Sexual Risk Behaviour and Vulnerability to HIV infection among young Migrant Women Workers in Urban India

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Abstract: *The main objective of this study which was initiated in January 2005 is to explore the levels of knowledge about reproductive health issues of young women migrant workers and attitudes and behaviours that put them at risk for sexually transmitted infections or HIV transmission or unwanted pregnancies. Data was collected through a pre-tested questionnaire from a random sample of unmarried female migrant workers under 30 years of age residing in Delhi, India. Findings suggest that city life, greater independence and social networks mold their behaviour and lure them to lavish life styles by having rich boy friends, acquiring expensive items like, mobile, home theatre, computer, luxury car, visiting expensive restaurants, going to discos, clubs, and bars, attending late night parties. To maintain their lavish life style, 20 percent of them had sex with their peers, colleagues or boss for monetary benefits or in exchange of promotion and 10 percent had sex with multiple partners. The high risk behaviour of these women put them at greater health risk, a substantial percentage of women have been found suffering from various sexual health problems.*

Keywords: young women, sexual risk behaviour, RTI/STIs, vulnerability to HIV,

A woman is the mother of the race and liaison between generations. It is the women who have sustained the growth of society and molded the future of nations. In the emerging complex social scenario, women have a pivotal role to play. They can no longer be considered as mere harbingers of peace, but are emerging as a source of power and symbol of progress.

Women have now taken up professional roles in order to create a niche for themselves. Nobody can deny the fact that Indian women have stormed almost all male bastions and they are now entering new fields including administration, science, technology, medicine, journalism and the like. They have also started actively participating in the socio-economic development of the country. The number of women entering in salaried remunerative occupations and professions is increasing substantially.

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Women are working in almost all types of jobs such as technical, professional and non-professional in both private and public sectors. So, the traditional role of women as housewives has gradually changed into working women and housewives (Reddy, 1986; Anand, 2003). Some of the factors such as better education; changing sociocultural values and need for supplementary income are responsible for this change.

Durand in his study based on a worldwide compilation of labour force participation statistics of Census taken during the two decades 1946-66 concludes that 'as economic development progresses, the overall level of participation by females in the labour force rises in some countries, falls in others and oscillates in still others.

The National sample survey (NSS) data shows that more than half the women employed in so-called million plus cities work in the service sector (Visaria, 1998). The main destinations of these women are Delhi, Maharashtra, and to a lesser extent, Madhya Pradesh. During the period 1986-91, Delhi alone experienced a net addition of about 0.6 million people and virtually from all the other states of the country. Over the years, Delhi and Mumbai have become the main centers for the migrant women. Intercensal migration to Delhi is dominated by males in the age group 15-39 and females in the age group 20-34 (Premi, 2001). Census data shows that the overall percentage of total workers to total population in Delhi has registered a marginal increase in 2001 compared to 1991, both in rural and urban areas. During the decade 1991-2001, the work participation of the population has increased by one-percentage point. During the decade, the increase in female work participation rate was twice that of the male work participation rate. Similarly, the percentage of both main and marginal workers among females has shown a marginal increase from seven percent in 1991 to eight percent in 2001.

Among females, the proportion of migrant and nonmigrant workers in white-collar jobs was almost similar in 1971 but the same became smaller in 1991 than that of the nonmigrant workers. There are more migrant women than the nonmigrant women in the category of blue-collar jobs (Premi, 2001).

A study conducted by Dholakia and Dholakia (1971) for 20 major Indian states showed that per capita income, average size of households and overall literacy rates were the main factors explaining the variations in female participation rates across the states.

The distribution of female workers among different occupations differs. The structure of the economy, level of education, attitudes of women to jobs of different kinds and various social and economic factors are responsible for such differentials. Any change in these factors brings about a change in the occupational structure of the workers-the direction of change may be different among females than among males.

Why single women?

According to Morokvasic (1993) the obvious recent interest of researchers and policy makers in women's migration can be traced back to the mid 1970s. Before that time, mainstream research was overwhelmingly gender blind and specific issues concerning women were only dealt within the framework of family migration. The specific role of women in the migration process had been totally neglected (Pedraza, 1991). Two factors contributed to an increased focus on female migrants, a quantitative increase in the number of women in the migratory flow and increasing evidence that a great number of these women had entered the labor market. In contrast to 60s and 70s, we can now no longer speak only about male dominated migratory patterns.

Involvement, in risky behaviour can have negative repercussions on their health. In the case of unmarried women after marriage this burden of disease may be transmitted to their husbands and children as well. Most of the literature on risk-taking behaviour have either focused exclusively on men or married women and have made relatively little attempt to distinguish the behaviour of single females from the married population (Curtis and Blanc, 1997; Blanc, et al., 2002).

Finally, the growing evidence of an association between migration and risky behaviour (UNAIDS and IOM, 1998), as well as the entry of sexually active migrant working women into the urban areas each year (Visaria, 1998), point to a need for a new sense of urgency.

What puts single migrant working women at risk?

