Samabhavana Society

An ISO 9001: 2000 Cert. Org.

Project Overview

2006-2007

Admin. Off. : 4th floor, S. S. Phule Municipal High School, Meherpada Compound, N. M. Joshi Marg, Byculla (W), Mumbai- 400 027.
Off.Ph.- 91- 022- 23080592, 23080593, Fax: 022- 23008436
Website: www.samabhavanasociety.org, Portal :www.indiaids.org E-mail : samabhav@vsnl.com, samabhav@samabhavanasociety.org
Regd. Address: 6, Sumangal Co-op.Hsg., Sector-2, Opp. D.M. Engineering College, Airoli, Navi Mumbai 400 708.

Introduction: Committed to Community Empowerment

The Samabhavana Society[1] a non-profit Community Based Organization (NGCBO), located in Mumbai, with project offices in Pune and Mathura, works primarily in the arena of sexuality. The Society endeavours to provide sustainable and quality services to vulnerable communities that remain invisible and face discrimination due to their sexual orientation and/or sex-based professions.

The organization's motto, 'Happiness for All' is representative of its work and future goals: sex education, increasing awareness amongst Men who have Sex with Men (MSM)/Male Sex Workers (MSWs) regarding STIs and HIV/AIDS, ensuring the rights of people with alternate sexualities, research and training on gender, sexuality and masculinity. The Society's vision to become a knowledge and human rights based organization — with sexuality and its psychosocial impact at its core — is laid out in the following terms:

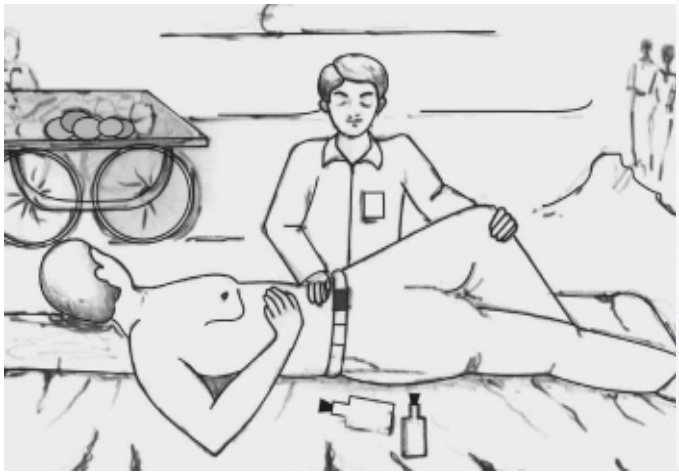
1) To provide quality health care that is accessible, reliable, and affordable to vulnerable sections of society.
2) To provide quality counselling by trained counsellors to promote behaviour change and sustainable health-seeking behaviour amongst target communities.
3) To sensitize law enforcement agencies and the judiciary through consistent and high quality advocacy by trained professionals in order to reduce the number of human rights violations and to effect legislative changes.
4) To develop quality tools for sensitization and advocacy in all forms of media and culture.
5) To conduct effective livelihood programmes with needy, economically deficient communities to improve their quality of life.
6) To provide monitoring, evaluation research, and competency building within programmes.
7) To provide technical assistance in sensitization, advocacy, Information, Education and Communication (IEC) development on issues of sexuality
8) To conceptualize innovative need based projects working with vulnerable communities that remain invisible and face discrimination due to their sexual orientation and/or sex-based professions and its ongoing projects are designed to contribute to individual growth as well as to community and national growth with a special emphasis on vocational training, income generation, small enterprise development, literacy, environmental education, sexual reproductive health and rights.

[1]The Society is a tax exempted, registered, ISO 9000:2001, certified organization.

Admin. Off. : 4th floor, S. S. Phule Municipal High School, Meherpada Compound, N. M. Joshi Marg, Byculla (W), Mumbai- 400 027.
Off.Ph.- 91- 022- 23080592, 23080593, Fax: 022- 23008436
Website: www.samabhavanasociety.org, Portal :www.indiaids.org E-mail : samabhav@vsnl.com, samabhav@samabhavanasociety.org
Regd. Address: 6, Sumangal Co-op.Hsg., Sector-2, Opp. D.M. Engineering College, Airoli, Navi Mumbai 400 708.

In keeping with their goal of improving the quality of life for several marginalized sections of Society — homosexual men/women, MSWs, transgendered communities (hijras/kothis), ancient sexualities (Jogtas, Aradhis, Shivshaktis, Ganacharis), and also youth from the mainstream, Samabhavana Society has been working with the malishwala (masseur) community, the largest sub population of male sex workers for the past seven years.

In September 2006, the project 'BACKWARD INTEGRATION OF THE MALISHWALA COMMUNITY: FROM MUMBAI TO MATHURA' was initiated with support from the Resource Centre of Sexual Health and HIV/AIDS (RCSHA), New Delhi, and is an offshoot of the ongoing [2] Hivos funded work on the 'Empowerment of Male Sex Workers and the Masseur Community'. Prior to this, Samabhavana Society undertook the first 'Knowledge, Attitude, Behaviour, Perception (KABP)' study of the community in 2001, the first study on 'Sexual Behaviour of Male and Female Clients of Male Sex Workers and the Masseur Community' in 2003, and in 2005 conducted a 'Library Search and Literature Review on Male Sex Workers and Masseurs in India', supported by RCSHA and the Department for International Development (DFID)[3].



[2] Hivos, The Humanist Institute for Cooperation with Developing Countries is a Dutch organization set up in 1968 by the Dutch Humanist League. It is committed to the poor and marginalized. http://www.samabhavanasociety.org/projects.htm

[3] http://www.samabhavanasociety.org/research.htm

The Project

Backward Integration of the Malishwalas Community: From Mumbai to Mathura.

Project Context

Samabhavana Society conceptualized the project, ***BACKWARD INTEGRATION OF THE MALISHWALAS: FROM MATHURA TO MUMBAI,*** with the objective of providing the malishwala or masseur community access to affordable health services in Mumbai and to replicate these services in their hometown of Mathura, in order to improve the quality of both their lives as well as that of their families[4].

Malishwalas or masseurs, migrate to Mumbai from the states of Uttar Pradesh, Rajasthan, and Bihar in search of a livelihood. The majority (almost 85%) comes from the district of Mathura in Uttar Pradesh. Falling typically in the 13 to 55 age range, 68% of malishwalas are between 17 and 22 years old and are usually married. They belong to the traditional NAU or Hajam caste of barbers who have been forced to migrate to the big cities to escape conditions of extreme poverty and caste-based atrocities. The deceptive glamour of Mumbai combined with a desperate need to earn a living has lured several malishwalas into commercial sex work as a quick way to augment their income. Entire families—sons, nephews, brother-in-laws and other male relatives—are encouraged to come to the city to be gradually initiated into the business with the explicit understanding of sharing their income in return for board and lodging as well as easy access to clients. Other castes from the same region, like the Jats and Chaudharies, have also joined the trade for financial reasons. Their high-risk lifestyle makes the malishwalas and their families extremely vulnerable to HIV/AIDS and other STIs. Unsuspecting family members, i.e. mainly the women of this community, are unaware of the nature of the lives their men lead in the city, and their own consequent susceptibility to infection. The tacit understanding amongst the malishwalas, to not disgrace the community in public by talking about their lives when they go home, even in situations of personal quarrels and acrimony, maintains the secrecy and further compounds the problem. In addition, care and treatment for HIV/AIDS is a life-long commitment that most malishwalas and their families cannot afford.

The Samabhavana Project was therefore designed to address the needs of this community and to reduce the economic and emotional stress caused by the ill health of family members.

In the course of initial interactions between the Samabhavana Society and Malishwalas' families in Mathura, the community's senior members expressed the urgent need for accessible and affordable health care facilities in the Mathura District. Most of their income was spent on health services provided largely by local quacks visiting villages on bicycles dispensing medication. When treatment that was more reliable was sought, huge expenses were incurred due to travel and the treatment itself. This economic burden had several repercussions within the community. Poor health of earning members of a family led to the loss of businesses that ultimately resulted in members of the

[4] In keeping with the aims of Samabhavana Society's ISO 9001:2000 Quality Policies.

community falling into the trap of debt and moneylenders and sometimes even into bonded labour. The community, therefore, also needed alternate sources of income to supplement their earnings[5].

