second is the finding that the poetry and the creation methods revealed processes of meaning negotiation in which ideas were transformed during the activity. Third is the process of contemplation and deep reflection that was involved during individual moments. All three of these will be shown to be learning processes according to current theories.

Lave and Wenger (1991) propose learning as an integral social process among members of a community. They describe 'legitimate peripheral participation' as the process of newcomers gradually becoming part of communities of practice that subsumes the acquisition of knowledgeable skills. They use ethnographic vignettes of apprenticeship ranging from Vai and Gola tailors to meat cutters to illustrate concepts of participation that leads to integration of the inexperienced into the work culture. Similar to the implicit performance rules in *sher-o-shayari*, the vignettes reveal that specific rules exist but are unspoken, and teaching is not explicit in most cases. One of their examples was non-drinking alcoholics at AA meetings who are socialized into the group sharing sessions by participating in them. No one suggests what or how an individual should speak in the group, but through involvement a general consensus of 'accepted' behaviour and speech is agreed upon by the group and absorbed by newcomers. The newcomers, however, are not passive recipients;

their participation influences the evolution of the 'accepted' rules, especially as their membership becomes more legitimate. The 'cultural model of alcoholism' with encoded beliefs and vocabulary is thereby created and learned by the group.

The case of *sher-o-shayari* seemed to operate in a similar manner. Participation by both experienced and naïve poets enabled the creation and transfer of a set of implicit performance rules such as rhythmic and rhyming lines, 'punch' line endings, and 'not dirty' *shers*. These rules, however, were never articulated and considered 'not learned' by the participants. They were, however, enforced through public humiliation of addicts who deviated from the 'accepted' norms. Mocking caused the inexperienced member to consider his rejection in the context of 'successful' performances and the practice of poetry in general. This reflection subsequently altered behaviour or social action by the targeted addict, other newcomers, and experienced performers. A 'preferred' model emerged. Evolution, however, was constant. A method of poetry that was once considered 'unacceptable' could gain entertainment value if members applauded rather than derided trend-setting speakers. This caused implicit ground rules to change and be constantly 're-learned' through participation.

In the sequel, *Communities of Practice*, Wenger (1998) states: 'Learning is first and foremost the ability to negotiate new meanings' (p.226). Some of the important characteristics of this process include active production of meaning that is dynamic and historical, engagement of multiple factors and perspectives, and continuous interaction. The development of meanings in processes of 'negotiation' or 'construction' is also discussed by other theorists including Vygotsky (1978), Piaget (1969) and Blumer (1969). Blumer explains: 'Thus, symbolic interactionism sees meanings as social products, as creations that are

formed in and through the defining activities of people as they interact' (p.5). The creation of poetry in both group and individual contexts was evidence suggesting that addicts engaged in meaning negotiation during *sher-o-shayari*. Poems revealed patterns of negotiation in which metaphors, images, and words were inspired by 'situated' ideas and experiences that made the lines meaningful for the addicts. The improvisation process in which participants 'break' and 'join' lines was also a clear example of a construction mechanism. Participants were listening to meanings, contemplating their significance in reference to their worldview, and spontaneously acting through social interaction to transform the meaning. Although this chapter did not focus on the 'learned' meanings at the core of the poetry, a careful study of these and their evolution in everyday learning interactions could be very useful sources of information for understanding focal values, how they were being changed, and, perhaps, how they could be influenced by interventions.

In the adult learning literature, experiential learning involving contemplation and reflective learning has become an important theme (Jarvis et al., 2003; Mezirow, 1990, 2000). Jarvis et al. (2003) state:

Human learning occurs when individuals, as whole persons (cognitive, physical, emotional and spiritual), are consciously aware of a situation and respond, or try to respond, meaningfully to what they experience and then seek to reproduce or transform it and integrate the outcomes into their own biographies...learning is the process through which individuals grow and develop (p.67).

The individual processes discussed in this chapter were instances of this form of learning. As a heroin addict engaged his multiple faculties (cognitive, physical, emotional and spiritual) while 'lying' and taking a 'journey inside himself', he was growing and developing as a human being. He participated in an activity and

a language of everyday life that were not controlled by his addiction. Through the experience, he released his tragic thoughts and gained rare moments of happiness enabling survival. In association with peers, the practice also had a situating function. By engaging in *sher-o-shayari*, addicts situated their experiences and those of others into their own ‘biographies.’ Moreover, sharing of the poetry also enabled the product of their reflections to be situated in the social fabric of the local society. The practice of poetry, therefore, integrated both the society into the person, and the person into society—a fundamental function of social learning.

The limitation to this analysis was the lack of primary data of group performances in their naturalistic backstage setting. This barrier to access was primary due to safety concerns of late night observations voiced by both participants and my supervisor. To circumvent this limitation, I placed greater importance on participants’ accounts and re-constructed group sessions in the frontstage region of the NGO Drop-in Centre. Again, I acknowledged that group sessions could not replicate natural dynamics, but I used the events to stimulate commentary about such dynamics that regular interviews could not produce. In effect, then, the simulated group performances provided a context to provoke and arouse insights about poetry sessions that usually went unspoken. By engaging in the social action, albeit an artificially constructed one, the participants were triggered to articulate implicit components of the naturalistic practice.

## **7.6 Conclusion**

*Sher-o-shayari* was the practice of poetry that constituted one form of naturalistic peer learning among Yamuna Bazaar heroin addicts. The learning processes underlying the practice included the formation and evolution of implicit

performance rules acquired through participation, meaning negotiation during improvised group and individual creation sessions, and engagement of multiple faculties during reflection that situated the participant in the social world. These findings have implications for both research and practice in educational and public health arenas.

In terms of research, these findings suggest that oral tradition processes such as storytelling or poetry are important sites of informal peer learning. Not only do such mechanisms enable a propagation of cultural understandings from generation to generation, but they also represent practices that inspire dynamic collaborative participation which lead to the creation of new meanings. Through engaging in poetic improvisation sessions, individuals become connected to a classic tradition and also contribute to its flourishing and innovation. Therefore, oral tradition processes are a critical point of flux in daily life communications where informal learning processes may be especially vibrant.

Pragmatically, the generation of such data and interpretations is important for critical understanding of target populations, and grounded development of 'organic' interventions that actually 'speak' to intended audiences. In this case, the practice of poetry represents an outlet for participants to cope with the hardships of their lives, and express their unique emotions in a manner that is heard and understood. Attempting to understand and 'listen' to this group from a public health perspective or otherwise would be amiss without respectful consideration of this form of communication. In turn, any attempt to 'speak' to this group, whether from a public health agenda or otherwise, would not make any inroads without using some of these indigenous language mechanisms and concepts.



## Chapter 8: Street ‘Doctory’<sup>6</sup>

This chapter addresses the question: What are some of the learning processes entailed in the participants’ practice of street ‘doctory’? This question seeks to examine how the naturalistic activity of street ‘doctory’—the practice of medical care routinely provided by peers—constitutes a peer learning pattern. This chapter begins by situating the reader in the phenomenon and research of self-medication in India. It then describes some of the specific methodology used to generate and analyze these data. Subsequently, the chapter describes three components of the street ‘doctory’ practice, and suggests that each contained peer learning processes. First, participants conducted procedures such as injections and wound care that involved apprenticeship relationships in which ‘novices’ learned through observation and participation with ‘experts’. Second, addicts participated in illness discussions in which they co-constructed meanings about the causes, symptoms, and remedies of prevalent diseases. Third, individuals engaged in health consultancy for peers who were sick which involved synthesizing, interpreting, and communicating experiences and concepts through meaningful units of advice. Interpretation of these findings suggests that these practices may have emerged as compensation for a lack of such services and learning in ‘professional’ doctors’ clinics. Specifically, in comparison to the street context, local medical settings appeared to be ‘meaning static spaces’ where there was a lack of dynamic co-participatory conversations about illnesses and treatments. Additionally, the learning patterns may be theorized as instances of situated learning including legitimate peripheral participation, meaning

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<sup>6</sup> This chapter is adapted from an article (Dhand, under review-b) titled ‘Street ‘doctory’ among a group of heroin addicts in India: Naturalistic peer learning’.

negotiation, and learning through teaching. The use of these concepts reveals that the core feature of the learning processes was collective participation in specific social engagements in locally significant contexts.

## 8.1 Introduction

Self-medication in India is a phenomenon of growing concern in part because of the inappropriate use of antibiotics leading to the generation of resistant micro-organisms. Mark Nichter and colleagues have documented these trends from an anthropological perspective for two decades (Nichter & Nichter, 1996). In analysing the conditions influencing self-treatment culture, two contrasting theories have emerged. Saradamma, Higginbotham, and Nichter (2000, p. 892) have argued that supply and demand economic conditions have encouraged the proliferation of self-medication:

On the supply side, Government policy has encouraged the expansion of the pharmaceutical industry. Market forces favour the growth of small drug shops in urban and peri-urban areas which compete for business and are enticed by the incentives of pharmaceutical companies to push their product for substantial rewards....On the demand side, it is well documented that medicines in India are attributed powers beyond their active ingredients. The public at once desires the fast relief that 'strong' allopathic medicines deliver and at the same time fears the potential long-term side effects...Consequently, people are less inclined to take long-term courses of medicine particularly when symptoms subside...Medicine are often not used as intended.

Das and Das (2006), on the other hand, use ethnographic evidence to argue that self-medication is more culturally complex with 'intricate connections' between medical practice and household concepts of disease. They assert that the very use of the concept as a compliance issue tends to focus blame and stigma on the poor and marginalized:

The constitution of their health relates to a geography of blame, enabled and articulated by such expressions as 'self-medication'. The paper argues that this places health policy in parentheses and shifts attention to the behaviour of the poor themselves. It facilitates their pathologization (p.70).

Data from this chapter contributes to this debate by presenting a particular manifestation of self-medication: street ‘doctory’. Broadly understood among the participants as the medical care routinely provided by peers for their ailing friends, this phenomenon’s in-depth description sheds insight into the nature and significance of a self-treatment culture situated in a particular context. Moreover, by focusing on the learning patterns embedded in the culture, this chapter suggests that self-medication practices do not function solely for ‘getting well’; rather, there are a diversity of social functions fostered through the shared group practice including learning and understanding about illnesses.

This chapter first presents some of methodological procedures specific to the generation of this data. It then describes the components of the street ‘doctory’ practice including procedures, illness discussions, and health consultancy. The final paragraph in each of these sections is dedicated towards revealing the learning processes embedded within each of these patterns. Subsequently, the discussion section will provide an extended literature-based analysis of the practices and learning processes.

## **8.2 Methodology**

My data generation for this chapter began by broadly observing verbal and non-verbal interactions that involved health and illness concepts including drug-taking procedures and group conversations. As I became sensitized to events that were ‘significant’ or important’ to the participants (Emerson et al., 1995, p. 28), I began to actively watch and ask questions about particularly common interaction patterns and discussions in the group. I asked participants to describe recent occurrences, comment on how learning may have been involved, and explain why

or how such things usually occur. Such commentary and observation gradually sharpened my 'vision' of such patterns, and I began to map the range of meanings and experiences including the rare variations and exceptions.

The primary sources of data were fieldnotes and interview transcripts. I began by applying the constant comparison method (Glaser & Strauss, 1967) to immerse myself in the data, partition portions into specific 'chunks' with backward and forward comparisons, and align similar chunks into emergent categories. Quite early in the process, the three categories of procedures, illness discussions, and health consultancy emerged from the data as distinct components of the street 'doctory' practice. In-depth analysis then involved reading each category thoroughly, hand-writing integrative memos in the margins, and consulting ideas from theory and empirical studies to understand and construct a logical internal structure within each category. The internal structure was tested via triangulation to check for the consistency, agreement and endurance of findings across contexts, people, and time. With the evidence base organized, the articulation of ideas during the writing phase crystallized the final themes and ideas.

### **8.3 Procedures**

The participants commonly engaged in medical procedures such as injections and wound care. This section describes such procedures, and reveals learning processes of apprenticeship with observation.

