STRIVE
Tackling the structural drivers of HIV

Samvedana Plus: Reducing Violence and Increasing Condom Use in the Intimate Partnerships of Female Sex Workers in Bagalkote District, North Karnataka, South India

EVIDENCE BRIEF
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What have we learned?

Previous interventions in India successfully reduced violence against female sex workers (FSWs) by 'non-intimate' partners such as clients and police, but addressing violence by their non-paying intimate partners (husband, boyfriend) has been challenging[1, 2]. As violence is strongly associated with HIV-infection[3] and risks such as reduced condom use[4], the Karnataka Health Promotion Trust (KHPT) developed Samvedana Plus, a multi-level structural intervention that aimed to reduce risk and vulnerability among FSWs by reducing partner violence and promoting consistent condom use within intimate relationships in rural settings in South India.

This is the first cluster randomised controlled trial (cRCT) to evaluate an intervention designed to address the factors that contribute to violence and impede condom use in the relationships of FSWs and their intimate partners (IPs). The trial found no difference in either reports of physical or sexual violence or consistent condom use within the intimate relationship between the trial groups. However, the trial did find lower acceptance of intimate partner violence (IPV), and higher levels of self-protection strategies and solidarity among FSWs around the issue of IPV in the intervention group.

The qualitative study revealed that addressing IPV within the intimate relationships of FSWs is challenging due to complex social norms around intimate relationships and may require a long-term intervention. For a FSW, protecting her relationship is of utmost importance, and so she is unlikely to assert herself against violence and insist on condoms.

Lessons

In the context of the devadasi tradition, most relationships begin with a first night ceremony or through paid sex in general. The man then becomes a regular client, and this then turns into an intimate relationship, with an emotional bond between them. Once they become intimate, the FSW aspires to have a similar social status to that of a wife and she tolerates violence, seeing that as the norm in a marital relationship.

Her intimate partner now expects an exclusive relationship and sees her ongoing practice of sex work as a betrayal and immoral. He uses violence to "discipline" her, in a manner that is consistent with norms of masculine identity. The IP tends not to accept any behaviour on her part that goes against his will, including using condoms, her free mobility without his permission, her questioning of his behaviour, her demanding more money or seeking financial aid. Violence is seen as "warranted" in instances like this.

These relationships pass through different stages: desire, doubt, denial and deception. Both partners come together with certain expectations and desire to be with each other. As her intimate partner expects exclusivity and becomes possessive, the FSW continues sex work, hiding it from her IP and leading him to doubt her. At a later stage, the FSW denies doing sex work to protect her relationship, while her IP denies that he is in a relationship with the FSW in order to protect his image in the wider society. Finally, they live a life of deception. The deception in these relationships has a strong impact on the power of the FSWs to negotiate condom use and object to partner violence.

What is the issue?

Evidence suggests that almost two thirds (62%) of FSWs in Karnataka state have an intimate partner (husband, boyfriend) in addition to a paying client. These relationships are often characterised by high levels of violence (~41-50%) and low condom use (CCU; 39%)[5]. The Indian non-profit organisation the Karnataka Health Promotion Trust (KHPT) have previously demonstrated considerable success in this setting in addressing violence by clients, police and pimps, but addressing gender-based violence in an intimate partner relationship has proved challenging. One of the main contextual reasons for this is the practice of dedicating young girls into sex work as part of a religious tradition called the 'devadasi' system in northern parts of Karnataka[6]. The majority of FSWs in the Bagalkote district of northern Karnataka come from devadasi families, originating from the most marginalised 'scheduled' castes or tribes[6]. Studies in these areas reveal that most have relationships with non-paying intimate partners[7]. Condom use is inconsistent and often rare in these partnerships, and violence is common[8]. Violent partners tend to exhibit other behaviours and conditions that increase the risk of HIV/ STI transmission, such as alcohol abuse, STIs and multiple concurrent sexual partners[9]. Culturally sanctioned gender norms, power disparities and dependence on the IP all contribute to high-risk behaviour that threatens the health of both partners.

Providing more immediate support and working with survivors and perpetrators of violence and other stakeholders helps to protect FSWs from future violence and thereby reduces their vulnerability to HIV risk.

