

Social Networking, Knowledge of HIV/AIDS and Risk-Taking Behavior Among Migrant Workers

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Abstract. *With increasing agricultural development, industrialization, and urbanization India has experienced huge migration flows. These have significant implications for the spread of sexually transmitted diseases and HIV/AIDS spread. The present paper attempts to study the extent of knowledge of STDs and HIV/AIDS and the prevalence and correlates of risk-taking behaviors among migrant workers in Surat city of India utilizing data from a research project undertaken in 2000-2001 at International Institute for Population Sciences, Mumbai. Major findings of the study suggest that a majority of the migrants in Surat city are aware of AIDS and have knowledge of at least one correct mode of transmission of HIV/AIDS. The awareness and knowledge of STDs and correct mode of their transmission is less widespread. A large proportion of migrant workers in the city, particularly long distance young migrants (age-group 20-30) stay alone or with friends. Their living arrangements have significantly affected the prevalence of risk-behavior such as visits to CSWs and extra marital relationship. An attempt is also made to determine the prevalence of multiple risk-traits among these migrants in order to identify the relative influences of contextual, social network and personal factors in the dynamics of drug use and risky sexual behavior.*

Keywords: HIV/AIDS; risk behavior; STDs; migrant workers; social networking; India.

1. Introduction

Twentieth century, particularly the later half of the twentieth century, has witnessed a massive transfer of population, both voluntary, and otherwise, across national and international borders due to changing socio-economic and demographic milieu. Initially it was only migration across

border that worried governments in countries experiencing heavy immigration from other countries with concern that incoming migrants might bring HIV with them. While this scenario still persists, economic hardships related large volume of internal migration streams have also become a matter of serious concern in the dynamics of spread of sexually transmitted diseases (STDs) and HIV/AIDS. The concern arises from the fact that in most of the countries volume of internal migration is much larger compared to volume of international migration, signifying the enormity of the number of people at risk. Besides, internal migration of people may be much faster and migrants may move to several places within a short span of time thus fast extending the territorial spread of these diseases. Thirdly most of the internal migrants keep close contact with their families in rural areas by frequent visits, and become the main source of the spread of infection to the interior rural areas.

In India as in many other developing countries, increasing agricultural development, industrialization, and urbanization have initiated substantial internal population movements, mainly towards cities and other areas of economic opportunities such as irrigation, power and other project sites from economically poorer areas. Majority of the migrants are poor and illiterate and hail from rural areas. They work mainly as laborers on construction sites, in factories as workers or in other informal activities in cities and earn too little to have formal housing. In cities most of them live in slums in sub-human conditions. Population movements of the scale currently experienced in developing countries including India have significant implications for the spread of sexually transmitted diseases and HIV/AIDS. Age and sex selectivity of migrants i.e. dominance of single male migrants, are additional factors that make migration a great potential in spreading the sexually transmitted health risks.

However, it is to be emphasized that migration per se does not put an individual at risk of HIV/AIDS. It is the socio- economic and environmental vulnerabilities of the migrants that put them to higher HIV/AIDS risk as well as make them a potent agent in its spread. Vulnerability to STDs and HIV is often greatest when people find themselves living and working in conditions of poverty, powerlessness and social instability, conditions applying to most of the migrants. Separation from family, isolation/loneliness in an unfamiliar city environment, a sense of anonymity that offers more sexual freedom, and availability of some disposal income in hand, are some of the factors that make migrants more prone to adopting high-risk behavior such as alcohol and drug-use and unprotected sex with the person with unknown sexual history, making them vulnerable groups for HIV infection (UNAIDS and IOM 1998). A large majority of the migrants move single leaving their families in the

villages, thus nobody to fall upon in case of need. The resulting isolation and insecurity may increase vulnerability to HIV (Bronfman and Minello 1995).

However, migrants being social human beings create their own social networks and relationships, which are often non-familial and are of short duration. This kind of social networking and relationships may also make them more vulnerable to peer group pressures and acts. In addition to individual risk-factors of HIV/AIDS infections, migrant labors is also exposed to various environmental risk-factors, such as availability of recreational outlets like beer bar, discotheque, easy availability of commercial sex workers, exposure to pornographic materials, etc. that may increase the vulnerability to HIV infection. The cultural heterogeneity of people from different areas may keep the anonymity of the relationships with realistic possibility of unsafe sex due to drunkenness, and drug-use that are known to weaken self-control. The problem gets multiplied as most of these migrants have poor information as well as poor or no access to health care facilities at the place of destination.

The threat of extensive spread of HIV is looming large in India. The estimates show that 2 to 5 million people in India are infected with HIV and 50,000 to 100,000 cases of AIDS may already have occurred in the country (NACO 2001). The most rapid and well-documented spread of HIV has occurred in Mumbai city and the state of Tamil Nadu. In Mumbai HIV prevalence has reached the level of 59 percent in sex workers, 33 percent in STD patients, 2 percent in women attending antenatal clinics and 24 percent each among MSM (males having sex with males) and drug users (NACO 2001). Contrary to traditional belief, studies show that sexually transmitted diseases and sex with multiple partners are common in the country, both in urban and rural areas (Verma and Lunghdim 2001). It is felt that HIV is spreading fast to rural areas through migrant workers who frequently visit their wives left in villages and have unprotected sex with them. Transient truck drivers are another source of STDs/ HIV spread to rural areas as many of the long distance trucks en route stop near roadside villages and are provided with drinks and women from these villages.

Surveys show that 5 to 10 percent of some truck drivers in the country are infected with HIV. The role of migration in STDs/ HIV infection was first highlighted by some studies on highly mobile groups such as truck drivers, commercial sex workers and itinerant traders (UNAIDS 2001). These studies, though, have helped in drawing inferences about linkages between migration and HIV spread, there is not enough information on the actual role of migration in the spread of HIV. Studying only highly mobile occupational

groups does not capture all the risk factors involved in the migration process. Outside specific studies on the sex trade and sex tourism, few studies have examined the risk-taking behavior of migrants with respect to HIV through community and work place based information. Moreover, the limited data available do little to explain the determinants of the risk-taking behavior that resulted into infection.

The present paper attempts to study the extent of knowledge about STDs and HIV/AIDS and the prevalence and correlates of risk-behavior among migrant workers in a fast growing city in India for examining the migration and STD, HIV/AIDS spread relationship. The study examines the location, organization, and types of social networks among the migrants and identifies the relative influence of contextual, social network, and personal factors contributing to the risky sexual behaviors.

