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Addressing Emerging Needs of Migrant Women Working in Garment Sector is A Priority

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Abstract: **Sexual route is one of the major routes of transmission for HIV/AIDS and Sexual health problems. Individuals who involved in multiple sexual partners increase their risk of getting HIV as new relationship introduces another gateway for HIV transmission. Multiple sexual partner relations increases vulnerability in transmission of HIV/AIDS. Women moving out for livelihood increases chances of vulnerability to sexual health issues through indulging in multiple partner sexual relations. A study has conducted among women migrated to Bangalore city from different districts of Karnataka state and districts from out of Karnataka state. Parallel sexual partnership, defined as having two or more partnerships that overlap in time, also increase risk and have been recently identified as a likely driver of spread of HIV. This study provided information regarding 1000 migrant women garment workers who indulge in sex with multiple partners in Bangalore city. The study revealed that 34% of migrant women workers indulge in sex with multiple partner source and 62% at destination. It is clearly evident that the risk is increasing almost 2 folds when the women migrated for lively hood and are away from their home/source. 7.1% unmarried migrant women working in garment sector indulge in premarital sex at source. 15.5% women do sex work after working hours in the destination. It is very important to develop strategies to design sexual health programs among migrant women garment workers. Migrant women are more at risk of HIV/AIDS and Sexual health problems**

Keywords: **Migrant women in garment sector, multiple sexual partners, Risk and Vulnerability of HIV/AIDS, Need have focused health programs.**

I. INTRODUCTION

Sexual practices vary widely, and individuals who have multiple sexual partners may or may not engage in concurrent sexual partnerships. At a time when HIV rates are declining in other parts of the worlds, HIV PREVALENCE IN Est and Southern Africa remains high and is supposed to be due to several factors like high rates of multiple and concurrent sexual partnerships, low rates of condom usage. Since the beginning of the epidemic, 75 million people have been infected with HIV. By the end of the 2012 around 35 million people were living with HIV. An estimated 36 million people have died so far and 1.6 million people died of HIV/AIDS in 2012. Among young people age "between" 15 to 24, the HIV prevalence rate for young women is double that of young men. Worldwide women also affected with HIV/AIDS. In their reproductive age 15-49, HIV/AIDS is the major cause for death. Women might be due to different reasons at least twice more chances to acquire HIV from men during sexual intercourse than female to male. Some women may be unaware of their male partner's risk behaviour for HIV and may not use condoms. Women may be afraid of speaking about condom with their partner. A study in South Africa tells one out of seven HIV cases of women acquiring HIV could have been prevented if we would have address to prevent violence against intimate partner. A study conducted in America among different groups like race, gender and transmission mode, revealed that 64% of total new HIV Infections among women in the United States occurred among African American women with heterosexual contact. Women made 20% of 47500 new HIV infections in the United States in 2010. 84% of those 20% new infections among women were from heterosexual contact. As information from World Health Organization in 2012, 62% of pregnant women living with HIV

received the most effective drug regimens to prevent mother to child transmission of the virus. A study has conducted in 19th century, between different social groups on socio economic and health status. A women movement challenged medicalization of women's bodies. Women articulated felt experiences of mental, physical, reproductive and sexual health needs. One of the study tells knowledge of the body, health and illness is culturally constructed and this is most evident in the case of medical knowledge about the health needs of women. One of the study revealed that migrant workers have been identified as risk population to acquire HIV/ADIS. A study in Bangladesh explains the vulnerabilities and gaps in service regarding HIV/AIDS. The study revealed that migrant women workers are very poor in accessing knowledge and services related to HIV prevention. Lack of proper regulatory framework and legal measures increase the vulnerabilities for exploitation and sexual abuse in migration setups. Women seems to be exposed to maltreatment, physical abuse, sexual violence and non – payment of wages. Another study reveals that mobility pattern in migration increases chances of women having more multiple sexual partners than men. A study was conducted China to know the knowledge regarding reproductive, sexual health and sexual behaviour of young and unmarried women who migrate to cities. The study tells that most of the women lacked basic information about reproductive and contraceptives, and also observed there was a social, psychological and economic barrier to access services. A work shop organized in Ethiopia for textile, leather and garment workers on empowering women. The work shop had a healthy discussion on sexual harassment and found sexual harassment is a rampant problem in the textile industry in Ethiopia. As per Behaviour sentinel Surveillance on Swaziland's garment industry revealed that HIV prevalence among factory workers is 50.3%. Most of the garment workers are women.