It is within this context, that the Samabhavana Society initiated the project, ***BACKWARD INTEGRATION OF THE MALISHWALAS: FROM MATHURA TO MUMBAI.*** Today almost 5,000 Malishwalas[6] access the services of the Samabhavana Society, i.e., medical care, formation of Self-Help Groups, a health mutual fund and income generation programmes. The term **'BACKWARD INTEGRATION'** implies the attempt to replicate and integrate these health services being rendered at the destination, i.e. Mumbai to the source, which is the rural context of Mathura, for the benefit of malishwala families.

Project Objectives

- To provide affordable, good quality and consistent health care as a solution to some of the problems faced by the malishwala community.
- To replicate the provision of the Society's services of health care, income generation projects and other services in Mathura for better accessibility for the families of this masseur community.
- To utilize the Samabhavana Society's Drop-in Centre (DIC) in Mumbai, to form a link between Mathura and Mumbai, to ensure follow-up, treatment adherence and sustained health seeking behaviour of clients.
- To strengthen this follow-up procedure within the context of the 'Health Seeking Cycle' (see Annexure) which is a process of maintaining contact with and recording information about those malishwalas or drop outs who go home for long durations during the farming season and for festivals.
- To increase referrals for HIV testing.
- To motivate malishwalas and their sexual partners to use the health care facilities, the Health Mutual Fund Programme, Self Help Groups (SHG), adult literacy, vocational training and alternate income generation provided and facilitated by Samabhavana Society.

Project Methods

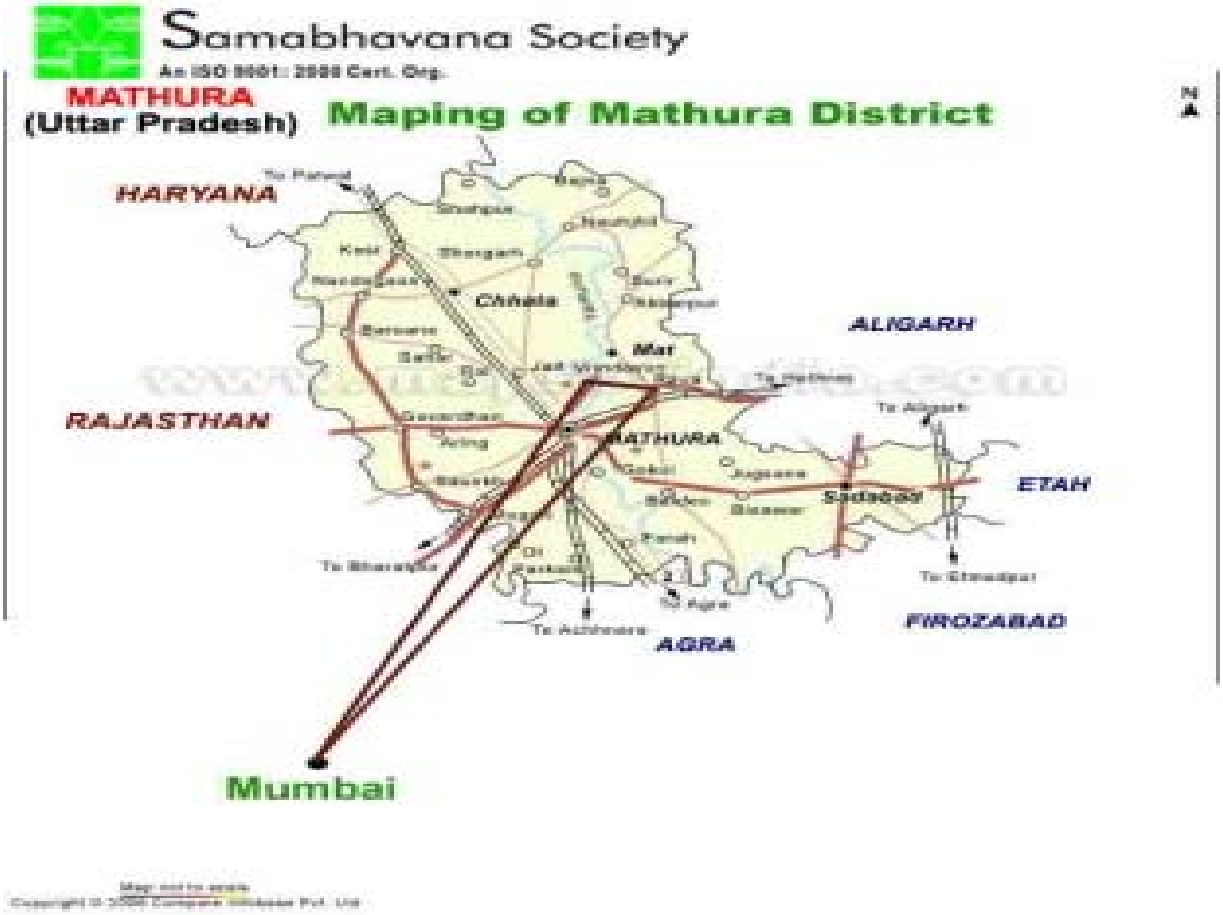
- **Mapping of Villages for a Pilot Intervention**

Prior to the implementation of the Project, Samabhavana Society undertook a pilot intervention study with support from RCSHA. The study involved a cursory mapping of the villages of the malishwalas accessing Samabhavana Society's services in Mumbai. Details of 250 respondents in the

[5] Joharis window on Issues of Male Sex Workers and Masseurs – Annexure no 4
[6] Outreach details – Annexure no -1

city were acquired and referral cards were given to them for accessing health services of the Ram Krishna Mission Hospital in Vrindavan. The same exercise was undertaken in Mathura for a need assessment analysis of the community and 250 respondents were interviewed in Mathura district[7]. Subsequently the study selected people from 36 villages including those from within a 40 km circumference of Vrindavan. Triangulation was undertaken between people who were outreached in Mumbai, Vrindavan, and a town called Raya that has direct conveyance to Vrindavan and is also central for daily needs and basic household purchases as it has a Mandi or bazaar.

