

DANCING BOYS: TRADITIONAL PROSTITUTION OF YOUNG MALES IN INDIA



SITUATIONAL ASSESSMENT REPORT ON ADOLESCENTS AND YOUNG BOYS VULNERABLE TO FORCED MIGRATION, TRAFFICKING AND SEXUAL EXPLOITATION IN INDIA

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Conducted by



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Representing the experiences and realities of marginalized and vulnerable adolescent and young men in India, PLUS (People Like Us -Kolkata) is a support group of young people working for the promotion, protection and advancement of adolescent and young men's health and rights, especially their sexual and reproductive health and rights, toward ensuring their meaningful participation and perspectives at all levels of decision-making.

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Executive Summary

The sexual abuse and exploitation of children and young people is a worldwide phenomenon (Ireland, 1993). Several studies have attempted to understand the extent and severity of the phenomenon, emphasizing different aspects thereof: be it psychological deviance or socioeconomic facets. There is sufficient evidence as gathered from organizations working with children, young people, sexuality and rights projects and from government to demonstrate that there is extensive exploitation of children and young people in India. The evidence suggests an existence of systematic and organized patterns in child and young people exploitation.

Invariably the studies pertaining to eastern India have highlighted the factors like poverty, unemployment and mass illiteracy as "push" factors, forcing children and young people to a vulnerable situation of exploitation.

In India adolescents and young gender variant boys, male with feminine demeanor that is effeminate males/ males with feminine gender construction are victims of social stigma and gross human rights violations, and as a result face serious barriers to joining mainstream occupations. This has led to a situation where, in the absence of any other alternative, many join the "hijra" (eunuch) community and undergo illegal, secret and crude castration operations at great risk to their lives. Anecdotal evidence puts the number of deaths due to castration at 50% of those operated upon by Dai, quacks and "surgeons" with questionable credentials. In alternative they join the troop as a Luanda dancer- the traditional dancing boys and migrate to Bihar and Uttar Pradesh and in the name of dancing in the rituals forced into prostitution and face brutal violence. Their livelihood option as Hijra or as folk entertainers put them at grave risk of physical assaults and violence, sometimes leading to death, sexual harassment, sexual abuse and rape, other hate crimes and increasingly now, risk of HIV infection. In spite of traditionally accepted but marginal social space from ancient times and a visible presence during festivals, celebrations and public ceremonies, this boys have never been recognized as a vulnerable and at risk population with special needs with regard to basic rights of survival, development and protection as laid out in the United nations convention on the rights of the child (UNCRC).

These adolescent boys and young adults are not allowed the opportunities that other children and other young people have during that development stage. Not being able to go to school and not having had any opportunity of learning or utilizing skills, these boys do not have the benefit of any productive time to themselves. This is further aggravated by their proximity to their own gender and sexual expression and orientation. These boys are at an age when the costs of migration and prostitution are not completely comprehended but the visible benefits are observed. This makes them extremely vulnerable to being attracted to the proposition of supporting the family through prostitution and unsafe migration. Further, these boys already having low self-esteem and subjected to constant sharing of responsibilities cannot realize the full

impact of their own victimization by their peer, neighbors. They cannot protest against any physical or sexual abuse or violation of their rights being carried out against them because they find this is part of life and being. Most of these boys are found helpless human beings by virtue of the opportunities they have been denied during their upbringing.

Sexual exploitation of children and young people has long been seen as an issue in South Asia, but it is often viewed as being limited to girls. Consequently, the prostitution of boys is little understood, despite its acknowledged existence in some parts of South Asia including India.

Even though there is an awareness of sexual exploitation of children and young boys by tourists in places such as the south Indian beach resort of Goa and Mahabalipuram, few studies have been conducted on the prostitution and sexual exploitation of males and their local exploiters in India. There are several reasons for this lack of research. First, the prostitution of males is unrecognized and a taboo subject in Indian societies, and thus, cases involving the sexual exploitation of boys are frequently under-reported and shrouded in silence. A very few programmes address the prostitution of males in India because males are perceived as less emotionally or physically harmed by prostitution than girls, and therefore, are seen as not needing special attention and services. Most interventions in India that related to the sexual exploitation of males are focused on HIV/AIDS awareness work.

The most direct consequence of not addressing the problem is in terms of the continuous inflow of young boys into this profession and lack of proper information. Besides the illegal activity of child and youth prostitution being precipitated, there are children and young adult being subjected to the dangers of innumerable health hazards and to various types of sexual abuse and exploitation including unsafe migration.

Another direct consequence of not addressing the issue of vulnerability of these young dancers is the existing law to address same sex relationship as well as sexual violence and harassment for men.

Attending to the problem will result in providing that alternative for the adolescent boys away from the route of forced prostitution and unsafe migration. Further, they would be armed with adequate information of productive and unproductive behavior, safer sex knowledge and knowledge about sexuality and their consequences. They would be equipped with a better capacity to judge the consequences of entering the profession in terms of its costs vis-à-vis its seeming benefits.

With that keep in mind PLUS recently conducted a study on the “Situational Assessment to explore vulnerability towards migration, sexual exploitation, trafficking, HIV, AIDS and STI’s and building linkages for establishing model intervention” to develop means to protect those vulnerable target group mostly adolescents and young gender variant boys with feminine demeanor or traits of Eastern India. The study was supported by United Nation Development Program

India country office through there TAHA- Prevention of Trafficking, HIV and AIDS of women and girls, project.

The approach is participative, which means that both individuals and as part of networks/organizations, was actively involved in protection their own rights. PLUS aim to provide the space, a safe space. At last our aim is to empower the group through a process whereby individuals and groups gain control over their lives and act to eliminate and/ or reduce further right violations.

The study was conducted among 400 respondents from areas in almost twenty-two districts in three respective states of West Bengal, Bihar, and Uttar Pradesh. The primary respondents are young gender variant boys of feminine demeanor are mostly from West Bengal belonging mainly in the average age group of 15 to 25 years who migrate to Bihar and Uttar Pradesh for performing traditional culture. They are called as “*launda dancer*”.

The *laundas* of Bihar And UP define and spice up the entertainment barometer at the marriages in the Hindi heartland. But deep within they nurse broken hearts and bruised bodies. They are the young torch bearers of an age – old popular tradition – upholders of the *launda naach*, an integral part of the weddings in northern India, especially Bihar and Uttar Pradesh, where weddings are elaborate affairs with a fair rustic dose of merrymaking, drinking, music and dance. Here young effeminate boys dance in marriage procession and ceremonies, dressed in women’s clothing.

Laundas (young boys) used to be hired by poor families that could not afford more expensive women dancers. Gradually *launda naach* became very popular and an intrinsic part of marriage ceremonies especially in feudal areas of Bihar and UP. The dancers are mainly belongs to the lower middle class and poor families mainly from West Bengal, Bihar, Uttar Pradesh and Maharastra and also from Nepal and Bangladesh via West Bengal. They come to Bihar and UP during the peak marriage season between April and June in summer and December to February in winter.

Orchestra companies hire *launda* dancers on a lump sum contract, in addition to free food and lodging. But they give the dancers only fraction of the amount they mint through them. The other mode of payment is through cash given at the end of each session. A performer could earn 6000/- to 12000/- on a three-month contract depending on the dancer’s look, grace and dancing abilities. But the dancers point out they often gets less than their contractual fess, sometimes nothing at all.

The groom’s family usually hires the dancers. They have to dance all the way to the girl’s family along with the *baraat* (groom’s entourage). In rural areas this journey could stretch across several miles and span numerous villages. After going to the bride’s house, they get to rest briefly during dinner, after which begins the climax item through the *LAGGAN* (marriage) ceremony.

It could start late in the evening and continue non-stop until dawn. Even if they feel tired they cannot stop as they are physically prodded to carry on, with pinpricks on the body. At times drinking water has been refused. As the night progress the songs

become risqué, complemented by vulgar and obscene body movements. By this time drunken men at the weeding party hurl abuse at the dancers. The dancers now become vulnerable to physical and sexual assaults. Often their back was slashed with blades, when they were dancing wearing backless *cholis*. Often they were bitten and sank or stubbed.

A group of 10 to 15 men could physically carry a dancer to a field and gang rape him, and this is very common trend. They have faced torture all the occasions. Resistance only leads to grater torture and sometimes-even death.

Most of them are semi literate and come from poor backgrounds, some are educated and prefer to dance rather than become the butt of ridicule at work place. Within South Asia, male sex workers operating at public sites are primarily koti¹-identified, but not exclusively so. Most are from low-income groups where poverty and support for their families drive much of their sex work. In other words, there several frameworks of male sex work. But the common part of all is violence.

Men are attracted to Luanda dancing mainly by the money and the freedom to express their womanly instincts away from the jibes of relatives and neighbors. In spite of the risk involved very few actually wants to quite the seasonal profession because lack of alternatives.

Luanda dancers are often treated as objects of lust. Living condition is generally filthy and deplorable. They are being put up in the out houses, which are thatched shacks, often shared with goats and cows. The food was offered is equally poor. Sanitation is non-existent. Even that is also risky for getting assaulted in the field.

More over awareness about sexually Transmitted Diseases, HIV and AIDS and the safer sex is virtually non-existent the dancers and those who abuse them. No body use condoms, No awareness, no availability and no negotiation. Myths are still living and they love to believe that having sex with virgin children will cure them of STD's and augment their sexual virility. In part of rural Bihar and UP Men satisfy their wild sexual urges with these effeminate young men for several reason because, they are available, identifies, social ally sanctioned for prostitution purpose and having sex with them proves the *mardangi*. It is a matter of great prestige in the feudal set up to keep launda in the house and is treated as a sign of virility and power.

After the season these boys are divided into groups. New boys or not so experienced boys back to home but others may stay back or travel other part of the country with peer for joining local seasonal celebrations.

Often live-in laundas end up becoming unpaid slaves, doing menial household chores, including looking after their man's children. Thus he not only becomes his owner's sex slave but also has to entertain his friends. However after some years of providing constant physical gratification and sexual service when they lose or fall prey to some sexually transmitted disease, they are cast away.

1A South Asian term for men in feminine gender construction

The findings also show that many misconceptions about the migration of adolescents and young boys for sexual exploitation remain and are firmly rooted in the continuing view that it is an issue related solely to homosexuality and child sex tourism. On the other hand they also underscore the overall vulnerability of all children, boys and girls, to be targeted by adults who seek to exploit them as sexual objects and demonstrate that those committing such crimes are largely individuals from the local heterosexual population and not solely homosexual men or tourists. While it is difficult to quantify the magnitude of the problem due to the lack of reporting or misreporting of cases, the studies nevertheless suggest that it is much bigger problem than previously recognized and that exploiters are local men and in some cases local women.

The research undertaken in the three states provides a window for understanding the stereotyped gender constructions, which underpin concepts of adolescents and young people's protection, as related to male. That is, they show that our understanding about male roles and the myths that surround them – i.e. that boys must be tough and defend themselves being careful not to show any sign of weakness– have created barriers and led to inadequate protection of boy children including a social blindness in relation to their experiences of sexual exploitation and sexual violence. In this regard the findings clearly demonstrate that the unequal power relations, which create vulnerability of children and young people to sexual exploitation by exploitative adults can and do affect boys and girls in all environments.

Clearly, the issue of unsafe migration, sexual exploitation of young gender variant males is serious one that has not received the adequate attention. This study recommends that national, state and local governments and NGOs recognize the issue and allot the necessary resources to tackle it. Measures should include the creation of services for boys vulnerable to prostitution, or engaged in prostitution, unsafe migration and sexual exploitation with particular focus on unsafe castration including short-term re-ability cum shelter home and HIV/AIDS prevention projects. Governments and NGOs also need to establish a network to help identify and counsel vulnerable children. Peer educators need to be trained and deployed as part of efforts to reach boys vulnerable and involved in prostitution. Finally, NGOs and government officials must take steps towards preventing other children from falling prey to sexual exploitation, including sexual health education, vocational training and micro-financing.

Traditionalist may proudly declare how the dance parties of Bihar and UP are keeping alive in age old tradition through the *launda naach* ceremonies, hard facts call for urgent intervention and rehabilitation of these talented young impressionable boys who risk daily humiliation and even death, while providing casual moments of cheap entertainment.

Background and context of the study

Target Group

At a glance the target group are Luanda dancers aged between 15 to 25 years. They may belong to a joint family, may be an orphan living with relatives or may have a single parent. Mostly school-dropout and has not had any form of skill development. Has a very low self-esteem compared to others of their age group. Mostly effeminate adolescents and young boys from West Bengal but also from Bihar, Nepal and Maharashtra are going to specific districts in Bihar and Uttar Pradesh (mostly the adjacent district of these two states) and are very visible. The average age group of these boys is 15 to 25. Most of them are sexually exploited and have a active sexual practice before they migrate to UP and Bihar and also very regular to MSM cruising joint where they meet peer, pimps and *Bajawala Master* (Band owner).

Definitional Issues

Though the term “launda dancers” has been used yet it is a derogatory term since it means male dancers who actually perform dances like female. Usually the community is not accustomed to being referred as “launda dancers” since it is derogatory and demeaning their position. For the purpose of study we had used the so-called colloquial South Asian term and we regret the inconvenience.

Geographical Location

The project covered areas in almost twenty-two districts in three respective states. These districts are

- West Bengal: Kolkata, Howrah, North 24 Pargonas, South 24 Pargonas.
- Bihar: Gopalganj, Buxar, Siwan, Bhojpur, Samastipur, Vaishali, Patna, Muzaffarpur, Chapra
- Uttar Pradesh: Maharajgunge, Mau, Deoria, Gorkhpur, Varansai, Gazipur, Azamgarh, Ballia, Kushinagar

Purpose of Study

Assessing the Needs and situation analysis of vulnerability towards migration, sexual exploitation, trafficking, HIV/AIDS and STI's and building linkages for establishing model intervention.

Specific Objectives

Four main objectives were set for the proposed study. These were:

- Demographic assessment of the community for design proper intervention
- Understanding the migration pattern for institutional analysis

- Risk perception
- Vulnerability assessment

Methodology

The methodology proposed in this study was a combination of secondary research, primary research (through quantitative and qualitative techniques and methods of data collection) to enable triangulation of findings and thus provide more reliable data providing better understanding about the hidden community under focus – the dancing boys. The focus on the study was more pronounced due to the paucity of information about this group and the need to understand clearly the issues facing in the light of the growing HIV/ AIDS epidemic in the sub-continent.

Rapid Assessment Methods

Data was collected through a Rapid Assessment Method, utilizing individual interviews, community-based interviews and/or focus groups and literature reviews. Formats and questions for interviews and/or focus groups adapted to the districts under study. Individual interviews and/or focus group discussions were conducted with vulnerable and exploited young boys involved in Luanda dancing from the age between 15 to 25 years, also with community leaders, peer pimp, family member, sexual partner. The Focus group discussion was primarily focused among the target group but also the band party owner and members. The quantitative questionnaire was solely design for those who are practicing the dancing as profession. Local police authority, political party leader and member of the parliament also interviewed in these regards as external informant and stakeholders. In Kolkata as a source area we were able to also interview with the families. The entire data collection was completed in one-month time line.

Data types

- Desk research
- Quantitative questionnaire
- In-depth interviews
- Focus group discussions
- Informal group discussions
- Individual interviews of key informants
- Individual interviews with external stake holders
- Interviews with Government officials, policy makers and police
- Observation
- Grids

Desk Research (Secondary Sources)

A secondary sources review of relevant literature available on the issues affecting Luanda dancer was a must. Caution needed to be applied in differentiating work on MSM/TG in the various projects and interventions that are currently in place. The sources for secondary information included:

- Unpublished reports/ records of grassroots data on the MSW/MSM/TG populations and sub-groups
- Published reports on TG and Dancers (research studies/ Case studies and so on)
- Conference abstracts, poster presentations and materials on CD

- d) Newspaper articles, other media coverage
- e) Information accessed through the Internet
- f) Personal memoirs of Dancers willing to share the same (with confidentiality)
- g) Any other authentic available sources of information that are documented

Primary Research

In order to understand first-hand the dynamics in Luanda dancers it was important that a primary investigation of the target population was done. Hence, under the scope of this study, empirical field level research was proposed that sought to obtain insights into not only the demographics of the population, but also examined their concerns – physical (*to be read medical*), social, psychological and environmental. Both Quantitative and Qualitative research techniques were applied to capture data from the field. Such a combination of tools and techniques, mingled with a review of secondary literature sources facilitates triangulation of data and information contributed to more accurate and reliable information that might be fed into programmatic interventions.

