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Mapping the violence landscape among female sex workers in Karnataka, South India: associations between violence exposure by perpetrator, and HIV/STI risk

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Violence and HIV/STI risk

- Gender-based violence affects 1 in 3 women globally¹.
- Violence is associated with increased risk of HIV/STIs through direct and indirect mechanisms².

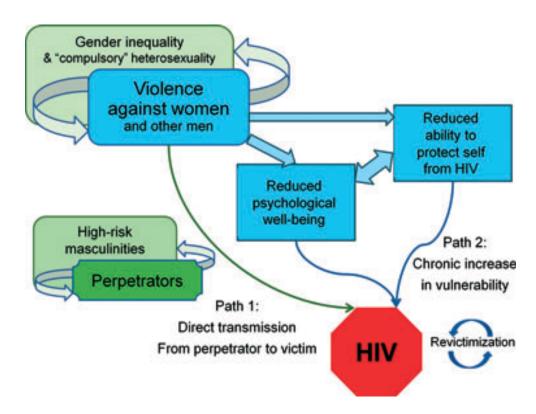


Fig. 1 Illustration of pathways from gender inequality and high-risk masculinity to increased HIV risk among survivors of violence. Dunkle et al. 2013²







Violence and sex work

- Women who sell sex are at increased risk of violence³ and HIV/STIs⁴ compared to the general population.
- Female sex workers (FSWs) are at risk of violence from a range of perpetrators⁵.
- Workplace violence from clients is the most widely documented.



Figure 2: Categorisation of violence by perpetrator







Violence and HIV/STI risk among FSWs in India

- India's HIV epidemic is concentrated in high risk groups including FSWs⁶.
- **Violence against FSWs** has been identified as a key concern.
- In 2003, the Karnataka Health Promotion Trust (KHPT) as part of the Avahan Programme, funded by the Bill and Melinda Gates Foundation, was established to scale up HIV prevention with highrisk populations.
- The intervention reached over 60,000 FSWs using a rights-based approach to address violence, stigma, and poverty as part of comprehensive HIV prevention programming⁷.











Aims

To examine associations between exposure to physical and/or sexual violence by perpetrator and prevalence of HIV, syphilis and high-risk sexual behaviours among FSWs.

Primary outcomes

- HIV prevalence
- Syphilis prevalence
- Self-reported STI symptom prevalence

Secondary outcomes

- condom use at last sex with clients and regular partner
- condom breakage at last sex
- client or FSW under the influence of alcohol during last sex







Methods

- Integrated Biological and Behavioural Assessment (IBBA) survey in two districts in Karnataka (Bangalore and Shimoga) in 2011.
- Behavioural questionnaire
- Physical and sexual violence by non-partners in the past 6 months
- Physical and sexual intimate partner violence in the past 12 months
 - women were asked who the perpetrator of this violence was (e.g. husband, client, police etc.)
 - Exposure to violence categorised as domestic, workplace or community perpetrator
- Blood samples were taken to measure HIV and syphilis prevalence.
- Weighted, bivariate and multivariate analyses were used to examine associations between violence by perpetrator and HIV/STI risk.

Integrated Biological and Behavioral Assessment (IBBA) 2011, Round 3

Karnataka Health Promotion Trust, Bangalore

Karnataka Hearth Promotion Trust, Bangarore	
SECTION I: INTERVIEW INFORMATION	
Study number	
•	
PSU Name and code	
City/Town/Village	
District_	
Type of PSU (Home=1, Brothel=2, Lodge=3, Dabha=4, Public Place=5)	

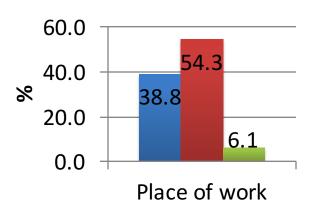






Study population

- n=1111 (Bangalore=718, Shimoga=393)
- Mean age: 32.9 years
- Has a regular partner: 66.2%
- Median number of clients per week: 6



- Home
- Rented room/lodge/brothel
- Public place/vehicle/bar/night club









High rates of recent violence experience among FSWs

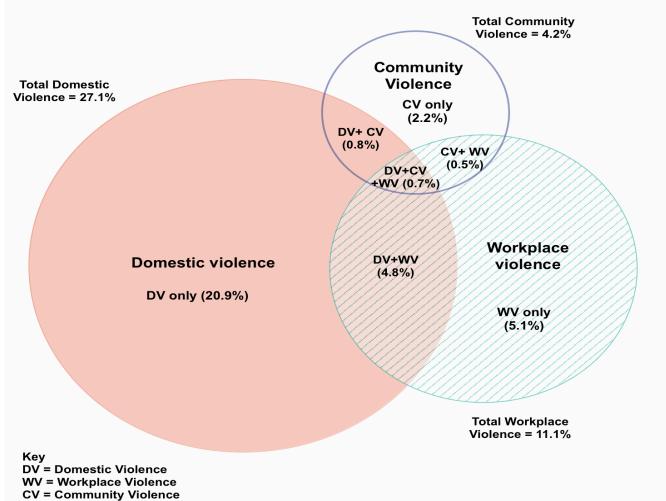


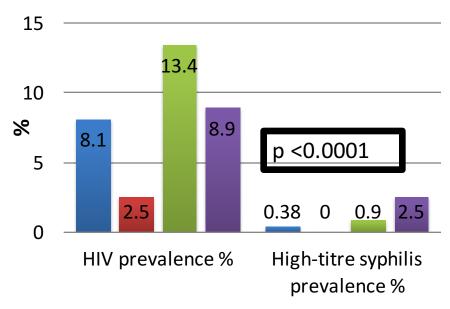


Figure 3: Proportional venn diagram showing recent violence experience among FSWs by perpetrator