2. Data and Study Design

This paper is based on the data collected for a larger project on *Impact of Development Projects on HIV/AIDS Spread* undertaken at International Institute for Population Sciences, Mumbai. The data was collected from some industrial and construction sites around Mumbai and Surat, two leading industrial cities of India. The data used for this study relates only to Surat city and was collected during September-October 2001. The survey used both qualitative and quantitative tools of data collection. Initially some interviews of workers and management people (key informants) were conducted to gather information about the migration, life styles and working conditions of the workers. On the basis of the information provided by key informants, some workers visiting commercial sex workers and other girls and women for sexual interactions were selected for in depth interviews. This qualitative information helped in developing a semi-structured questionnaire containing information on background characteristics of migrants; migration history and causes of migration; social networking; knowledge about STDs and HIV/AIDS and modes of their transmission and prevention; substance abuse; extent of indulgence into risk Behavior with respect to STDs and HIV/AIDS; and condom use. For canvassing the semi-structured questionnaire a representative sample of migrants in Surat city was selected by stratifying small scale, medium scale and large scale industries and randomly selecting 10, 7 and 5 industries from each of the three groups. Further, selection of the workers from each of the selected industries was done adopting probability proportion to size sampling design. This questionnaire

was canvassed only among 1010 male workers of these industries in Surat, of whom 918 were migrants. The findings of this paper are based on information collected from these 918 male migrant workers in Surat as well as some key informants interviews of a group of factory workers and management people and in-depth interviews of some migrants.

3. A Brief Profile of Surat and its Migration

Surat is the second largest city of Gujarat state (next to Ahmedabad) with a very sound base of industrial and trade activities. It is located on the right bank of river Tapti on the Ahmedabad-Bombay Highway. The city has undergone rapid and massive industrialization and has experienced an enormous growth of both organized and unorganized sectors during the last three decades. Several mega industries have developed in adjoining Hazira area and a number of medium and small-scale industries have also appeared all around and inside the city. Diamond polishing and silk trade have become very important commercial activities of the city. Together, all these developments have generated huge employment opportunities for both skilled and semi/unskilled workers. Due to this employment boom Surat city is also known as 'Zero Unemployment Zone'. Industrialization and increased trade have resulted into mass in-migration resulting into unplanned city growth, particularly the mushrooming of the slums in the city landscape. Forty percent of the city's population lives in slums. Due to the lack of space to expand, one can see an increasing number of high-rise buildings surrounded by sprawling slums at every available space. This city also falls in the high-risk category in terms of zero-positively.

3.1 Migration and Characteristics of Migrants In Surat City

As several dimensions of migration have significant implications for the extent of substance abuse and risk behaviors among migrants, detailed information was collected in the survey on several aspects of migration to Surat city. Table 1 presents some salient characteristics of the migration in Surat city. As expected an overwhelming majority of migrants in Surat (93 percent) city were from rural areas. More than two third migrants in Surat have migrated from other states of India, mainly from Uttar-Pradesh (23 percent) and Bihar (16 percent). Only about one-third migrants were from

Gujarat state thus indicating the cultural heterogeneity of migrant communities in terms of language, food habits etc.

Table 1
MIGRANTS IN SURAT BY STATE OF ORIGIN

	Gujarat		Other States		Total	
	Percentage	Number	Percentage	Number	Percentage	Number
Type of Residence						
Rural	90.9	259	93.2	590	92.5	849
Urban	9.1	26	6.8	43	7.5	69
Type of Industry						
Textile Industry	24.6	70	73.9	468	58.6	538
Diamond Industry	73.3	209	2.5	16	24.5	225
Steel Industry	2.1	6	23.5	149	16.9	155
Duration of Stay						
Less than one Year	6.0	17	11.7	74	9.9	91
One to Three Year	17.2	49	22.4	142	20.8	191
Three to Five Year	21.1	60	20.7	131	20.8	191
Above Five Year	55.8	159	45.2	286	48.5	445
Reasons of Migration						
Unemployment	56.1	160	69.5	440	65.4	600
Landlessness	6.3	18	8.2	52	7.6	70
Economic Problem	31.9	91	20.2	128	23.9	219
Irregular Work	1.8	5	0.9	6	1.2	11
Natural Calamity	1.4	4	0.0	0	0.4	4
Family Tension	0.4	1	0.6	4	0.5	5
Others	2.1	6	0.5	3	1.0	9
Number of Moves						
One	97.2	277	83.3	527	87.6	804
Two	2.5	7	13.1	83	9.8	90
Three	0.4	1	2.2	14	1.6	15
More than Three	0.0	0	1.4	9	0.9	9
Who Helped in Migration						
Family Member	35.1	100	27.0	171	29.5	271
Friends	37.9	108	31.6	200	33.6	308
Relative	21.8	62	28.6	181	26.5	243
Others	0.7	2	1.7	11	1.4	13
No One	4.6	13	11.1	70	9.0	83
Total	31.0	285	69.0	633	100.0	918

Of the total migrants, 59 percent were working in textile industry, 25 percent were working in diamond industry and 17 percent were working in steel industry. However, migrants from other states were mainly working in textile industries (74 percent), whereas majority of migrants from Gujarat (73 percent) were working in diamond industry. Nearly half of the migrants have migrated in Surat city less than five years preceding the survey. The proportion of the recent migrants was slightly higher in case of migrants from Gujarat state compared to migrants from other states.

Nearly two-third (65 percent) migrants stated unemployment as the main reason for their migration to Surat. The other important reasons stated were economic problems (24 percent) and landlessness (8 percent). Unemployment as the reason for migration was more important in case of migrants from other states than migrants from Gujarat. For eighty-eight percent of the migrants it was the first move and for another 10 percent it was the second move. Friends and family members who were already working in Surat played an important role in motivating as well as helping these migrants to migrate to Surat as nearly one-third migrants (34 percent) stated that they were motivated and helped by friends to migrate to Surat, and another 30 percent stated that their family members who have migrated to city earlier helped them to migrate to Surat. The dominant role played by friends and family members in attracting new migrants to the city highlights the importance of social networks in migration process.

The data on demographic characteristics of migrants (Table 2) shows that majority of the migrants belong to 20-24 (39 percent) and 25-29 (26 percent) age-groups. Eleven percent migrants were less than 20 years of age. Migrants from Gujarat were younger compared to migrants from other states. More than half of the migrants (53 percent) were ever-married (ever married includes currently married, widowed/divorced/deserted and separated males). The proportion of never married migrants from Gujarat was twice as high as that of migrants from other states.

As regards to educational level of the migrants, thirteen percent were illiterate, 43 percent were middle pass, 36 percent were up to high school pass and 9 percent were having educational level above high school. Migrants from other states were more concentrated either in illiterate category or in education level above high school category.

As expected a large number of migrants (47 percent) were working as laborers, 29 per cent were engaged in technical jobs and 20 percent were service workers. Migrants from Gujarat were working mainly as laborers (91 percent), whereas migrants from other states have more diversified occupational structure and were concentrated in technical jobs (39 percent), services (28 percent) and as laborers (28 percent).

