

Samvedana Plus: Reducing violence and increasing condom use in the intimate partnerships of female sex workers



What is Samvedana Plus?

An intervention and evaluation study, Samvedana Plus aims to understand and address violence and HIV risk in the intimate partnerships of female sex workers.

Partner violence causes suffering, disempowers women, promotes male dominance and breaks national laws. In addition, partner violence is associated with increased HIV risk.⁴¹

Karnataka Health Promotion Trust (KHPT) is implementing Samvedana Plus, with 800 female sex workers and their intimate partners, in partnership with Chaitanya AIDS Tadegattuwa Mahila Sangha, a community-based organisation (CBO) of sex workers in northern Karnataka, India. This programme runs from 2015 to 2017 with support from the United Nations Trust Fund to End Violence Against Women (UNTF), What Works to Prevent Violence against Women and Girls consortium and the University of Manitoba, Canada. Samvedana Plus is informed by successful strategies piloted with the support of Bill & Melinda Gates Foundation and UNTF from 2013 to 2014. Within the DFID-funded STRIVE consortium, KHPT and the London School of Hygiene and Tropical Medicine (LSHTM) are evaluating the impact of Samvedana Plus on violence and condom use in sex-workers' intimate relationships.



Context

KHPT programmes have successfully reduced violence by clients, police and gangs against female sex workers, largely through advocacy and community mobilisation.¹⁻⁵ However, violence persists in sex workers' relationships with their intimate partners.^{6,7}

Inconsistent condom use within intimate relationships results from a combination of factors including: partner violence, alcohol, gender norms, notions of intimacy, trust and romance, sex workers' intention to have children and fear of

Samvedana Plus intervenes with men who are violent, women who face abuse and the wider society to:

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

losing their partner and an inaccurate understanding of HIV risks.^{6, 17, 40}

Sex workers who experience less violence use condoms more frequently than those who experience more violence.^{6, 7, 10} Violence can cause condom breakage¹³ and physical injuries¹⁴, and prevents women from negotiating condom use¹⁵⁻¹⁷. As most partners of sex workers have multiple, concurrent sexual partners¹⁸, inconsistent condom use puts all at increased risk of STI and HIV^{19, 20}.

Design

Mobilised sex workers with collective agency face reduced violence and coercion and consistently use condoms with their regular partners. Empowering sex workers to handle crises protects them against the risk of violence and HIV.^{29, 30}

Effective interventions to address partner violence use overlapping strategies⁹ to:

- shift norms about the acceptability of beating as a form of discipline
- challenge gender roles that give men authority over women
- work with men and women to encourage new relationship models and flexible gender roles

To decrease violence, structural interventions need to work with men to redefine masculinity in ways other than dominance and control.^{27, 28, 32} Programmes promoting equitable gender norms lessen male violence.^{27, 28} Some argue that it is important to engage directly with perpetrators of violence.^{1, 3, 31}

Evaluation

Learning from Samvedana Plus will sharpen understanding of the structural drivers of HIV transmission in general and, more specifically, of effective ways to reduce violence within sex workers' intimate relationships and increase condom use. The study will investigate the relationship between social norms and HIV risk in the context of sex workers' intimate partnerships and assess the efficacy of the intervention in modifying these norms.

PROBLEM

Violence against women is sanctioned by common, negative gender norms

Inequitable and harmful gender norms keep women dependent on men, and equate dominance and aggression with masculinity.^{6, 8, 9} A male partner may become violent if the sex worker disobeys him, continues to see clients or suggests condom use, marriage or taking responsibility for her children.^{6, 11} She tends to tolerate violence, as she fears an end to the relationship or more violence if she resists.^{6, 12}



CBOs do not feel equipped to address intimate partner violence

Sex-worker CBOs address HIV prevention and police and client violence but not partner violence, which they see as too complicated to tackle. Yet, most CBO members are likely to face violence from their partners.



Community members see partner violence as "a domestic concern"

Many feel that sex workers "deserve" violence because they are considered immoral. Sex workers accept traditional gender norms and tolerate violence, as they see no recourse.^{34, 35} Programmes to prevent violence against women ignore sex workers, thus further marginalising them.



ACTION

SUCCESS

WITH PARTNERS

Samvedana Plus holds workshops and provides individual and couple counselling for sex workers and their partners, to:

- build their skills to change norms and improve communication in relationships
- inform them about protective laws
- empower sex workers to identify solutions and support mechanisms and to take action against violent and risky relationships

The workshops attempt to make the men more sensitive and responsible in their relationships and treat the sex workers with respect as equals. Continuous outreach includes special events for sex workers and their partners. The programme provides access to sexually transmitted infections and HIV services and distributes male and female condoms.

WITH COLLECTIVES

In the past, organising sex workers in collectives has improved their confidence to handle crises, negotiate condom use and reduce violence and coercion.^{29, 30, 31, 33} Samvedana Plus further develops the capacities of sex worker CBOs to:

- prioritise and address intimate partner violence
- encourage members' critical thinking on partner violence
- strengthen their crisis management systems to support sex workers experiencing partner violence

Making links with other women's organisations serves to integrate partner violence against sex workers within the wider movement against violence against women. It encourages solidarity between sex workers and other women.

