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Research Article

MIGRATION AND VULNERABILITY OF HIV/AIDS: A STUDY OF MIGRANTS FROM UTTAR PRADESH AND BIHAR IN DELHI

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Mobility is not a new phenomenon, people move for many reasons and factors that drive mobility often stem from unequal distribution of resources, climate change, conflict and political unrest. In India, for the poor and for the people from less developed area, migrate to developed area for better economic opportunities, considering a migration as an opportunity to change their life. But migration is not an unmixed blessing, has some serious negative impacts as well. In recent year's studies found that migrants are disadvantaged in many ways, which lead them to seek alternative support that may engage migrants in risky behaviors like visiting to sex workers, injecting drugs, drinking alcohols etc. making them more vulnerable to HIV infection. Delhi is the major destination for the migrants from less developed cities/states in India. So in this context, this paper intends to examine the relationship between migration and HIV prevalence among the migrants to Delhi. Also our aim is to examine the socio-economic conditions that increase the degree of vulnerability to HIV/AIDS. For the purpose we have a sample of 40 HIV patients who are migrants from Bihar and Uttar Pradesh in Delhi and 10 HIV patients who belong to Delhi. Using primary data collected through field survey and observation method, it is observed that the lower education status, poor wage and being separated from the life partners make migrants susceptible and vulnerable to sexually transmitted diseases especially HIV/ AIDS. It is found that after hard work the poor migrants resort to drinking wine and enjoy with sex workers, which is an important way of getting infected. Hence the migrant's previous conditions and present circumstances make them more prone to HIV infection. The Findings of the study are revealing that it's become very necessary to implement effective programs that can aware migrants to prevent themselves from HIV infection and to lead a better life.

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INTRODUCTION

It is very important that HIV problem should be examined within a broad context including issue like migration. HIV/AIDS presents threats to human life and causes significant morbidity and mortality in society. This deadly disease affects the patient's mental, physical, and social, emotional almost all parts of life. This disease reduces the life expectancy of infected, causes mortality, increased the number of orphaned children and widowed women these all situations lead to economic insecurity and political instability (Sowell, 2004). With the rapid development of metropolitan cities, more and more people left their hometown and come to big cities for better opportunities, especially those people who are suffering from poverty and unemployment, these situation forces them to migrate. But gains from migration comes at on social and economic cost because the huge size of migrants is a great

challenge to different kind of health hazards especially related to STI/HIV/AIDS prevention and control. Although all migrants are not at the same risk for HIV/AIDS, but globally it has found that the epidemiology of HIV/AIDS is associated with the process of migration. According to Yang (2006), the economic and social situation of post migration, isolation, lack of social support etc. combines increase the risk of HIV among Migrants. Studies from Asia and Africa have demonstrated a link between migration and heterosexual networking for the prevalence of HIV/AIDS. Compared to permanent people, migrants have their own characteristics such as lower socio-economic status, lower education, mainly belongs to less developed and poor areas with very young and productive age. The process of migration to origin till destination places, deprivation from family and support, badly affect migrant's physical and mental health. It has been identified that migration and mobility as a major potential risk factor, increasing HIV

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within and between states in India (Gupta and Singh 2002). It is also evident that all migrants are not at the same risk for HIV infection, but the movement of people increases the number of sexual partners and possibilities to have unsafe sex (Skeldon 2000, Guest 2002). Generally migrants leave their families back, long separation from familiar atmosphere and social-cultural norms, generate the situation of isolation and loneliness that lead them to sexual practices, which make migrants more prone to HIV infection (Singh *et al.*, 2003, Gupta and Singh 2002). Delhi is the proper destination to earn livelihoods for many persons who comes to cities to seek employment. Migration is most often adopted a strategy by poor person in less developed areas to get rid from unemployment. People from Uttar Pradesh and Bihar come to Delhi for better economic opportunities. These migrants often leave back their spouse and family, and at the destination places they do not find any kind of social-cultural norms that can control them towards risky behaviors. So this freedom lead them for drugs, drinks, gambling etc and most importantly for risk sexual behaviors that put them at increasing risk for HIV infection. So with the help of primary data, this paper tries to understand migrant's behavior and its relationship to being infected with HIV in the reference of migrants who are from Uttar Pradesh and Bihar and came Delhi for the employment.

