

Study Of Sexual Behaviour Of Male Migrant Workers At Source, Transit And Destination

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Abstract: As per INDIA 2013 Statistics Number of migrants is 7.2 million. HIV prevalence is 1 percent. Risk of HIV among wives of migrant is increased, compared to wives of non-migrants. Around 110 million people are working in construction industry worldwide. Multiple sexual partner increase vulnerability in transmission of HIV. Total 558 migrants from 14 states were interviewed in 50 migrant sites. Among total migrant 71% are married and 29% Un-Married. At destination, 72% married and 28% Un-married are having multiple sexual partner other than spouses. Married migrants are more at risk than Un-Married migrant. Among Un-married migrant 78% are having sex apart from spouses at source, 59% at transit, 87% at destination. In spite of short stay at transit, Percentage of Un-married migrants having sex is a considerable number. It's observed that 52% of migrants having sex with Non-Sex workers, which might be a concurrent partnership. Impact of alcohol is observed in the risky sexual behaviour of migrants. On an average each Migrant spent average Rs.70/- at Source. Rs.40/- at Transit and Rs.75/- at Destination. Condom purchase is low at transit among (Married & Un-married, compared to source and destination. In all the three location non-sex worker as sexual partner are higher than the sex workers. The preferred partner among sex worker and non-sex worker, between Source and Destination, Sex-worker is high. It is very important to develop strategies to design sexual health programs among migrant men in all the three location.

Keywords: Male migrants, Risky sexual behaviour, Sex-Worker, Non-Sex worker, Need of HIV intervention at source, transit & destination.

I. INTRODUCTION

Major route of HIV is sexual route. Multiple sexual partner increase vulnerability in transmission of HIV. Migration due to livelihood increases chances of vulnerability, due to indulging in multiple sexual partner relation. As migrant travels from source to transit to destination vice versa, during the process migrant get involved in having sex with sex worker or with non sex workers. Migrants may or may not have knowledge on HIV/STI preventive methods. Among the migrants there are married and unmarried, young & middle age. Research worldwide has linked migration to increases in HIV transmission. In India, migrants act as a bridge population spreading HIV between urban and rural areas, and between high-risk and low-risk groups.

Construction worker is an important source of employment for poor and low skilled migrants. It employs some of the poorest and most marginalised people. After agriculture, construction industry employ large number of migrant labour, many of them are unskilled labour. Construction industry is seen in all the developing countries. Around 110 million people are working in construction industry worldwide, International Labour Organization 2001. Individuals who have multiple sexual partners increase their risk of contracting HIV as each new relationship introduces another pathway for HIV transmission. Concurrent sexual partnerships, defined as having two or more partnerships that overlap in time, also increase risk and have been recently identified as a likely driver of the spread of HIV. Although these types of partnerships are not mutually exclusive, different risks are associated with multiple versus

concurrent sexual partnerships. Because of this, an individual's risk cannot be calculated solely on the basis of his or her behaviour, but can only be assessed in light of their partner's behaviour. For example, an individual may have only one sexual partner, but if that partner is connected to a wider sexual network through concurrent sexual relationships, then the individual is at higher risk of acquiring HIV. Concurrency is also thought to be an important driver of HIV transmission because those involved in concurrent relationships may be more likely to be exposed to a sexual partner during the month-long period immediately following infection, known as the acute phase of HIV, while they are most infectious.

II. REVIEW OF LITERATURE

Couples in which men had a history of migration and mobility have three times greater likelihood of HIV infection, and five times more likely of being HIV sero-discordant. 2-4 times more number of Migrants has non-regular partners or visit sex workers. Only 19% reports consistent condom use (42 percent by others). As per study conducted among migrants to address HIV risk among labour migrants, Africa (23 %), the Americas (26 %), Europe (7 %), South East Asia (21 %), and Western Pacific (24 %). Among the studies meeting inclusion criteria, HIV risk was associated with multilevel determinants at the levels of policy, sociocultural context, health and mental health, and sexual practices. The sociocultural context determinants most often associated with HIV risks were, cultural norms, family separation, and low social support. The health and mental health factors most often associated with HIV risk were, substance use, other STIs, mental health problems. The sexual practices most often associated with increased HIV risk were, limited condom use, multiple partnering, and clients of sex workers, low HIV knowledge, and low perceived HIV risk. The consistency of these findings across multiple diverse global labour migration sites underlines the need for multilevel intervention strategies. One of the study on Mobile males are vulnerable to HIV and are potential bridge for HIV transmission to their sex partners, including spouses is to understand how mobility accentuates vulnerability to HIV, assessed the association of degree of male mobility with paid sex, alcohol use and condom use at all places visited by migrants in past two years. Findings suggest that compared to the less mobile, highly mobile men report higher HIV risk behaviours. Paid sex, alcohol use prior to pay sex and inconsistent condom use, at all locations along the routes of mobility. As per study "Risk of HIV among spouses of single male migrant" in India 2010-11, Risk of HIV among wives of migrant spouses is increased, compared to wives of non-migrants. Therefore, priority should be given to protect both the migrant populations and their spouses back home. Interventions need to target men who are highly mobile along the routes of mobility and not at destination sites alone.