Given below is the triangulation mapping of Mathura District

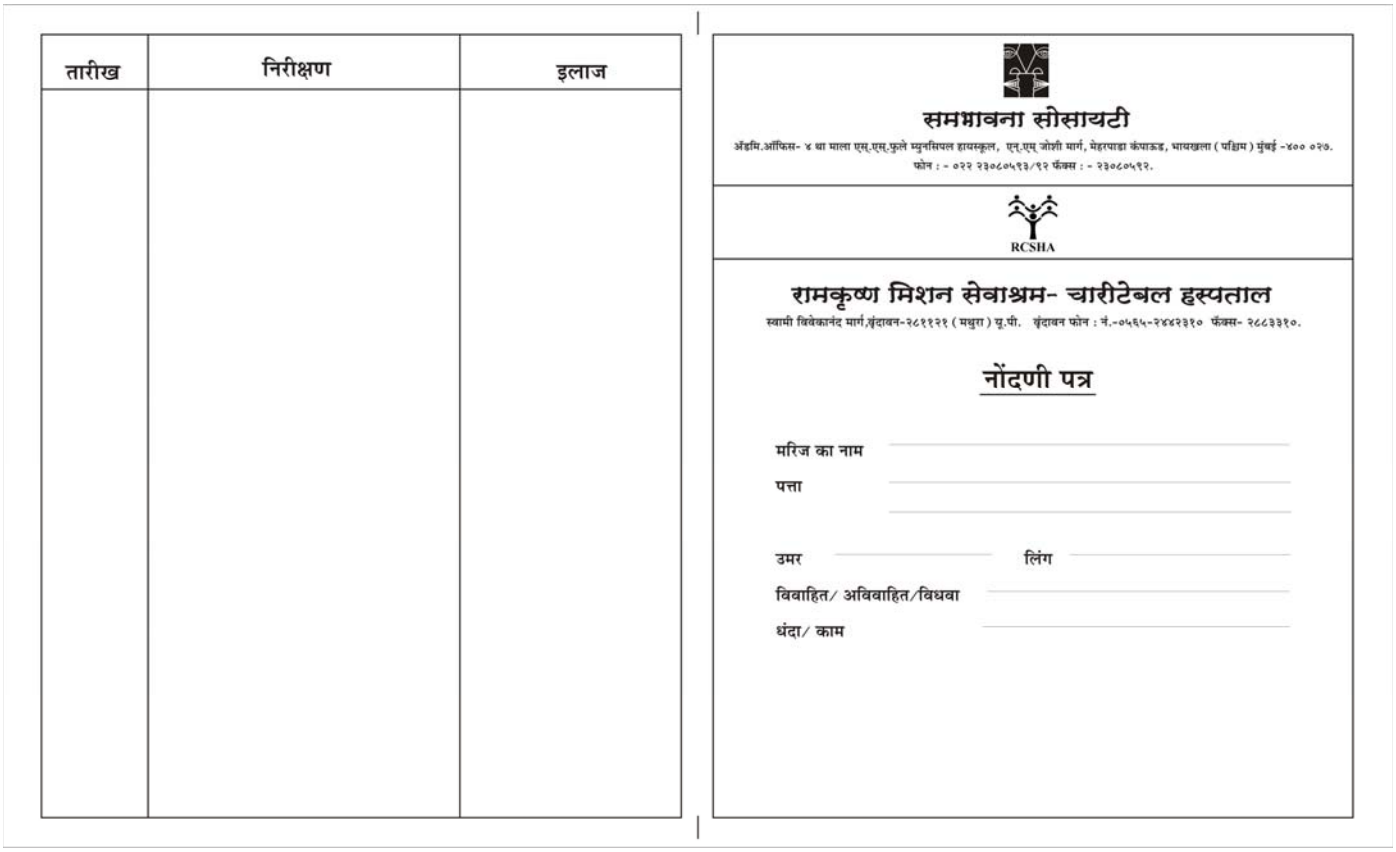


- **Publicizing the Project**

Established in 2005, the Drop In Centre (DIC) of the Samabhavana Society together with the organization's outreach services formed a link between the Malishwalas in Mumbai and their families in Mathura. The Centre provides members of the community a safe space to come together to voice

[7] Needs Assessment Questionnaire – Annexure 5

their concerns, discuss their family problems and other issues related to business, health, and life in the city. Groups of volunteers and community events publicized the project in the malishwala villages in Mathura. Experienced outreach workers of Samabhavana Society who were also residents of the area were trained to create an atmosphere of trust and confidentiality with family members, mainly the womenfolk of the Malishwalas' families.



तारीख	निरीक्षण	इलाज

समभावना सोसायटी

ऑडमि.ऑफिस- ४ था माला एस्.एस्.फुले म्युनसिपल हायस्कूल, एन्.एम् जोशी मार्ग, मेहरपाडा कंपाऊड, भायखला (पश्चिम) मुंबई -४०० ०२७.
फोन : - ०२२ २३०८०५९३/९२ फॅक्स : - २३०८०५९२.

RCSHA

रामकृष्ण मिशन सेवाश्रम- चारीटेबल हुस्पताल

स्वामी विवेकानंद मार्ग,वृंदावन-२८११२१ (मथुरा) यू.पी. वृंदावन फोन : नं.-०५६५-२४४२३१० फॅक्स- २८८३३१०.

नोंदणी पत्र

मरिज का नाम

पत्ता

उमर लिंग

विवाहित/ अविवाहित/विधवा

धंदा/ काम

Mahipal Singh, Coordinator, creating awareness among families from villages Mathura district

- **Establishing Links with the Ram Krishna Mission Hospital, Mathura**

Following the identification of villages in Mathura, two persons were assigned the task of creating a link between the Ram Krishna Mission Hospital and the malishwala families. The Ram Krishna Mission Hospital, popularly known as *'Karebaba`s Hospital'* among the local population, is the only hospital providing free medical treatment in the area around Vrindavan and Mathura. It attracts patients in large numbers especially from the slums and poorer sections of the city, thus making it easier to create awareness about HIV/AIDS to a captive audience within a hospital setting.

Ram Krishna Mission Hospital - Vrindavan

A referral system was developed with the Mission Hospital and the clients of Samabhavana. The facilities provided by the Hospital comprise general health care including Ante-natal Care, and hospitalization for treatment. Each client was given a health card and a register was maintained by

the Ram Krishna Mission administration to keep a record of the clients. A total of 5,000 visiting cards and referral sheets for the Hospital were distributed amongst the families of the Malishwalas.

Referrals at Ram Krishna Mission Hospital, Vrindavan

During the pilot intervention, Omar Maharaj of the Ram Krishna Mission conducted camps in Mumbai for the malishwala community to provide them with more information about the hospital and its services. These camps helped in instilling greater confidence within the community regarding health services for their families back home.

Omar Maharaj of Ram Krishna Mission Hospital Addressing the Malishwala Community in the Drop In Centre in Mumbai

Masseur community engrossed in their discussion with Omar Maharaj of Ram Krishna Mission

Admin. Off. : 4th floor, S. S. Phule Municipal High School, Meherpada Compound, N. M. Joshi Marg, Byculla (W), Mumbai- 400 027.
Off.Ph.- 91- 022- 23080592, 23080593, Fax: 022- 23008436
Website: www.samabhavanasociety.org, Portal :www.indiaids.org E-mail : samabhav@vsnl.com, samabhav@samabhavanasociety.org
Regd. Address: 6, Sumangal Co-op.Hsg., Sector-2, Opp. D.M. Engineering College, Airoli, Navi Mumbai 400 708.

Current and Ongoing Services for the Malishwala Community

- **Advocacy**

Advocacy to combat further exclusion of vulnerable communities is an integral part of Samabhavana Society's scope of work. The Society has set up an Advocacy Cell in its Drop In Centre for the malishwalas and the homosexual community in Mumbai. The Cell is managed by Advocate Shakeel Ahmed on Saturdays and a panel of three advocates, Veena Gowda, Apurva Kaiwar and Sameena Dalwai has been formed. The Advocacy Cell aims to assist the community in developing a better understanding of legal procedures, to create a working relationship with law enforcement agencies and to conduct sensitization workshops with police officers to reduce discrimination, violence and abuse of the malishwala, Male Sex Worker and the homosexual community.

Adv. Jyoti conducting an awareness programme on the law

Focus group discussion moderated by Adv. Shakeel Ahmed

Adv. Vijay Hiremath & Adv Rebecca of ICHRL conducting a needs assessment of the malishwala community

Admin. Off. : 4th floor, S. S. Phule Municipal High School, Meherpada Compound, N. M. Joshi Marg, Byculla (W), Mumbai- 400 027.
Off.Ph.- 91- 022- 23080592, 23080593, Fax: 022- 23008436
Website: www.samabhavanasociety.org, Portal :www.indiaids.org E-mail : samabhav@vsnl.com, samabhav@samabhavanasociety.org
Regd. Address: 6, Sumangal Co-op.Hsg., Sector-2, Opp. D.M. Engineering College, Airoli, Navi Mumbai 400 708.

- **Health Care**

The malishwalas have access to general health care at four peripheral clinics situated at Parle (North Mumbai), Bandra (North Mid-Mumbai), Dharavi (East Mumbai) and Grant Road (South Mumbai) across Mumbai: a static clinic in central Mumbai at Currey Road; The clinics provide medical services to malishwalas at the subsidized rate of Rs. 40 for a week's supply of medication. Registration for six months is also available at Rs. 40/- for Malishwalas and is also open to others in the locality, an indication of the Society's attempt to integrate the Malishwalas into mainstream communities.

These peripheral clinics, established on the basis of the density of the malishwala population residing in a particular vicinity, have also set up hospital referrals—C.M.P.H Hospital in Irla in Vile Parle (W), LTMG Hospital in Sion in Central Mumbai, and J.J Hospital in South Mumbai—for HIV check ups at strategic geographic locations.

Doctor conducting health camp

Counseling session by the counselor

Doctor dispensing advice and medicine at peripheral clinics

Admin. Off. : 4th floor, S. S. Phule Municipal High School, Meherpada Compound, N. M. Joshi Marg, Byculla (W), Mumbai- 400 027.
Off.Ph.- 91- 022- 23080592, 23080593, Fax: 022- 23008436
Website: www.samabhavanasociety.org, Portal :www.indiaids.org E-mail : samabhav@vsnl.com, samabhav@samabhavanasociety.org
Regd. Address: 6, Sumangal Co-op.Hsg., Sector-2, Opp. D.M. Engineering College, Airoli, Navi Mumbai 400 708.

