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

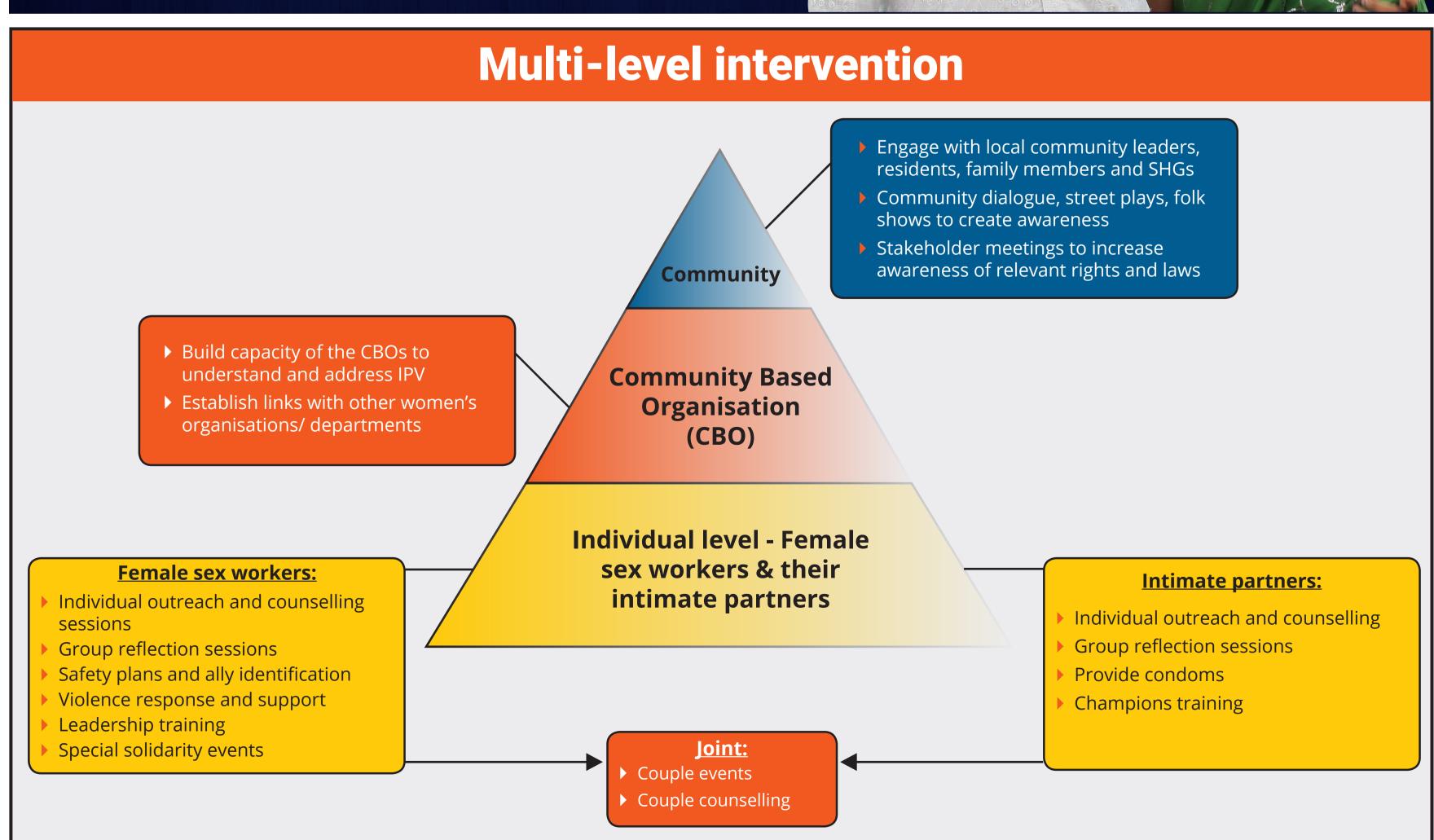
Experiences and Learnings from the Trial