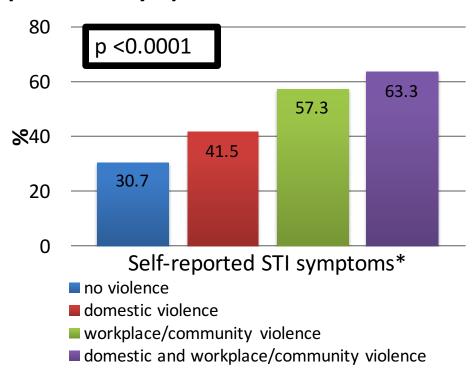




Violence from multiple perpetrators is associated with increased syphilis infection and self reported STI symptoms



- no violence
- domestic violence
- workplace/community violence
- domestic and workplace/community violence



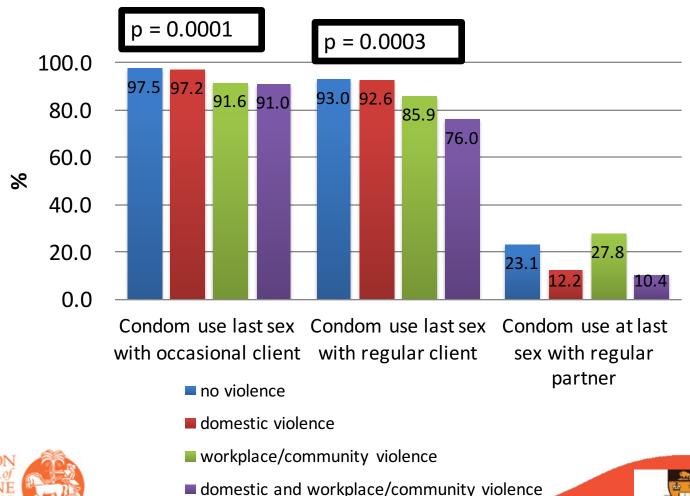
^{*}Self reported STI symptoms include: vaginal discharge, lower abdominal pain not associated with menses and/or genital ulcer







Reduced condom use with clients is associated with workplace/community violence and violence from multiple perpetrators



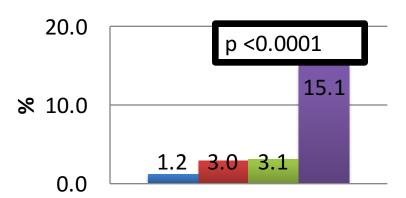






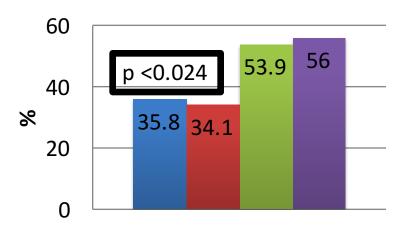
Violence from multiple perpetrators is associated with increased condom breakage and alcohol use at last sex

Condom breakage at last sex by perpetrator



- no violence
- domestic violence
- workplace/community violence
- domestic and workplace/community violence

Alcohol use at last sex by perpetrator



- no violence
- domestic violence
- workplace/community violence
- domestic and workplace/community violence







Discussion

- Domestic violence is the most prevalent violence by perpetrator → currently few programmes address domestic violence among FSWs.
- Risk may be highest among FSWs experiencing violence from domestic and workplace/community perpetrators.
- → Increasing levels of violence may increase sexual risks.
- Effective HIV/STI prevention programmes need to include violence interventions that address violence across women's personal and working lives.







Thank you

Questions?







References

- 1. Devries KM, Mak JYT, García-Moreno C, et al. The Global Prevalence of Intimate Partner Violence Against Women. *Science* 2013;340(6140):1527-28. doi: 10.1126/science.1240937
- 2. Dunkle KL, Decker MR. Gender-based violence and HIV: reviewing the evidence for links and causal pathways in the general population and high-risk groups. *Am J Reprod Immunol* 2013;69 Suppl 1:20-6. doi: 10.1111/aji.12039
- 3. Deering KN, Amin A, Shoveller J, et al. A systematic review of the correlates of violence against sex workers. *Am J Public Health* 2014;104(5):e42-54. doi: 10.2105/ajph.2014.301909 [published Online First: 2014/03/15]
- 4. Baral S, Beyrer C, Muessig K, et al. Burden of HIV among female sex workers in low-income and middle-income countries: a systematic review and meta-analysis. *Lancet Infect Dis* 2012;12(7):538-49. doi: 10.1016/S1473-3099(12)70066-X
- 5. Decker MR, Crago A-L, Chu SKH, et al. Human rights violations against sex workers: burden and effect on HIV. *The Lancet*;385(9963):186-99. doi: 10.1016/S0140-6736(14)60800-X
- 6. Beattie TS, Bhattacharjee P, Isac S, et al. Declines in violence and police arrest among female sex workers in Karnataka state, south India, following a comprehensive HIV prevention programme. *J Int AIDS Soc* 2015;18:20079. doi: 10.7448/IAS.18.1.20079
- 7. Gurnani V, Beattie TS, Bhattacharjee P, et al. 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* 2011;11:755. doi: 10.1186/1471-2458-11-755



