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KAP OF COMMERCIAL SEX WORKERS TOWARDS HEPATITIS B: UNDERSTANDING THE GAPS.

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KNOWLEDGE,  
ATTITUDE AND  
PRACTICES OF  
COMMERCIAL  
SEX WORKERS  
TOWARDS HEPATITIS B:  
UNDERSTANDING  
THE GAPS.

Bristol-Myers Squibb Foundation  
**Delivering Hope**  
Hepatitis Awareness, Prevention and Care



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# CEO's message

**Dear Friends,**

**I am happy to share this report with you which captures key findings of knowledge, attitude and practices of commercial sex workers in relation to Hepatitis B in Mumbai city. It is a well-established fact that commercial sex workers (CSW) have poor access to basic determinants of good health. Life within the red light areas is extremely difficult with no or limited basic facilities like food, shelter and health. Poverty, drug and alcohol addiction, gambling and violence are an everyday reality for women engaged in sex work.**

There are several studies and reports on health challenges faced by CSWs in general. Also the magnitude of HIV/AIDS among this target group and challenges is well documented. Several public and private organisations have been working tirelessly on addressing these challenges.

Even though transmissions modes of HIV/AIDS and Hepatitis B are similar, it is significant to note that there is limited information on awareness and practices related to Hepatitis B among general population. Researches and studies related to Hepatitis B and specific high risk community groups such as CSWs is even more limited. Our endeavor through this report is to disseminate key findings pertaining to Hepatitis B among CSWs and build in to knowledge base for current and future health interventions.

This research study has been undertaken as part of United Way Mumbai's Project PAHAL which aims at undertaking targeted medical interventions and preventive education with high risk community groups such as CSWs, sexual minorities, and injected drug users. Vulnerable population groups such as pregnant women and women in child bearing age are also intervened to prevent vertical transmission of Hepatitis B. Findings of this report will help us devise Information-Education-Communication campaign among CSWs and other relevant community stakeholders for education and prevention from Hepatitis B. We hope this report will be of value to stakeholders, both public and private, and especially to those who work in the field of critical community health challenges.

We are grateful to all women who were part of this study and willingly responded to the research questionnaire. Their insights have proven to be invaluable in preparing this report. Our heartfelt thanks to our NGO partner, Social Activities Integration (SAI) who along with their team of field investigators carried out mobilization of respondents in the communities. We are also indebted to Bristol Myers Squibb Foundation which has been our long standing supporter in our fight against Hepatitis B.

**Yours Sincerely,**  
Jayanti Shukla

# Message from Bristol-Myers Squibb Foundation

For the past 10 years, since 2007, Bristol-Myers Squibb Foundation Delivering Hope Programme has been partnering with social, health and governments across India to help address viral hepatitis, especially Hepatitis B in poor and resource limited communities.

Our partnership with United Way Mumbai (UWM), has helped BMSF Delivering Hope to see tangible improvements in awareness, access to disease information and care as demonstrated in this report. We are proud to have partnered with UWM's courageous and ground-breaking efforts to reach out and bring focus to the predominantly underserved communities including but not limited to casual labourers and truck drivers and also serving segments of society that are often socially excluded such as transgender individuals and commercial sex workers and recognising their humanity and right to health information and services.

United Way Mumbai has proved not only to be a committed partner but has demonstrated a deep conviction to bring life-saving information and services to hard-to-reach communities in an innovative and consistent manner.

UWM's strategic focus of engaging young people in health education has far reaching positive implications, in that it does not only spread knowledge, but also educates young people, the parents and leaders of tomorrow as well as built among them the all humane need to help those in need and "pay it forward".

We at BMSF Delivering Hope has great hopes that these young people will be more sensitive to public health issues as they graduate and become "servant leaders" in their communities, states and country. Most importantly this information will empower them to understand that one's health is one's wealth.

We are proud of this publication and we hope that it will go a long way to inform practice and policy and to show the value of public, private and non-governmental partnerships.



**Phangisile Mtshali Manciya**

Director, Bristol-Myers Squibb Foundation

*Chapter 1*

# Abstract

**According to the World Health Organization (WHO) Hepatitis B (HBV), is a potentially life-threatening liver infection caused by the Hepatitis B virus. It is a major global health problem and modes of transmission are identical to that of HIV/AIDS. From the epidemiological point of view, population subgroups such as female sex workers (FSWs) present a higher risk of HBV-infection with their history of multiple sex partners, irregular condom use by partners and co-infection with sexually transmitted infection. Despite the availability of a safe and effective vaccine against Hepatitis B infection for over two decades now, the overall burden of the disease remains enormous with over two billion people infected worldwide and approximately one million deaths occur annually from HBV related illness. Studies on the prevalence rates are however limited and there is a dearth of literature regarding awareness levels of FSWs about HBV.**

A study was carried out by United Way Mumbai among 400 brothel based FSWs from Mumbai in nine locations (red light

areas) to assess their knowledge, attitude and practice towards Hepatitis B. FSWs interviewed, were operating from brothels, were above 18 years of age, practiced sex work in the past one year and were not covered as a part of the intervention program for Hepatitis B education, testing and vaccination undertaken by UWM or its NGO partners. Sample size of 400 was calculated using an appropriate statistical formula for estimating the minimum sample size in descriptive study. Further, a two stage sampling method was adopted.

Informed written consent was sought from all respondents before interviewing them. Tools included a screening schedule and a questionnaire which captured data pertaining to the demographic profile of the respondents, knowledge, attitude, practices towards Hepatitis B, health seeking behaviour for general health, and exposure to information-education-communication campaigns on Hepatitis B. Questionnaire information was anonymized. Collected data was entered in Statistical Package for Social Sciences (SPSS) version 21.00. A comprehensive data analysis was carried out. Descriptive statistics such as frequency was performed in this process.

Data indicated that FSWs interviewed in the study had a median age of 33, were largely illiterate, were married with children most of whom were raised outside the brothel. Most of them had been in the profession for at least a decade. Around 98 percent of the respondents reported that they consistently used condoms every time for all types of sex (vaginal, oral and anal sex) with all types of sexual partners i.e. paying and non-paying partners. This, along with the reporting of only a small percentage indulging in intravenous drug use, could minimize their risk of infection. With regard to health seeking behaviour, it was revealed that private healthcare providers were the preferred service providers among female sex workers.

It is apparent from this study that majority of the respondents were not aware of Hepatitis B and its symptoms nor its mode of transmission. Also most of the respondents had a number of misconceptions regarding Hepatitis B. As far as attitude was concerned, almost all respondents felt that condom use in all type of sexual activities was the most effective method for Hepatitis B prevention. Sharing personal hygiene products was not a common practice among the respondents.

The study highlighted the need to clearly explain the difference between HIV/AIDs and Hepatitis B to the respondents as the modes of transmission were similar, via a thematic, time-bound approach. It was also imperative to develop interactive communication material which was more pictorial, in view of the fact that most of the respondents were unable to read or write. Children, especially those brought up in the brothel, were at high risk and needed to be targeted for similar interventions. For holistic interventions, multiple

stakeholders like health care providers, NGOs, media etc. require to be involved in creating awareness on Hepatitis B infection and related public health challenges.