Most of the women are entering into the manufacturing sectors of the economy without the protective cover of their family. Being single by itself is not a risk factor; it is the activities undertaken and the behaviours possibly engaged that are the risk factors (UNAIDS, 2001). Changing circumstances may lead to increased personal risk. At the place of destination these women could be placed at low socioeconomic levels due to their separation from family, inappropriate job opportunities or employment in mainly low-income jobs either because of low level of education or unfamiliarity with the language. Even women with high levels of education may experience a downward occupational drift due to differences in professional knowledge and technology between the places of origin and destination. This situation is likely to cause stress, and can sometimes lead to risk taking in order to increase income and to better social position. Similarly, loneliness, frustration, difficulties in situational adjustments, adaptation to environmental changes and peer pressure combined with easier access can make it hard for some to resist risky behaviour.

An important part of the working women is their place of employment. Their employment necessitates them to leave home, work, earn and tolerate the indifferent or hostel environment (Chauhan, 1986). Sometimes these women have to face exploitation including sexual harassment from their superiors or colleagues in the office or their jobs may demand that they please men and defer to male authority (Reddy, 1986 and Pyke, 1996).

A study conducted among young working women in Sweden (Bergman and Hallberg, 2002) showed that working life of a woman is characterized by a negative attitude; that women receive more unfair judgments of their work performance; that they have fewer opportunities for professional development; that men receive more organizational support and trust; that women have to be more accomplished in their work than men in order to be promoted.

Many at times unsafe sexual practices are linked with the spread of STIs and HIV/AIDS. The first case of AIDS was found in India in 1986, and now India is being

cited as the country which would be an epicenter for the AIDS epidemic. Globally India is second only to South Africa in terms of the overall number of people living with the disease. National AIDS Control Organization (NACO) estimated around 0.6 million HIV infections in 2002. They also estimated that between 3.8 and 4.5 million Indians were living with HIV/AIDS during 2002, of whom around 39 percent were women. The epidemic continues to shift towards women and young people. According to an estimate of UNAIDS, although HIV prevalence rate is low (around 1 percent), the overall number of people with HIV infection is high. The majority of the reported AIDS cases have occurred in the sexually active and economically productive age group. Earlier men were the main transmitters of the disease but now studies are showing that females are also transmitting the disease to males. A study conducted among 379 HIV-infected people in 1991, reported in the journal of the American Medical Association, observes an evidence of female-to-male transmission.

Risk behaviours can be viewed in the context of the individual involved in such behaviour, and his or her demographic and socio-economic characteristics. Demographic and socio-economic characteristics often determine the particular social environment in which the individual lives. These characteristics include age, gender, caste, religion, marital-status, educational background and occupation (Aral et al., 1991).

A study conducted among young single female workers in urban China (Zhenzhen Zheng et al., 2001) showed that premarital sex was common among unmarried young migrant workers. Also, contraceptive awareness and use was limited and there was reporting of unwanted pregnancies, and induced abortions. Several barriers inhibit young female migrants from accessing services, including fear and embarrassment of disclosure, gender power relations, affordability and perceptions of a threatening service environment.

Therefore, this present paper tries to fulfill the gaps in the extant literature and attempts to explore the levels of knowledge about reproductive health issues of young women migrant workers and attitudes and behaviours that put them at risk for sexually transmitted infections or HIV transmission or unwanted pregnancies.

Design and Methodology

Data

Data for this paper are drawn from a study intended to explore sexual risk behaviours among unmarried young female workers staying in working women's hostels in Delhi for not less than six months. We focused on women involved in white-collar jobs for several reasons. Existing studies on single women are mainly of those involved in low-paid jobs or those who are working as domestic workers. We assumed that women in high-paid jobs are also equally vulnerable to sexual risk behaviour as they have flow of money and have higher resources and opportunities to explore their sexuality than those from lower income groups.

The study was carried out in the first quarter of 2005. The study included several phases of investigations, including focus group discussions and in-depth interviews as well as survey. A pilot-tested, structured, self-administered questionnaire was used for the survey and was provided in English language. Hostel warden and other staff members of the hostel were not involved in administering the questionnaire. Interviewer briefed the females about the purpose and significance of the study; it was being also explained that responses would be confidential and that participants were not required to put their names on the questionnaire. Informed consent was obtained from the respondents. Efforts were made to ensure quality and confidentiality of the data obtained.

The questionnaire was divided into six sections: migration related characteristics; social and demographic characteristics; working and living conditions in the hostel and office; lifestyle and social networks; knowledge about reproductive physiology; awareness of contraceptive methods and attitude towards premarital sex; awareness of RTI/STIs and HIV/AIDS and finally sexual behaviour and experiences. The findings discussed in this paper are based primarily on the survey.

Sample Selection

The study consisted of a survey of 362 unmarried working women, randomly selected from 12 working women's hostels in Delhi. The list of the hostels was obtained from Social Welfare Department, YWCA and warden's of the hostels. The list comprises of 24

hostels and the interviewer tried to do the complete enumeration. But some of the hostels did not exist or were being closed and some were found to be student's hostels. So in total 15 working women's hostels were found. Due to time constraint, interviewer was able to cover 12 hostels. The total sample size planned for the survey was 400, to be equally distributed and in proportion with the size of each of the hostels. All unmarried females were invited to participate in the study. 450 women got ready to participate in the survey but 362 completed the questionnaire.

