EXTENDED ABSTRACT

MIGRATION AND RISK OF HEALTH: ARE MIGRANT WORKERS MORE VULNERABLE TO STI/HIV IN INDIA?

Migration has become essential characteristic feature of every modern society. Particularly, the later half of the twentieth century has witnessed a huge shift of population both voluntary as well as involuntary across national as well as international borders owing mainly to a paradigm shift in socio-economic and demographic environment in both more developed and less developed parts of the world. The agricultural development, industrialization and urbanization in developing countries have paved the way for more internal migration through out the countries. Since these developments have generated more work opportunities than could be filled in by the local people alone, people from far across have rushed in to grab the opportunities to better their lives and livelihood. But this large-scale movement of population in the developing countries has a significant bearing on the spread of sexually transmitted diseases (STDs) and HIV/AIDS (Gupta and Singh 2002).

International migration had the greatest potential of spreading the infection when the infection was in its infancy but at present when the incidence of infection is high, the internal migration also plays a vital role in spreading out this infection even in the remote parts of the country. In this context, internal migration may have greater potentiality than international migration since the volume of the first one is much larger than the latter and at the same time the rapidity with which the internal migrants shift places may extend the territorial spread of this infection very fast. The rapid movement of people dominated by single males may actually help increase the diffusion of sexually transmitted health hazards. Moreover, most of these migrants being poor with low level of education earn them jobs in informal activities in big cities. Most of these migrants live and work in a condition characterized by poverty, powerlessness and social instability, which further aggravate their vulnerability to the epidemic. Away from family and familiar socio-cultural norms, ennui of daily work, a sense of social anonymity offering more sexual liberty, and access to some disposable income seduce them to adopt risk behaviour in the form of alcoholism and drug-use and unprotected sex with persons with unknown sexual history making them more vulnerable to HIV infection (UNAIDS and IOM, 1998). Majority of these migrants move out in early ages leaving behind their families in the place of origin. They often suffer from insecurity and isolation at the place of destination. The resulting isolation may augment their vulnerability to HIV (Bronfman and Minello, 1995). However, migrants are also human beings and human beings are known for their gregarious nature. Wherever they visit they build up a social network and relationships with others. But again this sort of social network and relationships may act as a fillip in the form of peer group pressure for indulging into risky behaviour towards HIV/ AIDS. So migrant labours are susceptible not only to individual risk factors but also environmental risk factors such as the presence of recreational facilities like beer bars, video parlours or easy availability of paid sex workers. Many a times the influence of liquor or drugs weaken their self-control and they resort to risk behaviour which make them easy prey to deadly diseases like STDs and HIV.

During the last one and half decades, the HIV/ AIDS epidemic in India has grown up as a serious health hazard as the number of infection has gone up from merely a few in 1986 to a staggering four and half millions in 2003. Most of the big metropolises and industrial centres work as an incubator of this infection. Of all the cities and towns in India, Mumbai alone accounts for a substantial proportion of HIV infection and it is rightly called the 'AIDS capital' of India. In this backdrop this paper has tried to study a particular migrant community engaged in semi/un-skilled work in Mumbai. To do so, it has chosen a chunk of jewellery workers since jewellery work in Mumbai is predominantly dependent on the influx of a large number of young male migrants from the far off places especially from rural milieu of West Bengal.

The present study makes an effort to understand the linkages between the individual as well as environmental level factors that shape the living arrangements, working conditions, and health hazards of the migrant jewellery workers and their vulnerability towards HIV/AIDS. The specific objectives of the study are to examine their living arrangements, working conditions and health hazards with special emphasis on the location, organization and types of social networks. It also looks into the association between substance abuse and risky sexual behaviour and the relative influence of contextual, socio-economic network and individual factors leading to the risk of HIV/AIDS among adult male migrant workers.Finally through these objectives in the backdrop it has tried to throw some light in the fact that whether these migrant workers are at more risk of developing health hazards particularly the risk of contracting sexually transmitted diseases including HIV/AIDS because of their migratory status.