# List of Abbreviations

<b>AIDS</b>	<i>Acquired Immune Deficiency Syndrome</i>
<b>CSW</b>	<i>Commercial Sex Workers</i>
<b>FSW</b>	<i>Female Sex Worker</i>
<b>HBV</b>	<i>Hepatitis B Virus</i>
<b>HCV</b>	<i>Hepatitis C Virus</i>
<b>HIV</b>	<i>Human Immunodeficiency Virus</i>
<b>ICDDR</b>	<i>The International Centre for Diarrheal Disease Research</i>
<b>IDU</b>	<i>Injecting Drug User</i>
<b>IEC</b>	<i>Information, Education and Communication</i>
<b>KAP</b>	<i>Knowledge, Attitude and Practices</i>
<b>MSM</b>	<i>Men who have Sex with Men</i>
<b>NACO</b>	<i>National AIDS Control Organization</i>
<b>NGO</b>	<i>Non-Governmental Organisation</i>
<b>NICED</b>	<i>The National Institute of Cholera and Enteric Diseases</i>
<b>SAI</b>	<i>Social Activities Integration (NGO)</i>
<b>STD</b>	<i>Sexually Transmitted Diseases</i>
<b>UNAIDS</b>	<i>United Nations Program on HIV/AIDS</i>
<b>WHO</b>	<i>World Health Organisation</i>

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## *Chapter II*

# Literature review

**The United Nations programme on HIV/AIDS (UNAIDS) and their Inter-Agency Task Team on Gender and HIV/AIDS, broadly define sex work as, 'the exchange of money or goods for sexual services, either regularly or occasionally, involving female, male, and transgender adults, young people and children, where the sex worker may or may not consciously define such activity as income-generating'. There is a widespread view that occasional engagement in transactional sex, or sexual barter, constitutes 'sex work'. (UNAIDS fact sheet on HIV/AIDS, Gender and Sex Work, 2005)**

Commercial sex in India is a part of society since ancient times. Female Commercial Sex Workers (FSWs) are known by different names like Nagarvadhu (brides of the town), Devadasi (temple prostitutes), call girls, escort girls, road side brothel workers, etc. Poverty is one of the main causes which push women towards this profession. Economically depressed women with low education levels often become victims of this profession. Women engaged in commercial sex work struggle for basic necessities like food, shelter and health.<sup>1</sup> Life within red light districts is extremely difficult. Poverty, drug and alcohol addiction, gambling and violence

are an everyday reality.<sup>2</sup> Many FSWs are at risk of maternal morbidity and mortality, especially HIV-related mortality and complications and death from unsafe abortions. However, little is known about the global impact of maternal morbidity and mortality in -FSWs in regards to HIV and violence against them.<sup>3</sup>

The National AIDS Control Organisation (NACO) estimates the total number of sex workers in India to be 12.63 lakh (2010).<sup>4</sup> The Ministry of Women and Child Development of India estimates that there are over 3 million female commercial sex workers in India alone, out of which an estimated 40% are children. Some studies estimate that there are 100,000 to 200,000 commercial sex workers living in the city of Mumbai (2017).<sup>5</sup>

From the epidemiological point of view, it is known that there are population subgroups presenting a higher risk of HIV-infection. These include men who have sex with other men (MSM), injection drug users (IDU) and FSWs who have been the most affected for the longest period of time. According to the National Survey of Sexual Attitudes and Lifestyles (Ward, et al), research into commercial sex work is hampered by several methodological challenges. First, the study populations are usually small and unrepresentative, due to problems of gaining access to sex workers and establishing trust. As a result, researchers are reliant on individuals who attend sexual health clinics voluntarily, who may not be representative of the local commercial sex workers (CSWs) population, particularly the most vulnerable groups. Second, there is likely to be reporting bias in response to questionnaires or structured interviews on topics such as condom use and drug habits. Third, the heterogeneity of CSWs, with respect to adherence to safe sex, drug misuse and local factors, such as pimping and policing means that generalizability of results may be limited. Finally, CSWs represent an unstable population, both temporally and geographically; which means prospective studies are difficult to conduct without the loss of significant numbers of respondents, which itself may bias results.

Considering these factors, studies with a probabilistic sampling to attain adequate monitoring of the risk practices related to HIV-infection or other infections seem useful. Currently, obtaining representative samples of population subgroups of hard-to-reach individuals, such as CSWs, is one of the biggest challenges for epidemiologic surveillance.<sup>6</sup> Traditional sampling methods are inadequate to generate representative samples. Considering this, to estimate solid enough parameters, very large samples must be selected, which is rendered impossible due to operational and cost difficulties.<sup>7</sup>

### **Hepatitis B Virus (HBV)**

According to World Health Organization (WHO), Hepatitis B (HBV) is a potentially life-threatening liver infection caused by the Hepatitis B virus. It is a major global health problem.<sup>8</sup> It can cause chronic infection and puts people at high risk of death from cirrhosis and liver cancer. It is estimated that there are more than two billion HBV infected people and about 378 million chronic carriers worldwide. WHO data reveal that an estimated 325 million people worldwide are living with chronic HBV or Hepatitis C virus (HCV) infection. It also indicates that the large majority of these people lack access to life-saving testing and treatment. As a result, millions of people are at risk of a slow progression to chronic liver disease, cancer, and death.<sup>9</sup> There are approximately 620,000 HBV related deaths each year.<sup>10</sup>

The first evidence that HBV can be transmitted by the sex route dates back to the early seventies, with the virus being isolated from saliva, semen<sup>11</sup> and vaginal secretions<sup>12</sup> and being frequently detected among patients at clinics of sexually transmitted diseases (STDs). The hypothesis of sexual transmission eventually gained support from investigations involving persons with intensive exposure, such as sex workers and male homosexuals.<sup>13</sup> However the stigma attached to these groups caused them to receive little attention from investigators in the health arena.

The dissemination of information on HIV/AIDS starting in the 1980's, was a crucial fact for CSWs also being investigated more frequently. Because of the similarity of the modes of transmission and consequently of vulnerable groups, research on AIDS indirectly provided information about behavioural and biological aspects related to the transmission of Hepatitis B. Although HIV/AIDS has a much lower infectivity than HBV, it is undeniable that its impact on public opinion and on the academic community is considerably more intense. Because of this, investigations involving CSWs are directed at AIDS much more than at Hepatitis, impairing the knowledge of the epidemiologic situation of the latter in this high-risk population group.<sup>14</sup>

Prevention of HBV is possible through effective vaccine. Despite the availability of a safe and effective vaccine against HBV infection for over two decades now, the overall burden of the disease remains enormous. Over two billion people are infected worldwide and approximately one million deaths occur annually, from HBV related illness. HBV prevalence in different study populations has been reported to vary widely, from 0.1% in the developed countries to 20% in the developing nations<sup>15</sup>.