Data Analysis

Study data were analyzed using SPSS-11. Bivariate analysis was done and logistic regression was used for multivariate analysis.

Results and discussion

The increasing movement of people as single in search of employment due to lack of opportunities at the origin, leads to high degrees of vulnerability to various social, economic and health problems. Importantly, migrants are often unaware of whether they have been exposed to HIV and the potential risk.

Migrants in Delhi

As several dimensions of migration have significant implications for the extent of risk behaviour among migrants, Table 1 presents some salient characteristics of the migrants in Delhi.

As expected an overwhelming majority of the respondents (68 percent) were from the northern region of India, which includes Chhattisgarh, Haryana, Himachal, Jammu & Kashmir, Madhya Pradesh, Punjab, Rajasthan, Uttar Pradesh and Uttaranchal. Around 17 percent of the respondents belonged to the eastern region of the country comprising of the states of Assam, Bihar, Jharkhand, Manipur, Nagaland, Orissa and West Bengal followed by the respondents from southern (11 percent) and western region (four percent).

Looking at the state wise distribution, it has been observed that nearly one-third of the respondents have migrated from Uttar Pradesh followed by Uttaranchal (11 percent), Kerala (nine percent), Bihar (six percent) and Punjab (five percent). Almost 38 percent of the respondents have migrated from other states of India, which includes Chhattisgarh, Haryana, Himachal, Jammu & Kashmir, Madhya Pradesh, Rajasthan, Andhra Pradesh,

Karnataka, Tamil Nadu, Assam, Jharkhand, Manipur, Nagaland, Orissa, West Bengal and Maharashtra. A single respondent from France was also there in the sample.

Table 1: Percent distribution of respondents according to various migration related characteristics

Migration related characteristics	Percent (N=362)
Geographical Distribution - Place of origin	
Region*	
North	67.6
South	11.1
East	17.2
West	4.2
Native State*	
Uttar Pradesh	30.5
Uttaranchal	10.8
Kerala	8.9
Bihar	6.4
Punjab	5.3
Others[1]	38.2
Type of Residence	
Rural	16.9
Town/City	83.1
Persons helped in Migration	
Came by self	14.6
Family members	42.5
Relatives	15.5
Friends/Employer	20.4
Boy Friend	6.9
Movement to Delhi	
First move	69.9
Second move	23.2
Three or more moves	6.9
Duration of stay in Delhi	
<=1 year	11.9
1-2 years	28.7
2-3 years	21.5
3-4 years	30.9
> 4years	6.9
Mean duration of stay (in years)	**1.9**
Total	**100.0**

*Excluding one case who was from France
North region: Chhattisgarh, Haryana, Himachal, Jammu & Kashmir, Madhya Pradesh, Punjab, Rajasthan, Uttar Pradesh & Uttaranchal
South region: Andhra Pradesh, Karnataka, Kerala & Tamil Nadu
East region: Assam, Bihar, Jharkhand, Manipur, Nagaland, Orissa & West Bengal
West region: Maharashtra
[1]Includes: Chhattisgarh, Haryana, Himachal, Jammu & Kashmir, Madhya Pradesh, Rajasthan, Andhra Pradesh, Karnataka, Tamil Nadu, Assam, Jharkhand, Manipur, Nagaland, Orissa, West Bengal & Maharashtra

Around 42 percent of the respondents were helped by their family members to migrate to Delhi. Almost one-fourth were helped either by their friends, employer or a boy friend followed by relatives (15 percent) who have migrated earlier to the city. Another 15 percent of the respondents migrated on their own i.e., without taking help of anyone. The dominant role played by friends, boy friend and relatives in attracting new migrants to the city highlights the importance of social networks in migration process. For 70 percent of the respondents it was the first move to Delhi, for nearly one-fourth (23 percent) it was the second move and for only seven percent it was the third move.

Duration of stay is likely to affect sexual behaviour through socialization process. Nearly one-third of the respondents were living in Delhi for the last three to four years. Almost seven percent for more than four years preceding the survey, 29 percent for one to two years and 21 percent for two to three years. The proportion of the recent migrants i.e., those staying for less than one year was 12 percent. The mean duration of stay of the respondents in Delhi was found to be two years.

Reasons for first move to Delhi

By and large, the first move is a target move with a specific purpose behind it. Table 2 reveals that out of 362 women in our sample as many as 253 made a first move to Delhi. Therefore, among the first move, education (29 percent) and job related reasons like posting in Delhi (24 percent), good or diversified employment opportunities in Delhi (21 percent), higher aspiration towards career (11 percent) and motivation by friend's job (15 percent) accounted for a major share.

Table 2: Percent distribution of respondents according to various reasons for directly moving to Delhi from the place of origin

Reasons for Migration*	Percent (N=253)
Good/Diversified employment opportunities	20.9
Higher aspiration towards career	10.7
Motivated by friend's job	15.0
Got/Transfer of job	24.1
Good educational facilities	29.3
Total	**100.0**

*limited to those whose first move was Delhi

As the young migrants finish their studies or training in the destination, a number of them tend to return to the place of their origin and rejoin their families. But in our

sample, out of 74 respondents who migrated to Delhi for education purpose, only one respondent returned to her place of origin but later on she also came back to Delhi for job purpose.

