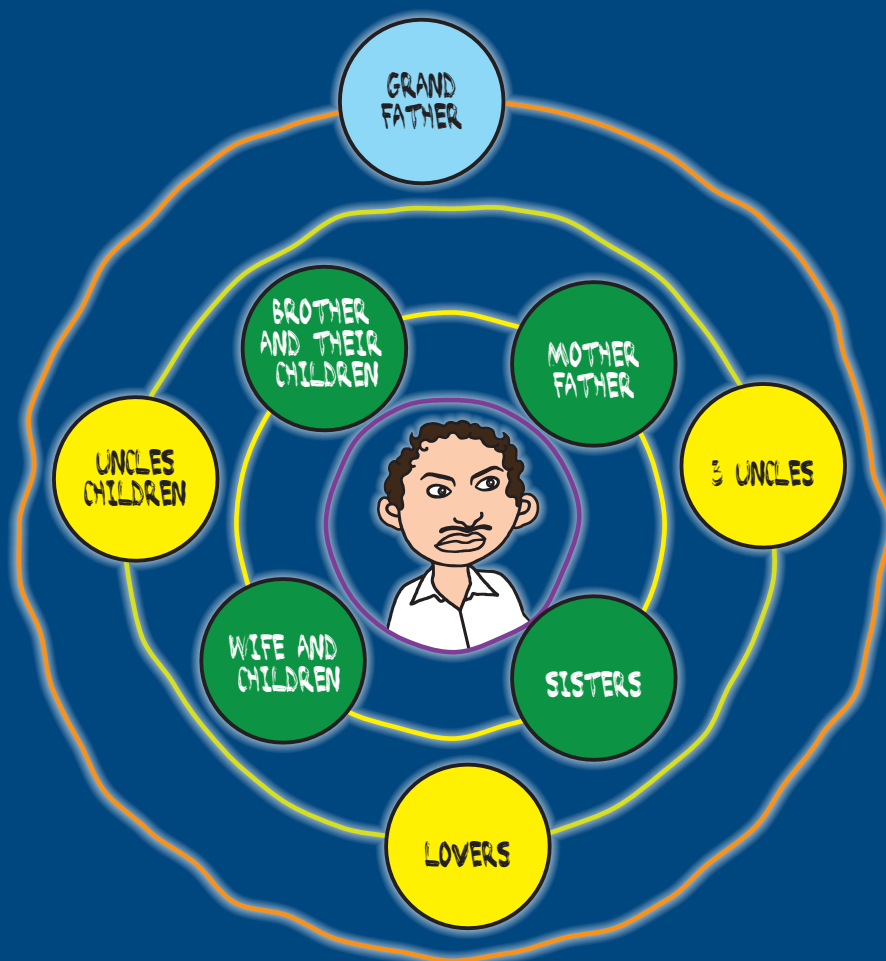


# UNDERSTANDING THE RELATIONSHIP BETWEEN SEX WORKERS AND THEIR INTIMATE PARTNERS

Findings from participatory research in North Karnataka, India





# Understanding the relationship between sex workers and their intimate partners

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North Karnataka, India



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Understanding the relationship between sex workers and their intimate partners: Findings from participatory research in North Karnataka, India

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The views expressed herein are those of the authors and do not reflect the official policy or position of UK Department for International Development.

### Ethical Approval

This study was approved by the Institutional Ethical Review Board of the St. John's Medical College and Hospital, Karnataka on 7th June 2012 (IERB study reference number 70/2012)

### Research Team

Parinita Bhattacharjee, study concept development, development of research protocols and analysis (University of Manitoba, India and Kenya); Raghavendra T, development of research protocols, local supervision, data collection and analysis (Karnataka Health Promotion Trust, India); Mahesh Doddamane, field team coordination, data collection supervision and dissemination (Karnataka Health Promotion Trust, India); Srikanth Murthy, Chidambar Kabur and Gururaj Kulkarni, data collection; Dr. Shajy Isac, Principal Investigator (Karnataka Health Promotion Trust, India).

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# ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
BCC	Behaviour Change Communication
FSW	Female Sex Worker
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
HRG	High Risk Group
HSS	HIV Sentinel Surveillance
IBBA	Integrated Behavioural and Biological Assessment
ICTC	Integrated Counselling and Testing Centre
IPC	Interpersonal Communication
IP	Intimate Partner
NACO	National AIDS Control Organisation
NACP	National AIDS Control Programme
PBS	Polling Booth Survey
PLHIV	People Living with HIV and AIDS
SACS	State AIDS Control Society
SHG	Self Help Group
STI	Sexually Transmitted Infection
TI	Targeted Intervention
VAW	Violence Against Women

# EXECUTIVE SUMMARY

While HIV prevention approaches in Karnataka have been successful in increasing condom use within the commercial sex partnerships of female sex workers (FSWs), inconsistent condom use with intimate partners remains a major concern. Female sex workers' ability to negotiate condom use with intimate partners is affected by inequitable power relationships between the women and their male partners, violence in their intimate relationships, and social norms and expectations around fidelity. This study, conducted in Bagalkot District in North Karnataka in 2012, attempts to understand the nature and dynamics of sex workers' relationship with their intimate partners. A series of participatory workshops were held to explore how both sex workers and their intimate partners understand and interpret their relationships, their reasons for not using condoms in these relationships and the role of violence and its consequences.

Two separate three-day residential workshops were held: one for sex workers and one for their intimate partners. Participatory approaches, such as "Exploring Tools" and "Analysing Tools", gave participants the option of talking about "the community" or "people like us", enabling them to discuss issues in a non-traumatising or stigmatising manner, without having to relate their own experiences directly. "Exploring Tools" included Symbols and Venn Diagrams for observation and reflection of experiences, while "Analysing Tools" included the Octopus diagram and Problem Tree to identify linkages and perceptions and to explore relationships. A total of 68 respondents participated, including 31 female sex workers and 37 intimate partners of these sex workers. The list was generated with the help of community collectives of sex workers.

The findings indicate that relationships between female sex workers and their intimate partners are characterised by love, trust, emotional intimacy, dependency and violence. Their expectations of each other are influenced by dominant social norms, gender roles and concepts of partner fidelity. The female sex workers consider their intimate partners an integral part of their lives, but for their intimate partners, their families come first. The clear distinction between 'good' women and 'bad' women shapes the men's expectations of their wives and FSW lovers. While the wife is expected to be a caregiver and a home-maker, the FSW lover is seen as a means of sexual pleasure. This distinction also influences the female sex workers' expectations of the relationship and the value they attach to it. The relationship not only provides them with a steady partnership and in some cases children, but also helps them to fit into the category of 'good' women.

This study brings out the power imbalance that exists between female sex workers and their intimate partners. The men expect both their FSW lovers and their wives to treat them as 'god' (as one respondent put it), for the women to be available whenever they need them, and to accept their supremacy and dominance in the relationship. While the FSWs live in constant fear and insecurity related to violence and estrangement, the intimate partners justify violence in the relationship. Intimate partners use violence as a means to demonstrate their power and to keep the female sex workers in constant submission. FSWs tolerate violence in these relationships because of their dependency on the intimate partners and fear of the consequences of conflict. Any retaliation to violence could involve more severe violence, or the breakup of the relationship.



For the female sex workers, the long-term health costs of not using condoms are outweighed by men's negative perception of condoms and the perceived costs of negotiating for condom use. They fear that insisting on condom use causes suspicion about loyalty and fidelity, as well as a risk of separation, estrangement and/or violence from their partners.

Programmes for prevention of HIV among female sex workers need to include interventions with their intimate partners in order to increase condom use and reduce violence. In this connection, it is important to note that, as this research reveals, both the FSWs and their intimate partners value their relationships *despite the high degree of violence and high risk posed by low use of condoms*. Interventions must be designed with an awareness of the complex nature of these intimate partner relationships.

# 01

Chapter

## BACKGROUND

In countries where the HIV epidemic is driven primarily by heterosexual intercourse, sex work is typically considered as an important component in the transmission dynamics [1]. India is one such country where sex workers are considered as high risk groups (HRG) and resources have been allocated to carry out targeted interventions with them as part of the National HIV Prevention Strategy [2]. The interventions largely focus on changing individual behaviour to encourage consistent use of condoms with their clients [3]. This approach has been criticized for regarding sex workers as a homogeneous population and for assuming that clients are sex workers' only sexual partners [4]. However, newer studies increasingly make a distinction between sex workers' sexual interactions with clients and intimate partners (also known as lovers in some context, and as *Hiriya* or *Malak* in the context of Karnataka). As in many other places, condom use has been found to be less consistent and experience of violence high in these intimate relationships, even in Karnataka [5,6,7,8].

The relationship between not using condoms and HIV is well established in literature. There is a very strong body of evidence now that confirms the links between Violence Against Women (VAW) /Gender Based Violence (GBV) and HIV. The relationship between VAW and HIV risk is complex and involves multiple pathways. Violence against women places women at increased risk of HIV, both through direct risk of infection and through creating an environment of fear in which women are unable to adequately protect themselves [9]. Sex workers' ability to negotiate condom use with their intimate partners is severely compromised by their emotional and sometimes financial dependence on the partners; inequitable power relationships between them and the intimate partners; violence in their intimate relationships; and social norms defining their acceptable behaviour and expectations around fidelity, thus making them vulnerable to HIV [4,10]. Studies have also shown that sex workers who experienced violence visited clinics less often, had lower condom use and experienced more condom breakage, increasing their risk to HIV [11]. The role of male partners in determining sex workers' sexual behaviour is very significant. The male partners' ideas of masculinity, sanctions given by the society and lack of accountability and responsibility in a sexual relationship, increase the risk and vulnerability of their female partners, female sex workers, as well as, women in the general population, particularly regular female partners [12].

While HIV prevention approaches in Karnataka have been successful in increasing condom use within commercial sex partnerships of FSWs, i.e., with their clients [13], inconsistent condom use with intimate partners remains a major concern [14]. Recent studies in Karnataka also show that clients and intimate partners may not represent distinct types of relationships [5]. Similarly, while projects have achieved considerable success in reducing violence against sex workers by police and clients, reports of violence from intimate partners against sex workers have increased [15]. These intimate relationships are fluid, distinguished from one another in terms of the development of affective ties over time [4]. Intimate relationships endure and evolve over time. A study conducted by KHPT shows that 80 percent of the intimate partners

had previously paid the sex worker (now lover) for sex, i.e., they were previously clients of the sex workers. Further, more than 20 percent of FSWs and 10 percent of intimate partners had more than one intimate partner at the time of research [5].

