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# A Study of Sexual Health Problems among Male Migrants in Tamilnadu, India


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**Abstract**

The issue of sexual health has a very expensive implication to migrants more than to any other groups of people in the society. A dramatic shift from the world of permanent settlers to the status of migrants entails many consequences. Sex health is an important aspect of this mobility. The recent studies in the field of migration and health suggest that there is a strong association between the number of HIV/AIDS cases and the volume of migration. In this situation, an attempt has been made to analyze the HIV/AIDS risk sexual health problem among male migrant workers of Tamilnadu.


**Objectives**

The objectives of the present research paper are

- To examine the sexual behavior with FSW and NFSW (Female Sex workers and Non-Female Sex Workers) among male migrant workers in Tamilnadu

- To analyze the Socio Economic and Demographic characteristics of male migrant workers in the study areas and
- To assess the sexual health problems and their HIV/AIDS risk among male migrant workers of Tamilnadu.

**Background**

The issue of sexual health has a very expensive implication to migrants more than to any other groups of people in the society. A dramatic shift from the world of permanent settlers to the status of migrants with greater mobility entails many consequences. When people migrate from their places of origin to the other destinations, their behaviors change. This change includes not only their general behavior but also the sexual activity in the host places.

Sexual health is a central aspect of being human throughout life and encompasses sex, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexual health is also experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationship with others in the society. Sexual health is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.

**Recent Studies**

Recent studies in the field of migration and health suggest that there is a strong association between the number of HIV/AIDS cases and the volume of migration. When the number of moves increases, there is also an increase in the incidence of HIV/AIDS cases.

India has witnessed a considerable increase in the prevalence of HIV infection in both the high risk population and the general population since 1986 when the first case of HIV was detected in India. Society is still making up its mind about how to cope with the sexual inclination of men and the desperate economic needs of women that promote prostitution.

It is also estimated that there are approximately 5.1 million people living with HIV/AIDS in India (Nalini Tarakeshwar, et al. 2006). HIV/AIDS is the pandemic which spreads all over the country, particularly; the rates of infection seem to be high in the states with a larger number of migrants. It is very urgent to notice that with growth in global trade and globalization India will be one of the most important nations. This would bring in more mobility which may increase the number of HIV positive cases. The total number of cases may exceed Zambia in future.

**Processes of Migration**

Migration is a form of spatial mobility, which involves change in the usual place of residence and implies movement across an administrative boundary. The change in the usual place of residence can take place either permanent or semi-permanent or temporary basis (R.B. Bhagat,

2005). Greater mobility of the migrants will influence the increase in the sexual behavior causes among male migrants.

Influence of migration on sexual health involves many socio-economic factors including age, duration of stay, marital status, multiple sex partner in the host place, consuming alcohol during and/or before prior to the sex, close bodily relationship with friends, etc., Hence, the vulnerability to HIV/AIDS among the male migrant workers those who have left behind their wives in the place of origin as well as in general population has increased.

The risks of sexual health among male migrants were neglected by researchers earlier. Lack of awareness about the sexual health, periodic health care attention by the health care service providers has amplified the sexual health problem among the male migrant workers. In this situation, an attempt is made here to analyze the HIV/AIDS risk sexual health problem among male migrant workers of Tamilnadu, India.

**Study Area and Methodology**

The data for this analysis has been obtained from the project data executed by the Population Council of India. The data of the male migrant workers of six districts was used for this analysis on the basis of the volume of migrants (Census of India, 2001). Accordingly, Chennai, Tiruvallur, Kancheepuram, Pudukkottai, Tiruchirapalli and Coimbatore districts were selected. Among the total of 6730 male migrant workers, 3037 eligible male migrant workers who made two moves in the past 2 years prior to the survey were selected. Data was collected from the respondents through face-to-face interviews in private locations close to the residence or work place of respondents.