## **Globally**

Nigeria is an HBV endemic zone. High HBV prevalence among sex workers in Nigeria is an indication that active sexual transmission is an important factor in the spread of HBV in this nation and that sex workers are a reservoir group for the maintenance and transmission of the virus<sup>16</sup>. Gibney and colleagues undertook a cross sectional Seroprevalence survey of HIV, Hepatitis B, C and D among a group presumed to be at high risk such as truck drivers, and assessed risk factors for Hepatitis B infection. The results published by Gibney, et al were seen to be consistent with those reported by truck drivers in Bangladesh's behaviour surveillance survey (first round, 1998-99), with high levels of sexual mixing and low levels of protection. Hepatitis B is chronically endemic in the countries of East and South East Asia, with intermediate levels of infection prevalence in South Asia too. Seroprevalence surveys among men and women in Bangladesh and India have found evidence of exposure and chronic carriage rates similar to those reported by Gibney et al. Community based surveys in Bangladesh have found carriage rates (presence of Hepatitis B surface antigen) of 5.7% in studies of over 500 urban men and 9% in a similar number of rural men (ICDDR, B data, unpublished) with slightly lower rates reported among women in the same geographical areas<sup>17</sup>. A recent study on the prevalence and risks of Hepatitis and STIs in China during the period of 2000-2011 revealed the seroprevalence of Hepatitis B and Hepatitis C among FSWs were 10.7% and 1.0%, respectively<sup>18</sup>

## **In India**

A recent study in Mumbai revealed that the prevalence of HBV and HCV among FSWs was 8% and 2.4% respectively<sup>19</sup>. A study report on Hepatitis B and C prevalence in high risk groups in north Kerala, India reported 3.47% HBsAg positivity and 2.6% anti-HCV positivity in CSWs; 4.49% HBsAg positive and 3.37% anti-HCV positive in male homosexuals<sup>20</sup>. The National Institute of Cholera and Enteric Diseases (NICED), Kolkata, India, conducted a serologic study in July 2003 to determine the rate of HBV infection of brothel based commercial sex workers. These study participants worked in the South-24 Parganas district of West Bengal, one of the eastern states of India.<sup>21</sup> The nature of their work makes commercial sex workers more vulnerable to HBV infection, which could accelerate the infection's spread into the general community, particularly in areas with low literacy rates and low socio-economic status.<sup>22</sup>

Other studies in India and Bangladesh have also supported Gibney's findings, highlighting the possible roles of both sexual activity and non-sterile injection procedures in the transmission of Hepatitis B in the adult population. Praseeda, et al, in their study of Hepatitis B and C virus infections among Female Sex Workers and their co-infection with HIV<sup>23</sup> in Mumbai found that the HIV and the HBV infections coexisted among the FSWs. The high prevalence

rates could be attributed to the high risk behaviour of this population group.

The Hepatitis B virus is very similar to HIV in the ways it is transmitted; through direct blood-to-blood contact and through sexual activity. A history of multiple sex partners, irregular condom use by partners and co-infection with sexually transmitted infection which are potential risk factors associated with HIV infection among FSWs. Hepatitis B virus is likely to be prevalent among HIV infected persons.<sup>24</sup> Thus, by their profession; FSWs are at increased risk of acquiring and transmitting diseases. Other contributing factors, which make FSWs vulnerable to infection are high risk behaviours like illicit drug use, increasing the risk of acquiring blood-borne viruses; poor living conditions with limited access to resources; sharing of personal hygiene material, which can transmit Hepatitis B and lack of awareness about the fact that these mediums can transmit HBV

It is critical to understand the level of awareness FSWs have about key aspects of HBV. Even after carrying out a comprehensive search on studies exclusively on knowledge, attitude and practices among FSWs related to HBV, we found limited resources on this subject matter. There is an evident dearth of material available online and otherwise, on the awareness level of FSWs about Hepatitis B.

In the given backdrop, United Way Mumbai (UWM) identified the need and relevance to conduct knowledge, attitude and practice study among one of the high risk groups i.e. brothel based female sex workers in Mumbai. Moreover, UWM plans to carry out a comprehensive Information-Education-Communication campaign with the target group. Findings from this study will help in devising awareness generation strategies and messages that are most suitable and relevant for the target group.

### Chapter III

# Study Design

**This chapter discusses the overall study design, two-stage data collection method and data analysis activities to collect adequate data to answer the research study questions.**

## 3.1 Objective of the Study

Objective of the study is to assess the knowledge, attitude and practices with regards to Hepatitis B virus infection among brothel based FSWs in Mumbai.

### **Following are the specific objectives -**

- ▲ To understand demographic characteristics of brothel based FSWs
- ▲ To assess knowledge of Hepatitis B among brothel based FSWs
- ▲ To determine attitude of brothel based FSWs towards Hepatitis B
- ▲ To understand practices of brothel based FSWs towards Hepatitis B prevention
- ▲ To understand health seeking behaviour of the FSWs, for general health ailments
- ▲ To assess their exposure to awareness campaigns pertaining to Hepatitis B

## 3.2 Target Locations of the Study

The research team selected study locations based on the density of brothel based FSWs in Mumbai city. For this, the team consulted relevant government officials, non-profit organisations working with commercial sex workers and other stakeholders. This helped in determining areas/geographies in Mumbai with high density of brothel based FSWs.

**Based on this, the following locations were identified and selected for the purpose of this study.**

**Table 1 - List of Locations**

Sr. No	LOCATION
1	Kamathipura, Grant Road
2	Falkland Road, Grant Road
3	Gaiwadi, Kalbadevi
4	Batata & Dudhwala Chawl, Grant Road Station
5	Dayanand, Grant Road
6	Hanuman Galli, Lower Parel
7	Krishna Building, Grant Road
8	Jamuna Mansion, Grant Road
9	Simplex, Grant Road

## 3.3 Study Design

The study design adopted is descriptive, as the prime objective of this research is to gain the understanding of the respondent's knowledge, attitude and practices towards HBV. A descriptive study design assists in explaining the perceptions and views of the respondents.

### 3.3.1 Study Population

The respondents for the study were brothel based FSWs in Mumbai. The following indicators were adhered to, while selecting the respondents' categories to ensure uniform background of the study respondents.

- ▲ Female sex workers operating from a brothel
- ▲ Above 18 years of age
- ▲ Practiced sex work in the past one year
- ▲ Not covered as part of interventions for Hepatitis B education, testing and vaccination undertaken by UWM or its NGO partners as part of Project PAHAL

### 3.3.2 Sampling methodology and Sample Size

#### Sampling methodology

The study is based on a two stage random sampling process.

In the first stage, the locations - red light areas - were identified and selected. Then the sub-locations were identified purposively. At the first stage, the total sample, which is the primary unit of sampling, is proportionately distributed among all the study locations. In the second stage, the sample was proportionately distributed among the sub areas of the study locations.

#### The process of sample selection

- ✓ All buildings in the study area were selected
- ✓ A survey began from last floor of the building and followed the right hand rule to reach every brothel in the area
- ✓ Among the group of FSWs residing in the brothel, one respondent was randomly requested to be part of this study. If the selected respondent was not found to be eligible (as per the inclusion criteria of this study) or did not consent to be part of the study, then another respondent from the same brothel was randomly selected for the interview. If the selected respondent was found to be eligible as per the research study inclusion criteria and provided informed consent, the questionnaire was administered. Only one respondent was interviewed from each brothel.

#### Sample Size

The estimated sample size was calculated in a scientific manner, using a sample size calculation formula. The method of sample size calculation is attached in the Annexure I. A total sample size of 400 is further proportionately distributed in all the study locations. This number was rounded off to 400 respondents.