Lack of comprehensive understanding of the nature and dynamics of sex workers' relationship with their intimate partners makes it difficult to design appropriate strategies to address violence and the lack of condom use, which increases sex workers' risk and vulnerability. This gap in understanding was addressed by this study, through a series of participatory workshops with sex workers and their intimate partners to explore how they understand and interpret their relationships, reasons for not using condoms in these relationships and to understand the role of violence and its consequences.

# 02

Chapter

## STUDY DESIGN

### 2.1 Setting

The study was conducted in Bagalkot district in North Karnataka, where KHPT has since 2003 been implementing several programmes for the prevention of HIV, such as the '*Sankalp*' project funded by Bill and Melinda Gates Foundation. KHPT works in partnership with Chaitanya AIDS Tadegattuwa Mahila Sangha in the district<sup>1</sup> and has a learning site there. Out of the six *talukas*<sup>2</sup> in the district, Mudhol and Jamkhandi *taluks* were selected as the site for this study.

#### Context: Bagalkot District

Bagalkot is among the larger districts in the state of Karnataka, with a population of more than 1.6 million. There are more than 4000 FSWs in the district and majority of them (80%) are from the rural areas and *Devadasi*<sup>3</sup> sex workers. *Devadasis* initiate sex work at a much younger age (mean: 15.7 vs. 21.8 years for non-*devadasis*) than other FSWs.

The HIV prevalence among female sex workers in Bagalkot is 34.3 percent [16], which is much higher than the state average of 5.5 per cent [17]. HIV prevalence among clients in Bagalkot district is 13 percent, again the highest in the state [17]. The HIV prevalence rate among clients who have sex workers as their regular partners is even higher at 13.5 percent [17].

Sixty percent of sex workers in Bagalkot have at least one intimate partner. Seventy five percent of the intimate partners (IPs) reported being married; 50 percent had been known to the sex workers for over five years; and 80 percent of the intimate partnerships had started off as commercial sex partnerships. Though sexual activity in the relationships is high (9–10 sexual intercourse per month) condom use is low, especially with the main intimate partners (40%) and violence is present in one out of four relationships [5].

### 2.2 Methods and sampling

Participatory Learning and Action Tools (see Annexure I) were used in this study. Most of the tools were adapted from Tools Together Now, a toolkit developed by the International AIDS Alliance, describing a number of tools that can be used to stimulate participatory discussions [18]. Some of the tools were also borrowed and adapted from Stepping Stones – an Indian Adaptation [19], a training package on gender, communication and HIV. A total of five tools were used with sex workers and six tools were used with intimate partners to conduct the assessment. "Exploring Tools" such as Symbols, Venn Diagram, Hopes and Fears were used for observation and reflection of experiences,

<sup>1</sup> Chaitanya AIDS Tadegattuwa Mahila Sangha is a sex worker collective registered in 2001, working with 4365 sex workers in Bagalkot district with the objective of improving the lives of the sex workers and building their self-esteem.

<sup>2</sup> Taluks or talukas are administrative units in the states

<sup>3</sup> *Devadasi* system is prevalent in Karnataka especially in North Karnataka. *Devadasi* tradition involves a religious rite in which girls and women are dedicated, through marriage, to different gods and goddesses, after which they become the wives or servants of the deities and perform various temple duties. Over time, these duties came to include provision of sexual services to patrons of the temples. But the sex work has become increasingly commercialised.

and “Analysing Tools” such as Octopus diagram, and Problem Tree were used to identify linkages and perceptions and to explore relationships [20].

Participants were invited for two three-day residential workshops: one for sex workers and one for their intimate partners.

As both workshops required participants to share their inner feelings and thoughts about intimate relationships in which sex is pivotal, it was essential to make the participants comfortable and get rid of their inhibitions. Hence, significant time was spent in ice-breaker activities and interesting energisers to help the participants open up. This was especially significant for the intimate partners for whom the entire workshop experience was new.

#### Why participatory assessment and learning techniques were used

Participatory assessment and learning techniques have a number of advantages [21]:

They make it easier to collect a range of views and experiences, so that it is not just the views of dominant or confident people that are discussed. They allow people to express their ideas in different ways according to what makes them feel most at ease.

Unlike classical research methods which require individual respondents to talk about themselves, participatory approaches give participants the option of talking about “the community” or “people like us”. In this way they can enable people to discuss issues without necessarily having to directly relate their own experiences, which can be traumatising.

They allow people to think about issues such as violence from different perspectives – for instance, the perspectives of individuals who are victims or perpetrators; of specific groups of people; and of the overall community. This makes it easier to understand overall patterns of violence and the different levels at which it might be tackled.

They allow people to think about how violence – or any other problem – affects their lives and security in general. This means that even in places where sex workers are resigned to violence, they can begin to understand how much impact it has on other parts of their lives, such as their levels of poverty, or the security of their children.

They make it possible to formalise the participation of sex workers, ensuring that they themselves, rather than project workers, identify problems and solutions. They help build leadership and motivate participants to do something about the issues discussed.

These processes can serve as a good starting point to get baseline information for a project as they help identify the problems to be addressed. But the techniques can and should be used throughout the lifecycle of a project, to encourage practitioners to constantly analyse and review what is happening along with the community. This is especially true when trying to address issues such as violence, which may be complex and not easily identifiable at the outset. The way violence occurs may also change over time, and this is another reason why projects should keep up to date with the problems that sex workers are facing.

## 2.3 Selection and profile of participants

Participatory research requires partnership between researchers and respondents and involves people who are involved with the researched issue or have a stake in it [22]. Accordingly, in this study, respondents included female sex workers and their intimate partners. A total of 68 respondents made up the sample of this study: 31 female sex workers and 37 intimate partners of female sex workers.

FSW respondents from the two selected *talukas* (Mudhol and Jamkhandi) were initially screened for potential inclusion in the study using the following criteria:

- Should be a practicing sex worker (i.e., she should have traded sex for money in the last month).
- Should identify herself as female and having (at least one) current intimate male sex partner.

Intimate partners were screened based on the following criteria:

- Should have (at least one) female sex worker as a current intimate sex partner.
- Should identify themselves as an 'intimate sex partner' or a 'lover' or as a non-commercial sex partner (i.e. a partner whom the sex worker will not define as her current commercial client, although he could have been her client in the past)

A further classification was made using purposive sampling<sup>4</sup> to select respondents, from the initial selection of female sex workers, with the aim to equally represent all categories.

Detailed description of the participants among the female sex workers is as follows:

		<i>Non Devadasi</i>	<i>Devadasi</i>	Total
Marital status	Unmarried	5	24	29
	Married	2	0	2
Children	Have children	3	16	19
	Don't have children	4	8	12
Age	25 and below	6	6	12
	Above 25	1	18	19
Number of intimate partners	1 partner	4	15	19
	2 partners	3	8	11
	3 partners	0	1	1
Total		7	24	31

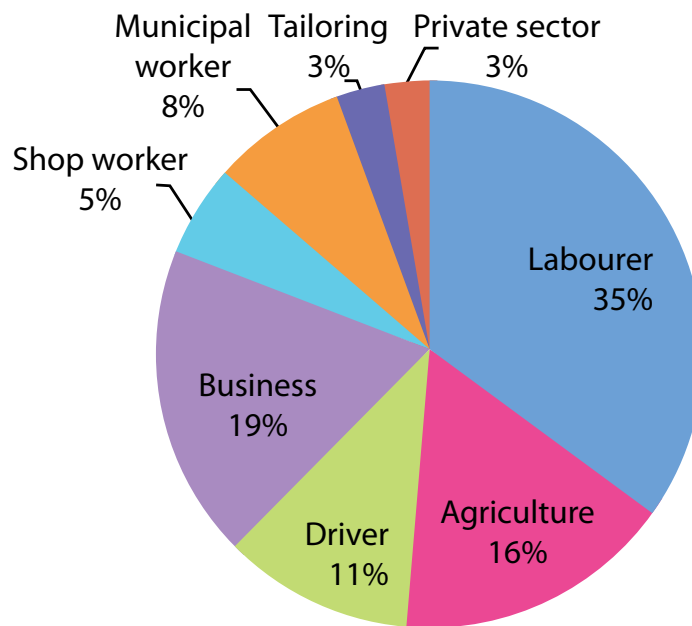
There were 37 participants in the second workshop with the intimate partners. The number of participants in each category were:

Category of participants	Number of participants
Unmarried	12
Married and below 25 years	5
Married and above 25 years	20
Total	37

The intimate partners were further divided into groups for discussion. Group 1 consisted of 10 unmarried intimate partners and Group 2 consisted of eight partners less than 25 years of age, two of whom were unmarried. The other two groups consisted of only married participants, with those in Group 3 aged between 25 and 35 years, and those in Group 4 above 35 years of age.

<sup>4</sup> Purposive sampling is a type of non-probability sampling in which the researcher consciously selects specific elements or subjects for inclusion in a study in order to ensure that the elements will have certain characteristics relevant to the study.

## Occupational profile of the intimate partners



Most of the intimate partners of the female sex workers who participated in the study worked as labourers, or on farms. Some of them also worked in shops or tailoring units, or owned small businesses.

Access to the participants for this research was facilitated by Chaitanya AIDS Tdegattuwa Mahila Sangha (CMS), a community based organisation (CBO) of female sex workers. CMS took the responsibility of selecting participants for the study, explaining its objectives and protecting the interests, confidentiality and safety of the participants, prior to and after the group exercises were conducted.

Since the CBO has been working in the region for more than 10 years and has a very good rapport with the sex workers, the response rate was 98 per cent. The sex workers who attended the workshop were motivated to bring in their intimate partners for the IP workshop. The CBO staff also personally invited some IPs, thus achieving a very high turn-out for the workshop.

## 2.4. Ethical considerations

This study was approved by the Institutional Ethical Review Board of the St. John's Medical College and Hospital, Karnataka (IERB study reference number 70/2012).

As the workshop focused on sharing intimate and private experiences of the participants, informed consent was obtained from all the participants. The facilitators read out the consent form to the participants in the local language (Kannada) before the workshop. Participants were asked to sign the consent form only if sharing personal experiences and photographs for this research was acceptable to them. As part of this procedure, respondents were also assured that their participation in the study was voluntary and their decision to participate or decline would not affect their ability to access the health clinic and other services provided by Chaitanya AIDS Tdegattuwa Mahila Sangha. Anonymity was maintained by using an identification number instead of names of participants.