Justification of the study

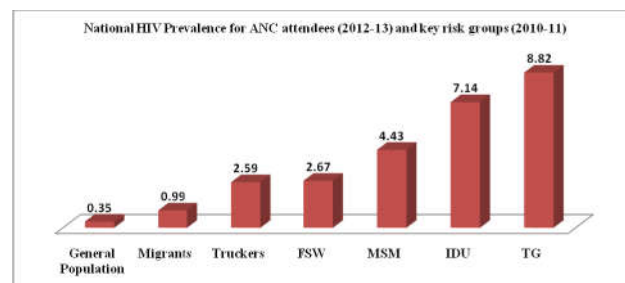
Migration has become an important factor for the development because of sending places it provides income/remittances that reduce the poverty which result improved health and enhance education that promote overall development. Therefore migration has always been as a solution to get rid of poverty from human civilization process. But the migration does not produce only profit, the gains from migration come at social and health cost of migrants and their families, because migrants are more likely to involve in risky behavior due to pre and post condition of migrants that make them highly vulnerable to getting infectious disease especially HIV/AIDS. Migrant's health, especially regarding to HIV and its impact of migrants and their families are very important issues which must be focused and emphasized to receive the profit from migration. According to Louwenson and Whiteside who have summarized the devastating implications of HIV/AIDS for poverty reduction in a paper prepared for the United Nations Development Programme (UNDP):

“The devastation caused by HIV/AIDS is unique because it is depriving families, communities and entire nations of their young and most productive people. The epidemic is deepening poverty, reversing human development achievements, worsening gender inequalities, eroding the ability of governments to maintain essential services, reducing labour productivity and supply, and putting a brake on economic growth. The worsening conditions in turn make people and households even more at risk of, or vulnerable to, the epidemic, and sabotages global and national efforts to improve access to treatment and care. This cycle must be broken to ensure a sustainable solution to the HIV/AIDS crisis”

Socially and disadvantaged groups of the society like migrants are particularly vulnerable to HIV/AIDS Because generally they belong to young age and have great expose for risky sexual behaviors, but not have sufficient capacity to mobilize resources to cope with exposure to the risk of infection. (Delor

and Hubert 2000) but not have sufficient capacity to mobilize resources to cope with exposure to the risk of infection.

In India, according to NACO annual report of 2013-14, at the national level the HIV prevalence among the general population (ANC attendees) in 2012-3 were 0.35% and among migrant group were 0.99%. Followed by Truckers 2.59%, FSW 2.67%, MSM 4.43%, IDU 7.14 and among TG it was 8.82.



Although this estimation shows that mostly HIV prevalence are among Trans Gender, Injecting Drug Users, Men who have Sex Men, Female Sex Workers and Truckers but when we compare the HIV prevalence with general population, which is 0.35%, among migrants it is 0.99% which is comparatively higher than the general population. So it becomes very important to identify the risk factors which make them migrants more vulnerable to HIV and to know reasons of these risk factors could help to prevent HIV prevalence among migrants. This study is a small effort to disclose the fact and association between migration and HIV/AIDS.

Migration is one of the major factors associated with HIV infection, and the dynamic and complex role of migrant situations which directly, indirectly determines the vulnerability of HIV, is still a major issue. (Soskolne V, 2002). The association between migration and HIV includes the socio-economic status and limited identity in the new society, limited social capital, loss of cultural beliefs etc. These are the major reasons that make migrants vulnerable. Migrant's vulnerability of HIV/AIDS increases through a complex set of factors. Foremost, still among migrants the knowledge and misconception about HIV is very low, that are not much aware about the prevention of HIV, the use of condoms during risky sexual behaviors with multiple sexual partners are the basic reasons that make migrants more likely for HIV infection.