The following table provides the details of location wise sample size.

**Table 1.2 Sample Size**

Sr. No	LOCATION	Sample size proposed
1	Kamathipura, Grant Road	168
2	Falkland Road, Grant Road	58
3	Gaiwadi, Kalbadevi	18
4	Batata & Dudhwala Chawl, Grant Road Station	21
5	Dayanand, Grant Road	21
6	Hanuman Galli, Lower Parel	26
7	Krishna Building, Grant Road	16
8	Jamuna Mansion, Grant Road	34
9	Simplex, Grant Road	38
	<b>Total</b>	<b>400</b>

## Tools for Data Collection

### Questionnaire

- ❖ **Screening Schedule** - A Screening questionnaire was administered to eliminate respondents who had attended any awareness session or were part of any testing or vaccination camps on HBV organized by UWM or its NGO partners in past one year. The cut-off date was the day of data collection with the respective respondent. Further, respondents who had completed 18 years of age, and operating from a brothel; practicing sex work for at least the past one year and consenting to participate were included in the study.
- ❖ **Questionnaire** - The questionnaire was administered to the respondents eligible as per the inclusion criteria and willingness to participate in the study. The questionnaire captured data pertaining to the demographic profile of the respondents, knowledge, attitude, practices towards HBV, health seeking behaviour for general health and exposure to information-education-communication campaign on HBV.

### Project Management

This research study was implemented in six stages, as per the following details:

#### Stage -1 Finalization of Research Methodology

A comprehensive literature review was carried out along with consultation with various stakeholders to determine research methodology and the research tool.

#### Stage -2 Pre-test and finalization of research tool

The aim of the pre-test was to finalize the questionnaire and to test the fieldwork process.

- ▲ Pre-test exercise was conducted in an actual field area different from the study areas. However the characteristics of respondents to pre-test exercise were similar to those of study areas.
- ▲ A total of 10 questionnaires were pre-tested.
- ▲ The following key areas were tested
  - Flow of questions
  - Checking translation
  - Skip patterns
  - Ease in administering questionnaire
  - Based on the pre-test findings, the questionnaire was modified.

#### Stage -3 Recruitment and Training of field team

Field teams were deployed with relevant qualification, skills and experience in social research. The field team for quantitative survey consisted of one supervisor and five investigators. The field team consisted of male and female investigators. Data collection was completed within 14 days by the field team.

Two days' in depth training of the field team was conducted, with a mix of classroom training, mock practice and pilot testing of the questionnaire. Day one of training included classroom sessions and mock interviews. A pilot test was carried out on the second day of the training. Post the pilot study, a debriefing of the investigators was organized, to clarify their doubts pertaining to the questionnaire and field work. Based on this, the interview schedule was modified.

#### Stage -4 Data Collection

##### Informed consent of the respondent

Respondents were informed that participation in this study was voluntary in nature and they were assured of confidentiality and anonymity. The nature of the study was explained to the respondents along with their right to withdraw from the interview at any point; right to not respond to any specific questions, etc. It also emphasized that their responses will not be shared as those of an individual, but as aggregated data findings. Additionally, no cash or kind or any benefit in exchange for participating in the interview was promised or provided. It was stressed that the findings of the study will be used to devise interventions for the target group and will be beneficial to the community as a whole.

It was made sure that they understood the above points by answering related questions and re-explaining any part that was not clear. Most of the interviews were conducted inside the brothel where respondents were comfortable giving the interview.

##### Quality Control and Monitoring

For quality control and monitoring, the following strategies were followed:

- Team supervisor accompanied all field team members for first three interviews
- Supervisor undertook 5% back-checks and 10% spot checks
- Scrutiny of the collected data was carried out by all team members, for each completed interview schedule

#### Stage -5 Data entry and Analysis

Collected data was entered in the software package, "Statistical Package for Social Sciences (SPSS)", version 21.00 and scrutinized on a daily basis, in order to maintain consistency. Once these processes were over, tables were generated as per the analysis plan, based on the final data. Descriptive statistics such as frequency and calculating mean and medium were carried out as required.

#### Stage -6 Report Writing

The Report incorporates the findings generated from the quantitative survey data. A detailed chapter organization plan is given below -

<b>Chapter 1</b>	<i>Abstract</i>
<b>Chapter 2</b>	<i>Literature review</i>
<b>Chapter 3</b>	<i>Study design describing quantitative data collection methodology and objectives of the study</i>
<b>Chapter 4</b>	<i>Demographic profile of the respondents</i>
<b>Chapter 5</b>	<i>Knowledge, attitude and practices of respondents towards Hepatitis B</i>
<b>Chapter 6</b>	<i>Exposure to IEC activities</i>
<b>Chapter 7</b>	<i>Conclusion and Recommendations</i>

## Chapter IV

# Background of the Respondents

**This chapter summarizes the demographic characteristics of the FSWs who participated in the survey. 'Brothel Based Sex Workers' are FSWs who operate from brothels in red light areas. Respondents who participated in the survey were those who fulfilled inclusion criteria for this study, namely – respondents above 18 years of age, who have had paid sex within the past one year and had not attended awareness and Hepatitis B education, testing and vaccination programmes arranged by UWM or its NGO partners.**

A total of 454 respondents were covered for a sample size of 400. About 45 respondents fell into the 'refusal category' including FSWs who were busy or simply refused to participate in the interview. There were 9 respondents who did not fulfill the inclusion criteria to participate in the survey.

The present chapter discusses the variables of age, educational attainment, marital status and number of years in the profession.



## Demographic Profile

Table 1.1

DEMOGRAPHIC PROFILE OF THE RESPONDENTS		
CHARACTERISTICS	NO.	%
<b>AGE</b>		
18-25yrs	43	11
26-30yrs	127	32
31-35yrs	102	26
35-40yrs	83	21
Above 40 yrs	45	11
<b>EDUCATION</b>		
Illiterate	300	75
Primary	75	19
Secondary education	25	6
<b>MARITAL STATUS</b>		
Single	25	6
Married	361	90
Widowed	12	3
Divorced	2	1
<b>NUMBER OF CHILDREN</b>		
No children	38	10
1 child	137	34
2 children	145	36
3 or more children	80	20
<b>CHILDREN LIVING WITH RESPONDENT</b>		
Yes	72	20
No	290	80
<b>MOTHER TONGUE</b>		
Bengali	262	66
Kannada	51	13
Hindi	27	7
Nepali	17	4
Marathi	13	3
Others	30	8
<b>STATE OF ORIGIN</b>		
West Bengal	265	66
Karnataka	56	14
Maharashtra	20	5
Nepal	17	4
Others	42	11

**NOTE:**

\*Base-400 for all the characteristics, except for number of children staying with respondent.

\*Base-362 for category number of children staying with respondent

\*Others Category – Mother Tongue includes Banjara, Odia, Konkani, Malayalam and Gujarati

\*Other category for state of origin includes Tamil Nadu, Gujarat, Odisha, Andhra Pradesh, Uttar Pradesh

The youngest respondent was 18 years old and the oldest was 60 years old. The median age of interviewees was 33 years. More than half of the respondents (66 %) hailed from West Bengal. About 75% of the respondents were married. 9.5 % of the FSWs had no children; 34.2 % had one child; 36.3 % had two children and 20 % had three or more children. The findings also revealed that 80 % of the children of FSWs were raised outside the brothel. However, children of the remaining 20 % of FSWs stayed with them and were raised in the brothel.