Socio-economic and demographic data pertaining to the respondents such as type of place, religion, caste, age, income, level of education, type of work in the destinations were collected from the respondents so as to analyze the relation with the HIV/AIDS risk sexual health problem. Information relating to HIV/AIDS risk related sexual health such as the migrant workers who had sex outside in the past 12 months, either they had sex with FSW or NFSW (Female Sex workers and Non-Female Sex Workers), any health problem in the past six months, kind of sexual health problems, and STI symptoms in the past twelve months were collected. The magnitude of the relationship between the socio-economic and demographic characteristics of male migrant workers with HIV/AIDS risk sexual health problem has been analyzed with the use significant test and logistic regression analysis.

**TABLE-1: PERCENTAGE DISTRIBUTIONS BY SEXUAL BEHAVIOUR AND HEALTH PROBLEM AMONG MALE MIGRANTS WORKERS**

| SEXUAL BEHAVIOUR | HEALTH PROBLEM | | TOTAL N=449 |
|---|---|---|---|
| | YES N=132 | NO N=317 | |
| FSW | | | |
| Yes | 81.8 | 20.8 | 174(38.8) |
| No | 18.2 | 79.2 | 275(61.2) |
| NFSW | | | |
| Yes | 87.1 | 84.9 | 384(85.5) |
| No | 12.9 | 15.1 | 065(14.5) |

***FSW-** Female sex workers ***NFSW-** Non-Female sex workers

Above Table 1 explains the distribution of male migrant workers' sexual behavior and health problem in the place of destinations. Of the total male migrants, nearly four-tenth of them had sex with FSW. More than eight-tenth of them had sex with NFSW. Those who had sex outside the marriage 81.8 and 87.1 of the male migrant workers had the health problem in the past six months prior to the survey with FSW and NFSW respectively.

Table 2 outlines the total respondents. 62 percent were in the age group 26 and above and 5 percent of the male migrants belong to the age below 21 years. Around 90 percent of the male migrants had stayed more than 3 years of duration of stay. This information is important because health problems of the male migrants were influenced by the duration of stay. Hence 90 percent of the male migrants had health problem when their duration of stay was three years and above. A little less than eight in ten had moved to more than four places since they left from home. More than nine tenth of the male migrants had health problems in the past six months. 65 percent of the respondents had at least one sexual partner and 94 percent of the respondents had health problem in the study areas.

**TABLE-2: PERCENTAGE DISTRIBUTIONS BY DEMOGRAPHIC CHARACTERISTICS AND HEALTH PROBLEM AMONG MALE MIGRANTS WORKERS**

| DEMOGRAPHIC CHARACTERISTICS | HEALTH PROBLEM | | TOTAL N=449 |
|---|---|---|---|
| | YES N=132 | NO N=317 | |
| **Age** | | | |
| 18-21 | 03.0 | 06.3 | 24(05.3) |
| 22-25 | 31.8 | 33.8 | 149(33.2) |
| 26-29 | 40.9 | 28.7 | 145(32.3) |
| 30-33 | 15.2 | 18.0 | 77(17.1) |

| | | | |
|---|---|---|---|
| 34 | 09.1 | 13.2 | 54(12.0) |
| **Marital status** | | | |
| Single | 59.8 | 55.2 | 254(56.6) |
| Ever married | 40.2 | 44.8 | 195(43.4) |
| **Duration of stay** | | | |
| Less than 2years | 04.5 | 13.9 | 50(11.1) |
| 3-5 | 66.7 | 201 | 289(64.4) |
| 6+ | 28.8 | 22.7 | 110(24.5) |
| **Number of moves since they left** | | | |
| 2-3 | 03.8 | 29.3 | 98(21.8) |
| 4-5 | 92.4 | 62.1 | 319(71.0) |
| 6+ | 03.8 | 08.5 | 32(07.1) |
| **Number of sexual partner** | | | |
| No partner | 06.1 | 46.7 | 156(34.8) |
| 0ne partner | 22.1 | 43.2 | 166(37.1) |
| Two partner | 71.8 | 10.1 | 126(28.1) |

Table 3 shows 78 percent of the male migrants are workers in the factories and other occupation and 21 percent of the male migrants were engaged in construction work. Concern for the health problem and workers classification was found to be high among the factory workers followed by others. About half of the respondents' income range was Rs.3501-4500, 15 percent of them were in the income range of less than Rs.3500 and remaining were in the range of Rs.4501 and above. 35 and 55 percent of the respondents had health problem in the first range and second range of income. Three-fourth of the respondents had below secondary level of education and half of these respondents had experienced health problems in the past six months prior to the survey. Nine in ten were Hindus in the study area and eight in ten experienced health problem. 97 percent of the male migrants belong to OBCs and SCs. It is serious to notice that almost every one experienced health problem in the study areas.