The Study Design

A combination of quantitative and qualitative methods was used to collect data. It started with a series of key informant interviews in order to gather some comprehensive insights about the community and also to develop a broad idea about the various nuances such as pattern of migration, the living arrangements, working conditions and the type of risk behaviours of these migrant workers. This information subsequently helped in preparing the structured questionnaire for quantitative survey.

Altogether 200 respondents spread across the adjoining areas of Zaveri Bazar, Pydhoni and Bhuleswar were interviewed canvassing structured interview schedules. From every workshop at least, one worker from each designation was interviewed such as 'Model Maker', 'Setter', 'Polisher' and 'chokra'. But in some cases, only one or two workers were interviewed in total, as others were not available at the time of the survey. Altogether, little over fifty workshops were covered. Lastly, fifteen in-depth interviews with multiple sessions were conducted with number of workers since the issues under study, we felt, were quite sensitive as well as personal in nature, the quantitative techniques alone could not aptly capture the dynamics of the various facets of the problem. Only the workers who reported more than eighteen years old and willing to take part in this survey were included in the survey. Mostly the workers were interviewed at their place of work. It might have put some severe constraints on privacy and at times affected the quality of information shared.

Discussion

The study shows that their living arrangements and working conditions have a bearing on their risk behaviours. It can be safely assumed that their present living arrangement and working condition, at a great extent, is the offshoot of 'migration' itself. Limited skill and low education in most of the cases do not help them earn better jobs in big cities. They are in one way compelled to accept this kind of jobs and forced to live in a condition conspicuous by the absence of minimum hygiene and comfort. Big cities can offer job opportunities but fail to accommodate the work force in it. The rising slums in big cities can mainly be ascribed to the influx of large number of semi/unskilled migrant workers from far off places. This may be ascribed to the trend of growing urbanization in India. This is perhaps a bane of urbanization.

A series of in-depth interviews were conducted to comprehend the context and causes of their risk behaviour and how their migratory status makes them different from others. These interviews have offered some insights into the individual as well as environmental level factors that shape their risk behaviours. A majority of them without much pondering have spontaneously responded that the ennui of unduly long hours of work and huge work pressure compel them to take alcohol and indulge into some other risk behaviours. Consumption of alcohol rejuvenates their sagging spirit and helps them unwind themselves. In fact, taking alcohol at least once in a week has become a routine affair almost in every workshop and most of the shop owners are quite permissive. As a result of which the new recruits also grow up watching the rampant intake of alcohols or other substances such as 'panmasala', 'bidi' or 'khaini' of their senior colleagues and in due course these new entrants also start taking those things without much hesitation. The same is true to other risky behaviours such as going to video halls or ladies' bars as well. Those who frequent these places have told that it was their friends who take them to such places for the first time. Since they spend most of the time together not only during work but also most of them stay together in the same workshop as well. They naturally develop a very intimate kind of relationship with each other where saying 'no' to friends' request become difficult. It is increasingly more difficult considering their mental poise, which is characterised by the pangs of separation from their family and familiar set up. Again the lack of immediate moral check in the form of parental guidance clubbed with the benefit of social anonymity makes them more vulnerable to peer pressure. They end up taking an impetuous decision without much poring over the aftermath that the easy availability of different sexual avenues and enticing 'stories' about these places make them curious to learn more. This curiosity also sometimes drags them into such places. With longer periods of stay, they build up a wide network with different persons. Consequently it helps them explore these outlets even to the far off places. They get one weekly off day when generally most of them freak out with the company of their friends and this is the time when one can make use for exploring various sexual avenues scattered in and around Mumbai.

