

Uncovering the roots of intimate partner violence

A qualitative inquiry with female sex workers and intimate partners in northern Karnataka

RESEARCH
UPDATE

How do broad structural factors support intimate partner violence against female sex workers?

What harmful gender norms allow violence against these women?

How does intimate partner violence increase the risk of HIV for female sex workers?

To find the answers, Karnataka Health Promotion Trust and Chaitanya AIDS Tadegattuwa Mahila Sangha, a community-based organisation of sex workers, spoke to 38 female sex workers and their intimate partners in Bagalkot District, northern Karnataka. This update gives a summary of what the study found out and why this information is important.



Why do this study?

Early exploration shows that intimate partner violence against female sex workers is shaped by many socio-economic and structural factors. Intimate partner violence prevents women from negotiating condom use and can cause condom breakage and physical injuries, thus increasing their own and their partners' risk of HIV. A better understanding of these issues is needed to inform programmes, policies and action by government, NGOs and CBOs, funders and communities.

Samvedana Plus: Reducing Violence and Increasing Condom Use in the Intimate Partnerships of Female Sex Workers

Implemented by Karnataka Health Promotion Trust and Chaitanya AIDS Tadegattuwa Mahila Sangha, the Samvedana Plus programme works with 800 female sex workers and their intimate partners, as well as members of the wider society, in northern Karnataka, India. The programme runs from 2015 to 2017, informed by successful strategies piloted from 2013 to 2014, with the support of Bill & Melinda Gates Foundation and United Nations Trust Fund. The Karnataka Health Promotion Trust, University of Manitoba and London School of Hygiene and Tropical Medicine are evaluating the impact of Samvedana Plus within a DFID-funded consortium called STRIVE. The findings from this study will form the qualitative baseline for STRIVE's evaluation of the Samvedana Plus intervention, which is supported by the DFID-funded consortium What Works to Prevent Violence Against Women.

How was the study conducted?

The researchers developed a novel methodology for community-based participatory research. The sex worker CBO elected a community research committee and two community research investigators. These women worked with researchers from KHPT, UoM and LSHTM to develop the research aims and interview tools, to collect and analyse data and to share the findings with study participants and communities.

ABBREVIATIONS

CBO	community-based organisation
CMS	Chaitanya AIDS Tadegattuwa Mahila Sangha
FSWs	female sex workers
IPs	intimate partners
IPV	intimate partner violence
KHPT	Karnataka Health Promotion Trust
LSHTM	London School of Hygiene and Tropical Medicine
NGO	non-governmental organisation
UoM	University of Manitoba

What did the study find?

The study found that vulnerability to both IPV and HIV was rooted in a number of social dynamics (outlined below) and in the interaction between these issues.

In terms of gender roles, FSWs and their IPs adhered to the norms that the wider society accords to marriage.

Specific expectations were that the FSW would:

- serve and care for her IP
- remain faithful and modest
- stop sex work

and that her IP would:

- visit his FSW partner's home
- take social and financial responsibility for her family



Unmet gender-role expectations triggered violence within intimate relationships

Often, when a man did not meet such expectations, his partner would raise questions that led to a fight. A woman's failure to keep to these roles was often seen as a 'mistake' that justified verbal or physical violence to 'correct' her behaviour, particularly if her IP provided financial support.



"She should not have any contact with other men, because I have taken responsibility for her life. So I will beat her if she commits 'mistakes'... Any man will get angry if women make 'mistakes'. He will not get angry if she cooks and serves properly and she obeys him."

Ravi, 30 years old

IPs expected FSWs to stop sex work once they became partners

IPs expected their FSW partners to be faithful to them and discontinue their profession, largely because of the stigma and lower social status associated with sex work and expectations around monogamy and faithfulness as from a wife.



"He shouted at me saying that I was not at all faithful to him despite the fact that he had done so much for me and I had looked for other clients ... He is catching me red-handedly every now and then. He scolds me, beats me, I cry. He makes up with me."

Rani, 26 years old



IPs viewed FSWs' insistence on condom use as a sign of infidelity

Partners saw condom use as HIV prevention in non-exclusive, sex work relationships, not suitable for intimate relationships. Women's insistence on condom use was seen as a lack of trust in their intimate partners.

"They [lovers] question us that whether [we think] they have any diseases like AIDS and why should we want them to use the condoms. They show their anger if we force them and say that if we force them they will leave us... What can I do now, if I insist my lover to use condoms he threatens me like that? I can insist my clients to use condoms when I do sex work secretly, but if I forced the lover he would leave me. How can I lead my life then?"

Indu, 29 years old

FSWs feared desertion by their partners if they resisted violence or requested condoms

Sex workers felt that accepting violence from their partners would prevent further violence. Not resisting violence or requesting condoms was seen as a way to ensure that the IP continued to support her.



"Those who do not accept violence, they become a victim and those who accept violence they will be happy after compromise."

Parvati, 28 years old

Violence was viewed as a private matter and accepted by the family and the wider community

Family members and the broader community accepted violence, but considered it a 'private' matter. The woman's family only intervened in serious situations or if the violence was not justified by 'mistakes'.



"If the mistake is from the woman's side it will stop [she will adjust and the dispute will end]; if the mistake is from his side, her family members will not keep quiet."

Sita, 35 years old



Why are these findings important?

The study revealed that IPV programmes must work at both the individual and the relationship level in order to address:

- triggers of violence
- attitudes and behaviours that discourage condom use

Programmes must also work at the societal level in order to address structural causes such as:

- norms
- gender role expectations
- stigma
- socio-economic constraints

Call to Action

- ✓ Involve sex workers in research to identify reasons for violence and lack of condom use within their intimate relationships
- ✓ Provide on-going resources to prevent IPV, such as economic support and counselling, as well as alternative methods of HIV prevention such as female condoms
- ✓ Involve men and community members in efforts to change gender role expectations and norms that justify violence against women
- ✓ Promote understanding and stricter enforcement of laws that protect women
- ✓ Include IPV among sex workers within the larger advocacy and intervention to reduce IPV against women



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