The most frequent medical procedure among this group was injection of pharmaceutical drug cocktails. The injecting procedure involved mixing the specific ratio of each drug in the syringe, locating a vein, piercing the vein with an

appropriately sized needle, determining whether the needle was actually within the vessel by drawing blood into the syringe, and finally injecting the drugs. For nearly all users, the frequency of injections and the irritant nature of the substances caused most superficial veins to close or collapse. The participants, therefore, frequently injected in dyads or small groups to help each other locate and inject veins in various parts of the body. The following excerpt describes such a process:

He extends his arm in the direction of his friend who is to his left.... The friend takes a look at the arm. His head tilt as he looks and feels the veins reminds me of a nurse in a hospital. He picks a spot half way between the elbow and the wrist on the inner forearm. I didn't see any consensus on this, although there may have been a nonverbal gesture that I missed. The friend pierces the skin on the spot without looking at his 'patient.' The man receiving does not wince at the sight or feeling of the needle's entry. Both are watching the needle intently focused. The friend pulls the plunger of the filled syringe further to draw out blood revealing that he is in a vein. Nothing happens as the plunger is drawn back. He slightly shakes his head, applies pressure at the insertion site and pulls out the needle.... The man stays with his arm extended and both look up and down. They see some veins on the inner lateral side of the wrist at the base of the thumb. The man receiving licks the thumb of his other hand and rubs the spot 2 or 3 times with quite a bit of pressure causing the skin to turn red when the thumb is removed.... The friend rubs the wrist. He then inserts with same syringe and needle setup. He tries to draw out blood.... After two or three unsuccessful pull-outs, he shakes his head and removes the needle. The man receiving then rips a small scrap of paper and places it on the forearm to clot the wound.... As I was talking to another group, I see he has his pants fully off now and he is standing. He takes his scarf and ties it tightly over his upper right leg. He is now flexing his leg and turned away from two friends who are looking at the veins in his leg (FN 12.28.04).

As is depicted in this example, the participants were strategic and creative in their search for patent veins. They were aware of the branching patterns of different veins, and focused on distal veins in the hand or foot before attempting the larger

proximal veins in the forearm or upper leg regions. Moreover, most addicts had strategies to distinguish arteries and veins by assessing speed, colour, and temperature of blood. Lastly, they discussed the importance of not making too many ‘holes’ because it could lead to rupture of the vessel, a fatal event for late-stage addicts who inject in the inguinal vessels known as the *goucha* or ‘bunch.’

Wound treatment was another street ‘operation’ that was frequently seen among the participants. Again, because of the frequency of injections and the inflammatory responses, wounds ranging from large abscesses to small cuts were common occurrences. The NGO recently opened an abscess care unit that reduced the number and severity of such wounds. Nonetheless, procedures such as the following were part of everyday life:

A young addict has a minor cut on his index finger. The ‘big brother’ places pressure immediately proximal to the cut to stop the blood flow. He then walks and leads the boy behind him towards a flat area where they both squat.... The ‘big brother’ washes the wound with some water he has in a bottle. He then takes out a plastic bag filled with pills and other things. He takes out a pill that he tells me later is ‘Septran’ which he says dries up wounds. He crushes and grounds the pill in his hand and adds water to it. He then adds the watery pill remains onto the wounds rubbing and pushing the materials into the cut. The ‘big brother’ then takes a cotton swab that is soaked with blue alcohol. Such swabs are given along with the free needles and syringes by SHARAN. He places the blue cotton on top of the wound and wraps it around the finger. He tells the boy to hold it there (FN 08.27.05).

Understanding of coagulant and antiseptic agents was apparent in this instance.

Another example highlighted knowledge of wound physiology:

As I was sitting on the slanted entrance talking to an addict, Baba taps me on my shoulder.... I turn to see another man in front of us, and Baba pointing to a scar on the man’s arm. The man stated something about how swollen his arm was before Baba fixed it. Baba explained what he did. He said he first looked at it and felt it to see if it was ripened. He said it was a very large abscess. He opened it with a

blade, squeezed out the pus and contents, cleaned it, and then gave the man septran 2 times/day. This medication, he explained, would dry up the wound (FN 02.01.05).

In this instance, Baba demonstrated an understanding of the appropriate time to perforate an abscess, drain the collected pus, and clean the wound.

Learning processes involved in these procedures included elements of apprenticeship with observation. Certain participants were designated as expert injectors because of their ability to find veins on anyone. One such addict was named 'Doctor' by fellow users. On one instance, 'Doctor' described to me what and how he teaches new injectors:

He explains first you begin with the small veins in the fingers. He shows me on my hand. You can use a small needle or a big one but usually you start with a small needle. Once the finger veins are gone, then you move on to the 'main' vein on the side of the wrist/forearm demonstrating to me again. Then, you go to the 'pipe' vein here (pointing to the region in front of the elbow joint). This is where you have both a warm vessel and a cold vessel.... Once this vein is done, then you try the 'pipe' vein here (pointing to the area between the biceps on the inner upper arm on himself).... He says the *goucha* [inguinal vessel] is the end vein. Here again, you have both the warm and cold vessels. He gives more ways to distinguish the two. He says the cold has black blood and the warm has red blood. By a little insertion, you can see this colour. Also, when inserted in the warm and a little is injected, then you get a red-hot feeling in your foot as if it's burning. If this happens, you need to remove the needle. But when you try again, you need to reinsert in the same hole. I challenge him on this by asking, you shouldn't go next to the hole you made?... He said no, if you make too many holes then it will burst. You only make lots of holes inside, not outside. He also shows how the vessels are not exactly next to but sometime on top of each other so you have to slightly adjust the angle and then you'll get in the vein. He uses my fingers and pen to demonstrate. He also mentions that you need to look for 'fast' blood and 'slow' blood. The fast is in the warm and you can feel it demonstrating on his arm while the slower/lighter flow is in the cold. He shows me by asking me to place my fingers on his warm vessel and then cold vessel in his forearm. 1

ask how successful he is. He says, I usually get it the first time (FN 03.04.05).

In this teaching example, expert knowledge was combined with interactive bodily demonstrations, representative tools such as pen and fingers, and self-centred sensory descriptions such as ‘red-hot feeling in your foot.’ When I inquired further about addicts initially learning the procedure, ‘Doctor’ explained that he or other experts would perform first-time injections while providing instructions as he gave me. Subsequently, the newcomer would inject on his own, and return when veins became difficult to locate or access (FN 03.04.05). Such ‘apprenticeship’ was accompanied with processes of observation. ‘Doctor’ explained that he learned many of his techniques by spending time in clinics and watching how ‘glucose’ was injected into veins in the region in front of the elbow (FN 03.04.05). Baba, another experienced addict who played the role of a street doctor, explained that he learned how to treat abscesses by watching doctors perform the procedure on him and others. He described his learning process as ‘like when kids watch adults’ (FN 02.01.05).

#### **8.4 Illness discussions**

A common feature of daily conversations was stories and explanations of illnesses. This section describes these discussions, and highlights meaning co-construction through alternating exchanges as another naturalistic learning event.

Illness experiences were commonly constructed and communicated in the form of stories about oneself or others. Such stories were the primary source of experiential information—understandings and details witnessed and interpreted by a peer of similar mindset. Because many participants were ‘illiterate’ in terms of

reading written prose, these first-hand narratives were important means to be aware and informed of dangers, changes, and opportunities. Specifically, illness stories enabled recognition of disease trends, symptoms, and strategies for prevention and treatment. The following is a fieldnote about an addict telling a story about a friend who had a sexually transmitted infection (STI):

He says he used to live on GB road [red-light area] with a friend who used to have sex with the ladies. He began to tell his friend's story. He got many wounds and one big one. They burned. But what he did is wrap a bandage around them, and then put a bag with a hole in the end on his penis. He then had sex again. Derek and I cringed. Derek said that this was probably while he was high. The addict said probably. The addict mentioned that he thought that the biggest problem was the water that would collect and cause more wounds. I asked what he meant and he explained the water from the wound would collect in the bag and this is the thing that causes more wounds (FN 01.08.05).

This account was a rather grotesque presentation of the symptoms and suggestive mechanism of STIs. Interestingly, the story's propensity to make listeners 'cringe' at the details enabled it to be memorable and, perhaps, effective in triggering awareness of symptoms and inappropriate actions. Especially for other addicts, such as Derek, who may be situated in the same context, the story 'shocks' the listener similar to STI educational images used to sensitize adolescents of the consequences of unsafe sex. Other 'sensitizing' stories involved the tremendous diversity of remedies for prevalent illnesses. Participants discussed both traditional and biomedical treatments with attention to usefulness, practicality, and potency:

One of the youngest clients (15 years old) talks about having pimples or lesions on his hand. He was putting cream on it and another addict talks about the mechanism of the cream as causing the water to come out. He went on about water as a causative factor in the pimples...During a discussion about different animals, 'goonga' came up as a

cure for TB. I asked Arvind what 'goonga' was and he said it's a creature from the water that sticks to you, sucks blood, and can only be removed with salt. I think they were talking about leeches....The angry Punjabi addict...was eating pomegranate. He gave some to another client and announced to everyone that pomegranate is good for your stomach. He told everyone to ask the doctor about it. He went on to explain how another remedy is lemon mixed in water in the morning which cleans the digestive tract (FN 01.04.05).

Traditional remedies including *jadi booti* (herbal medicines), dietary regimes, and urine were narrated as easily available, affordable, and effective if taken diligently (FN 01.04.05). Biomedical remedies including 'PCM' (paracetamol), 'Septran' (sulfa drugs), 'ARV' (antiretrovirals), and addiction-related medicines including heroin and buprenorphine were described as powerful, immediately operative, and dangerous if abused (FN 02.04.05).

Underpinning nearly all of these stories of illness manifestations and remedies were mechanistic explanations that often prefaced or concluded the discussions. In particular, four mechanisms were the most common expository tools: *pani* (water), *garmi* (heat), *kira* (insect/worm), and *kitanu* (germ). The fieldnote excerpt above was an example of how 'water' was used as the narrative explanation for the creation and, perhaps, spread of wounds. Nearly all swellings of the skin including abscesses, wounds, and pimples were commonly explicated using the water concept, and treatments involved removing the water with creams (FN 01.04.05) or with a knife when the wound had 'ripened' (FN 02.01.05). Heat was a mechanism articulated in conversations about diet, mental illness, and sexual indulgence. For example, foods and drinks were categorized as 'hot' (e.g. chicken, alcohol) or 'cold' (e.g. radish, water) depending on their richness and propensity to 'burn' the inside of the body. 'Hot' foods and drinks were believed

to cause *peeliah* (jaundice), ‘TB’ (tuberculosis), and blood in stools (FN 09.12.05)

by burning the inside of the body as in the following case:

A man in front of us is lying on the slanted surface in an obviously sick state. The nurse usually working the TB centre comes up to him in front of us and gives directions about tests and medications. Baba gives various explanations for his state which he labels as TB. He begins by saying that this is caused by the changing weather when it gets hot and then really cold. He focuses on the man and says he use to drink alcohol too much and this caused him to get hot inside. Eating too much can do the same thing. Inside, the person gets ‘garm’ or hot. He then explains some of the symptoms. He says this man has very bad breathing problems. He can’t walk 5 km without losing breath and he can’t run. He continues to explain that it’s like ‘michi’ (spices) in the lungs. The heat burns inside, and the result is that blood comes out of the mouth and nose. He mentions something very quickly about cancer as well. He then explains that the real problem is that people drink ‘soucka’ meaning dry or on an empty stomach without any food. This causes the heat to grab the lungs. If you mixed food like meat or fish with the drink then it is fine. I challenge him on this by saying that if both the food and drink are hot, then how do they calm each other. Wouldn’t it get worse? He said, when they mix (emphasis on mix), then together they become cold. So his recommendation is that you should drink and eat lamb together (FN 01.31.05).

A ‘heated’ state inside the mind was usually discussed with regards to insanity or rage involved in rabies and mental illness (FN 01.31.05). Sexual indulgence and deviance was also attributed to ‘heat’ with females considered three times more ‘heated’ than men (FN 02.28.05).

The mechanism of insect or worm had both physical and metaphoric dimensions. Physically, it referred to maggots that hibernate and feed on non-healing wounds (FN 09.01.05), and gastrointestinal worms that live in the body and eat food entering the stomach (FN 09.05.05). Metaphorically, it was constructed as the entity in the mind causing a diverse range of addictive thoughts and behaviours. Participants referred to the construct as multiple things running

quickly in the head (FN 09.09.05), talking in opposition (FN 09.12.05), and causing the itching, pinching, and worrying sensations of waiting for the next hit (FN 09.10.05). As one addict explained:

He says that in a drug user, the *kira* runs quickly and in the wrong direction. A drug user gets up in the morning and the *kira* tells him to get drugs. Then it tells him to get money sometimes by stealing. In a normal man, the mind's *kira* is different. It goes slowly and in a good direction (FN 09.09.05).