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THE ISSUE

Almost two thirds (62%) of Female Sex Workers (FSWs) in Karnataka State have a nonpaying lover (husband, boyfriend) in addition to paying clients. These relationships are often characterized by high levels of violence (~41-50%)¹ and low condom use (CCU; 39%). We have previously demonstrated considerable success in this setting in addressing violence by clients, police, pimps etc. Challenging intimate partner violence is crucial if we are to improve the physical and mental health and reduce HIV/STI risk among women who sell sex. It is also key to achieving SDG 5 goals - achieve gender equality by ending all forms of discrimination and eliminating all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.

INTERVENTION Samvedana Plus intervention is a comprehensive intervention designed to reduce intimate partner violence and increase condom use within intimate relationships of Female Sex Workers in Bagalkote district, north Karnataka, South India. This multilevel intervention intervenes with female sex workers, their intimate partners, community based organisation and the wider society.



¹National AIDS Control Organization and Ministry of Health and Family Welfare. 2016. National Integrated Biological and Behavioural Surveillance: Female Sex Workers, 2014-15. New Delhi: National AIDS Control Organisation

THE EVALUATION

To assess the impact of Samvedana Plus, we conducted a three-year, mixedmethod study (2015-18) using a clusterrandomised control trial design with qualitative research adding nuance and depth to the quantitative findings.

The trial was implemented in 47 villages (24 intervention; 23 wait- list control). This covered 620 FSWs (and their intimate partners) at baseline (Intervention: 328, Control: 292) and 547 at endline (Intervention: 288, Control: 259).



Study outcomes

Primary outcomes

- Past 6-month experience of any physical or sexual IPV;
- ▶ Past 6-month experience of severe physical and/or sexual IPV²; and
- Past 30 days consistent condom use with their IP