Reasons for migration to Delhi from the place of last residence

Table 3 shows that for 109 females Delhi was the second or third place of movement. Out of them 43 percent migrated due to job transfer or a posting in Delhi. Another one-third moved due to availability of good or diversified employment opportunities in Delhi. Around 18 percent females were motivated by their friend's job in Delhi and only seven percent migrated due to education or vocational training.

Table 3: Percent distribution of respondents according to various reasons for migrating to Delhi from the place of last residence

Reasons for Migration*	Percent (N=109)
Good/Diversified employment opportunities	31.3
Motivated by friend's job	18.3
Got/Transfer of job	43.1
Education/vocational course	7.3
Total	**100.0**

*limited to those who migrated from the place of last residence to Delhi

Profile of the sample

The data on demographic and social characteristics of migrants (Table 4) shows that majority of them were in the age-groups 23-25 (52 percent) and 26-27 (28 percent). Eleven percent were less than 22 years of age and only nine percent were in the age-group 28-29; the mean age was 24.8.

The vast majority of the respondents were Hindu (82 percent) and a sizable proportion were Christian (11 percent); seven percent had other religious affiliations, such as Muslim, Buddhist, Neo-Buddhist, Sikh and Jain. A higher percentage of the respondents belonged to general caste (82 percent) and about half were graduates and around 40 percent were post-graduates and above. Also higher proportion of girls had no technical education and around 16 percent were computer professional or business administrators and seven percent were engineers or medical professionals.

The ability of people to function effectively in their jobs depend not only on their level of educational attainment but also on additional training that they receive in areas

directly related to work they perform. Table 4 shows that about half of the respondents had received vocational training such as computers, office management, nursing, etc. data on the occupational income status of the respondents indicate that a majority of them were professional or technical workers (36 percent) like doctors, engineers, architect, lawyers, nurses, etc., or were skilled manual, clerks or accountants (36 percent). At the same time, around 17 percent of the girls were involved in the fashion or media industry and call centers, which is relatively a high percentage. More than half of the girls (61 percent) said that their monthly income was 10,000 rupees or less, which is very minimal for them to survive in a metropolitan city like Delhi where the cost of living is very high.

Table 4: Percent distribution of respondents by selected individual-level characteristics

Characteristic	**Percent (N=362)**
Age	
<=22 years	11.0
23-25 years	51.7
26-27 years	28.2
28-29 years	9.1
Mean Age (years)	**24.8**
Religion	
Hindu	82.3
Muslim	5.0
Christian	11.0
Others[#]	1.7
Caste/tribe	
General	81.5
Other caste	18.5
Educational level attained	
Secondary + additional diploma	6.4
Graduate	53.9
Post graduate & above	39.8
Technical education	
No technical education	68.2
Engineering/Medical/Nursing	7.4
Computer/Business administration	16.0
Others**	8.3
Ever received vocational training	
Yes	50.0
No	50.0
Occupation	
Professional/Technical workers	36.2
Administrative/executive/managerial/social scientists	11.0
Skilled manual/clerical/account & audit	35.6
Fashion/media	7.2

Call centre	9.9
Monthly income (in rupees)	
Rs. <= 5000	8.0
Rs. 5001 to 10000	52.5
Rs. 10001 to 15000	29.3
Rs. 15001 and above	10.2
Religiosity	
Very religious	10.5
Somewhat religious	74.0
Not religious	15.5
Family environment	
Uncomfortable	4.6
Comfortable	74.0
Neither	21.4
Family restrictiveness#	
very strict	15.9
somewhat strict	47.2
not strict	36.9
Member of any social group or club	
Yes	18.0
No	82.0
Holds a leadership position in club* (N=65)	
Yes	17.0
No	83.0
Type of social group or club* (N=65)	
Church/Muslim youth	46.2
Drama	18.3
Sports	23.1
Girl Guide	3.4
Red Cross	2.2
Other	0.0
Total	**100.0**

#Includes: Sikh, Jain and Buddhist-Neo Buddhist
**Includes: Architect, Law, Chartered Accountancy, Hotel Management & Tourism.
*limited to those in social groups or clubs, multiple response possible

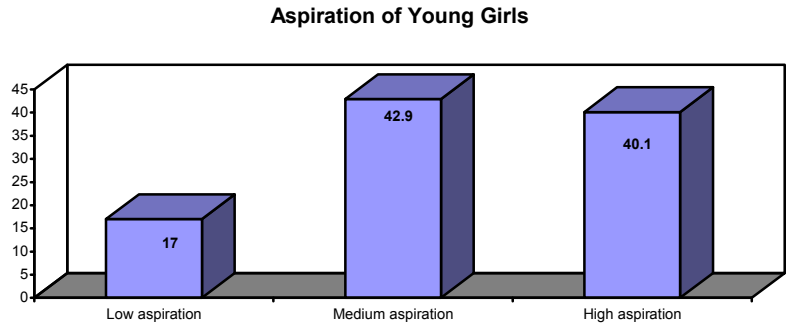
Roughly one-third of the girls were earning between 10,000 ($ 225) to 15,000 ($ 300) rupees and 10 percent were earning more than 15,000 rupees.

