RESEARCH ARTICLE

SEXUAL BEHAVIOUR AMONG MIGRANT CONSTRUCTION WORKERS IN INDORE

Vinod Kumar Arora, Shireen Sharma, Piyusha Mahashabde
Index Medical College Hospital & Research Centre, Indore, Madhya Pradesh, India

Correspondence to: Vinod Kumar Arora (arora53vinod@rediffmail.com)

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ABSTRACT

Background: Sexual behaviour is an important determinant of HIV transmission.

Aims & Objective: To study sexual behaviour among migrant construction workers in Indore.

Materials and Methods: A population based cross sectional survey of sexual behaviour among migrant construction workers.

Results: Median age at first sexual exposure was 20 years. Only 34.68 % of the respondents could tell at least two correct ways of protection from HIV. 16.30 % had sex with non-regular partner. 86.49% of individuals reporting casual sex reported use of alcohol. Condom use during casual sex was very low 29.72%.

Conclusion: The study has brought out that migrant labor is a high risk group for HIV transmission in view of poor knowledge, high proportion of alcohol users among those reporting casual sex, and low proportion of condom use during casual sex.

Key Words: Sexual Behaviour; HIV; Alcohol Use; Condom; Construction Worker

Introduction

There is growing recognition that migration is an essential and inevitable component of economic and social life of every state.[1] Globally the epidemiology of HIV/AIDS is closely linked to the process of migration. Research from Africa and Asia has demonstrated a link between migration and multi partner sexual networking as well as the prevalence of STI/HIV infection.[2] Migrant population has a greater risk for poor health in general and HIV infection in particular.[3] Migration has been identified as an independent individual risk factor for acquisition of HIV.[4] Behavioural sciences have been particularly neglected in STD research, though their importance in the prevention of AIDS and in the assessment of its effect is increasingly recognized (Mead & Peter, 1984).[5] In recent period, the joint UN Program on HIV/AIDS (UNAIDS) has developed standard methodology for assessment of sexual behaviour among communities (UNAIDS 1999).[6]

Population studies have a central and valuable role to play in the measurement of two of the main determinants of the rate of HIV transmission; number of sexual partners, and use of condoms during intercourse. Unless behaviour changes favourably in one or both of these regards, HIV transmission will continue. Measurement of these determinants is the main objective of population studies. The present study is one such Behavioural Surveillance Survey (BSS) conducted among migrant construction workers using the format developed by UNAIDS.

Materials and Methods

A community based cross sectional study was carried out FROM OCT 2011 TO SEP 2012, in the Super corridor area Indore, Dewas Bypass and Khandwa road areas of Indore district of MP among migrant Construction workers involved in construction works in different housing projects staying in make shift labor camps. 24 such camps were identified with a total population of about 1800 individuals of both sex and different age groups. Out of them 500 individuals between 15 -49 years of age were selected by using multistage sampling technique. Data was collected by personal interview technique by faculty and interns using the standard questionnaire advocated by UNAIDS (UNAIDS, 1999).[6]

Results

General characteristics of the study population: The study resulted in 470 completed questionnaires. The median age of the respondents was 28 for males and 26 for females. Out of the total 470 participants, 356 (75.74%) respondents were males and 114 (24.26%) were females. 282 (60%) were married and 188 (40%) were unmarried at the time of interview. 67.72% of the married respondents were staying with spouse.

Education: Only 5 respondents reported more than 10 years of education. All of them were casual laborers either in plumbing or carpentry and plastering jobs.

Table-1: Percentage distribution of all persons according to the endorsement made about the knowledge and Belief in the main preventive practices

	Not Heard of AIDS	Heard of AIDS				Total number of respondents
		No effective practice endorsed	One effective practice endorsed	Two effective practice endorsed	Three effective practice endorsed	
Male	87 (24.44)	102 (28.65)	12 (3.37)	57 (16.02)	98 (27.52)	356 (100.00)
Female	78 (68.42)	15 (13.12)	13 (11.41)	05 (4.39)	03 (2.63)	114 (100.00)
All	165 (35.11)	117 (24.89)	25 (5.32)	62 (13.19	101 (21.49)	470 (100.00)

Note: Figures in brackets are in percentage. χ^2 for difference in knowledge of AIDS in males and females = 100.14 df = 4, $p < 0.0001$ (highly significant). Amongst 470 respondents, 163 (34.68%) persons could tell at least two acceptable ways of protection from HIV infection.

Table-2: Percentage distribution according to number of non-regular sexual partners among all persons who have been sexually active in past 12 months

	Number of Non-regular Sexual partners				
	0	1	2	3	Total
Male	113 (75.3)	18 (12.0)	16 (10.6)	3 (2.0)	150 (100.0)
Female	77 (100)	00 (0.0)	00 (0.0)	00 (0.0)	77 (100.0)
All	190 (83.7)	18 (7.9)	16 (7.1)	3 (1.3)	227 (100.0)

Figures in brackets are in percentage.

