

SAMVEDANA PLUS TRIAL

FINDINGS FROM THE MAIN TRIAL AND SUPPLEMENTARY RESEARCH

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Background

- ❁ Despite successful interventions to reduce violence against female sex workers (FSWs) by ‘non-intimate’ partners¹, addressing intimate partner violence (IPV) in sex work relationships remained challenging in many settings
- ❁ Global evidence suggest a strong association of violence with HIV acquisition and other risks and vulnerabilities
- ❁ ***Samvedana Plus***, a three year intervention (2015-18) aiming to reduce IPV and increase condom use within the intimate relationships of FSWs in Bagalkote district, Karnataka, India

¹refers to clients, police, pimps etc

Samvedana Plus

- An intervention with female sex workers predominantly ‘Devadasi’ sex workers, aged 18+ with an intimate partner
- Implemented in two taluka of Bagalkote districts of northern Karnataka, south India
- Reached 800 sex workers across 47 villages (24 intervention & 23 comparison)



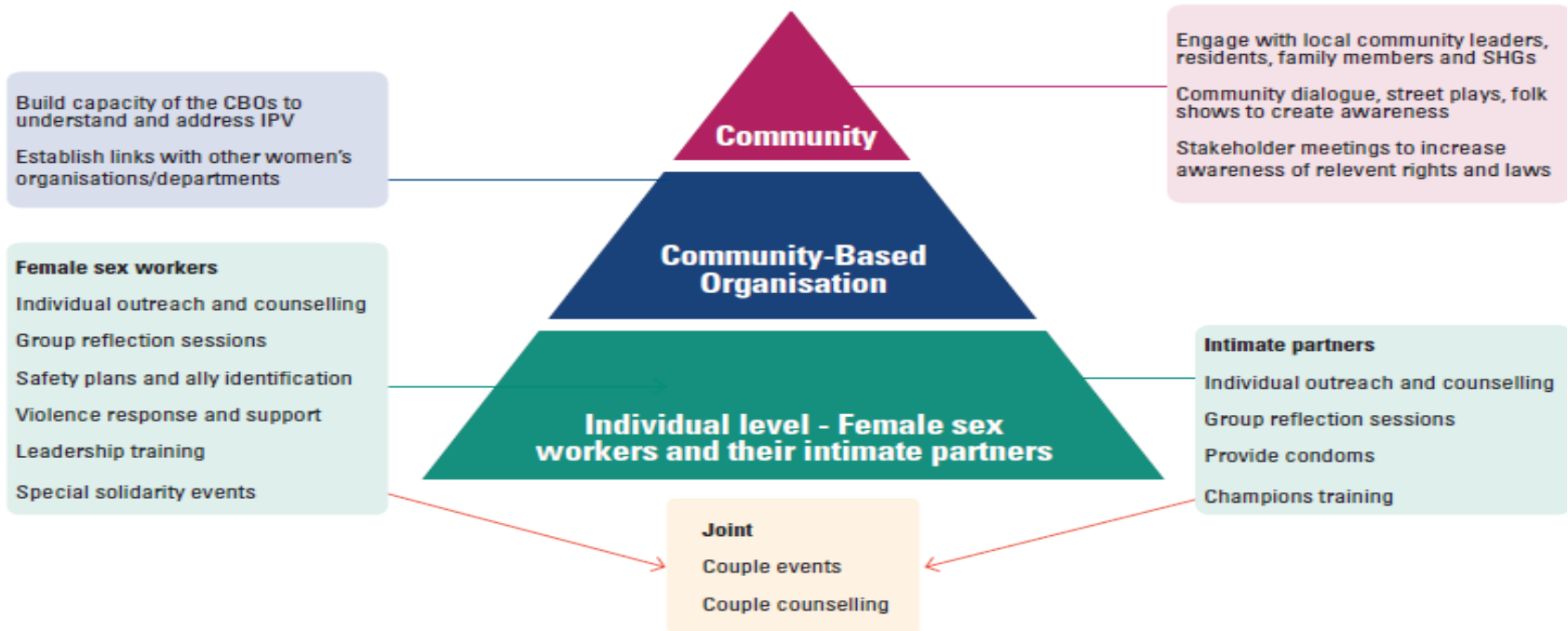
Theory of change

Project Samvedana Plus proposed that:

- **enhancing sense of self-worth** among sex workers;
- **increasing recognition** that male dominance & violence is unacceptable in intimate relationship among sex workers and intimate partners;
- **increasing awareness** of the rights of women & the law with respect to IPV among sex workers, their intimate partners and other stake holders;
- **improving** intimate relationships, sense of safety and skills of sex workers to challenge violence & unsafe sex;
- **reducing** acceptance of IPV among sex workers, CBO and at a Community level; and
- **improving** capacity of the CBO to prevent and respond to IPV

will in combination reduce the partner violence and increase condom use within the intimate relationships of FSWs.

Multi-level Intervention



Evaluation design

Cluster-randomised control trial design with waitlist control

- Mixed-method: qualitative evaluation embedded within the cRCT
- Quantitative evaluation at baseline, 12 and 24 month of programme implementation

Primary outcomes:

1. Past 6 month experience of physical or sexual IPV
2. Past 6 month experience of severe physical and/or sexual IPV
3. Past 30 days consistent condom use in their intimate partnership

Secondary outcomes:

1. Reduced acceptance of IPV
2. Increased disclosure of IPV
3. Improved knowledge of self-protection strategies
4. Improved self-efficacy to negotiate condom use with IP
5. Improved solidarity among FSWs around issues of IPV

Analytical approach

- Understanding imbalances between confounders, socio-demographic characteristics and outcomes across the arms at baseline and presented as individual and cluster level summaries
- Cluster-level summaries (mean of the cluster-level means) by Trial arm for each primary and secondary outcome within endline data
- Multi-level logistic model with random effects adjusted for confounders using the individual-level data in the following way:
 - Outcome variables adjusted at a cluster level using mean baseline summaries;
 - Other variables that strongly predict outcome adjusted at individual level using endline data
 - A sensitivity analysis conducted for the covariates that were not measured at baseline (alcohol use by FSWs and migration)

Data analysis steps

- ❁ Listing out the activities and setting the timeline
- ❁ Development of unblinding protocol
- ❁ Development of data analysis & statistical analysis plan
- ❁ Performing the data analysis
- ❁ Discussion on the preliminary findings
- ❁ Additional exploration for the better understanding of the results

