

# Sexual Risk Behaviour among Migrant Tribals Living in Urban Slums of an Eastern Indian City: Implications on the Spread of HIV

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## ABSTRACT

*This paper reports the sexual risk behaviour among migrant tribal community living in an eastern Indian city. The age at marriage is very low in this community and 54% of women had first intercourse before the age of 15 years with the mean of 15.8 years and it is 19.5 years for men. Pre and extramarital relations, including multi-partnered sex is prevalent. Safe sexual practices are not reported and the risk perception is very low. High prevalence of behavioral risk factors leaves a potential risk for rapid spread of human immunodeficiency virus (HIV) both in slums as well as in remote tribal areas.*

**Key words:** migrants, tribal, sexual behaviour, HIV, Orissa, India

## Introduction

It is estimated that approximately 5.21 million individuals in India are with human immunodeficiency virus (HIV) infection in the year 2005<sup>1</sup>. Slum dwellers, who constitute a major portion of urbanites, are mostly migrants from rural/tribal areas. Recent studies indicate that HIV transmission is no longer confined to high-risk urban populations, but is spreading across rural setting as well<sup>2</sup>. It is believed that tribals are far from the risk of acquiring HIV, due to their isolation and distinct culture. The migrant tribals in urban areas experience various changes due to acculturation. The new working environment and social relations with non-tribal urbanites have drastic impact, including acquiring various sexually transmitted infections (STIs) like HIV. In India, the principal mode of transmission of HIV is through heterosexual route<sup>3,4</sup>, hence it is crucial to understand the sexual behaviour of diverse communities for effective control of HIV. The sub-cultures that have relaxed marital institution or are tolerant of high-risk sexual practices (e.g. multi-partnered sex) are particularly vulnerable to the spread of HIV and other STIs<sup>3,5</sup>. A recent study from Croatia reported that migrants are at risk for a variety of STIs including HIV.<sup>6</sup> In the present paper, we reported sexual risk behaviour among migrant Santals living in

slums of Bhubaneswar, a state headquarters city of the state of Orissa in Eastern India. Santal is one of the major tribes of eastern India and is classified as Pre-Dravidian tribe<sup>7</sup>.

## Material and Methods

After a pilot study, four Santal dominated slums are identified and selected for this study, and rapport is established among these slum dwellers. The criteria for selecting the respondents are: age group of 15–40 years and migration within last 10 years. In this study, only subjects who migrated within last 10 years were considered, as it is observed that many tribal people who migrated long back and settled in urban areas had lost links with their native place and also the traditional way of life. Thus, 113 respondents (58 men and 55 women) were sampled randomly and informed consent was obtained from all respondents. Semi-structured interviews were conducted using a check-list<sup>8</sup>. Though Santals have their own dialect, i.e. *Santali*, all these migrants know *Oriya*, the local language of the state and the interviews were conducted in *Oriya*. As the contents of the interview are

sensitive and respondents do not feel comfortable before other community members, we conducted interviews privately after establishing rapport. The female and male respondents were interviewed by female (SM) and male (BKS) researchers, respectively.

## Results

The characteristics of respondents indicate that the mean age of men and women are  $25.9 \pm 7.5$  (SD) years and  $23.7 \pm 6.0$  (SD), respectively. Majority of respondents (61%) are illiterate. Only 44.8% of men and 12.7% of women are unmarried. Serial monogamy is in practice but polygyny is not uncommon, and 16% of men and 21% of women married more than once. Approximately 72% of respondents migrated since 6–10 years. The data on personal habits revealed that 76% men and 29% women reported the habits of drinking alcohol, either branded or locally brewed.

The data showed that majority of women respondents (87.5%) married before the age of 18 years (Table 1). The mean age at marriage was 20 years for men and 16 years for women. Fifty-four percent of women respondents had first intercourse before the age of 15 years, and 40% of women had during 16–19 years. Among men, majority (44%) reported that they had it before the age of 20 years. The mean age at first intercourse among men and women was 19.5 and 15.8 years, respectively. Considerable proportion of married men had reported pre (12.5%) and extramarital relations (19%). Similarly, 30% of unmarried men reported premarital relations. The combined percentage of men who reported having premarital sex is 19%. In case of married women, the pre and extra marital relations are reported among 35% and 2% respectively. As none of the seven unmarried women re-

ported having premarital sex, the combined percentage of women who reported having premarital sex is 30.9%. However, the qualitative data indicated that majority of these women had premarital relations with their fiancé before marriage. But it is not the same with men, who just had casual sex. Of those having pre/extra marital relations, 73% of men and 100% of women had one partner other than their spouse and remaining men had two or more than two partners. The results indicated the prevalence of unsafe sexual practices. The respondents with pre and/or extra marital relations reported that they have not taken any care such as the use of condoms. The knowledge on the use of condom is very poor and 40% men and 38% women have no knowledge about condoms. The remaining respondents know that the use of condom is to avoid pregnancy (33% men and 47% women), and HIV and STIs (29% men and 16% women). One male respondent, when asked to tell about what type of people get AIDS, replied, “*If someone go to the prostitutes’ area without giving offerings like chick and meat to our God and ancestral spirits, then he will get AIDS.*” Women also believed that they are not at risk. A woman said, “*I have no chance of getting this disease. My husband’s ex-girl friend had also no such disease. She was staying with us for few days and left. Till now I have no such diseases.*”

