

“NOTHING FOR US WITHOUT US”: PARTICIPATORY METHODS TO STUDY VIOLENCE AND SEX WORK IN SOUTHERN AFRICA

By Sally Hendriks, Lise Woensdregt, Lorraine Nencel, Onkokame Ratanang Mosweu, Nikodemus Aoxamub, Pamela Chakuvinga, Charmaine Dube, and Ingeborg van Beekum

Introduction

Participatory mixed methods research is useful for gathering rich and diverse forms of data. This method is beneficial in lowering the barriers faced while doing research among vulnerable groups, such as sex workers. Difficulties with high non-response rates and access to participants are diminished as sex workers become part of the research group, and through their trust, provide access to the community. Additionally, integrating research within existing interventions increases the immediate usability of the results to fine-tune activities. It also increases ethical standards of conduct by linking research participants in need of support to existing services. Hands Off!, a regional program to reduce violence against sex workers in Botswana, Namibia, Mozambique, South Africa, and Zimbabwe, allocated resources to conduct research concurrently with the interventions. The goal of the research was to examine the prevalence and types of violence experienced by sex workers and to provide insights into the different determinants related to violence. Participation and inclusion of sex workers, sex worker-led organizations, and service providers occurred at all levels. This paper describes the process of integrating a participatory mixed method research component into the Hands Off! program.

Studying Sex Work and Violence in Southern Africa

Sex work is criminalized in most Southern African countries through by-laws or municipal statutes. Criminalization fuels violence against sex workers. Lack of protection of street sex workers and those working in isolated places is generally the result of anti-prostitution laws and police policies (Scorgie et al. 2013). The criminalization of sex work also drives sex workers to work in unhealthy and unregulated conditions (Richter 2008). Criminalization, (self) stigma, unclear definitions of sex work, concerns about privacy, and reach of study population are paramount, making representative sampling and research difficult (Shaver 2005). Reliable estimates of sex worker population are therefore unavailable in Southern Africa. Moreover, our understanding of the nature and extent of violence experienced by sex workers is limited. Research suggests that the majority of sex workers experience multiple incidents of violence during their working life, including being beaten, threatened with a weapon, slashed, choked, and raped (Scorgie et al. 2013).

Collaborative Design

In order to reduce violence against sex workers, Aids Fonds, in collaboration with sex worker-led organizations, initiated the Hands Off! program. Sex workers and others stakeholders were part of the overall development of the program, including the design of the participatory research, which led to increased data usability. For example, the initial program and research design focused on HIV and violence. However, the sex workers pushed



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The Research Assistant is Interviewing Participants in Gaborone, Botswana

for a tailored program and research solely on violence reduction, an issue that is rarely approached on its own. Changes made to the original design allowed the participatory approach to consider the experiences and needs of sex workers. The participatory process also enabled us to explore the priorities of different stakeholders. Sex workers, who were represented through sex worker-led organizations, sought data to support their activities and advocate for sex worker rights. This required “hard” data, such as prevalence rates for violence, information on human rights violations filed with the police, and the number of arrests that took place due to carrying condoms. Service providers stressed the need for health-related data, whereas the donor, as the initiator of the research, needed data to establish baseline indicators to support eventual evaluation of the program.

Participatory Data Collection

The administration of the survey took place in Botswana, Namibia, South Africa, and Zimbabwe. To date, 1,816 male, female, and transgender sex workers have been enrolled in the research, which is still ongoing. The survey was conducted by thirty-seven male and female sex workers trained as research assistants during a one-week training. They learned about different types of violence and were trained in basic principles of research and research protocols, such as sampling methods and ethical considerations. Additionally, the training focused on the attitude of interviewers and interviewer techniques. After the training, the sex workers reported feeling empowered. They felt capable and motivated to encourage the participation of other sex workers, aware of the urgency to gather data that could be used to improve their lives and that of their peers.

By using peers to conduct surveys, non-responsiveness, which can be a major problem because of the illegality of sex work, was relatively low. Participants felt comfortable discussing sensitive issues with peers familiar to the context, creating a low sensitivity bias. However, in some locations, the sex worker communities were relatively small, creating challenges to confidentiality as research assistants often encountered participants they knew from the sex industry. To ensure anonymity, efforts were made to assure interviews were conducted by someone unknown.