- **Self Help Groups**

Several meetings and discussions between Samabhavana Society and members from the malishwala community resulted in the formation of a Self Help Group (SHG). The first of its kind in India for masseurs and Male Sex Workers, this SHG gives the community an opportunity to express personal and professional concerns. It is a mutual-support group that helps to meet the emotional, social and economic needs of malishwalas, and has the potential for providing a critical source of support to recent arrivals from Mathura and other towns.

Mr.Wadkar Branch Manager, Bank of Maharashtra, Jacob Circle, explaining schemes of bachat gat, bank accounts and LIC

- **Other Services**

Few financial institutions are willing to provide vulnerable groups access to their services. In an attempt to further the empowerment process for malishwalas, the Samabhavana Society has established a referral system with the Bank of Maharashtra for the opening of bank accounts with ATM card facilities and Life Insurance Corporation (LIC) schemes. Income generation programmes have been initiated by marketing herbal products such as aloe vera gel, organic soaps, and ayurvedic massage oils, and as well as the teaching of new skills such as acupressure, aromatherapy, and foot reflexology. English language classes are also held for those interested.

	
Stockist explaining the scheme and products of Aloe Vera	Stockist explaining the schemes and products of herbal oil

- **Outreach**

Outreach Workers (ORWs) of Samabhavana Society perform many roles. They are trained to make referrals to hospitals, to facilitate health camps, to oversee peripheral clinic services[8], and to mediate between police authorities and the community. The workers also advise malishwalas in the procedures of opening bank accounts and forming SHGs. They provide the necessary guidance in planning and conducting community programmes, and offer regular refresher training courses on STI, HIV/AIDS, and TB. These enterprising outreach workers have also developed colloquial information material on the major diseases and work with the primary focus of encouraging an overall atmosphere of behaviour change, safe practices, and the empowerment of sex workers and malishwalas.

Outreach workers are also equipped with skills to cope with hostility and aggression within the malishwala community, ensure the reduction in extortion of money from clients and most importantly control the number of adolescents in the industry.

[8] Outreach Cycle and Health Seeking Behaviour cycle in Annexure 2 & 3

Samabhavana Society

An ISO 9001: 2000 Cert. Org.

Event in DIC for the malishwala community

First Aid training by Dr. Wadekar

Gender & sex work training by Tejaswi Sevekari

Admin. Off. : 4th floor, S. S. Phule Municipal High School, Meherpada Compound, N. M. Joshi Marg, Byculla (W), Mumbai- 400 027.
Off.Ph.- 91- 022- 23080592, 23080593, Fax: 022- 23008436
Website: www.samabhavanasociety.org, Portal :www.indiaids.org E-mail : samabhav@vsnl.com, samabhav@samabhavanasociety.org
Regd. Address: 6, Sumangal Co-op.Hsg., Sector-2, Opp. D.M. Engineering College, Airoli, Navi Mumbai 400 708.

Group work discussion of MSM & masseurs	Group work of MSM & masseurs
	
Dispelling misconceptions about snakes	Yearly planning programme
	
Staff party at the Drop-In Centre	Staff retreat at Lonavala

Admin. Off. : 4th floor, S. S. Phule Municipal High School, Meherpada Compound, N. M. Joshi Marg, Byculla (W), Mumbai- 400 027.
Off.Ph.- 91- 022- 23080592, 23080593, Fax: 022- 23008436
Website: www.samabhavanasociety.org, Portal :www.indiaids.org E-mail : samabhav@vsnl.com, samabhav@samabhavanasociety.org
Regd. Address: 6, Sumangal Co-op.Hsg., Sector-2, Opp. D.M. Engineering College, Airoli, Navi Mumbai 400 708.

Economic Deprivation: Few Choices

The story of two Malishwalas

Mahipal worked as a cleaner and helper on trucks in the district of Mathura. The sole breadwinner of his family, he supports his old mother, young brother, and has to arrange for his sister's upcoming marriage. He also has to repay the huge debts he incurred to pay for cancer treatment for his now deceased father as well as get his younger sister married. He sold the family's land in the village, but still could not make ends meet. In desperation, Mahipal moved to Mumbai where he found a job in an ice cream factory. He worked hard for five months, but was cheated out of his salary. When he complained, he was kicked out. Mahipal wandered around the city for eight days without money or food. He was harassed and beaten by cops for seeking shelter at a bus stop, and on another night, his meager possessions were stolen while he was asleep.

Mahipal met some masseurs who took pity on him, as they also happened to come from the vicinity of Mathura. They gave him shelter, and inducted him into the massage business. While plying his trade as a masseur, Mahipal was regularly beaten up by local goons and the police for "hafta" or protection money. Time passed, and Mahipal moved from massage to sex work to earn more money. He befriended the goons and dada's, and gradually became involved in extortion himself, a classic example of the vicious cycle of the abused becoming the abuser.

Mahipal encountered the Samabhavana Society in the initial days of their work. Today, he is the coordinator of the Malishwala Programme and has been in the forefront of community mobilization. Mahipal currently manages the Organization's services in Mathura.

When Sonu completed the 12th grade, he was eager to move to Mumbai and become a malishwala. He had seen so many other young men from his village earning good money and leading a glamorous lifestyle when they visited their homes from the big city, with good clothes, shoes, mobile phones, and talking of girls and the infamous night life of Mumbai.

At 19, Sonu moved to the city with contacts and knowledge of the trade, as a more than willing participant. Sonu is a very good-looking young man, and quickly became much in demand. He earns a handsome monthly income, and appears to have no regrets about his choices. However, Sonu has now understood the value of services being rendered and has opened a bank account. He also takes necessary precautions from the professional hazards of his work.

Today, Sonu volunteers some of his time to the organization as and when required and helps the outreach workers.

Admin. Off. : 4th floor, S. S. Phule Municipal High School, Meherpada Compound, N. M. Joshi Marg, Byculla (W), Mumbai- 400 027.
Off.Ph.- 91- 022- 23080592, 23080593, Fax: 022- 23008436
Website: www.samabhavanasociety.org, Portal :www.indiaids.org E-mail : samabhav@vsnl.com, samabhav@samabhavanasociety.org
Regd. Address: 6, Sumangal Co-op.Hsg., Sector-2, Opp. D.M. Engineering College, Airoli, Navi Mumbai 400 708.

Looking Ahead

"We are dealing with people and not commodities," says the team at Samabhavana Society. The Society's philosophy of **Respect, Recognition, and Reliance** has over the years instilled a sense of faith and trust in the malishwalas towards the organization. **Respect** for Men who have Sex with Men and men who sell sex; **Reliance** on the community to run its own programmes; and **Recognition** of their rights and needs—has been integral to the success of Samabhavana`s work for these marginalized groups. This belief system has allowed the Society to sustain its services and projects with a focus on human needs and aspirations rather than on agenda driven programmes and policies.

The services provided to the malishwala families in the district of Mathura have been well received, and today the community is seeking further interventions and new projects and programmes. Vocational skills training, adult literacy programmes, and Self Help Groups for families are among the projects proposed for the immediate future. A Livelihood Programme has been especially designed for the wives and families of the masseur community, particularly for adolescent males with the objective of creating viable local employment options so that young men are not compelled to migrate to big cities and engage in commercial sex work. The Society intends to replicate these services and programmes for the masseur community across the entire state of Uttar Pradesh.

Empowering communities to take control of programmes within five to ten years, to become the decision makers in their own lives, and to thereby develop a sustainable, community led structural intervention is the ultimate aim of Samabhavana Society's projects. Key to the organization's success thus far is that the goals and action plans of programmes are firmly rooted in the visions of the local communities they work with and in their active participation in envisioning their own future throughout the entire process of the project. Samabhavana Society sees itself as merely the facilitator of this process of envisioning and effecting positive change both within a particular community as well as in the attitudes of society, at large, towards such marginalized groups.

