Developing Country Studies
ISSN 2224-607X (Paper) ISSN 2225-0565 (Online)
Vol 2, No.9, 2012

Migrant Construction Workers: A Study of Sexual Behavior and Sexual Health Problems

Mohammad Akram
Department of Sociology and Social Work,
Aligarh Muslim University, Aligarh, 202002, (U.P.) India
E-mail: akram_soc@yahoo.co.in

The research is financed by University Grants Commission, New Delhi, under a Major Research Project sanctioned to the author as Principal Investigator.

Abstract

Sex is regarded as a personal affair of an individual. It is tough to objectively study the sexual behavior of an individual or a community. One of the reasons of fast spread of Sexually Transmitted Diseases (STDs), Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome (HIV/AIDS) and other sexual health problems is people's ignorance about the potential health threats during sexual behavior. The rise of these epidemics makes sociologists realize the need of carrying out scientific research on sexual behavior. This empirical study attempts to understand the issues related to sexual behavior and sexual health of the Migrant Construction Workers (MCWs) in India. The study is conducted in six districts of western Uttar Pradesh. A multistage stratified random sampling has been used to select the three hundred respondents. The findings suggest that the MCWs are marginalized people in urban spaces and more susceptible to sexual health problems. They are victims of multiple complications because of unstable nature of their employment, vulnerable living conditions, lack of health awareness and dearth of health care facilities. This study draws the attention of the policy makers and health planners towards the sexual health problems of the unorganized workers and concludes that immediate intervention is required for improving their situation.
Keywords: sexual behavior, health, treatment, migration, construction workers

1. Introduction

Globalization caused rapid growth in Indian economy in the last two decades (Khuntia 2005) and one consequence of it is fast expansion in infrastructure development. The public-private partnership, foreign direct investments (FDI) and multi-lateral initiative taken by the central as well as state governments has given important impetus to the construction industry. Construction industry has become the second largest generator of labor force after agriculture in India (Baruah 2010; Barnabas, Anbarasu and Paul 2009; Laskar and Murty 2004). Construction work consists of building hospitals, schools, townships, offices, houses and other buildings, urban infrastructure, highways, roads, ports, railways, airports, power systems, irrigation, telecommunications etc. Construction industry is now becoming a way of entering a city for the rural migrants (Khuntia 2005 p.15). As a result, majority of the workers in the construction industry are migrants.

Construction industry is labor intensive in India, because labor is cheap and available in abundance. Shah and Mehta (2009) classify three types of migrant construction workers on the basis of their level of skill. The first is skilled construction workers such as bricklayers, masons, reinforced concrete workers, tile and roof layers, plasterers, supervisors, foremen, carpenters, plumbers, blacksmiths and electricians. The second category is semi-skilled workers like white washers, pipe layers and construction workers not elsewhere classified. The third is unskilled workers consisting of loader and un-loaders. Laskar and Murty (2004) reported that every Rs.10 million investments made on construction project will be able to provide employment to 22,000 unskilled man-days, 23,000 skilled or semi-skilled man-days and 9,000 managerial and technical man-days approximately.

The Report on Conditions of Work and Promotion of Livelihoods (GOI 2008**)** in the unorganized sector defines migrant workers as the disadvantaged workers who belong to the bottom layer of the working class in the country. Little or no study is available about the sexual behavior or health of the migrant workers in India. A person's sexual behavior is determined not only by the biological, psychological or cultural factors but also by his/her immediate affiliation to the various groups he/she belongs to. Because of specific make shift living conditions and migratory nature of the work; the sexual life of the MCWs (both males and females) also seeks sociological attention. Further, because of increasing menace of sexually transmitted diseases (STDs) in the last two decades in India, the sexual

health of the MCWs is also a matter of great concern. Hence, this paper studies the sexual behavior and related health problems of the MCWs in the urban setting of western Uttar Pradesh.

2. Methodology

The universe of the study is six cities in western Uttar Pradesh. The migrant population is dispersed in all the possible construction sites of the cities. The migrant population is living in groups or clusters in or around the construction sites. A multi-stage cluster sampling has been used for identifying the construction sites. The actual size of the sample is 300 MCWs who have competed at least one year after their first migration and are working in the construction sector. This exploratory study makes use of interview schedules and ethnographic observations in conducting the ethnographic survey. The respondents were informed about the purpose of the academic study and discussion took place in healthy atmosphere.