## 2.5 Workshop process

The FSWs initially found holding a pen, drawing and expressing their thoughts on paper quite challenging. As most of the participants were illiterate, they initially preferred to express verbally rather than through drawings. The facilitators allowed the discussions and the process to evolve gradually. After the first day, some participants started using the pen and paper, which motivated and encouraged others to do the same. Most female sex workers preferred individual sharing with facilitators rather than sharing with the group even though the exercises, for instance on condom use, were designed to be in group format. Facilitators were receptive to the FSWs' need for privacy in this discussion and hence group discussions on this subject were replaced with in-depth interviews. By the second day, participants became more comfortable in sharing with the group and discussions on violence, hopes and fears were conducted in the group format.

The experience with respondents among intimate partners was a bit different. Being males, most intimate partners had higher literacy levels than their female counterparts. They preferred writing about their experiences rather than expressing through drawings. They were also more open to group discussions than the FSWs. They also expressed their appreciation for the workshop, stating that they rarely got asked about their feelings. Dividing groups on the basis of their age and marital status ensured some degree of homogeneity and helped participants feel comfortable sharing about their relationships, and about violence and condom use.

Interpretations of writings, drawings and other outputs from all the tools were analysed in a participatory manner. In workshops with both FSWs and IPs, participants were involved in interpreting meanings from each tool and their comments/observations were noted.



# 03

Chapter

## FINDINGS

The findings of both the workshops are combined to understand the relationship that the sex workers and intimate partners share. The findings also highlight the variation in perspectives of sex workers and the intimate partners. During the workshop, the sex workers and intimate partners used different participatory tools to depict their perception of self and the partner including importance of various relationships in their lives; ideal images of relationships; factors influencing condom use in relationships; violence and conflict in relationships; and hope and fears for the future. This section is organised to represent the sequence of sessions followed in the actual workshops with sex workers and their intimate partners.

### 3.1 Perception of self and the partner

The tool 'My Symbol' (refer to Annexure 1) was used with the female sex workers to understand their perceptions and attitudes towards self and intimate partner, as well as, to understand the nuances of their relationship. Participants drew two symbols/pictures to describe themselves and their intimate partners.

An important conclusion from this exercise was that while FSWs describe love as the foundation of their relationship with intimate partners, these relationships were marked by signs of insecurity, fear and violence.

Most female sex workers participating in the workshop perceived their intimate partners as 'husbands', and their relationship as equivalent to a matrimonial relationship. The FSWs used symbols such as flower, water, cow, parrot and *Thali*<sup>5</sup>, representing beauty, skills or a married woman to describe themselves. However, they depicted their intimate partners using symbols such as monkey, snake, tiger, deer or coconut, representing the violence, dominance and power of the intimate partner.

**Figure 1: Me and my intimate partner – a drawing by a female sex worker**

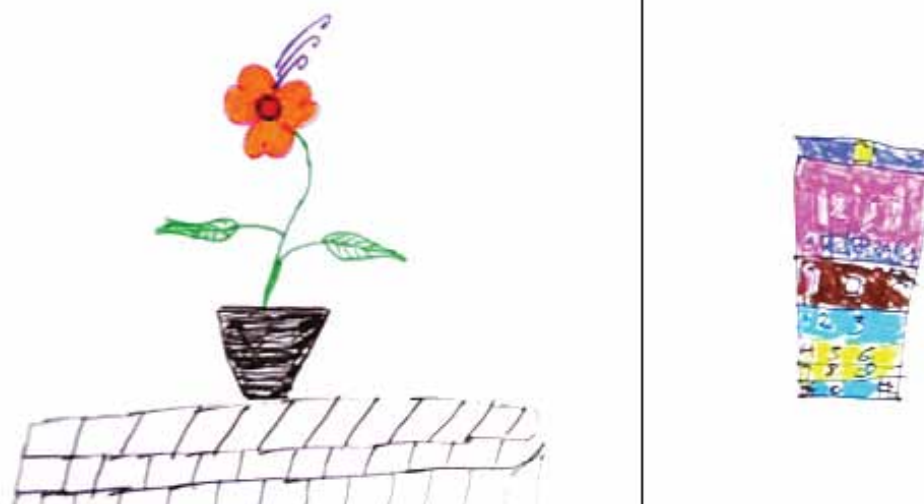


<sup>5</sup> *Thali* is a neck ornament worn by women, especially in South India, symbolising marriage according to the Hindu tradition.

"I think my lover is like a snake, because he is very poisonous and I am afraid of him. When he gets angry, he hisses like a snake. But just like the way we worship a snake, I worship him too...As for me, I compare myself with a frog in the well"

*35 year old female sex worker*

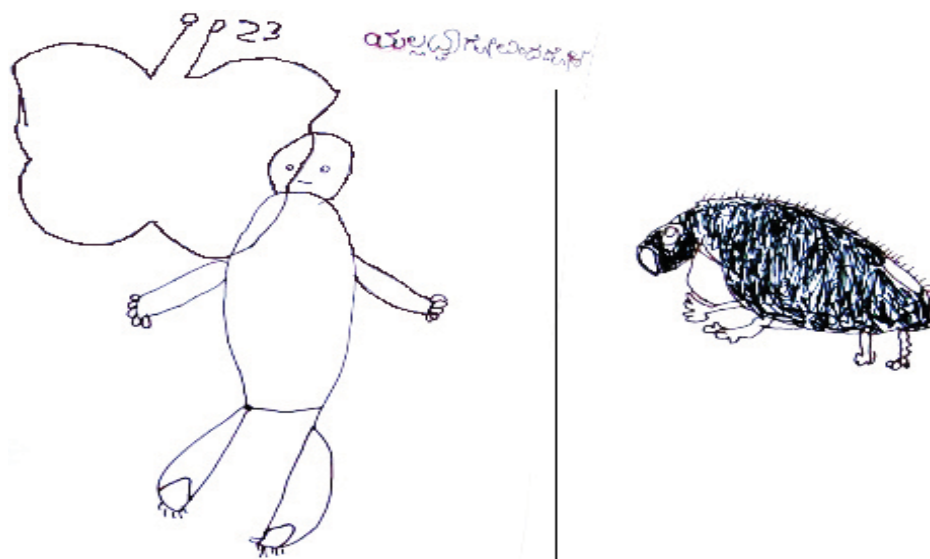
**Figure 2: Me and my intimate partner – a drawing by a female sex worker**



"My symbol for my lover is a mobile. This mobile helps me to be in contact with him whenever I want, especially during emergencies. I stay in touch with him more through the mobile than meeting him in person and hence the mobile is very important for me..... I also think that while the mobile is useful, it can also be deceptive and is dangerous... I visualise myself as a jasmine flower which spreads fragrance and which people wear in their hair"

*30 year old female sex worker*

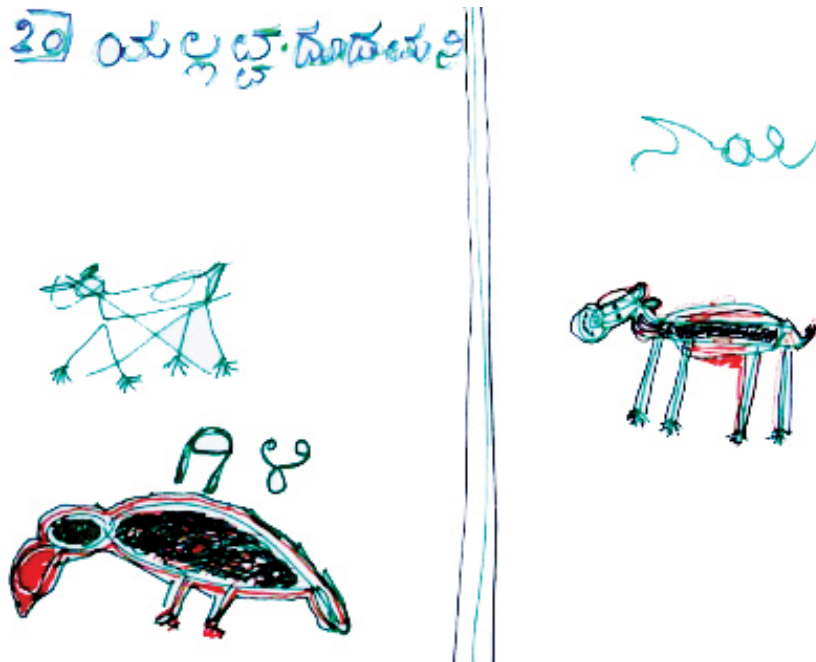
**Figure 3: Me and my intimate partner - a drawing by a female sex worker**



"My lover is like a bear as he growls and roars like a bear when angry and scratches himself often... I am like a butterfly and want to flutter like one."

*30 year old female sex worker*

Figure 4: Me and my intimate partner – a drawing by a female sex worker



“My lover is very cunning and follows me wherever I go just like a dog. When he is angry he wants to bite me and destroy me at any cost... I feel like a parrot and want to fly freely.”

*22 year old female sex worker*

While most female sex workers used symbols that represented negative characteristics for their intimate partners, some drew positive images of their partners.

“My hiriya (intimate partner) is like a coconut, hard on the outside and soft inside. He looks after my children and is very affectionate towards me and my children.”

*32 year old female sex worker*

The images that the female sex workers used for themselves seem to reflect the way in which they want themselves to be seen by others, especially their lovers. They used the symbols of flowers and birds to depict themselves as beautiful, feminine and charming. They also seem to perceive themselves as wanting to please others. The expressions such as the desire to ‘flutter’ or ‘fly freely’ and ‘see the world’ probably indicate their aspirations to be more independent and suggest their current inability to do those things.

In sharp contrast, intimate partners were mostly described as aggressive and dominating, with some FSWs depicting them as animals that could be violent or cause them mental or physical harm. Many symbols were used to depict two opposing or contrasting characters, often in extremes. For instance, certain symbols such as the coconut represent both reverence and toughness because of the hard exterior<sup>6</sup>.

The symbols used by the female sex workers indicate that they perceive their relationships with intimate partners as deep. Violence and fear appear to be dominant features of these relationships. Trust and infidelity in these relationships are also recurrent themes. The female sex workers’ desire

<sup>6</sup> Coconut is a symbol of reverence in South India

for more freedom and security suggests that they currently experience insecurity and lack of freedom in their relationships with intimate partners.