Table 2
DEMOGRAPHIC CHARACTERISTICS OF MIGRANTS BY STATE OF ORIGIN

	Gujarat		Other States		Total	
	Percentage	Number	Percentage	Number	Percentage	Number
Age						
<20	15.8	45	9.3	59	11.3	104
20 to 24	48.4	138	34.6	219	38.9	357
25 to 29	19.6	56	28.1	178	25.5	234
30 to 40	10.5	30	22.0	138	18.4	169
> 40	5.6	16	6.0	38	5.9	54
Marital Status						
Never Married	66.0	188	38.9	246	47.3	434
Ever-Married	34.0	97	61.1	387	52.7	484
Educational Qualification						
Illiterate	8.4	24	14.5	92	12.6	116
Up to Middle Pass	68.8	196	31.3	198	42.9	394
Up to HSC	18.2	52	43.8	277	35.8	329
Above HSC	4.6	13	10.4	66	8.6	79
Occupation						
Business	0.0	0	1.3	8	0.9	8
Professional	0.7	2	2.1	13	1.6	15
Technical Worker	6.3	18	38.9	246	28.8	264
Service Worker	0.4	1	28.3	179	19.6	180
Worker	90.9	259	27.6	175	47.3	434
Office Staff	1.8	5	1.9	12	1.9	17
Monthly Income						
Below Rs.2000	5.3	15	19.6	124	15.1	139
Rs.2001 to Rs.3000	23.2	66	39.3	249	34.3	315
Rs.3001 to Rs.5000	58.6	167	34.1	216	41.7	383
Above Rs.5000	13.0	37	7.0	44	8.8	81
Total	31.0	285	69.0	633	100.0	918

Overall, nearly one-third migrants were earning Rs. 2,000-3,000 per month and another 42 percent were earning between Rs. 3,000-5,000 per month. However, monthly income of the migrants from Gujarat was much higher compared to migrants from other states. For example only 7 percent of migrants from other states stated their monthly income above Rs 5,000, compared to 13 percent migrants from Gujarat.

3.2 Housing and living conditions of migrants in Surat

Earlier studies (Nangia, Gupta, and Tiwari 1996) have shown that most of the rural migrants in cities live in slums. A majority of our respondents were also staying in slums in Surat city. Table 3 presents the housing and other living conditions of migrants in Surat. Nearly 8 percent of the migrants were living in their own house. Another one-fourth of the migrants were living in separate rented house. Nearly one-third migrants were sharing the accommodation with the friends and 19 percent have company accommodation. Majority of the migrants (57 percent) were living together with two to four persons and another 35 percent were living with more than five persons. For 57 percent of the migrants public tap was the source of water. Almost all to the migrants have electricity as the source of lighting. Nearly one-third migrants have public flush toilets. However nearly one-fifth of the migrants were defecating in open air. The difference in the living conditions between migrants from Gujarat and other states was not very significant. In general, however migrants from Gujarat have relatively better housing conditions than migrants from other states.

4. Social Networking of Migrants

Though a majority of the migrants live far away from their near and dear ones, they maintain close ties with their families and households by frequently visiting their native place and by sending remittances. At the place of destination also they develop their own social and cultural networks that are reflected in their living arrangements and residential patterns. Very often this social networking develops on regional and language affiliations and starts even before a person decides to migrate and selects the destination of migration. These networks act as strong emotional support systems and to a great extent determine peer group behaviors and activities.

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Table 3
LIVING CONDITIONS OF MIGRANTS

	Gujarat		Other States		Total	
	Percentage	Number	Percentage	Number	Percentage	Number
Place of Living						
Separate Rental House	21.4	61	27.8	176	25.8	237
Own House	13.7	39	5.1	32	7.7	71
Sharing with Friends	33.7	96	29.7	188	30.9	284
Sharing with Relatives	13.7	39	15.6	99	15.0	138
Provided by Company	16.1	46	20.5	130	19.2	176
Others	1.4	4	1.3	8	1.3	12
Number of Persons Living Together						
One	5.3	15	10.1	64	8.6	79
Two to Four	35.1	100	66.4	420	56.6	520
Five to Eight	43.9	125	20.2	128	27.6	253
Above Eight	15.8	45	3.3	21	7.2	66
Source of Water						
Public Tap	70.2	200	50.4	319	56.5	519
Hand Pump/Well	1.4	4	16.3	103	11.7	107
Private Tap	28.1	80	28.8	182	28.5	262
Provided by Company	0.4	1	4.6	29	3.3	30
Source of Light						
Electricity	99.6	284	95.4	604	96.7	888
Kerosene	0.4	1	4.4	28	3.2	29
Others	0.0	0	0.2	1	0.1	1
Toilet Facilities						
Private Flush	57.2	163	21.8	138	32.8	301
Private Without Flush	24.9	71	31.0	196	29.1	267
Public Flush	10.9	31	6.2	39	7.6	70
Public Without Flush	4.9	14	8.1	51	7.1	65
Open Air	1.8	5	29.1	184	20.6	189
Provided By Company	0.4	1	3.9	25	2.8	26
Total	31.0	285	69.0	633	100.0	918

Table 4 presents the distribution of migrants with various indicators of family and social interactions such as the magnitude of remittances, frequency of visits of migrants to their native places and migrants' living

arrangements, friendship patterns, interaction with neighbors, and feeling about working and social environment at the place of destination. Only a small proportion of migrants (22 per cent) do not remit any money. A higher percentage of migrants from Gujarat than other states do not remit any money, because the proportion of those who live with their family is higher for migrants from Gujarat than for migrants from other states. At the same time the proportion of those who remit more than Rs. 20,000 per year is also higher for migrants from Gujarat than from other states, may be because of their higher monthly earnings. Majority of migrants visit their native place once in a year and there are not significant differences in the frequency of visits to native place between migrants from Gujarat and other states.

The information about living arrangement of migrants show that forty-seven percent of the migrants were living with friends, 9 percent were living alone, 15 percent were living with their relatives and 29 percent were living with their own family. The proportion of those who are living alone or with friends is higher for migrants from other states than for migrants from Gujarat. Majority of the migrants (77 percent) have at least two close friends and only 5 percent migrants did not have any friend. Migrants from Gujarat have more number of close friends than migrants from other states. Two in five migrants share a good relationship with their neighbors but 13 percent did not have any interaction with their neighbors. This proportion is higher for migrants from other states. A large majority of the migrants (82 percent) feel o.k. about their working and living environment. Six percent migrants mentioned their social and working environment as bad.