Virtually majority of the respondents (85 percent) classified themselves as somewhat religious or very religious and perceive their family environment as comfortable (74 percent) and as somewhat strict (47 percent). This could reflect that in Indian families, girls are socialized to expect less freedom and therefore more accepting of restrictions.

Social clubs provide young people with avenues for recreation and socialization. Recognizing the benefits of social clubs for young people, governments and other

organizations have promoted the establishment of clubs for young people. The respondents were asked if they belonged to a social group or club. As shown in Table 4, one out of five females belonged to any social group or club. Among those involved in social groups, 64 percent of them were in a church or Muslim youth group or a choir. Five percent were involved in Girl Guide or Red Cross. Seventeen percent of them held a leadership position within their clubs.

As indicated in the figure only 17 percent of the girls had a low level of as aspiration in life and rest 83 percent were found to be very ambitious or reported a medium level of aspiration. They want to attain a lavish lifestyle by acquiring lots of money and expensive items.



Attitude towards substance use and sexuality

The respondents were asked a series of questions about their attitudes towards substance use and sexuality (Table 5). These included taking drugs and alcohol for females and virginity until marriage for females and the circumstances under which sex occurs. On attitudes towards substance use, half of the respondents feel that smoking and drinking for women is acceptable but the majority (83 percent) disagree for taking drugs. More of all the respondents felt that women could have friendship with males. On attitudes towards sexuality, 53 percent declared that women can masturbate and 92 percent or more of all agreed that at the same time she could think and talk about sex.

Table 5: Percent distribution of respondents, by attitudes toward substance use and sexual behaviour

Statement	Agree	Disagree
	(N=362)	
Smoking for women is acceptable.	48.3	51.7
Drinking for women is acceptable.	49.4	50.6
Taking drugs for women is acceptable.	16.6	83.4
Women can have opposite-sex friendships.	94.2	5.8
Women can masturbate.	52.8	47.2
Women can think about sex.	92.3	7.7
Women can talk about sex.	91.7	8.3
Women can have sex before marriage.	28.5	71.5
Women can have sex before marriage with a person whom she is planning to get married.	39.5	60.5
Women can have multiple sexual relations.	9.7	90.3
Women can initiate sexual activity.	98.3	1.7
Women can have sex for fun.	28.6	71.4
Women can have sex with another man after marriage.	8.0	92.0
Homosexual behaviour is acceptable.	7.2	92.8
Usually people do not plan to have sex, it just happens	36.9	63.1

More than two-third of the respondents believed that that unmarried young women should not have sex but 40 percent agreed with the opinion that women could have sex with a person whom she is planning to get married. Majority (90 percent) of them declared that women should not have multiple sexual relations but felt that she could initiate sex (98 percent). Ninety two percent believed that women should not have sex with a person other than her husband after marriage and that homosexual behaviour is unacceptable (93 percent). More than one-third of all respondents agreed that people do not plan for sex, it just happens.

Reproductive health knowledge

Table 6 presents information on respondent's knowledge of reproductive health issues. It is evident form the table that young women's knowledge varied widely but misperceptions were common. Half of the respondents were aware that a woman can become pregnant the first time she has sexual intercourse. Almost one in four respondents believed that a woman can get pregnant if she did not wash herself thoroughly

immediately after the sex and more than half indicated that they were unsure. Similarly, 44 percent believed that withdrawal prevents pregnancy and 38 percent reported that they did not know. More than 60 percent of the respondents reported that they knew that there are certain days when a woman is more likely to become pregnant.

When asked about condoms, nearly all the respondents were aware of condoms. About half knew that condoms cannot be used more than once and that they are effective for preventing from preventing pregnancy (56 percent). Fewer (44 percent) knew that condom use can prevent STIs and HIV/AIDS. More than three-fourth of the respondents were not sure of the statement that condoms make sex less enjoyable.

All the respondents had heard about HIV/AIDS but familiarity with the signs and symptoms of STIs was poor, relatively small proportion (60 percent) of respondents had heard about STIs. Around 88 percent of the respondents said that AIDS is not curable and among those who have heard of STIs, 60 percent said that did not know that STIs is curable. Around half of the respondents believed that women are at a higher risk of contracting STIs and HIV/AIDS. Majority (86 percent) of the respondents did not feel that a healthy looking person can have AIDS, 12 percent think so, and two percent were unsure about it.