So due to its huge negative impact, Human Immunodeficiency Virus (HIV) /Acquired Immune Deficiency Syndrome (AIDS) has become a great matter for concern as a challenge for development globally. Therefore, it is increasingly important to know that who, why and how people are affected with this disease that help to devise ways to lessen the vulnerability of particular groups like migrants.

METHODOLOGY

Study Design and Data Collection

This is a cross sectional epidemiological study conducted from November, 2015 to January 2016. For the data collection in depth face to face interview were conducted. Patients were interviewed using a pre-tested questionnaire to understand the patient's socio-demographic and occupational characteristics, behavior and other risk factor for acquiring HIV infection,

migration history etc. Data entry and analysis was done using Statistical Package for Social Sciences (SPSS Version 16).

Sample size and sample selection

The required sample size was determined through purposively and convenient sampling via NGO. In purposive sampling we attempt to deliberately hand pick certain groups because of their key relevance of the study. This method was chosen because of its suitability in getting hold of respondents who are essential to the study (Aina & Ajiferuke 2002). For getting HIV/AIDS patients who are hard to reach groups, purposively sampling is sufficient, because some time researcher bound with some limitation in scrutiny of respondents due to social and cultural norms. Stigma and discrimination which are highly associated with HIV/AIDS also confine the freedom of researchers. 73 HIV/AIDS patients were interviewed, but only 50 HIV patients were taken on the bases of complete information. 40 respondents are migrants, 20 are from Bihar and 20 are from Uttar Pradesh. 10 respondents are non migrants, who have been taken to examine the difference level. The number of female respondents was very little (only 2), and due to the stigma and shyness, they hesitated and did not complete their interview, therefore in this study only male respondents were interviewed.

Data Analysis

SPSS version 16 has used for the descriptive and inferential analysis. Statistics are presented in percentages. The chi-square test was used to test the difference of socio-demographic factors and other risky behavior factors between migrants and non migrants.

Description of the Study Area

The study was conducted in Delhi, which one of the major destination source for migrants from all around of Indian states. Migration of people occurs for different reasons, including search for better economic opportunities and livelihood.

The developed and developing areas are creating demand for labour and the backward and the less developed areas are proving supply of labours. Rapid growth and development of Delhi has created huge employment and opportunities for better livelihoods for poor and unemployed persons from poor region.

According to Census 2001, like Maharashtra, Delhi also attracted to the huge number of migrants from other states in the last decade. In the last ten years, the total number of in migrants in Delhi was 2.2 million and the total number of out migrants from Delhi was only 0.45 million. The number of people who came from outside in the country were only 49,281. So in Delhi, the total number of net migrants was 1.7 million in 2001 in comparison to 1.3 million in 1991. Major in migration into Delhi has been found from Uttar Pradesh (0.88 million), followed by Bihar (0.42 million) and Haryana (0.17 million). Migration estimates from these states indicates that from these states migration was male dominated with 673 females per 1000 males and the work/employment was cited as the major reason for migration during the last decade. According to Census 2001, 66.6% of male from Uttar Pradesh and 71.5% of male from Bihar migrated to Delhi for work/employment.

RESULTS

Total 50 participants were interviewed. Table-1 presents the socio-demographic characteristics of migrants and non migrants. As shown, most of migrants belong to their young and productive age that is 67.50% in the age group of 20-39, this result also shows the similarity with national level data that according to the Narrative Country Progress Report of NACO 2015, total number of people who are living with HIV/AIDS estimated around 20.9 lakh in 2011, 86% of whom belongs to age groups of 15-49. Most migrants are illiterate that is 52.50%, only 25% of migrants have completed their primary schooling and 15% had their middle schooling. Further, the data indicate that among all, 80% of the migrants are married