**TABLE-3: PERCENTAGE DISTRIBUTIONS BY SOCIO ECONOMIC CHARACTERISTICS AND HEALTH PROBLEM AMONG MALE MIGRANTS WORKERS**

| SOCIO EDONOMIC CHARACTERISTICS | HEALTH PROBLEM | | TOTAL N=449 |
|---|---|---|---|
| | YES N=132 | NO N=317 | |
| **Workers classifications** | | | |
| Construction workers | 16.2 | 23.3 | 96(21.4) |
| Factory workers | 53.0 | 34.4 | 179(39.9) |
| Others | 30.3 | 42.3 | 174(38.8) |
| **Income range** | | | |

| | | | |
|---|---|---|---|
| <3500 | 09.8 | 18.0 | 70(15.6) |
| 3501-4500 | 34.8 | 52.7 | 213(47.4) |
| 4501-5500 | 18.2 | 25.2 | 104(23.2) |
| 5501 | 37.1 | 04.1 | 62(13.8) |
| **Education** | | | |
| No education | 00.8 | 01.9 | 007(01.6) |
| Primary | 03.8 | 28.1 | 94(20.9) |
| Secondary | 40.2 | 57.7 | 236(52.6) |
| Higher secondary | 34.1 | 10.4 | 078(17.4) |
| Degree | 21.2 | 01.9 | 034(07.6) |
| **Religion** | | | |
| Hindu | 80.3 | 93.7 | 403(89.8) |
| Muslim | 07.6 | 02.2 | 17(03.8) |
| Christian | 12.1 | 04.1 | 29(06.5) |
| **Castes** | | | |
| SCs | 28.8 | 32.8 | 142(31.6) |
| STs | 00.0 | 00.3 | 001(00.2) |
| OBCs | 71.2 | 62.8 | 293(65.3) |
| Others | 00.0 | 04.1 | 013(2.9) |

***Others** (fisher man mining petty shops salaried contractors)

**TABLE-4: PERCENTAGE DISTRIBUTIONS BY SEXUAL HEALTH PROBLEM AMONG MALE MIGRANTS WORKERS**

| SEXUAL HEALTH PROBLEM | HEALTH PROBLEM | | TOTAL |
|---|---|---|---|
| | YES N=132 | NO N=317 | N=449 |
| Bent penis | 4.8 | 95.2 | 062(13.8) |
| Dhat | 43.6 | 56.7 | 175(39.0) |
| Frequent painful urination | 46.1 | 53.9 | 102(22.7) |
| Garmi | 75.0 | 25.0 | 028(06.2) |
| Itching in genital area | 56.3 | 43.7 | 215(47.9) |
| Lack of erection | 7.5 | 92.5 | 040(08.9) |
| Phoda /Phunsi | 4.1 | 95.9 | 049(10.9) |
| Poor quality of semen | 16.7 | 83.3 | 006(01.3) |
| Premature/early ejaculation | 7.9 | 92.1 | 038(08.5) |
| Swapna dosh | 64.3 | 35.7 | 353(78.6) |

| | | | |
|---|---|---|---|
| Swelling in groin area | 37.2 | 62.8 | 078(17.4) |

Swapna dosh - semen released at deep sleep. Garmi, Dhat, Phoda/Phunsi are local terms used for injury, sore and cut. These words are common terms used to collect the data from the male migrant workers.

Table 4 shows the specific nature of the sexual health problem. Out of the total male migrant workers, 78 percent reported that Swapna dosh was the major sexual health problem followed by itching in the genital area (47.9) and Dhat (39.0). 65 percent of the respondents who had swapna dosh had health problem followed by 56 and 43 percent who had itching in the genital area and Dhat respectively.