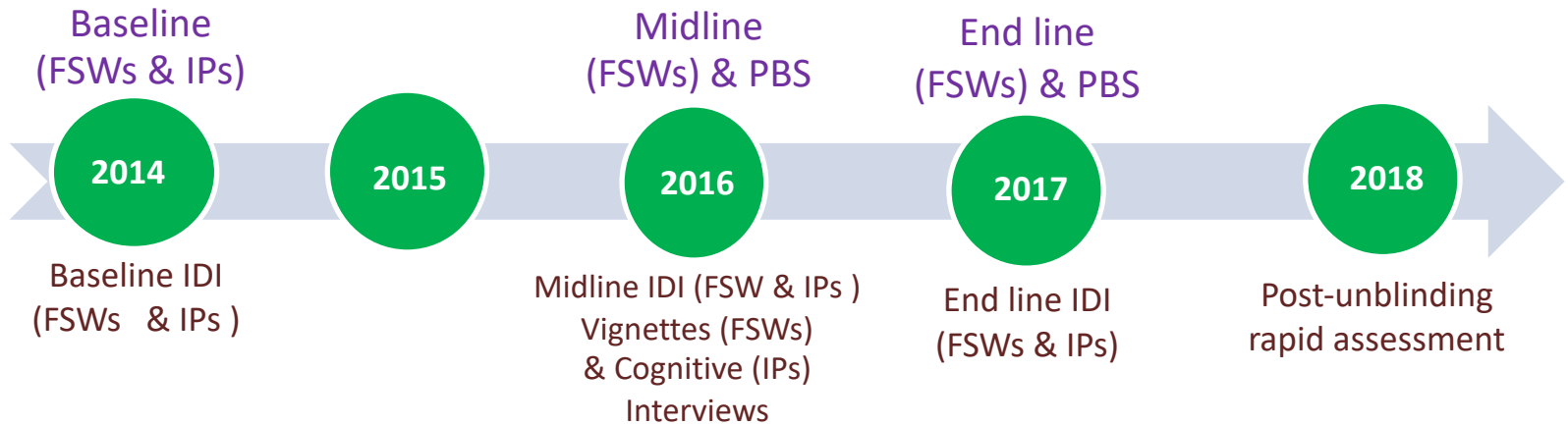
Trial timeline

Intervention start
(April-2015)

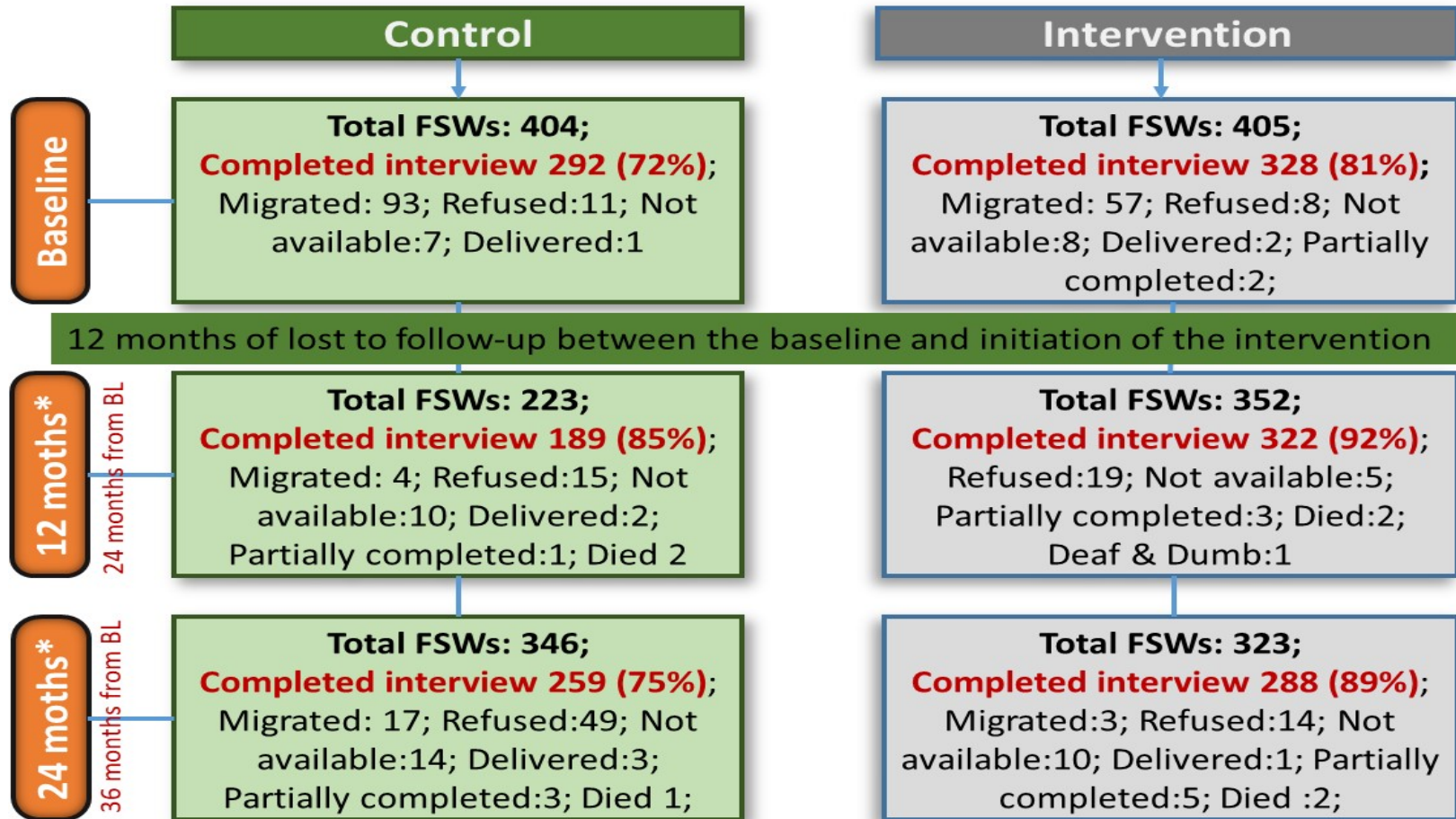
Intervention in
control end
(Mar-2018)