The germ mechanism was, perhaps, the most biomedically-oriented concept constructed by the group. It was used to refer to microscopic entities invisible to the eye that may be transmitted through needles, sex, or shared objects. One addict described the spread of TB in the following manner:

Pavan explains to me, you know the pipe that is used for smack. Well, many people share that. There are *kitanu* on the pipe. You can only see it with a 'lens'. I interrupt here and ask, what is a lens? He forms his fingers into a circle and then explains that it is what allows you to see small things. I say, yes a lens okay. He continues that if you used a lens on this sheet (pointing to where I was sitting), you would see many things running around. You would not want to sit there. In fact, I would not want to sit there! He goes back to the example saying the *kitanu* are on the pipe and then they are passed from one user's mouth to the next and that's how the disease is spread. It's not from blood (FN 09.12.05).

The germ mechanism was also used to understand relatively 'new' diseases such as 'HIV', 'Hepatitis C', and 'Hepatitis B', which could only be detected with blood tests and treated using allopathic medicines (FN 09.08.05).

The learning processes involved in these rich deliberations of illnesses included meaning co-construction through alternating exchanges. Although many other processes such as childhood socialization and NGO educational programming probably contributed to these illness beliefs, interactions with overlapping accounts that mutually formulated and reinforced specific

understandings were identifiable as regular and influential learning events. For example, the following group of three addicts (Manu, Arvind, and Derek), and one non-addict staff member (Arjun) co-constructed meanings of jaundice:

Manu was recalling when he was very sick with yellow skin, nails, and eyes. What he did was eat *muli ka pata* (leaf of radish) and special *pani* (water)... He said he took this regimen for 3 days and got better.... Arvind looked at Derek and I who were both listening and said you have to eat cold foods. He said anyone who has a flu or cold can never have jaundice. Foods such as radish or water, and not hot foods like butter. Manu behind was nodding. Arvind concluded by saying eat so much cold foods that basically you get a cold. Derek then asked urine is part of many treatments too? Arvind concurred by saying drinking urine helps in many problems. Derek continued by saying that he heard or read that the Prime Minister also used it. Arvind explains how it helps and gives more stories about various trees and their juices as well.... Arjun then entered the conversation and explained that he had jaundice for a year and tried many treatments. Finally, he went to Chandni Choke [Old Delhi main market] where he bought some *jadi booti* [herbal medicines] and got better. Derek then said that his daughter also had jaundice and his family had to be in the hospital for quite a while (FN 01.08.05).

In this exchange, Manu began with a personal anecdote of his illness experience and dietary treatment regime. Arvind then extrapolated and generalized from Manu's story by providing a heat-based mechanistic explanation. He suggested that 'cold' foods such as the radish and water that Manu used were effective because they combated the heated state in the body. Derek and Arjun then expanded the concept by forwarding other treatment options including urine and herbal medication, which were legitimized with references to the Prime Minister<sup>7</sup> and individual experiences. In the course of the conversation, the actors shared personal insights, developed a logical framework for understanding the illness, and informed each other of the diversity and effectiveness of remedies. Their

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<sup>7</sup> Morarji Desai, Prime Minister from 1977-1979, celebrated the value of urine on a number of occasions.

accounts were coordinated and mutually reinforcing, although not necessarily focused or directive. In the meandering flow of everyday conversation, meanings emerged in collaborative fashion. Although I could only speculate on the influence of these co-constructed learning events on subsequent behaviours, Manu suffered another bout of jaundice twelve days after this conversation and treated himself using *jadi booti* from the Old Delhi market (FN 01.20.05).

### **8.5 Health Consultancy**

When a peer was ill, participants would assess and advise the sick individual. This section describes this pattern, and suggests a final learning event in the process of synthesizing, interpreting, and communicating medical concepts.

Consulting a peer about his health began by recognizing and assessing illness symptoms. Most participants divided these into addiction withdrawal manifestations such as body aches and pains, and non-addiction symptoms such as fever, cough, weight loss, and blood in stools. Assessment usually occurred through listening to the complaints and asking questions about the history. Occasionally, addicts would do a brief ‘physical exam’ by palpating the forehead or wounds as in the following instance between Baba and his ‘daddy’:

The man is short, appears older than Baba, and is wet and shivering a little bit....After the greeting, Baba turns back to his ‘father’ and places his hand on his head. He then strokes his head in a manner that might be interpreted as Baba actually being the father-figure....Baba then advises his ‘father’ to cover his head and stay out of the rain. He explains to him that you have a fever, and you need to be careful. He then makes a quick remark about medicine and ends the conversation....Baba explains to me afterwards that his ‘father’ has pain in the lungs and fever....Baba asks me if both of us could get some medicine for him. He suggests going to the Jama Masjid [Mosque in Old Delhi] (FN 09.15.05).

In this episode, Baba, in the role of a street doctor, performed a swift diagnostic assessment. Probably with some previous understanding of his 'daddy's' condition, Baba observed his father's wet and shivering state, palpated his head, and made a deliberate plan of action involving specific understandable advice to his father and a search for medicines that he hoped I would facilitate. Interestingly, there was no inclination to escort the father to a clinic or gain 'professional' medical advice. Baba was convinced of his assessment and sought a particular treatment regime. Non-addict community members also consulted street doctors as illustrated in the following interaction:

A man who is sitting on a cot calls out Gaurav's name. We both turn and move towards him. Gaurav introduces him as the owner of the tea stand and store. The man has had very good relations with SHARAN for a number of years. The man asks me to sit down, and then complains to Gaurav about his health. I could not quite make out his complaints, but he says that he is having fever and could not sleep. He asks Gaurav for help and advice. There is some issue of a hair being pulled out of his back. Although I couldn't understand the ailment, Gaurav knows exactly what he is talking about. He recommends PCM, and says that this will enable you to sleep....Gaurav goes to the store in front of Pooja Parlak, buys the medicine, and gives it to the man (FN 08.31.05).

Confidence in assessment was combined with advice customized specifically for the addict's lifestyle and limited care options. In the following instance at 10:30pm, a participant and I found a homeless addict who had just been bitten by a dog:

Akbar explains that you need to constantly wash this wound with water so that the 'virus', 'kitanu' will come out. He explains to me that this white powder covering the wound is 'cunna' and is used to stop the bleeding. He then explains to the old man that you need to wash this and then go to the [allopathic] doctor immediately in the morning. Akbar strategically comments that you should tell the doctor that it just happened this morning. I ask why?

Akbar says just because the doctor will say, why didn't you go last night....An onlooker is also watching. Akbar tries to legitimize his advice by showing that he also got bit by a dog as he rolls up his pants and shows an old scar. This stimulated the onlooker to also roll up his pants and show his scar as well. With everyone's battle wounds with dogs on display, Akbar continues his insistence that you need to see a doctor tomorrow. Otherwise this will swell and it won't heal. You need injections from the hospital. He ends with the strategy again. Wash it in the morning, tell the doctor that it happened this morning, and go to the hospital (FN 09.01.05).

Following the interaction, I asked Akbar why the old man could not go to the doctor tonight. Akbar explained that he had no money to go to the hospital. Additionally, another addict described disrespectful treatment in the area hospitals during the night service. When he and a friend were partially compressed by a truck that accidentally climbed on the sidewalk where they were sleeping, he explained that the doctor mocked them with statements such as: 'you feel very excited to sleep on the road?' (Gaurav 02.01.05). With understanding of the lack of resources and the potential stigma in hospitals, the street doctor advised the best possible option under the circumstances—an option that outsiders such as I could not initially understand. Consultancy, however, was not only related to treatment; participants also reported giving prevention advice. As one addict described during another late-night scenario:

I came like this and sat by him. He didn't have a needle. So he took his needle after it was used [by another addict]. He quickly, with his spit, you know spit, with spit he cleaned the needle, and then began to fill the medicine. So I told him not to. Look, don't do this, don't do this. If you use this needle, HIV can happen to you. You will get HIV/AIDS from this and you will die. [Okay.] Yes, I also swore at him...he listened to me, so I give him two rupees. I told him to go to that medical store. In the medical store, for two rupees or three rupees whatever needle is there, get one new needle and use it. So that boy went to the medical store, got a new needle. It was almost 9:30 in the evening,

and the medical store was closing. They gave him one needle, and he did his drugs (Rupak 09.08.05).

Health consultancy, therefore, included naturalistic harm reduction ‘interventions’ that were situated in everyday realities of street life.

The practice of assessment and advice involved learning processes of synthesizing, interpreting, and communicating previous experiences into meaningful recommendations. Street doctors first synthesized personal experiences and understandings distilled from their own medical history, illness discussions among friends, and observations of doctors and patients. Subsequently, participants interpreted these experiences in relation to their assessment of the ‘patient’, and articulated a statement that was customized and meaningful for the listener. In this ‘communicative moment’, the load of experiential information was transformed into logical and understandable units of advice. As one homeless addict explained:

I don’t know very much, but I listen very closely to what people say. I then tell four other guys. [What do you tell them?] I tell them that these illnesses are happening. You should get treatment. For instance, if you have pimples, don’t just think they are because of heat. They are probably a sexually transmitted infection, so go get a blood test (FN 09.12.05).

This participant listened, and transferred his understanding to his friends. Importantly, this message need not have been, and probably was not exactly, what other people were saying to him. Instead, the addict’s advice to his friends involved interpretation of others’ statements, and articulation into a form and language that was understandable and meaningful for his peers. His example highlighted this process by describing how he advised his friends by acknowledging their heat-based conceptualization, and suggesting a biomedical understanding and testing approach. Actors, therefore, appropriated medical

concepts through interpretive and communicative processes embedded in social interactions that shaped the collective understanding and transference of medical concepts in everyday life.

## **8.6 Discussion**

In the daily lives of Yamuna Bazaar heroin addicts, street ‘doctory’ was a practice among peers that involved processes of naturalistic peer learning. Two interpretations of these findings are proposed in this section. First, street ‘doctory’ may be viewed as compensation for a lack of services and learning—especially dynamic co-constructive interactions—in doctors’ clinics. Second, the naturalistic peer learning patterns may be described using situated learning theory as instances of legitimate peripheral participation, meaning negotiation, and learning through teaching.

It is useful to draw comparisons and contrasts with street ‘doctory’ and allopathic medical care offered in the NGO-based clinic—the primary site for seeking professional medical care for this group. The predominant procedures provided by the NGO were abscess care and drawing blood for testing purposes. Interestingly, former addicts performed both of these services with nurses or other professionals monitoring their activities. Especially for drawing blood, former addicts were usually the only ones who could locate and puncture clients’ veins successfully. In terms of discussions, the allopathic doctor’s consultations were rapid appointments (3-5 minutes per patient) with limited and routinized questions and answers about symptoms, and then dispensation of allopathic drugs with occasional instructions. There was no discussion or explanation about mechanisms, biomedical or other, of illness or treatment (FN 02.16.05). When

asked about this, one doctor responded: ‘They want to know about how to get better. For example, for an abscess we explain which medicines and how to take them along with basic cleaning procedures for the wound. We don’t get into germs’ (FN 10.20.05). Addicts may be said to co-construct this ‘silence’ by being noticeably passive during interactions with doctors; many who had been observed asking provocative questions on the street were markedly quiet in the clinic. Consultancy by doctors was focused on rectifying symptoms quickly with allopathic drugs that usually included antibiotics; nearly every patient left the clinic with medications in his hands (FN 02.16.05). Brief formulaic remarks were usually about treatment dosing, compliance, and nutrition (FN 10.20.05). There was no extended advice, counselling, or prevention guidance; such conversations were left to former addict ‘counsellors’ and ‘educators’ outside of the doctor’s office.