Secondary outcomes

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

THE FINDINGS

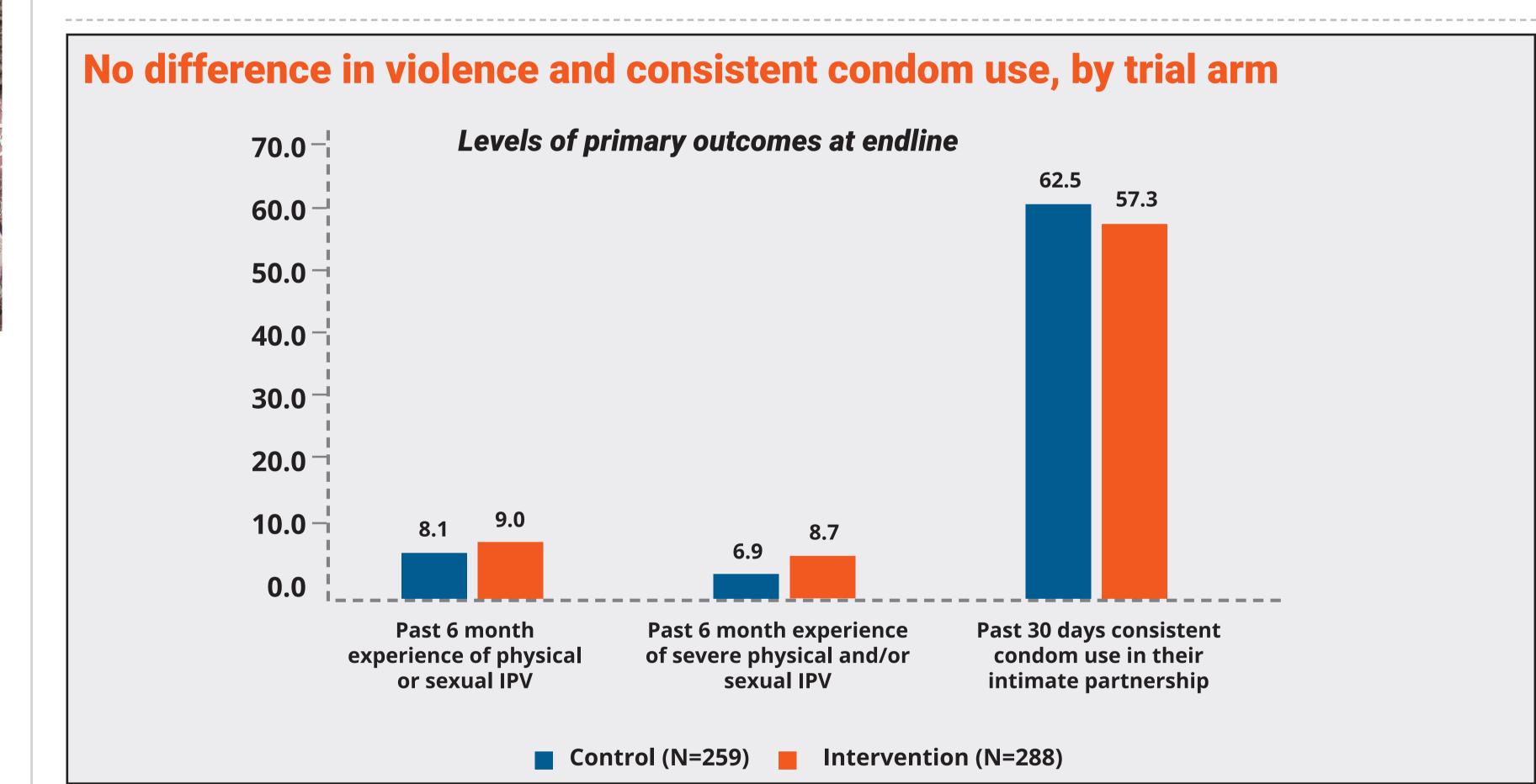
FSWs' profile at endline

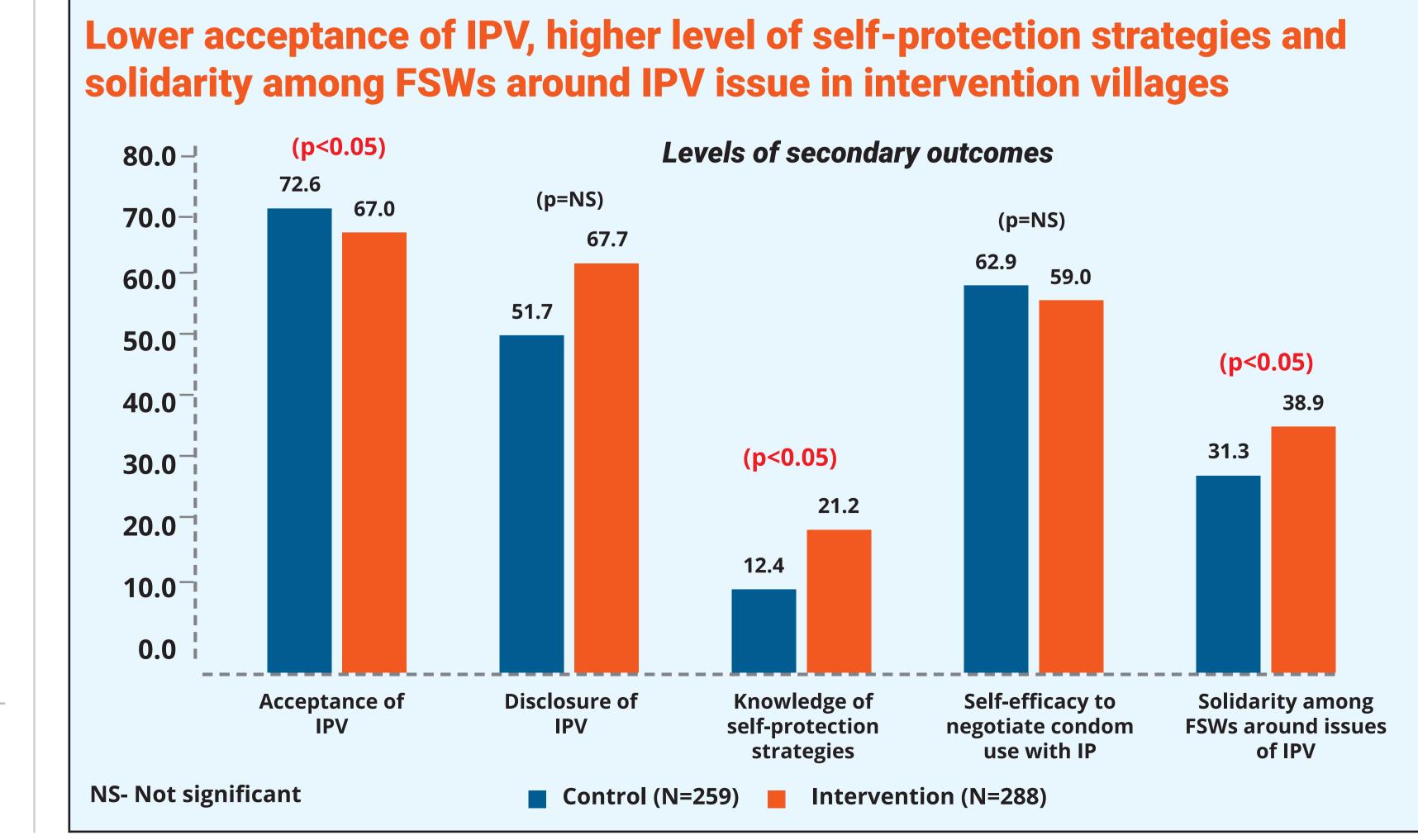
- Mean age of FSWs- 34.5 years and literacy rate- 12%
- Mean duration of sex work- 18 years, mean weekly clients- 5, and 50% were homebased sex workers
- Mean age of IPs 39.4 years, and mean duration of FSW-IP relationships was 12