Table1 Socio-demographic Profile of Migrants and Non migrants

Variable	Category	Status of Migrants (%)	Status of Non Migrants (%)	P value
Age Groups	20-29	7 (17.50)	6 (60.00)	0.002
	30-39	20 (50.00)	3 (30.00)	
	40-49	9 (22.50)	1 (10.00)	
	50-59	3 (7.50)	0 (00.00)	
	60-69	1 (2.50)	0 (00.00)	
Education	Illiterate	21 (52.50)	3 (30.00)	0.000
	Primary	10 (25.00)	0 (00.00)	
	Middle	6 (15.00)	1 (10.00)	
	High School	1 (2.50)	1 (10.00)	
	Intermediate	2 (5.00)	2 (20.00)	
Marital Status	Graduation	0 (00.00)	3 (30.00)	0.000
	Married	32 (80.00)	3 (30.00)	
	Abandoned	1 (2.50)	0 (00.00)	
	Widowed	3 (7.50)	1 (10.00)	
Current Employment	Unmarried	4 (10.00)	6 (60.00)	0.000
	Labour	32 (80.00)	2 (20.00)	
	Shopkeeper	6 (15.00)	1 (10.00)	
	Business	2 (5.00)	1 (10.00)	
Income	Unemployed	0 (00.00)	6 (60.00)	0.000
	2000-5000	8 (20.00)	1 (10.00)	
	6000-10,000	26 (65.00)	3 (30.00)	
	11,000-15,000	3 (7.50)	0 (00.00)	
	16,000-20,000	3 (7.50)	1 (10.00)	

(Statistically Significant at P< 0.05 level)

and the same ratio 80% migrants were engaged in the labour work and 65% migrants are getting income of 6000 to 10,000. On the other hand, 60% non migrants belong to more young age, which is 20-29 compare to migrants. Although among non migrants 30% are illiterate, but another 30% of persons have completed their graduation as well. 60% of non migrants are unemployed and only 20% were engaged in labour with having income of 6000-10,000. On the bases of socio-demographic characteristics, the differences noted, were statistically significant in the entire variable.

The HIV/AIDS related risk behaviors among migrants and non migrants are depicted in Table-2. Data shows that among all heterosexual relationships are the main mode of transmission, and the proportion of having a heterosexual relationship (with CSW, Co-workers etc.) is higher among migrants than non migrants that is 97.5% and 80% respectively. Only two non migrants are infected due to infected syringe while having drugs. 80% of migrants committed to visiting Casual Sex Workers compares to 30% of non migrants. On the bases of visiting to sexual partner in last month, 100% non migrants committed that they went to having sex occasionally, but 40% of the migrants committed to had sex most of the time in the last months, 50% visited sometimes and 10% visited regularly to their sexual partners. 77.50% of the migrants had relationship with more than one sexual partner compare to 10% of non migrants. (All the variables are significant at $p < 0.05$).

Table 2 Sexual Risk Behaviors among Migrants and Non Migrants

Mode of Transmission	Migrants (%)	Non Migrants (%)	P value
Hetero Sexual Relationship	39 (97.5)	8 (80.00)	0.000
Through Infected Syringe	1 (2.5)	2 (20.00)	
Sexual partner belongs	Migrants (%)	Non Migrants (%)	
Friends	0 (0.00)	3 (30.00)	0.000
Co-worker	8 (20.00)	2 (20.00)	
CSW	32 (80.00)	3 (30.00)	
Visiting to sexual partner	Migrants (%)	Non Migrants (%)	
Regular	4 (10.00)	0 (0.00)	0.000
Sometime	20 (50.00)	10 (100.00)	
Most of the time	16 (40.00)	0 (0.00)	
Number of sexual partner	Migrants (%)	Non Migrants (%)	
One	9 (22.50)	7 (70.00)	0.021
More than one	31 (77.50)	1 (10.00)	

(Significant at $p < 0.05$)

Table-3 is indicating the awareness level of HIV/AIDS. Data shows that 72.50% of migrants have never heard about HIV compare to 30% of non migrants. The awareness about HIV/AIDS is significantly higher among non migrants and, another most important finding is 67.50% of migrants never used the condom while 50% of non migrants committed to using condoms sometime.

Figure -2 shows the comparative analysis, among migrants and non migrants. Figure easily illustrates that migrants are more likely to tend towards risk sexual behaviours than non

migrants. The results of this study are similar to another study that also validates its reliability.