Table-3: Percentage distribution according to condom use during most recent sexual act among all persons who have had a non-regular sex partner

	Use of Condom		
	Yes	No	Total
Male	11 (29.72)	26. (70.28)	37 (100.00)
Female	00 (0.00)	00 (0.00)	00 (0.00)
All	11 (29.72)	24 (70.28)	37 (100.00)

Figures in brackets are in percentage.

Table-4: Summary distribution of all non-regulars sexual encounters within last 12 months according to involvement of money and nature of acquaintance

	Met for the first time	Met before	Total
Received money	32 (86.49)	01 (2.70)	33 (89.19)
Did not receive money	00(0.00)	04 (10.81)	04.(10.81)
Total	32 (86.5)	05 (13.5)	37 (100.00)

Figures in brackets are in percentage.

Table-5: Summary distribution of persons according to the cause for not using condom use during last non-regular sexual intercourse

Reason for not using condom	No of persons	Percentage
Not available	16	61.54
Too expensive	03	11.54
Partner objected	02	7.69
Do not like them	03	11.54
Do not know condom use	02	7.69

Alcohol consumption: 215 (45.74%) individual drank alcohol in the past 4 weeks' time. 29 (6.17%) persons drank it every day and 78 (16.60%) persons drank it at least once in a week. 108 (22.98%) persons reported consumption of less than once a week.

Sexual behaviour: 307 (65.32%) persons ever had sexual intercourse. Out of these 307 persons 281 (91.53%) revealed the time of last sexual intercourse. 55 (17.91%) persons reported last sex within last 7 days, 84 (27.4%) persons within last 4 weeks, 88 (28.66%) persons within last one yr and 54 (17.58%) persons had sex beyond one year. Only 8 (1.70%) persons reported having regular sexual partners (i.e. sexual partner with whom the duration of sexual relationship was of 12 months or more) other than the spouse. Out of them, 5 persons had single partner and 3 persons had two partners.

Condom use during last sexual intercourse with regular partner: Out of 307 respondents, 284 (92.51%) persons gave information about condom use during last sexual intercourse with regular partner. Only 6 persons (2.11%) gave history of using a condom during last sexual intercourse with regular partner.

Age at first sexual intercourse: Out of 307 peoples who ever had any sexual relationships, age at first sexual intercourse was less than 18 years in 66 (21.50%) persons, 19-25 years in 203 (66.12%) persons and more than 25 years for the rest of the respondents. Median age of first sexual experience was 20 years with a range of 16-37 years.

Knowledge of preventive practices: The percentage distribution of all persons according to the endorsement made about the knowledge and belief in the 3 main preventive practices (i.e. no 'casual sex', condom use and injecting with clean needle) is summarized in Table 1.

Reported non-regular sexual partners: Out of 470 respondents, 227 (48.30%) respondents reported sexual activity in past 12 months, of whom 150 were males and 77 were females. 37 (16.30%) respondents among this group had sexual intercourse with non-regular sexual partner in the past 12 months (non-regular sexual partnership has been defined as relationship which is of less than 12 months duration). All of these 37 respondents were males. No female respondents reported sexual encounter with non-regular partners (Table 2).

Reported condom use with non-regular sex partners (Table 3): Out of 37 respondents who had sexual intercourse with non-regular sex partners in the last 12 months, only 11 (29.72%) respondents used condom during the last high risk sexual intercourse. 26(7o.28%) persons did not used condom.

Profile of persons who had non-regular sexual partners: Median age of persons with non-regular sex partners was 32 years (range 18-45 years). 18 (48.65%) were married. 3 (8.11%) persons were widowers. 17 (94.44%) respondents did not stay with their partners at the present location of work. Only one married respondent was staying with spouse at the time of non-regular sexual

exposure. 21 (56.76%) persons were illiterate, 14 (37.84%) were in the group of 3-5 years of schooling and only 2 (5.40%) persons had up to 8 years of schooling. 32 (86.49%) out of 37 respondents giving history of casual sex, reported regular use of alcohol.

Sexual behavior of workers: (i) Nature of non-regular sex: the nature of non-regular sexual encounters i.e. commercial sex or otherwise, is given in Table 4. (ii) Cause of not using condom during last non-regular sex: Distribution of those respondents according to the cause for not using condom during the last non regular sexual intercourse is summarized in Table 5. (iii) Change in sexual behavior in last 12 months: Only one person reported that he started using condom at the time of sexual intercourse with non-regular partner three months back. He got the required information end help (In the form of supply of condom) from one of his friends in nearby village.