One of the study among women workers in the garment industries in Dhaka explains the factors are responsible for the harassment of women. The study told that female workers are sexually harassed by their co-male worker or by police or by mastans in the street. Female workers has to travel alone very long distance in late evening to reach homes. The co-workers take advantage of lack of skills and technical knowledge of women workers for exploitation. Irregularities in attending job will create loss of wages and will create a barriers to run their families in where the employers take chances for exploitation. One of the study explains about knowledge of HIV/AIDS among women workers in garment sectors in Dhaka city. 63% if the garment workers are very young. And 97% of the workers are literate. Most of the women know that HIV is hazardous. Most of the respondents told that they are using contraceptives. One of the presentation on women workers in garment sectors in Bangladesh explains that, young girls often start work at the age of 18th and work till 30-35 years old. Most of the family planning products available in urban areas and widely used by female garment workers. Female contraception use has increased from 5% to 47.5% between 1975 and 2007. According to health survey on safety regulation in the garment industry in Bangladesh, sexual harassment is likely to be the most dominant source of stress for garment workers. One of the study in Nepal on sexual harassment at workplace revealed that 54 percent of women employees faced the problem of sexual harassment. Taboo is the major barrier facing by women to bring out the problems in the public. A study on issues facing by women in garment industry in Cambodia. Rape is the major safety issue along the way to factory. 9.3% of workers told that close friend bad been raped in previous year. Women rarely get job if she do not offer sex. The women workers migrate from villages to support families and support their dependents.

In India Nation AIDS control Organization implementing HIV preventions program among Migrant workers. Migrant who seek better livelihood and move from their place of origin in rural areas (source) to a town or city (designation), with the intention of settling temporarily or semi-permanently and return back to their origin **for** up to 3-12 months**.** Rational behind the target intervention among migrant workers is, male worker away from the family will create a vulnerability to have multiple sexual partners which is a risk behaviour for HIV/AIDS. In order to increase knowledge on Condom, Knowledge on HIV/AIDS and STI the NACO has implementing interventions among migrant workers at destination and source. Most of the interventions are implementing among construction sites and Industries. Major focus is to address male workers. Source is the place of origin or place of permanent residence which the migrant not only calls home but returns to on regular intervals of 3 to 6 months in a year. Destination is the place where the migrant seeks to reach to pursue their intended livelihoods. In many cases work and stay are nearby or within the same town or city. According to garment and textile workers union information 400000 women workers working in garment sector in Bangalore city.

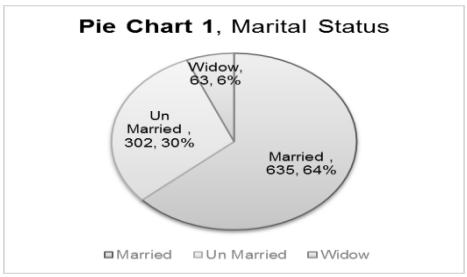
II. METHODOLOGY

Research Objectives: To understand the risk behaviour among High Risk Migrant among garment migrant women workers in Bangalore city. To understand the sexual network (risk behaviour) within the industry and outside the industry. To motive researchers conduct studies on reasons for indulging in sex with multiple partners. To provide recommendations regarding necessity of HIV prevention programs among garment industries.

A cross-sectional study conducted in Garment industries in Bangalore.1000 garment migrant women workers select as sample. The sample focussed only on women who involved in multiple partner sexual behaviour. Sample has collected from 20 Industries and representation of 38 districts of 6 States from Karnataka, Tamil Nadu, Kerala, Uttar Pradesh, Nepal and Andhra Pradesh. Women from Bangalore city also working in garment industry from which the sample was not taken. The sample concentrated only on migrants. The definition of migrant. *Behavioural study test Questionnaire* -- A questionnaire developed and pilot tested and then adapted to meet local situations. A signed consent form was obtained. Interviewers administered a detailed questionnaire that collected information on background and sexual behavioural characteristics. Migrant who seek better livelihood and move from their place of origin in rural areas (source) to a town or city (designation), with the intention of settling temporarily or semi-permanently and return back to their origin for up to 3-12 months. Sample has taken only from Destination migrants where the migrant seeks to reach to pursue their intended livelihoods. In many cases work and stay are nearby or within the same town or city.

III. RESEARCH AND RESULTS

The study has done among 1000 women migrated from different districts outside Bangalore in Karnataka and districts from outside Karnataka state. The study conducted women involved in multiple sexual partners at destination. As per the **Pie chart 1**, 64% of the women from married women, 30% of the migrant women from un married and 6% from Widow. The above information provided light on all categories of marital status involved in high risk behaviour regarding sexual ill health. The table also giving information most of the high risk population is from married women. We can also assume that married women involved in providing support in order to run the family. We can also assume the burden on women.



As per the **Pie chart 2**, majority of the migrants are under the age group of 30 and below that is 78%. Only 1% from age group of above 41. And 21% from the age group of 31-40. We can also understand that most of the high risk migrants are from productive age group. We can also assume there might be drop out in education among the age group of 18-20 that is 9%. Getting proper knowledge on health and hygiene is a major challenge for the age group of 18-20 due to school dropout. We can also assume that at very young age women involved struggling to support the families and dependent.