Admin. Off. : 4th floor, S. S. Phule Municipal High School, Meherpada Compound, N. M. Joshi Marg, Byculla (W), Mumbai- 400 027.
Off.Ph.- 91- 022- 23080592, 23080593, Fax: 022- 23008436
Website: www.samabhavanasociety.org, Portal :www.indiaids.org E-mail : samabhav@vsnl.com, samabhav@samabhavanasociety.org
Regd. Address: 6, Sumangal Co-op.Hsg., Sector-2, Opp. D.M. Engineering College, Airoli, Navi Mumbai 400 708.

FOR MORE INFORMATION CONTACT:

Samabhavana Society
An ISO 9001: 2000 Cert. Org.
Admin. Off. : 4th floor, S. S. Phule Municipal High School,
Meherpada Compound, N. M. Joshi Marg, Byculla (W), Mumbai- 400 027.
Off.Ph.- 022- 23080592, 23080593, Fax: 022- 23008436
Website :www.samabhavanasociety.org, Portal :www.indiaids.org
E-mail : samabhav@vsnl.com, samabhav@samabhavanasociety.org

Abbreviations

- AIDS: Acquired Immune Deficiency Syndrome
- DIC: Drop In Centre
- HIV: Human Immunodeficiency Virus
- MSM: Men who have Sex with Men
- MSW: Male Sex Workers
- RCSHA: Resource Centre for Sexual Health and HIV/AIDS
- SHG: Self Help Groups
- STI: Sexually Transmitted Infection

Admin. Off. : 4th floor, S. S. Phule Municipal High School, Meherpada Compound, N. M. Joshi Marg, Byculla (W), Mumbai- 400 027.
Off.Ph.- 91- 022- 23080592, 23080593, Fax: 022- 23008436
Website: www.samabhavanasociety.org, Portal :www.indiaids.org E-mail : samabhav@vsnl.com, samabhav@samabhavanasociety.org
Regd. Address: 6, Sumangal Co-op.Hsg., Sector-2, Opp. D.M. Engineering College, Airoli, Navi Mumbai 400 708.

Annexure:

1) Outreach details for years 2006-07
2) Outreach Referral Cycle
3) Health Seeking Behaviour Cycle
4) Joharis Window
5) Questionnaires on Needs Assessment

Admin. Off. : 4th floor, S. S. Phule Municipal High School, Meherpada Compound, N. M. Joshi Marg, Byculla (W), Mumbai- 400 027.
Off.Ph.- 91- 022- 23080592, 23080593, Fax: 022- 23008436
Website: www.samabhavanasociety.org, Portal :www.indiaids.org E-mail : samabhav@vsnl.com, samabhav@samabhavanasociety.org
Regd. Address: 6, Sumangal Co-op.Hsg., Sector-2, Opp. D.M. Engineering College, Airoli, Navi Mumbai 400 708.

ANNEXURE 1:

Outreach Data for the years 2006-2007

The number of ORWs in the Organization keeps fluctuating nearly every month, as they travel extensively due to work and for personal reasons. Currently there are seven ORWs on the Society's payroll, one supervisor, and one field coordinator.

The Organization's outreach figures are based on 6 ORW X 9 referrals X 12 months = 648 for referrals.
The number six is based on an average as one worker may be out of city at any given point of time. The target for each ORW is to refer 9 individuals for HIV testing per month. Therefore, the outreach figures are based on:
6 ORWs X 9 referrals X 12 months = 648 referrals.
Number of people outreached per month is 25 per ORW in one month to arrive at 1800 referrals per annum.

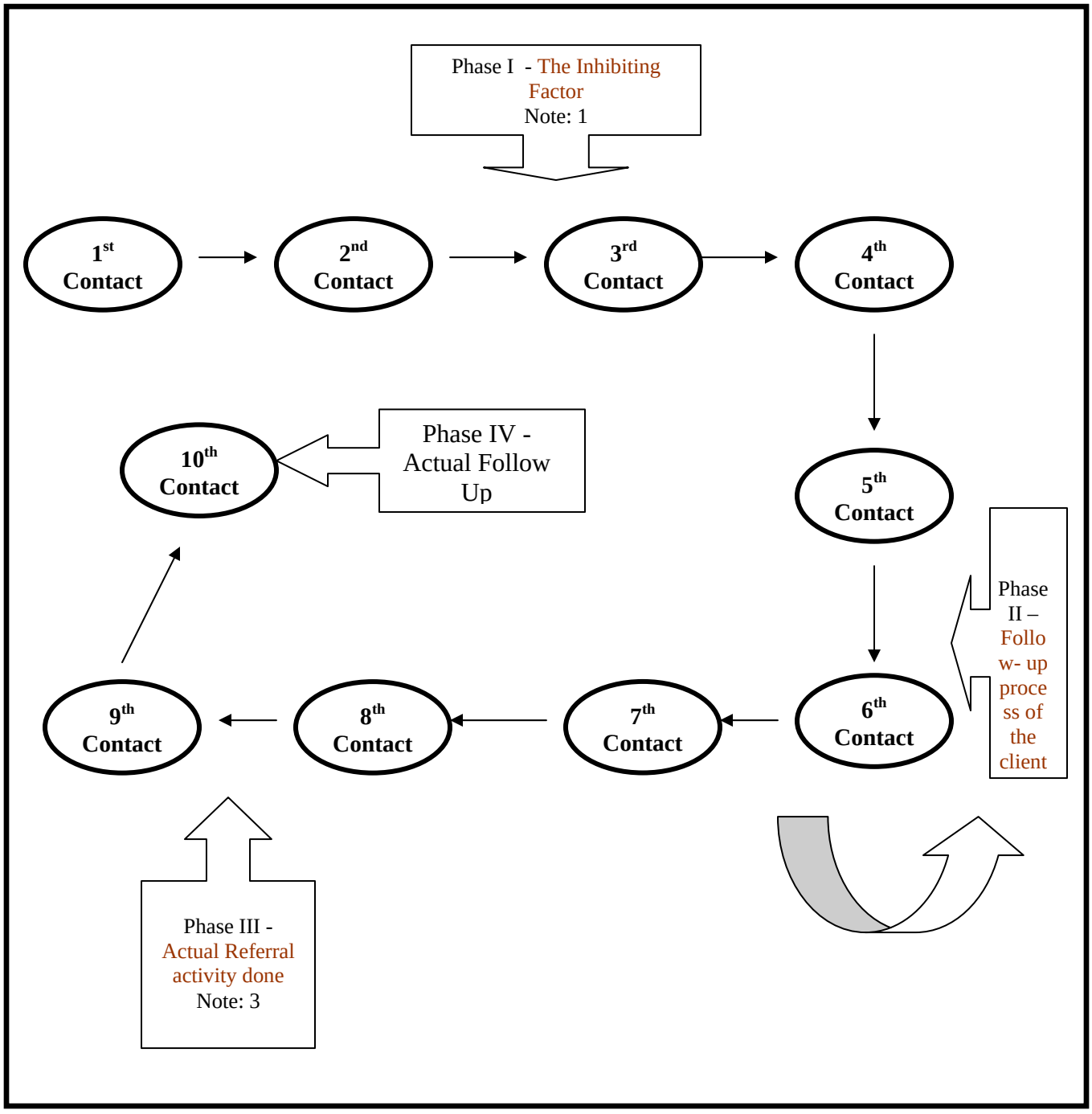
As a result, the Samabhavana Society effectively reaches out to 1800 malishwalas in a year out of which repetitive cases could be approximately 50%. Hence with a assumed drop out rate of 50% resulting in a 900 malishwalas, the ORWs from this number have to refer nine individuals for HIV testing per month. This referral is an ideal figure, however, which can also be affected by mobility and migration.

The outreach number through various services of the Society has achieved the figure of 4926 persons so far. The break-up of this figure is given below:

- Daily outreach activities have reached 1800 malishwalas
- DIC events per month have reached approximately 90 persons in a year amounting to 1080 persons.
- HIV referrals have been 222 persons
- The outreach in Mathura referred at the Ram Krishna Hospital is 315 persons
- The Society's four peripheral clinics have outreached 1509 persons.

The Society has also provided anti prophylaxis to 2000 persons during home visits in the monsoon season.

ANNEXURE 2: The Outreach Cycle



The time factor for the Outreach Cycle is one year.