Quantitative Techniques

Moreover, the objective of the study was to obtain the extent of the problems faced by Luanda dancers in order to provide a better understanding about their lives and identify risks and vulnerability factors. Hence, a selective quantitative assessment using the Questionnaire was administered in a span of a week among the respondents.

Questionnaire

Quantitative Data collection was done through administering Structured Questionnaires to the respondents (Luanda dancers). (Questionnaire appended in annex1).

Qualitative Methods

Given the uniqueness of the study, it is apparent that certain issues were unanswered in the Quantitative study and hence, a Qualitative component of analyzing detailed issues had also been added. This also aided in crosschecking information obtained in the quantitative phase and provided triangulation, as mentioned earlier.

The qualitative methods aided in understanding the nature of the community; to examine and understand the perspectives on various issues that affected them, and also to understand their immediate needs better. The Qualitative information leads to a compilation of available information and development of a set of working definitions of different sub-groups of males with one or more similar characteristics.

Informal interviews

Informal interviews took place during everyday interactions. The researchers followed an outline while interviewing, but incorporated additional variables when appropriate. For example, some questions were open-ended. In order to establish a rapport with the sample population, informal interviews were conducted with boys who were vulnerable, boys who were engaged in Luanda dancing and boys who had left dancing.

Formal / Depth Interview

Formal interviews were conducted with key informants. Questions on specific topics were posed to one individual and the responses recorded in detail by the researcher. Luanda dancers belonging to different subpopulations [Kothi-identified, Hijra, Castrated males, TG boys and even location based group such as bombaywali, Calcutta dancers and Nepali boys.] were interviewed. The In-Depth Interviews was tape recorded in order to capture all responses provided by the participants through a Depth Interview Guide. Depending upon the various subpopulations and different age group present, around 8 in-depth interviews were conducted in Bihar and UP each with the community people. While in Kolkata we have interviewed 10. Similarly in depth interview were also taped with other gate keepers and stake holders in the state such as NGO (Who runs TI), SACS, Child rights Group, Political leaders, Panchyat, Police and railway authorities. All the interviews were not taped always, hand written interview was also conducted. In total 33 in - depth interviews had been conducted for the study.

Informal Group Discussions

Important data was obtained through informal group discussions because people were more at ease to express themselves more freely. Some guidelines were used, but they were not presented during the discussions. These discussions were used to establish a rapport with the community of a particular area and to answer queries on why the research was being conducted. Informal group discussions were also conducted with key informants and exploiters, and helped researchers discover important and relevant data. Discussions were also held with other stakeholders such as boy friends or partners of Luanda's, family members, local shop owner, landlord, and band party owner. These discussions played a vital role in pacifying other members of the community who may have been concerned about the research. In general, all the informal group discussions smoothed the way for further research.

Focus Group Discussion

It was proposed to have one community FGDs in each state to be conducted using semi structured FGD guide. Along with 2 FGDs to be conducted with other band party 3 with the pimp and elderly Luanda's and one with the family. The qualitative tools used had included Depth Interviews among Key Informants and Focus Group Discussions (FGD). In totals 12 FGDS was conducted for the study.

Observation

The researchers carefully observed areas where it was believed the prostitution of boys took place such as station, taxi stand, markets, cruising area, Band party owner office etc. the observation was also made during the religious festival such as Ghutari Shareef mela and *CHAATH* festival.

Types of information records used

Activity sheets: Activity sheets recorded details such as: type of rapid assessment method; interview subject; date and time; follow-up (if applicable); and support required from any research team member or NGO.

Location details information: A grid was created to capture information related to the areas covered in a location and the individuals from each area.

Data sheets: Separate data sheets and checklists were used to gather information from different sample groups.

Brief field notes: Important observations, which did not figure in the data sheets, were recorded as brief field notes.

Sample Size

A total of 425 Quantitative Questionnaires was filled. Out of it only 400 was analyzed for the report. As later its being found 25 respondents are below 14 years of age or more than 29 years of age. The purposive sampling technique had been adopted as the study deals with Luanda dancers who are by and large a 'hidden' population. Along with 12 FGDS and 33 in depth interviews.

Category	(Quantitative questionnaire: n = 400)	Sample size
Children and young Luanda dancers		425
(Quantitative Questionnaire = 33)		
Children and young Luanda dancers		18
Peer pimp		4
Elderly and well known in the profession		3
Community leader		3
External stake holders (Police, Political party leader, Band party owner, family member, client)		5
(Focus group dissuasion = 12)		
Children and young Luanda dancers		8 (each FGD minimum participates are 8)
External stake holders (family, band party member, owner, local boys/clients)		4

Data Analysis Methodology

Quantitative data analysis was done on Key Information Areas using SPSS.10 and Reports were prepared allowing comparison between regions, as regional and socio-cultural differences are distinct. Qualitative analysis of Depth Interviews and FGDs were done on spreadsheets – domain-wise following transcription of exercises (from the regional languages) captured on audiotapes. A few significant qualitative comments were reported ‘verbatim’ wherever were appropriate. Throughout the process, confidentiality of the respondent was given paramount importance and no identification whatsoever was admissible. . A constant comparative method was used in analyzing some of the qualitative data. Focus group discussions were analyzed manually by reviewing individual transcripts. For in-depth interviews with boys who are vulnerable and boys involved in profession, data analysis was done using the SPSS.

The qualitative information was coded in separate answer forms and analyzed using a constant comparative method.

Focus group discussions were analyzed using two methods: analysis of individual transcripts and analysis of all focus group discussions. The transcripts were read several times and the general impressions noted down, with the study’s objectives and areas of interest kept in mind. Then, specific comments and ideas from the transcripts were noted and a logbook maintained to record specific areas of interest and themes. Finally, the results were analyzed.

Ethical Guidelines

During the course of the study, data collection personnel were strictly adhered to ethical norms and procedures as lay out under the scope of this study. Due to the sensitive nature of the study and issues of investigation, Investigators had to obtain Informed Consent of the participants recruited for the study. In the case of quantitative survey, Investigators had obtained verbal consent explaining the study and sign in the first page of the Questionnaire.

In the qualitative phase, prior to the Focus Group Discussion, (tape recording of the FGD), **VERBAL CONSENT FROM ALL THE PARTICIPANTS RECRUITED FOR THE FGD WAS OBTAINED.**

Names of the Respondents **WAS NOT ASKED/ RECORDED** in both Questionnaire and taped in the FGD. This had to be done to protect the identity of the respondent and ensure issue of Confidentiality. Nowhere in the Questionnaire, respondents had recorded names, codes of the participants. Similarly, while introduction (if participants introduce themselves by name/ pet name) during taped interviews, tape recorder was **SWITCHED OFF.**

Besides that the study also followed the normal **IRB Guidelines** for data storage and cleaning. Before the Draft report presented to the community a community ethics group was called upon for taking concerns on language and was consulted the legal and ethical experts and agency’s.

Training

The two-fold objective of Training proposed under the scope of the study was to: First, build the capacity of Luanda dancers engaged in intervention at grassroots level in the cities, including programme personnel working in the field level organizations – NGO/ CBO/ Network so that they are capable of independently administering such methods in the future; and, Second, for the purpose of this study, obtaining data through qualitative and quantitative techniques was planned and used for the findings to provide inputs to facilitate action among Luanda dancers.

One day Training of field team was done city-wise in both Quantitative and Qualitative data collection techniques.

One day training was done at each State to

1. Train and build capacity of field level Investigators in data collection techniques
2. Ensure that the objectives and outcomes of the study are realized.
 - A. Detailed training on administering Questionnaire
 - B.** Detailed training and mock sessions on conducting Depth Interview/ FGD

Team Size

Teams of programme personnel in each of the participating states were trained and capacity was built in both quantitative and qualitative techniques and methods of data collection. Hence, 6 to 8 Research Investigators were trained for Quantitative data collection in each of the cities. For the qualitative phase, investigators with previous experience in quantitative data collection in HIV/ AIDS studies were preferred for training in conducting Depth Interviews and FGD. Around 3 to 4 Investigators were trained in qualitative methods in each city.

- Quantitative Data collection (through Questionnaire) was done by a team of 6 Investigators
- Qualitative phase (Depth Interviews and FGD) was done by 3 to 4 Investigators

Time Line

- Training – 1 day
- Quantitative data collection – 4-6 days
- Qualitative phase – 7 days (simultaneously)
- Scrutiny, back checks, Questionnaire coding (Code Numbers) and dispatch – 3 day
- Data transcript and translation- 7 days
- Data tribulation and analysis- 5 days
- Draft report writing-5 days

Reporting formats

- All queries were addressed to the Team leader.
- Team Leader had liaison with PLUS Project Coordinator Mr. Agniva Lahiri

Fieldwork coordination

- Coordinators had monitored overall data collection (both quantitative and qualitative) on daily basis based on work plan
- Supervisors had ensured data collection completion, checking and scrutiny, dispatch to Kolkata immediately after completion of study.
- Cassettes recorded, coded and sealed were sent for translation as suggested by city coordinators to ensure that completed transcripts and cassettes reached Kolkata as early as possible.

Limitations

There are few limitation identified during the study, these are,

- The time available for the research had limited sample size and nature of information collection.
- Initial observations and establishment of rapport and trust with the boys and others needed more time.
- Fieldwork needed to be done during the day (i.e., identification of locations) and then interviews conducted late at night. Confirmatory visits, and observation of areas also had to be done late at night and in interior villages. Research members found the long hours difficult, and consequently, the team experienced a lot of turnover.
- As the migration is seasonal, we have to depend for the season to start. As in winter not many people are joining the profession, so we have to depend the data collection to the source are more than the destination area.
- Given the sensitive and personal nature of the issue, some boys, particularly those are from Nepal and Bangladesh, were afraid that their identities would be revealed to police or media, which could result in them being forced back home.
- Conducting focus group discussions with boys involved in the dancing profession was difficult because they were not keen to speak in a group about the sexual life and practices in front of others.
- Fear of being looked down, teased or stigmatized if sexual behavior was revealed during group discussions in particular with the external stakeholders.
- Boys did not reveal their activities because they feared sex exploiters.
- Identification of exploiters was very challenging.
- Research on government set-ups was not possible because an official with Juvenile
- Welfare and Correctional Services refused permission to publish the result.

Key Information Areas

The Key Information areas that forms the basis of research investigation into Luanda dancers and their social and behavioral characteristics and needs include:

- **Socio-demographic Characteristics of Luanda dancers:**

Some of the respondents were below 18 years of age. The age group of the “launda dancers” varies from 15 years to 26 years as is revealed from the study. The respondent group shows that higher proportion is concentrated within 18 – 20 years. Age group around adolescent is higher therefore. In the period of their youthful life they engage themselves in this trade having no other alternative option of income generation. As they are exploited mentally, physically and sexually at an early age, being ostracized by the society, receiving no education and not being getting the opportunity to utilize themselves in any other profession they turn to this profession as a normal course of events as it gives them an opportunity to earn plenty of money and express their femininity through a profession at least where it is socially sanctioned. Another reason for choosing to enter into this profession is a pressure from their families since they are the so-called male members and therefore are required to earn money to feed the family. They mostly belong come from urban background. As a result they migrate from places like West Bengal to Uttar Pradesh or Bihar twice a year during Winter and Summer season. They usually dance to entertain and sexually satisfy the male community during festivals like Holi, marriages, and even political parties use them for entertainment during parties. They are originally belong to WB, UP, Nepal, Bihar, Bangladesh, as well as from other areas of India. Mostly they change their destination between 3-5 months.

- **Dynamics of the community**

They often are induced, pressurized, cheated and underpaid and trafficked by Peer Pimps. They face sexual abuse from a very early age even upto 5 years as can be seen from the study. Their overtly feminine qualities make them doubly vulnerable as they adopt the feminine traits of being a passive receiver providing sexual satisfaction to the stronger male community and expressing themselves as being passive and having no sexual urges as women are mostly prone to reflect. Keeping these reasons as well as not being able to return back to the normal community after such an encounter these people often undergo castration that is crude and cruel and performed under the medical supervision of a quack. They do this at times to join the community of “enunchs” (hijras) so that they can sustain themselves at other times of the year.

- **Problems faced**

The problems they face are manifold starting at an early age from their school days where they are made fun of and seen as objects of ridicule and as a result usually drop out of school. They are sexually exploited within their own family members and accustomed surroundings. When they enter the profession as “launda dancers” they again face exploitation which is mental, physical and sexual not only from the end of their clients but also from the Master or Band party member who takes them to the dance occasions. They face stigma from the general mass and are ostracized by them. The castration that

they choose or are at times coerced to undergo are crude and sometimes at the cost of their lives. Even when the castration is successful there are a lot of post castration problems that they suffer from that they have disclosed during the study. They often suffer from STIs and receive treatment from local quacks or are left untreated. Often with such severe penile infections they are forced to perform.

There is also a rehabilitation problem. They do not have a place to address or speak about their issues, problems, and rights. There is no psychosocial intervention for them no space for them where they could, as the rest other society can, address their issues or create an option for themselves. As a result their self-esteem is low and they remain to be the most vulnerable community even at such an advanced and progressed nation.

- **Immediate unmet needs**

The immediate and urgent needs are also manifold therefore given all the backdrop of their situation. There is need for information, education, and reduction of violence, psychosocial healing process, reduction of stigma, awareness and orientation about their risk perception. Developing rights for child sexual health specially a boy child. There should also be reduction of vulnerability by building self-esteem through proper counseling and alternative income generation methods. There should be pre and post test castration. Thus, Community rehability center for providing comprehensive health care service and building linkages to wards greater health access with rights based framework. Creating safer spaces and option and better advocacy with greater community participation programmes should be developed for them. The center not only focused the trauma healing for violence, abuse but also in particularly focusing on counseling in regards to pre and post castration, linkages is being made with private practitioner for reduce health hazard in particular post castration situation. Mental health and psychosocial intervention through tele counseling and in person service delivery will also highlight. The space is also being used other related purpose such as detoxification and rehabilitation center because the study shows the chemical dependency is quite high among the groups. It will also serve the purpose of linking up with existing service, which is available but not accessible. The center will serve as a therapeutic care unit for trauma healing, castration, violence, and suicidal tendency and youth ambiguity with sexuality and identity linked up with unsafe sexual practices. The center will also focused on Psychosocial Rehabilitation and addressing mental health concerns.

- **Poverty and influence**

They usually come from poverty driven background. As a result they are mostly illiterate as they cannot attend school. They are sexually exploited within their own family members and accustomed surroundings. When they enter the profession as “launda dancers” they again face exploitation which is mental, physical and sexual not only from the end of their clients but also from the Master or Band party member who takes them to the dance occasions. They face stigma from the general mass and are ostracized by them. The castration that they choose or are at times coerced to undergo are crude and sometimes at the cost of their lives. There is a pressure from their families since they are the so-called male members and therefore are required to earn money to feed the family. They are required to bring money to the family to sustain all the members. Age group around adolescent is higher therefore. In the period of their youthful life they engage themselves in this trade having no other alternative option of income generation. As they

are exploited mentally, physically and sexually at an early age, being ostracized by the society, receiving no education and not being getting the opportunity to utilize themselves in any other profession they turn to this profession as a normal course of events as it gives them an opportunity to earn plenty of money. Their feminine qualities make them doubly vulnerable as they adopt the feminine traits of being a passive receiver. The “Bajewala” or Bandmaster who takes them usually hire them on a contractual basis due to which they often become slaves in their hands. Though Human Development Indicator shows that Uttar Pradesh, Bihar are places of outmigration and are demarcated as backward states yet these community seems to flock to such places and seem to make plenty of money. But the question remains are they able to bring it back to their hometown?

