

Phase III: Gender, Power and Sex

Strategic Impact Inquiry Research Summary

The Context: The HIV epidemic in India continues to affect the country's development efforts. An estimated 2.4 to 2.8 million people are infected with HIV in India. Poverty, their position relative to men in authority, lack of knowledge of rights, threats of violence and the stigma associated with their occupation make female sex workers particularly vulnerable to HIV. Indian law regarding sex work is ambiguous, and therefore problematic. Sex work itself is legal, but a complicated series of laws and regulations confuse what is and is not permissible.

The Project: CARE India assessed the impact of its SAKSHAM project for the SII. SAKSHAM started in 2004 and operates in Rajahmundry, Andhra Pradesh where it works with female sex workers in order to empower the sex worker community and reduce their risk to HIV through:

- Select and train peer educators to provide information on risk reduction
- Increase access to resources by creating:
 - Drop-in centers that enable the community to meet and mobilize;
 - Community-based organizations (CBOs) of sex workers;
 - Health committees (comprised of sex workers, doctors and NGO members) to oversee and monitor management of the STI clinic;
 - Crisis intervention teams to respond to episodes of violence; and
- Encourage community led advocacy with police and media
- Free condoms distributed by CBOs

CARE India's Strategic Impact Inquiry (SII): For the SII, CARE India aimed to:

- Examine the contributions of SAKSHAM's approaches toward the empowerment of sex workers and HIV/AIDS prevention;
- Understand female sex workers' experiences, circumstances and aspirations for empowerment;
- Develop evidence on what works in HIV prevention with marginalized groups.

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

Methodology: CARE India coordinated its staff to conduct the study. The team took part in research design, data collection and analysis.

RESEARCH DESIGN

- **Research Team:** Research coordinator, two social sciences post-graduates and 3 field researchers from community
- **Site Selection:** Rajahmundry a high HIV prevalence area where SAKSHAM worked
- **Participant Selection:** Stratified random sampling of sex workers from project records

DATA COLLECTION

- **Overview:** 240 respondents
- **Structured Questionnaire** (240 women): women's vulnerabilities and factors shaping them; impact of programs on HIV and empowerment; and the impact of empowerment on HIV risk
- **Focus Group Discussions** (10 groups): views on empowerment, SAKSHAM's contributions
- **In-Depth Interviews** (20 women): Impact of empowerment, cases
- **Key Informant Interviews** (12 respondents): views on project impact, changes

DATA ANALYSIS

- **Quantitative Analysis:** SPSS
- **Reflective Process:** Research team reflection on participant responses

Limitations

- No baseline to compare data
- Sampling was random but not representative of sex workers in terms of duration of involvement in CBO

INDIA

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Women's Own Views on Empowerment:

AGENCY

Self-confidence, self-respect
Know rights and knowledge of HIV
Solve Problems
Chaitanyam – enlightened to help others
Take care of health, protect self
Revealing identity
Reduced violence, fear

STRUCTURE

Access to services, enforceability of rights

RELATIONS

Negotiate with police and reduce violence
Maintain harmony with family
Living in unity with other women

Women's Empowerment and HIV Risk

Importance of relationships

- Many women could not use condoms with partners, stating fear of abandonment as a key risk.
- Group solidarity has enabled sex workers to pursue their rights and lessen vulnerability to HIV

Helping others - Chaitanyam

- Feeling that they have helped others is a key aspect of empowerment for women, and linked to this, many women referred friends to drop in centers and services.

Implications:

Programming approaches must explicitly incorporate women's empowerment strategies, resources and goals

- Programs should aim at empowering sex workers for enhancing HIV prevention outcomes.
- Approaches should view individuals in totality, e.g. viewing sex worker as women.
- Push for focus on addressing unequal gender relations in both private and public spheres of individuals.
- Understanding of empowerment must be based on both individual and group aspects; and take context specific nuances.

Programs should support CBOs/solidarity groups of sex workers for better empowerment and HIV prevention outcomes.

- Be careful to facilitate transparent and democratic structures within CBOs/solidarity groups, supporting groups to manage themselves effectively.
- Facilitate membership of harder to reach individuals to ensure inclusivity of groups and interventions.

CARE India must align itself organizationally toward gender equity and social change.

- Affecting all aspects of the 'structure' requires long-term commitment.
- Build capacity of staff on gender and empowerment. Support staff to deal with changing work contexts.

Impact on Empowerment and Vulnerability to HIV:

Agency	Structures	Relations
<ul style="list-style-type: none"> Knowledge/realistic perception of HIV, vulnerability Knowledge and use of health services High use of condoms with clients, but not with husbands or partners Sense of self-efficacy (though stronger among women in groups, and with greater economic security) Feel they have helped others Pursue rights 	<ul style="list-style-type: none"> Access to and quality of services Space for women sex workers to come together Less sense of stigma against sex workers 	<ul style="list-style-type: none"> Sense of sisterhood, unity and belonging Ability to negotiate with police