1. The Contact Process: The inhibiting factors, which prohibit the Contact Process, of an ORW with their respondents are due to various reasons such as:

a) **The mobility rate between sites** - For example, a respondent after having three contacts with an ORW at Girgaum Chowpatty site may change his beat to Juhu Chowpatty, where the process of contact with another ORW may begin from the initial contact. Unfortunately, the frequency of mobility of these MSWs/masseurs and other MSM are not known.
b) **The migration rate** - Due to a high migration rate, a respondent after having three contacts with an ORW may migrate to another city/location or back to his village.

As a result, the drop out proportion is 50% in the outreach activity of Phase I. This implies six ORWs contact respondents at the rate of 25 contacts per month, the output for which would be 1800, the target population for a year (lowest baseline figure from the masseur community). However, the earlier mentioned factors of migration and mobility result in an effective figure of only 900 persons.

The time period from the 1st Contact and 4th Contact is any time between 5 to 30 minutes/ 2 to 15 days.

2. The contact period of a respondent between 5th and 7th is known as the follow-up process. During this process, the ORW has already met the respondent for about 5 to 7 times. There are certain issues which often create a set back for the ORWs to reach out with their respondents; the reasons for this are:

a) Even after having several contacts with the respondents, they travel back to their villages, which is at an approximate duration of 1 –2 months due to various ceremonies and festivals.
b) Police harassment by the police often acts as a catalyst for mobility. For e.g., in the month of December 2005, a suburban beach police chowky had strict instructions to prevent masseurs from conducting business on the beach. As a result, approximately 100 – 125 masseurs changed their place of business to another site for which Samabhavana Society was able to locate about 30 affected malishwalas as notified by the ORWs.

These are some of the reasons for drop outs that create a set back to the Society's outreach activities. To combat this problem, Samabhavana Society has developed methods to have checks and balances of such issues. The fact of the matter is that while working with such vulnerable as well as volatile communities their needs and problems are constantly changing. As a result, the Society has had to build monitoring systems to reach out to the community's habitat, as an effective service delivery strategy in the process of empowering the community. The methods of monitoring systems are explained in the Recommendations mentioned below.

Henceforth, the drop out proportions during the phase I and II of the cycle remain the same (50%), due to similar reasons.

2) In Phase III of the Out-Reach Cycle, where the actual referral takes place, out of the total 1800 respondents reached out in a year, 450 are able to make up for the referral phase (Phase IV). During this phase, only 50 % of a population of 450 visit the doctor or the DIC, instead of the ORWs having the 8th and 9th contacts with their respective respondents. Unfortunately, there are several reasons which run simultaneously across the cycle phase, and act as a great set back to reach out to the Project's intended target group. The reasons could be similar to the above-mentioned factors; however, looking at the issue with a broader perspective, it may be assumed that during this phase some of the respondents are in fear of being tested HIV + due to discrimination and stigma. Some times the respondents turn up for HIV testing but after being tested they do not follow up with post-counselling sessions. Often, respondents live in fear of their reports being disclosed to their friends as the revealed information will affect business. Consequently, 50% of the 450 drop outs result in only about 225 remaining respondents who are successfully accessed during the year.

3) The 225 respondents who make it to the final phase (Phase IV) of the Project's Out Reach Cycle are able to follow-up during the DIC sessions, clinics, and advocacy sessions and are also able to network with other groups. Through the process of having 10 contacts with a single respondent, the ORWs are able to mobilise the community towards the process of empowerment.

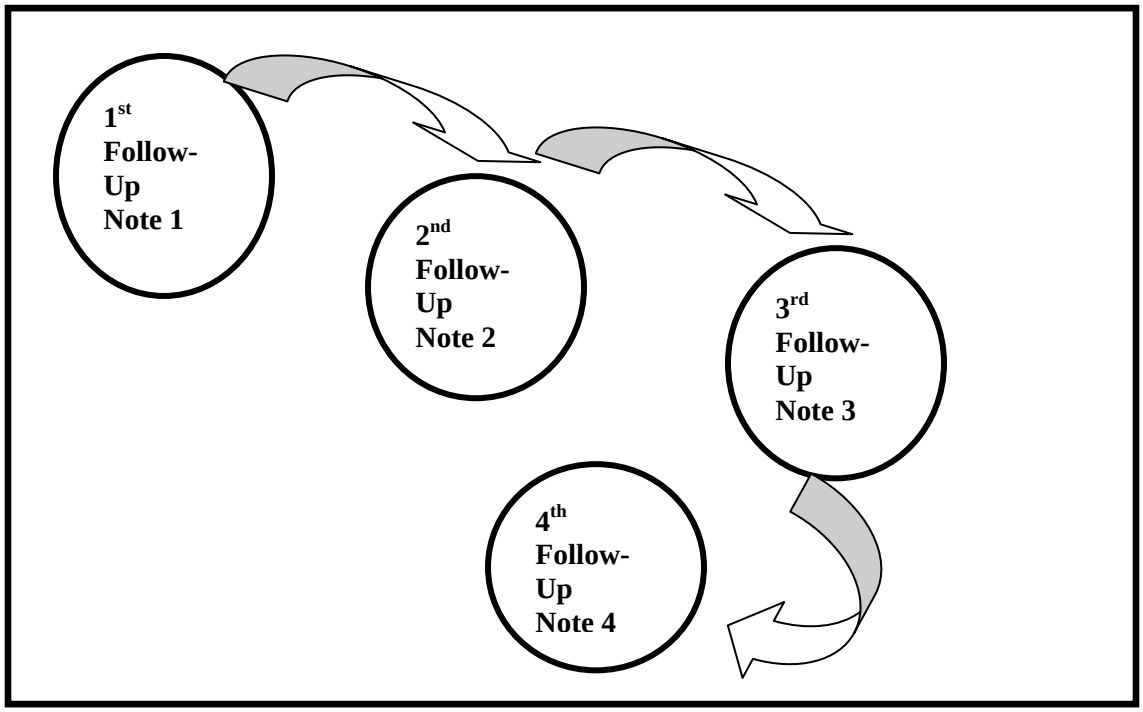
Recommendations:

1. The habitat is divided into a cluster consisting of 7 rooms where on average 10 people live in one room. As a result, each individual has at least 1 contact from the outside which will include another 700 members of the population for effective out reach activity. This will create a fall in the drop out percentage to 40% on a larger proportion.
2. The condom packets are colour coded and tracking on usage is done on a monthly/weekly basis. These condom packets are marked with two different colour codes: one colour code indicating the month of the year and the other code indicating the week of the month. The individual using the condom is requested to bring back the empty packets for which the responsibility is given to the ORWs through whom the condoms are sold/ distributed. This strategy could also be implemented with the Traditional and Non-Traditional Outlets, where the shopkeepers could be important stakeholders in health seeking behaviour.

3. A format is given to the ORWs on a weekly basis which is to be filled by them after the contact. In this format the tracking of respondents can be done according to their names. It also highlights the needs and problems raised by the respondent.
4. A monthly/quarterly needs assessment of the target groups is done with the help of the format filled in by the ORWs.

Admin. Off. : 4th floor, S. S. Phule Municipal High School, Meherpada Compound, N. M. Joshi Marg, Byculla (W), Mumbai- 400 027.
Off.Ph.- 91- 022- 23080592, 23080593, Fax: 022- 23008436
Website: www.samabhavanasociety.org, Portal :www.indiaids.org E-mail : samabhav@vsnl.com, samabhav@samabhavanasociety.org
Regd. Address: 6, Sumangal Co-op.Hsg., Sector-2, Opp. D.M. Engineering College, Airoli, Navi Mumbai 400 708.

ANNEXURE 3: The Cycle of Health Seeking Behaviour



The structure of one Follow-up process consist of 3 months × 4 quarters of a year which comprises the cycle of follow up into self health seeking behaviour of the respondent. From here on to explain the cycle of Health Seeking Behaviour, a respondent is referred to as Mr. A, B, C and D which will also be used to illustrate the method of follow-up mentioned in the Cycle.