5. Knowledge of STDs and HIV/AIDS

In this part we present summary statistics on awareness and knowledge about the infection/disease and their correct mode of transmission. In the survey questions were asked separately regarding respondents' knowledge about STDs, HIV, and AIDS. However, our data showed that only 5 percent of the respondents told that they had heard about HIV (data not shown separately). This coupled with the fact that the distinction between HIV, the infection, and AIDS, the complex set of conditions resulting from the infection is often blurred in people's mind, in this paper results are presented only for knowledge about STDs and HIV/AIDS combined. Table 5 shows the percent distribution of migrants by knowledge of STDs and HIV/AIDS combined by their background characteristics.

Table 4
INDICATORS OF FAMILY AND SOCIAL INTERACTION: PERCENTAGE
DISTRIBUTION OF MIGRANTS BY MONEY SENT TO NATIVE PLACE,
FREQUENCY OF VISITS TO NATIVE PLACE, LIVING ARRANGEMENT, NUMBER
OF CLOSE FRIENDS, RELATIONSHIP WITH NEIGHBOURS AND FEELING
ABOUT SOCIAL AND WORK ENVIRONMENT

Family & Social Interaction	Gujarat		Other States		Total	
	Percentage	Number	Percentage	Number	Percentage	Number
Money Send to Native Place						
Up to Rs.10000	22.1	63	41.9	265	35.7	328
Rs.10000 to Rs.20000	34.4	98	27.3	173	29.5	271
Above Rs.20000	19.3	55	10.1	64	13.0	119
Not Sending Money	24.2	69	20.7	131	21.8	200
Frequency of Visit to Native Place						
Once in a year	75.8	216	72.2	457	73.3	673
Once in two years	16.8	48	19.1	121	18.4	169
After two years	1.1	3	1.6	10	1.4	13
Whenever needed	2.1	6	1.1	7	1.4	13
Never gone	4.2	12	6.0	38	5.4	50
Living Arrangement						
Alone	5.3	15	10.1	64	8.6	79
With Friends	47.7	136	46.8	296	47.1	432
With Relatives	13.0	37	15.8	100	14.9	137
With Own Family	34.0	97	27.3	173	29.4	270
Number of Close Friends						
None	1.8	5	5.7	36	4.5	41
One	7.7	22	23.4	148	18.5	170
Two	23.5	67	36.8	233	32.7	300
Three to Five	53.0	151	27.3	173	35.3	324
> Five	14.0	40	6.8	43	9.0	83
Relationship with Neighbour						
Good	41.4	118	45.0	285	43.9	403
Neutral	51.9	148	38.9	246	42.9	394
Bad	0.4	1	0.6	4	0.5	5
No Interaction	6.3	18	15.5	98	12.6	116
Feeling About Working & Social Environment						
Good	16.8	48	11.1	70	12.9	118
Average	76.8	219	83.6	529	81.5	748
Bad	6.3	18	5.4	34	5.7	52
Total	31.0	285	69.0	633	100.0	918

Less than half of the migrants in Surat (47 percent) have heard about STDs. However, a large majority of migrants (86 percent) have heard about HIV/AIDS. This shows that among migrant workers in Surat, knowledge about STDs is much restricted than knowledge about HIV/AIDS. The much wide spread knowledge about AIDS is due to the fact that mass media, particularly national TV has concentrated mainly in creating awareness about AIDS and its transmission. The information communication and education (IEC) activities with respect to other sexually transmitted diseases are neglectable. Again the fact that only 5 percent of the migrants have heard about HIV but a large majority have heard about AIDS implies that only partial knowledge is being transmitted, which in turn has implications for the effectiveness of IEC activities. Apart from having merely heard about STDs and HIV/AIDS, it is also important to understand the kind of knowledge that migrants have in order to be able to design effective target oriented interventions. Questions on the mode of transmission were asked of those who have heard about STDs and HIV/AIDS.

Table 5 presents the distribution of migrants who have heard of STD's and HIV/AIDS by their knowledge of mode of transmission by some important background characteristics of the migrants. It is clear that compared to HIV/AIDS, knowledge of the mode of transmission of STDs is less widespread among migrants. Among those who have heard about STDs, only about one-third (38 percent) knew at least one correct mode of transmission and 16 percent knew two or more correct modes of transmission. Twenty percent did not know of any mode of transmission of STDs. In case of those who have heard of HIV/AIDS, 62 percent knew at least two correct modes of transmission, 27 percent knew at least one correct mode of transmission and 11 percent did not know any correct mode of transmission. There are significant differences in the knowledge of STDs and their mode of transmission by the selected background characteristics of the migrants.

Knowledge of STDs as well as their mode of transmission is relatively better among migrants in ages 30-39 years than younger or older migrants. There is strong inverse relationship between knowledge of STDs and educational level of the migrants. Those who live with their own families are slightly more aware of STDs than others. The awareness about STDs generally increases with the increasing income level of the migrants. The differences in the knowledge of HIV/AIDS as well as its correct mode of transmission are less significant and more or less of the same order by background characteristics as of STDs.

Table 5
PERCENTAGE DISTRIBUTION OF MIGRANTS BY THEIR BACKGROUND
CHARACTERISTICS AND AWARENESS OF STD AND HIV/AIDS, SURAT

	Heard of STD	Know about at least one mode of Transmission of STD	Heard of AIDS	Know about at least one mode of Transmission of HIV/AIDS
Age				
Below 20	31.7	22.1	75.0	59.6
20 to 29	48.2	39.3	87.8	78.7
30 to 39	55.6	45.6	89.9	82.2
Above 40	40.7	31.5	77.8	72.2
Marital Status				
Never married	45.6	35.5	85.9	73.3
Ever married	48.8	40.3	86.4	80.0
Education				
Illiterate	17.2	13.8	54.3	38.8
Up to Middle pass	45.2	24.0	86.0	74.6
Up to HSC	55.0	45.9	94.2	84.2
Above HSC	69.6	60.8	100.0	96.2
Living Arrangement				
Alone	45.6	36.7	89.9	81.0
With Family	52.2	43.3	89.6	82.6
With Relatives	45.3	35.0	82.5	72.3
With Friends	45.1	35.9	84.5	70.8
Monthly Income				
Below Rs.2000	33.8	22.3	73.4	56.1
Rs.2001 to Rs.3000	40.0	30.5	81.3	67.6
Rs.3001 to Rs.5000	56.4	47.5	92.7	85.4
Above Rs.5000	55.6	49.4	96.3	91.4
Total	47.3	38.0	86.2	75.4

A migrant may acquire information about STDs and HIV/AIDS from a number of sources. Table 6 presents the distribution of those migrants who have heard of STDs about the source of their knowledge. Majority of the migrants have heard of STDs from friends or relatives (60 percent) or newspapers or magazines (58 percent), followed by television (46 percent). However, the differences in the source of knowledge by background characteristics of the migrants are not very significant. Friends and relatives are more important for illiterate migrants and newspaper/ magazine are more

significant for more educated migrants compared to other migrants. In case of HIV/AIDS (Table 7) also friends and relatives are the most important source of knowledge (67 percent), followed by television (65 percent) and newspaper/ magazine (61 percent). In case of source of knowledge of HIV/AIDS also friends and relatives are the most important source for illiterate or less educated migrants and for those who are living with friends. For more educated migrants (high school and above) and economically better off migrants, television and newspaper and magazines are more important source of knowledge.

