

Phase III: Gender, Power and Sex

Strategic Impact Inquiry Research Summary

The Context: Sex. Power. Stigma. AIDS. How do all of these factors interact in the thriving sex industry, its surrounding communities and the lives of sex workers in Bangladesh? While Bangladesh does not yet face a generalized HIV and AIDS epidemic, there are real risks for it to spread through bridge populations like sex workers and their clients. What does this mean for women engaged in sex work? And for the CARE programs working with them?

CARE Bangladesh's SII: In its final phase of the SII, CARE Bangladesh explored the dynamics of gender, power and women's empowerment among marginalized women focusing on how gender and power relate in the lives of sex workers. CARE Bangladesh framed its study around its HIV program work from 1995 to 2005, with a focus on the Stopping HIV/AIDS through Knowledge and Training Initiative (SHAKTI project). SHAKTI worked with sex workers and other high risk groups in Dhaka, Tangail and other parts of Bangladesh to:

- Help SWs manage STIs and promote condom use to prevent HIV;
- Provide voluntary counseling/testing;
- Connect SWs to services to treat HIV, prevent mother to child transmission;
- Build capacity of NGOs to manage programs and develop networks for people particularly vulnerable to HIV; and
- Influence policies/programs on AIDS.

For the SII, the research team explored women's empowerment among street-based (SB) and brothel-based (BB) sex workers to better understand the context of power and empowerment and the impacts of the SHAKTI project on their lives. The study focused on:

- How do women who CARE's projects support define empowerment?
- How do these projects contribute to women's empowerment?
- What linkages do we find between changing levels of empowerment and HIV vulnerability, as described by project participants?
- What are the dynamics of power, empowerment and violence in the sex work environment in Bangladesh?

The [Strategic Impact Inquiry \(SII\)](#) is a three year study that seeks to evaluate CARE's impact on women's empowerment. For the full report on Bangladesh, email: pqlibrarian@care.org.

Methodology: CARE Bangladesh coordinated local researchers and sex worker self-help groups in Dhaka and Tangail. CARE research teams collaborated throughout the process of research design, data collection and analysis.

RESEARCH DESIGN

- **Participant Selection:** Participants were selected through sex worker self-help groups, based on their levels of participation in CARE projects
- **Phased Research Design:** Design involved three phases of data collection and analysis to respond to an evolving understanding of research questions and triangulate across methods.

DATA COLLECTION

- **Overview:** 449 respondents, 2 sites, 2 months
- **Literature Review:** Grounding research in existing literature
- **Focus Group Discussions** (9 groups-sex workers, staff): Context, power relations, empowerment
- **Informal Interviews** (9 respondents): Demographics, HIV awareness, beliefs, violence, project participation and empowerment
- **Survey Research** (316 respondents): Demographics, gender norms, empowerment, participation, health-seeking behaviors, violence
- **In-Depth Interviews** (29 respondents-12 sex workers, 6 former project staff, 11 local power-holders) Empowerment, HIV risk, interventions, relationships, self-help groups

DATA ANALYSIS

- **Reflective Process:** Design and field research teams met regularly to share observations and challenges and engage in collaborative analysis.
- **Analysis:** Statistical analysis of survey data, triangulation across methods.

Limitations:

- Bonded sex workers were not accessible
- Findings not necessarily representative of Bangladesh's sex worker population
- Challenging to retroactively attribute the impacts of a 10-year intervention
- Participation of sex worker organizations may have introduced certain biases.

BANGLADESH

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Women's Views of Empowerment:*

AGENCY

Confidence, courage and self-esteem
 Money and financial security
 Management and communication skills
 Ability to resist violence/exploitation and pursue one's rights
 Different personal strategies to minimize impact of social attitudes toward sex work (fighting back or verbally protesting against harassment, strictly conforming to social norms in mild dress and behavior, or hiding one's identity as a sex worker)

RELATIONS

Greater acceptance from society
 Improved relations with other groups within the sex work community
 Ability to negotiate and influence others, particularly the powerful
 Unity and alliances among sex workers

STRUCTURE

Access to services (health, education)
 Sex worker organizations to represent, protect sex worker rights, and shift norms and social attitudes facing sex workers

*Responses varied somewhat by context (street or brothel-based), roles in sex worker organizations and exposure to CARE intervention.

HIV Risk and Empowerment:

Sex workers linked unsafe sexual practices to:

- Financial Security
- Sexual Violence
- Power relations between bonded sex workers and madams
- Lack of decision-making control in relations with lovers

The study also found that:

- The more taboo linked to HIV, linked to less condom use.
- Women accepting violence use condoms less

Impact on Empowerment and HIV

Vulnerability:

Implications:

Take into Account the Diversity of Women

- Program impacts between street-based and brothel-based sex workers exhibit enormous differences, emphasizing the critical importance of understanding context (structures of the work environment, power relations, norms) in program design and implementation.

Be Aware of the Importance of Relationships

- Programs must better understand links between empowerment/sexual practices in intimate partnership and empowerment/sexual practices in the sex trade – especially in relation to how violence and gender norms at home affect sexual practices in the workplace.

The Power and Limits of Groups/Associations: In these contexts, while groups contributed to women's empowerment, they also raised a number of issues:

- Limits to association abilities to confront powerful actors in the sex worker community (i.e. madams).
- Dangers of co-optation (or perception of it) as group leaders form closer relations with powerful actors.
- Long-term issues of governance within groups.
- Sex worker groups can control access to sex workers, which affect flow of funds, program design and relations with other organizations.

Multiple Forms of Power

- CARE must take into account different forms of power and how they relate to needs and aspirations of different groups (i.e. different sex worker groups prefer different approaches to addressing social attitudes toward sex work – in CARE's program strategy should one approach be privileged over the other? What are the effects, if so?).

Agency	Structures	Relations
<ul style="list-style-type: none"> Confidence and ability to protest and resist exploitation Increased awareness of HIV risk and rights, with higher rates of condom use with lovers Less likely (than other sex workers) to have experienced violence in the past 12 months Reduced sense of stigma about sex work Increased knowledge and use of HIV and STI services <p>Especially among Brothel-based Sex Workers:</p> <ul style="list-style-type: none"> Reduced violence by police and others Higher rates of condom use with clients Lower stigma about HIV <p>Especially among Street-based Sex Workers</p> <ul style="list-style-type: none"> Increased knowledge and use of HIV and STI testing services 	<ul style="list-style-type: none"> Representation and organization of sex workers through groups Change in police practices toward sex workers <p>In Brothel Context:</p> <ul style="list-style-type: none"> Change norms (dress) perpetuating sex worker marginalization More democratic inclusion of BB sex workers in the brothel 	<ul style="list-style-type: none"> Shift in community attitudes toward sex work Improved relations with police and other power-holders Greater unity among sex workers Negotiate with and influence clients and community