Reference to Note:

1. The first actual follow up process, which begins only after the 10th Contact from the Out Reach Cycle, is where the ORWs takes Mr. A to the clinic for testing. This period will consist of 3 months due to the window period due to which Mr. A may not be able to have a proper diagnosis. As a result he has to be referred for the second follow-up, the 2nd quarter of the Health Seeking Behaviour Cycle.
2. During the second quarter of the follow up process, Mr. A may be accompanied with another person Mr. B for a similar diagnosis, assisted by the same ORW. If A is HIV negative then he has to reconfirm the result with another test and if he is not, he will be followed up for the treatment process. Whereas Mr. B who may have also got his blood tested, also has to be present for reconfirmation of the blood test (due to the window period).

3. At the third quarter if Mr. A is positive he will be assisted for the treatment process. Mr. B, who may be diagnosed as negative may reconfirm the result with another test, and if the test result is positive, a new treatment process is initiated. During this quarter the same ORW has to assist another person Mr. C for HIV testing. The process remains similar as with MR. A, Mr. B and Mr. C.
4. During this final quarter of the Health Seeking Behaviour Cycle: Mr. A is seeking better medication without assistance, Mr. B is on the second quarter of his treatment process, Mr. C is reconfirming his result with the blood test, and Mr. D is being assisted for the first time by the ORW for testing. This cycle of Health Seeking Behaviour is empowering the respondents to seek a healthy life. They are concerned about keeping themselves in a healthy state of mind and body through individual initiatives, that is, by dismantling the psychosis of HIV/AIDS, and the fear of hospitals. A point to note, in the fourth quarter of Health Seeking Behaviour Cycle is that Mr. A is not assisted by the ORW. This attempt to empower the community by motivating Health Seeking Behaviour is an ongoing process. The figure mentioned above will keep adding to the last figure, thus, the goal to achieve the empowerment of the community in Health Seeking Behaviour is illustrated in the table, *ORW's cumulative figure of Referrals*.

Fig: *ORW's Cumulative Figure of Referrals*

Time	**1st Year**	**2nd Year**	**3rd Year**
1st Quarter	A	B C D E	F G H I
2nd Quarter	A B	C D E F	G H I J
3rd Quarter	A B C	D E F G	H I J K
4th Quarter	A B C D	E F G H	I J K L

Note:

1. *Respondent A and similar with B, C, D. on the 4th Quarter of the Referral is not included as a total referral done by the ORWs per month.*
2. *The illustration is done for one single person.*
3. *In each quarter, one ORW has to do a total of 27 referrals (9 referrals per month)*

ANNEXURE 4: Joharis Window

Samabhavana Society
An ISO 9001: 2000 Cert. Org.

HIVOS

Joharis Window on issues of Masseurs and Male Sex Workers by psychologists Joseph Luft and Harry Ingham adapted by Samabhavana Society

	Known by the self	Unknown by the self
Known by others	**OPEN** 1. Poverty at home 2. Debt 3. Bondage 4. Migrant 5. Seeking employment 6. Sending money home 7. Unhygienic and poor living conditions in city 8. Masseur 9. Traditional healers 10. Married	**BLIND** 1. Assumed homosexual 2. Assumed Bisexual 3. Addict 4. Gambler 5. Blackmailer 6. Petty thief 7. Low Morality
Unknown by others	**HIDDEN** 1. Sex workers 2. Both male & female clients 3. Receptive/insertive sex 4. Female Casual Partners 5. Girlfriends 6. Low self esteem 7. Fear of disclosure 8. Minors in sex work	**UNKNOWN** 1. Health issues 2. Masculinity issues 3. Gender issues 4. SHG 5. Government Apathy 6. Human rights 7. Collectivization 8. Discrimination 9. Stigma 10. Lack of knowledge on sexuality issues

Explanation:

1) what is known by the person about him/herself and is also known by others – open area, open self, free area, free
2) what is unknown by the person about him/herself but which others know – blind area, blind self, or 'blind spot' self, or 'the arena'
3) what the person knows about him/herself that others do not know – hidden area, hidden self, avoided area, avoided self or 'facade'
4) what is unknown by the person about him/herself and is also unknown by others – unknown area or unknown self

Pros and Cons of hidden issues coming in open:

A) Pros:

1) Better access to health services
2) Health seeking behaviour improved.
3) Condom negotiations in place.
4) Client confidence increased.
5) Harm reduction
6) Collectivisation for rights and access to govt.health and other facilities
7) Self help groups formed
8) Entrepreneur development programme in place.
9) Better employment opportunities.
10) Knowledge or abilities improved.
11) Informed decisions leading better socialization
12) Poverty reduction
13) Better living conditions.
14) Reduction of minors in sex work.
15) In the Long-term social awareness and change of society's Attitude to sex work and sexuality.

B) Cons:

1) Moral policing
2) Political indifference
3) Increased Law enforcement agency harassment
4) Human rights violations
5) Disease carriers.
6) Family backlash.
7) Family outcast.
8) Marriage prospects reduced.
9) Masculinity questioned.

Admin. Off. : 4th floor, S. S. Phule Municipal High School, Meherpada Compound, N. M. Joshi Marg, Byculla (W), Mumbai- 400 027.
Off.Ph.- 91- 022- 23080592, 23080593, Fax: 022- 23008436
Website: www.samabhavanasociety.org, Portal :www.indiaids.org E-mail : samabhav@vsnl.com, samabhav@samabhavanasociety.org
Regd. Address: 6, Sumangal Co-op.Hsg., Sector-2, Opp. D.M. Engineering College, Airoli, Navi Mumbai 400 708.

Annexure 5: Needs Assessment Questionnaire of the Masseur Community in Mathura District

Note: *The questionnaire was translated in Hind, Field tested before finalising and team was trained in administering the questionnaire*

QUESTIONNAIRE FOR NEEDS ASSESSMENT IN MATHURA DISTRICT OF MASSEUR COMMUNITY

Name of the Respondent:

Category (Long term Migrant/Short Term Migrant/Intermitent Migrant)

Place of interview

Date of interview

Time of the interview

Consent signature

Q. No	Questions	Codes	Skips	For office use
Q1	Age of the respondent (actual)			
Q2	Level of Education	Illiterate 1 Can sign/just literate 2 Primary (completed 4th standard) 3 Middle (8th complete) 4 High (10th complete) 5 Higher Sec. (12th completed) 6 Graduate 7 Post Grad. 8 Diploma 9 Any other(specify) 10		
Q3	Marital status	Unmarried 1 Married 2 Divorced 3 Widower 4 Other(specify) 5		
Q4	Occupation	Student 1 Service 2 Own business/ self employed 3 Taxi Driver 4 Unemployed 5 Other (specify) 6		
Q5	Approximate monthly income	<Rs. 3000 1		

		3000-6000 2 6001-8000 3 8001-10000 4 10001-15000 5 >15000 6		
Q6	Whom do you stay with?	Wife and kids (Own family) 1 Own family and parents 2 Friends 3 Alone 4 Other(Specify) 5		
Q7	Where are you from originally (native place)	From Mumbai only 1 Other (Specify) 2		
B KNOWLEDGE REGARDING HIV/AIDS				
Q8	What is HIV?	An insect 1 A foreign disease 2 A fatal disease 3 A micro-organism that causes AIDS 4 Other (Specify) 5		
Q9	How is HIV transmitted? (Multiple responses)	By mosquito bite 1 Through sex without condoms 2 From infected mother to unborn child 3 Via infected blood and blood products 4 By shaking hands with an infected person 5 By kissing cheeks 6 By using the same toilet an infected person 7 By eating together with an infected person 8 By looking after an infected person 9 Any other (Specify) 10		
Q10	How can the transmission of HIV be prevented?	By avoiding penetrative sex 1 By using condoms during penetrative sex 2 By using sterilized needles, syringes & skin piercing instruments 3 By avoiding pregnancy if a woman is discovered to be HIV+ 4		

