Project Parivartan is a research study on the impact of structural interventions to prevent HIV among female sex workers in the state of Andhra Pradesh in India. It analyzes the context of HIV risk among these women and the community mobilization interventions addressing that risk. Data were collected from 2005 to 2012, and include serial cross-sectional surveys, ethnographic methods, and a comparative case study design.

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The state of Andhra Pradesh in southern India has one of the highest rates of HIV in the country. Its female sex workers (FSWs) are among the principal populations affected by the pandemic.

Among FSWs’ risk factors for HIV are disempowerment and lack of control over work, which affect HIV-related health behavior and impede access to health-related resources.

Data on FSWs’ empowerment and condom use practices were collected as part of Project Parivartan from a cross-sectional survey of 812 FSWs in the city of Rajahmundry, East Godavari District, in April-June 2006. A publication1 analyzing these data forms the basis for this brief.
COMMUNITY MOBILIZATION INTERVENTIONS AND POWER

Structural contexts that shape FSWs’ HIV risk include unequal distribution of power that can limit access to health-related resources and increase vulnerability. Interventions with community mobilization as a centerpiece of their strategy (community mobilization interventions or CMIs) are particularly important for addressing HIV risk among FSWs by increasing accessibility to services and resources. CMIs seek to change power inequalities between marginalized and dominant groups and thereby decrease vulnerability.

To measure empowerment in this sample of 812 FSWs, three distinct types of power were explored: collective power, control over sex work, and economic power. Collective power was broken down into three dimensions: collective identity (identification with other FSWs), collective efficacy (belief that FSWs can work together for change), and collective agency (taking action with other FSWs on behalf of FSWs) (see Fig. 1).

High collective identity was defined as agreeing a little or a lot with the statement ‘you feel a strong sense of unity with sex workers you do not know.’ Those who indicated in response to the statement ‘if there were a problem that affected all or most of the sex work community’ that all or most sex workers would work together to deal with it, were considered to have high collective efficacy. Collective agency was defined as, in the past 6 months, attending a public event where the respondent could be identified as an FSW, or going to the police to speak on FSW rights.

PROGRAM EXPOSURE AND COLLECTIVE POWER

This sample of FSWs was recruited from Rajahmundry, an area where a CMI was being implemented. To establish respondents’ level of exposure to the intervention, three categories of exposure were created: ‘no program exposure’ if respondents had never heard of the intervention, ‘receptive exposure’ if they had heard of the intervention, received materials about it, or spoken to an intervention representative, and ‘active exposure’ if they worked with the intervention, were a member of a community-based organization started by the intervention, or had used one of the services provided by the intervention, such as drop-in centers and STI clinics.

A clear and positive association emerged between program exposure and collective power (all analyses were controlled for age, marital status, type of sex work, and literacy). The association between intervention exposure and collective power was stronger as the level of exposure increased. This trend held true across nearly all levels of program exposure for all three dimensions of collective power. Women with receptive exposure to the intervention were 1.34 times more likely (not significant) than those with no exposure to experience collective identity, while those who reported active utilization were significantly more likely to do so (2.47 times) (see Fig. 2).
Similarly, a sense of collective efficacy was 1.99 times more likely among FSWs with receptive exposure, and 3.66 times more likely among those who actively utilized intervention services, as compared to women with no exposure (see Fig. 2).

Collective agency showed the largest effect sizes: compared to women with no exposure, those with only receptive exposure were likely to experience collective agency 2.34 times more than those with no exposure, and those reporting active utilization were 11.43 times more likely to do so (see Fig. 2).

**COLLECTIVE POWER AND CONDOM USE**

A clear and positive association was also observed between collective power and condom use. Women who reported any dimension of collective power – collective identity, collective efficacy, or collective agency – were consistently more likely to report consistent condom use with clients. (Respondents were considered to have consistently used condoms if condoms were used the last time the respondent had sex with a client, and if the respondent reported that she always used condoms with clients).

Women indicating collective identity were 1.61 times more likely to consistently use condoms, as compared to those without collective identity; women with a sense of collective efficacy were 1.64 times more likely use condoms consistently than those without; and women with collective agency were 1.72 times more likely to consistently use condoms than those without collective agency (see Fig. 3).

Among respondents who reported both program exposure and high levels of collective agency, the odds ratio of engaging in consistent condom use was 2.5 times that of other FSWs. Additionally, from multivariate analysis, collective agency in particular, as well as collective identity, were found to be significant predictors of consistent condom use.

**CONTROL OVER WORK, ECONOMIC INDEPENDENCE, AND CONDOM USE**

Beyond collective power, control over work, and economic independence are also important to FSWs’ power and HIV risk reduction. Control over sex work was assessed by asking two questions related to deciding: (1) the type of sex with a client, and (2) the amount of money to charge a client. Control was indicated by deciding sometimes, usually or always, as opposed to never or rarely. Economic power was assessed in two ways: by asking about (1) the respondent’s living situation, i.e., whether she currently lived in a home with electricity, running water, and bathrooms/toilet, and (2) the respondent’s economic independence, i.e., whether she was the sole provider for herself and her family, or depended on others financially.

FSWs who have greater control over their sex work reported higher consistent condom use: women who have control over the type of sex they have with clients were 1.75 times more likely, and women who have the power to decide how much to charge clients were 1.67 times more likely than women who reported neither type of control over work, to consistently use condoms (see Fig. 4).
Similarly, women who did not rely on others financially reported higher consistent condom use: women who were economically dependent were half as likely (odds ratio of 0.54), and women with better living environments, 1.12 times as likely (not significant), to use condoms consistently (see Fig. 5).

While it may be difficult to understand the exact nature of the relationship between program exposure and collective power, as well as the degree of collective power, there is a clear trend towards increasing collective power with increasing levels of program exposure. Similarly, there is a consistent positive association between the various types of power and consistent condom use. These findings suggest that power inequalities that marginalize FSWs, limit their control over their own lives, and adversely affect HIV-related health behavior, can be addressed through interventions that alter power relations.

REFERENCES:


HOW CAN HIV RISK RESULTING FROM POLICING PRACTICES AND POLICE BEHAVIORS BE REDUCED?

COMMUNITY BASED ORGANIZATIONS (CBOS) CAN

1. Standardize price of sex

2. Implement 100% condom use policies

3. Identify and implement additional ways to address FSWs’ control over the conditions of their work

4. Continue activities aimed at building the collective power of member and non-member FSWs

5. Enhance access to economic resources, by helping to obtain ration cards, open bank accounts, and access community banking and micro-insurance schemes.

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