Table 6: Percent distribution of respondents, by responses to statements about aspects of reproductive health

Aspect	Yes	No	Don't know
Reproductive physiology			
A woman can become pregnant at first intercourse	49.7	11.7	38.6
A woman can become pregnant if she did not wash herself thoroughly immediately after sex	24.3	18.5	57.2
A woman can become pregnant if a man withdraws before ejaculating	18.2	44.2	37.6
Knows there are certain days when a woman is more likely to become pregnant	61.3	16.8	21.9
Condoms			
Condoms are effective method for preventing pregnancy	56.2	26.0	17.7
Condoms are effective way of protecting from STIs and HIV/AIDS	43.5	7.3	49.2
Condoms reduces sexual pleasure	13.8	9.6	76.6
Condoms can be used more than once	7.7	49.4	42.9
STIs and HIV/AIDS			

It is possible to cure STI	21.8	19.3	58.9
It is possible to cure HIV/AIDS	3.3	88.0	8.6
Women are at higher risk of contracting STIs and HIV/AIDS	48.2	11.8	40.0
Opinion on whether a healthy person can have the AIDS virus	12.2	86.1	1.7

Behaviour of Peers

Peers and friends have been found to play important roles in the lives of young people in diverse ways, such as providing advice, support and reinforcement of behaviour. The attitudes and behaviour of peers is frequently cites as the single most important factor affecting the initiation of intercourse by young people. Jo et al (1986) found that adolescent females who have sexually active best friends are more likely to become sexually active.

In the present study, a few questions were asked about the perceived number of close friends and their behaviour.

Friendship network and leisure time activities

Results from the study indicate that about 95 percent of the respondents indicate that they have close friends. On an average they had more close friends of the same sex than opposite sex respectively (Table 7). Nearly half of the females had close friends of both sexes. Forty-six percent of them had close friends of the same sex.

Table 7: Percentage distribution of respondents, by characteristics of friendship networks

Characteristic	Percent (N= 362)
Number of close female friends	
0	3.9
1	22.9
2	30.2
3	16.2
4	12.4
5+	14.4
Number of close male friends	
0	19.6
1	35.2
2	22.1
3	15.3
4	5.1
5+	2.7

Sex composition of friendship networks	
No close friends	4.6
Only male	2.7
Only female	45.5
Both male and female	47.2
Total	**100.0**

The respondents were asked a series of questions about their leisure time activities (Table 8). Half of the females hang around with friends of both the sexes (51 percent) and they go out for movies or drama or to restaurants or hotels. Around 34 percent of them go out with their boyfriend or a fiancée. Thirty two percent go to night clubs, discos, bars, pubs or attend late night parties.

Table 8: Percentage of respondents reporting leisure time activities

Leisure time activities*	**Percent (N= 362)**
Visiting a friend's/relatives' house	29.2
Hanging around with female friends	49.3
Hanging around with a boyfriend/fiancée	34.3
Hanging around with male and female friends	51.1
Going to movie/drama	53.6
Going to restaurants/hotels	50.0
Going to night clubs/discos/bars/ pubs/late night parties	31.8
Doing social activities	13.8
Others[@]	7.6

*Totals may exceed 100 because multiple responses are possible.
[@]Includes: TV watching, Listening radio, Reading newspaper/magazine/novels/books, Indoor games like playing cards, chess, sitting idle, sleeping, etc.

Erotic exposure

Table 9 shows that half of the respondents believe that their friends watch pornographic material such as blue films, sexy material on the internet, pornographic magazines, posters, photos, etc. When asked about self erotic exposure, around 43 percent agreed that they had exposure to pornographic material and more often on their computer or DVD player with their friends.

Table 9: Percent distribution of respondents by opinion on erotic exposure of close friends and themselves

Erotic exposure	Percent (N= 362)
Does any close friend has erotic exposure	
Yes	49.3
No	31.7
Don't know	19.0
Self erotic exposure*	
Yes	43.6
No	56.4
Total	**100.0**

* includes pornographic movie, literatures, posters, photo, CDs, internet etc.

Use of substances

Table 10 shows the use of any types of substance by the respondents and their close friends. It is apparent from the table that around 41 percent of the respondents mentioned that their close friends' take atleast one type of substance. Surprisingly around 20 percent of the young girls reported the use of atleast one type of substance. More than one-third of the respondents reported that their close friends take cigarette (37 percent) and alcohol (30 percent). Around nine and sixteen percent of the girls reported cigarette smoking and alcohol use. It should be noted that about two percent of the girls have the opinion that their friends take drugs other than tobacco, cigarette or alcohol.

Table 10: Percentage distribution of respondents by opinion on substance abuse of close friends and themselves

Types of substance	Percent (N= 362)
Chew Tobacco/Pan	
% of peers	23.2
% of respondents	8.6
Smoking	
% of peers	36.5
% of respondents	8.8
Drink alcohol	
% of peers	30.4
% of respondents	16.0
Use any injecting or non-injecting drug	
% of peers	1.7
% of respondents	-
Use atleast one of the above	
% of peers	41.2
% of respondents	20.4

Perception of sexual relationships

More than one-third of the respondents perceived that their close friends have a boy/girl friend. Roughly one in five respondents reported that they are not aware about such matters (Table 11).

As regards the sexual activities, one in five of the respondents believed that their unmarried friends also have had sexual intercourse.