**TABLE-5 PERCENTAGE DISTRIBUTIONS BY SEXUAL HEALTH PROBLEM AND STI SYMPTOMS AMONG MALE MIGRANTS WORKERS**

| **STI symptoms** | **HEALTH PROBLEM** | | **TOTAL N=449** |
|---|---|---|---|
| | **YES N=132** | **NO N=317** | |
| Yes | 90.9 | 35.3 | 232(51.7) |
| No | 09.1 | 64.7 | 217(48.3) |

*__STI__ includes Garmi, Phoda/Phunsi, swelling in the groin area, Itching in genital area, frequent painful urination.

The above Table 5 shows the sexual health problem and STI symptoms among the male migrant workers in the study areas. Out of the total respondents 51.7 percent had STI symptoms and 91 percent of them had health problem during the past six months among male migrant workers in the study areas. It is also noticed that these two variables were highly significant at 0.01 percent level.

**TABLE-6: PROFILES OF MALE MIGRANT WORKERS AND RGERESSION ANALYSIS OF HEALTH PROBLEMS**

| **PREDICTORS** | **B value** | **Exp(B)** |
|---|---|---|
| **Age** | | |
| 18-21 | | |
| 22-25 | .557 | 1.745 |
| 26-29 | 1.066 | 2.905 |
| 30-33 | .811 | 2.251 |
| 34 | 1.162 | 3.198 |
| **Marital status** | | |
| Single | | |
| Ever married | -.037 | .963 |
| **Duration of stay** | | |
| Less than 2years | | |

| | | |
|---|---|---|
| 3-5 | -.138 | .871 |
| 6+ | -.454 | .635 |
| **Number of moves since they left*** ** | | |
| 2-3 | | |
| 4-5 | -1.921 | .147 |
| 6+ | -1.092 | .336 |
| **Number of sexual partner*** ** | | |
| No partner | | |
| 0ne partner | -1.035 | .355 |
| Two partner | -3.035 | .048 |
| **Workers classifications** | | |
| Construction workers | | |
| Factory workers | -.250 | .779 |
| Others | -.480 | .619 |
| **Income range*** ** | | |
| <3500 | | |
| 3501-4500 | .478 | 1.613 |
| 4501-5500 | .947 | 2.579 |
| 5501 | -1.349 | .260 |
| **Education** | | |
| No education*** | | |
| Primary | 1.106 | 2.762 |
| Secondary | 1.239 | 2.451 |
| Higher secondary | 1.140 | 1.127 |
| Degree | .908 | .479 |
| **Religion**** | | |
| Hindu | | |
| Muslim | -2.118 | .120 |
| Christian | .049 | 1.050 |
| **Castes** | | |
| SCs | | |
| STs | 17.378 | 3.524 |
| OBCs | .692 | 1.998 |
| Others | 18.891 | 1.601 |

***<.01**<.05level of significance

Table-6 shows the analysis of male migrant workers' socio economic and demograohic characteristics and their health problems in the past six months prior to the survey with a logistic regression analysis. The analysis from this table explains that the variables like age, marital status, and duration of stay, number of moves since they left their home, number of sexual partners, workers' classification, income range, education, religion, and caste were considered for the binary logistic regression analysis. It was found that several variables such as number of moves, number of sexual partners, income range, education and religion were associated with the health problem of the male migrant worker respondents at <0.01 percent level of significance.

It was observed from the above table that at the age groups 20-25 and 26-29, migrant workers have 290 and 225 percent of more likely chance to get health problem compared to the first (reference) category. Number of moves directly associated with health problem. Income range of

the respondents does not control the health problem of the respondents. There is less likely chance of Muslim migrant workers getting health problem to the reference category of Hindus. The health problem may induce the incerease in STI symptoms and, in due course of time, may increase HIV/AIDS with male migrants workers.

**Conclusion**

Migration and healthy life as human rights encompass individual freedom and social enlightenment. Both depend for their realization on equally important social responsibilities on the part of an individual, couples, families, other social institution and the state. According to the National Aids Control Organization reports, 5.1 million people live with HIV/AIDS in India. The behavioral pattern of migrants changes when they migrate from rural to urban areas due to availability of employment opportunities, better income and other facilities.