The Samvedana Plus intervention

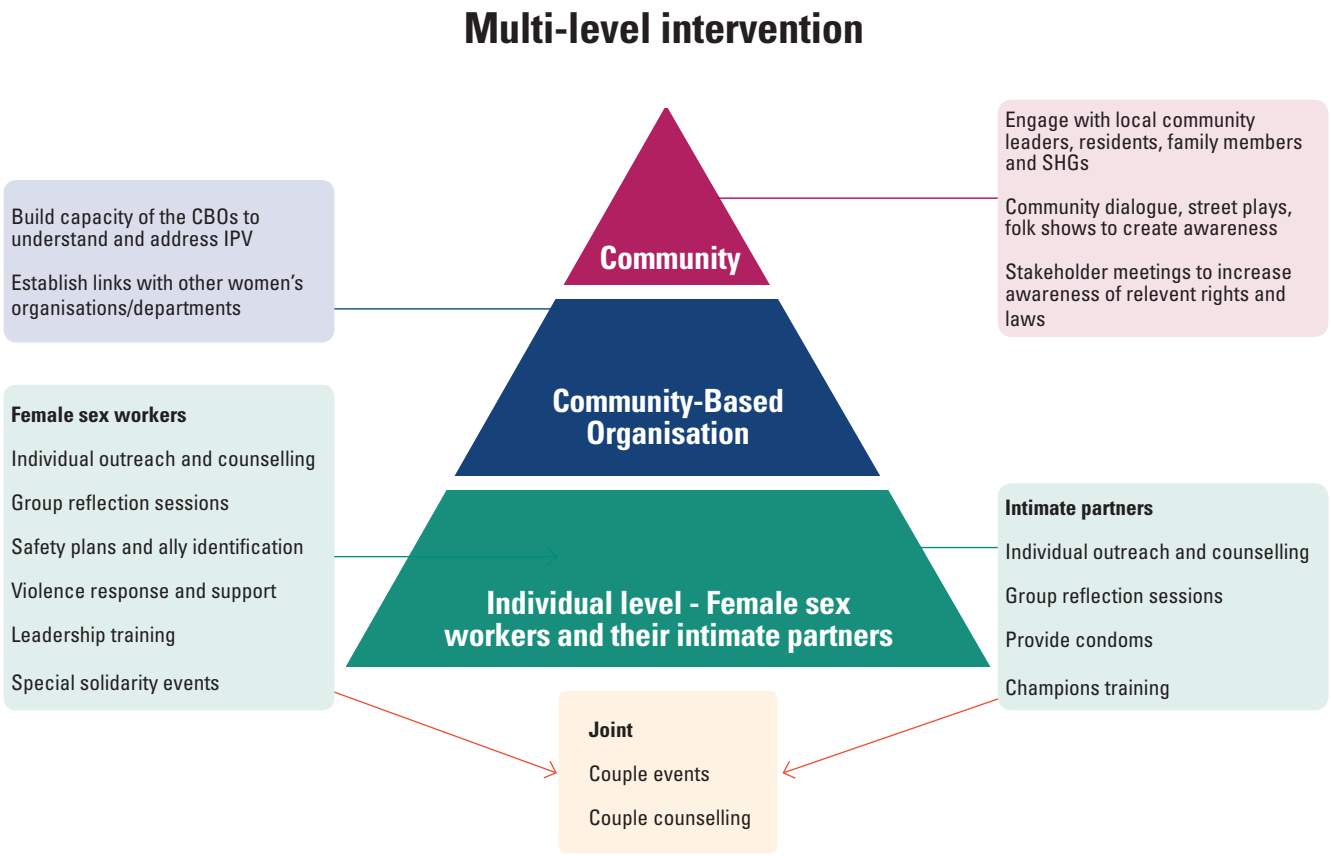
To reduce vulnerability among FSWs in the Bagalkote district of north Karnataka, the Samvedana Plus intervention was designed to reduce intimate partner violence and increase consistent condom use within their intimate relationships.

In addition to these primary outcomes, the trial was designed to measure five secondary outcomes:

- Reduced acceptance of violence by intimate partners
- Increased disclosure of intimate partner violence
- Improved knowledge of self-protection strategies against intimate partner violence
- Improved self-efficacy to negotiate condom use with intimate partners
- Improved solidarity among FSWs around issues of intimate partner violence

This multilevel programme intervened with FSWs, their intimate partners, community-based organisations of FSWs and the wider society.