		Any other (Specify) 5		
Q11	How do you perceive HIV?	A killer disease 1 A virus 2 Any other(specify) 3		
Q12	Is there a cure for HIV?	Yes 1 No 2		
Q13	What is AIDS?	A condition where body's immune system breaks down 1 A killer disease 2 A deadly virus 3 Any other(Specify) 4 DK/CS 5		
Q14	How do you perceive AIDS?	Death 1 Any other(specify) 2		
Q15	Is there a cure for AIDS?	Yes 1 No 2		
	SUBSTANCE USE			
Q16	Do you consume liquor/alcohol before sex	Yes 1 No 2	GO TO 18	
Q17	How often do you consume liquor/alcohol before sex?	Always 1 Sometimes 2 Never 3		
Q18	How often do you chew tobacco/gutka/mawa/khaini/pan etc?	Always 1 Sometimes 2 Never 3		
	SEXUALITY			
Q19	How often in the last one-month have you had sex?	Always 1 Sometimes 2 Never 3	GO TO 21	
Q20	How many sex partners have you had in the last one-month?	Actuals		
Q21	How many times in the past one month have you had sex with a female partner?	Actuals Never	GO TO 23	
Q22	How many female partners have you had in the past one month?	Actuals		

	PRACTICES PERTAINING TO SEX				
Q23	**How often in last one-month did you wet-kiss your partner (leading to salivary exchange between two partners)?**	**Frequently (>=5 times)** **Sometimes(2-4 times)** **Rarely(once a month)** **Never**	**1** **2** **3** **4**		
Q24	**How often in the last one-month did you and your sex partner masturbate with each other?**	**Frequently (>=5 times)** **Sometimes(2-4 times)** **Rarely(once a month)** **Never**	**1** **2** **3** **4**		
	ORAL SEX WITH MALE PARTNER (PENO-ORAL)				
Q25	**Did you have peno-oral sex with your partner in last one-month?**	**Yes** **No**	**1** **2**	**GO TO 29**	
Q26	**How often in the last one month did you suck/lick another person's penis?**	**Frequently (>=5 times)** **Sometimes(2-4 times)** **Rarely(once a month)** **Never**	**1** **2** **3** **4**		
Q27	**Did your partner use a condom?**	**Yes** **No**	**1** **2**		
Q28	**How often did your partner use condoms?**	**Always** **Sometimes** **Never**	**1** **2** **3**		
Q29	**How often in last one month did you let another person suck/lick your penis?**	**Frequently (>=5 times)** **Sometimes(2-4 times)** **Rarely(once a month)** **Never**	**1** **2** **3** **4**	**GO TO 32**	
Q30	**Did you use condoms?**	**Yes** **No**	**1** **2**		
Q31	**How often did you use condoms?**	**Always** **Sometimes** **Never**	**1** **2** **3**		
	ORAL SEX WITH MALE PARTNER(ORAL-ANAL SEX)				
Q32	**Did you have oral – anal sex with your sex partner in last one month?**	**Yes** **No**	**1** **2**	**GO TO 36**	
Q33	**How often in the last one-month did you lick another person's anus?**	**Frequently (>=5 times)** **Sometimes(2-4 times)** **Rarely(once a month)** **Never**	**1** **2** **3** **4**		
Q34	**Did your partner use any protection**	**Yes**	**1**		

	(like condom dam)?	No	2		
Q35	How often did your partner use protection?	Always	1		
		Sometimes	2		
		Never	3		
Q36	How often in last one month did you let another person lick our anus?	Frequently (>=5 times)	1		
		Sometimes(2-4 times)	2		
		Rarely(once a month)	3		
		Never	4		
Q37	Did you use any protection (like condom dam)?	Yes	1		
		No	2		
Q38	How often did you use protection?	Always	1		
		Sometimes	2		
		Never	3	GO TO 39	
	PENO-ANAL SEX				
Q39	How often in the last one month did you insert your penis into another person's anus?	Frequently (>=5 times)	1		
		Sometimes(2-4times)	2		
		Rarely(once a month)	3		
		Never	4	GO TO 42	
Q40	Did you use condoms?	Yes	1		
		No	2		
Q41	How often did you use a condom?	Always	1		
		Sometimes	2		
		Never	3		
Q42	How often in last one month did someone insert penis in your anus?	Frequently (>=5 times)	1		
		Sometimes(2-4 times)	2		
		Rarely(once a month)	3		
		Never	4	GO TO 45	
Q43	Did your partner use condoms?	Yes	1		
		No	2		
Q44	How often did your partner use condoms?	Always	1		
		Sometimes	2		
		Never	3		
	SEX WITH FEMALE PARTNERS				
Q45	How often in last one month did you insert your penis in woman's vagina?	Frequently (>=5 times)	1		
		Sometimes(2-4 times)	2		
		Rarely(once a month)	3		
		Never	4	GO TO 48	
Q46	Did you use condoms?	Yes	1		
		No	2		
Q47	How often did you use condoms?	Always	1		

		Sometimes 2 Never 3		
	PARTNER SEEKING			
Q48	What are the sources through which you usually meet your sex partners?	Internet 1 Friends 2 Newspapers/magazine 3 Sex network 4 Any other (specify) 5		
Q49	Where do you usually meet your sex partner?	Public toilets 1 Parks 2 Public transport 3 Local railway station 4 Beaches 5 Any other (specify) 6		
Q50	Where do you usually go to have sex with your partner/s	Home 1 Public toilets 2 Parks 3 Public transport 4 Local railway station 5 Beaches 6 Any other (specify) 7		
Q51	Did you ever have sex with any man in exchange of cash, kind in last one month?	Yes 1 No 2		
	SEXUAL HEALTH			
Q52	Have you suffered from any STI`s in the past six months?	Yes 1 No 2	GO TO 56	
Q53	What were the symptoms of the problem that you had the last time?	Greenish yellowish discharge 1 Blisters and ulcers on and around penis 2 Redness and swelling of scrotum 3 Blisters in groin region 4 Redness and swelling of groin 5 Intense itching in genitals 6 Any other(specify) 7		
Q54	Did you take medical treatment for your problem?	Yes 1 No 2		

Q55	What treatment did you take?	Home remedies 1 Self medication 2 Allopathy (doctor) 3 Unani 4 Homeopathy 5 Ayurvedic 6 Any other(specify) 7		
Q56	Did you ever go for an HIV test?	Yes 1 No 2	GO TO 58	
Q57	Where did you go for the test?	Private testing facility 1 Government facility 2 Any other(Specify) 3		
	AVAILABILITY OF CONDOMS			
Q58	Do you find it easy to access condoms?	Yes 1 No 2		
Q59	What are the reasons for condoms not being accessible easily?	Too costly 1 Not available near cruising place 2 Clients don't have during sex 3 Difficult to store 4 Any other(specify) 5		
Q60	Given below are the steps for wearing a condom. Kindly state the correct steps for wearing a condom?			
a.	Roll down the condom onto an erect penis while still holding the teat between two fingers to avoid the air bubble			
b.	Dispose the condom safely into a bin			
c.	Know where the teat is			
d.	Hold the teat so as to get all the air out			
e.	Open the wrapper from the sides, without touching the condoms			
f.	Roll the condom on to the full length of the penis			
g.	Add extra water based lubrication, if required			
h.	Take off the condom, making sure that the seminal fluid does not spill			
i.	Tie a knot at the base of the condom			

j.	**Make sure which side of condom will roll down**			
	CARE AND SUPPORT TOWARDS HIV +VE PERSONS			
Q61	**What will you do if you learn that your partner has HIV?**	**Break off the relationship 1** **Continue the relationship but not have sex 2** **Continue the relationship while practicing safe sex 3** **Maintain contact so as to help as and when required 4**		
Q62	**How do you perceive a person who has HIV?**			
Q63	**What kind of support services do you think need to be developed for MSM who are HIV +?**	**HIV testing facilities 1** **Counselling facilities for prevention 2** **Counselling facilities for HIV + 3** **Hospices for HIV + 4** **Any other (Specify) 5**		
Q64	**Is there anything that you want to share with me?**			
	PSYCHO-SOCIAL PROBLEMS			
Q65.	**Have you ever been forced into having**	**Yes 1**		

	sex with a man?	**No**	**2**	**End the interview**	
Q66	**What kind of sexual act?**	**Anal** **Oral** **Any other (specify)**	**1** **2** **3**		
Q66.	**How many times in the past one month have you been forced into having sex with a man?**	**Frequently (>=5 times)** **Sometimes(2-4 times)** **Rarely(once a month)** **Never**	**1** **2** **3** **4**		
Q69	**Have you experienced any mental/physical trauma in any of your relationships?**				
Q70	**Would you like to describe them in brief?**				

THANK YOU

**Analysis of the questionnaire is currently underway