WITH THE COMMUNITY

Samvedana Plus engages with local community leaders, residents, family members and self-help groups to:

- design sustainable ways to prevent violence^{36, 37}
- raise awareness about domestic violence
- create networks of support and action within the community³⁸
- advocate for women's rights

Community dialogue, street plays, folk shows and stakeholder meetings increase awareness of relevant rights and laws. Prominent men from the community, identified as male champions, speak against intimate partner violence at these events.

Women recognise violence as unacceptable and resist it

Sex workers are aware of their rights, avoid risks, respond to violence against others and access care and support.

Men use less violence against their sex worker partners

Intimate partners separate the idea of masculinity from violence and control. They come to value greater equality in their relationships and play a more supportive role.

Condom use increases between sex workers and their intimate partners

Women understand the HIV risks use in intimate relationships and gain skills to negotiate condom. Men develop a sense of responsibility about using condoms (male or female) in intimate relationships with sex workers.

Strengthened networks of CBOs monitor and act against violence against sex workers in intimate relationships

Sex workers collectively acknowledge the need to address partner violence. They build solidarity with the wider women's movement.

Coordinated community response shifts social norms and checks violence against women

Sensitised communities successfully reduce violence against women including sex workers.



REFERENCES

- Reza Paul S et al. 2012. Sex worker-led structural interventions in India: A case study on addressing violence in HIV prevention through the Ashodaya Samithi collective in Mysore. *Indian Journal of Medical Research* 135(1): 98–106.
- Boily MC et al. 2013. Positive impact of a large-scale HIV prevention program among female sex workers and clients in Karnataka state, India. *AIDS* 27:1449–1460. doi: 10.1097/QAD.0b013e32835fba81
- Beattie TSH et al. 2010. Violence against female sex workers in Karnataka state, south India: impact on health, and reductions in violence following an intervention program. *BMC Public Health* 10:476.
- Biradavolu MR, Burriss S, George A, Jena A, Blankenship KM. 2009. Can sex workers regulate police? Learning from an HIV prevention project for sex workers in southern India. *Soc Sci Med* 68(8):1541–7. doi: 10.1016/j.socscimed.2009.01.040.
- Bill & Melinda Gates Foundation. 2009. The Power to Tackle Violence: Avahan's Experience with Community-Led Crisis Response in India. New Delhi: Bill & Melinda Gates Foundation.
- Bhattacharjee P, Jatkar U, Nair S, Doddamane M. 2012. Understanding the Relationship between Sex Workers and Their Intimate Partners: Finding from a Participatory Research Study in North Karnataka, India. Bangalore: KHPT.
- Shaw S and Pillai P. 2012. Understanding risk for HIV/STI transmission and acquisition within non-paying partnerships of female sex workers in southern India. Bangalore: Karnataka Health Promotion Trust.
- Abramsky T et al. 2011. What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women's health and domestic violence. *BMC Public Health* 11:109.
- Heise L. 2011. What Works to Prevent Partner Violence: An Evidence Overview. STRIVE. London School of Hygiene and Tropical Medicine.
- Prabhugate A, Javalkar P, Doddamane M. 2013. Understanding the relationship between Female Sex Workers and Intimate Partners in the Context of Support, Risk, and Vulnerability. Bangalore: KHPT.
- WHO (World Health Organization) and UNAIDS (Joint United Nations Program on HIV/AIDS). 2010. Addressing Violence Against Women and HIV/AIDS. What Works? Geneva: WHO.
- Sanchez DT, Fetterolf JC, Rudman LA. 2012. Eroticizing inequality in the United States: the consequences and determinants of traditional gender role adherence in intimate relationships. *J Sex Res* 49(2-3):168-83. doi: 10.1080/00224499.2011.653699
- Bradley J et al. 2012. Why do condoms break? A study of female sex workers in Bangalore, south India. *Sex Transm Inf* 88(3):163-70.
- Swain NS, Saggurti N, Battala M, Verma RK, Jain A K. 2011. Experience of violence and adverse reproductive health outcomes, HIV risks among mobile female sex workers in India. *BMC Public Health* 11:357.
- Go VF et al. 2003a. When HIV-prevention messages and gender norms clash: The impact of domestic violence on women's HIV risk in slums of Chennai, India. *AIDS Behaviour* 7(3):263-72.
- Pulerwitz J, Michaelis A, Verma R, Weiss E. 2010. Addressing gender dynamics and engaging men in HIV programs: Lessons learned from Horizons research. *Public Health Reports* 125:282–292.
- Verma DS, Chandra PS, Callahan C, Reich W, Cottler LB. 2010. Perceptions of HIV risk among monogamous wives of alcoholic men in south India: A qualitative study. *Journal of Women's Health* 19(4). doi: 10.1089-jwh.2008.0884