The survey asked those who had heard about STDs and HIV/AIDS, whether STDs and HIV/AIDS are curable or not. Nearly half of the migrants, who have heard about STDs, think that STDs are not curable. A larger proportion of those who have heard of HIV/AIDS (61 percent) think that HIV/AIDS is not curable, 20 percent think it is curable and rest 20 percent do not know whether it is curable or not. Though majority of the migrants are clear about the fatality of HIV/AIDS, a large number of migrants do not know the full implications of contracting the disease, and this makes the task of prevention more difficult. The knowledge with respect to curability of STDs is more inadequate.



Table 6
PERCENTAGE DISTRIBUTION OF MIGRANTS WHO HAVE HEARD ABOUT AIDS AND AMONG THOSE WHO HAVE HEARD ABOUT AIDS BY SOURCES OF INFORMATION AND BY SELECTED BACKGROUND CHARACTERISTICS, SURAT

Background Characteristics	Percentage who have heard about AIDS	Among those who have heard about AIDS, percentage who received information from:				
		Radio	Television	Newspaper/Magazine	Friends/Relatives	Other Sources
Age						
Below 20	75.0	11.5	57.7	50.0	65.4	43.6
20 to 29	87.8	10.2	66.9	62.6	68.8	45.1
30 to 39	89.9	5.3	63.2	63.2	64.5	39.5
Above 40	77.8	7.1	52.4	52.4	59.5	33.3
Marital Status						
Never married	85.9	10.5	67.6	60.3	72.4	45.3
Married	86.5	8.2	61.9	61.4	62.7	41.4
Others	75.0	0.0	33.3	66.7	33.3	33.3
Education						
Illiterate	54.3	3.2	36.5	12.7	79.4	22.2
Up to Middle pass	86.0	7.7	59.0	57.8	71.4	48.7
Up to HSC	94.2	10.6	71.6	68.1	61.9	42.3
Above HSC	100.0	15.2	82.3	84.8	59.5	40.5
Living Arrangement						
Alone	89.9	15.5	70.4	67.6	62.0	35.2
With Family	89.6	7.9	68.6	64.0	64.0	45.9
With Relatives	82.5	6.2	69.0	58.4	60.2	45.1
With Friends	84.5	9.9	59.2	58.4	72.3	42.5
Duration of Stay						
< 1 year	79.1	9.7	54.2	41.7	56.9	34.7
1 to 3 year	75.9	9.7	61.4	60.0	69.7	40.0
3 to 5 year	90.1	8.7	67.4	62.8	67.4	50.6
Above 5 years	90.3	9.2	66.2	63.9	67.9	42.8
Monthly Income						
Below Rs.2000	73.4	8.8	48.0	39.2	63.7	37.3
Rs.2001 to Rs.3000	81.3	7.4	54.3	50.0	66.4	37.5
Rs.3001 to Rs.5000	92.7	10.7	73.0	72.1	69.0	48.7
Above Rs.5000	96.3	9.0	80.8	74.4	65.4	44.9
Total	86.2	9.2	64.5	60.9	67.1	43.2

TABLE 7
PERCENTAGE DISTRIBUTION OF MIGRANTS WHO HAVE HEARD
ABOUT STDs AND AMONG THOSE WHO HAVE HEARD ABOUT STDs BY
SOURCES OF INFORMATION AND BY SELECTED BACKGROUND
CHARACTERISTICS, SURAT

Background Characteristics	Percentage who have heard about AIDS	Among those who have heard about STDs, percentage who received information from:				
		Radio	Television	Newspaper/ Magazine	Friends/ Relatives	Other Sources
Age						
Below 20	31.7	12.1	45.5	45.5	72.7	21.2
20 to 29	48.2	8.4	46.3	64.6	56.1	41.4
30 to 39	55.6	5.3	48.9	44.7	64.9	42.6
Above 40	40.7	4.5	31.8	54.5	68.2	31.8
Marital Status						
Never married	45.6	10.6	45.5	61.1	58.6	39.4
Married	48.5	5.6	46.8	56.2	60.5	39.5
Others	75.0	0.0	33.3	33.3	100.0	33.3
Education						
Illiterate	17.2	5.0	30.0	20.0	90.0	30.0
Up to Middle pass	45.2	9.6	38.2	51.7	57.3	36.0
Up to HSC	55.0	6.6	53.0	65.7	61.3	42.0
Above HSC	69.6	7.3	54.5	69.1	52.7	45.5
Living Arrangement						
Alone	45.6	19.4	55.6	61.1	61.1	44.4
With Family	52.2	7.1	50.4	58.2	59.6	44.0
With Relatives	45.3	3.2	53.2	61.3	59.8	41.9
With Friends	45.1	7.7	39.0	56.9	61.5	34.4
Duration of Stay						
< 1 year	37.4	11.8	32.4	35.3	64.7	14.7
1 to 3 year	41.4	6.3	46.8	58.2	67.1	38.0
3 to 5 year	47.1	7.8	48.9	63.3	60.0	45.6
Above 5 years	51.9	7.8	46.8	59.7	56.7	41.1
Monthly Income						
Below Rs.2000	33.8	2.1	31.9	34.0	68.1	39.8
Rs.2001 to Rs.3000	40.0	7.1	39.7	54.0	65.1	31.7
Rs.3001 to Rs.5000	56.4	9.7	52.3	64.8	56.9	44.9
Above Rs.5000	55.6	6.7	48.9	64.4	51.1	44.4
Total	47.3	7.8	46.1	58.3	59.9	39.4

6. Prevalence and Determinants of Risk-Behaviours Among Migrants

6.1 Prevalence

At the place of destination migrants are expected to be more prone to take risky life styles because of the absence of moral pressure from family and community as well as the life situation in which they are put due to their poverty, isolation but with some disposable income in their hands. Under such circumstances migrants' risk taking behavior may be very much affected by their social networking, particularly by their living arrangements. As stated earlier many of the young, new migrants depend heavily on previous migrants from their areas both for economic and emotional support. Very often these previous migrants provide them shelter and food for months till they get some job and start earning. The distribution of migrants by selected means of entertainment, substance abuse and prevalence of risk behavior by their living arrangements provide interesting results (Table 8). The proportion of migrants who regularly watch TV differs significantly by their living arrangement. The highest proportion of those who watch TV regularly is of those migrants who live with their family. But these migrants go to theatre and video parlor the least.