Figure 1: Summary of intervention activities for project Samvedana Plus

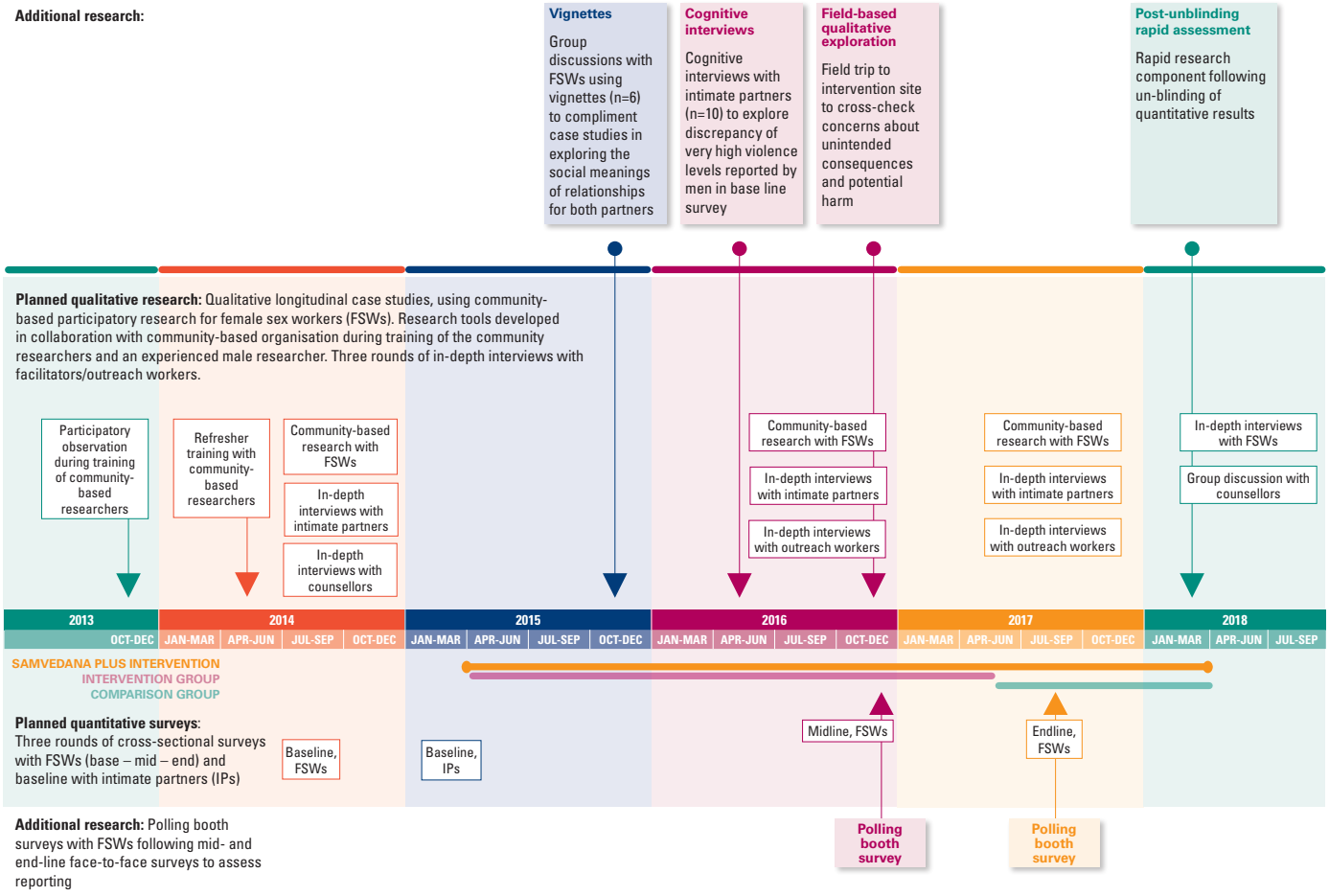


The trial

To assess the impact of the intervention, KHPT, the London School of Hygiene & Tropical Medicine and the South African Medical Research Council designed and conducted a three-year, mixed-method study, with qualitative research adding nuance and depth to the quantitative findings from the community randomised controlled trial.

The study was implemented in 47 village clusters (24 intervention and 23 comparison). All the active FSWs aged 18 and above who had an intimate partner were included in the trial and participated in the cross-sectional studies conducted at baseline, midline and endline.

Figure 2: Timeline for Samvedana Plus trial: planned and additional research



1 Key finding: The evaluation found no difference between intervention and comparison communities in the key outcomes of reported IPV and consistent condom use among FSWs

However, we observed a sharp decline in reports of physical and/or sexual IPV by FSWs in all communities (intervention and comparison), between baseline and endline. The levels reported at endline appear unrealistically low, leading us to question their validity.

Distortion by CBO: Based on further qualitative and quantitative exploration, we believe that the CBO implementing Samvedana Plus encouraged respondents to report high condom use and low violence at endline in order to suggest the intervention yielded positive results.

Spillover of programming: The CBO implementing Samvedana Plus also implemented other programmes across both the intervention and comparison communities; not fully comprehending the logic of RCTs, the CBO prioritized the wellbeing of the sex workers and routinely called upon Samvedana Plus outreach workers (who should have worked only in intervention communities) to assist victims living in comparison communities. This undermined the integrity of the trial.