3. Review and Theoretical Framework

Human sexuality is very much intermingled with the institution of marriage and so marriage has become a focus of sexual studies. Marriage generally marks the beginning of an individual's sexual relations and hence, age at marriage, may have serious consequences on a young person's health. However, for some, the first sexual activity may not be necessarily related to marriage. Differing expectations regarding relationships, sexual behavior and society's way of adapting to changes may have a profound impact on adolescents, youths, their families and society as well. Further, cultures in every society have different attitudes towards unmarried and married person's sexual behavior (Akram 2008:6).

Sexual activities between the spouses are marital sex, while sexual activities beyond marriage are non-marital sex. The non-marital sex consists of multiple patterns of relationships. When an unmarried individual is involved in sexual acts with a married individual, then, the sexual act of that unmarried individual is premarital sex while that of married one is extramarital sex. Likewise, sexual act of two unmarried persons is referred as premarital sex while those of married persons are called extramarital sex. A decline in the average age at menarche and an increase in the age at marriage may give rise to premarital sex in both developed and developing countries.

Dixon-Muller (1996) regarded sexual behavior as those actions that are empirically observable at least in principle i. e., what people do sexually with others or with themselves, how they talk and act. On the other hand, sexuality encompasses the physical capacity for sexual arousal and pleasure, personalized and shared social meanings attached to both sexual behavior and the formation of sexual and gender identities. Sexuality is biologically transposed by culture and so Dixon-Muller refers to it as a social product, since it is a representation of natural functions in a hierarchical social relationship.

The four dimensions of sexuality and sexual behavior put forward by Dixon-Muller explain the situation well. First dimension is sexual partnership which emphasizes on the number of sexual partners, current and past, the timing and duration of sexual partnership, the identity of partners, the conditions of choice under which each partner is selected or imposed, and the rate and the conditions of change of partners. The second framework is the nature, frequency and conditions of choice of specific sexual practices engaged by individuals and couples. The third element is the collective and individual beliefs on the nature of the body, on what is erotic and offensive and what and with whom to have sex or talk about sexuality. The fourth element of sexuality and sexual behavior is sexual drive and enjoyment.

According to Spanier (1973), sexualization is a developmental process, beginning at birth and continuing into adulthood. The same process is also referred to by other social scientists as psychosexual development, sex-role identification and sexual learning. For Spanier, behavior becomes sexual only when it is defined as sexual and when the actors have sexual meaning and understanding. Further, there has been a debate on the construction of sexual identity of human beings. There are two conflicting views regarding sexual orientation given by Henslin i.e., the essentialist and the social constructionists. The essentialists view is that sexual orientation is inborn and an individual develops this orientation within one's own self. This sexual orientation, according to Henslin is the centre of one's sexual identity, where, people learn to express their sexuality according to social expectations.

The social constructionists (especially the symbolic interactionists) are against this view and state that human beings construct their own sexual identity; they are not born heterosexual or homosexual rather they go through a process of learning these sexual orientations to acquire their sexual identity. Culture plays an important part in it. The essentialists view that sexual orientation is fixed in nature and inherent at birth, which represents our essential sexual being of what we really are. Accordingly, we learn roles that match our inborn sexual orientations and as these

roles are social, they differ from one group to another, but if there is a correct match, those roles reflect our biologically determined sexual orientation. However, social constructionists view that our sexual orientation is neither fixed nor inherent at birth but we are born with an undirected sex drive, which is channeled to a particular direction by our social experiences. Thus, sexual orientation such as heterosexual, homosexual, bisexual or anything else is not inborn.

Thus, sexuality does not exist in a vacuum but is very intimately linked with broad societal factors as well as the characteristics of an individual's community, work/school, family and societal networks (Verma et al, 2004:359). Community patterns are important explanatory resources for understanding the individual sexual behavior (Verma et al., 2004; Ramakrishna et al., 2004; Joshi et al., 2004). According to Verma et al. (2004), sexual behavior patterns can be highly localized and researchers must be able to identify the behaviors, and the language used for the behaviors, in each community setting, both for increased understanding and for the identification of approaches to intervention. They use the theoretical and methodological perspective often identified as 'scripting theory': a theory which is identified by Laumann et al., (1994). This perspective views that socio-cultural processes play a fundamental role in determining what people perceive to be sexual through a learned process of sexual scripting.

