

# Using Peer Group Reflection to Empower Sex Workers to Reduce Violence and Increase Condom Use within their Intimate Partner Relationships

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## INTRODUCTION

HIV prevention programmes by Karnataka Health Promotion Trust (KHPT) and Chaitanya AIDS Tadegattuwa Mahila Sangha in the past have successfully reduced violence by clients, police and gangs against female sex workers, largely through advocacy and community mobilisation [1-5]. However, violence persists in sex workers' relationships with their intimate partners.

Partner violence can cause condom breakage and physical injuries and prevents women from negotiating condom use [6-10]. A combination of factors - partner violence, alcohol, gender norms, notions of intimacy, trust and romance, sex workers' intention to have children and fear of losing their partners and an inaccurate understanding of HIV risks - influence heightened violence and inconsistent condom use within these intimate relationships [10 - 12].

Sex workers who experience less violence use condoms more frequently than those who experience more violence [11,13,14]. As most partners of sex workers have multiple, concurrent sexual partners, inconsistent condom use puts all at increased risk of STI and HIV [15 - 17].

Samvedana Plus programme mobilises FSWs into groups to enable them to critically think on gender norms and violence, and the influence of these factors on condom use. The programme empowers FSWs to act to prevent violence and practice safe sex with their intimate partners.

## METHODS

Participatory workshops with mobilised groups of female sex workers explore their understanding of intimate relationships, reasons for non-condom use and presence of violence and its consequences. The process include the following:

- Mobilising FSWs into groups with an average of 10 to 14 members
- Developing a structured curriculum to facilitate thinking on condom use and violence in intimate relationships
- Conducting 12 reflection sessions on, over a period of three to four months, reducing risk of IPV, building trust and effective communication in relationships, and acting against violence
- Providing an interval of one week to ten days between sessions to enable participants to reflect on and use of learnings from the training
- Use of participants' own life experiences, in ensuring condom use and resisting violence with their intimate partners, as part of the curriculum
- Training a group of female facilitators to conduct the sessions

## CONCLUSION

Group reflection can be an effective process to enable sex workers to think critically on gender norms, understand their marginalisation and related vulnerabilities, and their increased risk to HIV due to violence and non condom use. It helps women to draw strength from solidarity with their peers to reduce violence and better negotiate condom use within their intimate relationships. However, effectiveness of such sessions depend upon the capacities of facilitators including a change in their own gender perspectives. Also, sessions that reinforce positive gender norms, focus on human rights and allow for a safe space for women to unlearn, voice out and act on their beliefs is crucial for change.

## RESULTS

Female sex workers report varied impacts of participating in the group reflection process.

- Better knowledge on the links between violence, condom use and risks to HIV
- Recognition of violence as unacceptable
- Enhanced self worth and confidence among group participants
- Increased awareness of their rights and laws to prevent domestic violence
- Identification of solutions and support mechanisms to act against violence



## SAMVEDANA PLUS

Samvedana Plus organises female sex workers (FSWs) into collectives, strengthens the capacities of sex worker community based organisation (CBO), provides individual and couple counselling to FSWs and their partners and engages with local communities. The programme intervenes with men who are violent, women who face abuse and the wider society to:

- change disempowering gender norms
- reduce violence
- increase condom use among sex workers in their intimate partnerships

Karnataka Health Promotion Trust (KHPT) is implementing Samvedana Plus, with 800 female sex workers and their intimate partners, in partnership with Chaitanya AIDS Tadegattuwa Mahila Sangha (CATMS), a community based organisation (CBO) of sex workers in northern Karnataka, India. This programme runs from 2015 to 2017 with support from the United Nations Trust Fund to End Violence against Women (UNTF), What Works to Prevent Violence against Women and Girls consortium and University of Manitoba, Canada. Within the DFID-funded STRIVE consortium, KHPT and the London School of Hygiene and Tropical Medicine (LSHTM) are evaluating the impact of Samvedana Plus on violence and condom use in sex-workers' intimate relationships.

## REFERENCES

1. Reza Paul S et al. 2012. Sex worker-led structural interventions in India: A case study on addressing violence in HIV prevention through the Ashodaya Samithi collective in Mysore. Indian Journal of Medical Research 135(1): 98-106.
2. Boily MC et al. 2013. Positive impact of a large-scale HIV prevention program among female sex workers and clients in Karnataka state, India. AIDS 27:1449-1460. doi: 10.1097/QAD.0b013e32835fba81
3. Beattie TSH et al. 2010. Violence against female sex workers in Karnataka state, south India: impact on health, and reductions in violence following an intervention program. BMC Public Health 10:476.
4. Biradavolu MR, Burris S, George A, Jena A, Blankenship KM. 2009. Can sex workers regulate police? Learning from an HIV prevention project for sex workers in southern India. Soc Sci Med 68(8):1541-7. doi: 10.1016/j.socscimed.2009.01.040.
5. Bill & Melinda Gates Foundation. 2009. The Power to Tackle Violence: Avahan's Experience with Community-Led Crisis Response in India. New Delhi: Bill & Melinda Gates Foundation.
6. Swain NS, Saggurti N, Battala M, Verma RK, Jain A K. 2011. Experience of violence and adverse reproductive health outcomes, HIV risks among mobile female sex workers in India. BMC Public Health 11:357.
7. Go VF et al. DD.2003a. When HIV-prevention messages and gender norms clash: The impact of domestic violence on women's HIV risk in slums of Chennai, India. AIDS Behaviour 7(3):263-72.
8. Pulerwitz J, Michaelis A, Verma R, Weiss E. 2010. Addressing gender dynamics and engaging men in HIV programs: Lessons learned from Horizons research. Public Health Reports 125:282-292.
9. Varma DS, Chandra PS, Callahan C, Reich W, Cottler LB. 2010. Perceptions of HIV risk among monogamous wives of alcoholic men in south India: A qualitative study. Journal of Women's Health 19(4). doi: 10.1089=jwh.2008.0884
10. Bhattacharjee P, Jatkar U, Nair S, Doddamane M. 2012. Understanding the Relationship between Sex Workers and Their Intimate Partners: Finding from a Participatory Research Study in North Karnataka, India. Bangalore: KHPT.
11. Karandikar S and Gezinski LB. 2012. "These girls gave me AIDS. Why should I use condoms?" Clients of sex workers in Kamathipura express their attitudes about HIV. Journal of HIV/AIDS & Social Services, 11(2):140-151.
12. Shaw S and Pillai P. 2012. Understanding risk for HIV/STI transmission and acquisition within non-paying partnerships of female sex workers in southern India. Bangalore: Karnataka Health Promotion Trust.
13. Prabhughate A, Javalkar P, Doddamane M. 2013. Understanding the relationship between Female Sex Workers and Intimate Partners in the Context of Support, Risk, and Vulnerability. Bangalore: KHPT.
14. Deering KN et al. 2011a. Condom use within non-commercial partnerships of female sex workers in southern India. BMC Public Health 11 (Suppl 6):S11
15. Halli SS, Blanchard J, Satihal DG, Moses S. 2007. Migration and HIV transmission in rural South India: an ethnographic study. Cult Health Sex 9:85-94.
16. Kumar R, Jha P, Arora P et al. 2005. HIV-1 trends, risk factors and growth in India. Natl Comm Macroecon Health Background Pap pp. 58-74.

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