We need to notice that not only the general behavior of the migrants but also their sexual behavior changes. Combining the number of sexual partners and lack of awareness on sexual health increases the sexual health problem among migrant workers. Lack of periodic health care attention by the health care providers has amplified the sexual health problem among the male migrant workers. In this situation, we made an attempt to analyze the HIV/AIDS risk sexual health problem among male migrant workers of Tamilnadu.

Of the total migrant workers 449 had sex outside the marriage in the past 12 months prior to the survey. 86 and 39 percent of them had sex with FSW and NFSW. 81 and 87 percent of the male migrant workers had health problem in the past six months. About six tenth of the respondents were in the age group 26 years and above. 90 percent of them had more than three years as the duration of stay in the study areas. Majority (90 percent) of the male migrants had health problem among those whose duration of stay was three years and above. 80 percent of the male migrant workers moved to four places since they left home.

79 percent of the male migrant workers engaged in the factory work and other types of work. Health problem was found to be high among the factory workers followed by others. About half of the respondents' income range was Rs.3501-4500, 15 percent of them were in the income range of less than Rs.3500 and remaining were in the range of Rs.4501 and above. 35 and 55 percent of the respondents had health problem in the first range and second range of income. Three-fourth of the respondents had below secondary level of education and half of these respondents had experienced health problems in the past six months prior to the survey. Nine in ten were the Hindus in the study area and eight in ten had experienced health

Out of the total male migrant workers, 78 percent reported Swapna dosh was the major sexual health problem followed by itching in the genital area (47.9) and Dhat (39.0). It is interesting to note that the health problem and STI symptoms were highly significant at 0.01 percent level. It was found from the logistic regression analysis that the number of moves, number of sexual partners, income range, education and religion were associated with the health problem of the

male migrant worker-respondents at <0.01 percent level of significance. Number of moves of the male migrant workers was positively linked to health problem.

**Suggestions**

- The male migrant workers should be imparted knowledge about the advantages of the sexual health.
- The State and Central Governments should take necessary steps for the easy access of medical facilities by the male migrant workers.
- Effective counseling should be given to male migrant workers about the sexual health problem and the effects of condom use.
- Moral and spiritual disciplines may also help reduce the incidence and improve health conditions.

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**References**


Anil Kumar, Shalini Bharat, Niranjan Saaggurti, Ravi K. Verma, Anrudh Jain, Saumya Rama Rao, Kanchan Mukherjee, Ajay K. Singh, Suvakanta N. Swain. Migration/ mobility and vulnerability to HIV among male migrant workers, Maharashtra 2007-08, published by Population Council, New Delhi 2008.

Bhagat, R.B. Conceptual Issues in Measurement of Internal Migration in India, Paper Presented in XXV$^{th}$ IUSSP International Conference held in Tours, France, 18-23 July 2005.

Census of India, Migration Tables, Registrar-General and Census Commissioner, India, 2001.

Nalini Tarakeshwar, A.K. Krishnan, Sethulakshmi Johnson, Suniti Solomon, Kathleen Sikkema and Michael, Living with HIV infection: Perceptions of patients with access to care at a non-governmental organization in Chennai, *India Culture, Health & Sexuality*, September-October 2006; 8(5): 407-421

Niranjan Saggurti, Ravi K. Verma, Suvakanta N. Swain, Hanimi Reddy Modugu, Ajay K.Singh, Saumya Rama Rao, Anrudh Jain, Patterns of Migration/Mobility and HIV risk among female sex workers, Tamilnadu 2007-08, Population Council, New Delhi, 2008.

Niranjan Saggurti, Ravi K. Verma, Anrudh Jain, Saumya RamaRao, Anil K. Kumar, Anjaneyalu Subbiah, Hamini Reddy Modugu, Shiva Halli, Shalini Bharat. HIV risk behaviors among contracted and non-contracted male migrant workers in India: potential role of labor contractors and contractual system in HIV prevention, *AIDS* volume 22, supplement 5 December 2008, pp. 127-136.

Singh, S. K. and Sourabh Chakraborty. How safe is our work place with respect to HIV/AIDS - A study of diamond industry of Surat. *The Journal of Family Welfare*, Vol.55, No1, June 2009.

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