

Samvedana Plus – Tackling violence against sex workers in north Karnataka, India

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What is the issue?

Gender-based violence (GBV) has been shown to be associated, worldwide, with increased HIV risk, hampering efforts to prevent infection and adhere to treatment regimes. For vulnerable populations such as sex workers, gender-based violence increases already high risks. In north Karnataka, India, KHPT has demonstrated considerable success in addressing violence against female sex workers by clients, police and pimps, but addressing GBV in sex workers' intimate partner relationships has proved challenging.

The majority of female sex workers in the Bagalkote district of northern Karnataka come from *devadasi* families, originating from the most marginalised 'scheduled' castes or tribes. One of the main contextual reasons for this is the practice of dedicating young girls into sex work as part of religious traditions including the *devadasi* system. Most have relationships with non-paying intimate partners. Condom use is inconsistent, often rare in these partnerships, and violence is common. Violent partners tend to exhibit other behaviours and conditions that increase the risk of HIV transmission, such as alcohol abuse, sexually transmitted infections (STIs) and multiple concurrent sexual partners. Culturally sanctioned gender norms, power disparities and dependence on the intimate partner all contribute to high-risk behaviour that threatens the health of both partners.

As a group, female sex workers have often been left out of interventions and organising to address IPV against women in general. Providing more immediate support and working with survivors and the perpetrators of violence and other stakeholders will help to protect female sex workers from future violence and thereby reduces their vulnerability to HIV risk.

Summary

Female sex workers in north Karnataka are vulnerable to both HIV infection and intimate partner violence (IPV). However, as a group, they have often been left out of interventions meant to address IPV against women in general. For the Samvedana Plus study, aimed at reducing IPV among sex workers, the strategic goal for impact was "to inform future intervention design and policy to address IPV against female sex workers, both in itself and as a driver of HIV risk".

The Karnataka Health Promotion Trust (KHPT), working with the London School of Hygiene & Tropical Medicine (LSHTM) in the STRIVE consortium, built impact in three ways:

- on the foundation of KHPT's history and reputation in the state
- through strategic engagement with potential end-users of the research
- by producing a flow of accessible and imaginative materials to share findings and action with a range of audiences

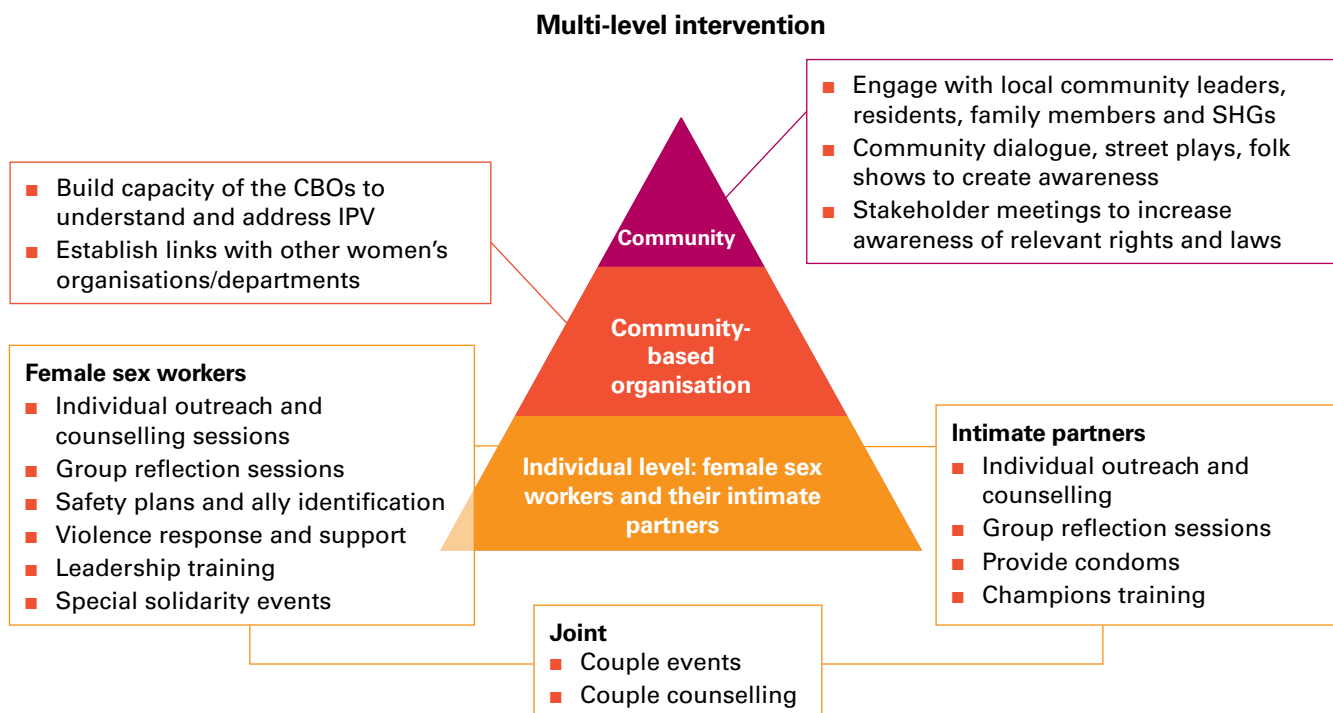
As a result, Samvedana Plus had impact on:

- the Government of Karnataka
- networks focusing on domestic violence and violence against women in general
- the communities in villages where the intervention was implemented

Intervention

STRIVE partner KHPT, with LSHTM and the What Works consortium at the South African Medical Research Council, designed the Samvedana Plus intervention to reduce IPV and increase consistent condom use within the intimate relationships of female sex workers in the Bagalkote district of northern Karnataka. It involved intervening on multiple levels: with female sex workers, their intimate partners, community-based organisations of female sex workers and the wider society. (Figure 1).

Figure 1: Summary of intervention activities for project Samvedana Plus



Study

To assess the impact of the intervention, the team 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 control). All the active female sex workers 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.

The trial measured two primary and five secondary outcomes:

- Reduced intimate partner violence
- Increased consistent condom use within intimate relationships
- 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 partner
- Improved solidarity among female sex workers around issues of intimate partner violence

What did STRIVE research find?

Comparing those who received the intervention and those who did not, the trial found no difference in reports of physical or sexual violence or consistent

condom use within the intimate relationship. However, the trial did find lower acceptance of IPV, and higher levels of self-protection strategies and solidarity among female sex workers around the issue of IPV in the intervention arm.

Overall, however, results remain inconclusive. It is not clear whether the Samvedana Plus intervention worked to influence the primary outcomes of reducing violence and increasing condom use within the intimate relationships of female sex workers. Inconsistencies in IPV reporting between surveys as well as concerns about contamination between the intervention and control 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 female sex workers to be loyal to their 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.

Impact

Samvedana Plus has achieved impact on various levels:

- on the state government in terms of policy to address violence and other problems of female sex workers in Karnataka
- on organisations focused on violence against women in general
- on the community-based organisation of female sex workers in north Karnataka

As a result of its intensive work with female sex workers in Karnataka state, KHPT is viewed as a key stakeholder and has contributed to new government policies to improve the lives of sex workers. KHPT was nominated to be a member of the Special Committee for the Welfare of Sex Workers, constituted by the Government of Karnataka. This means that KHPT is well positioned to give input on policy to address the problems of women in sex work in relation to migration, trafficking, violence and social entitlements.

Over the course of the Samvedana Plus study and dissemination of findings, 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 female sex workers to the attention of networks on violence against women in general. These consultative meetings encouraged these networks to integrate the agenda of IPV against female sex workers into the overall agenda of domestic violence against women and girls.

In terms of impact at the local level, Samvedana Plus built the capacities of a Crisis Management Committee – created to respond speedily to instances of violence – within the female sex workers' community-based organisation (CBO). 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.

How did Samvedana Plus achieve impact?

Overall, key factors in the impact were:

- KHPT's strong reputation with the official state body on HIV – the Karnataka State AIDS Prevention Society (KSAPS) – and decade of influential work with sex workers
- Strategic engagement with communities, local and state authorities and anti-violence against women networks
- A range of lively and informative knowledge products, for a variety of audiences

Early on, the Knowledge into Action (KiA) team at KHPT and LSHTM prepared a research update to share learning in both English and Kannada. End users of the research evidence, including the state government, found the content to be accessible.

JOURNAL PUBLICATIONS

- Parinita Bhattacharjee, Linda Campbell, Raghavendra Thalinja, Sapna Nair, Mahesh Doddamane, Satyanarayana Ramanaik, Shajy Isac, Tara S. Beattie. **Understanding the Relationship Between Female Sex Workers and Their Intimate Partners: Lessons and Initial Findings From Participatory Research in North Karnataka, South India**, *Health Education & Behaviour*, 2018
- Andrea K. Blanchard, Sapna G. Nair, Sharon G. Bruce, et al. **A community-based qualitative study on the experience and understandings of intimate partner violence and HIV vulnerability from the perspectives of female sex workers and male intimate partners in North Karnataka state, India**, *BMC Women's Health*, 2018
- Alicja Beksinska, Ravi Prakash, Shajy Isac, H L Mohan, Lucy Platt, James Blanchard, Stephen Moses, Tara S Beattie. **Violence experience by perpetrator and associations with HIV/STI risk and infection: a cross-sectional study among female sex workers in Karnataka, south India**, *BMJ Open*, 2018
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One initial success at the state level was the instruction from KSAPS that Targeted Interventions teams track uptake of HIV services by the intimate partners of female sex workers (rather than by female sex workers only).