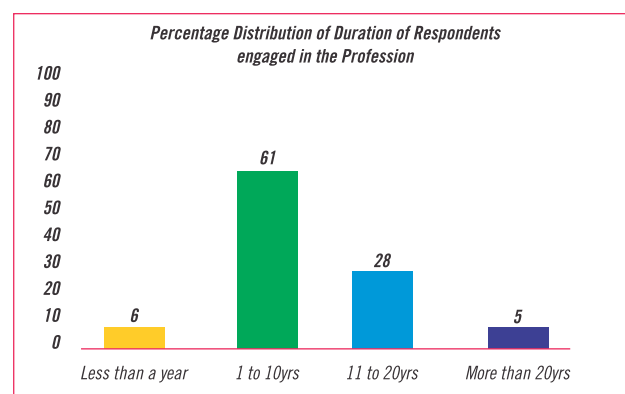
Overall, it can be inferred that a majority of the respondents were unable to read or write. Although it is important to impart information on HBV to all commercial sex workers irrespective of age, the data indicates that majority of the respondents fall in the age group between 18 to 40 years which is the reproductive age. Programmatically, it is important to target FSWs in the reproductive age group to prevent them from contracting HBV and prevent transmission of HBV to new born babies. The data also reveals that 20 % of the FSWs' children are raised in brothels, which puts the children also at immediate high risk, as they are continuously exposed to unhygienic living conditions in the brothel.

**Sexual Behaviour**

FSWs were vulnerable due to their risk behaviour, such as early and unprotected sexual activity, low educational levels, lack of condom use in all sexual relations and use of drugs. Due to the prevalence of multiple sex partners, FSWs usually have high rates of different sexually transmitted infections. Moreover, their clients tend to have other high risk behaviour like illicit drug use, etc., thus increasing the risk of acquiring blood-borne viruses (Desai P., 2013)

**Age at First Sex for money/kind**

The mean age of first incidence of sex for money was 24.5. 9 % of the Female Sex Workers reported that they first had sex for money below the age of 15; 26 %, between 16 to 20 years; 31 %, between 21 to 25 years; 23 %, between 26 to 30 years and 11 % above 30 years.

**Duration for which Respondents are engaged in the Profession**

It is evident from the above graph that a majority of the respondents (61 %) have been in this profession (work as sex workers) for the past 10 years. Thus, the mean number of years involved in sex work was 9.6 with a range of 3 months to 35 years.

While respondents were asked about their duration of stay in the red light area (study areas), about 66 % reported being in the area for between 1 to 10 years, followed by 25 % staying in the area for 11 to 20 years. About 5 % of the respondents had been living in the area for less than a year; 4 % for more than 20 years.

### **Risky Sexual Behavior**

Around 98 % of the respondents reported that they consistently used condoms, every time, for all types of sex (vaginal, oral and anal sex), with all types of sexual partners, i.e. paying and non-paying partners. The proportion of respondents who had used condoms in the past one week (7 days) a week before the date of interview- is 98%. The study also found out that only 1.5 % of the respondents used intravenous drugs, regularly.

### **General Health Seeking Behaviour**

The study tried to understand general health seeking behaviour among respondents by studying how the FSWs responded to general illness episodes and their first course of action during such episodes. In case of illness, 80 % of the respondents said that they, first and foremost consulted doctors. About 16 % followed self-medication and 4 % just rested. They prefer to visit private healthcare providers.

80 % of the commercial sex workers prefer to consult a doctor as the first action during general health ailments. Further it was revealed that private healthcare providers were the preferred service providers.

## **Key Highlights**

Overall, the data shows that the FSWs interviewed in the study had a median age of 33, were largely illiterate and were married with children, most of whom were raised outside the brothel. Most of them had been in the profession for a decade. It was heartening to note that, with the exception of a few, almost all of the respondents engaged in protected sex. This, along with the reporting of only a small percentage indulging in intravenous drug use, could minimize their risk of infection. Apprehensions about and concerns for the children of FSWs, have been expressed in various forums. It was evident that in this study, most mothers were aware of the dangers of bringing up their children within the brothel and hence made efforts to keep them out of this environment.

Chapter V

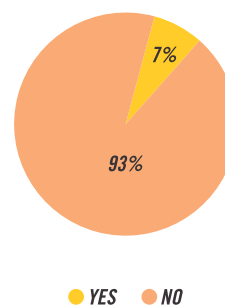
# Knowledge, Attitude & Practice of Respondents towards Hepatitis B

The objective of study was to assess knowledge, attitude and practices (KAP) about transmission and prevention of HBV among the respondents. This chapter describes study findings pertaining to the KAP related to HBV.

## HBV related knowledge

All respondents were asked a basic question about whether or not they have heard about HBV. It is important to note that 93% of the respondents have not heard about HBV.

*Percentage distribution of Respondents who have heard of Hepatitis B*



**Further, questions focusing on modes of transmission, symptoms, treatment, prevention and attitude towards HBV were asked to those respondents who had heard of HBV which is only 7.5% (30 respondents) of the total respondents.**

Among those who have heard of HBV infection, only 5 respondents are aware that HBV affects the liver. Other responses were as follows: Hepatitis B affects the stomach (13) the brain (1), do not know (10) and others (1).

#### **Knowledge on correct route of transmission of Hepatitis B**

In order to gauge respondents' knowledge on modes of HBV transmission, investigators read out modes of transmissions and requested the respondents to answer 'Yes' or 'No'.

Please note that the following data pertains to only 30 respondents (7.5% of total respondents), who responded that they have heard of Hepatitis B.

<b>HEPATITIS B VIRUS TRANSMITTED THROUGH</b>	<b>YES (NUMBERS)</b>
<i>Unprotected Sexual contact with Hepatitis B infected person</i>	<b>24</b>
<i>Infected mother to new born during delivery</i>	<b>24</b>
<i>Sharing infected needle and Syringes</i>	<b>24</b>
<i>Infected Blood</i>	<b>24</b>
<i>Sharing personal hygiene products with Hepatitis B infected person</i>	<b>17</b>

**NOTE: Base-30 (Multiple responses)**

HBV virus is similar to Human Immunodeficiency virus (HIV) in the ways it is transmitted - through direct blood-to-blood contact and through sexual activity. It could be assumed that majority of the respondents are not aware that Hepatitis B infection is transmitted through unprotected sexual contact with HBV infected person; infected mother to new born during delivery; sharing infected needle and syringes and infected blood.

When asked about who were likely to get infected by HBV, 24 respondents have the correct knowledge that 'anyone' can get infected with infected HBVs.