There are approximately 231.5 million international migrants. Combined with some 740 million internal migrants, this means that there are about 1 billion people on the move at any given time. Migration can place people in situations of heightened vulnerability to HIV, and has been identified in

certain regions as an independent risk factor for HIV. In a majority of countries, undocumented migrants face complex obstacles, such as a lack of access to health-care services or social protection. Social exclusion also leaves migrants highly vulnerable to HIV.

In KwaZulu-Natal, South Africa, where migration is common, studies found that HIV prevalence among migrant women aged 25–29 was as high as 63%. In South-East Asia, HIV prevalence among migrants to Thailand from neighbouring countries is up to four times the rate of HIV prevalence found among the general population. In India, HIV prevalence among people who have migrated from rural to urban areas is estimated at 0.9%, almost four times the national prevalence. Internal migrants and their families are also vulnerable. In urban settings, migration was identified as an independent risk factor for HIV infection, with female migrants 1.6 times more likely to be HIV-positive than non-migrants in certain cities in South Africa. In Kenya, urban HIV prevalence is 8% in formal settlements and 12% in informal settlements. Significantly higher HIV prevalence were found among Chinese male migrant workers and Chinese male miners compared to the general population in surveys conducted in Yunnan, China.

National AIDS Control Society has given Working Definitions for migration, migrant and different living and working locations of labour. 'Migration' is the spatial mobility of people from one geographical area (origin) to another place (destination), with the intention of settling temporarily or semi-permanently or permanently. There are a variety of reasons for migration due to economic (livelihood, economic imbalance, job opportunities etc.), environmental factors (drought), demographic reasons (family migration, movement of young and retired persons) or political reasons (refugee movements etc.) Which may be a (push factors) and are related to origin and others opportunities in the place of destination (pull factors). Migrant is a person who seek better livelihood and move from their place of origin to a new town or city, from rural to urban or urban to urban, within district, state or interstate, and return back to their origin for up to 3-6 months. Source is the origin or place of birth of migrant, Transit is the key towns and cities which are temporary halt points (few hours to days) for migrants who are on the way to the destination, usually they do not work here but are only waiting for further journey to reach the final destination. And destination is the place where the migrant seeks to reach to pursue their intended livelihoods.

III. METHODOLOGY

Study was conducted in Bayatarayanapura and West Zone of Bangalore district, Karnataka state. Total 558 samples were interviewed. Total 50 migrant sites were covered. Sample were collected from the sites were targeted intervention is being implemented currently. Sample collected were from 14 states (Andhra Pradesh, Assam, Bihar, Chhattisgarh, Jammu, Jharkhand, Karnataka, Madhya Pradesh, Odisha, Rajasthan, Tamil Nadu, Uttar Pradesh & West Bengal) from interstate Andhra Pradesh, Assam, Bihar, Chhattisgarh, Jammu, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Tamil Nadu,

Uttar Pradesh & West Bengal, from Intra state Karnataka. Interview tool was developed as per the study requirement, which focused on Basic Demographic Detail, Socio-Economic Detail and sexual Behaviour. Study also planned to understand the risk of migrant at different level.

IV. RESULTS & DISCUSSIONS

Particulars	Married	Un Married	Total
Total Participants	396 (71%)	162 (29%)	558
Migrants have sexual partner other than spouse At source	377 (75%)	126 (25%)	503
Migrants have sexual partner other than spouse At Transit	308 (76%)	95 (24%)	403
Migrants have sexual partner other than spouse At Destination	361 (72%)	142 (28%)	503

Table 1: Sexual Behaviour at Source, Transit & Destination among married and Un-Married

As per the table no.1, total Participants 558 (Married 71% & Un-married 29%). On an average 74% of married migrant are having multiple sexual partner at source, transit and destination. Among married migrant 75% are having sex apart from spouses at source, 76% at transit, 72% at destination. In spite of short stay at transit, Percentage of migrants having sex is higher. Among total migrant at destination, 72% married and 28% Un-married are having multiple sexual partner. Married migrants are more at risk than Un-Married migrant

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Total Participants	396 (71%)	162 (29%)	558
Migrants have sexual partner other than spouse At source	377 (95%)	126 (78%)	503
Migrants have sexual partner other than spouse At Transit	308 (78%)	95 (59%)	403
Migrants have sexual partner other than spouse At Destination	361 (91%)	142 (87%)	503

Table 2: Comparison of Sexual Behaviour at Source, Transit & Destination of Married and Un-Married Migrant

As per the table no.2, among married migrant 95% are having sex at source, 78% at Transit and 91% at Destination. Among unmarried migrant 78% having sex at source, 59% at Transit and 87% at Destination. Among Un-married migrant 78% are having sex apart from spouses at source, 59% at transit, 87% at destination. In spite of short stay at transit, Percentage of Un-married migrants having sex is higher. Transit is location where more number of migrants are having sex, which can contribute to transmission of HIV from concentrated epidemic to generalized epidemic.