Although one can argue that not only semi/unskilled migrant workers are resorting to such risky behaviours, but also even the non-migrant workers having similar types of living and working condition can take recourse of such behaviours. But it is no denying of the fact that migrants are not only exposed to these condition of life but at the same time some other factors such as lack of immediate moral check, separation from family

and to some extent social anonymity further compound their vulnerability. Again in big cities, the lure of different sexual outlets quite unlike their place of origin backed by the increased access to disposable income help them to adopt risky behaviours.

Again, it would not be too judicious to argue that whoever visits to video parlours for 'blue films' would end up visiting commercial sex workers (CSWs) for sexual gratification thereby making them more vulnerable to HIV/AIDS. But as a matter of fact, many a respondents have told that their risky sexual behaviours first started with visiting video parlours and later on they moved on to beer bars or ladies' bars or in some cases, they visited to CSWs. Here lies the danger. The desire for further sexual pleasure is easily met in this 'alien' land mainly owing to the wide presence of such avenues in one hand and their migratory status on the other. The same person after watching blue films in the local video hall in his village is least likely to advance further to meet his hidden sexual desire chiefly on account of his non-migratory status and the absence of such avenues for commercial sex there. But again visiting CSWs per se do not put them into higher pedestal of acquiring the infection if they take enough precaution like using condom at each and every sexual intercourse. It is expected also since their level of awareness suggests that it is almost universal. Unfortunately, sexual intercourses in the majority of the cases are preceded by consumption of alcohol and we have seen that at least in this community alcohol consumption is too common. Now the threat that looms large on them is their loss of self-control under the influence of liquor. They fail to wear condom at each sexual intercourse. One silver line did emerge from these interviews that with increasing awareness less and less number of people of this community is visiting so-called red light areas for the fear of AIDS. But this change of trend is not totally unblemished. It has witnessed another up coming phenomena that many of their fraternity are in fact going to ladies' bars just not because of drinks but for seeking sexual pleasure since most of these ladies' bars in Mumbai work as pick-up joints for flesh trade. Although this shift is motivated by the scare of AIDS, still the threat of AIDS is yet to fall aside mainly because of the ignorance and presumption of the people that 'bar girls' are less likely to be infected with HIV since they do not cater to huge number of clients or simply because they do not stay in the demarcated red light areas as if AIDS is only confined to some specific geographic locations. So there is less urgency on their part to use condom as they often complain condom kills the fun of having sex. Many of them also suffer from the wrong notion that healthy looking lively girls cannot suffer from such a deadly disease.

Again their vulnerability increases manifold on the face of their poor treatment seeking behaviour and abysmally low knowledge about sexually transmitted diseases and infections. Not many respondents are aware about the different types of sexual health problems other than AIDS. But many of them have reported different symptoms that they have experienced themselves. The common of these symptoms are 'chulkani' (heavy itching at the genital areas and on groins), 'gha' (sores in the genitals as well as on the groins), trouble in micturition (mainly, burning sensation at the time of passing urine) and some times the swelling of genitals. Although they have experienced many symptoms of STIs but not many has so far consulted with qualified doctors rather went for self-medication. They do not take it seriously as it often subsides on its own. They always

maintain a complete secrecy about their risky sexual activities for the fear of loosing jobs as unlike in case of alcohol, these behaviours are not at all approved by the 'Seths' and whenever anyone is found guilty of doing such is forced to quit that workshop. This strictness has done more harm than benefit, as this does not allow the workers to discuss it openly or seek frequent treatment for such problems. So it is again a matter of grave concern since the chances of contracting HIV infection is more in case of the presence of STD/STI.

Conclusion

Now it boils down to the fact that they are vulnerable to the threat of HIV/AIDS in many ways and their migratory status probably augments their vulnerability to a great extent. In this connection it can be safely argued that the internal migration characterised by the huge shift of young male migrants from the rural areas to big cities fuel the spread of HIV infection even to the remotest part of the country. So to minimise the potential risk of transmitting this infection mostly to the rural areas requires specific focus on this young male migrant workers scattered in all across the big cities in different sorts of occupations. But how effectively they could be brought under any programme is a matter of deep concern.

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