### 3.2 Importance of the relationship

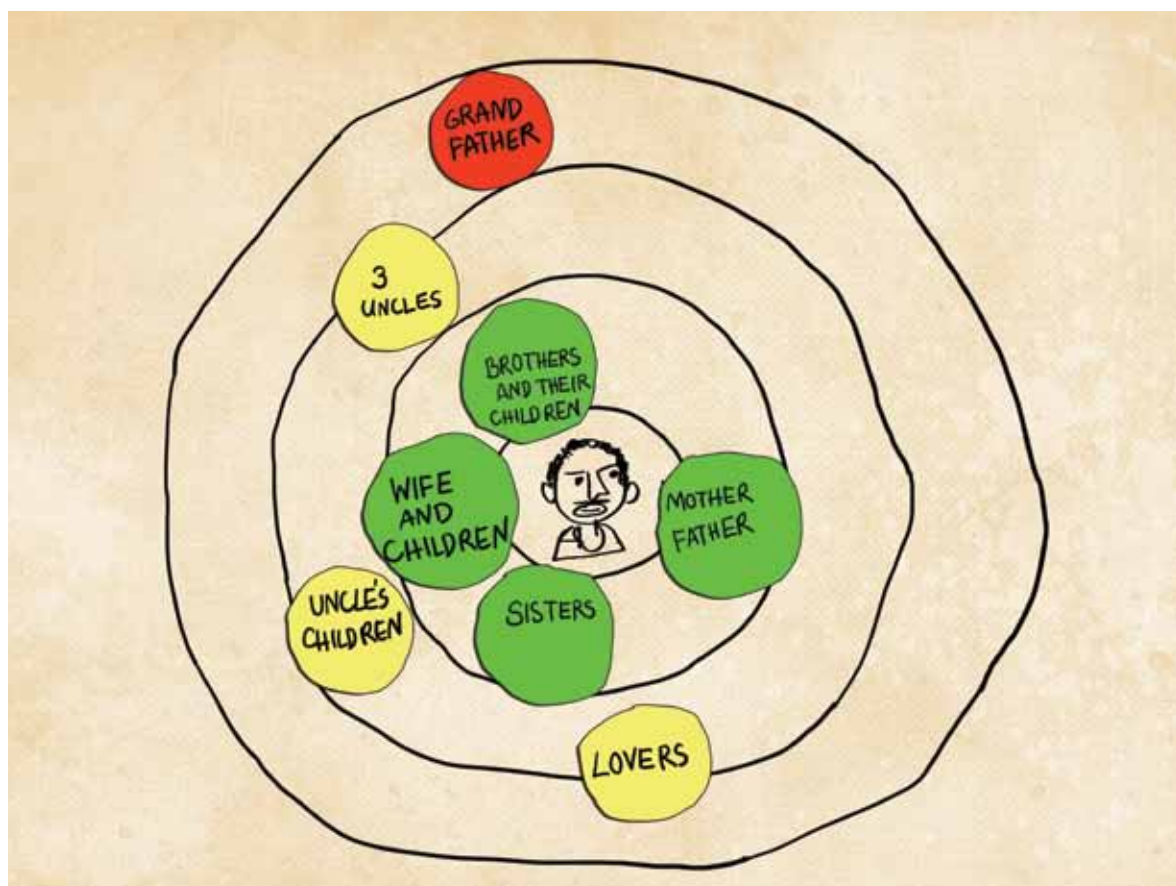
Importance of the relationships was explored only with the intimate partners, using a Venn (*chapati* in local language) Diagram. The tool was used to understand the extent of importance intimate partners attach to different people in their lives and the comparative importance of the FSW lover in relation to others.

About half of the respondents placed their FSW lovers in the inner and bigger circles of the Venn Diagram, indicating that the FSW lovers held high importance in their lives. The majority of these respondents were unmarried.

Most partners who were married placed their family members in the inner and larger circles and assigned them greater importance than their FSW lovers. Family members who got priority over the FSW lovers included parents, brothers, and/or wives and children. Some partners who had more than one FSW lover placed one of them closer than the other.

Three of the twenty five married intimate partners placed FSW lovers and wives in the same circle indicating equal importance of both in their lives.

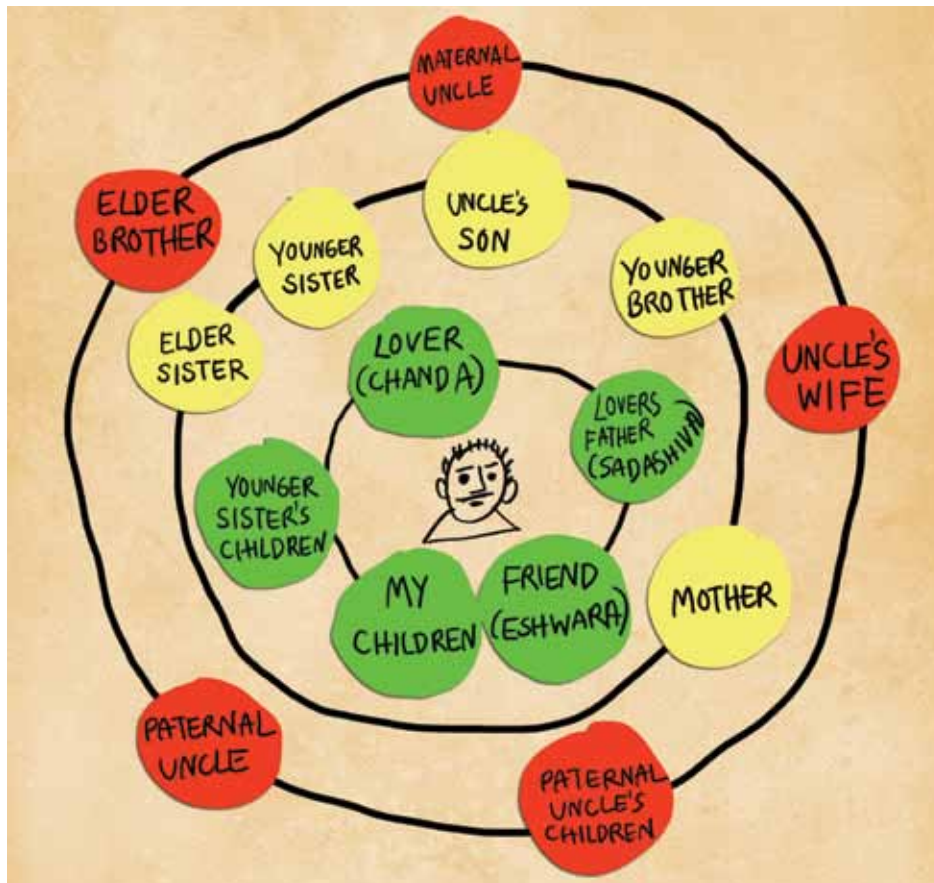
**Figure 5: Important people in my life – drawing by a married intimate partner**



Venn Diagram in Figure 5, drawn by a 37-year-old married intimate partner shows him placing his wife and children and other immediate family members in the inner circle indicating the high importance of these relationships in his life. He has placed his lover in the middle circle with other extended family members, indicating their relatively lower importance in his life.

In contrast, the Venn Diagram in Figure 6 (below), drawn by a 30-year-old unmarried intimate partner shows that his lover and her children (whom he refers to as 'My Children') are more important than his own and extended family members. His sister's children and his friend are as important as his FSW lover and her children.

**Figure 6: Important people in my life – drawing by an unmarried intimate partner**



This exercise indicates that intimate partners, in equal numbers, either hold their FSW lover as more important than other relationships in their lives, or hold other relationships, notably immediate and extended family, as more that important than the FSW lover. The marital status is a key factor distinguishing both types of intimate partners. While for most married intimate partners, their FSW lovers are less important than other relationships, for unmarried intimate partners the FSW lover is more important.

This also indicates the potential for conflict/ strife in these relationships as a previously unmarried intimate partner for whom the FSW lover was more important could change after marriage, to give more importance to his immediate family.

### 3.3 Ideal images of the relationship

The tool 'Ideal Images' was used to generate information about the expectations of FSW lovers and their intimate partners from their relationship with each other. FSWs were required to describe their image of an ideal intimate partner and intimate partners were asked to describe their image of an ideal wife and an ideal lover. An important finding from this exercise was that there are differences between ideal images and the reality.



### Ideal images of lovers or wives - according to intimate partners

Intimate partners shared ideal images of wives and FSW lovers. The images used by intimate partners for wives and FSW lovers were similar in most aspects: both were expected to be loyal, possess a good character, dress 'decently' and have a caring nature. The difference in images related to duties of child-care and family-care which were expected of wives but not of lovers. In general, wives were expected to take care of the children, parents and families and treat their husbands as "gods", while FSW lovers were expected to primarily provide sexual satisfaction, pleasure and even romance.

"Both my wife and my lover have to be loyal to me. If I ever come to know that my lover is going with other men, I will kill her."

*25 year old married intimate partner*

"My lover has to wear decent dresses and should not even talk to other men."

*22 year old unmarried intimate partner*

FSW lovers were also expected to be available whenever the intimate partner wanted sex and were not supposed to refuse sex under any circumstance. Intimate partners expected FSW lovers to give emotional and financial support that they would not get from their wives and give them money whenever they needed it.

"I have a relationship with her (sex worker) because I like her. I love her more than my wife. I don't expect any romance in my relationship with my wife but I expect that my relationship with my lover should be full of romance."

*28 year old married intimate partner*

"When I drink, I cannot go to my wife as she does not like it and quarrels with me. But I expect that I can go to my lover without any hesitation. I expect her to even give me company."

*35 year old married intimate partner*

Intimate partners used different terms to express their image of themselves as ideal husbands and ideal intimate partners to FSW lovers. An ideal husband was described as a breadwinner, providing for the family and as capable of producing and raising children. An ideal intimate partner was described as one who practices safe sex and takes care of the health needs of his FSW lover. Even though, in the previous exercise, some intimate partners considered the FSW's children as their own, in this exercise, few of them said that they could not be expected to accept 'fatherly' responsibilities towards the children of their FSW lovers.

"I will look after my lover's children but she should not expect that I will accept them and allow them to call me 'appa'. I am not sure whether they are my children."

*32 year old married intimate partner*

### Ideal images of intimate partners - according to FSW lovers

Female sex workers described an ideal intimate partner as someone who would take the responsibility for their children (healthcare, education and marriage) and parents (old age care), acknowledge the FSW as their wife in public, accompany her to the temple and treat both, the FSW and the wife, alike. They also felt that such a loving relationship is possible when the sex

worker and the intimate partner live together, spend a lot of time with each other and experience small pleasures together, rather than sex being the only important aspect of their relationship. Most respondents while describing ideal images for intimate partners shared that their current intimate partner relationship was far from ideal.