²Defined as experience of any act of moderate physical violence (pushed, shaken, thrown something, slapped or shoved) many times, and/or experience of any severe physical or sexual violence (hit, kicked, dragged, beaten, choked or burnt, threaten to use or actually used a knife, gun or any other weapon, physically forced to have sex against her will, forced to have sex under threat of violence or rejection, or forced her to do something degrading or humiliating to her) regardless of the frequency.

Baseline results

- Imbalanced primary and secondary outcomes at baseline across trial arms
- Higher reporting of violence and condom use in control arm:
- any physical or sexual IPV (42% Vs 26%)
- severe physical and/or sexual IPV (30% Vs 19%), and
- consistent condom use (45% Vs 42%)
- Lower acceptance of IPV (56% Vs 61%); higher disclosure of IPV (48% Vs 55%), knowledge of self-protection (8% Vs 6%) and solidarity among FSWs (22% Vs 19%) in control arm. No difference in levels of self-efficacy to negotiate condom use with IP





Results remain inconclusive and precluded from knowing whether Samvenda Plus intervention worked to influence the primary outcomes of reducing violence and increasing condom use.

Sharp decline in violence from baseline in both arms attributed to:

- ▶ Contamination: CBO presence across all the villages in the district and no difference in delivering the services by the CBO lead to the contamination.
- ▶ Miscommunication by CBO: Inability to understand the RCT model of implementation and mis communication by the CBO in the field to show good result.
- Complexity in relationship: Desire to come together and mismatch in their expectations; mistrust leading to doubt; denial to accept the hard reality; and difficult to draw lines in their relationships compel them to lead a life of deception in the intimate relationships of sex workers undermined the viability and evaluation of the intervention.



THE LEARNING

- Considering the complexity of the issue, the intervention in the context of IPV among FSW may fail to follow standard Theory of Change framework. Re-looking the intervention strategies would be needed to achieve the desired result.
- A better insight on methodologies to measure the impact of such complex intervention in the context of IPV among female sex workers.

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