



Myths and Awareness on Hiv / Aids Among Migrant Construction Workers

KEYWORDS

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ABSTRACT *The study is conducted among the migrant construction workers in the Union Territory of Puducherry. The number of samples taken is 70. The respondents are a heterogeneous group of people hailing from different states of India. This study aims to explore the awareness level and social myths prevailing among the migrant construction workers about HIV / AIDS (Human Immuno Virus / Acquired Immuno Deficiency Syndrome). The study reveals that many myths prevail among the migrant construction workers which act as a stalemate to address this problem effectively by the authorities. Poor accessibility to various modes of awareness programmes is also a hindrance. The study could establish that literacy and awareness are directly proportional. Illiteracy and unavailability of multi lingual awareness tools are also a problem. The present day focus of awareness programmes should be calibrated as per with the multitude of the problems.*

INTRODUCTION

The global scenario of rapid urbanisation has opened up the doors of employment opportunities in extensive numbers. Majority of this belongs to the construction industry since construction and development of infrastructure is the life line of urbanisation. The need of the hour is to get well trained and adequate manpower on time. This has paved way for large scale migration. People even started to migrate from one country to other and from one continent to other. This has contributed to a new trend in HIV (Human Immuno Virus) infections. Studies have revealed that migrant populations are much more vulnerable to HIV infections than the native population.

HIV /AIDS (Human Immuno Virus / Acquired Immuno Deficiency System) is one of the major pandemics of the present global scenario which claims millions of lives every year. Among these deaths lion share is from the youth as well as children. The high mortality rate of the people at their productive age will retard economic growth and destroy human capital globally. The number of people infected is increasing tremendously irrespective of the huge amount of money being pumped in by various agencies to bring the situation under control. Various projects have been introduced and being executed to counter the menace.

Genetic research indicates that HIV originated in West – Central Africa during the late nineteenth or early twentieth century. AIDS was first recognized by the US Centre for Disease Control and Prevention in 1981 and its cause HIV in 1980's. HIV causes slow and constant damage to the immune system of the body. [Source: <http://en.wikipedia.org/wiki/HIV/AIDS>]

Migrant population is at greater risk for poor health conditions and contagious diseases. They are more prone to HIV / AIDS due to risk taking behaviour, impact of socio-cultural patterns of the migrant situation on health, minimal accessibility and availability of medical care systems and differences between host medical care systems with their traditions and practices. Discrimination and stigmatisation contribute much to degenerate this situation. These all fac-

tors keep the migrant population out of reach of available medical care.

The reason behind this is lack of awareness and understanding about the problem. In order to get effective understanding and awareness, proper accessibility should be there. Still there are some segments of the population who have no proper access to the main stream of the society. Illiteracy, geography of the place of living, residential status, inaccessibility to mass media and electronic media etc. are certain barriers which adversely affect the effectiveness of awareness programmes.

AIDS related stigma plays a vital role in the effectiveness of availing the medical facilities available. Since HIV / AIDS (Human Immuno Virus / Acquired Immuno Deficiency System) is a life threatening disease, people react to it vigorously. HIV infection is portrayed in connection with behaviour deviations and unethical practices like homo sexuality, drug addiction, prostitution etc. which are already been stigmatised in many societies. There exist a lot of inaccurate and misguided information, irrational behaviour and beliefs and misperceptions about HIV / AIDS infection. Religious and moral beliefs often proliferate that being infected with HIV is the result of moral turpitude that deserves severe punishment. The fear of stigma and discrimination makes people reluctant to avail tests and treatments. This is an established fact that majority of people are not been tested not because of the non availability or lack of treatment facilities but for the fear of getting isolated from the society. The sad part is that many are reluctant to avail medical facilities in countries where it is free of cost.

Research by the International Centre for Research on Women (ICRW) finds that the possible consequences of HIV related stigma are loss of income / livelihood, poor care within the health sector, withdrawal of care giving at the home, loss of hope & feelings of worthlessness and loss of reputation.

HIV / AIDS related stigma can lead to discrimination such as negative treatment and denied opportunities. In the work place, people living with HIV / AIDS (PLWHA) suffer

discrimination and stigma from their co-workers and employers, such as social isolation and ridicule, or experience discriminatory practices, such as termination and refusal of employment.

In India, the construction industry employed 17.62 million workers (Source: http://planningcommission.nic.in/plans/planrel/fiveyr/10th/volume2/v2_ch7_7.pdf). Covering such a wide spectrum, construction becomes the basic input for socio-economic development. Construction activity is an integral part of a country's infrastructure and industrial development. Besides, the construction industry generates substantial employment opportunities and contributes much to the growth of the nation.

AIM OF THE STUDY

This study aims to explore the awareness level and social myths prevailing among the migrant construction workers about HIV / AIDS

OBJECTIVES OF THE STUDY

- To assess the level of awareness about HIV / AIDS among migrant construction workers
- To identify the prevalence of any kind of social myths about HIV / AIDS among migrant construction workers
- To understand the level of effectiveness of awareness programmes on HIV / AIDS conducted by various organizations among the migrant construction workers
- To suggest for any modifications / alternative methods for HIV / AIDS awareness campaigns, if found necessary.