- **Migration pattern**

They are originally belong to WB, UP, Nepal, Bihar, Bangladesh, as well as from other areas of India. Mostly they change their destination between 3-5 months. They migrate from places like West Bengal to Uttar Pradesh or Bihar twice a year during Winter and Summer season to a cruising joint. They usually dance to entertain and sexually satisfy the male community during festivals like Holi, marriages, and even political parties use them for entertainment during parties. They usually migrate on a contractual basis for a year to one night basis. They are introduced into the profession through Peers who acts as Pimps, Elderly Launda, Masters or Band Party members. Migration is usually from Sealdah or Howrah station.

- **Knowledge & Awareness on STI / HIV and AIDS**

From the handful sample size it shows that almost everyone has heard the terms STI, HIV and AIDS. But where there is lack of education or decision-taking power can there be any instances where this vulnerable community can prove to be the decision makers and make themselves less vulnerable in terms of safer health seeking behavior. The occasions they are supposed to perform in are occasions of merriment where the males are drunk and enjoy group sexual assault without a thought of safer health behavior. Condom negotiation seems to be a far cry. In an environment and place they travel to as is argued previously are the backward states where there is a lot of inhibitions about such issues of HIV, AIDS and condom. The community is not even aware about their own sexual assault or abuse. There is no place for pleasure for them. They are only the objects of lust in the hands of the powerful male predominant society where they are prone to show their “mardangi” through such sexual assaults. There is no question for negotiation therefore.

- **Sources of Knowledge**

Knowledge seems to be a far cry for this community under such vulnerable and exploitative circumstance. They are not aware about their own vulnerable state. They are not even in a position where they can take decision. They actually are slaves of the “masters” or “bajewalas”. They have no empowerment. Their rights as an individual are always exploited by the very surroundings they move about. They remain identitiless in fear disclosure and being harassed there after. They become prone to their vulnerable

state from a very early age having no place to take refuge to. Does the government exist only for those who are the so-called normal people or does minority community only refers to in context with religion and economic strata needs to be pondered upon for still a section of the society is left to be provided services for. While still speaking on the issues of HIV and AIDS a lot needs to be considered and the services extended to such community for a successful intervention without which mere conferences and seminars would only remain to be a farce.

- **Sexual Orientation and Behavior**

They are mostly transgender people as is evident from the study that is males with feminine demeanor that is effeminate males/ males with feminine gender construction. The average age group of these boys is 15 to 25. Most of them are sexually exploited and have a active sexual practice before they migrate to UP and Bihar and also very regular to MSM cruising joint where they meet peer, pimps and *Bajawala Master* (Band owner). They are sexually exploited at a very early age as well as even after they enter into the profession of launda dancing they are regularly forced for sexual assault. They usually have anal or oral sex and with multiple partners. Their feminine qualities make them doubly vulnerable as they adopt the feminine traits of being a passive receiver. The occasions they are supposed to perform in are occasions of merriment where the males are drunk and enjoy group sexual assault. They are often forced into castration. They do it for the sake of their profession. They also prefer it because at other times of the year they can join the “hijra” community and earn a living with them. Drug and chemical dependency is also higher as it gives them a kick-start for the freedom of expression, as there is no other option for mental or trauma healing them.

- **Accessing Health Care Providers**

Their mobile nature, unsafe and the sexual assaults they have to undergo makes them vulnerable. Since they migrate to states that are usually underdeveloped like Uttar Pradesh or Bihar where health care seems to be a far cry these people usually seek medical assistance under local quacks or ignore. There are many who suffer from STI problems like anal sore, genital discharge and genital ulcers and several who undergo castration in coercive situations who seek treatment from local quacks. The people who suffer from STI problems claim to ignore their problem. They have admitted to having performed on several occasions and having painful sex even with severe penile infections. They are not aware about their vulnerability or their health factors. There is no mental or trauma healing center for them.

- **Barriers in access and extent of satisfaction**

Since they migrate to states that are usually underdeveloped like Uttar Pradesh or Bihar where health care seems to be a far cry these people usually seek medical assistance under local quacks or ignore. They hardly have access or are able to negotiate on the issues of condom in the most vulnerable state circumstances where a group of elderly men who are drunk are enjoying themselves and having sex. In such backward states health care or condoms are things that are issues of the most negligible kind. The people

there are a superstitious, illiterate lot who have hardly any awareness about issues related to health care or HIV and AIDS. The only mode of entertainment they have access to is country liquor and “sex” which thus takes the shape of crude and violent unsafe practice. The “launda dancers” are not even supposed to get excited or enjoy while having sex but only passively be at the receiving end.

Under such dire circumstances the community does not have any access to health care providers. There are hardly any medical practitioners on the related health issues and the handful that is there cannot be accessed because of the stigma. The launda dancers are looked down upon as inferior creatures and objects of lust and not treated at par like the other community people. Thus they are forced to either willingly ignore their symptoms related to health issues or take the help of local quacks.

- **Appropriate perception of risk**

They are not aware about their own vulnerable state. They are not even in a position where they can take decision. They are not aware about their own risk perception. Violence exists and forms a part of their day-to-day struggling existence. In such backward states they migrate to states that are usually underdeveloped like Uttar Pradesh or Bihar where health care seems to be a far cry. The people there are a superstitious, illiterate lot who have hardly any awareness about issues related to health care or HIV and AIDS. The only mode of entertainment they have access to is “sex” and country liquor. Thus sex takes the shape of crude and violent unsafe practice.

- **Vulnerability, Exploitation and hazard**

The “launda dancers” as is evident from the entire study are the most vulnerable lot from all the circumstances that have been discussed above. They face exploitation at a very early age where their own family members or known faces surrounding them take the opportunity and exploit them due to their feminine traits. They are taunted and seen as objects of fun and ridiculed in school and the society where they live in or move about. They have no access to any other livelihood option especially due to stigma and discrimination and lack of education and any form of skill development. Thus they resort to the age-old profession of launda dancing. They are not aware about their basic rights as an individual. They have no space for any kind of trauma healing. They are not aware about their risk perception. When they enter the profession they are cheated or underpaid and often victims of trafficking. They are often harassed by upper caste members of the society and harassed for not being a “bhumiputra”. The castration they are often coerced to undergo is crude and risky resulting many times in death.

Due to their mobility, multiple partners and unsafe sexual practice they are at the highest risk for contaminating HIV and AIDS and thus awareness on such issues must be build upon.

A few more thoughts

It is evident from the study through the qualitative and quantitative analysis as well as the in depth interviews with these respondents that those who are identified as the “launda dancers” are found to be victims of social stigma and gross human rights violations, and as a result face serious barriers to joining mainstream occupations. They are sexually exploited and have a regular active sexual practice before they

migrate to UP and Bihar and also very regular to MSM cruising joint where they meet peer, pimps and *Bajawala Master* (Band owner).

It has been revealed from the study that most of the “launda dancers” (71%) have received education upto a certain level. But there is a discontinuity after a certain point because of certain facts. At an early age from their school days as has been revealed from the indepth interviews we get to know that they were made fun of and seen as objects of ridicule and as a result usually had to drop out of school and could not join the mainstream occupation. It has been found out from the quantitative analysis (questionnaire 201 – 204) that they are sexually exploited within their own family members and accustomed surroundings where they move about. There is practically no place where they can find refuge or resort to when they face such sexual abuse at such an early age.

“I used play football. Cricket. I used watch lots of Hindi film. And back home the only thing I used to do is I used to act, dance. It’s not always that I used to act the women roles but often I used to act like rekha, madhuri dixit. At the Age of 12, my own brother first sex with me.... and its just happen as part of making a play”(a respondent during In-depth interview)

This violence seems to be a part and parcel of their day-to-day struggle that they carry on from their young adolescents till the time they die. They have no trauma healing or mental healing place. They practically have no access or space of their own. That a young boy like a girl child too can be the victim of such sexual assault is yet not identified or established in the society as of now. Child sexual abuse law should be established and while framing in mind issues and consequences of boy child needs to be putted. A safer space and opportunities should be created. These activities will be designed such a way that community will take lead to open about there choices and options and based on that will gained training. These activities will also focused on range of self-enabling training, sexuality education, protect mechanism, advocacy and interaction. There is a great need to build strengths in these individual adolescent boys and young people so as to protect them from their vulnerability to unsafe migration, unsafe and illegal castration, and prostitution. There is also an equally great need to work for reduce violence and integration of sexual health components in particular safer sex practice and behavior among them. There is also a need to integrate composite intervention for not only to these boys but also among their clients and peers.

From the quantitative analysis (questionnaire 205 – 207, 225 – 228, 305) and from the Focused Group Discussions certain facts are revealed, when these adolescents enter the profession as “launda dancers” they again face exploitation which is mental, physical and sexual not only from the end of their clients but also from the Master or Band party member who takes them to the dance occasions. They face stigma from the general mass and are ostracized by them. In the period of their youthful life they engage themselves in this trade having no other alternative option of income generation. As they are exploited mentally, physically and sexually at an early age, being ostracized by the society, receiving no education and not being getting the opportunity to utilize themselves in any other profession they turn to this profession as a normal course of events as it gives them an opportunity to earn plenty of money and express their femininity through a profession at least where it is socially sanctioned.

“I started coming to sealdah station. Meeting new people. From there I come to know about the dancing. I saw every year in summer and winter after chatth kotis are going to Bihar and UP. They used to stay there for 3 / 4 moths at a stretch and while they come back they bring lots of money, dress and even new boy friends. Then I asked these kotis about it. Then One day I went with them. Since then I work as Luanda. I was 14 then”(respondent from In-depth interview)

Another reason for choosing to enter into this profession is a pressure from their families since they are the so-called male members and therefore are required to earn money to feed the family. They mostly belong come from urban background. As a result they migrate from places like West Bengal to Uttar Pradesh or Bihar twice a year during Winter and Summer season. They usually dance to entertain and sexually satisfy the male community during festivals like Holi, marriages, and even political parties use them for entertainment during parties. They are originally belong to WB, UP, Nepal, Bihar, Bangladesh, as well as from other areas of India. Mostly they change their destination between 3-5 months. A respondent says ***“Well earlier I used to stay 6 months 4 months in summer and 2 months in winter. I use to come in January and living in till July. Now I used to stay 10 months.”***

The “Bajewala” or Bandmaster who takes them usually hire them on a contractual basis due to which they often become slaves in their hands. A quotation from the study reveals this fact where the respondent says ***“The koti who introduced me in the band party owner actually sold me for 2000 rupees. He never told me this. While Initially I thought this is not my life and I want to withdraw my self my Master (the owner of the band party) told me that even though I was working for thika I cannot move or come back for the year, as I was already in contract. And he already paid the koti 2000 rupees.”***

Though Human Development Indicator shows that the identified districts in Uttar Pradesh, Bihar are places of out migration and are demarcated as backward states yet these community seems to flock to such places and seem to make plenty of money. But the question remains are they able to bring it back to their hometown? The occasions they are supposed to perform in are occasions of merriment where the males are drunk and enjoy group sexual assault without a thought of safer health behavior. Condom negotiation seems to be a far cry. In an environment and place

they travel to as is argued previously are the backward states where there is a lot of inhibitions about such issues of HIV, AIDS and condom. The community is not even aware about their own sexual assault or abuse. There is no place for pleasure for them. They are only the objects of lust in the hands of the powerful male predominant society where they are prone to show their “**mardangi**” through such sexual assaults. There is no question for negotiation therefore. Knowledge seems to be a far cry for this community under such vulnerable and exploitative circumstance. They are not aware about their own vulnerable state. The respondents are aware of this when one of them during an interview remarked, “*In villages there is no other entertainment.*”

These people are not even in a position where they can take decision. They actually are slaves of the “masters” or “bajewalas”. They have no empowerment. Their rights as an individual are always exploited by the very surroundings they move about. They remain identity less in fear disclosure and being harassed there after. They become prone to their vulnerable state from a very early age having no place to take refuge to. Does the government exist only for those who are the so-called normal people or does minority community only refers to in context with religion and economic strata needs to be pondered upon for still a section of the society is left to be provided services for. While still speaking on the issues of HIV and AIDS a lot needs to be considered and the services extended to such community for a successful intervention without which mere conferences and seminars would only remain to be a farce. They are often forced into castration. They do it for the sake of their profession. They also prefer it because at other times of the year they can join the “hijra” community and earn a living with them. Drug and chemical dependency is also higher as it gives them a kick-start for the freedom of expression, as there is no other option for mental or trauma healing them. They often are induced, pressurized, cheated and underpaid and trafficked by Peer Pimps. They face sexual abuse from a very early age even up to 5 years as can be seen from the study. Their overtly feminine qualities make their vulnerability multiple as they adopt the feminine traits of being a passive receiver providing sexual satisfaction to the stronger male community and expressing themselves as being passive and having no sexual urges as women are mostly prone to reflect. Their low self esteem and this relating and adopting in themselves to the feminine gender makes them more vulnerable mentally, physically and sexually in the hands of the power driven male dominated society.

Thus, a Re-ability Center should be created. This is much needed service in particular those are into castration, Transgender group not associated with any classical and historical identity such as Hijra and youth with suicidal tendency. The center will be designed such a way will be served 100 community people in a year and will be accompanied by group work activities, counseling and immediate support services. The center not only focused the trauma healing for violence, abuse but also in particularly focusing on counseling in regards to pre and post castration, linkages is being made with private practitioner for reduce health hazard in particular post castration situation. Mental health and psychosocial intervention through tele counseling and in person service delivery will also highlight. The space should also be used for other related purpose such as detoxification and rehabilitation center because from the quantitative analysis it is seen that chemical dependency is quite high among the groups. It will also serve the purpose of linking up with existing

service, which is available but not accessible. The center will serve as a therapeutic care unit for trauma healing, castration, violence, and suicidal tendency and youth ambiguity with sexuality and identity linked up with unsafe sexual practices. The center will also focused on Psychosocial Rehabilitation and addressing mental health concerns.

Young gender variant boys faces stigma and discrimination not only from the society but also from their own families where they are sexually exploited at the hands of their own family members. They are mentally and physically abused and harassed by the general population because of their effeminate nature and are also the high risk group who can be affected with HIV and AIDS. This makes their vulnerability multifold. But given a chance and means their situation can be improved through empowerment, awareness, care and support, sexual health interventions. They should be given a space where they can advocate their own issues and rights of an individual.

As is clear from the quantitative and qualitative facts that they come from an economically poor background and are often forced to enter into this profession having no other options left. They have low self-esteem because of the social ostracism and stigma. They have a poor understanding of the risk of associated with the profession they enter into. They are, infact, at a greater risk of STI and HIV because of the factor of multiple partners and unsafe sexual practice. The study reveals the statistics of such young population of such adolescents and transgender boys who are at such risk because of their environments, behaviour, and practices. Since HIV and AIDS is a global pandemic these people who are at risk and ignorant of their vulnerability should be made aware. Awareness about health and rights of this community of “launda dancers” need to be focused at for their knowledge is not comprehensive and also to provide them an equal platform for raising their voices against violence, abuse, discrimination and stigmatization to create a respectable place for them in the society is required. The violence whether physical or mental and stigma drives such people to engage in unsafe sexual behavior. Thus, not only issues of concern need to be addressed to them but to the society at large. They are taunted and seen as objects of fun ad ridiculed in school and the society where they live in or move about. They have no access to any other livelihood option especially due to stigma and discrimination and lack of education and any form of skill development. Thus they resort to the age-old profession of launda dancing. They are not aware about their basic rights as an individual. They have no space for any kind of trauma healing. They are not aware about their risk perception. When they enter the profession they are cheated or underpaid and often victims of trafficking. They are often harassed by upper caste members of the society and harassed for not being a “bhumi putra”. The castration they are often coerced to undergo is crude and risky resulting many times in death.

From the quantitative analysis of data (120 – 124, 206, 217, 219 – 221) certain issues of grave concerns are revealed. Due to their mobility, multiple partners and unsafe sexual practice they are at the highest risk for contaminating HIV and AIDS and thus awareness on such issues must be build upon.