#### **Knowledge on Symptoms of Hepatitis B**

The following tables represent respondents' knowledge on symptoms of HBV. Respondents were requested to identify HBV symptoms from the following:

<b>SYMPTOMS</b>	<b>YES</b>
<i>Flu-like fever</i>	<b>12</b>
<i>Joint pains</i>	<b>13</b>
<i>Nausea</i>	<b>9</b>
<i>Vomiting</i>	<b>8</b>
<i>Extreme Fatigue</i>	<b>15</b>
<i>Dark Urine</i>	<b>14</b>
<i>Continuous abdominal pain</i>	<b>11</b>
<i>Yellowing of the skin and eyes</i>	<b>15</b>

**NOTE: Base-16 (multiple responses)**

15 respondents correctly identified yellowing of the skin and eyes and extreme fatigue as symptoms of HBV. 14 respondents mentioned dark urine, followed by 12 respondents mentioning flu like fever as symptoms of HBV. 13 respondents mentioned joint pains as symptom of HBV.

#### **Misconceptions related to transmission of Hepatitis B among respondents**

Misconceptions pertaining to transmission of HBV such as; by means of kissing or living with the infected person; sharing food with the infected person and holding hands with the infected person are prevalent among the respondents. It is important to know that a negligible number of respondents have stated HBV can spread through insect bites, coughing and sneezing.

#### **Knowledge on preventive methods for Hepatitis B**

5 respondents are aware that Hepatitis B virus can survive in the atmosphere outside the human body for 7 to 14 days. 22 respondents mentioned that there is a vaccine for preventing Hepatitis B infection and 5 respondents are aware that there is no treatment to cure Hepatitis B.

# Attitude towards Hepatitis B

Attitude towards HBV was assessed by asking nine questions. Responses were measured on a five point scale (Strongly Disagree-1, Disagree-2, Neither Agree nor Disagree-3, Agree-4, Strongly Agree -5)

STATEMENTS	Strongly Disagree N (%)	Disagree N (%)	Neither Agree or Disagree N (%)	Agree N (%)	Strongly Agree N (%)
<i>Condom use with paying clients (partners) in all types of sexual activities is one of the effective methods for Hepatitis B prevention</i>	-	-	-	14	16
<i>Condom use with non-paying clients (partners) in all types of sexual activities is not necessary to prevent from Hepatitis B</i>	21	7	1	1	-
<i>I am not at risk for getting Hepatitis B infection</i>	2	8	11	3	6
<i>Hepatitis B infection can occur to anyone</i>	5	5	-	20	-
<i>Person infected with Hepatitis B infection should not be isolated</i>	11	4	10	5	-
<i>It is okay to use personal hygiene products with anyone</i>	16	2	7	3	2
<i>Hepatitis B is not dangerous</i>	26	1	1	1	1
<i>It is important that every person is vaccinated for Hepatitis B prevention</i>	-	-	4	11	15
<i>Although I have been explained about preventive measures for Hepatitis B, I will hesitate to follow</i>	18	5	6	-	1

With reference to paying partners, all 30 respondents felt that condom use in all type of sexual activities is the effective method for HBV prevention. As far as condom use with non-paying partners is concerned, out of 30 respondents, 28 agreed with the statement that protected sex for all types of sexual activities is an effective method of prevention of HBV. Of the two remaining respondents, one did not agree or disagree with the statement and the other felt it is not important to use condom with non-paying partners, as usage of condom is not an effective method for HBV prevention in any type of sexual encounter.

Respondents had mixed opinions pertaining to their risk of contracting HBV. Out of 30 respondents, 8 respondents perceive that they are at risk of contracting HBV; 11 respondents are not sure whether they are at risk and 9 respondents think they are not at risk.

10 respondents are aware that 'anyone' can get HBV infection, while 20 respondents differ with the statement and probably think that only a particular age group or target group is at risk.

15 respondents have a positive attitude that persons infected with HBV should not be isolated, while remaining half of the respondents are of the opinion that HBV infected person should be isolated.

Out of 30 respondents 18 are not in favor of sharing personal products with anyone; 5 perceive no harm in sharing personal hygiene products and 7 of the respondents have not expressed their opinion.

A large number of respondents, i.e. 27, agreed that HBV is dangerous. Out of the remaining three respondents, one neither agrees nor disagrees with the statement, whereas the other respondents do not perceive HBV infection to be dangerous.

26 respondents felt strongly that every person should be vaccinated for Hepatitis B prevention, whereas four of the respondents have not expressed their opinion

23 respondents display a positive attitude about following preventive measures for HBV as informed to them and one of the respondents differed with the statement. 6 respondents neither agree nor disagree with the statement.

# Practices towards Hepatitis B

All 400 respondents were asked these questions; irrespective of whether they had or had not heard of HBV. Questions related to practices are for general health well-being and hence, were administered to everyone.

Practices towards HBV were assessed by asking questions on common practices of sharing personal products.

SHARING OF PERSONAL PRODUCTS	YES (NUMBER)	PERCENTAGE
Comb	113	24
Nail Cutter	49	12
Razors	2	1
Towels	21	5

**NOTE:** Base-400

Personal hygiene products shared by respondents are combs (24 %), nail cutters (12 %), razors (1 %) and towels (5 %). Findings indicate that personal hygiene products are shared by fewer numbers of respondents.

Further, respondents were asked whether they donate blood frequently for money. Responses indicate that less than 1 % of the respondents indulge in this behaviour. 8 % of the respondents revealed they have a permanent tattoo.

## Key Highlights

### Hepatitis B related knowledge

93 % of the respondents have not heard about HBV infection. Out of 7 % (30) of the respondents, who have heard about HBV, most of the participants identified unprotected sexual contact (24), mother to new born (24), sharing infected needles and syringes (24), infected blood (80) sharing personal hygiene products with someone who has tested positive for HBV (17) as routes of contamination with HBV infection.

Among those who have heard of HBV, only 55 % of the respondents mentioned that once the person

is infected with HBV, he/she experiences symptoms like nausea, vomiting, extreme fatigue, dark urine, continuous abdominal pain and yellowing of the skin and eyes. Misconceptions among respondents include, Hepatitis B is spread by – kissing or living with the infected person, sharing food with infected person and holding hands with the infected person.

24 respondents have correct knowledge that 'anyone' can get HBV. Five respondents correctly mentioned that HBV virus can survive in the atmosphere outside the body for seven to fourteen days. In terms of knowledge on vaccination, 22 respondents are aware of HBV vaccine and that it provides protection against HBV infection. Further 22 respondents knew that three doses are required to prevent HBV contraction.

### Attitude towards Hepatitis B

In this study respondents have a mixed attitude towards prevention of HBV. Majority of the respondents have a positive attitude about condom use, with paying or non-paying partners as an effective method for HBV prevention, varying in the degree of agreement. 9 respondents thought they were at risk of being infected with HBV and 10 respondents are of the opinion that 'anyone' can be affected by HBV. Largely; respondents felt that it is important for every person to be vaccinated against HBV. More than half of the respondents indicated correctly that a person infected with HBV should not be isolated. 23 respondents are willing to follow preventive measures for HBV, which were explained to them.

### Practices towards Hepatitis B

The personal hygiene products shared by respondents are combs (24 %), nail cutters (12 %), razors (1 %) and towels (5 %). Findings indicate that personal hygiene products are shared by fewer numbers of respondents. Only 8% of the respondents have permanent tattoos.