METHODOLOGY

The study is descriptive in nature, conducted among the migrant construction workers hailing from Andhra Pradesh, Odisha, Madhya Pradesh and Bihar. Convenient sampling method is adopted and data was collected by employing self-prepared interview schedule. The self-prepared interview schedule was pre-tested and necessary changes were made. The sample size for the study is 70. Data has analyzed using simple statistical measures.

DATA ANALYSIS AND INTERPRETATION

Table 1. Accessibility towards Mass media & Electronic media

Sl.No	Type of media	Frequency	Percentage
1.	Television	37	52.85
2.	Radio	24	34.29
3.	Internet	0	0
4.	News Papers	0	0
5.	None	9	12.86
	Total	70	100

The above table describes about the trends in accessibility towards mass media and electronic media by the migrant workers at their temporary work place dwellings.

Table 2. State wise distribution list of migrant workers on prevailing myths about HIV/AIDS

State	Total no. Of Samples	will not look healthy	cannot lead normal life	will die soon	spread through kissing	spread through hugging	spreads similar to normal viral infections
Andhra Pradesh	26	22	26	5	5	5	5
Odisha	17	14	17	4	3	3	3
Madhya Pradesh	13	11	13	3	2	2	2
Bihar	14	12	14	3	2	2	3
Total	70	59	70	15	12	12	13

The table gives a clear picture about the prevailing myths among migrant workers from various regions and to what extent it exists.

FINDINGS

- Majority (82.86%) of the respondents are not aware of HIV / AIDS. This figure shows the level of unawareness of migrant workers towards HIV/AIDS to which they are more vulnerable.
- Majority (70%) of the respondents are illiterate. This prevents them from acquiring knowledge in HIV / AIDS since the major tools of HIV / AIDS awareness are in printed formats.
- It is found out that respondents fall under the age group of 15-30 years are more aware about HIV / AIDS.
- It is interestingly found out that those aware of HIV / AIDS belong to Andhra Pradesh and are literates.
- There were no literates among respondents from Odisha, Madhya Pradesh and Bihar.
- Majority (87.14%) of the respondents have access to electronic mass media like television and radio at their temporary settlements. Since they are from various places speaking different languages; it is better to broadcast awareness programmes about HIV/AIDS in their own language.
- None of the respondents have attended any awareness programme on HIV / AIDS.
- 82.86% of the respondents are not aware of the methods of HIV / AIDS prevention.
- Majority (84.29%) of the respondents opined that HIV / AIDS infected person will not look healthy.
- All the respondents opined that HIV / AIDS infected person cannot lead a normal life.
- 20.69% have opined that HIV / AIDS infected person will die soon after he got infected.
- 18.57% have opined that HIV / AIDS infected persons should be isolated from the community as HIV/AIDS spreads in a way similar to normal viral infections like fever, cough etc.

SUGGESTIONS

- It is evident from the study that only 30% of the respondents have basic education. It is because of financial constraints which coerce the entire family to work. This denies their basic right to acquire education and thus prevents their further development. Alternative methods to impart basic primary education to these migrant populations to be given utmost priority.
- It would be better to arrange evening / night classes for them. In a single labour camp there would be an average of 300 workers or more. So that educators can be deputed based on camps. Through these classes, we can provide basic education including reading and writing in their mother tongue. This would provide them access to mass media including news paper and other articles.

- None of the respondents attended any awareness programmes on HIV / AIDS. It is because of their constant movements and change of work place. Arrangement should be done to cover them through evening and night sessions at their dwelling places.
- Most of the awareness tools are in printed format. It would be better to provide audio / visual awareness materials in their respective local languages to the illiterate construction workers.
- None of the respondents are aware of the medical facilities for HIV / AIDS. This will make them vulnerable. It would be better to organise medical camps for the migrant workers by the concerned government departments or local bodies with the co-operation of the employer.

CONCLUSION

Migrant construction workers in India are the section of people who are devoid of any kind of health care services, information and are at greater risk. It is evident that there exists a close relationship between migration and HIV. More studies to be conducted to ascertain the awareness level, knowledge and behaviour of migrant population on HIV/AIDS and related subjects. It is also evident that poor

literacy is one of the major reasons for lack of awareness and adequate knowledge on this. The migratory nature of this population makes it difficult to organise literacy programmes and awareness campaigns in an effective manner. Heterogeneous nature of the population is another stalemate.

Majority of the migrant workers in construction sector are youth and teen agers, that is at their productive age. Those who are young, single, earning more and have less education are particularly more vulnerable. Properly trained skilful healthy citizens are an asset to every nation who can lead their nation to prosperity and development. It is the duty of every nation to ensure health and well being of its citizens. Since treating HIV infection is more complicated, costly and difficult, prevention should be the key aim to tackle this problem.

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