## Discussion

The data indicated that, women are particularly more vulnerable for HIV as majority of them are sexually active at an early age. Early age at first intercourse in this community compares well with what has been reported by others in a variety of countries<sup>9</sup>. Considerably more men have pre and/or extramarital sex relations as majority of them work in construction industry, where they

TABLE 1  
AGE AT MARRIAGE, AGE AT FIRST INTERCOURSE AND DETAILS OF PRE AND EXTRA MARITAL SEX RELATIONS  
AMONG MIGRANT TRIBALS

Age at marriage	Male (N=32)*	Female (N=48)*
=10 years	0%	4.2%
11–14 years	0%	20.8%
15–18 years	31.3%	62.5%
>18 years	68.8%	12.5%
Mean±SD (years)	20.4±2.7	15.9±3.0
Age at first intercourse	Male (N=39)**	Female (N=48)**
12–15 years	13%	54%
16–19 years	31%	40%
=20 years	56%	6%
Mean±SD (years)	19.5±3.2	15.8±2.4
Married respondents reported pre-marital sex	12.5%	35.4%
Married respondents reported extra-marital sex	18.6%	2.0%
Unmarried respondents reported pre-marital sex	26.9%	0%

\*Respondents who are married; \*\*Respondents who are sexually active

work with local urban women about whom they do not know much. This behaviour lead to the risk of acquiring HIV, as they have low knowledge on HIV/AIDS and the use of condom during intercourse is virtually absent. Majority also don't know that keeping sexual relations with other than spouse is risky, i.e. the risk perception is very low. In India, more men reporting pre and extra marital sex, and women who marry as teenagers are vulnerable to HIV and other STIs<sup>10,11</sup>. While there is limited literature revealing cultural context of extra and premarital sexual behaviour, it is generally noted that in these communities these relations are condoned and practiced among both the sexes. The premarital sex among unmarried may usually lead to monogamous union, and therefore these people do not perceive it as risky or taboo. Most of these relations, including extra-marital relations are consensual and remain usually as short term relationships. However, a few relationships are transactional, particularly with non-tribal partners. This trend is increasing and creates a fertile ground for HIV transmission.

Though, the tribals constitute approximately 8% of the population, they remained as socially and culturally disadvantaged group. They are illiterate and ignorant of various health problems including threat from HIV/AIDS. The indicators of health out-reach and reproductive health are typically very poor<sup>12</sup>. The tribals, who migrated to the cities, experienced various changes in their life. They come in contact with non-tribal urbanites for casual, pre and extra marital sex relations, seek commercial sex partners and women are subject to sexual harass-

ment/exploitation. This leads to spread of various STIs including HIV from high-risk urbanites. These people frequently visit their native place (place of origin) and maintain sexual relations with people living there. At native place, the earnings from migration play an important role in marital and sexual relations. These migrants engage in conspicuous spending and since their incomes are generally higher than those of average native tribals, they become a major attraction to the tribal women. As a result, they often tend to have more sexual partners. This may lead to rapid spread of HIV and other STIs in remote tribal areas. However, there is little evidence on prevalence of HIV<sup>13,14</sup> and STIs<sup>15</sup>. Very low level of knowledge on HIV/AIDS in tribals is due to isolation<sup>16</sup>. Low literacy level and minimal access to healthcare facilities further worsen the condition. In some communities, extra marital affairs are condoned among women and widely practiced especially during periods when women are pregnant or nursing<sup>5</sup>. This kind of behaviour along with importing infections through migration facilitates the spread of HIV like wildfire.

The present study concludes that there is a high prevalence of behavioral risk factors associated with ignorance and more vulnerability among this migrant tribal group. The increasing tribal-urban migration in India results in a potential risk for rapid spread of HIV as well as other STIs in urban slums as well as in remote tribal areas, as a vicious cycle. As the country is struggling to contain the spread of HIV, it is important to pay attention to this type of vulnerable communities.

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## **SEKSUALNO RIZIČNO PONAŠANJE KOD PLEMENSKIH MIGRANATA U SIROTINJSKIM ČETVRTIMA U ISTOČNOJ INDIJI: IMPLIKACIJA O ŠIRENJU HIV-a**

### **S A Ž E T A K**

Ovaj rad je elaborat o seksualno rizičnom ponašanju kod migranata plemenskih zajednica koji žive u istočnom Indijskom gradu. Godine ulaska u brak vrlo su niske u ovim zajednicama, a 54% žena imaju spolni odnos prije 15. godine života s prosjekom od 15,8 godina i 19,5 godina za muškarce. Česti su spolni odnosi sa različitim partnerima prije braka kao i nakon ulaska u brak. Prakticiranje sigurnog seksa nije utvrđeno, a percepcija rizika izrazito je mala. Velika prevalencija rizičnog ponašanja kao potencijalnog za rapidno širenje HIV-a primijećena je kako u sirotinjskim četvrtima tako i u ostalim plemenima ove regije.