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Studies on the sexual behaviour of Migrants workers in Vindhya Region

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Background:

Rapid development and urbanization in Vindhya Region of Madhya Pradesh of India has resulted in surprising domestic migration due to Low education, poverty, unemployment etc. and they are real heroes who infusing the HIV Infection in their native places. The objective of the present study was to survey the sexual behaviour or attitude of migrants majority in Mauganj and Rewa of Rewa district of Vindhya Region and further determine the alarming risk points for unprotected sexual intercourse, which definitely a giant cause of HIV Infection. The large number of migrant workers in urban areas has had a great effect on various aspects of society. Because migrant workers often travel from place to place with constant changes in living conditions, most are separated from their spouses for long periods. Most of the migrants are young adults, and sexual behaviour that is normal to their place of origin often changes upon moving. When migrants leave their familiar environment, the anonymity may increase risky sexual activities such as having multiple casual sexual partners, engaging in sex with commercial sex workers, and alcohol abuse. It was reported that nearly 80 % of total HIV/AIDS cases in India are found among the domestic migrants. The mode of HIV transmission has changed since several years ago. In 2011, the proportions of HIV infection through heterosexual transmission and homosexual transmission reached 46.5 % and 17.4 %, respectively. Since heterosexual transmission has already become the main mode of transmission in India, HIV infections and sexually transmitted infections are quickly spreading from the high-risk groups to the general population. As a special group, the migrant workers have been thought to have a higher level of sexual risk behaviour than the rural population.

In the present study, we conducted a survey among migrants in Vindhya region in order to identify the characteristics of this population, estimate the status of condom use, and determine the risk factors associated with casual extramarital sex. The focus of the investigation was on the working class of adult migrants, in order to help develop effective intervention approaches for preventing sexually transmitted diseases and improve the lifestyle and living conditions of these people. Although there were certain limitations in the sampling methodology, we attempted to represent the basic situation of adult migrant workers by enrolling migrants from different industries, districts, and age groups; most of them were manual and industrial labourers.

Discussion:

According to the published literatures, risk sexual behaviour was defined as having multiple sex partners, paying for sex, and homogeneity sex, etc. As we all know, heterosexual transmission has become the main mode of HIV/STD transmission in India. Previous studies have found that about 40.0 % of migrants fail to understand that use of condoms decreases the risk of HIV infection. Migrants who have engaged in sex with commercial sex workers have better HIV knowledge than migrants who have never paid for sex. The present study was one part of a large survey of the migrants in Vindhya Region. It took the participants about 35 min to fill in the questionnaire. We only selected the condom use and casual non-commercial extramarital sex as indices to assess the sexual behaviour of migrants. To our knowledge, this study was the first to document the sexual behaviour and condom use in Study area and to assess the possible factors for unprotected sex among migrant workers.

We found a low proportion of condom use among both male and female migrant workers.



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In our study, 58.0 % of participants (57.9 % and 58.1 % for males and females respectively) never used a condom in their sexual intercourse and 76.2 % either never or only occasionally

used a condom with their casual extramarital sex. Studies in South Africa (33.0 %) and Croatia (44.7 %) have revealed that condom use is less practiced among migrant workers having sexual contact with any casual or commercial sexual partners have found that there are 73.7 % unmarried male migrants in Shanghai who had sexual intercourse had not used condoms in their last sexual intercourse and 50.6 % reported never or occasionally used a condom with their casual extramarital sex. The condom use in general group in the present study was higher than previously reported by other studies, but lower in the casual extramarital sex group than others As reported, participants who perceived themselves to be at low risk of HIV infection were more likely to have non-regular sexual partners than those at a higher risk., The education of condom use in migrants is necessary especially among those who had casual extramarital sex.

Conclusions:

As a result of poor condom promotion, education, and utilization efforts, the risk is enhanced by the low frequency of consistent condom use among returnee migrants having sexual contact with their spouses and regular sexual partners. In addition, migrant workers are less willing to use condoms because of connotations of multiple partnerships. Our results are a reminder that we should support safe-sex education programs in those industries with low condom usage and a high possibility of casual partners. It is suggested that more attention should be paid to sexual health education given to women, and those employed in domestic service or wholesale and retail sales. Condom use should be encouraged, especially in older, low-income, and less educated populations. In addition, the appropriate focus of sexual health education may differ between men and women migrants. Further studies are needed to explain why women migrants in domestic service are more likely to have a casual extramarital partner than men and the different psychological characteristic between female and male migrants.

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