This comparison suggests that street ‘doctory’ may have emerged as compensation for services and experiences unavailable or lacking in the medical system. Especially when one strips away the NGO supplementary services and focuses on the space of the doctor’s office, activities such as injection procedures, interactive discussions, and customized consultancy were deficient in the medical care. In response, addicts created new spaces where such services and co-participatory experiences were available. This counterbalance interpretation may be conceived as follows: the allopathic doctor’s office was what I call a ‘meaning static space’ where doctor’s and addict’s realms of illness understandings remained separate and isolated; conversely, the street setting could be described as a ‘meaning dynamic space’ where participants’ realms of illness understandings were constantly intermingling and collaborating. Such distribution of meaning-

making processes correlates with findings from studies of both allopathic and non-allopathic contexts in India. Das and Das (2006, p. 72) report a 'heterogeneity of ideas regarding what constitutes pathology' between allopathic practitioners and patients. Schensul, Mekki-Berrada, Nastasi, Saggurti, and Verma (2006, p. 2775) describe non-allopaths using an 'expeditious symptomatic approach' without detailed elicitation of the patient's daily habits or beliefs. These findings suggest that communication in 'professional' medical settings appear to lack the dynamic co-constructive nature of everyday illness discourse. Moreover, data from this study indicate that this 'static' nature was co-constructed: both doctors and patients were contributing to keeping their understanding domains separate and isolated. It follows that such lack of collaborative activity implies a deficiency in teaching and learning between doctor and patient; treatment has been divorced from comprehending illness processes. Instead, informal peer-based practices such as street 'doctory' have emerged outside of medical settings because they enable individuals to actually *understand* health problems in an engaged, participatory manner.

Appreciating the nature and significance of these participatory processes of learning is facilitated by situated learning theory. Specifically, 'legitimate peripheral participation' (Lave & Wenger, 1991), 'meaning negotiation' (Vygotsky, 1978; Wenger, 1998), and 'learning through teaching' (Cortese, 2005) are concepts that shed insight into the learning patterns. Legitimate peripheral participation is the process in which newcomers engage in community practices in accepted, albeit limited, ways that gradually enable them to become full members. Typified by, but not limited to, apprenticeship situations, this mechanism exposes the manner that addicts became proficient injectors and wound care experts. By

conversing with and being injected by experts such as 'Doctor', engaging in locating veins on themselves and others, and observing allopathic practitioners 'like when kids watch adults', participants gained contextually-relevant awareness and, eventually, expertise. Although the process was not recognized as 'learning', the individual's identity, language, and ease with procedures appeared to be developed in the process. 'Doctor' and Baba appeared to develop specific roles and vernacular of experts because of numerous years of co-participatory engagement in procedures and their teaching.

Meaning negotiation refers to the dynamic process of collaboratively formulating, selecting, and clarifying shared understandings during social interactions. Analogous to jazz musicians improvising in synchronous exchanges, this mechanism explicates the meaning co-constructive practice involved in addicts' illness discussions. By telling and listening to stories, hypothesizing generalizable frameworks, and attempting to triangulate dispersive accounts, addicts created 'new' understandings that uniquely existed as a 'social product' (Blumer, 1969, p. 5). Because of its co-constructive nature, this social product was usually different from any individual meaning unit. It was a multi-perspective knowledge repository constantly being moulded, challenged, and verified. Participation in these processes represented a type of externalized thinking and learning process. Contributing commentary and then listening to others' reactions enabled interpersonal testing of ideas. Awareness of others' responses provided insight into one's own responses and their evolution. Such interpersonal to intrapersonal processing is supported in Vygotsky's (1978) internalization theory.

Learning through teaching is a concept less developed in situated learning because of a focus on newcomers rather than old-timers. It refers to the process of enhanced understanding during the attempt to crystallize and articulate an idea in a manner that is meaningful and helpful to another person. As described by Cortese (2005, p. 101):

In other words, the teaching situation appears to provide a high potential for learning, as it not only serves to bring two or more individuals into interaction (i.e. activating exchange and comparison), but also provides an opportunity for the initiation of an inner dialogue, in the form of the exploration and recovery of the elements on which one's own working approach is based.

This mechanism is relevant to the health consultancy pattern. In the processes of synthesizing, interpreting, and communicating advice to a peer, the 'teaching' addict was prompted into an 'inner dialogue' that promoted awareness and organization of information relevant for the situation. Subsequently, in the 'communicative moment', this bulk of data was transformed and embodied into units of meaning purposely directed towards collective understanding. This transformation process consolidated the organized understanding into a deliberately framed final product that would then undergo another interpersonal verification process.

## **8.7 Conclusion**

In exploring the naturalistic activity of street 'doctory' and revealing the embedded peer learning patterns, this chapter arrives at the following implications for researchers and practitioners. First, street 'doctory' appears to enable 'meaning dynamic spaces' promoting learning in compensation for 'meaning static spaces' of doctors' clinics where learning may be deficient. It follows that,

for this group, actual understandings of health problems may be largely constructed in non-medical settings. Therefore, self-medication practices are not simply artifacts of economic constraints; they are also rich social phenomena enabling learning and understanding of illnesses. Perhaps, such natural forms of 'education' need to be recognized and infused in the medical system before self-medication practices will change. Research examining self-medication cultures from a learning perspective in other populations, and the possibility of incorporating 'local' educational approaches into medical care would be useful enterprises.

Second, street 'doctory' contains peer learning patterns among addicts that may inform peer education programs by revealing the natural development of skills and beliefs which influence behaviour. In most cases, peer education programs have assumed that if 'peers' are hired, then these naturalistic processes will follow. As chapter 6 has shown, this is not necessarily the case. Although 'peer educators' from this group used 'doctor'-'patient' role-plays during outreach interactions, there was a tendency to disempower 'clients' by freezing them in dependent positions. This does not appear to be the case in naturalistic scenarios. Although hierarchies were apparent, 'doctory' was largely a collective and co-constructive activity with every individual (marginal and expert) open to participating and learning with others. Encouraging peer educators to similarly learn *with* their clients, perhaps with opportunities for collaboration and negotiation about health and illness meanings, could be a valuable improvement.

## Chapter 9: Discussion and Conclusions

This chapter gathers salient points from the findings, and attempts to extrapolate concepts and implications for future research and practice. First, the data will be synthesized by discussing four of the peer learning processes that were observed in this group's formal and informal practices. Second, theoretical models from the literature will be critiqued using findings of this study, and suggestions for theoretical development will be presented. Third, insights pertaining to methodological issues of access in ethnography will be developed with reference to current literature in this area. Fourth, limitations of this study will be presented, and fifth, specific suggestions for practice and future research will be submitted for further development of this work.

## 9.1 Synthesis of peer learning processes

Four peer learning processes were revealed in this study of Yamuna Bazaar heroin addicts: legitimate peripheral participation, meaning negotiation, reflective learning, and learning through teaching. These mechanisms did not represent a definitive summary of all processes occurring among these participants or the only practices in which such processes manifest themselves; rather, they were only some of the prominent processes in some of the everyday practices observed by a single investigator during a limited period of ethnographic exploration. Processes varied in terms of the number of observed practices in which they were operating. As depicted in table 9.1, legitimate peripheral participation was observed in both of the naturalistic practices of poetry and street ‘doctory’, as well as in the institutional practice of outreach. In contrast, meaning negotiation was predominantly observed in naturalistic, but not institutional, interactions. Reflective learning and learning through teaching represented even more specific processes that were uniquely associated with the practice of poetry and street ‘doctory’ respectively. The nature of the processes also varied from practice to practice, and the following sections will describe some of this variance.

<b>Processes</b>	<b>Practices</b>
Legitimate peripheral participation	Practice of poetry, Street ‘doctory’, Outreach
Meaning negotiation	Practice of poetry, Street ‘doctory’
Reflective learning	Practice of poetry
Learning through teaching	Street ‘doctory’

Table 9.1: Peer learning processes and the practices in which they were observed

### **9.1.1 Legitimate peripheral participation**

Legitimate peripheral participation was the process in which newcomers engaged in community practices in accepted, albeit limited, ways that gradually enabled them to become full members. In this study, legitimate peripheral participation was the most ubiquitous process with instances found in all of the examined practices as a means of learning with peers. The instances, however, highlighted different aspects of the process. For example, in the practice of poetry transference of implicit performance rules was an important theme with concepts such as speaking rhythmic and rhyming lines, ‘punch’ line endings, and ‘not dirty’ couplets transferred to newcomers through collective celebration or humiliation of speakers. Street ‘doctory’ revealed that the content of learning need not be simply social rules, but could also be procedures such as facility with injecting equipment and bodily functions obtained by conversing with expert injectors, locating veins, and observing allopathic practitioners in similar fashion to medical students in hospitals. Lastly, peer educators’ descriptions during outreach revealed the importance of identity development in the learning process, and suggested that role replication in which actors in subordinate roles began to perform dominant roles may be one mechanism of reproducing knowledge and stereotypic relationships.

### **9.1.2 Meaning negotiation**

Meaning negotiation referred to the co-construction of meanings that occurred during alternating and collaborative interchanges between two or more persons. In such interactions, individuals would listen to comments from one

person and then incorporate that person's salient ideas into their own understandings by voicing a newly created meaning unit that synthesized the multiple perspectives. Interestingly, this pattern was predominantly found in informal interactions, and not formal interactions such as outreach or doctor-patient interactions. Perhaps, this was because of a more hierarchical structuring in the formal interactions that reduced proportionate listening and collaboration between dominant and subordinate members. In naturalistic interactions, although most instances of meaning negotiation were unrecognized by participants and labelled as 'not learned', addicts did recognize a process of 'breaking' and 'joining' in the practice of poetry. In such interactions characterized by sitting together and 'banging foreheads' against each other, participants would listen to couplets and spontaneously create a new poem that responded to the previous speaker, often with a continuation of a common image, metaphor, or theme. Meaning negotiation in street 'doctory' revealed a conversational version of the mechanism. By sharing personal insights of illnesses, suggesting mechanistic hypotheses, and providing remedial advice, participants engaged in a coordinated performance that was embedded in the meandering flow of everyday conversation. Such negotiations shaped individual conceptions of illness, and may have led to influencing subsequent behaviours, although the latter claim was difficult to verify.

### **9.1.3 Reflective learning**

Reflective learning referred to a form of experiential learning in which participants engaged multiple facilities to transform and integrate social experiences into their personal biographies. It was most prominently applicable to

individual processes of contemplating and creating poetry in isolation. Although this type of learning may be accurately conceived as more of an individual process rather than a group process, it was included as a peer learning process because socially situated reflection was recognized as an important component that facilitated group processes. Without collaborative and parallel processing occurring ‘inside the head’, group spaces would be devoid of change and development. Therefore, reflection of peer interactions that led to ‘situating’ the individual in the social world and the social world in the individual was a process categorized as part of the peer learning process in specific practices.

#### **9.1.4 Learning through teaching**

Learning through teaching referred to enhanced understanding achieved during the process of crystallizing and articulating an idea in a manner that was intended to be meaningful and helpful for another person. In health consultancy interactions during street ‘doctory’, participants listened to complaints, synthesized and interpreted their own understandings, and communicated their advice in meaningful ‘chunks’ of information. Both in interpreting their own experiences and communicating their advice effectively, participants often engaged with, and appropriated medical concepts that enabled them to acquire understandings of such ideas through the applied activity. Although this analysis revealed that learning through teaching occurred most explicitly for street ‘doctory’, outreach interactions in which peer educators engaged in teaching interactions as ‘doctors’, ‘counsellors’, and ‘role models’ may have been another example of this learning process. Such an analysis, however, was not completed on that set of data and, therefore, this claim could not be verified.

## **9.2 Theoretical critique**

Two models that theorize peer learning in the literature were introduced in chapter 2. Topping and Ehly (2001) provide a cognitive conceptualization of peer learning inspired by a developmental reading of Piaget and Vygotsky (see figure 2.1). Parr and Townsend (2002) contribute a social constructivist model of peer learning that links structured and unstructured environments with learning processes and mechanisms (see figure 2.2). In this section, findings from this study will be used to critique these theories and suggest avenues for development.

Topping and Ehly's model begins from a fundamentally different conceptual basis of learning from that of this study. Derived from a cognitivist perspective, the theory assumes that learning is principally a series of mental operations involved in acquiring a certain set of knowledge and skills. The premise of this study runs counter to Topping and Ehly's definition as it explores learning as a situated social activity between actors with biographies and a context shaped by sociohistorical dynamics. Additionally, the authors' model focuses attention on configured school-based situations such as cooperative learning or peer teaching. Such structured interventions are quite different phenomena from naturalistic peer interactions in informal settings. For these reasons, some of the findings of this study are bound to be incompatible with, and in some cases irrelevant to, this model. Specifically, ideas of participation, let alone legitimate peripheral participation, are absent from the cognitive framework. On the other hand, however, there is some agreement between the other processes revealed in this study and select elements of the model. For example, meaning negotiation is addressed in the process called 'inter-subjective cognitive co-construction' that is

described in the text as ‘joint construction of a shared understanding between helper and helped’ (p. 126). However, although the authors appropriately acknowledge this process, they do not consider the degree to which co-constructive processes may vary depending on the hierarchical nature of the relationship as was found in this study. Reflective learning may be broadly associated with a number of ‘internal dialogue’ processes in the model such as ‘self-monitoring’ or ‘self-regulation’. The relationship between these processes and the interpersonal mechanism, however, is underdeveloped in the model. Lastly, learning through teaching is briefly addressed in the communication sub-process and described as follows: ‘A participant might never have truly grasped a concept until having to explain it to another, embodying and crystallising thought into language...’ (p. 126). However, clarification about the circumstances in which this process may be more or less pronounced is not clear. In summary, this model’s focus on cognitive processes in structured scenarios has constrained it from considering the social, historical, and cultural nuances of unstructured peer interactions.