Particulars	Total	Sex Worker	Non SW	Both
Migrants have sexual partner other than spouse At source	503	195 (39%)	250 (50%)	58 (11%)
Migrants have sexual partner	403	158 (39%)	209 (52%)	35 (9%)

other than spouse At Transit				
Migrants have sexual partner other than spouse At Destination	503	205 (41%)	228 (45%)	68 (14%)

Table 3: Type of Sexual Partner at Source, Transit & Destination

As per the table No. 3 Sex worker as Partner at source & transit is 39%, and destination is 41%. Non-Sex worker as Partner at source is 50%, transit 52% and destination is 45%. Both (Sex worker and Non-Sex worker) as Partner at source is 11%, transit is 9% and destination is 14%. Percentage of having sex with both (sex worker and Non-Sex Worker) are high at destination.

It's observed that 52% of migrants having sex with Non-Sex workers at transit, which might be a concurrent partnership. It looks like the migrants are travelling too frequently to the same corridor and might have stayed previously for a considerable time. From the data it emerges that the risk of migrant is not only at destination, but the risk is same in source also.

Particulars	Married	Un Married
Total Participants	396	162
Number of Migrants had STI in last 1 year	26	10
%	7	16
Number of Migrants have habit of Alcohol	236	100
%	60	62

Table 4: HIV Vulnerabilities

As per the Table No: 4, Un-Married migrant having STI more than the married migrant. Percentage of Alcohol habit is same with the married and Un-Married. 16% of Un-married migrants had STIs in last 12 months and 62 % of Unmarried migrants has alcohol habit which is vulnerable behaviour for HIV.

Particular	Alcoholic		Non-Alcoholic	
	Married	Un-Married	Married	Un-married
Alcoholic	236	100	160	62
Number of STI	22	8	4	2
% of STI	9	8	3	3

Table 5: Comparison of STI among Alcoholic and Non-Alcoholic

As per the Table No: 5, STIs are more among alcoholic. This infection of STI could be non-usage of condom when they are under the influence of alcohol.

Sexual Behaviour at different location	Marital Status	Total number of Migrants	No. of Migrants Purchased Condoms	Money spend on Purchasing Condoms
Sexual Partner At Source other than Wife	Married	377	321 (85%)	22090
	Un Married	126	93 (74%)	7310
Sexual	Married	308	94 (31%)	4047

Partner At Transit other than Wife	Un Married	95	34 (36%)	1200
Sexual Partner At Destination other than Wife	Married	361	327 (91%)	20680
	Un Married	142	103 (73%)	9760

Table 6: Condom Usage and Affordability

As per the Table no. 6, Condom usage among Sexual Partner at Source other than Wife, Married (85%) and Un-married (74%). Transit, Married (31%) and Un-married (36%). at Destination Married (91%) and Un-married (73%). On an average each Migrant spent Rs.78/- at Source. Rs.43/- at Transit and Rs. 95/- at Destination.

Condom purchase is low at transit in both the groups (Married & Un-married) compared to source and destination. This could either migrant is not aware where the condom is available, outlet is not closer to the sex point, not aware how to prevent sexual health problems.

Age Group	Source			Transit			Destination		
	Sex Worker	Non-Sex Worker	Both	Sex Worker	Non-Sex Worker	Both	Sex Worker	Non-Sex Worker	Both
18-27	86	117	20	67	95	14	91	107	31
28-37	93	107	25	77	94	15	96	99	33
38-47	15	25	8	13	19	5	17	20	6
48 & Above	1	1	1	1	1	1	2	2	0

Table 7: Age Wise Comparison of Sexual Partner of Migrant

As per the table number 7, all the age group, in all the three location non-sex worker partner are higher than the sex workers. The preferred partner among sex worker and non-sex worker, between Source and Destination, Sex-worker is high.

Marital status	Number of Migrants	%
Married	277	77
Un-Married	83	33
Total	360	100

Table 8: Number of Migrants having sex at all the three location (Source, Transit and Destination)

As per the Table 8, 65% migrants having sex in all the three location (Source, Transit and destination)

Infection of HIV can be transmitted very easily from one place to another

V. CONCLUSIONS AND RECOMMENDATIONS

Migrants are having risky sexual behaviour at source, transit and destination. Migrant are having sexual partner as sex worker and non sex-worker at source, transit and

destination. Prevalence of STI are present among married and unmarried, but it is high in un-married. Use of Alcohol is seen among married and un-married. Condom usage is observed in all the three location, however at transit condom purchase is low. Focus strategies for HIV intervention should be planned at all three level. HIV Intervention for Spouses of migrant at source should be initiated.

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