Table 3 Awareness about HIV/AIDS among Migrants and Non Migrants

Ever heard about HIV	Migrants (%)	Non Migrants (%)	P value
Yes	11 (27.50)	7 (70.00)	0.048
No	29 (72.50)	3 (30.00)	
Use of condom	Migrants (%)	Non Migrants (%)	
Sometime	13 (32.50)	5 (50.00)	0.083
Never	27 (67.50)	3 (30.00)	

(Statistically significant at $p < 0.05$ and $p < 0.10$)

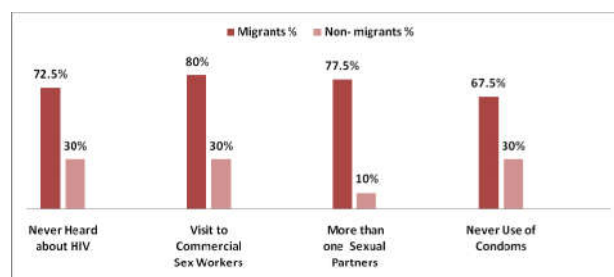


Figure 2 Comparative Risky Behaviors toward HIV/AIDS among Migrants and Non- migrants

Different studies also have recognized that migrants are at significant risk of having risky sexual behaviors and transmitting HIV/AIDS (Simonet, 2004; Soskolne & Shtarkshall, 2002; Zuma, Gouws, Williams, & Lurie, 2003). Migrant's susceptibility has association with their movement, at destination places due to various reasons migrants not able to integrate into urban life and other side sense of loneliness, reproductive health behavior, lack of awareness related to HIV/AIDS increase their vulnerability. A study in Bangladesh stated that most of the migrants had sexual relationships with paid/unpaid sexual partners at destination places; due to lack of information and knowledge they easily engaged themselves in risky sexual behaviors (Khan M.S.et.al., 2000). Lurie, 2003 investigate the relationship between migration and HIV/AIDS infection, among migrant and non migrant men in South Africa, found that being a young migrants, having more than casual partners and low use of condoms, were the important risk factors. According to Brummer (2002), through qualitative study, he tried to assess migrant mine worker's vulnerability to HIV in Basotho, South Africa, and found that being a migrant worker was identified as major reason for high risk. Having multiple partners with low condom use infected them with HIV. Poudel et al., (2003), done a comparative study among male migrant returnees in the Dhoti district of Nepal, and found that compare to non migrants, migrants had an 8.2 times higher risk for having sex workers.

DISCUSSION

This study has tried to find those factors which put the migrants at higher risk for HIV infection.

In this study, it can be seen that both migrants and non migrants appeared to be at risk of HIV infection, but the magnitudes of vulnerabilities are higher among migrants. In this study, we can see that most of the migrants (52.50%) are illiterate and most of the respondents had not completed their

basic education. 50% of migrants belong to very young and productive age. Age is one important factor that might affect the sexual activity. According to Youth Risk Behavior Survey in United States, it had been found that male students were more likely than female students to reporting had sexual behavior (Grunbaum JA *et al.*, 2001). 80% of migrants were engaged in labour work and 65% of migrants were getting income of 6000-10,000. Present nature of the employment is an important factor that associated with risky behaviors. In this study most of the respondents are labour and they are more likely to engage in heterosexual relationship due to their bad environment and hard work of nature compare to businessman and shopkeepers. In the study, 80% of migrants are married and 60% of non migrants are not married. All the migrants committed to having sex in the destination places either married or married and could stated that deprived of social acceptable sex exerted a dominant influence, mobilizing towards satisfying the natural urge by non regular commercial sex (Vinod Kumar *et al.*, 2014). Hence we can see that the socio-demographic profiles of the migrants are very low. Social and sexual behaviors of young migrants, are strongly influenced and controlled by their families and culture, but after migration they are no longer under any kind of control, and major proportion of migrants of this study, come under this category. The rational of the migration-HIV relationship lies in the process of migration- migrating persons during their productive and young age, traveling without families and partners, poor living and working conditions at destination places predisposes migrants to take up risky sexual behaviors (Mukherjee and Danje 2006).