“When he is with his wife, he does not respond to my calls as he fears his wife and parents will come to know that I had called. He calls when he comes out. He lies to me saying that he was at the bus stop and does not openly say that I am at my wife’s place. This behaviour affects my trust as I know for sure that he is with his wife.”

*25 year old female sex worker*

“My lover is from a higher caste. He does not like to go out with me in public as I belong to a lower caste. He feels that if his family members, relatives or friends see him with me, it will bring shame to him. So he calls me secretly. He also does not look after and love our children in the way he loves his children from his wife.”

*27 year old female sex worker*

FSW lovers shared that the current less than ideal situation can become more like their ideal image by small changes in the behaviour of their intimate partners: apologizing after a quarrel, displaying love and affection by kissing, dressing well, showing appreciation and praising, giving small gifts, helping her in heavy manual work and being accessible at all times. These expressions by FSWs indicate that they expect trust, loyalty and support from their intimate partners.

“When I told my lover that I am going for a training programme, he ordered me not to attend the training as he doubted whether I would really attend the training programme or use it as an excuse to meet other clients. The whole night, he abused me over the phone and threatened to leave me for not obeying his orders. I feel my lover should have more trust and confidence in me.”

*20 year old female sex worker*

The different perceptions and images of an ideal partner/lover shared by the participants makes it clear that there is a gap between the expectations of FSWs from their intimate partners and what the intimate partners saw as their role in the relationship. Expectations of both, the FSW lovers and intimate partners, were rooted in gender norms and gender roles (man being a provider, controller and woman being a caregiver, submissive). FSWs yearned for display of affection, to be elevated to the status of a wife and for public acknowledgment of this status. They also yearned for intimate partners to take on more responsibility for their family. On the other hand, the intimate partners visualized their role as that of lovers, primarily in terms of sex (responsible to practice safe sex).

Similarly, there were differences in what the intimate partners expected of their FSW lovers and the FSW lover’s perception of their own role. The intimate partners’ expectations from FSW lovers revolved around their sexual satisfaction and the need for FSW lovers to conform to gender roles (of meeting intimate partners’ needs).

### **3.4 Factors influencing the use of condoms in these relationships**

Two tools were used to understand the dynamics of condom use in the relationship between FSWs and their intimate partners. The ‘Octopus Tool’ was used with both the groups (FSW and IPs) to explore the reasons for non-usage of condoms by FSWs and intimate partners despite them being aware of the risks of unprotected sex.

The other tool, 'Secret Ballot', was used only in the workshop with intimate partners to further understand why they did not use condoms with their FSW lovers. The most common reason reported by intimate partners was that they trusted their FSW lovers and had affection for them, and therefore did not use condoms.

As the findings below indicate, reasons cited for not using condoms are rooted in notions of masculinity and femininity and of loyalty and fidelity in relationships and indicate the unequal power sharing in the relationship between FSWs and their intimate partners. Also, the reasons shared by FSWs in particular reflect the importance of these intimate relationships in their lives and their need for reinventing their image in a socially desirable manner.

### Reasons shared by female sex workers

The reasons shared by female sex workers for not using condoms with their intimate partners ranged from deep love and trust in their partner that made the use of condom unnecessary, to fear of actual violence and harassment from partners if they suggested use of condoms. Participant FSWs were used to consistently and firmly negotiating condom use with their clients. However, when it came to intimate partners, they did not do this.

FSWs tended to become emotional and many preferred to share their experiences privately with facilitators rather than with the entire group. Most of these experiences involved fear of violence and harassment from partners while negotiating condom use.

The main reasons shared by FSWs for not using condoms with their intimate partners were:

- That there is deep love, affection and trust in these relationships and therefore there was no need to use a condom.
- That these relationships were like matrimonial relationships in which condoms were not used. Using condoms with intimate partners would suggest that this relationship is not akin to a matrimonial relationship, and could cause strife between FSW and partners leading to separation.
- That partners did not perceive a need for using condoms since they are 'regular' partners and therefore felt that they had the 'right' to have unprotected sex with the FSW.
- That intimate partners did not expect FSWs to solicit any clients (after getting into a relationship with the intimate partner), and that asking for condom use would suggest that they were still soliciting clients which would upset and anger the intimate partner.

"My intimate partner does not get satisfaction if he uses a condom. He says that he is my regular partner and hence has a right to have sex with me without a condom."

*20 year old female sex worker*

Discussions with FSWs reveal that inasmuch as these intimate relationships are characterized by love and trust, they are also characterized by jealousy and mistrust, and any mention of condoms in these relationships is seen as an affirmation of infidelity, disloyalty, or presence of disease.

Suggesting condom use in such relationships would only create suspicion that the sex worker is still entertaining clients. Since most FSW lovers are emotionally dependent on their partners and many believe that the intimate partners will take care of them and their children in the future, they do not bring in discussion on condoms out of fear of losing that support. Fear of violence also discourages the sex workers from negotiating condom use with intimate partners. FSWs expressed their desire



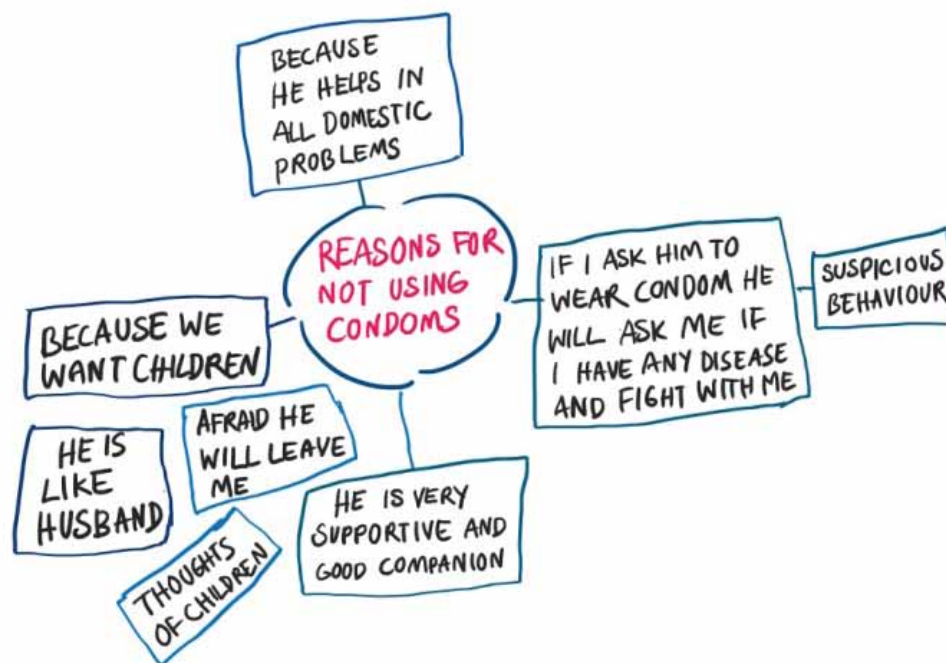
to have children with their intimate partners. Often, this is because they believe that the intimate partner would love them more and would be more committed to them if they bore his children. This wish to have children with intimate partners also works as a deterrent to using condoms in these relationships.

“My intimate partner spends more on me than others as he has taken the responsibility of my entire family. If I try to convince him to use condoms, he beats me and forces me to have sex with him without using a condom. He feels why should he use condom when he is spending so much money”.

*36 year old female sex worker*

All reasons shared by FSWs indicate that a multiplicity of factors, often co-existing and interconnected, determine condom use, or lack thereof, in these relationships (see also Figure 7 below).

**Figure 7: Why we don't use condoms – female sex workers**



### Reasons shared by intimate partners

Reasons shared by intimate partners were quite similar to those shared by their FSW lovers. For instance, intimate partners also expressed that intimacy and love in these relationships made them superior to client–sex worker relationships and not using condoms was one of the privileges of this bond. Their comments suggest that not using condoms with FSW lovers was an indication of the relationship having been ‘upgraded’ from a commercial one to something that was based on love and trust.

The FSWs were correct in their perception that not using condoms was seen as a ‘right’ by the intimate partners. The intimate partners shared that they considered themselves in a position, which provided them exclusive right to have unprotected sex with the FSWs, and any negotiation of condom use in such a relationship only undermined it.

Another set of reasons cited by the intimate partners related to the perception of condoms as a barrier to sexual pleasure and as being cumbersome. They said condoms did not allow skin-to-

skin contact and impeded sexual pleasure and that removing a condom after the sexual act was disgusting and embarrassing. Some of them also reported that the process of wearing and removing condoms affected the mood and passion during sex.

“I have used condom with my lover when I used to go to her as a client. But now that I am her lover, I do not feel the necessity to use condoms as I trust that she will not have sex with anyone else other than me.”

*36 year old intimate partner*

Intimate partners also said that they used condoms only under certain circumstances: to avoid pregnancies or when they wanted to have sex with the lover while she was menstruating.

“I can use a condom only once. If I feel like having sex again, I have to remove one and wear another. The whole process lowers my mood to have sex.”

*29 year old unmarried intimate partner*

“If I use a condom, I do not get a sense of closeness that one experiences out of the skin-to- skin touch. Unless I ejaculate in the vagina, my lover also does not get complete satisfaction.”

*28 year old unmarried intimate partner*

“It is so disgusting and embarrassing to remove the messy condom and throw it away after the act.”

*38 year old married intimate partner*

Figure 8 from the Octopus exercise with unmarried men sums up the various factors why intimate partners do not like to use condoms in their relationship with FSW lovers. Dislike of condoms (because they are a barrier to pleasure), emotional intimacy, and love and trust were listed as reasons for non-usage of condoms.

“I use condom only when my lover is having her periods and I still want sex.”