Discussion on project
components,
intervention and
evaluation design

Identification of
clusters/villages, &
profiling of FSWs & IPs



Recruitment of participants



Findings

Effects of the intervention at individual level on primary outcomes at endline

	Control	Intervention	Basic Model ¹		Adjusted model [§]	
	N(%)	N(%)	OR (95% CI)	P	AOR (95% CI)	P
N	259	288	547	--	547	--
Any physical or sexual violence from IPs in the past 6 months	21 (8.1%)	26 (9.0%)	1.29 (0.70 - 2.39)	0.410	1.47 (0.71 - 3.01)	0.298
Any severe physical and/or sexual violence from IPs in the past 6 months	18 (6.9%)	25 (8.7%)	1.50 (0.76 - 2.97)	0.246	1.38 (0.68 - 2.81)	0.378
Consistent condom use in their intimate relationship within the past 30 days	162 (62.5%)	165 (57.3%)	0.82 (0.52 - 1.27)	0.372	0.93 (0.58 - 1.47)	0.748

¹ Basic model adjusts for clusters and stratum

[§] Individual level final model adjusted for village population strata, age, intimate partner caste, age difference between FSW and IP, frequency of visit by IP, IP's knowledge of sex work profession, membership of CBO (all at individual level at endline), and any alcohol use by IP (at cluster level at baseline). All models were also adjusted for the baseline cluster level summary of the respective outcome

Findings

Effects of the intervention at individual level on secondary outcomes at endline

	Control	Intervention	Basic Model ¹		Adjusted model [§]	
	N(%)	N(%)	OR (95% CI)	P	AOR (95% CI)	P
N	259	288	547	--	547	--
Acceptance of IPV by FSWs	188 (72.6%)	193 (67.0%)	0.68 (0.46 - 0.99)	0.047	0.62 (0.40 - 0.94)	0.025
Disclosing IPV	15 (51.7%)	21 (67.7%)	2.43 (0.74 - 7.95)	0.143	2.07 (0.42 - 10.26)	0.372
Knowledge of self-protection strategies against IPV	32 (12.4%)	61 (21.2%)	1.81 (1.09 - 2.99)	0.021	1.73 (1.04 - 2.89)	0.035
Self-efficacy to negotiate condom use with IP	163 (62.9%)	170 (59.0%)	0.92 (0.59 - 1.45)	0.733	0.96 (0.61 - 1.50)	0.845
Solidarity among FSWs around issues of IPV	81 (31.3%)	112 (38.9%)	1.49 (0.95 - 2.33)	0.082	1.69 (1.02 - 2.82)	0.042

¹ Basic model adjusts for clusters and stratum

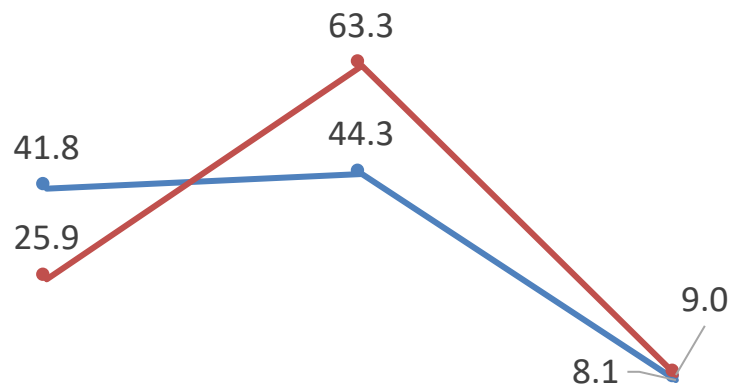
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Increased violence