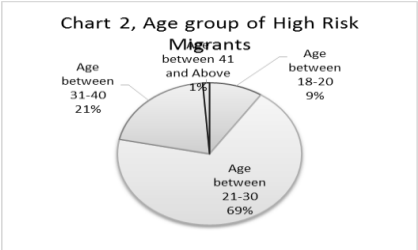


Table 1, Understand the risk age wise and comparison with source and destination	**No. of Migrants**	**%**
18-20 age group indulging in sex with multiple partner at Source	24	2
18-20 age group indulging in sex with multiple partner at destination with co workers	64	6
21-30 age group indulging in sex with multiple partner at source	388	39
21-30 age group indulging in sex with multiple partner at Destination with co-workers	438	44
31-40 age group indulging in sex with multiple partner at source	71	7
31-40 age group indulging sex with multiple partner at Destination with co-workers	113	11

One of the major observations through the **table 1** is indulging in multiple sexual partner is increasing in every age group when women garment worker moving from source to destination. It has increased 4% from source to destination in the age group of 18-20. It has increased 5% from source to destination in the age group of 21-30. It has increased 4% from source to destination in the age group of 31-40. Higher rate of increase of 5% from the age group of 21-30. Majority of women indulge in sex with multiple partner with the coworkers with in the age group of 21-30.

Table 2 , Risk & Vulnerability of Migrant women at garment industry		
Particulars	**No. of Migrants**	**%**
Migrant involved in multiple sexual activity at Source	342	34
Migrant involved in multiple sexual activity at destination	622	62
Un married(302) migrant involved in multiple sexual activity at destination	201	67
Migrant women worker who involved in sexual contact with multiple partners Never used condoms	262	26.2
Women Migrant worker do sex work also	155	15.5
Un married(302) women migrant involved in sex work	17	5.6
Migrants women visited STI clinic at least once in a 12 months	586	59
Migrant women involved in sex with co worker	622	62
Migrant had sexual contact with non co worker	384	38

The **table 2**, explained the percentage of women migrant involved in sexual behaviour with multiple partners at source and destination. Also provided information on percentage of married and unmarried migrant women involved in multiple partner sexual behaviour. Study provided information on condom usage among women migrant workers who involved in multiple sexual partners. And also provided information on health seeking behaviour among migrant workers who involved in multiple sexual partners. The study tried to understand the variation of multiple sexual partner behaviour at source and destination. The study revealed that 34% of migrant women workers involved in multiple partner sexual behaviour at source and 62% at destination. It is clearly evident that the risk is increasing almost 2 folds when the women migrant workers are away from their home/source. We can also assume the increase of risk of HIV/AIDS among these women. Out of total women migrant 67% of women were from unmarried group involved in multiple partner sexual behaviour at destination. This information also provided light on how young women are at risk of HIV/AIDS when they are at work. 26.2% of population never used condom which is vulnerability factor for HIV/AIDS. We can also assume that 70% of these women aware about condom. And the study also tried to understand the utilisation of health services related to HIV/AIDS. 59% of women visited clinic for sexual health problems in last one year. This information will help us to understand the low utilisation of condoms among these women. 15.5% of migrant garment women worker who involved in multiple sexual partner behaviour do sex work along with their regular work. Which is very clearly evident of increase of risk for HIV/AIDS when the women at garment sector at destination? We can also assume that women at more risk at destination than source. The study also revealed that 49% (295) of the Married women staying alone in the destination. The study also provided information that 62% of women participated in the study involved in sexual contact with co-worker and 38% of the women with non-co-workers. The study revealed that 26.6% of married women had multiple sexual partners at source. The study revealed that 41.7% of married women have multiple sexual partners at Destination.

III. CONCLUSION

The study has given very clear picture about the women involved in premarital and extramarital sexual relations which is vulnerable behaviour for Sexual health problems. Study highlighted the increase of risk behaviour when the women at workplace. Young women have challenged to take responsibility of their families and dependents and moving away from their homes for lively hood. Migrant women and adolescent girls are more vulnerable to multiple partner sexual behaviour may be due to many reasons like poverty, harassment ect, Women involving in multiple partner sexual relations either by coercion or to supplement their earnings. The unwanted behaviour of the women put them at greater health risk like RTI/STI/HIV. On the other hand, the left-behind women face the risk of contracting HIV/AIDS, brought back by migrating husbands. It is very important that need to do more studies on to understand the reasons for increased risk behaviour when women at destination. Addressing the needs of women, which motivating women for multi partner sex at

destination, is very much important. It is also very important about to provide HIV prevention and control programmes for mobile women populations at source and destination sites. Need to develop a strategy to initiate Behavioural/ contraceptive programmes to preventive not only HIV but also other sexual problems of women.

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