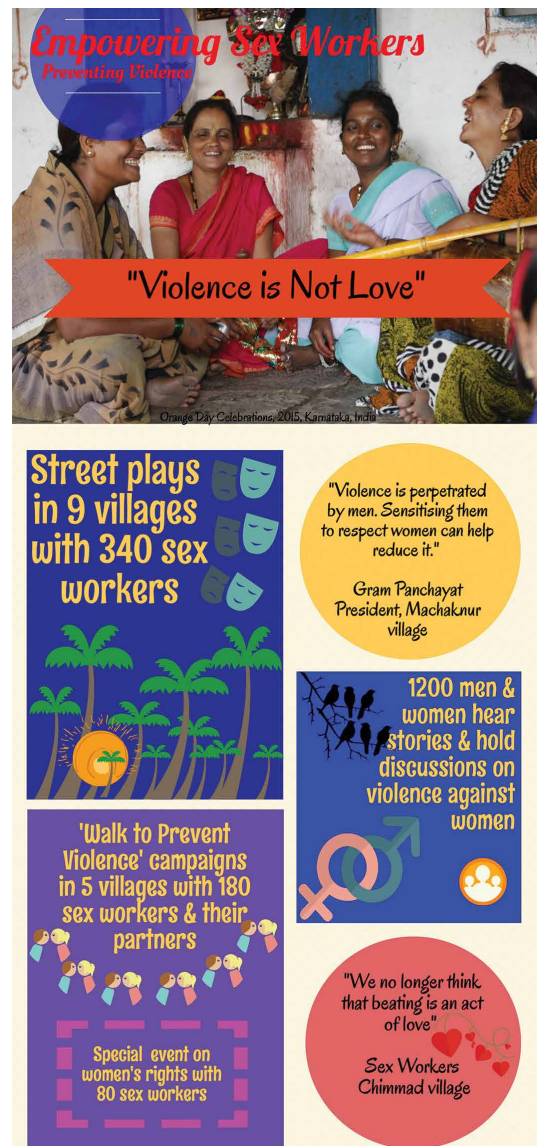
KHPT's KiA lead, Priya Pillai, spent time with female sex workers involved in the Samvedana Plus study, talking to them and taking photographs of their lives. The result – a powerful and moving photo essay entitled "How can sex workers negotiate condom use with their romantic partners?" – was published in *The Guardian* (UK) in August 2016, drawing national and international attention to the issue and conveying a vivid sense of the women's lives, problems and strengths. A description of the Samvedana Plus programme and evaluation were logged in the UK government's VAWG Helpdesk Evidence Digest – another element in raising international and funder awareness.

At community level, KHPT and the sex-worker CBO Chaitanya AIDS TadeGattuwa Mahila Sangha, organised campaigns for the 16 Days of Activism against Violence Against Women in intervention villages.

These activities and products made connections between sex work and domestic violence agendas at the local level. At state, national and international levels, KHPT made the same connections at meetings with the Karnataka State Federation on Violence against Women; Breakthrough; and the Asia Pacific Women's Alliance for Peace and Security.

By 2017, the state government began to introduce initiatives, based on the recommendations of an investigation by the 'Jayamala Committee', to support female sex workers in gaining access to existing welfare programmes, and strengthened the Santhwana counseling and helpline centers for survivors of violence. Unfortunately, reduced HIV prevention funding resulted in the reduction of Crisis Management Teams for female sex workers, which had been formed under the Samvedana Plus programme.

In 2018, the KHPT team were invited to the Department of Women and Child Development to report on activities involving female sex workers (related to the Samvedana Plus trial), as input into the government's high-level consultation on the development of female sex workers.



Infographic about Samvedana Plus project and sex-worker activism to prevent violence on Orange Day 2015 (16 Days of Activism against Violence against Women).

Acknowledgements

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

Samvedana Plus

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The views expressed here are those of the authors and do not necessarily reflect the official policy or position of the UK government, MRC or UoM.