2 **Key finding:** Intervention villages showed lower acceptance of IPV and higher levels of self-protection strategies and solidarity among FSWs around the issue of IPV

We found a positive association of the Samvedana Plus intervention with three out of the five secondary outcomes. Findings show that the intervention influenced attitudes and responses to violence in terms of the acceptance of IPV (72.6% comparison; 67.0% intervention), awareness of self-protection strategies to address IPV (12.4% comparison; 21.2% intervention) and sex worker solidarity (defined as confiding in or turning to peers) around issues of intimate partner violence (31.3% comparison; 38.9% intervention). While increases were observed during the intervention period in disclosure of IPV and reported self-efficacy to negotiate condom use, these factors were not affected by the Samvedana Plus intervention.

3 **Key finding:** Overall, results remain inconclusive; we do not know whether the Samvedana Plus intervention worked to influence the primary outcomes of reducing violence and increasing condom use within the intimate relationships of FSWs

Inconsistencies in IPV between surveys as well as concerns about spillover between arms undermined the ability of the trial to assess the intervention's effectiveness in reducing IPV. Additionally, the complexity of their relationships restricted the women from reporting actual experience of violence. The desire of FSWs to be loyal to intimate partners and to ensure the continuity of relationships means that many IPV cases are still likely to go unreported and that negotiation in condom use remains limited. These factors had significant implications for the primary outcomes.

What impact has Samvedana Plus had?

Despite the inconclusive trial findings, KHPT is viewed as a key stakeholder because of its intensive work with FSWs and sexual minorities in Karnataka state, contributing to new government policies to improve the lives of sex workers. KHPT was nominated as a member of the Special Committee for the Welfare of Sex Workers constituted by the Government of Karnataka (GoK). Established to formulate policy to address the problems of women in sex work and transgendered people in relation to migration, trafficking, violence and social entitlements, the committee is seen as a significant development for women in sex work and transgender populations fighting for their rights to work and other entitlements. Committee recommendations are being instituted by GoK in co-ordination with various welfare departments in the state, who have activated legal and other mechanisms to address violence; held awareness campaigns, with media support, on child marriage and the devadasi tradition; enhanced pensions and other forms of support for aged sex workers; and engaged various departments to deliver social entitlements. Advocacy meetings have seen important changes over time, in terms of the active involvement of FSWs in raising their own issues in meetings with the state government.

KHPT has actively engaged with networks working on violence against women at the state level, led by Vimochana – a women's rights NGO. While participating in various campaigns to resist violence against women (including One Billion Rising and '*Batein Aman Ki*'), KHPT was able to bring the issue of IPV against FSWs to the attention of networks working on violence against women in general. These consultative meetings enabled networks to integrate the agenda of IPV against FSWs into the overall agenda of domestic violence against women and girls.

Samvedana Plus built the capacities of a Crisis Management Committee within the FSWs' community-based organisation, created to respond speedily to instances of violence. This committee has evolved as an effective dispute resolution mechanism, while establishing women's rights by saying 'NO' to violence. It has become a strong and approachable support system for sex workers in distress, seeking guidance to resolve their problems. By building networks with other sources of legal support, Samvedana Plus has further strengthened the CBO to address crises more effectively. Sex workers feel confidence in the CBO's support.

Conclusion

RCTs may not be feasible or the most appropriate evaluation design for interventions implemented by local groups whose primary allegiance is to helping their beneficiaries and who may not understand or accept the logic of impact evaluations. At the very least, greater effort must be made to help implementing partners to understand the importance of comparison communities and why it is essential to temporarily restrict programming to certain communities

We also learnt the importance of understanding and noting secular changes and other events that could affect trial results. The experience underlined the extreme value of on-going monitoring of programme implementation and of collecting qualitative process data in addition to quantitative data to help interpret confusing results.

Partnerships of FSWs are complex, and call for even more analysis to underpin effective programming. FSWs have often been left out of interventions meant to address intimate partner violence against women. Programmes and groups tackling violence against women need to include women who sell sex to ensure that 'no one is left behind'.

STRIVE JOURNAL PUBLICATIONS

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ADDITIONAL RESOURCES

Prakash Javalkar, Chaitanya AIDS Tadegattuva Mahila Sangha, Ravi Prakash, Shajy Isac, Kavitha DL, Raghavendra Thalinja, Gautam Sudhakar, Satyanarayana Ramanaik, Parinita Bhattacharjee (2016) **Reducing intimate partner violence against female sex workers: findings from the Samvedana Plus baseline study.** Technical report

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STRIVE research consortium

A DFID-funded research programme consortium, STRIVE is led by the London School of Hygiene & Tropical Medicine, with six key research partners in Tanzania, South Africa, India and the USA. STRIVE provides new insights and evidence into how different structural factors – including gender inequality and violence, poor livelihood options, stigma, and problematic alcohol use – influence HIV vulnerability and undermine the effectiveness of the HIV response.

More information: http://strive.lshtm.ac.uk/projects/samvedana-plus-reducing-violence-and-increasing-condom-use-intimate-partnerships-female-sex