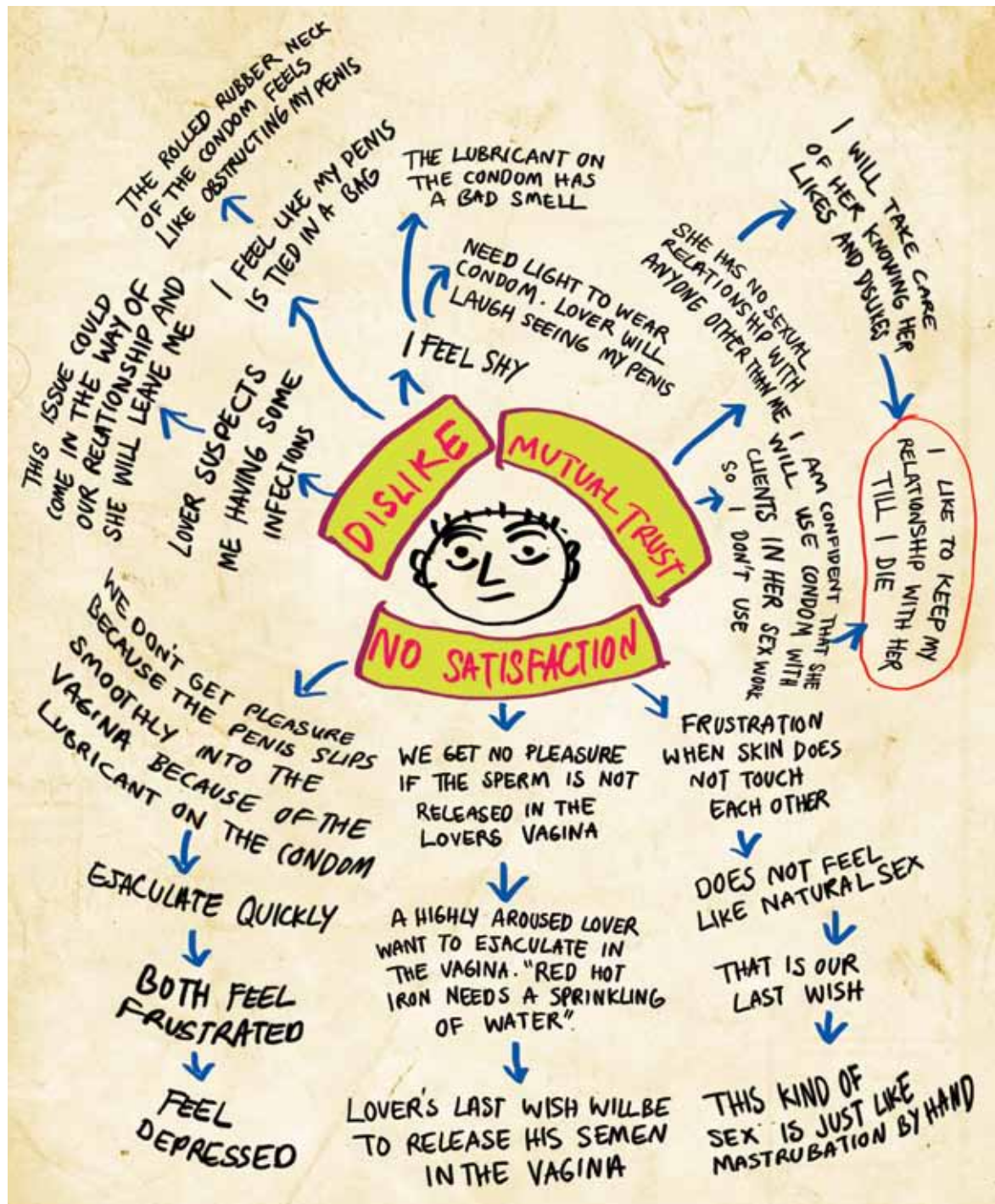
*30 year old married intimate partner*

“I use condoms only to avoid her from becoming pregnant.”

*25 year old unmarried intimate partner*

It emerges that, while there are some differences, the reasons for not using condoms in these relationships are similar to some extent for both FSWs and their intimate partners. Both perceive that in an intimate relationship such as theirs, use of condoms would indicate disloyalty, undermine the ‘intimacy’ quotient of the relationship and leave it no different from a client–sex worker relationship. However, for FSWs, not using condoms also comes from their aspiration and perception of this relationship being akin to a matrimonial relationship where, according to social norms, condoms are not used.

Figure 8: Reasons why we don't use condoms – intimate partners



For intimate partners on the other hand, while they accorded superior status to this relationship, they did not equate it to marriage but believed it gave them the right to sex without condoms. While fear of retribution from intimate partners was a significant deterrent for FSWs, for intimate partners, perceived sexual displeasure from condoms was the main deterrent.

### 3.5 Violence and conflict

In order to understand the causes and consequences of violence in intimate partner relationships of FSWs, the tool 'Problem Tree' was used with both sets of participants. This exercise revealed that jealousy, insecurity, infidelity, unrealistic expectations from each other and finances were the main causes of violence in these relationships. An important consequence of violence highlighted by the exercise was that it not only affected both FSWs and intimate partners but also their family members, especially children.

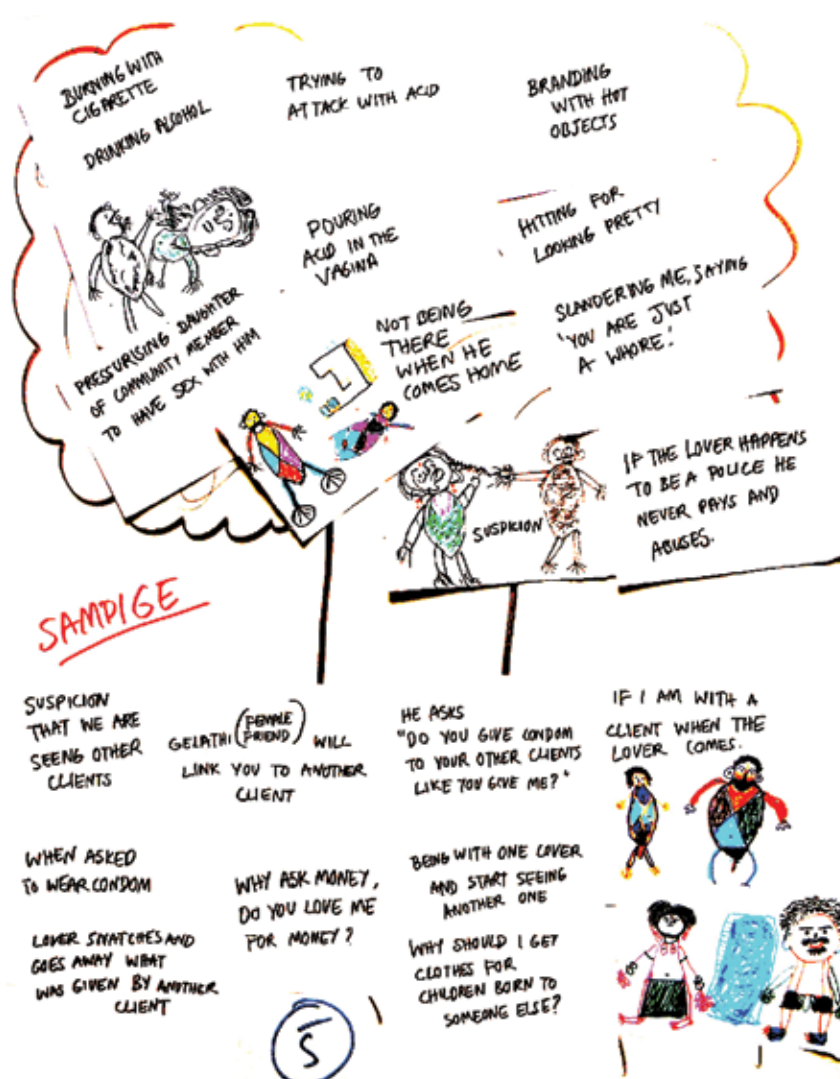
Findings from these exercises indicate that even as both FSWs and their intimate partners speak of love and affection in the relationship, they also share that the relationship is marked with violence.

#### What the female sex workers said

According to the FSWs, their relationships with intimate partners became non-loving when partners were disrespectful towards them and insensitive to their needs and desires. This has been a frequent source of conflict and violence in these relationships.

FSWs were asked to draw a problem tree, listing the causes of violence and forms of violence.

Figure 9: Problem Tree: violence according to female sex workers





The problem tree in Figure 9 was developed by a group of 25-35 year old *Devadasi* FSWs. According to them, negotiating for using condoms, demanding money from intimate partners, expecting them to take care of FSWs' children, suspicion and soliciting clients were the main causes of violence in their relationships with intimate partners. Violence was often severe and manifested in the form of throwing acid on the FSW, burning her with cigarette butts, hitting severely, and so on. FSWs also shared that violence often took the form of intimate partners demanding to have sex with the daughter or sister of the FSW lover.

Insecurities, suspicion and jealousies constitute one set of causes of violence in intimate partner relationships of FSWs. FSWs shared that intimate partners were suspicious and jealous of other men in the lives of their FSW lovers. According to the participants, these jealousies and insecurities drove partners to violence.

"I had gone for training for 3-4 days, he asked me where I had gone, and whom I met and what did I do there. He was not satisfied with my answer so he asked me to prove my love towards him by putting my hand in the boiling oil. He said if my hand does not burn, then only it will mean I truly love him."

*33 year old female sex worker*

It was not just the intimate partners being jealous, participating FSWs shared that they too could be consumed by jealousy, leading to conflict and violent attacks from their lovers.

"My lover has a relationship with another woman who stays close by. I am with him for 10 years now and have 2 children from him. When she (other woman) came to know that he has a relationship with me, she asked for an explanation and they had a big quarrel. So he burnt her with cigarette butts. If I ask about her, he beats me too."

*32 year old female sex worker*

Sex workers also stated that intimate partners showed their dominance and power over them through violence. In situations of conflict, it was common for intimate partners to use violence 'to win' or to put the woman down. Source of conflict could be diverse, related to running of the household, child-care or demands for sex.

"I had a major operation sometime back. Doctors had advised abstinence from sex for six months. But he did not pay any attention to doctor's advice and had sex with me after 3 months. As a result I had an infection and had to undergo another operation. He just wants to show off his power over me."

*35 year old female sex worker*

The FSWs shared that they feared the consequences of violence more than the violence itself and they were also fearful of the consequence of violence on their children. They reported that most of the time conflicts ended negatively and created tension in the relationship. This in turn often led to partners deserting the FSW lover, over-consumption of alcohol (by both), resorting to physical violence towards themselves or FSW lovers, attempt to commit suicide by FSW or murder of the FSW lover by intimate partner. Emotional violence was also listed as one of the consequences of conflicts.

Occasions where conflicts ended on a positive note were rare, with the partner apologizing for inflicting violence.

### What the intimate partners said

Intimate partners had a somewhat different perception of the causes of conflict in their relationship with FSW lovers. According to them, the cause of conflict was almost always related to shortcomings on part of the FSW lovers. For instance, intimate partners shared that they got violent when their FSW lovers went out without their permission, or when they denied sex/ particular kind of sex. Demands for money by the FSW lover or by the intimate partner were stated as another cause of conflict and violence.