Qualitative research was facilitated by a social scientist and conducted using focus groups and in-depth interviews. The sex worker community was part of the application selection process of the social scientist to ensure an open relationship between the sex worker community and researcher. There were two cases where sex workers had different opinions about the applicants. In both Zimbabwe and South Africa, the voice of the sex workers was decisive in the selection process. In these cases, academics involved in the research process preferred applicants with more

research experience and publications, whereas the sex workers preferred researchers that were familiar with the community so that sex workers would feel comfortable telling their stories. To date, 204 sex workers have participated in in-depth interviews and focus groups. Data collection is ongoing.

Integration into Existing Interventions

Integrating research into an existing intervention introduced several ethical considerations. First, participants not associated with the sex worker-led movement were invited to become part of the sex worker-led organizations that were involved in the program so they too could benefit from the existing support structures among peers. Second, research assistants referred participants to professional services, such as health, social, and legal services that partnered with the program. The potentially traumatizing effects of questioning sex workers about experiences of violence were mitigated by the referrals. Moreover, because the interviews were conducted by peers who have experienced similar situations, participants found opportunities to process painful experiences. Positive, if unintended, outcomes of the research for the participants included the therapeutic benefits of sharing their experiences and an increase in seeking HIV testing and counseling services. Further, sex workers received information on how to deal with violent clients, and some were motivated to file charges against perpetrators.

Strengths and Challenges

We believe that integrating participatory research into intervention programs for hard-to-reach and vulnerable populations can contribute to the richness and utility of the data and improve ethical protocols. As shown in many participatory studies focusing on public health issues (DeLyser and Sui 2014), we experienced high levels of usability of the data by different stakeholders. This data can be used for

advocacy, as indicators in monitoring and evaluation, and to provide insight into the underlying social determinants of violence. Additionally, applying participatory mixed methods has the potential to address several biases in research with socially marginalized populations. Shaver (2005) states that including the research population as research assistants reduces sensitivity bias, which was also shown in our study as non-response rates were low and participants felt open to discuss their experiences.

Nevertheless, our participatory study also faced challenges. Sex workers' participation in the design and data interpretation rounds was limited to the active sex worker community, and trained activists are not necessarily representative of the general community. Another problem we encountered was that some of the survey questions, agreed upon by lead sex workers during the design phase, were difficult to grasp by the research assistants and participants. Power differences between donor (and initiator of the research) and sex worker-led organizations also cropped up. Even though the research was collectively developed, once the program was approved by the donor, participation in the research became an obligation for sex worker-led organizations. It became apparent that different stakeholders have different expertise. Awareness and respect of the role and contribution of the different partners was crucial. In hindsight, it would have provided more transparency to determine who should be involved in the different steps of decision making, instead of trying to make each decision as a group. Despite these challenges, we agree with Sherlock and Thynne (2010) that studies with vulnerable populations on painful life events should be practiced in collaboration with the participants and other stakeholders such as support groups and civil society for adequate follow up. Such studies should be participant-focused and only conducted if the results can be linked to existing interventions aimed at improving the situation.

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THE POWER OF ANTHROPOLOGY: AN ASPIRING PATH FOR APPLYING ANTHROPOLOGY WITHIN THE COMPLEXITIES OF GLOBAL HEALTH

By Ann Louise Tezak

— Interview with Dr. Ruth Kornfield, July 21, 2015

Discovering the power of anthropology within global health comes differently for each individual. For Ruth Kornfield, an international consultant focusing on reproductive health and HIV/AIDS, anthropology “wasn’t a preconceived career path,” rather, it is a “perception.” She knew early on in life that a major goal was to “try to understand the nature of human beings” through experiencing different cultures and exploring the beauty

of diversity. Her journey in becoming an anthropologist within the backdrop of global health, while emphasizing the power of collaboration and the magnitude of anthropological methodologies, fascinates me as we converse across continents through fuzzy Skype connections.

Anthropologists have the unique skills to capture depth “from the point of view of the people you’re studying.” This thought echoes throughout our conversation as I continue to listen to how anthropology has played a pivotal role in Kornfield’s work. In 1994, when Kornfield was working on a project to support family health and

HIV/AIDS prevention in Malawi, her position as a social science researcher was seen with dismay and lack of relevance. She notes, “It took a long time just to persuade anybody that was involved in reproductive health...that you needed to do this cultural research at all.” With her determination to capture the essence of the human experience, Kornfield welcomed the challenge to convince her colleagues that her work was necessary. She moved past skepticism toward an emphasis on looking at the “quality of what is going on,” to understand sociocultural environments and psychological contexts of individual reality. This