Therefore, to address such issues of grave concern where an effective number of human populations are at a risk was the main issue of concern behind this study. The study reveals important and relevant data that needs to be effectively weighed and addressed to provide a safe, equal and model of safer health practices for a better tomorrow.

The need to recognize and address the issues of this vulnerable target community will prove that these people have a space to address their issues and rights in the society and provide a platform to boost their self-esteem and prevent themselves from being vulnerable or exploitation. PLUS believes that community development and mobilization has to be the starting point for all sustainable protection programmes. This is especially true for marginalized groups, who are stigmatized and discriminated against the face of innumerable human rights violations because of their gender and sexual orientation. Such violations remain undressed especially in case of those from lower income group and/rural backgrounds. Thus, there should be intervention programmes to address the risk behavior, decision-making power, condom negotiation, access to health care services, and gender related differences and stigma.

There are some evident questions and related facts that comes out from this situational assessment as:

- It is evident from the analysis of the study that even a boy child might be a prey to physical violence and that too at an early age. The fact that needs to be addressed is to create a safer space and environment. The evident related question is that where are or which are the places to talk about a boy child's sexual abuse?
- The study again reveals that they perform castration under coercive and crude circumstance. Sex change is an economic affair in our country and accessibility is not easy. Therefore, these people are forced to resort to local quacks where castration is crude and often results in taking life. Post castration is also a risky phenomenon. There is along with the physical hazards a lot of mental trauma associated with it. Therefore, castration should be made law friendly. There should be pre and post test Castration counseling. How are the Health care providers making it feasible and accessible for a safe and positive health seeking behavior?
- The "launda dancers" face a lot of stigma, discrimination, and violence in their day-to-day life. Where are the Trauma healing and therapeutic care centers for such community people? PLUS, Kolkata as health care providers want to improve their health seeking behavior through mental health and psychosocial intervention, detoxification and rehabilitation center, therapeutic care unit, Issues around relationship to responsibilities, castration to phobia, ragging in schools to sexual abuse and exploitation and service for PLH with rights based frame work.
- What about the Rehabilitation for these people? There are many people who are speaking about the rehabilitation of this vulnerable community. We as the health care providers want to improve the status of this vulnerable group. But where and

how do we go about doing that? Is rehabilitation for them in a government home going to improve their status? What then is the way out? How should it be done and has anyone asked them about it? Are they ready to imbibe this phenomenon?

- The government that stands and speaks about the minority community and minority issues every now and then remains ignorant and silent about these people. Why? Does minority community only refer to in context with religion and economic strata needs to be pondered upon for still a section of the society is left to be provided services for? Then who are the people that are going to address their issues and fight for their cause? What about the up liftmen of this community?
- While still speaking on the issues of HIV and AIDS a lot needs to be considered and the services extended to such community for a successful intervention without which mere conferences and seminars would only remain to be a farce.

There are many people who are still not aware about this community and the related violence or risk they face. An equitable society with an enabling environment needs to be created for the up liftmen of this vulnerable community. The law and policy makers should take the initiative towards it. Creating a safer space for them to grow and develop and creating opportunities to hold a better livelihood option is an immediate requirement for these group of people.

The Data analysis/fact findings

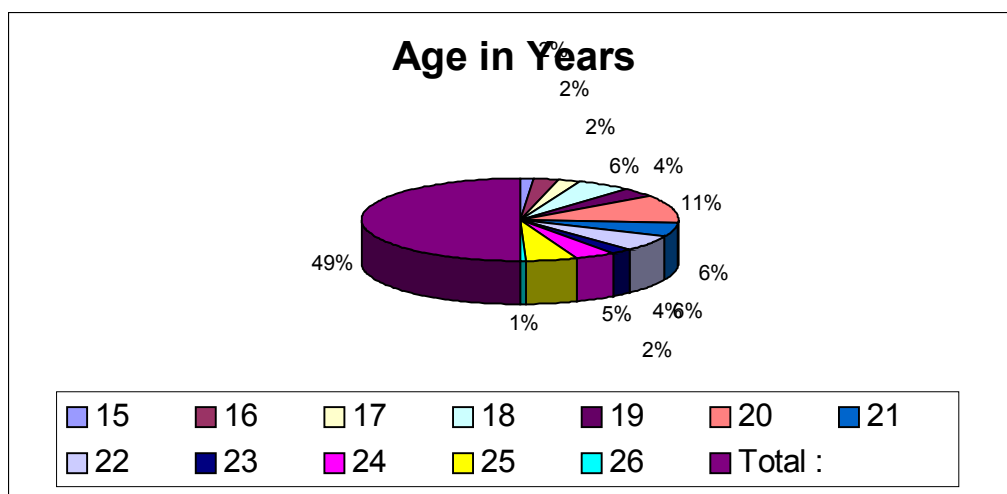
Demographic Profile of the Respondents

Age Distribution:

Some of the respondents were below 18 years of age. The age group varied from 15 years to 26 years. Out of 400 respondents 30% are in the age group of 15 – 19 years(n=122) , 69.5% are in the age group of 20 – 26 years (n=278). Mean age is 20 years. The respondent group shows that higher proportion is concentrated within 18 – 20 years. Age group around adolescent is higher therefore.

Table 1: Age Distribution

Age	Frequency	Percent
15-19	122	30
20-26	278	69.5
Total	400	100



The respondents as can be seen from the Study have hardly crossed 18 years. In the period of their youthful life they engage themselves in this trade so a lot should be stressed on their empowerment issues keeping in mind the issues of minority. The sex work as a trade does not potentially utilize them as they come to this trade having no other alternative option of income generation. If these issues are taken care of they might contribute to the development of the nation through their activities. Thus, alternatives like economic empowerment, micro financing would provide them alternative scopes to work and the nation to think about this vulnerable target group.

Gender and Sexual Orientation:

Among the study respondents 66.25% (n=265) are transgender, 19% (n=76) are transsexual, 10%(n=40) are castrated and only 4.75% (n=19) are males.

Table 2: Gender and Sexual Orientation

Sex	Frequency	Percent
Transgender	265	66.25%
Transsexual	76	19%
Castrated	40	10%
Males	19	4.75%
Total	400	100

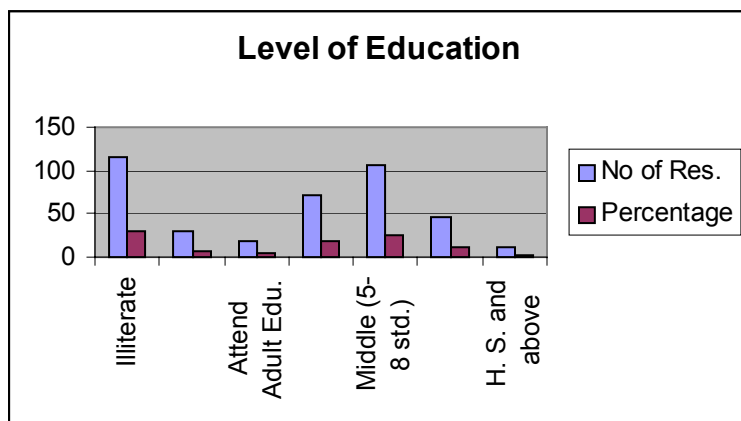
Level of Education:

29% are illiterate (n= 400) and 7.25% are just literate.

Table 3: Level of Education

Qualification	Frequency	Percentage
Illiterate	116	29
Just Literate	29	7.25

Attended Adult Education	19	4.75
Primary (1-4 std.)	71	17.75
Middle (5-8 std.)	106	26.5
Secondary (9-10 std.)	47	11.75
H. S. and above	12	3



Native and Ancestral Home:

Among the Study respondents 48% (n=193) are from Urban Background, 31% (n=125) are from Sub Urban, 20.5% (n=82) are from rural background.

Table 4: Native and Ancestral Home

Native and Ancestral Home	Frequency	Percentage
Urban Background	193	48%
Sub Urban	125	31%
Rural background	82	20.5
Total	400	100

Partners Gender:

The respondents have partners in the percentage of 50% (n=200) as male partners, 3% (n= 13) female partners and 46.75 %(n= 187) as others.

Table 5: Partners Gender

Partner's Gender	Frequency	Percentage
Male	200	50%
Female partners	13	3%

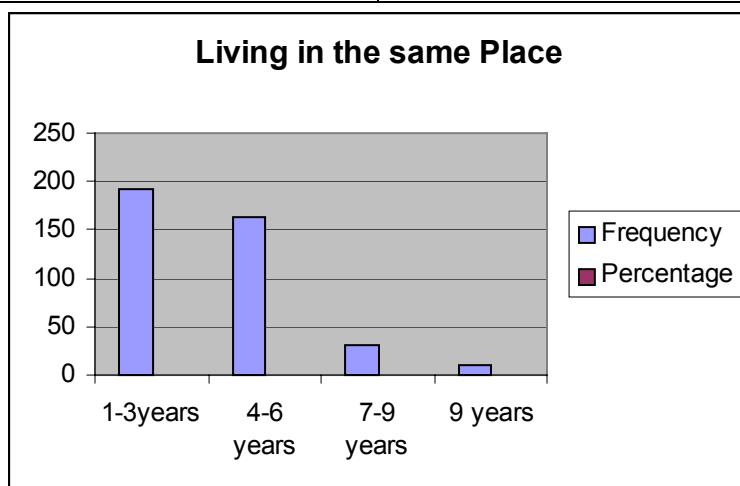
Others	187	46.75 %
Total	400	100

Living in the same Place:

The participants replied that 48% (n= 193) live in the same place for 1-3years, 41% (n= 164) live and work in the same place for 4-6 years, 8% (n=32) live in the same place for 7-9 years, and only 2.75% (n= 11) live for 9 years.

Table 6: Living in the same Place

No. Of Years	Frequency	Percentage
1-3years	193	48%
4-6 years	164	41%
7-9 years	32	8%
9 years	11	2.75%
Total	400	100



The above chart shows that there is a migration trend in the respondents. They seem to reside in a particular area for not more than 1- 3 years. Thus special attention is required as the clients are multiple and diverse background. Awareness about HIV/AIDS is required.

Occupation:

Out of 400 respondents 84.5% (n= 338) said they do it on part time basis and 15.5%(n= 62) said they are engaged on a full time basis.

Table 7: Occupation

Time	Frequency	Percentage
Part time basis	338	84.5%
Full time basis	62	15.5%

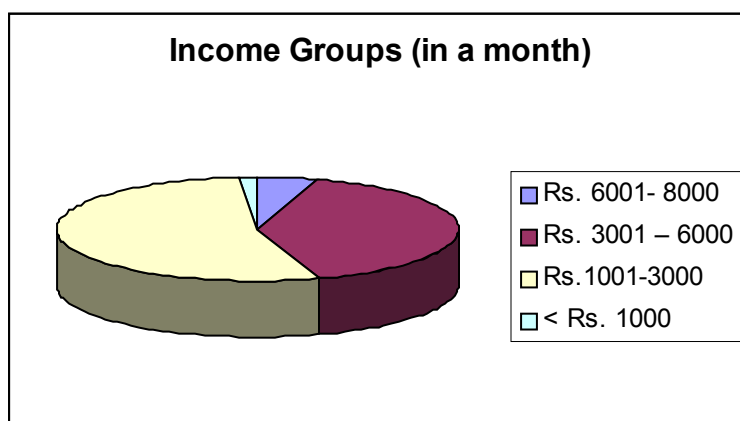
Total	400	100
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Income Groups:

Out of 400 respondents 4.75% (n=19) said that they earn in the range of Rs.6001- 8000 in a month, 40.25%(n= 161) said they earn Rs.3001 – 6000, 53.5%(n= 214) earn Rs.1001-3000 and 1.5%(n=6) earn below Rs.1000. Those who earn less are at more threat since to meet their livelihood they may go for high-risk sexual behaviour.

Table 8: Income Groups (in a month)

Amount	Frequency	Percentage
Rs.6001- 8000	19	4.75%
Rs.3001 – 6000	161	40.25%
Rs.1001-3000	214	53.5%
< Rs.1000	6	1.5%
Total	400	100



Having sex with men has affected your income status:

64.75% (n= 259) respondents felt that having sex with men have affected their income status, 33.75% (n=135) said no. Those who felt have affected their income status 79.9% (n=207) felt that it has improved their income status and 17.9%(n=52) feel that it has made it worse.

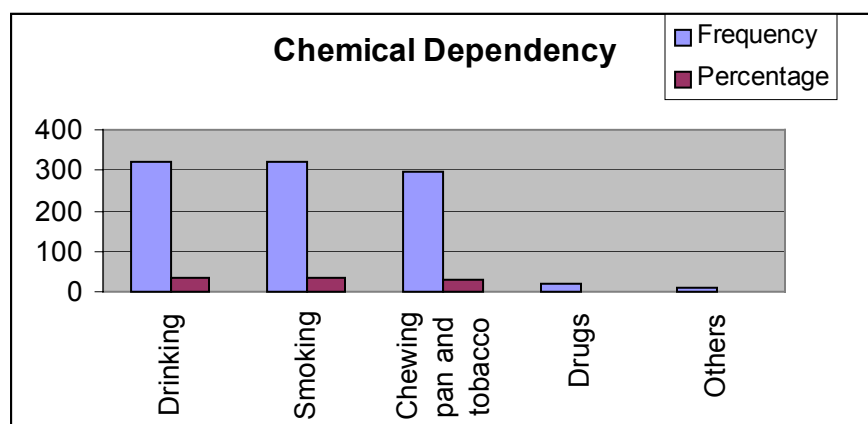
So sex seems to be an influencing factor in the economic or financial status of the respondents.

Substance Abuse:

In the following table we see that significant percentage of Male Sex Workers are using alcohol or other substance sometimes for having sex with their clients and sometimes themselves are under substance abuse. These put them under more vulnerability, violence and also less compliance for condom.

Table 9: Chemical Dependency

Type of Substance	Frequency	Percentage
Drinking	319	33
Smoking	321	33
Chewing pan and tobacco	296	30.7
Drugs	20	2
Others	8	0.8
Total	964	100



Knowledge about Launda Dancers:

100% (n=400) respondents know about Launda Dancers and 94.5%(n=378) identify themselves as Launda Dancers and 5.5%(n=22) do not identify themselves and those who identify themselves 38.8%(n=147) say that they have been in the profession for 2-3 years, 34.65%(n=131) say that they have been in the profession for 4-5 years, 24% (n= 92) say that they are for 6-10 years and 7.9%(n=30) say for one year. This shows the trend in their profession and how they identify themselves.

Table 10: Knowledge about Launda Dancers

No. of years in Profession	Frequency	Percentage
2-3	147	38.8%
4-5	131	34.65%
6-10	92	24%
1	30	7.9%
Total	400	100

Migratory Behaviour:

The respondents are originally 76.75% (n=307) from WB, 7%(n=28) from UP, 6%(n=24) from Nepal, 4%(n=16) from Bihar, 1%(n=4) from Bangladesh, 5%(n=21) from Other areas of India. Regarding migrating from their hometown or cities 90.5%(n=362) said yes and 9.5%(n=38) denied leaving their hometowns or cities. Those who said they migrate

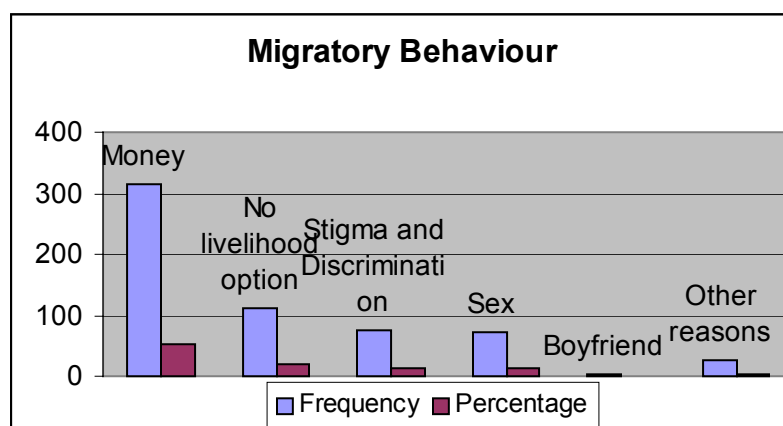
32.8% (n=119) say they change their destination between 3-5 months, 59.39%(n=215) say between 6-11 months, 7.7% (n=28) say they change after 12 months. Regarding reasons for migration 52% (n=314) say they do it for money, 18.6% (n=112) say they do so since they have no other livelihood option, 12.29%(n=74) do so due to stigma and discrimination, 11.96%(n=72) for sex, 0.6% (n=4) for boyfriend or partner and 4%(n=26) for other reasons.