Using a social constructivist approach, Parr and Townsend’s model is conceptually more compatible with this study, and aspects of the model are supported by the current findings. Specifically, the authors’ identification of ‘configured’ and ‘ambient’ environments as generating different, yet interconnected, experiences of learning receives support from these data. Secondly, the author’s appreciation that some peer interactions such as peer tutoring may not be ‘mutual’ or ‘two-way’ and may, therefore, lead to less opportunity for joint construction compared to other peer interactions such as collaborative learning is also supported. My main criticism of this model is its

confused articulation of the relationship between environments and processes, and its assignment of certain processes as occurring ‘more likely’ in one environment or the other. In a statement that is subsequently contradicted, the authors claim that learning is ‘multiply determined’ with no ‘one-to-one mapping’ between environments and processes (p. 406). The latter half of their paper, however, is devoted to articulating processes mostly occurring in ambient spaces and then configured spaces. This inconsistency reveals an uncomfortable understanding of how environments may actually be related to processes. Additionally, in describing the ‘more likely’ processes in the one space versus the other, the authors claim that ‘feedback’, ‘modelling’, ‘social comparison’, and ‘observation’ are more likely in ambient environments, while ‘activating inert knowledge’, ‘co-construction’, and ‘cognitive restructuring’ are more likely in configured environments. The findings of this study challenge this assertion. Specifically, processes of ‘modelling’ were more likely to be observed in structured or institutional interactions such as outreach where peer educators performed as ‘role models’ for their clients. Moreover, ‘co-construction’, which is akin to meaning negotiation, was observed predominantly in unstructured or naturalistic situations, and not configured interactions. In summary, although the authors give appropriate respect for contextual factors, their precision with the relationship of context to process requires further development.

The following suggestions for theoretical development must be qualified with the statement that my insights stem from one study in a particular context. Therefore, I make no attempt to generalize from these results and create a ‘new’ model that pertains to other circumstances. Such a project would require greater accumulation of empirical data from informal peer learning situations, and a

careful synthesis and extrapolation of concepts that have relevance to each of the cases. Nonetheless, I submit the following two points for contemplation: 1) Participation in social life, both from a community and an interactional perspective, would be a helpful addition to the conceptualization of peer learning. This study reveals that participation, particularly in the form of legitimate peripheral participation, was a ubiquitous peer learning process in the practices observed: actors learned by engaging in collective cultural events in a series of roles ranging from expert to novice. A lens attuned to these dynamics would further the understanding of co-participatory social learning that characterize informal spaces. 2) Process and practice should not be separated in the articulation of learning instances. Influenced by a psychological tradition that focuses on the identification of generalizable mental operations, many learning research reports and models stress processes (i.e. co-construction) as the unit of analysis. This thesis deliberately describes cultural practices as well as processes in its articulation of learning events. For this group of addicts, it was not only important to identify ‘meaning negotiation’ during everyday life, but also to reveal the practice of poetry as the manifestation of the process in the context. This provides a uniquely ‘situated’ perspective of the learning phenomenon, and could, perhaps, sharpen our understanding of the environment to process relationship.

### ***9.3 Insights into ethnographic access***

In chapter 3, I offered an extended treatment of my journey to gain access to various parts of the community by performing multiple co-constructed roles that enabled me to participate in group life. That description has methodological

implications in terms of conceptualizing access in the ethnographic experience. This section explicates these implications by suggesting that the ethnographer must become a legitimate peripheral participant in the field in order to gain access.

Access in ethnographic research is the participation in negotiated interpersonal relationships or 'role-plays' that enables the ethnographer to become a legitimate peripheral participant in the sociocultural context. The element of negotiated interpersonal relationships is handled by Harrington (2003), and is supported by these data. This analysis, however, reveals the importance of acknowledging the social learning processes involved in access, and suggests the utility of Lave and Wenger's (1991) 'legitimate peripheral participation' in understanding these processes. In applying Lave and Wenger's thinking to the situation of access, some implications for theory development are also revealed.

Following a literature review and analysis of the access problem, Harrington (2003) arrives at four relationship regularities that occur during the process of access in ethnographic research:

When ethnographers approach a research site, they will be defined in terms of social identity categories salient to participants (p. 607).

Ethnographers gain access to information to the extent that they are categorized as sharing a valued social identity with participants or as enhancing that identity through their research (p. 609).

Ethnographers' identity claims must be validated by participants in order for researchers to gain access to information (p. 611).

The more that ethnographers' social identities differ from those of participants, the more likely that access will involve the use of insider informants or deception as self-presentation strategies (p. 612).

All four patterns have some resonance with the data presented in this paper. In support of the first point, the NGO staff initially categorized me as an 'international guest', 'a person who was thinking about setting up a new Centre in his country', and a 'NGO worker'. These identities were meaningful to the participants, and they were assigned to me in order to make sense of my presence. The second pattern was applicable in the processes involving coordination of daily activities with participants. For instance, my positions as a 'brother' in the 'brotherhood' and 'guy who walks with me' to Baba became viable roles when participants and I shared time together, and we began to recognize and enhance our joint similarities. The third regularity was relevant during instances of the co-construction of roles (e.g. 'observer' and 'interviewer') and the legitimization and defence of my intrinsic characteristics (e.g. Veer's comments). The final assertion reflects the necessity of Baba to enable experiences and unlock everyday meanings for my comprehension.

Although Harrington appropriately focuses on the interpersonal relationships, she fails to illuminate the enabling mechanisms underpinning the patterns. Especially for points two, three, and four, the following questions arise: How do ethnographers become aware of which identity elements to share and enhance, and how that sharing should take place? How do researchers create opportunities in which their identity claims will be validated? How do investigators align perspectives and goals with insider informants so the informants become meaningful access-points and interpreters? My argument is that the answers to these questions involve learning processes that are theoretically grounded in legitimate peripheral participation. Through participating in daily interactions, ethnographers begin in designated roles on the

periphery. From here, they examine other roles, recognize meaningful identity elements, and become reflexive about which of their qualities best ‘mesh’ with established identities. They then spend time in joint activities (e.g. card games), appreciating the ‘rules’ of conduct, and testing different ‘self-presentations’ with the participants. Slowly, they enable participants to relate to their work in ways that are understood locally, and concurrently involve them in co-creating legitimate positions that make ‘sense’, and may be articulated to others. Lastly, with those members who become particularly helpful, ethnographers co-create communication devices and teaching tools with the informants that enable both parties to ‘read’ and teach each other in meaningful ways.

Through this process of participating in activities and engaging in dynamic relationships, ethnographers are penetrating the ‘learning curriculum’ of ambient community life. They become recipients and contributors to ‘knowledge’ that is constantly being created, modified, and stored in the course of sociocultural evolution. The acquisition artifacts such as skills and information that serve as indicators of having ‘learned’ something are absorbed along the way in a ‘subsumed’ manner. In many cases, researchers may not even notice when or how they acquired the ability to participate appropriately or make the correct judgements. Unbeknownst to them, their instincts become tuned to what to do in certain circumstances, who to talk to about specific topics, and how to ask the questions that elicit answers. During these instinctual moments, reflexive ethnographers may inquire about why or how they ‘guessed right’ about a person or situation. Only then will they appreciate the social learning processes that have enabled them to gain access to this level of insight.

There are some qualifications to the described process. First, the legitimate roles that are constructed do not need to be identities that have a history with the group (e.g. 'addict' or 'apprentice'). Some of the constructed roles may be quite unique or 'new' to the context, and still be legitimate (e.g. 'observer' and 'brother who does not smoke with us'). Second, as an elaboration of the first point, 'full participation', which Lave and Wenger argue is where peripheral participation leads, need not be 'complete participation' (Gold, 1958). An ethnographer can become a 'full participant' without resorting to covert research: 'full participation' in a diversity of roles including one akin to 'researcher' can be legitimized. Lastly, because of its negotiated nature, the learning process has reciprocal elements. Access is successful only when the participants engage in learning about the researcher as well. Only then will research goals be understood and incorporated into legitimate roles and activities.

This final point reveals the unique commentary that the journey of the ethnographer may offer to theoretical development of 'legitimate peripheral participation'. Although Wenger (1998) acknowledges the concept of 'brokering' or the 'use of membership to transfer some element of one practice into another' (p.109), there is limited consideration for the extent and complexity of reciprocal effects (Davies, 2005). These data reveal that as participants ('old-timers') learn about researchers ('newcomers') and co-construct meanings with them, they may participate differently and shift the types of roles that they perform in the community (e.g. 'observer' and 'interviewer'). Fuller, Hodkinson, Hodkinson, and Unwin (2005) have also reported that novices may play educational roles in relation to experienced workers in contemporary workplace settings:

For example, our research has demonstrated that experienced workers are also learning through their

engagement with novices, and that part of the process of legitimate peripheral participation for many novices is to help other workers to learn. This insight is of significance as it helps undermine the view of communities of practice as unchanging (p.64).

These findings, therefore, suggest that understanding how ‘old-timers’ learn in relation to ‘newcomers’, and how that learning affects the legitimization process may be valuable avenues for inquiry. A second point for consideration is the diversity of journeys that different ‘newcomers’ may experience. The original theory recognizes that there is a ‘diversity of relations involved in varying forms of community membership’ (Lave & Wenger, 1991: p. 37). However, it may be useful to consider the extent of difference between my journey and the journey of an experienced addict who has just moved into the area. To account for the variety of experiences of such dissimilar ‘newcomers’ may be beyond the applicable boundaries of the theory. However, exploration of the potential range of differences in journeys, and how that range relates to the initial characteristics of ‘newcomer’ or other variables such as time or significant events, seems to be an intriguing line of research.

#### ***9.4 Limitations of the study***

With the selection of a specific methodological approach, theoretical viewpoint, and empirical focus, there were limitations to this study and its data. Some of these limitations were mentioned in previous chapters with regards to particular data. Here, they will be discussed in relation to the full thesis.

1. Subjectivity of the data generation. The characteristic position of the researcher as the instrument of data generation in ethnography has been a classic point of debate in the literature. How do researchers ‘insulate’ their personal

predispositions from the selective gathering of information and its interpretation? How do researchers control for the effects of their own character traits on the participants? Positivists will argue that the purpose of the scientific study is to remove such subjectivities by designing measures external to the researcher so that any person, howsoever eccentric, may gather the same data and, perhaps, arrive at the same conclusion as anyone else. Such removal of the researcher from the method would also protect against researcher effects on the participants because their primary engagement is with the non-human research instrument, not the researcher. Ethnography clearly violates these dictums. It unapologetically calls for immersion of the researcher into the cultural context actively engaging with participants, and the ‘generation’ of data through observation, questioning, document reading, or any other method that sheds light on the research questions. By engaging in this method, ethnographers gain access to groups unavailable to ‘scientific’ research instruments, and are able to produce, explore, and provide insight into questions that may not have even been considered by ‘outsider’ researchers. Most ethnographers would concur that the subjectivity limitation is unavoidable in such research, and may only be addressed through a reflexive approach as in this study (Hammersley & Atkinson, 1995). By clearly revealing the particular data generation methods, acknowledging selective attention and biases, and reflecting on the actual and potential effects of the researcher on the participants, the research product enables the reader to decide whether the findings are valid, reliable, or not. Throughout my writing, I aimed to reveal these ‘inner workings’ of the ethnography to the best of my abilities. My final intention is not to claim validity and reliability through objective measurement, but to admit subjective results for the reader to consider, accept, or discard.