Table 11: Percentage distribution of respondents by perception on sexual relationship of close friends

Perception	Percent (N= 362)
Does any close friend has a boy/girl friend	
Yes	33.1
No	45.3
Can't say	21.6
Perception of close friends having sexual intercourse	
Yes	18.3
No	71.7
Can't say	10.0
Total	**100.0**

Sexual experience

Among the respondents, mostly all had heard of sexual intercourse, kissing and fondling. More than one-third of the girls had a boy friend or a fiancée (32 percent). Around 65 percent of the girls were involved in holding hands with their boy friends. Similarly, about 50 percent of the girls have reported the experience of hugging and kissing (not shown).

The first sexual event has clear health implications, since it marks initiation into the sexual act which if unprotected, and carries a risk of adverse outcomes such as unplanned pregnancy, HIV and sexually transmitted infections (Wellings et al. 1994).

The number of sexual partners one has within a given time period can be used to indicate exposure to HIV and other STIs. In addition, the type of relationship and age differences between partners, the duration of the relationship, exchange of money or gifts, and alcohol consumption at the time of intercourse constitute cofactors of risk of pregnancy and STIs.

The respondents were asked whether they had ever had "any sexual contact" (including both penetrative and nonpenetrative activity). In total, 65 respondents (18 percent) reported ever experiencing sexual contact and out of them 75 percent reported to have experienced sexual intercourse. The mean age at first sexual intercourse among the young girls was 22.8. Partners were by and large older than the respondents.

The persons with whom young women had their first sexual experience and the reasons for initiating sex are given in Table 12. Among those who ever had sex, 82 percent of the females had their first sexual intercourse with a boyfriend, respectively. In addition 13 percent had their first sexual experience with a casual acquaintance. Another five percent of them had first sexual intercourse with a same sex partner. The main reasons given for having their first sexual experience were love or curiosity (59 percent), partner insisted (17 percent), getting carried away or being drunk (1 percent), influence from friends (5 percent), they held an expectation of gift/promotion (7 percent) or they were forced (10 percent).

The table indicates that 65 girls who ever had sexual contact, out of them 76 percent (49 girls) reported to have had sex in the last six months prior to survey. Eight percent of females who had sex in the last six months, reported more than one partner. Eighty-three percent of females who had had sex in the six months prior to the survey did so with a boyfriend or fiancée, 6 percent with the person of the same sex and 11 percent with a casual acquaintance, an activity that might put them at greater risk for STIs.

More than half of the respondents have used condom during the last sexual intercourse. Among those who did not use condom during the sex, majority reported that their partners objected (61 percent) and others reported that they could not remember during the heat of that moment.

Table 12: Percentage distribution of respondents, by sexual experience

Sexual experience	**Percent**
Ever had any sexual contact*	
No	83.0
Yes	17.9 (65)
N	***362***
Total	***100.0***
Ever had sexual intercourse	
No	24.6

Yes	75.4 (49)
N	***65***
Total	***100.0***
Mean Age at first intercourse	**22.8**
Relationship with the first sex partner	
Boyfriend/fiancée	81.7
Girl friend	5.3
Casual acquaintance**	13.0
N	***49***
Total	***100.0***
Reasons for the first sex	
Love/ Curiosity	59.1
Partner insisted	16.6
Getting carried away/being drunk	1.2
Influence from friends	5.3
Was forced	10.4
Expectation of Gifts/promotion	7.4
N	***49***
Total	***100.0***
Had sex in last 6 months	
Yes	76.0 (49)
No	24.0
N	***65***
Total	***100.0***
No of sex partners in last 6 months	
1	92.3
More than 1	7.7
N	***49***
Total	***100.0***
Relationship to last sex partner	
Boyfriend/fiancée	82.8
Girl friend	6.2
Casual acquaintance	11.0
N	***49***
Total	***100.0***
Condom used during the last sex	
Yes	51.1 (25)
No	46.9 (23)
Don't Know	2.0 (1)
N	***49***
Total	***100.0***
Reasons for not using condom	
Partner objected	61.3
Not available at that time	0.1
Could not remember during that moment	25.9
Don't Know	12.7
N	***23***
Total	***100.0***

*includes: both penetrative and nonpenetrative activity

** includes: neighbor, relative, office colleague, boss and friend

Outcome of sexual experience

Table 13 a shows that only 1 girl had experienced unwanted pregnancy and she had terminated that pregnancy.

Table 13a: Percent distribution of respondents by unwanted pregnancies

Characteristic	Percent
Ever Experienced unwanted pregnancies	
Yes	1.4
Never	98.6
N	***49***
Total	***100.0***

In order to assess the prevalence of RTI/STI, the respondents were asked whether they had experienced any symptom of RTI/STI during the last six months preceding the survey. Table 13b shows that among the respondents who have experienced sexual contact, more than two-third of the respondents (71 percent) reported to have suffered from atleast one symptom and those who did not experience any sexual contact, 44 percent reported to have suffered from atleast one symptom. There is a significance difference found in the problems faced among those who did and didn't experience a sexual contact. When asked about the specific problem, the most commonly reported problems among both the groups were itching over vulva, pain in lower abdomen not related to menses, low backache, difficulty/pain while urinating, itching/irritation around genital, some mass coming out of vagina, etc.

When the respondents were enquired about treatment taken, among those who did not experience sexual contact but have suffered from RTI/STI, more than half of the them reported to have taken treatment and those who experienced sexual contact and were suffering from RTI/STI, only 37 percent reported to have taken treatment which is really a big concern and makes these girls vulnerable to HIV (not shown).