Discussion

Migrant population has a greater risk for poor health and HIV in particular.[3] It has been identified as an independent individual risk for the acquisition of HIV.[4] In the present study, 35.11% persons did not have any awareness of HIV/AIDS (24.44% of males and 68.44% of females). Females were less aware than males. The difference in proportion of male and female respondents having knowledge of the disease was statistically significant. The difference could be explained in the light of less exposure of women to different media and their attitude towards a taboo subject like sex. This finding differed from the national survey, which reported lack of awareness of HIV/AIDS in 23.9% of respondents (17 .6% of males and 30% of females). For Madhya Pradesh it was 18.1% and 12.23% respectively (NACO 2001).[7]

More than 70% respondents were aware of condom. Females were much less aware than males. This finding was more or less similar with national survey where overall 80.1% respondents and 75.6% in Madhya Pradesh ever seen or heard about a condom (NACO2001).[7] Only about 35% respondents could tell at least two acceptable ways of protection from HIV infection. This was much lower than that found in the national survey (46.8%) (NAO 2001).[7] This might be the result of overall lack of awareness of HIV/AIDS in the study population due to many factors, which include poor literacy, lack of media exposure, poor coverage of such groups under different IEC programs about the disease etc.

In the present study, 16% individuals reported sexual intercourse with non-regular partners in the last 12 months. This is higher than the national survey findings which reported casual sex in 11.8% of males and 2% of females (NACO2001).[7] For respondents from Madhya Pradesh, it was 15% for males and 7.3% in females.

It is a matter of concern that 70.27% of respondents reporting casual sex did not use condom during last non-regular sex. Until and unless clients of CSWs are educated thoroughly, universal condom use during non-regular sex would not be possible. Poddar et al (1997)[8], opined that no serious attempt had been made to involve vulnerable population in educational activities, particularly the poor migrant labourers staying away from own families in slums, transporters and youth. The findings from different studies revealed that unsafe sexual habits (based on sex with paid/ unpaid partner, non-use of condom, frequency of sex) are prevalent among migrant workers going overseas.[9,10]

As almost all the respondents reporting non-regular sex were either unmarried or not staying with spouse/regular partner, it could be inferred that deprivation of socially acceptable sex exerted a very dominant influence, mobilizing towards satisfying the natural urge by non-regular commercial sex. Alcohol use aggravates the problem is 86.49% of people reporting casual sex also gave history of regular intake of alcohol.

A study in Bangladesh also revealed that most of the migrants had sexual relationship while staying away, with casual partners or went to CSWs and due to lack of information and knowledge they engaged themselves to risky sexual behaviour.[11] They may get involved in risky sexual behaviour with other migrants also as a means of recreation.[12] Risky behaviours such as extramarital sex, commercial sex are increasingly seen among rural to urban migrants' also.[13]

Labor contractor, managers and supervisors will have to be informed about the high risk nature of such communities and importance of spreading education about HIV/AIDS amongst such populations. They can help in several ways like provision of better facilities for recreation, increasing media exposure by provision of TV sets to the labor camps, helping NGOs or local social welfare organization to start non-formal education skills, judicious and systematic leave planning to avoid sexual deprivation, control of alcohol consumption and for behaviour change communications. Easy access to condoms at subsidized rates with education about correct and consistent use of condom and its usefulness in prevention of HIV infection will go a long way to prevent HIV infection and STDs.

Lastly, it has to be remembered that effectiveness of any strategy for prevention of HIV/AIDS in such high risk communities can only be confirmed by systematic evaluation from time to time. The present study has generated base line data .More studies should be undertaken so that the success in changing knowledge, attitude and sexual practices favourably can be appraised. In most countries with declining prevalence of HIV, declines in risky sexual behaviours were also observed.[14]

India has demonstrated an overall reduction of 57% in the annual new HIV infection in adults from 2.7 lakhs in 2000 to 1.16 lakhs in 2011 reflecting the effect of various interventions strategies. The adult prevalence has decreased from 0.41% in 2001 to 0.27% in 2011. Interventions have focused on behaviour changes and increasing condom use. Revised migrant strategy for HIV has been rolled out. Targeted interventions provide HIV prevention services to migrants at the destination points through outreach and linkages. Awareness campaigns and health camps are organized in the villages as well as the major transit points that account for bulk of migration.[15]

Conclusion

The study has brought out that migrant labor is a high risk group for HIV transmission in view of poor knowledge, high proportion of alcohol users among those reporting casual sex, and low proportion of condom use during non-regular sexual relationship. No arrangements for targeted interventions have been catered for such migrant construction workers.

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