Majority of the migrants, irrespective of their living arrangements, consume Gutka (a substance containing beetle nut powder, tobacco and many other harmful substances) or tobacco. The prevalence of smoking and drinking is more among migrants living alone compared to others. Though the prevalence of drug-use is very low among all the migrants, a slightly higher use of drugs is found among migrants living alone than other migrants. Similarly those who are living alone and living with friends also visit red light area more compared to those who live with their families or with relatives. Four percent of the migrants living alone are visiting commercial sex workers (CSWs) compared to 2 percent who live with family, friends or relatives. More than 10 percent of all the migrants have sexual relationship with other girls or women and this percentage is highest among those who are living alone (19 percent), followed by those who live with friends (15 percent).

Table 8
PERCENT DISTRIBUTION OF MIGRANTS BY LIVING ARRANGEMENTS
AND BY LIFE STYLE AND RISK BEHAVIOR, SURAT

	Alone	With Family	With Relative	With Friends	All Migrants	
					Percentage	Number
Watching T.V.						
Yes	53.2	71.5	59.1	48.1	57.1	524
No	46.8	28.5	40.9	51.9	42.9	394
Going to Theatre						
Yes	54.4	42.6	57.7	56.9	52.6	483
No	45.6	57.4	42.3	43.1	47.4	435
Go to Video Parlour						
Yes	22.8	18.9	24.1	25.2	23.0	211
No	77.2	81.1	45.9	74.8	77.0	707
Consume Gutaka/PanMasala/Tobacco						
Generally	50.6	51.1	44.5	50.7	49.9	458
Occasionally	20.3	11.5	17.5	18.8	16.6	152
Never	29.1	37.4	38.0	30.6	33.6	308
Smoking						
Generally	15.2	11.5	5.8	10.4	10.5	96
Occasionally	16.5	12.6	10.2	14.8	13.6	125
Never	68.4	45.9	83.9	74.8	75.9	697
Consuming Liquor						
Generally	5.1	2.6	2.9	3.2	3.2	29
Occasionally	16.5	15.9	10.9	15.7	15.1	139
Never	78.5	81.5	86.1	81.0	81.7	750
Drug-use						
Yes	3.8	1.1	0.7	0.7	1.1	10
No	96.2	98.9	99.3	99.3	98.9	908
Visit Red Light Area						
Yes	3.8	3.3	1.5	4.4	3.6	33
No	66.2	96.7	98.5	95.6	96.4	885
Visit CSW						
Yes	3.8	2.2	1.5	2.3	2.3	21
No	96.2	97.8	98.5	97.7	97.7	897
Sexual Relation with Other Girls/Women						
Yes	190	111	11.7	15.0	13.7	126
No	810	889	88.3	85.0	86.3	792
Total	86	294	14.9	47.1	100.0	918

Table 9
PERCENTAGE DISTRIBUTION OF MIGRANTS BY THEIR BACKGROUND
CHARACTERISTICS AND RISK BEHAVIOR

	Visiting CSW	Sexual Relation with other girls
Age		
< 20	19	144
20 to 40	25	145
> 40	00	19
Marital Status		
Never married	28	196
Married	19	83
Others	00	250
Education		
Illiterate	26	43
Up to Middle pass	20	170
Up to HSC	30	125
Above HSC	00	165
Duration of Stay		
Less than one year	00	88
One to three year	16	73
Three to five year	37	209
Above five year	25	144
State from which Migrated		
Gujarat	46	218
Others	13	101
Total	23	137

The percentage distribution of migrants visiting CSWs and having sexual relations with other girls or women by background characteristics of the migrants is presented in Table 9. A higher proportion of migrants age less than 40 years, never married migrants, educated migrants, longer duration migrants and economically better off migrants visit CSWs and have sexual relationship with other women/ girls than other migrants. Interestingly, those who have migrated within state are more prone to risky behaviors than those who have migrated from other states.

6.2 Determinants of Risk Behaviors

For identifying the determinants of risk-behaviors among migrants, logistic regression has been used. A set of independent variables relating to individual characteristics (age, educational level, marital status, income level, knowledge about STDs and knowledge about mode of transmission of HIV/AIDS; social networking (living arrangements, state of origin, frequency of visit to native place, duration of stay in Surat and whether sending remittances or not); and behavioral traits such as chewing of Gutaka, tobacco, smoking, drinking, drug use and visiting video-parlors for watching blue films, are used as independent variables that may affect the dependent variable i.e. prevalence of risk behavior among migrants: measured through percentage of migrants visiting CSWs and any other girl/women for sex. These three types of independent variables are expected to play important role in the adoption of risky sexual behavior among migrants and hence affecting the spread of HIV/ AIDS. Among the personal factors, age, marital status, educational and income levels may affect a migrant's involvement directly in risk taking behavior such as visit to CSWs or having sexual relationships with local girls and women. The life style indicators are of considerable importance because the use of Gutaka, tobacco, smoking, alcohol, drugs (particularly the last two substances), all have detrimental effects on health. Very often people use them as stimulants for physical as well as mental energy. Using all these lifestyle indicators an index of substance abuse has been constructed. The index is constructed by assigning different weights to different substances such as Gutaka, tobacco chewing, smoking, alcohol use and drug use according to intensity of the intoxicating effect of these substances. The index is calculated by adding the following weights:

Gutaka or tobacco consumption: 1

Smoking: 1

Alcohol consumption: 2

Drug use: 3.

The index score ranges from 0 for 'no substance abuse' to 1-2 for a 'low substance abuse' and 3-7 for a 'high substance abuse'.

The results of logistic regression (Expected Beta values or odds ratio) are presented in Table 10. The odds ratio is interpreted as the proportionate change in the odds of the event occurring for the unit change in the value in the predictor variable. The odds ratio for the reference category is 1 by

definition. The results show that among various individual level indicators, marital status and knowledge of STDs are important predictors and odds of risky sexual behavior becomes 75 percent higher for never married migrants than married migrants and become double among migrants with knowledge of STDs than among migrants with no knowledge of STDs. Unlike the expectation that it is the married bachelors who may engage in high risk behaviors because they already have the experience of sexual enjoyment and may be less inhibited to engage themselves in sex outside the marriage due to social sanction, it seems that in Surat it is the unmarried male migrants who are more likely to be engaged in risky sexual behaviors, may be because of their newly acquired freedom away from moral pressure of elders in the family and their parent community.