Table 13b: Percent of respondent reporting any symptom of RTI/STI during the last 6 months

RTI/STI symptoms	Experienced sexual contact	Did not experience sexual contact
Atleast one symptom	**71.4**	**44.1**
Itching over vulva	24.5	10.7
Pain in lower abdomen not related to menses	30.6	14.3
Boils/ulcers/warts over vulva	6.1	1.3
Low backache	42.9	29.5
Pain in vagina	14.3	4.5
Bleeding/abnormal discharge from the vagina	2.0	0.3
Swelling in the groin	2.0	1.3
Difficulty/pain while urinating	18.4	6.5
Frequent urination	10.2	7.1
Itching/irritation around genital	34.7	13.6
Some mass coming out of vagina	20.4	4.9
N	***65***	***297***

Risk perception

There is a significance difference found in perceived risk of contracting from HIV/AIDS among those who did and didn't have sexual contact. Around 24 percent of the young girls who had a sexual contact, perceived that they are at no or small risk of contracting HIV/AIDS, saying that they have only one sex partner and their partners do not have other partners and also they had been using condoms every time during sex compared with 51 percent of them who didn't have such relationships (Table 14). A high proportion of the respondents (53 percent) experiencing sexual contact opined that they were at moderate or high risk of contracting HIV/AIDS compared with 23 percent of those who didn't have such relationships. One out of 5 girls is sure about themselves.

Table 14: Percent distribution of respondents by perceived risk of getting HIV/AIDS among those who had experienced sexual contact

Perceived risk of getting HIV/AIDS	Experienced sexual contact	Did not experience sexual contact
No risk at all	20.4	37.6
Small risk	4.1	12.9
Moderate risk	32.7	8.4
High risk	20.4	14.8
Don't Know	22.4	26.4
N	***65***	**297**
Total	***100.0***	**100.0**

Results of Multivariate analysis

Logistic regression technique has been carried out to identify the factors associated with the RTI/STI infection of the young women migrant workers. The dependent variable is "Experienced any symptom of STI". The odds ratios along with the reference category are given in table 15 respectively. The odds ratios indicate how the likelihood of vulnerability for a specific category varies from that of the reference category, once the effect of all other variables in the model has been controlled.

The results of the model show that high income group women, those involved in risky leisure activities, consuming alcohol, had sexual contact and those who perceive themselves to be vulnerable to HIV are significantly more likely to have RTI/STI problems.

Table 15: Logistic regression for symptoms of RTI/STI infection by selected characteristics

Selected characteristics	Sig	Odds Ratio
Age of the Respondent		
<= 22 Years ®		
23-25 Years	0.200	1.92
26-27 Years	0.270	1.83
28-29 Years	0.690	1.32
Occupation		
Professional/technical workers®		
Administrative/executive/managerial/social scientists	0.570	1.35
Skilled manual/clerical/account and audit	0.560	0.81
Fashion/media	0.440	0.61
Call Centre	0.780	1.16
Monthly Income		
<=Rs. 5000®		
5001 to 10000	<0.05	1.80
10001 to 15000	<0.05	2.15
15001 and above	<0.001	5.30
Erotic exposure		
Low®		
Moderate	0.110	1.88
High	0.720	1.16
Risky leisure activities		
No ®		
Yes	<0.05	1.43
Use of any substance		
No ®		
Yes	0.590	2.75

Use of alcohol		
No ®		
Yes	<0.01	1.18
Perceived Vulnerability		
No®		
Yes	<0.01	1.52
Can't say	<0.01	2.25
Permissive attitude towards premarital sex		
Low®		
Moderate	0.340	1.47
High	0.150	1.75
Sexual Contact		
No ®		
Yes	<0.05	1.25

Conclusions

The results from the study indicate that even in a conservative society like India where premarital sexual relations are prohibited, a substantial proportion of young migrant women workers have developed relations with the young men and engaged in sexual activity. Many hold permissive attitudes on the acceptability of premarital sex. At the same time there is a general belief that young women should not engage in these behaviours. Substance use, multiple partners, low and irregular use of condoms, unwanted pregnancies, and sexual health problems are common. Majority of the women consider themselves to be at risk of getting HIV/AIDS. Gaps are also emerging in the information regarding reproductive health issues and the risk of unsafe sex and its consequences. Women are aware of HIV, pregnancy and means of protection, yet they are inadequately aware of the specifics and they hold a number of misconceptions that are rarely addressed in health programmes. Young women are taking risks partly as a result of such misbelieves. For instance, many believed that girls do not become pregnant from the first sexual intercourse. Therefore an attempt is needed to correct such myths and misconceptions.

Since peers were the most important source for molding their behaviour, therefore a programmatic response is needed to target such networks. Reproductive and sexual health information should be provided through appropriate channels. Sex education should be provided and electronic media should be used as much as possible to provide information to the young women. In addition effort should be increased to improve the

living and working condition and adequate support should be provided to the needs of the single migrant women that make them vulnerable to STDs and HIV infection.

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