Overall, findings indicate that there is a lack of awareness about HBV infection among respondents, which has contributed to a mixed attitude towards the disease. Therefore, more emphasis should be laid on providing knowledge about HBV infection and means of prevention. As far as sharing practices of personal hygiene products, it is not observed as a common practice among respondents.

## Chapter VI

# Exposure to Information, Education and Communication Activities

**Information, Education and Communication (IEC) is an integral component of any health awareness Program. Through IEC activities, communities are made aware of basic facts about a specific disease. Communities are made aware of underlying factors that contribute to an epidemic such as risk behaviours and practices related to the diseases. IEC can lead to an attitudinal change about the epidemic.**

This study has tried to explore the extent of exposure respondents had to HBV infection messages or interventions such as HBV testing and vaccination camps arranged by government or non-profit organisations. In this context, respondents were asked questions whether they had seen any posters, banner, advertisements, or received any education on HBV. It is worth noting that 99.7 % of the respondents mentioned that they have not seen/heard any HBV related advertisement, poster, leaflet, message boards, messages on the radio, television or in person

Further, it was found that 96 % of the respondents were not exposed to any education/ information on HBV by NGOs or government healthcare providers. A question was posed to 4 % of the respondents, who reported that they had received information/education on HBV to recall the

messages/information given to them. The responses indicated that messages such as using a condom, eating healthy food, taking medicines on time, regular blood tests, etc. were communicated. Only one respondent could recall a message on the vaccination which requires 'three injections'.

## Key Highlights

Based on the key findings, it could be said that there is a paucity of information on HBV infection among FSW. Various communication channels like print media, electronic media and NGOs are important players in creating awareness and prevention strategies for HBV infection. In this context, findings show that almost all the respondents had not been exposed to any print or electronic media messages on HBV. Subsequently, data also reflects that only 4 % of the FSWs stated they have received education on HBV from NGOs.



*Chapter VII*

# Conclusion & recommendations

**In light of the study findings, it can be inferred that the respondents had little or no knowledge about HBV infection. Lack of knowledge and awareness about HBV among FSWs may lead to misinformation, missed opportunities for prevention and treatment, stigmatization of infected population. Following recommendations were reached after reviewing the data which will also help in designing an effective intervention program.**

- ☞ Intervention are needed to promote a better understanding of HBV infections- transmission, symptoms, prevention and treatment- among FSWs
- ☞ It is essential to distinctly explain the difference between HIV/AIDs and HBV to FSWs as the modes of transmission for both are similar.
- ☞ Intervention needs to focus on reinforcing messages on consistent condom use, with all partners, in all sexual activities -with emphasis on preventing Hepatitis B and other infections.
- ☞ FSWs may have difficulty in comprehending multiple messages given at one point of time, due to their cultural and linguistic background and educational levels. This may lead to the dilution of messages and even confusion

in their minds about Hepatitis B. It is recommended that the intervention should adopt a thematic approach to communicate information, which will be easy to grasp and also enable message retention and recall. Also messages should be in multiple language to ensure FSWs from different states can comprehend.

- ☞ Low levels of literacy among female commercial sex workers makes it imperative to devise IEC material which is more visual in nature and simple to comprehend. The material should ensure that the target group will take back only correct information HBV and encourage them to seek more information and help in case of any doubt or misunderstandings.
- ☞ Interactive IEC material increases the scope of the target audience to be participative, ask questions and also clarify any doubts that they may have about HBV.
- ☞ Though the intervention focuses mainly on FSWs who are in the reproductive age, issues of other stakeholders - especially the children of the sex workers - need to be addressed due to their vulnerability.
- ☞ There is a need to involve other stakeholders like health care providers, NGOs, Media etc. in creating awareness on HBV infections.

In conclusion, this study confirms that there is an urgent need for education about HBV infection among FSWs. A behavior change communication program should first focus on creating awareness and explain why they are more vulnerable. Along with creating awareness, an effective communication program should be designed which will explain the seriousness of the diseases and what they need to do to avoid getting the diseases. Having sufficient knowledge and proper attitude are cornerstones for preventing spread of HBV.

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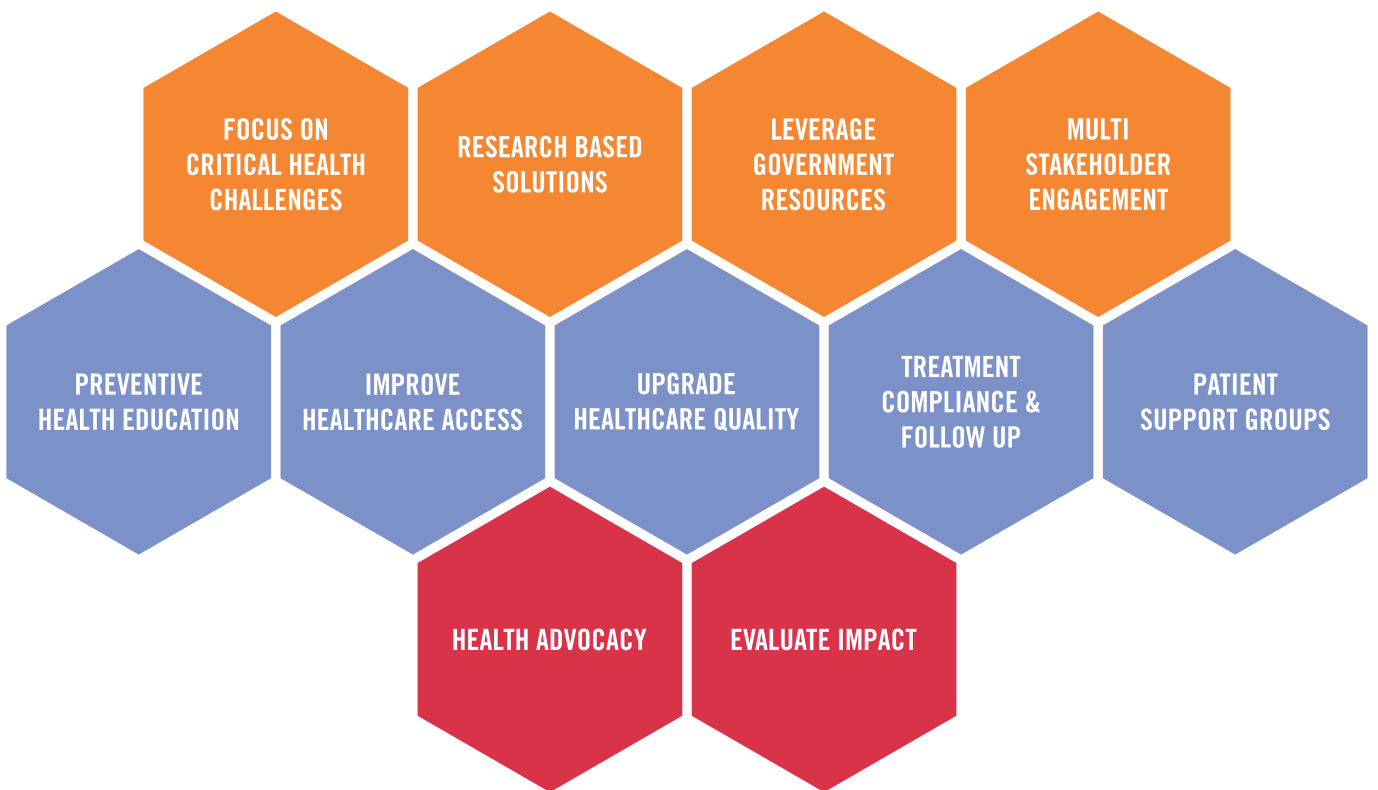


CSR Partnerships in Health

# Healthcare for Underserved, At Risk Communities



UWM's model focuses on improving access and quality of healthcare for underserved communities while leveraging government resources and creating community ownership.