- Deering KN et al. 2011a. Condom use within non-commercial partnerships of female sex workers in southern India. *BMC Public Health* 11 (Suppl 6):S11
- Halli SS, Blanchard J, Satihal DG, Moses S. 2007. Migration and HIV transmission in rural South India: an ethnographic study. *Cult Health Sex* 9:85–94.
- Kumar R, Jha P, Arora P, et al. 2005. HIV-1 trends, risk factors and growth in India. Natl Comm Macrocon Health Background Pap pp. 58–74.
- O'Leary, K. 1988. Physical aggression between couples: A social learning perspective, in Handbook of Family Violence, V. Van Hasselt, et al., Eds. New York: Plenum Press.
- Kinniburgh K, Blaudstein M, and Spinazzola J. 2005. Attachment, self-regulation, and competency. *Psychiatric Annals* 35:424-430.
- Decker MR, Miller E, Raj A, Saggurti N, Donta B, Silverman JG. 2010. Indian men's use of commercial sex workers: prevalence, condom use, and related gender attitudes. *J Acquir Immune Defic Syndr* 53(2): 240–246. doi:10.1097/QAI.0b013e3281c2fb2e.
- Lowndes CM et al. 2002. Role of core and bridging groups in the transmission dynamics of HIV and STIs in Cotonou, Benin, West Africa. *Sexually Transmitted Infections* 78:69–77.
- Rachakulla H K et al. 2011. Condom use and prevalence of syphilis and HIV among female sex workers in Andhra Pradesh, India – following a large-scale HIV prevention intervention. *BMC Public Health* 11 (suppl 6):S1.
- Gutierrez JP, McPherson S, Fakoya A, Matheou A, Bertozzi SM. 2010. Community-based prevention leads to an increase in condom use and a reduction in sexually transmitted infections among men who have sex with men and female sex workers: the Frontiers Prevention Project (FPP) evaluation results. *BMC Public Health* 10:497.
- Bradley JE, Bhattacharjee P, Ramesh BM, Girish M, Das AK. 2011. Evaluation of Stepping Stones as a tool for changing knowledge, attitudes and behaviours associated with gender, relationships and HIV risk in Karnataka, India. *BMC Public Health* 11:496.
- Verma R, Pulerwitz J, Mahendra VS, Khandekar S, Singh AK, Das SS, et al. 2008. Promoting Gender Equity as a Strategy to Reduce HIV Risk and Gender-Based Violence among Young Men in India. Horizons Final Report. Washington: Population Council.
- Gaikwad SS, Bhende A, Nidhi G, Saggurti N, Ranebennur V. 2012. How effective is community mobilisation in HIV prevention among highly diverse sex workers in urban settings? The Aastha intervention experience in Mumbai and Thane districts, India. *J Epidemiol Community Health* doi:10.1136/jech-2011–200514
- Blanchard AK et al. 2013. Community mobilization, empowerment, and HIV prevention among female sex workers in south India. *BMC Public Health* 13:234 doi:10.1186/1471-2458-13-234.
- Gurnani V et al. 2011. An integrated structural intervention to reduce vulnerability to HIV and sexually transmitted infections among female sex workers in Karnataka state, south India. *BMC Public Health* 11:755. doi:10.1186/1471-2458-11-755.
- Schensul SL et al. 2010. Community-level HIV/STI intervention and their impact on alcohol use in urban poor populations in India. *AIDS and Behavior* 14: S158-S167.
- Blankenship KM, West BS, Kershaw TS, Biradavolu MR. 2008. Power, community mobilization, and condom use practices among female sex workers in Andhra Pradesh, India. *AIDS* 22 (suppl 5):S109–S116.
- Poornachandra P. A Domestic Violence Coordinated Project – Going Beyond Victim Support. Strength Based Strategies. 2006.
- Go VF, Sethulakshmi CJ, Bentley ME, Sivaram S, Srikrishnan AK, Solomon S, Celentano DD. When HIV-prevention messages and gender norms clash: the impact of domestic violence on women's HIV risk in slums of Chennai, India. *AIDS Behavior*. 2003 Sep;7(3):263-72.
- Fullwood Catlin P. Preventing Family Violence: Community Engagement Makes the Difference. Family Violence Prevention Fund. 2002.
- Michau L. Good practice in designing a community-based approach to prevent domestic violence. UN Division for the Advancement of Women. 2005.
- World Health Organization. Promoting gender equality to prevent violence against women. 2009.
- DFID, Gender and Development Network. Violence against Women and Girls. CHASE Guidance Note Series. 2012.
- Karandikar S and Gezinski LB. 2012. "These girls gave me AIDS. Why should I use condoms?" Clients of sex workers in Kamathipura express their attitudes about HIV. *Journal of HIV/AIDS & Social Services*, 11(2):140-151.
- World Health Organization, LSHTM (London School of Hygiene and Tropical Medicine), and SAMRC (South African Medical Research Council). Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence. 2013.

Written by Priya Pillai and Annie Holmes, with thanks to KHPT and STRIVE teams.
Illustrations by Suresh Kumar. Design by Jane Shepherd. Photographs N.P. Jayan and Priya Pillai.

Samvedana Plus and this publication are supported by the STRIVE research programme consortium, funded by UKaid from the Department for International Development. However, the views expressed do not necessarily reflect the department's official policies.