2. A non-representative sample. This group of heroin addicts was a conveniently selected case group with particular characteristics that may not make them representative of the larger population of drug users in Delhi. First, they were affiliated with an NGO usually for a number of years, and utilized services including educational programming, counselling, and health care. Therefore, they were familiar with, and perhaps on the verge of being desensitized to, standard messages and approaches, causing institutional learning patterns to be less obvious or saturated. Second, affiliation to a harm reduction NGO usually included addicts who were experienced with drug use for at least five years, and who recognized their addictive habits as problematic. Recently initiated users or regular users who managed their addictions without support were not part of this sample. Therefore, initial learning events such as the beginning of heroin use, preliminary acquisition of survival techniques, and the early socialization into addict subculture were not directly observable. I also did not observe the initial training of peer educators because that occurred at the time that the NGO was first established in the area. Overall, this led to an underdeveloped understanding of 'origin' events, and a necessary focus on the learning of experienced users.

3. Yearly cycle not observed. This study was conducted in three periods that totalled seven and a half months: March-April, 2004; December-March, 2005; August-November, 2005. The months of May, June, and July were not observed primarily because the weather conditions during these months were uncomfortably hot and humid for field research. The consequence, however, was that everyday life and peer learning patterns were not observed during a time of year that was, perhaps, more strenuous for the homeless addict as well. Specifically, two seasonal patterns may have influenced daily routines and

learning patterns. First, there may have been a different set of illnesses spurred by micro-organisms that thrive in such conditions, causing potentially different street 'doctory' patterns. Second, the poppy seed harvesting schedule may have affected the amount and price of heroin on the street, leading to significant shifts in income generation activities and withdrawal conditions. Because only anecdotal evidence was collected about such forces, their exact effects were not documented.

4. Lack of access to female addicts. Female addicts represented a small minority of participants in the sample who could not be accessed in this study. Therefore, the results of this study cannot be generalized to this group. The lack of access was primarily because, as a male, my ability to have sustained personal relationships for a long-term period with the female addicts was very difficult. Cultural rules such as *purdah* or 'curtain' meant that women were required to hide personal details from men, especially foreign men. Furthermore, as prostitution was a form of income generation for these participants, men were viewed as potential customers or as suspicious individuals who would rape or abuse them. These factors, and probably others, inhibited my interactions with most females for the duration of this study. Overcoming this limitation may have been facilitated by utilizing a female liaison and spending more time in the field, although a female ethnographer conducting a new study would probably be the best solution.

5. Homosexuality issues unexplored. I gathered enough data to recognize that homosexual relations were a common sexual experience for many addicts. However, no matter which approach I used, I was unable to access personal accounts or, even, third-party observations of such happenings. Among this

group, the subject was ‘taboo’ for my ears, but probably for others’ ears as well. It was not a publicly discussed practice of daily life. Perhaps it was considered too ‘dirty’ for me; it is noteworthy to mention that many participants were hesitant to recite ‘dirty’ couplets in my presence as well. Again, perhaps the only way to overcome such a limitation would have been increased time in the field, more sensitive questioning, and combination with educational messages which would indicate that such practices are widely prevalent and need to be discussed.

6. Lack of consideration of macro-sociological forces and structures. Analytically, this thesis had a focus on micro-sociological variables such as interaction patterns with some attention to meso-level elements such as community structures. Macro-sociological factors such as poverty, social welfare politics, health infrastructures, and policing trends were largely omitted from the analysis. Such variables could have helped in understanding marginalization forces that probably shaped and influenced the patterns observed. However, the data generated and the theoretical lenses used were not suitable for this interpretation. Specifically, such perspectives were not as useful for gaining insight into peer learning at an initial stage as much as micro-sociological focus on interactions. Now that some of these patterns have been mapped, these wider sociological ideas could be explored with respect to the practices and processes observed in this study.

## ***9.5 Suggestions for practice and further research***

Given the findings and analysis of this study, this chapter arrives at the following suggestions for practice and further research. Most of the implications pertain to programming and applied research targeting the addicts of Yamuna

Bazaar, although some guidelines are generally relevant as well. The outreach program with peer educators described in chapter 6 receives significant attention because the most obvious application of peer learning in this setting is peer education.

1. During outreach, peer educators should aim to co-participate and learn *with* clients, instead of disempowering them. Perhaps the most consistently observed peer learning pattern among group members was legitimate peripheral participation. In this pattern, multiple roles with hierarchical characteristics such as expert and novice were apparent. Although the roles were hierarchical and probably contained asymmetrical power dynamics, the interaction patterns observed were co-participatory with multiple role-players engaged in the dialogue. The outreach interactions lacked such co-participatory engagement; peer educators maintained a hierarchical interaction with very little input from the clients leading to disempowering situations. Of course, it was important to recognize that the peer educators' goal was to communicate specific facts and demonstrate a 'professional' identity that was important for both the educators and clients. However, engaging the client in a more informal conversation pattern with alternating exchanges and interjection of accurate information could enable greater educational impact with peer educators appreciating the diversity of clients' beliefs, and clients more engaged and empowered in the intervention.

2. Meanings of illnesses should be inquired about, recorded, and improved (if necessary) through negotiations. Illness understandings were dynamic concepts constantly being moulded and clarified through sharing of personal accounts, environmental influences, and co-constructive negotiations in informal contexts. Such contexts were 'meaning dynamic spaces' compared to

‘meaning static spaces’ of doctor’s clinics and other more formal contexts. Interventions should engage with this dynamic climate to become better informed of beliefs that motivate behaviours, changes in understandings, and the mechanisms of change. By engage, I mean that all services should aim to inquire about illness meanings, document these meanings, and intervene by participating in meaning negotiations using concepts derived from the participants. For example, four disease mechanisms that I recorded included ‘heat’, ‘water’, ‘insect’, and ‘germ’. The use of these mechanisms as ‘starting points’ for conversations about illnesses, especially by doctors in clinics, would immediately involve the participant. Doctors or staff workers could then explore deeper beliefs and intervene by addressing these beliefs and modifying them through a negotiation of the concept in relation to updated information. For instance, most participants explain jaundice by referring to the ‘heat’ mechanism while they explain hepatitis by using the ‘germ’ mechanism. Due to this dichotomy, participants do not connect the two disease concepts together which consequently lead to a lack of action when jaundice bouts occur. Addressing this issue by connecting these concepts with reference to the participants’ underlying mechanisms followed by advice concerning the appropriate course of action could be more effective than an educational lecture about the hepatitis virus.

3. Reflection upon interventions should be encouraged. Reflective learning was a process of peer learning apparent in activities such as the practice of poetry. In deciding upon rehabilitation options, participants should likewise be encouraged to reflect critically about the most suitable routes to manage their addiction. In this setting, this recommendation had already been implemented because of the natural time-course involved in organizing and admitting clients

into programs. Peer educators were also cognizant of visiting the same client multiple times to judge his or her motivation levels before suggesting more demanding options. Such a patient and gradual pace of intervention should be continued because it appeared that conquering addiction required a rigorous understanding of oneself in relation to the options for management.

4. Clients should be empowered to teach their peers and volunteer for services. This study revealed that clients were being disempowered during outreach interactions perhaps because peer educators gained personal empowerment at the expense of the clients. Many of the above suggestions aim to reverse this tendency, but perhaps the most important strategy would be to encourage clients to become a part of the intervention by teaching their peers. Learning through teaching was one of the naturalistic learning patterns observed in activities such as street 'doctory'. Likewise, during outreach, peer educators could actively encourage clients to teach their peers, perhaps with coaching from the peer educators about how to explain illnesses in an interactive manner. The NGO could also foster this culture of downstream educational interactions by celebrating volunteerism, as it does, and offering incentives for greater participation by the client population. Engaging participants not only as 'clients' but as 'educators' may be an important means of empowering addicts by making them a part of the service culture. Of course, lifestyle constraints must be taken into consideration: clients were quite busy generating income and handling their addictive habits. Therefore, if incentives are not financially rewarding, they may be disinclined to help. A financial reward scheme for addicts who teach and attract peers to the intervention site has been tested and shown to reduce HIV risk behaviours and increase adherence to medical care in the United States (R. S.

Broadhead et al., 2002; R. S. Broadhead et al., 1998). Perhaps, a variation of this program rewarding specific educational encounters could be attempted, although caution against corruption of the activity must be monitored.

5. A rotating group of addict poets should be hired to create and perform health-conscious couplets in street settings. Embedding health messages in poetic formulations could be an innovative intervention for this group of addicts. In between fieldwork sessions, I was told that the NGO had hired one poet to create such couplets, although I never observed any performances of these poems during my visit. There was also an NGO-organized street theatre group made up mostly of non-using addicts who performed street life scenarios such as drug sharing and its consequences, but I only viewed these on a video recording. My suggestion would be to combine and enhance these interventions by hiring a group of using addict poets who would create a set of customized couplets as a backbone for spontaneous poetry sessions or *mushairas* in street settings. The pre-created couplets would serve as impetus for the generation of improvised poems by the poets themselves or even bystanders. The central idea is that the *practice* of poetry is fostered rather than relying simply on the message of the poems themselves. By participants engaging in the practice, it would not only be more entertaining and participatory for the audience, but also the messages would undergo a natural evolution similar to the themes and images in current poems. Analysis of this evolution with consideration of the couplets collected in this thesis (appendix 2) could be an intriguing subject for further study.

6. Some of the most proficient ‘street doctors’ in the group should be identified and trained in injection procedures, illness concepts, and providing advice. Highly skilled street doctors such as ‘Doctor’ and ‘Baba’ represent a

natural resource of medically inclined participants who have significant influence over the health-related behaviours of their peers. Such individuals should be recruited and provided with training in hygienic injecting techniques and anatomical concepts such as venous circulatory patterns. Moreover, they should be targeted to receive education about illnesses in the manner outlined in suggestion 2, and training in how to effectively counsel participants about different issues. In short, they should receive a customized form of medical training to enhance their roles as healers on the street who could propagate positive health behaviours. Again, appropriate incentives for such activities require consideration and input from staff members as well as the participants themselves. Nonetheless, the utility of such naturally positioned doctors should be harnessed for the betterment of the community.

7. Using multiple methods, research should aim to explore and understand the diversity of processes, practices, structures, and contexts that characterize naturalistic peer learning. Examining peer learning is important because of the phenomenon's pervasiveness in human experience and its implications for education and public health concerns. This study has explored one case and has revealed a particular set of processes, practices, structures, and contexts and its associated implications. However, this case was unique, particularly because of the members' reliance on peer networks as the means of survival in a marginalized situation. Other cases in differing contexts would most likely reveal aspects of the phenomenon unrecognized or not existent in this study. Research should use a mixture of methods adapted for specific research questions to examine instances in a variety of contexts, and theoretically model the phenomenon by synthesizing and extrapolating from these findings. Particularly

significant issues may include types of practices, structures, and contexts in which peer learning flourishes across different groups, the relationship of cognitive processes to social processes, and the translation of peer learning patterns into informed peer education initiatives.

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## **Appendix 1: Article on the practice of poetry as peer learning**

This extracted article "The practice of poetry among a group of heroin addicts in India: naturalistic peer learning" is available at <http://dx.doi.org/10.1080/17457820500512911>

## Appendix 2: Compilation of poems in Roman Hindi

This is a compilation of *shers* recorded between December, 2004 to November, 2005. They are transliterated in Roman Hindi, and have some notes in brackets indicating repeats or alternatives of the same poem.

1. 'Is dukh dard se jamaane main koi aazad nahin hai. Gam itne hain ki khushi yaad nahin hai. Fariyad kisase karen? Duniya wale hanske kahte hain ki ye fariyad nahin hai.'
2. 'Hushn aane de shabaab aane de. Labon tak to jara sharaab aane de. Takhta palat denge zaalim, jara peechhe se aawaaz to aane de.'
3. 'Dost ban-ban ke aate hamko mitaane waale, are tumse to achhe hain mere haal pe hansne waale.'
4. 'Ukhad koi sakta nahin meri jhante. Ki jab tak mera aabodaana hai, are lagaale zor jitna jamaane ko lagaana hai.'
5. 'Dost hamen to is nashe ne nikamma kar diya, nahin aadmi Hum bhi kaam ke the.'
6. 'Hamen to apno ne loota, Gairon main kahan dum tha? Hamari kisti wahan doobi jahan nasha kam tha.' [Alternative of 44 and 116]
7. 'Hamko mita sakengi kya zamaane ki gardishen. Hamen to aadat hai gam main muskraane ki.'
8. 'Khudi ko kar buland itna ki har takdeer se pahle khuda khud bande se poochhe teri raza kya hai?'
9. 'Jab god ki laathi padti hai to uski awaaz nahin aati. Wo kudarti us jagah main pahuch jaata hai, jahan pe usko chot lagni hai, (ya honi hai).'
10. 'Uske ghar main der hai, andher nahin. Sabko deta hai baaki insaan ko khabar nahin deta sab kuchh hai. Aur de bhi rakha hai, aur phir bhi insaan ka dil bharta nahin.'
11. 'Kuchh khabar nahin thi ki ek pal main kya hoga. Wo hoga jo hum soch bhi nahin sakte the- Hum soch bhi nahin sakte the. Achaanak usi jagah pahuch gaye jahan hamaari chot ya sazaa milni thi.'
12. 'Sau ko chhodo ek pakro, agar main is jagah main baitha rahoonga to kaun mujhe khila dega? Main koi bhagwan hoon?'
13. 'Baap bada na bhaiya, sabse bada rupaiya.'
14. 'Karm pradhan vishwa kare raakha, jo jas kare taas fal chaakha.'