The partners also shared that they experience stress on account of being responsible for two families: one with their wives and one with their FSW lovers, and that this was a cause of conflict in their relationship.

The intimate partners also acknowledged the fact that they felt a sense of superiority over the FSW lovers and had sanction to use violence against them. They strongly felt that the behaviour of FSW lovers triggered conflict, which they had to settle by use of violence.

Figure 10: Problem Tree: violence according to intimate partners



Figure 10, shows a Problem Tree, developed by a group of intimate partners to show causes and consequences of violence against their sex worker lovers. The causes identified included – mistrust against the FSW lover, influence of alcohol, lover refusing to have sex, issue of money. They also listed consequences of their violent behaviour: she may leave him, she could commit suicide, they could get separated, FSW could get back to sex work and it might impact on children.

In other groups, participating intimate partners listed consequences ranging from reconciliation – where both parties realized their mistake and forgive, to increased violence-more beating, burning, throwing acid on the face, rough/ forced sex and even murder. Separation from current lovers and seeking other lovers was also listed as possible consequences. The partners also believed that violence had the potential to destroy an individual as he/she may develop low confidence, lose interest in life and trust in love. They also said that violence could ruin families by impacting on children's present and future lives.

"My lover doesn't like me praising my wife in front of her. She always wants to be praised. This sometimes leads to arguments wherein she picks on all my previous faults. Then I may get angry and may beat her."

*32 year old intimate partner*

"Sometimes, I see that she has more money. When I ask her where she got this money from, she stammers and lies. She sure had fun with other men! When I have told her that I will take care of her, why should she do all this (sex) work? So I get angry and pick up a fight. Then I will naturally look for someone else, no?"

*36 year old intimate partner*

"... and most of these fights happen in front of children... not good for them, no?"

*35 year old intimate partner*

"When we fight, we don't talk for several days. This might affect her more than me."

*25 year old intimate partner*

"After a fight... she threatens to end her life. How does that benefit anyone? Doesn't she care about her children at least?"

*28 year old intimate partner*

Exercises with both FSW lovers and their intimate partners revealed that both justify the acts of violence in their relationship. The intimate partners resort to violence in situations of conflict that arise from disagreements in relation to legitimacy of the relationship, demand for sex or use of condoms, suspicions about fidelity of the FSW lover, demand for gifts and/ or under the influence of alcohol. They use violence to show their dominance and assert control in the relationship. FSW lovers often tolerate violence out of fear of consequences, such as more severe forms of violence from the partner, break up of relationships or even abuse of children and other family members. Violence is clearly seen by intimate partners as a legitimate tool for punishing their FSW lovers for their 'mistakes'.

### 3.6 Hopes and fears for the future

The tool 'Hopes and Fears' was used to understand the attitudes and feelings of FSW lovers and their intimate partners about the future of their relationships.

Exercises concluded that the primary fear was that of the relationship breaking up and the primary hope was about having a lasting, loving and loyal relationship. The most common fear was that of estrangement from each other and not getting love and affection from one another. This emerged as a primary concern of both FSWs and their intimate partners.

#### Hopes and fears of FSWs

FSWs shared that the sexual relationships they have with many men are mostly commercial, where love, commitment and respect are absent. Most men look at them as commodities and the intimate partner is seen as a person who truly loves them and is ready to commit to them. The fear of losing this kind of a relationship is overwhelming.

Figure 11: What female sex workers fear most



In addition to the fear of losing their partner, FSWs also fear violence in these relationships. The sex worker fears that she will be beaten up if she goes out without the permission of her intimate partner. Some FSWs shared that they stayed on in relationships with intimate partners who were not loving or supportive, out of fear of violence.

Sex workers also fear being caught by their partner while entertaining clients. During discussions on fears and hopes, FSWs shared that if the partner does not support them financially then they have no option but to solicit clients and they often have to hide it from their intimate partners. However, intimate partners expect their FSW lovers to stop soliciting clients after getting into a relationship with them. They tend to be suspicious about the FSW lover continuing to solicit clients, which is often a source of conflict. FSWs therefore fear that their intimate partners will find out about them soliciting clients, especially if partners are highly suspicious and make surprise visits or check on their mobile phones for client numbers.

Some sex workers also feared contracting diseases such as HIV from their intimate partners.

Despite the fears and presence of violence in their relationships with intimate partners, FSWs hope for a 'romantic future' where the intimate partners would love them and look after them 'forever' or 'till the end'. Their hopes are centred on a future life of togetherness and happiness.

Figure 12: What female sex workers hope for





## Hopes and fears of intimate partners

Just like the FSWs, intimate partners also fear estrangement and breakdown of their relationship with FSW lover. They also fear that estrangement could in turn lead to alcohol addiction, or cause them to become violent with their FSW lovers. Some intimate partners feared that they will be compelled to use condoms, while others feared contracting HIV from their FSW lovers.

Figure 13: What intimate partners fear most



Just like their FSW lovers, intimate partners also hoped for a romantic future with them. They hoped to gift a ring to their FSW lover, marry them and live together forever. One of the partners said he wanted to gift the *Taj Mahal*<sup>7</sup> to his lover. Having sex with her, having a child with her, especially a daughter just like her, going on a long drive in a car with her and getting exclusive love from her, were some other hopes of the partners.

Figure 14: What intimate partners hope for



<sup>7</sup> *Taj Mahal* is one of the seven wonders of the world, an architectural wonder constructed by one of the Kings in ancient India for his beloved wife. It is a very common symbol of love in India.

Both the FSWs and their intimate partners hoped for a long lasting romantic relationship and having children together.

The exercises indicate that the major fears and hopes of FSWs and their intimate partners are the same and are to do with estrangement and life-long partnership, respectively. While both fear the loss of the emotional attachment, intimate partners additionally fear their own reaction to the breakup. They fear turning violent towards the FSW lover, or turning to alcohol. FSWs also fear violence in the relationship on account of jealousies. Both also share similar hopes for their relationship, which they imagine as filled with gifts and romantic gestures. The hopes of FSWs also hinge on social position and acceptance as legitimate partners of their intimate partners.

# 04

Chapter

## DISCUSSION AND CONCLUSION

This exploratory research was a step in the direction to better understand the complexity and dynamics of the intimate partner relationships of female sex workers.

*Intimate partner relationships are as much characterized by violence as by love and emotional intimacy*

The findings indicate that these relationships are characterized by love, trust, emotional intimacy and dependency, as well as, violence. Expectations from each other are influenced by dominant social norms, gender roles and concepts of partner fidelity.

*Relationships between FSWs and their intimate partners are not equal*

While the sex workers consider their intimate partners an integral part of their lives, this is not necessarily the case with intimate partners, for whom their families come first. FSWs also live in constant fear and insecurity related to violence and estrangement, while intimate partners justify violence in the relationship.

*Dominant social norms and gender roles define intimate partner relationships*

Findings from the study reveal that norms governing the relationships between FSWs and their intimate partners and the expectations related to fidelity, motherhood, decision-making, power and control are similar to those governing matrimonial relationships, despite the fact that these relationships do not have the legal or moral sanction accorded to marriage.

The dominant notions of femininity in most societies cast women in subordinate, dependent, passive positions with virginity, chastity, motherhood, moral superiority and obedience ascribed as key virtues of an ideal woman. In sharp contrast, the dominant notions of masculinity characterize men as independent, dominant, invulnerable aggressors and providers with strength, virility and courage as their key virtues [23, 24]. Both notions are found operating in and defining sex workers and their intimate relationships. Though the intimate partners start as clients of the sex workers, their expectations of each other change quickly with the shift from a commercial relationship to a non-commercial one based on intimacy. The intimate partners begin to expect loyalty and fidelity from their FSW lovers since dominant notions of femininity emphasize uncompromising loyalty and fidelity from women partners. The power imbalance that exists between sex workers and their intimate partners, where the latter holds more power than the former, manifests in terms of low decision-making powers and control by sex workers, resulting in low condom use and tolerance of violence [25].

In contrast, dominant notions of masculinity hold that variety in sexual partners is essential to men's nature and that men 'inevitably' seek multiple partners for sexual release [26]. These dominant views sanction intimate partners to have multiple partners – a wife and a sex worker lover – and justify their demand for loyalty and fidelity from women in their relationships. This

study shows that intimate partners expect their wives and FSW lovers to treat them as “god”, to be available whenever they need them, and accept their supremacy and dominance in the relationships.

*Intimate partnerships alleviate the status of FSWs to ‘good’ women*

Prevailing norms distinguish between ‘good’ women and ‘bad’ women and define sexual practices linked with reproduction as moral and those linked with pleasure as immoral. Though the intimate partners seem to value both their wives and FSW lovers, their perception and expectations of each are different. While the wife is expected to be a caregiver and a home-maker, the FSW lover is expected to provide sexual pleasures and financial support in times of need. Distinctions between ‘good’ and ‘bad’ women also influence FSW lovers’ expectations of their intimate partners. Being in an ‘intimate relationship’ makes them a ‘good’ woman as opposed to being in paid-commercial sex relationships. Intimate relationships offer them social and emotional support, which other relationships with men do not. Also, being a mother is considered to be feminine ideal in many cultures, and children provide social identity to many women and guarantee them some status [27]. Being in a relationship with an intimate partner who offers the FSW a ‘male support’ and potentially children, helps her fit into the category of ‘good’ women.

*Intimate partner relationships are high risk due to low use of condoms. Notions of loyalty and fidelity, as well as, fear of estrangement cause low use of condoms in these relationships*

Notions of loyalty and fidelity also affect condom use in these relationships. As participants in this study shared, they do not use condoms because they love and trust each other and share emotional intimacy. Men’s negative perception of condoms and the belief that use of condoms lessens sexual pleasure further discourages use of condoms in these relationships. Sex workers in these high-risk relationships perceive the costs of separation/ estrangement/ violence from their partners as much higher than the potential long-term health costs of not using condoms. Insistence on condom use is also feared for causing suspicion about the loyalty and fidelity of the FSWs, thus discouraging any negotiation. As in other studies, this study found that sex workers seem to adhere to culture-specific gender norms when it comes to condom negotiations in intimate relationships [10]. Given that condom use is not the norm in the context of matrimonial relationships (based on loyalty and fidelity) in India, and given that FSWs equate their intimate partnerships with ‘marriage’ to some extent, not using condoms in some ways indicates that they are indeed in a near-marriage relationship.