This study also reveals this truth that migrants easily tend to engage in risky sexual behavior compare to non migrants. In our results 97.5% of the migrants were engaged in heterosexual relationships. In this study non migrants also had heterosexual relationship, but 80% of migrants visited to Commercial sex workers for their sexual need compare to 30% of non migrants visited to commercial sex workers. Non migrants had sexual relationships with their friends (30%) and with co-workers (20%) as well and only 20% of migrants had relationship with their co-workers (which is also statistically significant at $p < 0.0021$). 40% of migrants, most of the time and 50% of migrants, some time visited to commercial sexual workers. 77.50% of migrants committed to having more than one sexual partner in last one month, which is also significantly higher than non migrants with 10%. The study resulted multiples sexual partners with unprotected sexual intercourse, that also shows other similar research conducted in Europe (Gilbart, V.L., 2006, Gras, M., 2001). The result of this study demonstrated that most of the migrants are not able to understand the vulnerability of HIV due to their multiple sexual behaviors.

Lin Xiu-Yun has found in his study that 9.4% of subjects reported to have sexual relationship with CSW and only 39% used condoms during commercial sexual behaviors. Another study of Zhou H, *et al.*, (2012), showed that 9.9% of the migrants had commercial sexual behavior and only 28% of the respondents committed to often use of condoms and 20% of respondents admitted to occasional use of condoms. In the study of migrants from Myanmar, at two different locations in Thailand, found that there were more than 90% of migrants

reported to never condom use (W Pinprateep 2001), the study is consistent with low status of condom use. In this study, 67.50% of the migrants never used the condoms, which put them at higher risk. The vulnerability of migrants for acquiring the HIV is also associated with their knowledge of HIV/AIDS. In this study migrants had no proper knowledge of HIV/AIDS, that's also a major factor for migrant's vulnerability to HIV/AIDS. This study also indicates that education is a major determinant for HIV knowledge, so due to low education level migrants become more vulnerable for HIV infection. In this study, 72.50% of the migrants had never heard about HIV compare to non migrants, which is only 30% (statistically significant at $p < 0.048$). According to Y Hong *et al.*, 2006, knowledge of HIV is a major factor in the prevention of its transmission due to its association with self protection with risk behaviors and our findings is also encouraging this truth because most of the migrants never heard about HIV. Education relating to HIV/AIDS has proved effective to increase the awareness about HIV that could be helpful to prevent it (Yu, 2000). But in this study education level and awareness level about HIV, both are very low.

CONCLUSION

The purpose of this study was to explore the link between male migration and HIV risk by understanding of the sexual behaviors of migrants. It always has been found that migration plays an important role in HIV transmission and results of this study also support this connection. At destination places, unfavorable living conditions, lack of proper identity and social support, etc. make migrants more prone to indulge in risky behaviors than non migrants who are living in their own social environment. The findings of the study indicate that, as compared to non migrants, migrants are poorly informed about safe sex and they are at elevated risk for acquiring HIV for several reasons like migrants tend to be relatively illiterate or less educated and have lower socio-economic status than non migrants, they did not get fair chance to become aware about HIV and to gain the skill to ensure safe sexual relationship. These all conditions lead migrants to have multiple sexual relationships without protection.

These findings raise several concerns for migrants and study suggests that there should be programmes for migrants that focus on their sexual networks. Behavior change communication and campaign should be there for migrants as well as among commercial sex workers. Migrant's low utilization of condoms consistently emphasizes the need for free condom promotions. Other findings of the study also observed with significant association such as age, education, HIV knowledge etc. There should be effective strategies to educate migrant youth and to promote HIV/AIDS preventive behaviors that lasses risky behavior among migrants and other risk groups. The all care and services should be easily available and understandable for migrants. The whole effort could avert thousands of new infections and potentially save lots of money in related to health care cost.

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