15. 'Ek hawa aisi, hawa aisi chali ke dushman zamana ho gaya. Ki mukhbaro ne mukhbari ke jailkhana ho gaya. Di tasalli kadiyon ne ke dostana ho gaya. Jailkhane ka bura ravaiya koi kisi ka yaar nahin, aur Rambas ki pade mushakkat to chakki se inkar nahin. Chakki se karo inkar to lathon ki shumar nahin. Kaidi kahe main mara-mara, aur doctor kahe bimaar nahin. Dee chawanni compounder ko, ke bharti se inkaar nahin. Jai-jai kari sahab ki ho, jailer sahab ki sarparasti ho, thanedar ki laundiya rakho, sazaa ispe kat-ti hai.'
16. 'Kachchi kali kachnar ki aur kachcha hai inka dil aur nalat hai inki zindagi pe jo tadpe hamara dil'
17. Amiri di to aisi di, ke apna ghar jala baithe – amiri di to aisi di ke apna ghar jala baithe. Aur garibi di to aisi di ke hum unke dar par aa baithe. To dene wale kisiko garibi na de. Maut de-de par kisiko badnasibi na de.'
18. 'Ek daur tha who jo pisa karte the jawaharat pair ke neeche, aaj ek waqt who hai jo sar pe hai dhoop aur kankar hai pair ke neeche.'
19. 'Kismat ki khoobi, kismat ki khoobi ke din bure aane lage, kismat ki khoobi ke din bure aane lage, thi phoolon se nafrat aur patharon se thokrein khane lage.'
20. 'Chandni chakor, chandni chakor badal mein teer hai aur tere husn ko dekh ke banda fakir hai'
21. 'Door se dekha to baarish ho rahi thi, paas gaya to bheeg gaya. Door se dekha to kuch nashedi nasha kar rahe the, paas gaya to mein bhi phas gaya.'
22. 'Husn sara dal gaya, shaan khali reh gaya. Maal sara bik gaya, dukaan khali reh gaya.'
23. 'Muddai laakh bura chahe to kya hota hai, wohi hota hai jo manjure khuda hota hai.'
24. 'Adalat husn ki hogi, mukadma tere ishq ka, gawahi tere dil ki hogi, mujrim tera pyar hoga, umar qaid hogi, kya hai phaisla adalat ka.'
25. 'Chandni chand se hoti hai, chandni chand se hoti hai sitaron se nahin. Mohabbat ek se hoti hai, hazaron se nahin.'
26. 'Mera jazbaat tere jazbaat se achcha hoga, tera har ek din meri har raat se achcha se achcha hoga. Yakeen na ho to ghungat utha ke dekh, meri janaja teri baraat se achcha hoga.'
27. 'Aate jaate kisiki saans tujhe pyaar kare, teri maang koi chand-sitaron se bhare. Meri mati ko kafan mile na mile, teri maang koi chand-sitaron se bhare.'

28. 'Eenth par eenth rakh kar diwal banayi jati hai. Lund par choot rakh kar aulad banayi jati hai'
29. 'Chaar phanke nimbu nichod doon, ab bhi jawab dega to teeno gused doon.'
30. [Sings] 'Ishq mein hum tumhe kya batayein, ishq mein hum tumhein kya batayein, kis kadar chot khaye hue hain. Maut ne humko, haan maut ne humko, maut ne humko maara aur hum, zindagi ke sataye hue hain. Ishq mein hum tumhe kya batayein. Hai haya apni hasti se kehde, daag lagne na paaye kafan ko. Aaj hi humne, ho aaj hi humne, aaj hi humne badle hai kapde. Aaj hi hum nahaye hue hain. Ishq mein hum tumhe kya batayein.'
31. [Sings] 'Aise aaye hain mayyat mein meri, jaise shaadi mein aaye hue hain. Ishq ne humko mara hai aur hum, zindagi ke sataye hue hain. Ishq mein hum tumhe kya batayein. Aaj hi humne badle hai kapde, aaj hi hum nahaye hue hain. Ishq mein hum tumhe kya batayein. Pehle dil apni mitti se keh de, daag lagne na paaye kafan ko...' Ae lehad apni mitti se keh de, daag lagne na paye kafan ko [finger tubla by another participant]. Aaj hi humne badle hain kapde, aaj hi ke hum nahaye hue hain. Kya batayein tumhein hum ke ishq mein kis kadar chot khaye hue hain maut ne humko ghera hai aur hum zindagi ke sataye hue hain.'
32. [Sings] 'Yeh jo mohabbat hai. (tum bhi sunao boss). Yeh unka hai kaam, mehboob ka jo, bus lete hue naam. Mar jaye, mit jaye, ho jaye badnaam. Rehne do chodo bhi jaane do yaar hum na karenge pyar. Rehne do chodo bhi jaane do yaar hum na karenge pyar. Tootte agar sagar koi sagar naya le le. Mere khuda koi kabhi kisi ke dil se na khele. Dil toot jaye to kya ho anjaam. Yeh jo mohabbat hai, yeh unka hai kaam. Mehboob ka jo, lete hue naam, mar jaye, mit jaye, ho jaye badnaam. Aankhen kisi se na ulajh jaye mein darta hoon. Yaaron haseeno ki gali se main gujarta hoon, bus door hi se karke salaam. Yeh jo mohabbat hai, yeh unka hai kaam. Mar jaye, mit jaye, ho jaye badnaam.'
33. 'Mera yeh patra padkar ise tum jala dena. Raakh iski utha lena. Jab yaad meri aaye, kajal samajh ke laga lena.'
34. 'Sau phool bhi kum hain, sau phool bhi kum hain, dulhan ko sajane ke liye. Sau phool bhi kum hain dulhan ko sajane ke liye. Ek phool hi kaafi hai meri arthi pe chadane ke liye.'
35. 'Har gali ke mod pe, har gali ke mod pe ek haweli hoti hai. Har gali ke mod pe ek haweli hoti hai. Kuch kehna chahta hoon magar aapke saath aapki saheli hoti hai.'
36. 'Angoothi ke naag ko nageena kehte hain. Angoothi ke naag ko nageena kehte hain. Pyar bechne wale ko kamina kehte hain.'

37. 'Jal rahi hai meri chita. Ang ang lal hoga. O pathar dil ki mallika. Tera intezar hoga.'
38. 'Husn deta hai dav to jalwa parde bhi ud-udke dekhte hain. Mein tere pyar mein itna badnaam ho gaya ki bhi bande bhi mud-mud ke dekhte hain.'
39. 'Dikhai kuch nahin deta, andhera jab bhi aaat hai. Aur ishq jadta hai sir jiske woh andha ho hi jata hai.'
40. 'Tujhe chodan ko meri jaan banaya bangla aalishan. Yeh mote-mote chuche, aur ras ke bhare hain lote. Pee lene de ek baar, banaya bangla aalishan.'
41. 'Agha apni maut se koi bashar nahin. Samaan sau baras ka hai, pal ki khabar nahin.'
42. 'Apni hi karni ka phal hai. Nekiyan, ruswaiyan. Aapke peeche chalingi aapki parchaiyan.'
43. 'Tere chahne wale, tujhe waqt ka chalan denge. Cheen kar teri daulat, do hi gaj kafan denge. Yeh jo tu kehta hai, yeh jo tere saathi hain. Kabar hai teri manzil, aur yeh baraati hain. Kabar mein lake tujhe murda faak dalenge, apne haathon se tere mooh pe khaak dalenge.'
44. 'Humme to apno ne loota, gairon mein kahan thi dum. Kashtiya wahan doobi jahan paani tha kum.' [Alternative of 6 and 116]
45. 'Heena rang lati hai pathar ghis jaane ke baad. Kisise mohabbat hoti hai, bithar jaane ke baad.'
46. 'Paan khati ho tum, khusboo nikal jati hai. Jab tum muskurati ho, to meri jaan nikal jati hai.'
47. 'Aam giri hui hai, aam giri hui hai. Use lab se utha lo. Tumhare ghar mein koi nahin. Humme ishare se bula lo.'
48. 'Daaru peene se pehle, botlein hilayee jaati hai, Daaru peene se pehle, botlein hilayee jaati hai. Ladki patane se pehle, nazrein milayee jaati hai.'
49. 'Hawa jab chalte hai, haan, hawa jab chalte hai, to patte gir jaate hain. Naye yaar milte hain to purane choot jaate ain.'
50. 'Likhta hoon khat, likhta hoon khat. Mere dost, meri dosti ki taraf se. theek hai. Likhta hoon khat mere dost, meri dosti ki taraf se. Tu mat bhool jana meri garibi ko dekh kar ke.'
51. 'Ek baar jo galti kare, woh anjaan hai. Jo do baar galti kare, woh shaitaan hai. Galti pe galti kare woh Pakistan hai.'

52. 'Chori heere ki ho ya kheere ki ho, chori to chori hoti hai, woh kaisee bhi ho.'
53. 'Bujh chuka hai tumhare husn ka hukka, ek hum aise hain jo gudgudaye jayenge.'
54. 'Talwar purani hai to kya hua, kaat wahi hai. Agar hum buddhe ho gaye to kya hua, aaj thaath wahi hai.'
55. 'Hain lachkeele se tamatar se meri jaan yeh gaal tumhare. Mein tumhe kya doon jawab, tede hain sawal tunhare.'
56. 'Kunji, kulab, quran, gee, saat waju kar khol. Padle kalma pak nabi ka Il-lal- laah karke bol. Mii daali se daali, mila phool se phool, bhaiyon aise milo, jaise mila khuda se nabi aur rasool.'
57. 'Sona diya sunaar ko, payal bana diya. Dil diya yaar ko, ghayal bana diya.'
58. 'Ab koyle ko jalane se kya hoga. Raakh mein aag lagane se kya hoga. Ae, Shahjahan, Mumtaz to mar gayee. Ab tajmahal banane se kya hoga.'
59. 'Khuda gairat kare motor banane walon ko. Ghar se beghar kar diya, hum motor chalane walon ko.'
60. 'Karle beta drivery, karle beta drivery, tere maare karam. Sona kabhi-kabhi, khana agle janam.'
61. 'Main maagta hoon, main mangta hoon, woh deti nahin. Jawab meri baat ka. Jab woh deti hai, to khada ho jata hai mera ek-ek rong jazbaat ka. Phir woh kehti hai dalo, dalo saiyan dheere se daalo, gaalon pe rang gulab ka, ke pagal abhi to daala bhi nahin tha. Jhad gaya patta-patta gulab ka.'
62. 'Jab tak hai jee, jab tak hai jee, jee bhar kar pee. Jab nikal jayega jee, to kaun kahega pee.'
63. 'Seth peete hain, seth pete hain, saab peete hain, chupkar aali janab peete hain. Log to pee rahe hain khoon yahan, hum to khali sharaab peete hain.'
64. 'Sharaab pee hai humne, sharaab pee hai humne, zindagi ke liye. Kabhi gum ke liye. To kabhi khushi ke liye. Bura lagega use, kise? Us khuda ko. Jo na pee humne. Yeh to kudrat ki den hai, aadmi ke liye.'
65. 'Main sharaabi hoon, main sharaabi hoon, sharaab ko chodoon kaise. Gum bhulati hai yeh bottle, ise todoon kaise. Dil pyasa hai mera na jee. Pee ke yeh bottle behal jaye. Badi kashmakash mein hoon. Ke yeh bottle nichodoon kaise.'
66. 'Ki hum is kadar tumse pyaar karenge. Ki salaakhon ke under bhi tera didar karenge. Yakeen na aaye to rihae ke waqt dekh lena, ki tera besabri se hum intezar karenge.'