Table 11: Migratory Behaviour-I

Frequency of changing a place (in months)	Frequency	Percentage
3-5	119	32.8%
6-11	215	59.39%
12	28	7.7%
Total	362	100

Table 12: Migratory Behaviour-II

Reasons for change	Frequency	Percentage
Money	314	52
No livelihood option	112	18.6
Stigma and Discrimination	74	12.29
Sex	72	11.96
Boyfriend	4	0.6
Other reasons	26	4
Total	362	100



The problem is manifold when the migratory behavior can be analysed. It points towards the issues of no other alternate sources of income, the risk perception involved due to their migratory behaviour, especially stigma reduction needs to be taken care of.

Reasons for choosing Launda Dancing:

64.47%(n=372) do it for money, 26.5%(n=153) do it since it is the only available option, 7.9% (n=46) do it because they believe it is the only thing they can do.

Table 13: Reasons for choosing Launda Dancing

Reasons	Frequency	Percentage
Money	372	64.47%
Only available option	153	26.5%
Only thing they can do	46	7.9%

Trafficking:

67.7% (n=271) respondents are aware about migration and 28.5%(n=114) feel trafficking is responsible for their migration.

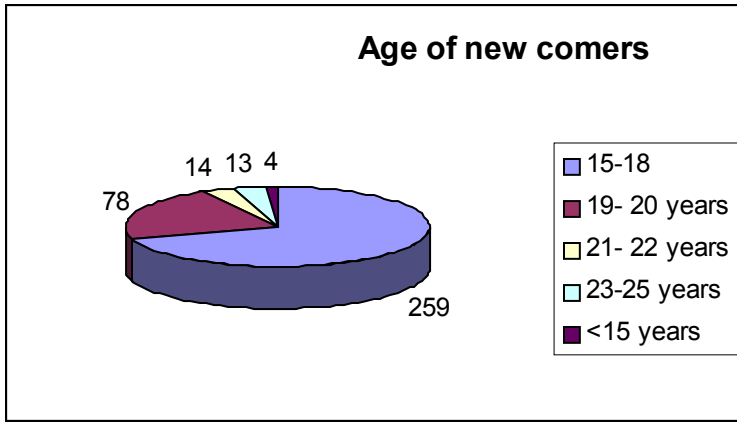
The respondents are not aware about the laws of anti trafficking and are often victims of harassment, violence and forced sexual practice. The involvement of band party members, peers, masters, elderly launda is very crucial for an intervention programme to take care of the target group to avoid exploitation and create a more enabling environment in the community where they are working in this profession.

Age of New Comers:

The average age of new comers is 70.38%(n=259) in the age of 15-18 years, 21.19%(n=78) in the age of 19- 20 years, 3.8%(n=14) in the age of 21- 22 years, 3.5%(n=13) in the group of 23-25 years, 1%(n=4) below 15 years

Table 14: Age of New Comers

Age (in years)	Frequency	Percentage
15-18	259	70.38
19- 20 years	78	21.19
21- 22 years	14	3.8
23-25 years	13	3.5
<15 years	4	1
Total	368	100

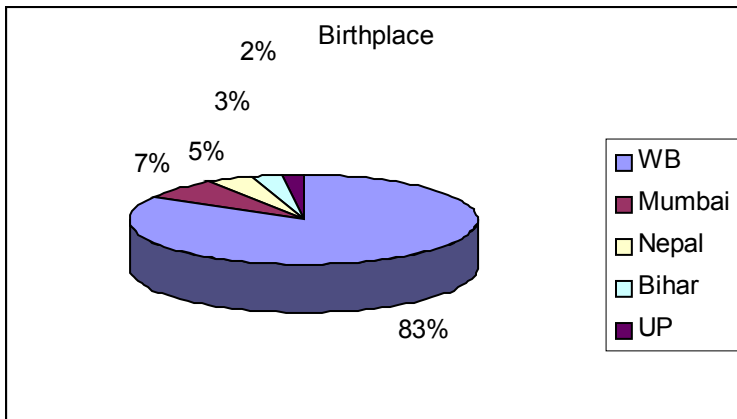


Birthplace:

Mostly 83.58%(n= 326) the respondents come from WB, 7%(n=28) from Mumbai, 4.6%(n=18) from Nepal, 2.5%(n=10) from Bihar, 2%(n=8) from UP
 Special effort should be taken to reach the respondents of WB since consist of the maximum number.

Table 15: Birthplace

Birthplace	Frequency	Percentage
WB	326	83.58%
Mumbai	28	7%
Nepal	18	4.6%
Bihar	10	2.5%
UP	8	2%
Total	400	100



Sexual History:

The age of their first sexual intercourse respondents reported 49%(n=196) 9-12 years, 33.5%(n=134) 6-8 years, 7%(n=28) upto 5 years, 6.5%(n=26) 12-15 years. 98.75%(n=395) reported their first sexual partner was male. 88%(n=352) reported it was forceful and 52.5%(n=210) reported the partner was well known and 22.5%(n=90) reported the partner was a relative. Regarding forceful sexual act in the last 12 months 91%(n= 364) reported yes, 62.5%(n=250) said they regularly faced sexual assault, 27.5%(n=110) reported very often they faced such assault. 56.5%(n=226) reported assault by regular partner. Having sex with different partners 32.5% (n=130) said they had sex with 21-30 partners in the last month, 25%(n=100) said they had with 31-40 partners, 22%(n=88) said they had with 11-20 partners, 11.5%(n= 46) said 41-50 and 8%(n=32) said 50 and above.

The situation of the respondents seem to be vulnerable and at risk since they are exploited not only by their partners but also the general mass who see them as objects of pleasure and sexually assault them to prove their masculine power. Negotiation as a result remains out of question as they hardly have a say.

Table 16: Violence and criminal assault

Violence, etc.	Forced sex, violence and Criminal assault (N=400)	
	Forced sex & Violence (Percent)	Criminal assault (Percent)
TOTAL	364 91	250 62.5

Condom:

To ensure 100% condom usage for penetrative sex is the most reliable achievement for prevention of STD/HIV. But the knowledge and perception about condom, usage of condoms is low. 94.5%(n=378) have heard about condom but 8.5%(n=34) use condoms consistently in anal penetrative sex, 26% (n=104) they sometimes use condoms, 33.5%(n=134) said they rarely use and 32%(n=128) said they never use condoms. About the availability of condoms 41.5%(n=166) reported they do not get condom every time they want.

This inconsistent condom usage poses the respondents as well as the general population approaching them at a high risk of STI/HIV infection from this unsafe sexual practice. This also points to the knowledge gap regarding safe health seeking behaviour and practices. This should be an area to focus for safe sexual behaviour and positive behaviour change through intervention.

Table 17: Condom Use

Regularity	Frequency	Percentage
Consistently	34	8.5
Sometimes	104	26
Rarely	134	33.5%
Never	128	32%

s. Attitude towards STD/HIV/AIDS:

Appropriate knowledge is the only source towards a positive behaviour change and practice. Linking with the knowledge and awareness prevalence among the respondents it is reflected that 69.7%(n=279) have heard about HIV and 92%(n=368) have heard about AIDS, 90.5%(n= 362) have heard of STI. The number of respondents suffering from STIs during the last 6 months reported 42%(n=168) out of 400 respondents. Out of them 19%(n= 32) went to the doctor, 27%(n=46) ignored, 1%(n= 4) went to the hospital, and 32%(n=54) went to the medical shop.

Table 18: Attitude towards STD/HIV/AIDS

About HIV	Question	Yes N (%)	No N (%)
	Have heard about HIV	279(69.7)	121 (30.25)

Table 19: Attitude towards STD/HIV/AIDS

About AIDS	Question	Yes N (%)	No N (%)
	Have heard about AIDS	368(92)	32(8)

Table 20: Attitude towards STD/HIV/AIDS

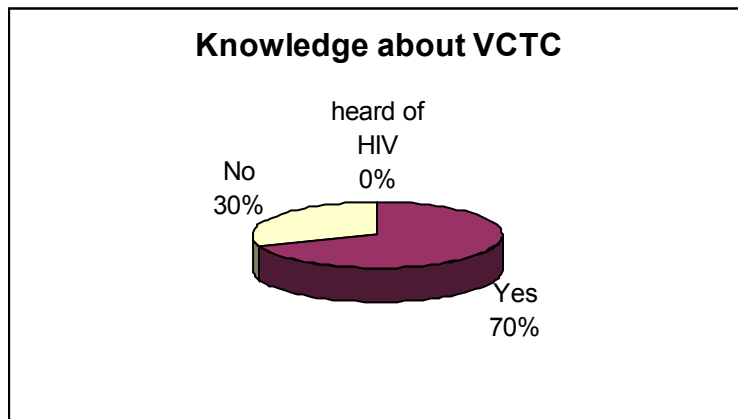
About STI	Question	Yes N (%)	No N (%)
	Have heard about STI	362(90.5)	38(9.5)

HIV Testing:

This is another segment that requires attention and gives a scope for improving the health seeking behaviour. Only 16%(n=64) reported that they have gone for HIV testing.

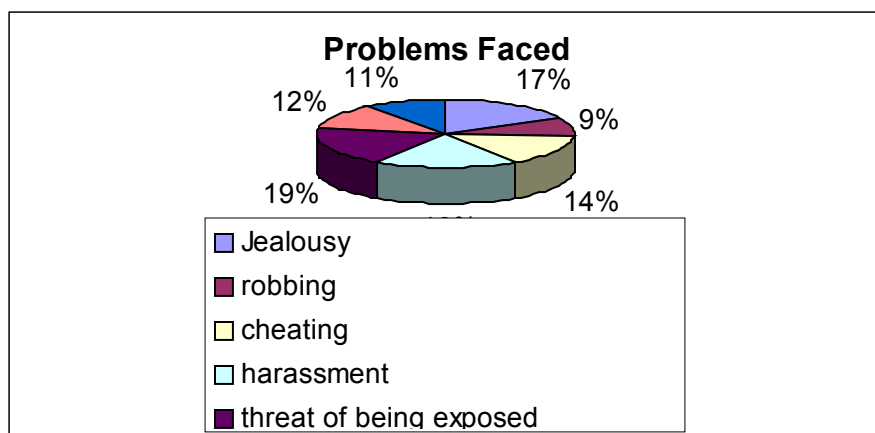
Making the target group aware about VCTC is very crucial in terms of their own risk assessment and reduction. Immediate strategies need to be taken for this. Awareness about STD/HIV/AIDs will increase information on VCTC.

Although most of the respondents have heard about STI, HIV and AIDS still they are not using condoms regularly and not even going for HIV testing situationally being the most vulnerable. There should be proper awareness generation and orientation regarding the threat or danger they are in.



Problems faced by Launda Dancers:

On the context of the problems faced by this community is examined. The data indicates that they face a number of problems. Jealousy between themselves is reported as 72.75% (n= 291) conflicts prevalent among them, such as robbing of clients is 38.75%(n=155). Most of the other problems identified are on an individual basis such as cheating by customers or not paying agreed sum after sex, 61%(n=244). Here, it is important to note that older MSW see younger MSW as their rivals as clients prefer younger (stronger) male sex workers. This also indicates that younger sex workers are paid better than older ones and hence this develops into conflict between sex workers. Other reasons for concern among them include hiding their behaviour from family members, as many carry on the sex work without knowledge of the family and younger siblings whom they have to support economically. Harassment and forced sex by police accounts to 76%(n=304) percent and constant threat of being exposed in society by friends/ peers or even clients in public, 79%(n=316). Many are worried about being ostracized when discovered that they are sex workers, being blackmailed are 48%(n= 192). 50.75%(n=203) respondents were harassed by upper caste members and 44.5%(n= 178) were harassed for not being “Bhumiputra”.

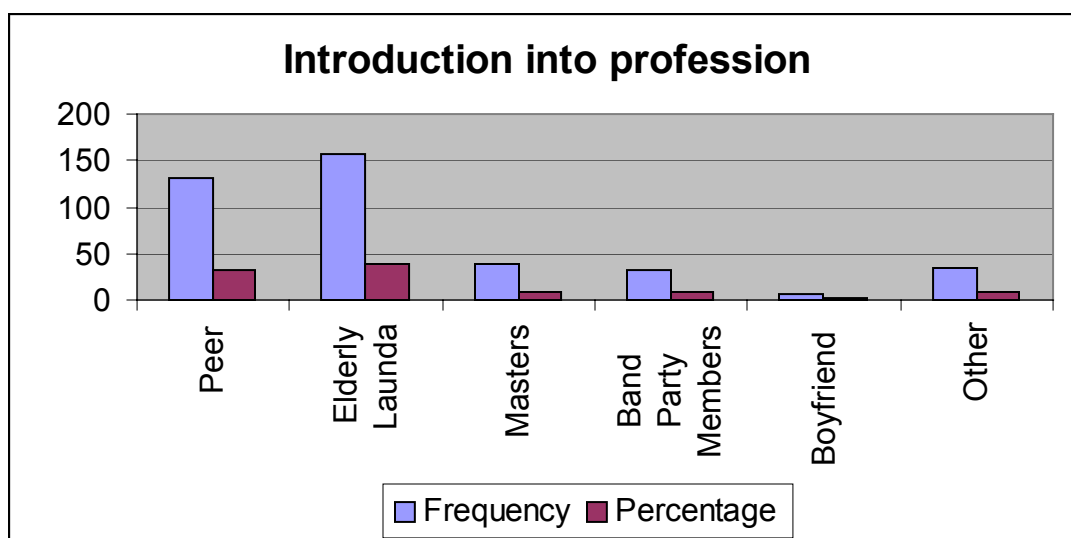


Introduction into the profession:

The respondents reported to have been introduced in the profession mainly through Elderly Launda and Peer. Elderly Launda account for 39% (n=156), Peer 33% (n=132), Masters 9.5% (n=38), Band Party Members 8% (n=32), Boyfriend 1.75% (n=7), Others 8.75% (n=35).

Table 20: Introduction into the Profession

Introduced By	Frequency	Percentage
Peer	132	33
Elderly Launda	156	39
Masters	38	9.5
Band Party Members	32	8
Boyfriend	7	1.75
Other	35	8.75
Total	400	100



Visiting other states:

From the data given by the respondents 57.25%(n=229) said they go to other states. It has come out from the study that they migrate from places like West Bengal to Uttar Pradesh or Bihar twice a year during Winter and Summer season. They usually dance to entertain and sexually satisfy the male community during festivals like Holi, marriages, and even political parties use them for entertainment during parties. They are originally belong to WB, UP, Nepal, Bihar, Bangladesh, as well as from other areas of India. Mostly they change their destination between 3-5 months.

Table 21: Visiting other states

About other state Visit	Question	Yes N (%)	No N (%)	No Response N (%)
	Do you visit other states?	229(57.25)	161(40.25)	10(2.5)

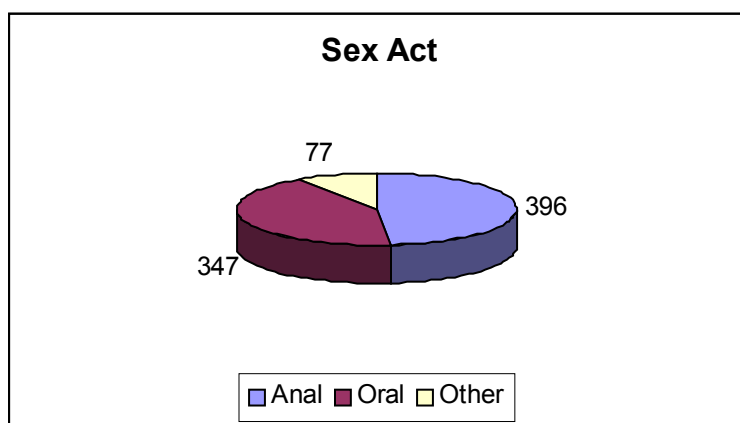
Kind Of Sex:

99% (n= 396) of the respondents said that they indulge in anal sex and 86.75% (n= 347) said they indulge in oral sex and only a meager of 19.25% (n= 77) said they have other kinds of sex.