Simon and Gagnon (1987) identify three levels of sexual scripting viz., cultural scenarios, interpersonal scripts and intrapsychic scripts. For Simon and Gagnon, cultural scenarios are used to describe the instructions for sexual and other conduct that are embedded in the cultural narratives that are provided by cultures as guides, interpersonal scripts are the structured patterns of interaction in which individuals as actors engaged in everyday interpersonal conduct; and intrapsychic scripts involving the plans and fantasies by which individuals think about and assess past, present and future sexual conduct and experience. Maitra and Schensul, (2004) find that there is a sequence or sexual script for precoital behaviour in the slum community in Mumbai; the study of Sodhi et al., (2004) among female youth in Delhi and Joshi et al., in relationships in rural communities in Gujarat also report similar findings.

4. Data and Findings

Out of the total 300 respondents, about half (149) of the respondents are males and remaining are females. The mean age for the males and the females is 31.98 years and 29.19 years respectively. Most of the female workers cannot read or write and have not attended schools although they can count their wages. About half of the male workers are having elementary level or above education. Almost two third of the respondents identify their religion as Hinduism and remaining except one identify Islam as their religion. Almost half of the MCWs in western U.P. have migrated from two states of Bihar (23%) and West Bengal (26%).Thirty percent of workers are coming from eastern or central Uttar Pradesh. Some people have also migrated from Chhattisgarh, Madhya Pradesh and Jharkhand.

The study reveals that the migrant construction workers are going through long working period, poor living conditions, social isolation and inadequate access to basic amenities. Migrant workers suffer from exploitation in the hands of contractors and sub-contractors and have miserable life because of the meager wages they receive, insecure working conditions and improper living spaces. The unhygienic living conditions increase the health hazards of the MCWs that make them susceptible to various kinds of diseases and infections. MCWs have limited access to health care services because of their temporary nature of work. The children of MCWs are also exposed to various health hazards. Safety measures are not followed at the sites and it increases the rate of accidents of the workers. Women migrant workers are the worst sufferers. It is also difficult for them to get gainful employment as compared to men.

4.1. Age at First Sex

Age at first sex for the respondents vary between 15-16 years to 29-30 years. Among those who revealed information about their age at first sex (about half of the total respondents), more than two third of the respondents had had their first sex by the age of 20 years. Most of the females and more than half of the males had had their first sex by the age of twenty years. The rest had had their first sex between 20-30 years. Fourteen respondents acknowledge that they had sex even though they are never married. Most of the workers who are currently married also had their first sex by the age of twenty years.

4.2. Premarital and Extramarital Sexual Relations

When the respondents were asked directly about premarital sexual relations, many among them revealed that they had premarital sex relations. Out of the 300 respondents, at least 22 (20 males, 2 females) had exposure to sexual relations even before they got married. However, almost one sixth of the male respondents acknowledge that they had some sort of premarital sex relations. All such relation is heterosexual relationship. About three percent of the

respondents (all males) also reveal about their involvement in extramarital sexual relations. Extramarital relations here refer to sexual relations of a married person (male or female) with a person other than one's spouse. Most of the respondents were extremely hesitant in talking about extramarital relations. Among these eight males who have extramarital sex relations, some are not living with wives at the migrant place.

4.3. Use of Contraceptives in Non-marital Sexual Relations

Use of contraceptives during sexual relations is not very popular among the construction workers. Only 3.7 percent people reveal that they use some contraceptive methods during sexual relations. None of the females here reveal any information about use of any contraceptive methods. Some of them are currently married people and some others are never married people. Many among the never married people do not use any contraceptive methods during sexual relations. The unprotected sex, in this category, is definitely unsafe sex. Use of contraceptive methods is low even among those who reveal to have extramarital sex relations. But, even here, there are people who have unsafe sex with non-regular sex partners.

4.4. Place of Carrying Out Non-marital Sexual Relations Activities

The construction sites have small dwelling places for the workers. Most of these dwellings are congested and very proximate to each other. When respondents were asked about place of premarital sexual relations, most of the respondents stated that either such relations are made at the house or at some fields. Premarital sexual relations among the respondents are not unheard and many among them can freely talk about some "others" who have such relations.