*Notions of masculinity, norms around fidelity and fear of estrangement contribute to violence against women in intimate partner relationships of FSWs*

Notions of masculinity that emphasize sexual dominance over women as a characteristic of manhood, contribute to violence against women [28]. Triggers of violence in intimate relationships include sexual jealousy and constant suspicion of infidelity, expectations of sex workers that they be treated like wives and demands on intimate partners for managing two households. Conflict often leads to abuse and violence, where intimate partners use violence as a means to demonstrate their power and to keep the female sex worker in constant submission out of fear of violence. FSWs tolerate violence in these relationships because of their dependency on the intimate partners and their fear of the consequences of conflict and any retaliation to violence, which could involve more severe violence, or the break-up of the

relationship. However, this tolerance of violence by FSWs is also shaped by general norms around violence against women in the context of India where there is high degree of tolerance towards such violence. There is a high prevalence of domestic violence and the presence of violence in intimate relationships, especially marital relationships, is tolerated and accepted. These norms are also seen to be influencing intimate relationships of the female sex workers, where violence is accepted as one way for men to resolve conflict and tolerated by women as an inherent feature of an intimate relationship.

*Despite high degree of violence and high risk posed by low use of condoms, both partners hope for a long life of togetherness*

This research also reveals that FSWs and their intimate partners share similar hopes for a happy future together and value their relationship. Hence, interventions focusing on building equal and responsible relationships may help in making these relationships safe.

## Conclusion

An important learning from this research is that HIV prevention programmes with sex workers should not be limited to addressing issues of risk and vulnerability in the context of commercial transactions. Intimate partner relationships characterized by low use of condoms and high incidence of violence pose high risk for HIV infection among sex workers [29]. Programmes to prevent HIV among female sex workers need to include interventions with their intimate partners to increase condom use and reduce violence. Such interventions must recognize and be based on an understanding of the complex nature of intimate partner relationships, as distinct from commercial, paid relationships. High risk in these relationships comes from prevalent social and cultural norms around gender roles, masculinity, fidelity and the acceptance of violence against women, and so prevention efforts must centre around empowerment of women, transformation of social and cultural norms around what it means to be a man and ending the acceptance of violence against women [30,9].

# ANNEXURE 1

## PARTICIPATORY METHODS AND TOOLS USED

Different participatory methods and tools were used in the study to enable and empower the participating female sex workers and intimate partners to present and share their experiences and knowledge. The tools were designed to help participants share intimate experiences in a non-threatening way. These tools were drawn from various existing manuals.

**My Symbol:** This tool requires participants to identify an object/ living thing that symbolizes their personality and another that symbolizes their partners' personality. The objective is to understand their feelings for and attitudes towards their partner and their perspectives about their intimate relationships.

**Ideal Images [18]:** This tool involves identifying the characteristics of 'ideal' community members and comparing them to the reality. This enables participants to assess how such ideal images affect their lives, particularly in relation to HIV/AIDS. This tool was used in the research to understand the ideal images/ expectations that sex workers and their intimate partners have towards one another and towards their other partners, like wives.

**Venn Diagram (Chapati Diagram) [18]:** This tool involves drawing a circle and dividing it into different-sized sections. The level of the various sections shows how important different things are relative to each other. Inside sections of the circle show things that are very important. Outside sections show things that are less important. This tool was used to understand how much importance the intimate partners attach to different people in their lives and how close they are to their FSW lovers.

**Octopus Exercise [18]:** This tool involves drawing the head and tentacles of an octopus to show the behaviours that put people at risk of HIV infection and the underlying issues. Octopus diagrams can also be called vulnerability flow diagrams. In this research, this tool was used to explore why intimate partners do not use condoms in intimate sexual relationships.

**Problem Tree [18]:** This tool involves participants drawing the trunk, roots and branches of a tree to identify a problem relating to HIV/AIDS and the causes and effects of the problem. In this research the tool was used to explore the causes and effects of violence and conflict in intimate relationships.

**Secret Ballot:** Secret ballot is a data collection method, where respondents give their responses to a question/ set of questions through a ballot box. It was used with intimate partners to identify reasons why they did not use condoms with their FSW lovers. The tool guarantees anonymity and confidentiality.

**Hopes and Fears [31]:** This tool required participants to identify and draw their hopes and fears for the future. The objective of using the tool was to understand the change participants would like to see in their future and the fears that they need to address. It also helps in understanding their attitudes and feelings about the future of their relationships.

# REFERENCES

1. Plummer FA, Nagelkerke NJ, Moses S, Ndinya-Achola JO, Bwayo J, Ngugi E. The importance of core groups in the epidemiology and control of HIV-1 infections. *AIDS* 5 (Suppl), no.1 (1991): S169-S176
2. National AIDS Control Organisation. 'National AIDS Control Programme, Phase III (2006-2011): Strategy and Implementation Plan.' November 30, 2006
3. National AIDS Control Organisation. Operational Guidelines for Targeted Intervention with High Risk Groups (HRGs)'. 2007
4. Stoebenau K, Hindin MJ, Nathanson CA, Rakotoarison PG, Razafintsalama V. "...But he became my sipa": the implications of relationship fluidity for condom use among women sex workers in Antananarivo, Madagascar. *American Journal of Public Health*, May 2009, Vol 99, No.5, 811-819
5. Shaw, S and Pillai, P. Understanding Risk for HIV/STI Transmission and Acquisition within Non-paying Partnerships of Female Sex Workers in Southern India, KHPT. 2012
6. Deering KN, Bhattacharjee P, Bradley J, Moses SS, Shanon K, Shaw SY, Washington R, Lowndes CM, Boily MC, Ramesh BM, Rajaram S, Gurav K, Alary M. Condom use with non commercial partnerships of female sex workers in southern India, *BMC Public Health*, 2011;11(Suppl 6):S11
7. Murray L, Moreno L, Rosario S, Ellen J, Sweat M, Kerrigan D. The role of relationship intimacy in consistent condom use among female sex workers and their regular paying partners in the Dominican Republic. *AIDS and Behaviour*, 2007;11:463-470
8. Voeten HA, Egesah OB, Varkevisser CM, Habberma JDF. Female sex workers and unsafe sex in urban and rural Nyanza, Kenya: regular partners may contribute more to HIV transmission than clients. *Tropical medicine and International Health*, 2007;12:174-182
9. WHO and UNAIDS. Addressing violence against women and HIV/AIDS: What works. 2010
10. Panchanadeswaran S, Sethulakshmi CJ, Sivaram S, Srikrishnan AK, Latkin C, Bently ME, Solomon S, Go VF and Celentano D. Intimate partner violence is as important as client violence in increasing street based female sex workers vulnerability to HIV in India. *International Journal of Drug Policy*, 2008 April;19(2):106-112
11. Beattie TSH, Bhattacharjee P, Ramesh BM, Gurnani V, Anthony J, Isac Shajy, Mohan HL, Ramakrishnan A, Wheeler T, Bradley J, Blanchard JF, Moses S. Violence against female sex workers in Karnataka state, South India: impact on health and reductions in violence following an intervention programme. *BMC Public Health*, 2010, 10:476
12. Lowndes CM, Alary M, Gnintoungbé CA, Bédard E, Mukenge L, Geraldo N, Jossou P, Lafia E, Bernier F, Baganizi E, Joly J, Frost E, Anagonou S. Management of sexually transmitted diseases

and HIV prevention in men at high risk: targeting clients and non-paying sexual partners of female sex workers in Benin. *AIDS* 2000 Nov 10;14(16):2523-34.

13. Moses S, Ramesh BM, Nagelkerke NJ, Khera A, Isac S, Bhattacharjee P, Gurnani V, Washington R, Prakash KH, Pradeep BS, Blanchard JF. Impact of an intensive HIV prevention programme for female sex workers on HIV prevalence among antenatal clinic attenders in Karnataka state, south India: an ecological analysis. *AIDS* 2008, 22 (suppl 5): S101–S108
14. Karnataka Health Promotion Trust. Integrated Biological and Behavioral Assessment and Polling Booth Survey Studies, Sankalp project funded by Avahan, 2010
15. Bhattacharjee P. Meeting the diverse needs of sex workers: Insights from Karnataka, India, STRIVE Learning Lab. October 2012.
16. Karnataka State AIDS Prevention Society. HIV Sentinel Surveillance (HSS). 2010
17. Data Triangulation Report, Karnataka, India Health Action Trust. 2009
18. International HIV/AIDS Alliance. Tools Together Now: 100 participatory tools to mobilise community for HIV/AIDS. 2006
19. Bhattacharjee P, Girish M and Abraham C. Stepping Stones, an Indian Adaptation. ICHAP and ActionAid. 2007
20. CARE. River of Risk: Exploring Women’s Sexual Relationships and Decision Making, Tools for the Community. 2009
21. International HIV/AIDS Alliance. Sex work, violence and HIV: A guide for programmes with sex workers. 2007
22. Jagosh J, Macaulay AC, Pluye P, Salsberg J, Bush PL, Henderson J, Sirett E, Wong G, Cargo M, Herbert CP, Seifer SD, Green LW, Greenhalgh T. Uncovering the benefits of participatory research: implications of a realist review for health research and practice. *Milbank Q*, 2012
23. Rao Gupta. How men’s power over women fuels the HIV epidemic. *British Medical Journal*, 2002;324(7331):183-184
24. Jewkes RK, Levin JB, Loveday A Penn- Kekana. Gender inequalities, intimate partner violence and HIV preventive practices: Findings of a South African cross sectional study. *Social Science and Medicine* 2003, 125-134
25. World Health Organization. ‘Integrating gender into HIV/AIDS programmes: a review paper’, WHO. 2003
26. Mane P and Aggleton P. Gender and HIV/AIDS: What do men have to do with it. *Current Sociology*, 2001 49:23
27. UNAIDS 1999
28. Heise L, Ellsberg M and Gottemoeller M. Ending Violence against Women, Population Reports, Series L, No. 11, Baltimore: John Hopkins University School of Public Health, Population Information Programme. 1999



29. Beattie T, Bhattacharjee P, Isac S, Mohan HL, Ramesh BM , Blanchard J, Moses S, Watts C and Heise L. Violence against female sex workers and HIV: Associations and temporal trends following a combination HIV prevention programme in Karnataka, South India. 2012 (unpublished)
30. UN Trust Fund to End Violence Against Women. Effective approaches to addressing the intersection of violence against women and HIV/AIDS: Findings from programmes supported by the UN Trust Fund to End Violence Against Women. July 2012
31. Welbourn A. A package for facilitators to help you run workshops within communities on HIV and AIDS, communication and relationship skills. 1995.



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