The kind of sex they indulge in is evidently of high-risk pattern and it is also evident from the data provided below that STI rates are also higher among them thus proving the fact of their vulnerability. This population is not aware of their risk perception about acquiring STI, HIV and AIDS and about the risk associated with it.

Table 22: Kind of Sex

Sex Act	Frequency	Percentage
Anal	396	99
Oral	347	86.75
Other	77	19.25
Total	400	100



Symptoms Faced:

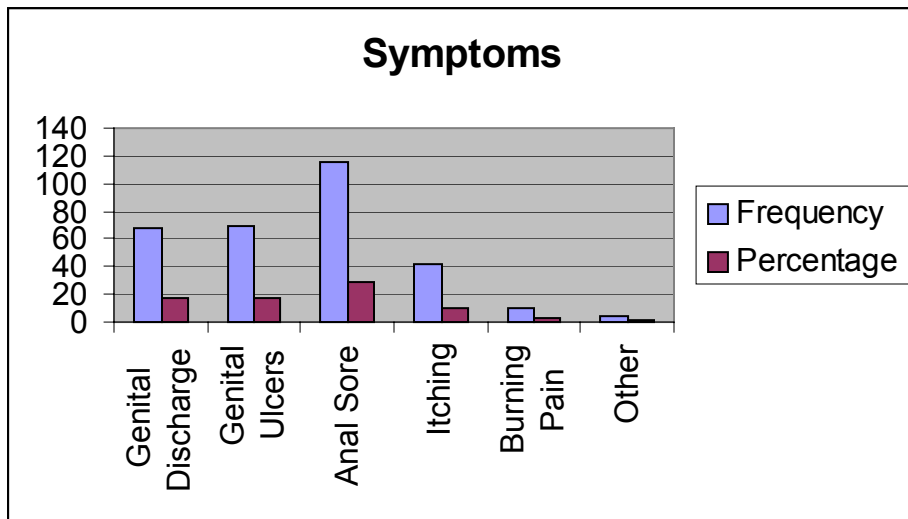
17% (n=68) of the respondents that they suffer from genital discharge, 17.5% (n= 70) from genital ulcers, 29% (n= 116) from anal sore, 10.5% (n= 42) from itching, 2.5%(n= 10) from burning sensation during urination and 1% (n=4) from other symptoms.

They are not aware about their own vulnerable state. They are not aware about their own risk perception. They do not have any access to health care providers. There are hardly any medical practitioners on the related health issues and the handful that is there cannot be accessed because of the stigma. Thus they are forced to either willingly ignore their symptoms related to health issues or take the help of local quacks.

Table 23: Symptoms Faced

Symptoms	Frequency	Percentage
Genital Discharge	68	17
Genital Ulcers	70	17.5
Anal Sore	116	29

Itching	42	10.5
Burning Pain (Urination)	10	2.5
Other	4	1



Sexuality, Sexual Practices and Vulnerability

Sexual encounters, partners, commercial sex

Men are attracted to Luanda dancing mainly by the money and the freedom to express their womanly instincts away from the jibes of relatives and neighbors. In spite of the risk involved very few actually wants to quite the seasonal profession because lack of alternatives. The dancers are mainly belongs to the lower middle class and poor families mainly from West Bengal, Bihar, Uttar Pradesh and Maharastra and also from Nepal and Bangladesh via West Bengal. safer sex is virtually non-existent the dancers and those who abuse them. No body use condoms. Men satisfy their wild sexual urges with these effeminate young men for several reason because, they are available, identifies, social ally sanctioned for prostitution purpose and having sex with them proves the “mardangi”. It is a matter of great prestige in the feudal set up to keep “launda” in the house and is treated as a sign of virility and power.

Live-in laundas end up becoming unpaid slaves, doing menial household chores, including looking after their man’s children. Thus he not only becomes his owner’s sex slave but also has to entertain his friends. However after some years of providing constant physical gratification and sexual service when they lose or fall prey to some sexually transmitted disease, they are cast away. Study shows the average percentage of young gender variant boys are sexually active at very early age about 6-8 years of age, and mostly with domestic pr well known person involved in there first sexual initiation, as well as Selling sex at a very early age (age before 15) is significantly high.

From child hood to adulthood no space to registers the Sexual assault and, Assault become integral part of Sexual life. Thus, high levels of unprotected anal intercourse; high levels of transactional sex; high numbers of sex partners; and low perception of self-risk make them vulnerable.

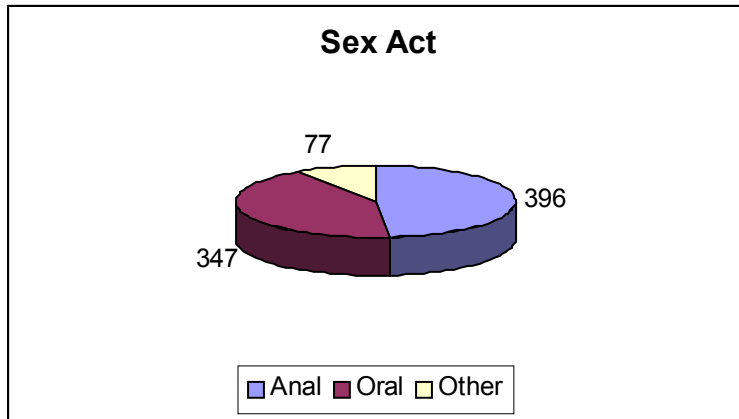
Having sex with different partners 32.5% (n=130) said they had sex with 21-30 partners in the last month, 25%(n=100) said they had with 31-40 partners, 22%(n=88) said they had with 11-20 partners, 11.5%(n= 46) said 41-50 and 8%(n=32) said 50 and above.

The number of respondents reporting sexual activity in the last month is 38.5%(n=154) had sex 81-125 times, 27.5%(n=110) 41-80 times, 19.5%(n=78) 126-200 times, 14%(n= 56) 10-40 times, 0.5%(n=2) 200 and above. 57.5%(n=230) respondents admitted receiving money and gift in favour of sex, which is mainly in the age group of 11-15 years and 75%(n=300) of the respondents. 55%(n=220) respondents admitted that 6-10 number of men perform sex with them when they are booked for dancing. 92% admitted that it is compulsory to have sex while dancing and 79.5%(n=318) respondents always have sex while booked for dancing. 50.5%(n=202) reported that the master or band party member have sex with them.

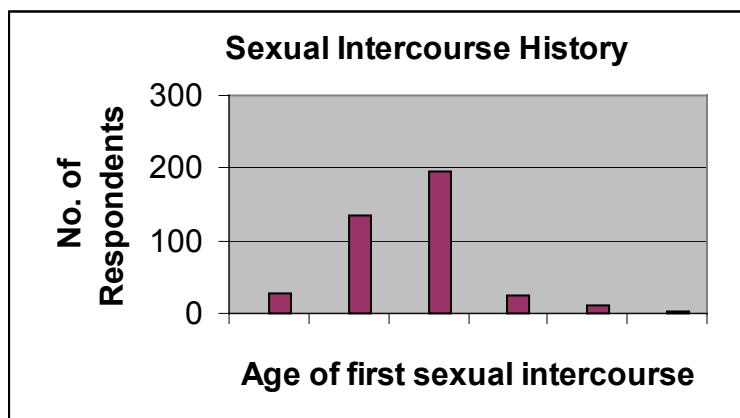
Sexual practices

Type of sex, condom use and risk

The tables given below provide an analysis of the type of sex popular among respondents in Kolkata City. An overview of the type of sex indicates that a large number of respondents 48.29%(n= 396) have anal sex, 42%(n=347) have oral sex, 9.39%(n=77) have other kinds of sex. This indicates that oral and anal sex is very popular among the respondents. This has also to be seen in the light of the identity that they perceive. As observed earlier, many respondents view them as playing a passive role and receiving sex and this may explain for higher preference for anal sex.



The age of their first sexual intercourse respondents reported 49%(n=196) 9-12 years, 33.5%(n=134) 6-8 years, 7%(n=28) upto 5 years, 6.5%(n=26) 12-15 years.98.75%(n=395) reported their first sexual partner was male. 88%(n=352) reported it was forceful and 52.5%(n=210) reported the partner was well known and 22.5%(n=90) reported the partner was a relative.



Regarding forceful sexual act in the last 12 months 91%(n= 364) reported yes, 62.5%(n=250) said they regularly faced sexual assault, 27.5%(n=110) reported very often they faced such assault. 56.5%(n=226) reported assault by regular partner. Having sex with different partners 32.5% (n=130) said they had sex with 21-30 partners in the last month, 25%(n=100) said they had with 31-40 partners, 22%(n=88) said they had with 11-20 partners, 11.5%(n= 46) said 41-50 and 8%(n=32) said 50 and above.

Therefore prevention efforts need to be directed at making MSW realize appropriate perception of risk.

Violence and criminalization

88%(n=352) reported it was forceful and 52.5%(n=210) reported the partner was well known and 22.5%(n=90) reported the partner was a relative. Regarding forceful sexual act in the last 12 months 91%(n= 364) reported yes, 62.5%(n=250) said they regularly faced sexual assault, 27.5%(n=110) reported very often they faced such assault. 56.5%(n=226) reported assault by regular partner.

Table 16: Violence and criminal assault

Violence, etc.	Forced sex, violence and Criminal assault (N=400)	
	Forced sex & Violence (Percent)	Criminal assault (Percent)
TOTAL	364 91	250 62.5

67.7% (n=271) respondents are aware about migration and 28.5%(n=114) feel trafficking is responsible for their migration.

76%(n= 304) respondents reported that the police harassed them, 44.5%(n= 178) said that they were harassed for not being “Bhumiputra”, 50.75%(n=203) reported harassment by Upper caste members, 61%(n=244) said they were usually cheated or underpaid.

Men satisfy their wild sexual urges with these effeminate young men. Study shows the average percentage of young gender variant boys are sexually active at very early age about 6-8 years of age, and mostly with domestic or well known person involved in their first sexual initiation, as well as Selling sex at a very early age(age before 15) is significantly high.

From childhood to adulthood no space to registers the Sexual assault and, Assault become integral part of Sexual life.

New age boys with full of adventure are went to Mumbai, Amritsar and Vijawada with other dancers post season and go for cruel castration, and come back with Urinal track infection and wounds. The post castration care is invisible. 25% people will die after post castration problem.

HIV/ AIDS Prevention, Treatment, Care and Support Services

Awareness and sources

Appropriate knowledge is the only source towards a positive behaviour change and practice. Linking with the knowledge and awareness prevalence among the respondents it is reflected that 69.7%(n=279) have heard about HIV and 92%(n=368) have heard about AIDS, 90.5%(n= 362) have heard of STI. The number of respondents suffering from STIs during the last 6 months reported 42%(n=168) out of 400 respondents. Out of them 19%(n= 32) went to the doctor, 27%(n=46) ignored, 1%(n= 4) went to the hospital, and 32%(n=54) went to the medical shop.

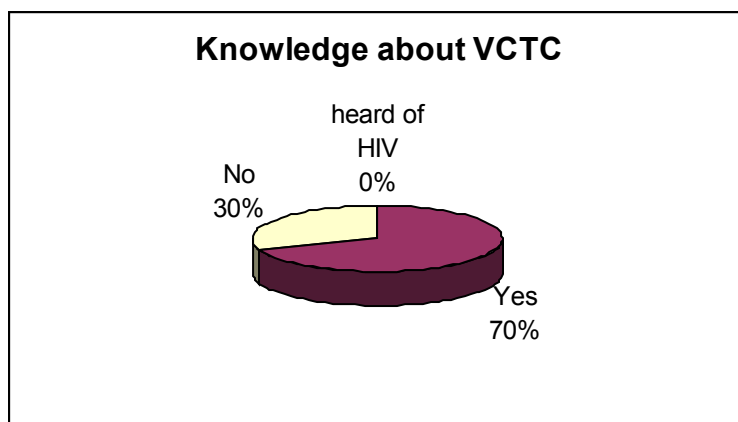
Stigma contributes to these behaviors by reducing self-esteem.

Availability and access to services

About the availability of condoms 41.5%(n=166) reported they do not get condom every time they want. This poses the target as well as the general population approaching them at a high risk of HIV transmission. This also points to the knowledge gap regarding safe health seeking behaviour and practices.

Barriers in accessing services and suggestions

Only 16%(n=64) reported that they have gone for HIV testing. Making the target group aware about VCTC is very crucial in terms of their own risk assessment and reduction.

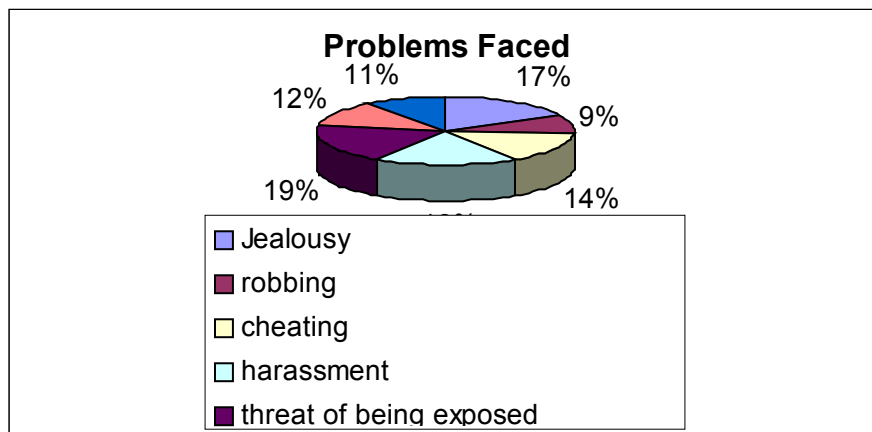


Immediate strategies need to be taken for this. Awareness about STD/HIV/AIDs will increase referral to VCTC since most of them have heard but have not gone for testing which clearly shows that they are not aware about their risk perception and do not have proper access to health care.

Problems faced by Launda Dancers

On the context of the problems faced by this community is examined. The data indicates that they face a number of problems. Jealousy between themselves is reported as 72.75% (n= 291) conflicts prevalent among them, such as robbing of clients is 38.75%(n=155). Most of the other problems identified are on an individual basis such as cheating by customers or not paying agreed sum after sex, 61%(n=244). Here, it is important to note that older launda dancer see younger dancer as their rivals as clients prefer younger dancers (strongly). This also indicates that younger sex workers are paid better than older ones and hence this develops into conflict between sex workers. Other reasons for concern among them include hiding their behaviour from family members, as many carry on the sex work without knowledge of the family and younger siblings whom they have to support economically. Harassment and forced sex by police accounts to 76%(n=304) percent and constant threat of being exposed in society by friends/ peers or even clients in

public, 79%(n=316). Many are worried about being ostracized when discovered that they are sex workers, being blackmailed are 48%(n= 192). 50.75%(n=203) respondents were harassed by upper caste members and 44.5%(n= 178) were harassed for not being Bhumiputra.