at midline and sharp decline at endline

Physical or sexual IPV in past 6 months

—●— Comparison —●— Intervention



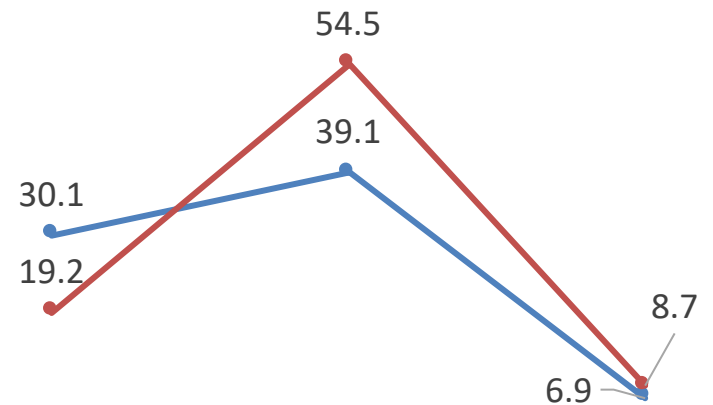
Baseline

Midline

Endline

Severe physical and/or sexual IPV in past 6 months

—●— Comparison —●— Intervention



Baseline

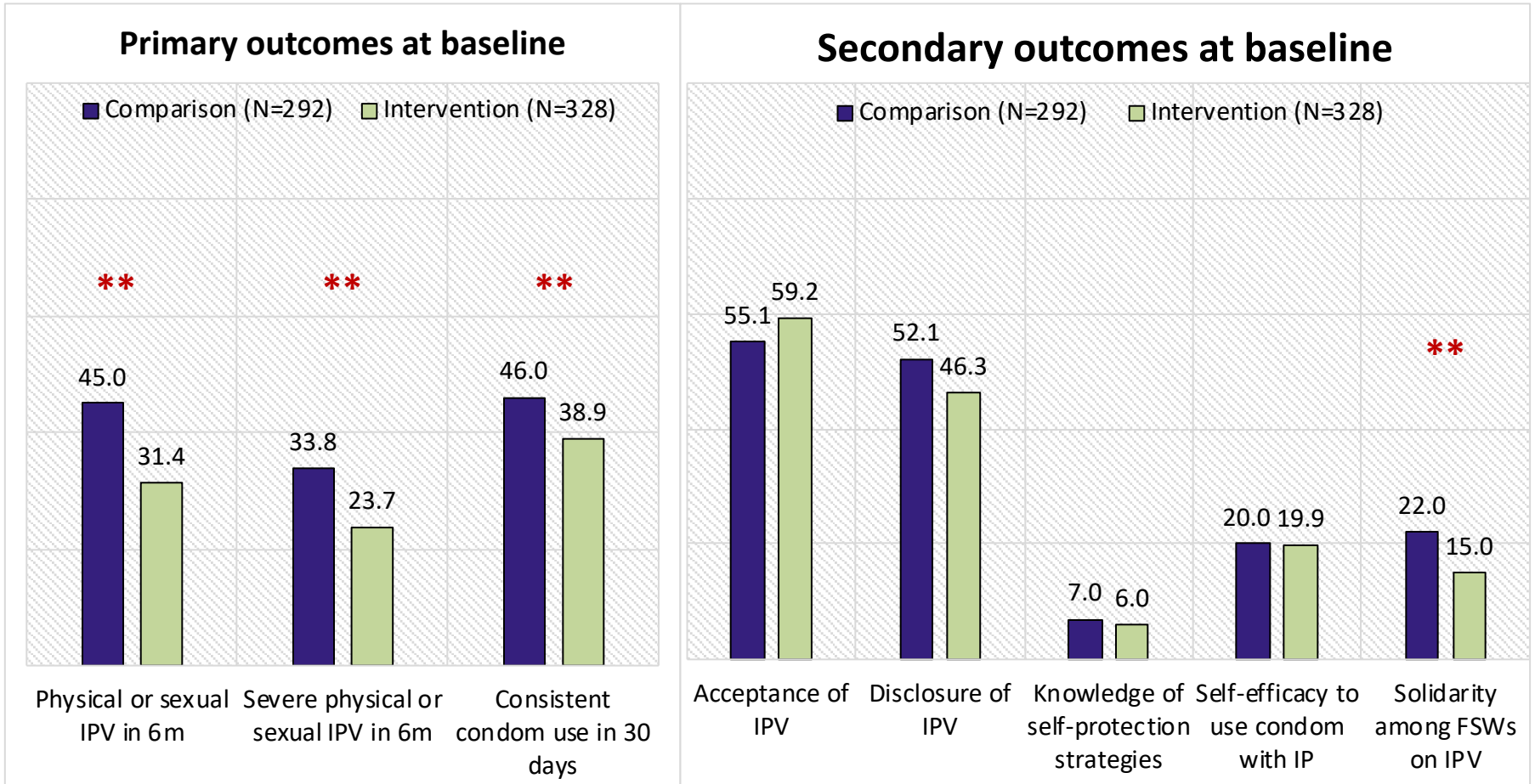
Midline

Endline

Low reporting of violence at endline makes the primary outcome results inconclusive

Findings

Imbalanced outcomes at baseline (n=620)



** p<0.05

Key results

- ❁ The evaluation found no difference between intervention and comparison communities in the key outcomes of reported IPV and consistent condom use
- ❁ A sharp decline was observed in reports of physical and/or sexual IPV by FSWs in all communities (intervention and comparison), between baseline and end line
- ❁ The levels reported at end line appear unrealistically low, leading us to question their validity
- ❁ However.....