Table 10
DETERMINANTS OF RISK BEHAVIOR OF MIGRANTS, SURAT

Independent Variable	Visit CSW/Other girls for sexual Satisfaction Exp(B)
Age of the migrant	
<20 years	Rc
20-29 years	0.91
>30 years	0.48
Education of the migrant	
Illiterate	Rc
Primary/middle	1.35
Secondary Above	1.70
Marital Status	
Ever Married	Rc
Never Married	1.75**
Income	
Below Rs.2000	Rc
Rs.2000 to 5000	1.25
More than Rs.5000	1.01
Know About STDs	
No	Rc
Yes	2.00***

(Continued)

(Continuation - Table 10)

Independent Variable	Visit CSW/Other girls for sexual Satisfaction Exp(B)
Knowledge about Mode of Transmission of HIV/AIDS	
None	Rc
Know one mode	1.46
Know about two or more mode	1.67
Living Arrangements	
With family/Relatives	Rc
Alone	1.93*
With friends	1.23
State of Origin	
Other State	Rc
Gujarat	1.69*
Frequency of Visits to Native Place	
Never Gone	Rc
Within One Year	1.03
After One Year	1.28
Duration of Stay	
Less than one year	Rc
One to three year	0.44
More than three year	1.29
Send Remittances	
No	Rc
Yes	0.78
Substance Abuse Risk	
No Risk	Rc
Low Risk	1.82*
High Risk	4.92***
Visits Video Parlors	
No	Rc
Yes	4.04***

Notes: Rc = Reference Category

*.10

**p<.05

***p<.01

It is interesting to note that knowledge of STDs does not act as deterrent in adopting the risky sexual behavior but knowledge of modes of transmission of HIV/AIDS does not show any significant relationship with risk taking behavior. There are several possibilities of these types of results. Since the way two variables are constructed is slightly different i.e. in case of STDs the variable is only about awareness i.e. whether the person has heard about STDs or not and in case of HIV/AIDS it is the knowledge of correct mode of transmission (as the awareness about AIDS was quite high we decided to put knowledge about the correct mode of HIV/AIDS transmission as independent variable rather than whether a person has heard or not about HIV/AIDS), their effect on dependent variable may not be the same. It may be also that those who are involved in risky sexual behavior are also suffering with STDs and hence also have knowledge of STDs, as they may be seeking some treatment. Again it is quite probable that widespread awareness about HIV/AIDS and correct mode of its transmission and fatal outcome due to more vigorous IEC activities with respect to HIV/AIDS might have acted as deterrent to these migrants to be engaged in risky sexual behaviors. No such concerted efforts have been made to create awareness and knowledge of STDs and their relationship with HIV/AIDS.

Substance abuse and watching of blue films at video parlors emerge the strongest and significant predictors. The odds ratio of low substance use is 82 percent higher than no substance use and becomes five times with high substance use. It is clear that there is close relationship between other lifestyle traits of the migrants and their risky sexual behavior. Initially people may start with such substance use as consumption of tobacco, Ganja, alcohol etc and then take up more risky behavior such as visiting CSWs and seeing other unmarried and married women for sexual satisfaction. Watching of blue films at video parlors increases the odds of risky sexual behavior by four times than not watching blue films. These films might be acting as sexual stimulants and initiating migrants to take recourse of risky and unsafe sexual practices. This suggests a need to develop a strong IEC programmed for young and adult migrants wherein they are imparted correct knowledge about the harmful effects of these substance uses and risky sexual practices. Since most of these low paid migrants are engaged in monotonous activities it is also necessary that they are provided with healthy entertainment facilities. Though showing of blue and pornographic films is an illegal activity in India, such films are often shown by cable operators. There is also a need to have some sorts of monitoring of these video-parlors which were found mushrooming in all the surveyed areas.

Living alone increases the risky sexual behaviors by 93 percent than living with family/relatives. Surprisingly living with friends does not appear an important determinant of sexual behaviors among migrants. The state of origin is also strong and important predictor. The odds ratio of prevalence of risk behavior is 69 percent higher among migrants from Gujarat than among migrants from other states. Perhaps, migrants from other states, particularly new migrants may feel scared to venture out for such activities in a place which is culturally different and where they lack financial and emotional support from family and community.

7. Salient Findings From Qualitative Data

7.1 Social Networking and Risky Sexual Practices

Qualitative information was primarily used to identify the location, organization, types of network of migrants and pattern of their interaction and association with respect to drug use. In addition, an effort has been made to look into the processes involved in the social networks of migrants and identify the relative influences of contextual, social network and personal factors in contributing to drug use and risky sexual behavior.

Key informants interviews showed that Gujarati speaking Patels, who are mostly employed in diamond industries, have mainly migrated from Saurashtra and are organized in a distinct social network. The workers employed in textile, iron & steel and chemical industries have migrated mainly from Uttar Pradesh, Bihar, West Bengal, Orissa and Maharashtra. Though the educational attainment of these two groups of migrants does not differ significantly, there are sharp differences in the average monthly income, standard of living, exposure to health care services, substance abuse, behavioral traits and health seeking behaviors.

Most of the migrants employed in diamond cutting have wide heterogeneity both in terms of income and residence. Their monthly income ranged from Rs.3,000/- to 25,000/-per month. Some of them were living either in their respective industrial units or in rented houses with their families. But, most of the other migrants are forced to live in slums with extremely poor hygiene and sanitation conditions. In these slums normally 6 to 8 persons live in a 10'x10' room without any toilet and bathroom facilities and people often use railway tracks or open gutters for defecating. As large numbers of these slums are illegal, a majority of their residents, particularly migrants feel

ignored and unsecured. But these migrants had a very strong and cohesive social networking, with homogeneity in age and other Behavioral characteristics but mainly non-familial in nature.

In many cases, such networks were formed at the place of origin itself. Prior existence of these supporting networks had strong influence in selecting Surat as their migration destination. Most of such migrants worked together in groups, lived together and also reflected similar types of Behavioral traits. Many of them got involved in risk Behavior such as drug use, particularly alcohol use and visiting CSWs, especially when some disposable income was available. These social networks were important in providing both emotional and financial supports to needy migrants. It was mentioned that in case of many drug addicts other members of the network were supporting the well being of these addicts by providing money as well as other help. However, it was also mentioned that many of the more dominant members in the network very often sexually exploited these addicts in lieu of such help.

Majority of the migrants in Surat from other states as well as from Gujarat have no or poor access to civic amenities including health care facilities. A large number of migrants in Surat who are either living alone or with friend spent their leisure time by visiting video parlours and cinema theatres, which are available in all corners of Surat with a high concentration in areas having many diamond related industries. Pornographic films and Anglo-American films (closer to pornographic films) are often shown in these theatres. It was stated that adult male migrants are sexually exited by watching these films and the related posters in video theatres and are motivated to visit commercial sex workers.

The most commonly used drug in Surat was brown sugar (20-25 percent) followed by Opium, Ganja and Charas (10-15 percent). The practice of the drug use (needle sharing for injecting drugs) is not reported in Surat. Discussions at different levels revealed that brown sugar addicts were mostly young adults aged 25-35 years. A higher proportion of these addicts were adult migrants and a substantial proportion of local youths were working as the support network. The use of alcohol, however, was more widespread. A large number of the workers were reported to drink regularly.