RECOMMENDATIONS OF THIS STUDY

- There is a need to develop rights towards child sexual health. This is required since the general people were sexually abused within their own families as well as most of the respondents. There is no law or place or refuge for them to protect themselves from such heinous abuses. An effort should be taken to create a proper and specific place where such cases or issues can be registered or taken up by people in authority. There should a child sexual abuse law and a positive societal attitude towards “boys” who can be the victim of such violence to recognize their rights.
- There is a need for mental health initiation. There is no healing center for these boys who face such traumas due to the stigma, violence and injustice they face due to their effeminate nature. There should be a place and process of psychosocial healing for them. The State Healthcare institution/providers should provide medical treatment to these people in such circumstances without discrimination. The center will not only focus on the trauma healing for violence, abuse but also in particularly focusing on counseling in regards to pre and post castration, linkages is being made with private practitioner for reduce health hazard in particular post castration situation. Mental health and psychosocial intervention through tele counseling and in person service delivery will also highlight. The space will also be used for other related purpose such as detoxification and rehabilitation center because the study shows the chemical dependency is quite high among the groups. It will also serve the purpose of linking up with existing service, which is available but not accessible. The center will serve as a therapeutic care unit for trauma healing, castration, violence, and suicidal tendency and youth ambiguity with sexuality and identity linked up with unsafe sexual practices. The center will also focused on Psychosocial Rehabilitation and addressing mental health concerns.
- Creating safer spaces and opportunities for these people. These activities will be designed such a way that community will take lead to open about there choices and options and based on that will gained training. These activities will also focused on range of self-enabling training, sexuality education, protect mechanism, advocacy and interaction. We are proposing for a revolving grant to assist the community empowerment and entrepreneurship.
- Though occupational status does not emerge to be significant, unemployed youth and those engaged in sex on part-time basis need more information on safe sex practices and increase in their appropriate perception of risk
- There should be an option for alternative income generation for them as most of the respondents said that they are into the profession since they are left with no other alternative option. There should be a sustainability programme for them. It is also evident from the study that drug and chemical dependency is also higher as it gives them a kick-start for the freedom of expression, as there is no other option. The government should take the initiatives to open economic empowerment options that already exist in other parts of the world like beauty salooning or body shops.

- The evidence of castration that the study provides points to a fact that it is a cruel and crude phenomenon. Life of the “launda dancer” after post castration is always in danger as many of them hardly survive due to the unsafe and crude process. There should be a pre and post test counseling before taking such a decision and after undergoing the mental and physical suffering. There should be proper clinical services for post castration.
- Awareness about health and rights of this community of “launda dancers” need to be focused at for their knowledge is not comprehensive and also to provide them an equal platform for raising their voices against violence, abuse, discrimination and stigmatization to create a respectable place for them in the society is required. Due to their mobility, multiple partners and unsafe sexual practice they are at the highest risk for contaminating HIV and AIDS. Disseminating information that condoms can prevent STIs/HIV infection is necessary and discouraging to involve themselves in unsafe sex is equally important for developing healthy sexual practice. Stigma contributes to these behaviors by reducing self-esteem
- Information on safe sexual practices needs to be disseminated to increase their own risk perception and practice safe sex. Specially when looking at the present HIV/ AIDS status scenario they need to be targeted more intensely for a proper intervention programme.
- In the absence of estimates of Male, migrating for sexual exploitation in different parts of the country, a comprehensive mapping of mobility among men through NGOs, CBOs and involving the community themselves.
- As a majority of them are young persons, they need to be targeted more intensively through various programmes. Focus on school programme, drop-out youth and on unemployed to be stressed
- Focus should be given to advocate the rights of this community among the police and general mass as the community faces a lot of harassment and stigma from this section of population as they are unable to acknowledge them as part of the society.
- Smoking, alcohol and tobacco consumption being predominant habits of dancers, places such as paan and bidi shops, wine shops and bars and local street-side shops are places frequented by communities where they can be reached and where IEC dissemination can also be done effectively
- Access should be made available for health care services, supply of condoms at convenient locations for an effective intervention and create an enabling environment for them. There should be intervention programmes to address the risk behavior, decision-making power, condom negotiation, access to health care services, and gender related differences and stigma.
- As educational status of Luanda dancers is rather poor, they need to be targeted for provided with more information on HIV/ AIDS and importance of protected sex that is appropriate, easily understandable and practical.

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Annexure1

Quantitative Questionnaire Needs Assessment PLUS 1
Needs and Situational assessment Study among Luanda Dancers in WB, Bihar and UP
 Questionnaire

Introduction

The following questionnaire has been developed for a study being conducted by the People Like Us (PLUS) Kolkata and supported by the UNDP TAHA Prevention of Trafficking, HIV and AIDS in Women and Girls. It seeks to find out the various Health and rights related issues faced by and/or pertaining to Luanda Dancers. It shall therefore be administered only to the study purpose. It shall probe any violence, unsafe migration, trafficking, health hazard, abuse, stigma or discrimination that interviewee may have faced in the past, or continues to face.

This questionnaire is strictly confidential, and save and except for the purpose of gathering data for the study, the details provided by the interviewee, which may be of an intimate nature and personal, shall not be disclosed to any person or organization for any reason whatsoever.

The following questionnaire has been structured to gather information on a wide range of topics. We therefore request you to spend some time with the interviewer in answering all the questions. The interviewer will assist you in explaining any aspect of the questionnaire that you may find difficult or confusing to comprehend. Therefore please take the help of the interviewer as and when you feel the necessity. Please try to answer the entire question truthfully and honestly. Please also try and answer all the questions to the best of your ability

Please try to answer the entire question truthfully and honestly. Please also try and answer all the questions to the best of your ability

Questionnaire Code

District Name: _____ **District Code**

Personal code:

Date of Interview:

Interviewer's preface

I am from an HIV/AIDS prevention organization named **People Like Us (PLUS) Kolkata** and I want to thank you in advance from my organization for agreeing to fill up this questionnaire. I shall assist you in explaining any aspect of the questionnaire that you may find difficult or confusing. Please understand that you can stop the interview at any time. What you answer will be kept strictly Confidential.

Interviewer name: _____ **Signature** _____

(Signature of Interviewer certifying that Informed Consent was verbally given by respondent)

Supervisor name _____ **Signature** _____

Date: _____

Quantitative Questionnaire Needs Assessment PLUS 2

<u>Sl</u> <u>No</u>	<u>Questions</u>	<u>Code</u>
101	What is your age? (in completed years)	Years _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
102	Gender and sexual orientation	<input type="checkbox"/> <input type="checkbox"/>
	1. Male 2. Transgender 3. Transsexual 4. Castrated 5. Gay 6. Other (specify)	
103	What has been your highest level of education	<input type="checkbox"/> <input type="checkbox"/>
	1. Illiterate 2. Just literate/ can sign 3. Attend adult Education 4. Primary(1-4 std) 5. Middle(5-8 std) 6. Secondary (9-10Std) 7. Higher secondary and above 8. No response	
104	What religion are you?	<input type="checkbox"/> <input type="checkbox"/>
	1. Muslim 2. Hindu 3. Buddhist 4. Christian 5. Other (please specify)	

- 105 Is your native place/ancestral home
1. Urban
 2. Sub-urban
 3. Rural
 4. _____ Other
(please specify)
- 106 Your marital/family status?
1. Single
 2. Married
 3. Separated from spouse
 4. Divorced
 5. Live together/committed relationship with female partner
 6. Live together/committed relationship with male partner
- 107 Partner's gender
1. Male
 2. Female
 3. Other (specify)
- 108 For how long have you been living in this place/visiting Number of years:
- 109 Occupation Pease specify _____
- 1.Part time
 - 2.Full time
- 110 Please state your monthly income
1. Below Rupees 1000 a month
 2. Between Rupees 1000-3000 a month
 3. Between Rupees 3000-6000 a month
 4. Between Rupees 6000 -8000a month
 5. Above rupees 8000 a month
- 111 Has your having sex with other men affected your income status?
1. Yes
 2. No
 3. Don't Know
- 112 If you have answered the above question as yes, then in what way has it affected your income status?
1. It has made your income status better.
 2. It has made your income status worse.

113	Mother tonnage	<ol style="list-style-type: none"> 1. Hindi 2. Bengali 3. Bhojpuri 4. Urdu 5. Other _____ 	□□
Quantitative Questionnaire Needs Assessment PLUS 3			
114	Other Language	<ol style="list-style-type: none"> 1. Hindi 2. Bengali 3. Bhojpuri 4. Urdu 5. Other _____ 	□□ □□ □□
115	Chemical dependency	<ol style="list-style-type: none"> 1. Drinking 2. Smoking 3. Chewing pan and tobacco 4. Drugs 5. Other <hr style="width: 100%;"/>	□□ □□ □□ □□ □□
116	Do you know Luanda dancers	<ol style="list-style-type: none"> 1 Yes 2 No 3 Do not Know 	□□
117	How many Luanda dancer you know working currently in the district/ locality	<ol style="list-style-type: none"> 1. Less than 5 2. Between 5 to 10 3. Between 10-25 4. Between 25-35 5. Between 35-50 6. 50 and more 	□□
118	Do you identify your self as Luanda dancers	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 	□□
119	How long you are being a Luanda dancer	No. of years	□□□□

120	Where are you originally from	State city/village, district and state	
121	Did you ever change your destination?	1. Yes 2. No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
122		How frequently did you change?	
123	Did you migrate willingly	1 Yes 2 No 3 Don't know	<input type="checkbox"/> <input type="checkbox"/>
Quantitative Questionnaire Needs Assessment PLUS 4			
SI	Question		Code
no			
124	Reason for migration?	1. No livelihood option 1. For boyfriend/ partner 2. For Stigma and discrimination 3. Sex 4. Money 5. Others _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
125	Why you chose Luanda dancing	1. Money 2. The only thing You can do 3. Peer pressure 4. Coerced 5. Only available option	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
126	Do you know the word Trafficking	1. Yes 2. No 3. Do not know	<input type="checkbox"/> <input type="checkbox"/>
127	Do you think some of the factors also applicable for your migration (if yes what are those)	(Please ask if the respondent know otherwise explained) 1 Yes 2 No 3 Do Not know	<input type="checkbox"/> <input type="checkbox"/>
128	How you have been introduced into it	1. By Peer 2. By elderly Luanda 3. By masters 4. By band party member 5. By boyfriends 6. by others _____	<input type="checkbox"/> <input type="checkbox"/>

129	Do you visit any other state expect your own native state and where you currently in (if yes what are these state)	1. Yes 2. No	□□
130	Did you bring/ introduce any other Lund dancers if yes how many	1. Yes 2. No	□□
131	Why did you bring new dancers	Specify no _____ 1. Extra money 2. They are willing to come 3. Masters told you 4. Others _____	□□
132	What is the average age of new coming boys	Specify	□□□□
133	Which state they are mostly coming from	Specify	□□□□
134	Where most of the dancers living	Specify	□□□□

Quantitative Questionnaire Needs Assessment PLUS 5

Sex, sexuality, Sexual history and sexual behavior, Risk perception

<u>Sl</u> <u>no</u>	<u>Questions</u>	<u>Options</u>	<u>Code</u>
201	At what age did you first have sexual intercourse	Age in years: 01 Don't remember 02 No Response	□□□□
202	Was your first sexual partner male or female	1 Male 2 female	□□
203	Do you know the person before	1. Well known to me 2. First time saw 3. Unknown 4. Relatives 5. Friends 6. Friends	□□
204	Is the first sexual experience is forceful	1 Yes 2 No 3 No response	□□
205	During the past 12 months did any of your sexual partner (s) force you to have even though you did not want to have sex?	1 yes 2 No	□□

- 206 How often have you faced such sexual assault
1. Regularly
 2. Very often
 3. Sometimes
 4. Rare
- 207 If you have regular sexual partner, have you been assault by him
- 1 yes
 - 2 no
- 208 What kind of sex you had in the last one year
1. Anal
 2. Oral
 3. Other (specify)
- 209 How many different partners you had sex with last one month Specify number
- 210 On average how many time you had sex with other person last one month Specify number
- 211 Number of average intercourse per night Specify Number
- 212 Have you ever hard of HIV
- 1 Yes
 - 2 No
 - 3 Do not Know
- 213 Have you ever hard of AIDS
- 1 Yes
 - 2 No
 - 3 Do not Know
- Quantitative Questionnaire Needs Assessment PLUS 6
- 214 Have you ever hard of Condom
- 1 Yes
 - 2 No
 - 3 Do not Know
- 215 Did you ever used condom
- 1 Yes
 - 2 No
 - 3 Do not Know

- 216 Why did you used condom
- 1 to protect from HIV infection
 - 2 To protect from AIDS
 - 3 To protect form STI's
 - 4 personal hygiene
 - 5 Partners wish
 - 6 Others
- 217 How frequently you used condom
- 1 always
 - 2 sometime
 - 3 rare
 - 4 never
- 218 Can you obtain condom every time you need
- 1 Yes
 - 2 No
 - 3 Do not Know
- 218 Did you ever hard of STI
- 1 Yes
 - 2 No
 - 3 Do not Know
- 219 Have you ever had in the last six months
- 1 Yes
 - 2 No
 - 3 Do not Know
- 220 What are the symptoms
- 1. Genital discharge
 - 2. Genital ulcers
 - 3. Anal sore
 - 4. Itching
 - 5. Burning pain on urination
 - 6. Others
- 221 How did you treat yourself
- 1. Went to doctor
 - 2. Went to hospital
 - 3. Ignore
 - 4. Went to medical shop
 - 5. Others
- 222 Do you ever received money or gift in favor of sex
- 1. Yes and always
 - 2. No, never
 - 3. Often

4. Rare

223 At what age you started accepting money or gift in favor of sex

Specify Age

□□□□

Quantitative Questionnaire Needs Assessment PLUS 7

224	How many times you had sex in favor of money or gift in the last one month	No Specify	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
225	Did you ever had sex while you booked for the weeding	1 Always 2 Often 3 Occasional 4 depends 5 Never	<input type="checkbox"/> <input type="checkbox"/>
226	How many men on average do sex with you per night while you are booked for dancing	No specify	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
227	Do your master or other band party member have sex with you	1. Yes 2. No	<input type="checkbox"/> <input type="checkbox"/>
228	Do you have to perform sex with the masters or other member	1. Yes 2. No	<input type="checkbox"/> <input type="checkbox"/>
229	Do you know nay person in your area living with HIV or AIDS	1. Yes 2. No	<input type="checkbox"/> <input type="checkbox"/>
230	Do you ever go for HIV Testing	1. Yes 2. No	<input type="checkbox"/> <input type="checkbox"/>

<u>Problems Faced</u>	<u>Yes</u>	<u>No</u>	<u>Don't know</u>	<u>Code</u>
Sl no	Question	<u>1</u>	<u>2</u>	<u>3</u>
<u>301</u>	<u>Jealousy</u>	<u>1</u>	<u>2</u>	<u>3</u>
<u>302</u>	<u>Robbing</u>	<u>1</u>	<u>2</u>	<u>3</u>
303	<u>Police harassment</u>	<u>1</u>	<u>2</u>	<u>3</u>
304	<u>Blackmailing</u>	<u>1</u>	<u>2</u>	<u>3</u>
<u>305</u>	<u>Cheated/underpaid</u>	<u>1</u>	<u>2</u>	<u>3</u>
<u>306</u>	<u>Harassed by upper caste member</u>	<u>1</u>	<u>2</u>	<u>3</u>
<u>307</u>	<u>Harassed for not being bhumiputra</u>	<u>1</u>	<u>2</u>	<u>3</u>
<u>308</u>	<u>Fear of disclosure</u>	<u>1</u>	<u>2</u>	<u>3</u>
<u>309</u>	<u>Unable to hide behavior</u>	<u>1</u>	<u>2</u>	<u>3</u>
<u>310</u>	<u>Others</u>	<u>1</u>	<u>2</u>	<u>3</u>

Data Of Quantitative Questionnaire**Questionnaire 101**

SI No.	Age	No of Res.
1	15	12
2	16	19
3	17	18
4	18	45
5	19	28
6	20	87
7	21	45
8	22	49
9	23	16
10	24	34
11	25	43
12	26	4
Total :		400

Questionnaire 102

SI No.	Gender & Sexual Orientation	No of Res.
1	Male	19
2	Transgender	265
3	Transsexual	76
4	Castrated	40
5	Gay	0
6	Other	0
Total :		400

Questionnaire 103

SI No.	Qualification	No of Res.
1	Illiterate	116
2	Just Literate	29
3	Attend Adult Edu.	19
4	Primary (1-4 std.)	71
5	Middle (5-8 std.)	106
6	Secondary (9-10 std.)	47
7	H. S. and above	12
8	No. Response	0
Total :		400