## BUILDING HEALTHIER COMMUNITIES

## Areas of focus



## Nutrition

**Nearly half of all deaths in children under 5 years are due to undernourishment.**

A child who is malnourished has higher likelihood of premature death, greater susceptibility to illness, impaired brain development, lower IQ, poorer social skills and lowered capacity for work in adulthood.

Early intervention is therefore the key to address undernourishment and its related illnesses.

United Way Mumbai's strategy for nutrition includes-

- ☞ Partnerships with ICDS and Municipal Schools
- ☞ Nutrition Supplementation
- ☞ Nutrition Education for School Children
- ☞ Capacity Building of Parents, Teachers and ICDS Workers
- ☞ Medical Referrals for SAM and MAM cases
- ☞ Growth Monitoring

**Ongoing Nutrition Projects:** Alleviating Malnutrition in Rural Maharashtra (1000+ children), School Based Nutrition (1250 Children)

## Health Education

**Health education builds knowledge, skills, and positive attitudes about health. It teaches children and adults about physical, mental and emotional health. It motivates them to improve and maintain their health, prevent disease, and reduce risky behaviors.**

Health education in schools helps students learn skills they will use to make healthy choices throughout their lifetime. Effective curricula result in positive changes in behavior that lower student risks around: alcohol, tobacco, and other drugs, injury prevention, mental and emotional health, nutrition, physical activity, prevention of diseases and sexuality and family life.

United Way Mumbai's strategy for health education includes-

- ☞ Development of child friendly pedagogy on health
- ☞ Health Education Sessions in Schools & Colleges
- ☞ Training of Peer Health Educators
- ☞ Community Education through Awareness Drives, Street Plays, IEC Campaigns, etc.

**Ongoing Health Education Projects:** SEHAT: Training 1500 school children for 3 years on health and hygiene

## Disease Specific Interventions

**United Way Mumbai has partnered with companies and NGOs to develop targeted interventions for specific diseases. These are diseases that either pose a critical and immediate threat to the community, or do not receive the attention and focus they need. Some examples of disease specific interventions are given below -**

### Hepatitis

Sensitization of communities, capacity building of healthcare professionals, testing and vaccination, IEC campaigns, training of peer health educators, counselling & education of pregnant women and women in child bearing age, patient support groups.

**Impact: 4,32,880 persons**

### Diabetes

Education, Early Diagnosis, Counselling, Medical Referral, Treatment Compliance, Citywide Awareness Generation

**Impact: 14,462 persons**

### Monsoon Ailments

Education, mass awareness and detection of mosquito breeding sites

**Impact: 1,70,000 persons**

### Stroke

Training of Peer Health Educators, IEC Campaigns

**Impact: 4,200 persons**

## Water, Sanitation, Hygiene (WASH)

India is home to 594 million people defecating in the open, over 50 percent of the population. Only a quarter of the total population has clean drinking water on their premises. Poor Water, Sanitation & Hygiene causes diarrhoea, which is the second biggest cause of death in children under five. WASH therefore requires great attention. It is also one of the key focus areas of the Government of India's Swachh Bharat Mission.

United Way Mumbai's strategy on WASH includes -

- ☞ Infrastructure building through installation of toilets and water purification units
- ☞ Supporting WASH in disaster affected communities
- ☞ Distribution of health and hygiene kits
- ☞ Behaviour Change Communication for Health & Hygiene
- ☞ Training of students and peer health educators

**Ongoing WASH Projects:** Construction of 180 toilets, Behaviour Change Communication with 1500+ persons, Distribution of health and hygiene kits to 2000+ persons

## Maternal & Child Health

Globally, 90% of the complications that lead to maternal deaths and two thirds of infant deaths are absolutely preventable. Lives of mothers and infants can be saved through evidence based, cost effective interventions. Safe pregnancy, motherhood and childhood are basic human rights

**as well as important indicators of a nation's social and economic progress.**

United Way Mumbai's strategy for maternal and child health includes -

- ☞ Preventive health education for pregnant women and women in child bearing age
- ☞ Targeted medical interventions including general health check up and disease specific interventions to prevent mother to child transmission
- ☞ Prenatal and antenatal counselling and support
- ☞ Nutrition and medical support to prevent anemia
- ☞ Counselling and awareness generation on healthy practices
- ☞ Guidance for home based care for health and nutrition in first 1000 days of life

**Ongoing Maternal & Child Health Projects:** Interventions for Betterment of Health & Nutrition for Women and Children in Silvassa (1200 women and 300 children)

## Mass Awareness, Screening & Health Camps

United Way Mumbai facilitates and implements mass awareness and screening drives to augment community health infrastructure. These drives are conducted with permissions from and in collaboration with government authorities and medical experts. They typically engage youth and corporate volunteers to reach out to larger numbers in a cost effective and sustainable manner.

Some of our initiatives towards mass awareness and screening include -

- ☞ Evening Clinics - Mobile Medical Unit for diagnostics, basic health care and medical referral services
- ☞ Periodic health camps catering to different demographics
- ☞ Awareness drives through training of peer health educators, street plays and door-to-door interactions on critical community health challenges
- ☞ Testing and Vaccination Camps

**Recent Mass Awareness Projects:** Youth for Healthy Mumbai, MCGM's Maha Arogya Abhiyaan

To know more and collaborate with UWM on health related projects, please write to [contact@unitedwaymumbai.org](mailto:contact@unitedwaymumbai.org)

United Way Mumbai is a part of the 130 year old United Way movement spanning 41 countries across the world.

Our mission is to improve lives by mobilizing the caring power of communities to advance the common good.

**Our 6 areas of focus:**

- 🔗 Education
- 🔗 Health
- 🔗 Environment
- 🔗 Public Safety
- 🔗 Livelihood
- 🔗 Social Inclusion

- ❖ Pan India network
- ❖ Partnerships with 400+ NGOs
- ❖ Partnerships with 300+ companies
- ❖ 100,000+ individual donors
- ❖ 15 years
- ❖ INR 252 crore invested in community development projects





# WHAT WE DO

**Through our Collective Impact Model, we seek to address social challenges which are too large or complex for any one agency to solve alone.**

We do this by bringing people together - Companies, NGOs, Government Agencies & Citizens Groups - and creating high impact community development strategies.

## DESIGN

Sector Research  
CSR Policy & Strategy  
Need Assessment  
CSR Programme Design  
NGO Partner Selection

## IMPLEMENT

Programme Implementation  
Grant Management  
Employee Volunteering  
Payroll Giving Programmes

## MEASURE

Programme Monitoring & Evaluation  
Impact Assessment  
Financial & Programmatic Reporting  
CSR Programme Audits

## United Way Mumbai

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