Many of the drug addicts became an integral part of a larger network involved in the sale and marketing of drugs in order to have money for fulfilling their increased need for drugs. Many of them, when denied of money from close friends and family members and isolated from other

members of their immediate group, started networking with members of a larger drug network and were forced to have a closer and more frequent interaction with commercial sex workers (CSWs) as well as with other group members, and often indulged in unprotected sex.

The effect of social network on alcohol and drug abuse was primarily due to two reasons: peer pressure and poor knowledge about sex coupled with misconception that drugs/alcohol consumption heightens sexual pleasure and makes it long lasting.

As majority of the migrants were living away from their families, and stayed in a closed work place or residence based networks, they were relatively free to indulge in risky sexual Behavior. Besides, there was no immediate moral pressure on them, and hence their friends and peers became prime motivating factor to have different sex partners. A substantial proportion of migrants, especially those working in diamond industries and power-looms, reported discussing sex all the time while working. Since the nature of work in these industries is monotonous, sex related matters were their main source of entertainment and amusement. These types of talks often stimulated them sexually and produced longing to have sex. As a result, most of the migrants, particularly those having disposable income had multi partner sexual relationships even if they were married.

Looking at the contextual process of indulging in risky sexual Behavior it was amply evident through the in-depth interviews that an individual is introduced to a professional sex worker by peer group (home based or work based) networks, at the initial stage but subsequently he manages all these matters himself. In many cases, migrants were reported to keep personal socio-sexual relations with sex-workers or other partners by regularly offering them gifts or other necessary incentives as additional benefits. Some of the migrants were also having regular sexual relations with unmarried girls from the locality of their residence. Due to continuous interaction with nearby families in their locality these migrants become quite close to such families and some times develop even sexual relations with the unmarried girls in the family. Of course, monetary involvement was reported even in this dimension of sexual relations. It was also reported that some migrants were having sexual relations even with some married women who were providing them tiff in boxes (lunch and dinner) on a monthly payment basis.

A substantial proportion of the respondents reported having sexual relationship with their female co-workers. This relationship has two

dimensions. First, majorities of the girls/women who work in these industries desperately need jobs and money to meet the needs of their families. As a result, they are sexually exploited both by owners and workers. Secondly, in the dynamic relation of workers and owners in these industries where workers often change units at their will and owners have to pay extra money to retain the workers, these girls are used by many of the owners as kind of magnets. Many of our key informants who were owners of such units categorically mentioned the advantage of employing some girls even though they do not have enough work for these girls. However, the moral character of the manager of the unit played crucial role whether to employ these girls and exploit them sexually in order to have hold on the workers.

7.2 Availability and Use of Condom

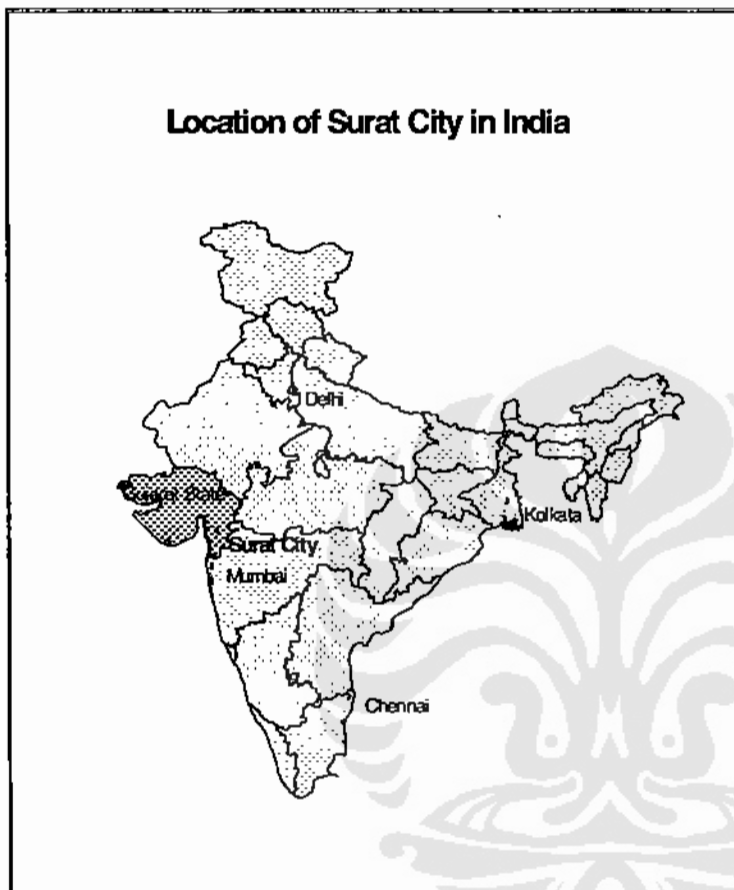
Almost all the migrants who participated in the in-depth interview were adequately aware of the source of availability of condoms and some of the frequently mentioned sources were medical stores, *pan shops* (small beetle nut shops that sell biddies, cigarettes etc). health centres and depot holders working near CSWs areas. Most of the migrants that were visiting red light areas told that they were using condoms. However, the perceived side effects of condom use is less sexual satisfaction, ulcers in mouth and vagina, feeling hot inside the inner vaginal space, burning sensation during sexual activity etc. were reported as the major barriers in ensuring safe sexual practices.

8. Conclusions

Single male migrants living in slums which are the centres of a variety of illegal activities are more prone to indulge in risky Behavior than those living in formal housing with better social and living environment mainly due to peer Behavior and pressure, easy availability of many country liquor and local brew shops and video parlours that our study found dotted in the slum areas, lack of better means of entertainment, easy availability of CSWs, other needy poor women and other outlets of satisfying sexual needs. This coupled with availability of some disposable income make the migrants more prone to indulge in risky Behavior in the slum areas. The study also suggest that the younger cohort of migrants, (primarily those employed as labourers and in other low level works) living alone or in groups are more likely to get affected with the peer pressure especially during the first five

years of their stay in urban areas. Therefore, any programmatic response for controlling the prevailing risk Behavior should make concerted efforts to target such networks through suitably developed network based intervention. There is also a need to target the migrants who are mainly poor and illiterate or semi literate to dispel many misconceptions about role of alcohol and drugs to enhance sexual performance and use of condoms through targeted IEC activities.

Map-1



In addition, efforts should also be increased to provide social services targeted to the needs of the migrants. Employers should be actively involved

in improving the quality of life of their employees and improving the working conditions, by providing better entertainment facilities, some health facilities and overall clean and healthy working environment. In addition to the role of the employer, participation is needed of the private and public sectors (including health authorities) and trade unions. Their involvement should be in assessing, and subsequently improving, the living and working conditions that make migrants more vulnerable to HIV and STD infections.

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