Questionnaire 104

SI No.	Religion	No of Res.
1	Muslim	65
2	Hindu	327
3	Buddhist	0
4	Christian	0
5	Other	8
Total :		400

Questionnaire 105

SI No.	Native place/ ancestral home	No of Res.
1	Urban	193
2	Sub-urban	125
3	Rural	82
4	Other	0
Total :		400

Questionnaire 106

SI No.	Marital/family status	No of Res.
1	Single	183
2	Married	195
3	Separated from spouse	0
4	Divorced	0
5	Live together with F	2
6	Live together with M	20
Total :		400

Questionnaire 107

SI No.	Partner's Gender	No of Res.	SI No.	Living in the same place	No of Res.
1	Male	200	1	1 - 3 years	193
2	Female	13	2	'4 - 6 years	164
3	Other	187	3	'7 - 9	32
			4	9 above	11
	Total :	400		Total :	400

Questionnaire 108**Questionnaire 109**

SI No.	Occupation	No of Res.	SI No.	Monthly Income	No of Res.
1	Part Time	338	1	Less than 1000	6
2	Full Time	62	2	1001 - 3000	214
	Total :	400	3	3001 - 6000	161
			4	6001 - 8000	19
			5	8001 above	0
				Total :	400

Questionnaire 110**Questionnaire 111**

SI No.	Sex with other affected income	No of Res.	SI No.	If answer of Q.111 yes	No of Res.
1	Yes	259	1	Made income better	207
2	No	135	2	Made income worse	52
3	Don't know	6		Total :	259
	Total :	400			

Questionnaire 112**Questionnaire 113**

SI No.	Mother Tongue	No of Res.	SI No.	Other Language Known	No of Res.
1	Hindi	87	1	Hindi	314
2	Bengali	247	2	Bengali	136
3	Bhojpuri	7	3	Bhojpuri	262
4	Urdu	6	4	Urdu	22
5	Other	53	5	Other	10
	Total :	400		Total :	744

Questionnaire 114**Questionnaire 115****Questionnaire 116**

SI No.	Chemical Dependency	No of Res.	SI No.	Do you know Luanda Dancer	No of Res.
1	Drinking	319			
2	Smoking	321	1	Yes	400
3	Chewing pan & tobaco	296	2	No	0
4	Drugs	20	3	Don't know	0
5	Others	8		Total :	400
	Total :	964			

Questionnaire 117**Questionnaire 118**

SI No.	No. of Luanda Dancer Known	No of Res.	SI No.	Identified themselves as Luanda Dancer	No of Res.
1	Less than 5	6	1	Yes	378
2	5 - 10	160	2	No	22
3	11 - 25	136	3	Don't know	0
4	26 - 35	56		Total :	400
5	36 - 50	20			
6	51 and above	22			
	Total :	400			

Questionnaire 119**Questionnaire 120**

SI No.	No. of years as Luanda Dancer	No of Res.	SI No.	Originally from	No of Res.
			1	West Bengal	307
1	1 year	30	2	Bihar	16
2	2 - 3 years	147	3	Uttar Pradesh	28
3	4 - 5 years	131	4	Nepal	24
4	6 - 10 years	92	5	Bangladesh	4
5	11 years and above	0	6	Other	21
	Total :	400		Total :	400

Questionnaire 122**Questionnaire 121**

SI No.	Change Destination	No of Res.	SI No.	Change destination	No of Res.
1	Yes	362	1	Between 3-5 months	119
2	No	38	2	Between 6 -11 months	215
	Total :	400	3	After 12 months	28
				Total :	362

Questionnaire 123**Questionnaire 124**

SI No.	Migrate willingly	No of Res.	SI No.	Reasons for Migration	No of Res.
1	Yes	352	1	No livelihood option	112
2	No	9	2	For boyfriend/partner	4
3	NA/No response	39	3	Stigma & discrimination	74
	Total :	400	4	Sex	72
			5	Money	314
			6	Other	26

	Total :	602
--	---------	-----

Questionnaire 125

SI No.	Reason for choosing Luanda Dancing	No of Res.
1	Money	372
2	Only thing he can do	46
3	Peer pressure	4
4	Coerged	2
5	Only available option	153
	Total :	577

Questionnaire 126

SI No.	Aware about trafficking	No of Res.
1	Yes	271
2	No	123
3	Don't know	6
	Total :	400

Questionnaire 128

SI No.	Trafficking applicable for migration	No of Res.	SI No.	Induced by	No of Res.
1	Yes	114	1	Peer	132
2	No	240	2	Elderly Luanda	156
3	Don't know	46	3	Masters	38
	Total :	400	4	Band party member	32
			5	Boy-friend	7
			6	Other	35
				Total :	400

Questionnaire 127**Questionnaire 130A**

SI No.	Visit other state	No of Res.	SI No.	Bring other Luanda	No of Res.
1	Yes	229	1	Yes	140
2	No	161	2	No	252
3	No Response	10	3	No Response	8
	Total :	400		Total :	400

Questionnaire 129**Questionnaire 130B**

SI No.	Luanda dancer introduced	No of Res.
1	1 - 5	44
2	6 - 10	75
3	11 - 20	21
	Total :	140

Questionnaire 131

SI No.	Reasons for bringing new dancer	No of Res.
1	Extra money	124
2	Willing to come	6
3	Master told	8
4	Other	2

	Total :	140
--	---------	-----

Questionnaire 132

SI No.	Age of new commers	No of Res.
1	below 15	4
2	15 - 18	259
3	19 - 20	78
4	21 - 22	14
5	23 - 35	13
	Total :	368

Questionnaire 133

SI No.	Mostly coming from	No of Res.	SI No.	Mostly coming from	No of Res.
1	West Bengal	326	1	West Bengal	0
2	U.P.	8	2	UP	254
3	Bihar	10	3	Bihar	114
4	Mumbai	28		Mumbai	
5	Nepal	18		Nepal	
	Other			Other	
	Total :	390		Total :	368

Questionnaire 134**Questionnaire 201**

SI No.	1st sexual Intercourse	No of Res.	SI No.	1st sexual partner	No of Res.
1	Up to 5 year	28	1	Male	395
2	6 - 8 year	134	2	Female	5
3	9 - 12 year	196		Total :	400
4	12-15 year	26			
5	Don't remember	12			
6	No response	4			
	Total :	400			

Questionnaire 202**Questionnaire 203**

SI No.	1st sexual partner	No of Res.	SI No.	1st sexual experience is forcefull	No of Res.
1	Well known	210			
2	First time saw	52	1	Yes	352
3	Unknown	10	2	No	46
4	Relatives	90	3	No response	2
5	Friends	38		Total :	400

Questionnaire 204

	Total :	400
--	---------	-----

Questionnaire 205

SI No.	Forced for sex during last 12 months	No of Res.
1	Yes	364
2	No	36
	Total :	400

Questionnaire 206

SI No.	How often forced for sexual assault	No of Res.
1	Regularly	250
2	Very often	110
3	Sometimes	32
4	Rare	8
	Total :	400

Questionnaire 207

SI No.	Assault by Regular sex partner	No of Res.
1	Yes	226
2	No	174
	Total :	400

Questionnaire 208

SI No.	Kind of sex during last one year	No of Res.
1	Anal	396
2	Oral	347
3	Other	77
	Total :	820

Questionnaire 209

SI No.	Had sex with different partner in last month	No of Res.
1	1 - 10	4
2	11 - 20	88
3	21 - 30	130
4	31 - 40	100
5	41 - 50	46
6	50 and above	32
	Total :	400

Questionnaire 210

SI No.	No. of times had sex in last month	No of Res.
1	10 - 40	56
2	41 - 80	110
3	81 - 125	154
4	126 - 200	78
5	200 above	2
	Total :	400

Questionnaire 211

SI No.	No. of average intercourse per night	No of Res.
1	1 - 2'	122
2	3 - 4'	176
3	5 - 6	72
4	7 - 10	30

Questionnaire 212

SI No.	Have you ever heard of HIV	No of Res.
1	Yes	279
2	No	121
3	Don't know	
	Total :	400

5	10 above	0
Total :		400

Questionnaire 213

SI No.	Have you ever heard of AIDS	No of Res.
1	Yes	368
2	No	32
3	Don't know	
Total :		400

Questionnaire 214

SI No.	Have you ever heard of Condom	No of Res.
1	Yes	378
2	No	22
3	Don't know	
Total :		400

Questionnaire 215

SI No.	Condom used	No of Res.
1	Yes	272
2	No	128
3	Don't know	
Total :		400

Questionnaire 216

SI No.	Reason for using Condom	No of Res.
1	Protect from HIV infec.	38
2	Protect from AIDS	226
3	Protect from STI's	10
4	Personal Hygiene	2
5	Partner's wish	12
6	Other	6
Total :		294

Questionnaire 217

SI No.	How frequently use Condom	No of Res.
1	Always	34
2	Sometime	104
3	Rare	134
4	Never /NA	128
Total :		400

Questionnaire 218A

SI No.	Obtain condom every time you need	No of Res.
1	Yes	98
2	No	166
3	Don't know/NA	136
Total :		400

Questionnaire 218B

SI No.	Have you ever heard of STI	No of Res.
1	Yes	362
2	No	38
3	Don't know	
Total :		400

Questionnaire 219

SI No.	Suffered from STI's during last 6 months	No of Res.
1	Yes	168
2	No	216
3	Don't know/No response	16
Total :		400

Questionnaire 220			Questionnaire 221		
SI No.	Symptoms faced	No of Res.	SI No.	Way of treatment	No of Res.
1	Genital discharge	68	1	Went to doctor	32
2	Genital ulcers	70	2	Went to hospital	4
3	Anal sore	116	3	Ignore	46
4	Itching	42	4	Went to Medical Shop	54
5	Burning pain (urination)	10	5	Others	32
6	Other	4		Total :	168
7	Not applicable	232			
	Total :	542			

Questionnaire 222			Questionnaire 223		
SI No.	Received money/gift in favour of sex	No of Res.	SI No.	Accepting money/gift in favour of sex at age	No of Res.
1	Yes and always	230	1	5 - 10	88
2	No, never/N Response	2	2	11 - 15	300
3	Often	152	3	16 - 20	6
4	Rare	16	4	No response	6
	Total :	400		Total :	400

Questionnaire 224			Questionnaire 225		
SI No.	No. of time accept money/gift in last month	No of Res.	SI No.	Had sex while booked for wedding	No of Res.
1	1-10	52	1	Always	318
2	11 -20	130	2	Often	56
3	21 - 30	120	3	Occassional	12
4	31 - 40	62	4	Depends	10
5	41 -50above	24	5	Never	4
6	50 above	12			
	Total :	400		Total :	400

Questionnaire 226			Questionnaire 227		
SI No.	No. of men on avg. do sex per night when booked for dancing	No of Res.	SI No.	Master or band party member have sex	No of Res.
			1	Yes	202
1	1 - 5	52	2	No	198

2	6 - 10	220		Total :	400
3	11 - 15	122			
4	16 - 20	2			
5	Not applicable	4			
		Total :			400

Questionnaire 228

SI No.	Is it compulsory to have sex when dancing	No of Res.
1	Yes	368
2	No	32
	Total :	400

Questionnaire 229

SI No.	Any known person in your locality living with HIV or AIDS	No of Res.
1	Yes	4
2	No	388
3	No response	8
	Total :	400

Questionnaire 230

SI No.	Gone for HIV testing	No of Res.
1	Yes	64
2	No	326
3	No response	10
	Total :	400

Questionnaire 301

SI No.	Jealousy	No of Res.
1	Yes	291
2	No	109
3	Don't know	
	Total :	400

Questionnaire 302

SI No.	Robbing	No of Res.
1	Yes	155
2	No	236
3	Don't know	9
	Total :	400

Questionnaire 303

SI No.	Police harassment	No of Res.
1	Yes	304
2	No	90
3	Don't know	6
	Total :	400

Questionnaire 304

SI No.	Black mailing	No of Res.
1	Yes	192
2	No	194
3	Don't know	14
	Total :	400

Questionnaire 305

SI No.	Cheated/underpaid	No of Res.
1	Yes	244
2	No	143
3	Don't know	13

Questionnaire 306

SI No.	Harassed by Upper cast member	No of Res.
1	Yes	203
2	No	197

	Total :	400	3	Don't know	
				Total :	400

Questionnaire 307**Questionnaire 308**

SI No.	Harassed for not being bhumiputra	No of Res.	SI No.	Fear of disclosure	No of Res.
			1	Yes	316
1	Yes	178	2	No	75
2	No	220	3	Don't know	9
3	Don't know	2		Total :	400
	Total :	400			

Questionnaire 309**Questionnaire 310**

SI No.	Unable to hide behaviour	No of Res.	SI No.	Others	No of Res.
			1	Yes	1
1	Yes	343	2	No	0
2	No	57	3	Don't know	0
3	Don't know			Total :	1
	Total :	400			

Qualitative Questionnaire Needs Assessment PLUS 1
In-depth Interview guidelines

1. Please tell us something about yourself
2. Can you describe a typical day in your life?
3. Have you ever heard the term 'Luanda dancers'? From where? What context?
4. How would you describe dancers? What you/they should perform? What are the practices?
5. Is hijra's Kinnar are different from Luanda's?
6. In what ways, why the differentiation?
7. Do you know any Dancers? Do you work as dancers? Do you work in a dancers/band party? Do you own a band as masters? Do you let your house to Luanda dancers? Are you in a relationship with dancers?
8. How long you have been associated/know?
9. At what age you come as dancers/ or open your band? (Luanda/masters)
10. How many dancers work in your band? Currently how many are working?(Masters)
11. How many Band in different location you have been associated?(dancers/band party member)
12. What exactly the work schedule for a dancers?
13. Which are the month lagans usually takes place?
14. What is the usual way of payment? And how much some one can earn through?
15. IS this profession is a safe?
16. Is new dancers are young and youth full? Are the younger one attract most and earn most?
17. Who brings the dancers in the band? Is there anything they earn for bring boys in the band?
18. Where the dancers mostly coming from?
19. Besides dancing are they engage into sex/ selling sex? Do they have to perform sex during the wedding days?
20. Do you willingly perform the sex? Are there any sorts of the problem violence you face?
21. Is there any influence of Hijra groups in the profession?
22. Are the dancers having sex in exchange for money and gifts, etc besides dancing?
23. Is non-paid sex also present? Who are the partners?
24. What are places or situations where dancers can be contacted for outreach services?
25. How to access and build interaction with such groups?
26. Who are their clientele?
27. Forced sex? Unpaid/ not paid sex and partner?
28. Inter-community/ intra-community ill-will/ conflicts
29. Medical services access – doctors – shame – where do they go?
30. What are their unmet needs for services?
31. Do you know any facilities available for the dancers/ health /rights/ trauma? Barriers in accessing existing facilities.

32. Violence and criminalisation (abetting in sex with police/ goondas)
33. Habits such as alcohol/ substance abuse/ role of clients
34. Issues
 - a. Jealousy
 - b. Client swapping
 - c. Police harassment/ sex
 - d. Blackmailing
 - e. Underpaid/ cheated by band party owner or landaus in thika system
 - f. Family & friends know/ don't know
 - g. Fear of disclosure (by self)
 - h. Others disclosing without consent
 - i. Unable to hide behavior – no social circle possible for fear of identification when with family members/ close friends.
35. Do you ever hard of the word Trafficking? Explain?
36. Does it happen with you? Do you anybody coming in the profession unwillingly or any of the factors applicable for them?
37. Do you ever hard of the word HIV
38. Do you ever hard of the word AIDS
39. Do you ever hard of the word STIs – from where do you seek your treatment?
40. What others general medicine you obtained? Who will you obtained the medicine?
41. Will you go for castration? Do any of your friends go for it? How many of they are? When they are going for? Why they are going for? Where they are going?
42. Is castration is a safe process how much does it cost?
43. Beside your hometown and this place do you often visit other places? If yes where and why?
44. How often you go back to your hometown?
45. How long will you continue as dancers? What is your future plane? Do you looking for any other option? If yes what?