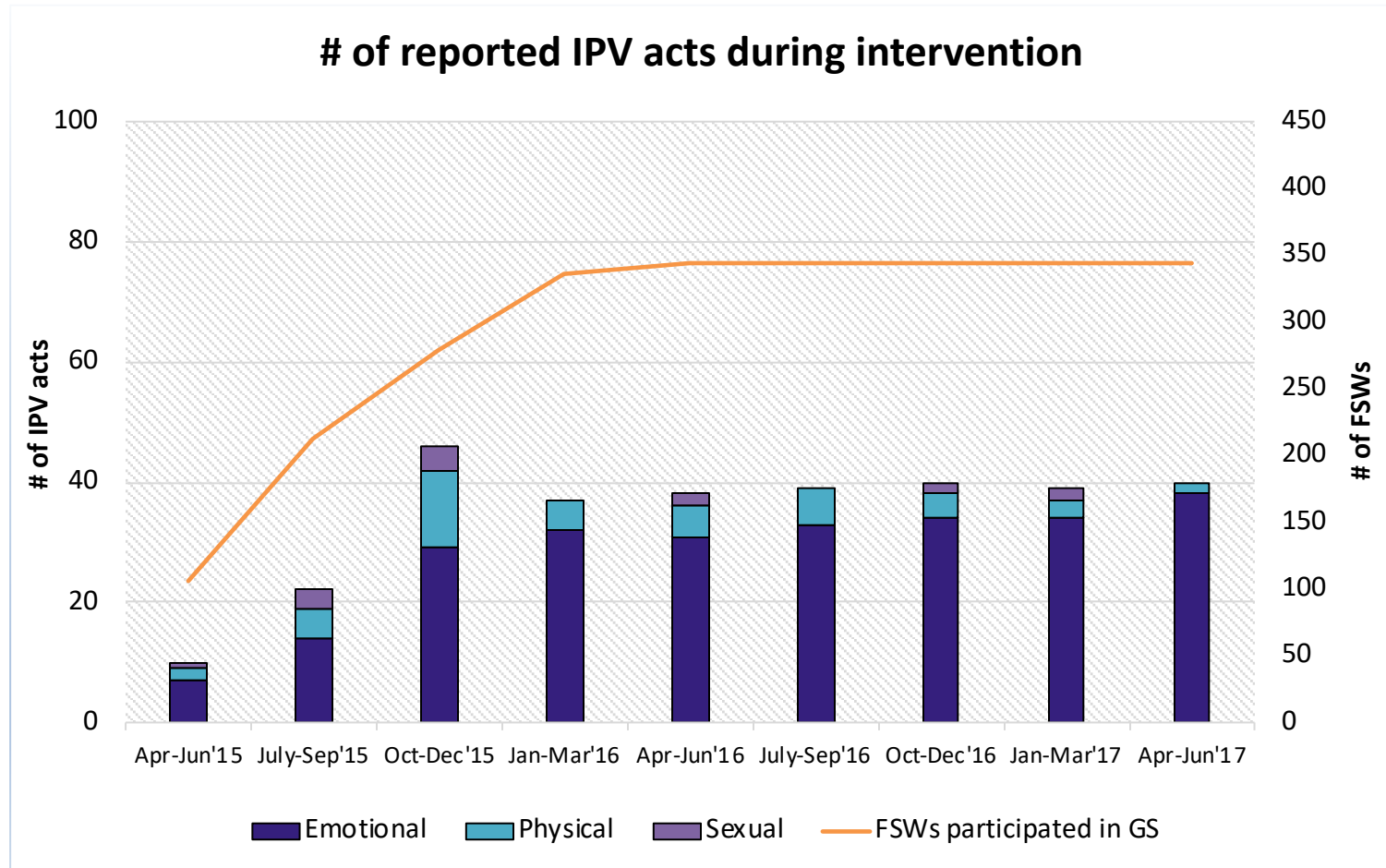
New questions emerged

- How do we understand the apparent peak in violence registered at midline in intervention arm?
- How do we understand the dramatic drop in IPV reported at endline in both groups?
- How do we understand the lack of difference at end line?

Exploration through:

- Analysis of programme monitoring data
- Rapid Assessment
- Qualitative data

Increased violence reporting at midline



Decreased violence at endline

Methodological factors

- CBO compromising trial -> providing intervention in control villages
- Misreporting of violence and condom use

Contextual factors

- 16 days of activism
- Other simultaneous governmental programme focusing on women and Devadasis

Qualitative results revealed implementation challenges

Few men not interested in discussing violence

- Male ORWs had a challenging time facilitating group sessions on violence as men argued beating as an indication of love
- Older men not respecting their messages or opinion of ORWs, largely posturing in line with masculine traits and perceived violence to keep her disciplined
- Participation to group sessions was poor, and men only showed interest in discussions around sex and condom use

Privacy caused hindrance in providing services

- The privacy surrounding the relationship acted as a barrier to violence prevention as few women considered this as a sign of love whereas few had a fear of relationship break-up
- Demand for counselling or services remained low among women; still reluctant to disclose IPV, and women preferred to manage the situation on their own
- FSWs started avoiding contact with the ORWs and the intervention as the association was perceived by the IP as her continuation in sex work

Take away messages

- ❁ RCTs may not be feasible or the most appropriate evaluation design for interventions
 - When implemented by local groups whose primary allegiance is to helping their beneficiaries, and
 - When local groups may not scientifically understand or accept the logic of impact evaluations.
- ❁ Value of on-going monitoring of program implementation and additional qualitative research as it greatly helps in interpreting confusing results
- ❁ Newer way of designing the intervention while addressing IPV in such a complex relationship
- ❁ Samvedana Plus confirms the need for including sex workers or those in live-in relationships in broader discourse on IPV

Key messages

- Future interventions call for a newer way of designing the intervention while addressing IPV in such a complex relationship;
 - addressing these complexities before IPV may be helpful

- Samvedana Plus was a very different intervention from other IPV trials, as it focused on a very specific population, devadasi sex workers.

- Further structural and policy changes to challenge acceptance of violence in communities
 - Violence normative expectation of marriage and therefore welcomed by devadasi women
 - Heighted stigma and violence experienced by devadasi women reduces impact of targeted interventions

Thankyou



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