4.5. Sexual Partner and Paid Sex

At least thirteen respondents have identified to have more than one sex partners. Such sex partners include both marital and non-marital sex partners. When seen from the point of view of sexual health, multi partner sex relations can be very risky if it is not protected or safe sex. Most of those who revealed information about extramarital sex relations identified some relatives, friend or lover as their sex partners. One such respondent also identified some sex worker as the sex partner. Thus, among the migrant construction workers, visit to a brothel is not unheard of. At least three respondents (all males) have revealed that they had had paid sexual relations in last one year. It is not difficult to find out such places where one can get paid sex. Out of these three, one respondent is living with his wife and two others are not living with their wives at the migrant place. These information clearly reveal that people have sex with commercial sex workers and very often, unprotected sex. Most of the respondents do not understand meaning of safe sex or protected sex. Such persons, once getting affected by some sexually communicable infection/or virus, communicate the infection/virus to their wives when they go back to their native places.

4.6. Sexual Health Problems

The female respondents identify many sexual health problems. Almost twenty percent of the female respondents identify excessive thick white discharge with foul odor. Other women identify other sexual health problems related to burning and itching during urination or problems during menses. Some women also identify lower abdominal pain and painful intercourses. Some of these are serious health problems and symptoms of some other deep rooted STDs. But, they are unaware of the possible consequences of such ailments. What is alarming here that out of 151 females, only fifty percent say that they do not have any sexual health problem. The unmarried girls reported about problems in menses' or lower abdomen pain. About fifteen percent of the male workers identify some sexual problems with them. The common problems are weakness, itching and some discharges. Most of the males say that they do not suffer from any such problem.

4.7. Treatment for Sexual Health Problems

When enquired about treatment of such sexual health problems, almost half of those who identified to suffer from such ailments consider that these are not health problem and needs no treatment. Only twenty five women say that they have undergone some treatment for these problems. Other women do not go for any treatment and live with the problems unaware of the possible complications in future. Among those males who identify to have some problems related to sexual health, about two third have undergone some treatment. Remaining one third says that they have not undergone any treatment for their problems.

Among those who have gone through some treatment, most say that they took some allopathic treatment for the

problems. Few women also identify the quacks as the source of treatment. However, majority of the women have not undergone any treatment for such problems. When enquired about reasons of not undergoing any treatment, they said that it is shameful to talk about such problems. They cannot share about such problems with anyone.

4.8. Knowledge about HIV and AIDS

People, in general, have lots of misconception about causes of spread of AIDS. One such misconception is the perception that AIDS can spread through hugging or touching someone infected from the virus. About thirteen percent of the respondents think that AIDS can communicate even through hugging. However, majority of the people show their complete ignorance about AIDS. When asked about how AIDS can be prevented from occurring, three fourth of the respondents showed their ignorance. Among the rest, who have some awareness about AIDS, majority said that AIDS can be prevented from spreading through use of condoms during sexual contacts. Some people also say that abstaining from sex or remaining faithful to one sex partner are ways to prevent spread of AIDS. However, the females generally do not have any idea about it. Only six out of three hundred respondents say that they know some person who is suffering from AIDS. Although the number is not very high, but it clearly gives idea that AIDS as a problem is not unheard of among the migrant construction workers. Treatment is an important dimension of all health problems. When enquired about the treatment of those who are suffering from AIDS, the respondents did provide information. Four out of six are going for some treatment and there is no information about two people.

5. Conclusion

Thus, it can be concluded that sexual health of the migrant construction worker deserves some attention. The female workers are suffering from many problems. They are not aware of the possible complications of such problem. They are not aware of STDs and AIDS. Many of the males also have similar situation. They are not in the habits of having protected or safe sex. Contraceptive prevalence is very low among them. The exposure of the migrant workers to non-marital sexual relations makes their situation very vulnerable. Evidences suggest that many among them are under the threat of suffering from many STDs. Keeping in mind the poor health condition of the MCWs, the problems related to sexual health increase their complications many times more. Health or treatment seeking behavior and especially for problems related to sexual health is very poor. Unfortunately, the health care providers are not aware of their problems. The poor public health facilities in general and migratory condition in particular, keep them at distance from the health care benefits. Absence of specific labor laws and poor implementation of existing laws are specific handicaps. In a country where more than ninety percent of its population is engaged in unorganized sector of employment, the pathetic condition of the migrant workers and especially the migrant construction workers is a great development challenge.

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Acknowledgement

The author is thankful to Ms. T. Sunitibala Devi, project fellow, for her support in completing the research project. The author is also thankful to the field investigators and the respondents for their full cooperation during the course of this study.

The author is also acknowledging the support of the Chairman, Department of Sociology and Social Work and the University Administration for their support at various stages.

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