67. Waqt noor ko benoor bana deta hai. Zakhm kitna bhi chota ho, nasoor bana deta hai. Har koi shauk se jurm nahin karta. Waqt insaan ko majboor bana deta hai.'
68. 'Aye khuda, aur bhi to hain tairne wale zamane mein. Phir kyon mujh garib par tera game sailab umad aaya hai. Mujhe to tune tairna bhi nahin sikhaya hai. Umeed kari thi, ke bahut kuch paoonga, par mujh garib ko tune angootha hi dikhaya hai.'
69. 'Main bazme, ishrate, ehbaab ko barham nahin kata. Kabhi ashkon se kisi ka daman tar nahin karta. Yahi dastoor hai mera, ki apne kadradaano ko, shareeke aish karta hoon, shareeke gum nahin karta.'
70. 'Raat aankhon mein kati, taare magar gin na paya. Taare you know na. Raat aankhon mein kati, taare magar gin na paya. Dooba raha sagar mein, moti ek bhi chun na paya. Thi kami zaroor mere pyar mein ae'Ritu'. (Uska naam Ritu tha.) Tabhi to Taj kya, ek mitti ka gharonda bhi mein chun na paya.'
71. 'Yaad aati hai aapki, jab yaad aati hai unki to kaleja thaam lete hain. Aur tapak padte hain aansoo, jab hum aapka naam lete hain.'
72. 'Sheeshe pe giri shabnam kabhi nam nahin hoti. Judaai lakh ho jaye, mohabbat kum nahin hoti.'
73. 'Chandni chakor badal mein teer hai. Tere husn ko dekh ke, banda fakir hai.' [Repeat of 20]
74. 'Kachchi kali kachnar ki, kachcha hai tumahara dil. Aur lanat hai tumhari zindagi pe, jo tadpe humara dil.' [Repeat of 16]
75. 'Kate nahin kat rahe hain, lamhe intezaar ke. Narein bichaye baithe hain ashique yaar ke. Dil ne kaha dildaar se, kyon baithe ho intezaar mein. Aayegi ek din palke utar ke.'
76. 'Dillagi ne ki dillagi, aur dillagi ke ghar gaye. Aur dillagi muh se na boli, ke dillagi mein mar gaye.'
77. 'Bade kumzarf hai yeh gubbare, bade kumzarf hai yeh gubbare, chand saanson mein phool jate hain. Thodi bulandiyan pa ke, apni aukat bhool jate hain.'
78. 'Amiri di to aisi di ke apna ghar jala baithe. Aur garibi di to aisi di ke unke dar pe ja baithe. To dene wale, to dene wale kisiko garibi na de. Maut de de par badnasibi na de. Buton ki yaad mein, Buton ki yaad mein kalma kalaam bhool gaye. Namaz to yaad rahi par salaam bhool gaye.' [repeat of 17]

79. 'Saans leta hoo to zakhmon ko hawa lagti hai. Kabhi raji kabhi mujhse khafa lati hai. Zindagi tu bata, tu meri kya lagti hai.'
80. 'Chandni chand se hoti hai. Sitaron se nahin. Mohabbat ek se hoti hai, hazaron se nahin.'
81. 'Kaath ki bandook, tamancha desi hai. Maar do meri jaan, khada pardesi hai.'
82. 'Laga takiya, laga bistar. Sula leti to kya hota. Laga thokar, gira bottle. Utha deti to kya hota.'
83. 'Takti pe takti, takti pe yewar. Tu meri bhabhi, main tera dewar.'
84. 'Nazar se nazar ko milate hue dekha. Nazar woh cheez hai nazar ko jhukate hue dekha. Dil ek mandir hai, tum uski murat ho. Kisi ne sach kaha, tum badi khubsoorat ho.'
85. 'Gul gaya, gulshan gayee. Gayee honth ki laali. Ab to peecha chhod do yeh ho gayee achcon wali.'
86. 'Lakdi ki bandook banayee, dil ke charre bhar diye. Ek haath se ghoda dabaya, lakhon ghayal kar diye.'
87. 'Khuda jab husn deta hai. Kayamat aa hi jaati hai. Kadan gin-gi ke rakhti hai. Kamar balkhayee jaati hai.'
88. 'Ghoda khada ghadsal pe. Kas ke lagaam lo. Ashik tumhare chal diye. Jhuk ke salaam lo.'
89. 'Pan mein jarra hai. Peppermint kya karega. Kisise pyar karna hai. Government kya karega.'
90. 'Paan khaya, mooh rachay aur chabi chaliyan. Hum garib samajh ke, kyon de baithi ho meri jaan galiyan.'
91. 'Andheri raat hai. Road ka kinara hai. Steering haath mein hai. Khuda ka sahara hai.'
92. 'Gul gayee, gulshan gayee, gayee honth ki laali. Mein to tera jeeja lagun, tu meri saali.'
93. 'Ped se patte jharte hain. Uthata hai koi-koi. Mohabbat sabse hoti hai, nibhata hai koi-koi.'
94. 'Teer kyon maarti ho, talwar maar do. Hum to aise hi mar jayenge, zara si aankh maar do.'
95. 'Husn ki chakki chali to ek daana phas gaya. Tum phase to kya hua saara zamana phas gaya.'

96. 'Ae mere parvardigaar masook ke haath talwar na de. Katal ka dar hai, bali umar hai. Ashik gale pe maar na de.'
97. 'Jabse dekha makka madina, mandir jaana chod diya. Jabse dekha jaan tujhe maine khana peena chod diya.'
98. 'Ashik ki zindagi mein yeh din khuda na laye. Masook ban ke dulhan, gairo ka ghar basaye.'
99. 'Husan ki chakki mein, ek anaar ka daana phasa to kya phasa. Isme to saara zamana phasa.'
100. 'Court, kachehri, case, mukadma, naam mera likhwa dena. Koi jo pooche mar gaya kaise, khooni khanjar dikha dena.'
101. 'Bhar-bhar done maal khilaya, jab tumko tayyar kiya. Humko chod ke janam tune Sahara walon ko yaar kiya.'
102. 'Na katal hue hain, teer se na talwar se. Hum to katal ho gaye tere nain ke vaar se.'
103. 'Aao to koi parwah nahin hai. Aao to koi parwah nahin hai. Thehro to idhar khali pada hai. Zara takalluf na tumko humse. Dato to kumbalon ka bistara hai. Gar yaari karne ki ho, dil mein tumhari. Gar yaari kane ki ho, dil mein tumhari. To apni tabiyat se pooch lena. Gar dil gawahi de tumhara. To meri yaari mein pair dena.'
104. 'Aasmaan chakkar mein hai. Jameen ka chakkar dekh ke. Hum to khud chakkar mein hain aapka chakkar dekh ke.'
105. 'Khusboo aa nahin sakti, kagaj ke phoolon se. Mohabbat chup nahin sakti hai, banawat ke usoolon se.'
106. 'Hume to apno ne loota. Gairo mein kahan dum tha. Humari kisti wahan ja ke doobi. Jahan Sahara walon ka paani kum tha.' [Alternative of 44, 6]
107. 'Waqt insaan pe aisa bhi kabhi aata hai. Waqt insaan pe aisa bhi kabhi aata hai. Raah mein chod ke bhaiyon bhi chala jata hai.'
108. 'Chandhi chand se hoti hai. Hazaron se nahin. Mohabbat ek se hoti hai. Hazaron se nahin.' [Repeat]
109. 'Chanda, chakor, chandni, badal mein teer hai. Tere husn ko dekh ke. Banda fakir hai.'
110. 'Chanda, chakor, chandni, badal mein teer hai. Laila, teri yaad mein. Majnu fakir hai.'

111. 'Chanda chakor chandni badal mein lachche, lachche. Aur tere husn ko dekh ke marte hain achche achche.'
112. 'Mohabbat ki jhooti kahani pe roye. Mohabbat ki jhooti kahani pe roye. Bade chot khayee jawani pe roye.'
113. 'Gaadi chadi pahad par petrol khatam ho gaya. Budhe, budhiya ko dekh ke, budha khatam ho gaya.'
114. 'Ae malik, In haseeno ki kamar kyon patli banayee hai. Ya mitti ki kumi thi. Ya rishwat khayee hai.'
115. 'Na mitti ki kumi thi, na rishwat khayee hai. Kamar ki mitti hatakar maine chatee se lagayee hai.'
116. 'Ya khuda in sookhe angooron ko paani de de. Aur in buddon ko ek baar jawani de de.'
117. 'Khuda in haseeno ki kamar patli kyon banayee. Mitti kum thi, ya rishwat khayee thi. Khuda kehta hai- Na mitti kum thi, na rishwat khayee thi. Kamar ki mitti uthakar scene par lagayee thi.'
118. 'Khuda kare in haseeno ke maa-baap mar jayein. Khuda kare in haseeno ke maa-baap mar jayein. Aur maut ka bahana ho, hum unke ghar jayein.'
119. 'Kyon kehti ho yeh hain mitti ke mehal. Kyon kehti ho yeh hain mitti ke mehal. Aaj kehti ho pyar hai. Kal tak naam bhool jaogi.'
120. 'Lambi sadak bijnor ki. Mor dikhayee de gaya. Main pada jail mein. Doctor gawahi de gaya.'
121. 'Aur is jail mein kya rakha hai. Aur is jail mein kya rakha hai.jhoota case laga rakha hai. Aur is jail mein kya rakha hai.jhoota case laga rakha hai. Khol ke dekho warrant ka. Judge ne mera naam daba rakha hai.'
122. 'Mere mehboo mujhko tu itna bata. Main kunwara maroonga ya shaadi-shuda.' Phir kehta hai Allah. 'Ke tu Kunwara marega na tu shaadi shuda. Beech mein tujhko atka ke rakh de khuda.'
123. 'Aana jaana, jail ka khana. Jai humara ghar. Aana jaana, jail ka khana. Jai humara ghar. Sasur maange. Saas maange ab kahe ka dar. Mat ro bangle wali. Teri gulab saadi. Chootenge phir milenge. Chootenge phir milenge. Jailer khaye halwa poori, bahar se manga ke. Kaidi khaye sookhi roti dal mein bhiga ke. Jaise makhi giri garam tel mein. Rehana padega babu central jail mein.'
124. 'Jail ki yaari. Chakkar tak pyaari. Aur dodhi pe le jaake de maari.'

125. 'Aayee ho tum kahan se O meri jaane jaan. Aayee ho tum kahan se O meri jaane jaan. Tum husn se haseen ho aur ishk se jawan.'
126. 'Kuch roti-poti poi. Ke saadi khol ke soi. roti-poti poi. Ke saadi khol ke soi'. Ab aurat ko aa jaata hai gussa. To aurat bolti hai 'ke kuch saag bhaaji laya. Ke khali hilata aaya.'
127. 'Dilli shehar guldasta. Dilli shehar guldasta. Maare gaand dikhye rasta. Dilli shehar nagen. Adha kutta, adha kumeena.'
128. 'Dilli shehar hai gudasta jo maare gaand bataye rasta. Bumbai shehar hai ek nagen. Jisme rehte hain adhe kutte adhe kumeene.'
129. 'Mita sake humko, jamane mein dun nahin. Jamana humse hai, jamane se hum nahin.'
130. 'Khoob kahi, khoob kahi, dil hila diya. Thodi si gandiya maangi to sir hila diya.'
131. 'Door se dekha to ek andha tha, door se dekha to ek andha tha. Paas aa ke dekha to ganja tha.' [Alternative of 21, 142]
132. 'Door se dekha to panje aa rahe the. Paas aa ke dekha to do ganje aa rahe the.' [Alternative of 21, 141]
133. 'Wade hazar hote hain. wade toot jate hain. Wade hazar hotte hain. wade toot jate hain. Jise khwaja bulate hain. Woh ajmer jaate hain.'
134. Ae prabhuji hume itni aatamshakti aur aatamshanti dena. Un paristithiyon ko sweekar karne ki, jinhe hum nahin badal sakte. Aur itni himmat dena....Ae prabhuji hume itni aatamshakti aur aatamshanti dena un paristithiyon ko sweekar karne ki. Jinhe hum nahin badal sakte. Aur itni himmat dena un paristithiyon ko badalne ki, jinhe hum badal sakte hain. Hum kise nahin badal sakte, apne aapko. Hum kise nahin badal sakte dosron ko. Aaj hum nasha nahin karenge. Jai hind.'