National AIDS Control Organisation
India's response to HIV & Sexually Transmitted Infections
Ministry of Health & Family Welfare, Government of India
www.naco.gov.in

Ministry of Health & Family Welfare
Government of India

RE-IMAGINING FUTURES
TISS

# HIV RELATED RISK BEHAVIOURS, VULNERABILITIES AMONG MOBILE POPULATION IN INDIA


**AUTHORS:**
Rakesh Chandra[1], Priyanka Dixit[1], Nilesh Gawde[1], Anil Kumar[1], Ravindra Rao[2], Aditya Singh[3], V. Hekali Zhimomi[4], Nikhil Gajraj[4], Nidhi Kesarwani[4], Chinmoyee Das[4], Shobini Rajan[4], Bhawani Singh Kushwaha[4], Saiprasad Bhavsar[4], Vinita Verma[4], Shantanu Purohit[4], Neha Kapoor[4], Poonam Bakshi[5]

**AFFILIATIONS:**
[1]Tata Institute of Social Sciences, Mumbai, [2]Mentor, [3]Expert, [4]National AIDS Control Organisation, New Delhi, [5]Chandigarh State AIDS Control Society, Chandigarh

# EXECUTIVE SUMMARY

This executive summary encapsulates a comprehensive study aimed at better understanding and effectively reaching high-risk groups (HRG) among migrants and mobile populations within India. Mobile population in this study is conceptualised as any form of people movements covering specific distance (minimum inter-district movement) with one or more specific purpose (job, education, business, services, social). The research took place across 21 districts in seven states, namely Assam, Delhi, Gujarat, Haryana, Karnataka, Maharashtra, and Uttar Pradesh, employing a mixed-method approach. The qualitative phase involved in-depth interviews and focus group discussions with a diverse set of respondents, including officials from SACS and DAPCU, NGO workers, peer educators, managers, supervisors, and migrants themselves. This phase allowed for the identification of migrant hotspots and typologies that would benefit from program.

Building on the insights gained from the qualitative study, a quantitative survey was conducted in each district, with 200 samples collected. This survey encompassed data on mobility patterns, high-risk behaviours, HIV awareness, access to healthcare, and the unique challenges faced by migrants during the COVID-19 pandemic.

**Findings showed that alongside skilled and non-skilled personnel, people moving for various purposes engage in high-risk behaviours. The prevalence of unprotected sex is over 80% among all types of migrants but varies within different educational levels and purpose of migration .**

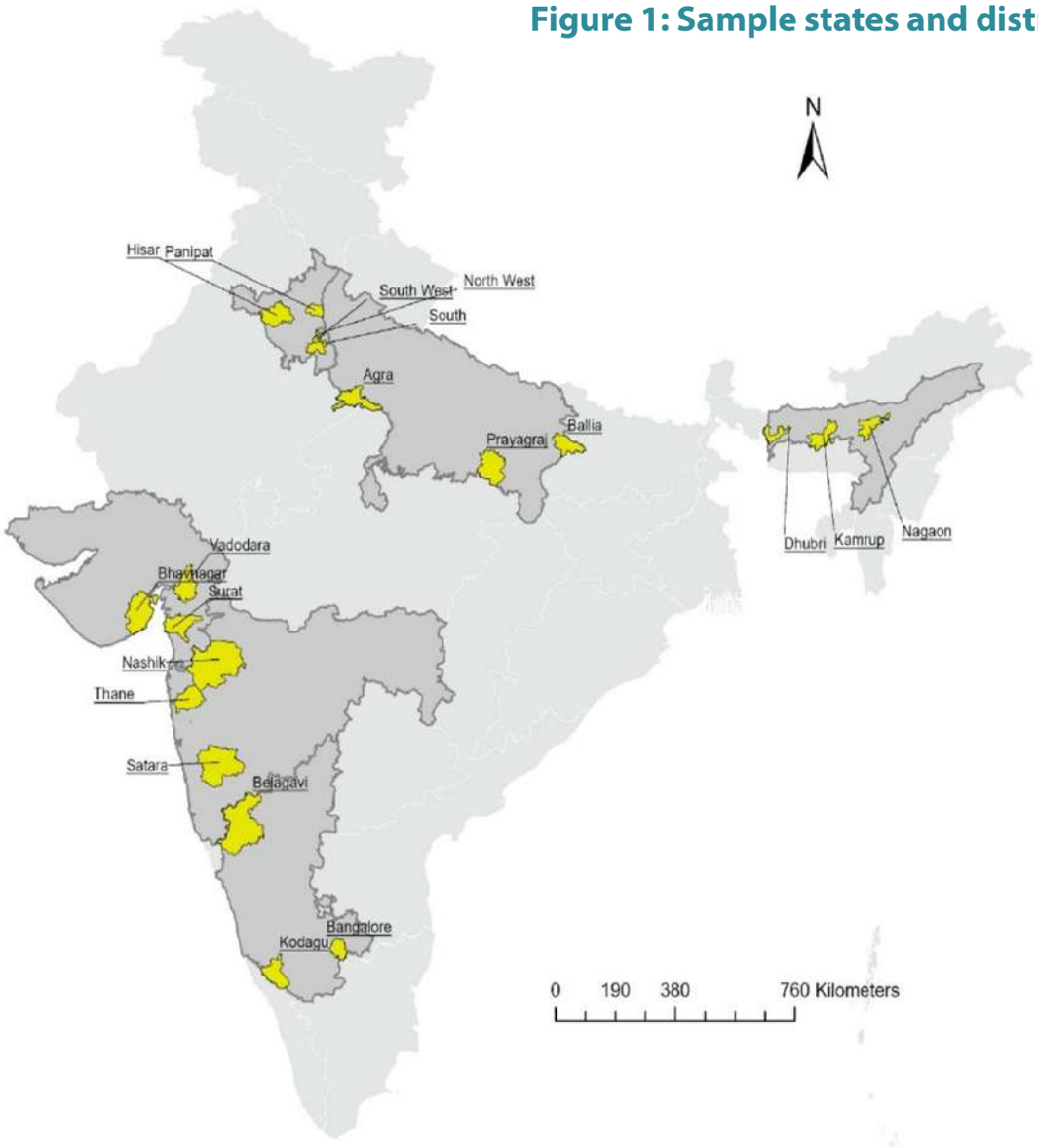
## THE ISSUE

The HIV epidemic in India remains localised, with a focus on specific groups. Migrants and truckers are currently addressed as part of the bridge population category within NACP, utilising strategies such as TI, Employer-Led Models, and LWS. However, it is essential to acknowledge the potential existence of additional population subsets falling under the broader bridge population category. NACP Phase-V aims to gather empirical data to enhance our comprehension of these bridge populations and their networks. This knowledge will guide the development of customised service packages through appropriate intervention approaches.

## THE STUDY

A mixed method study was conducted to assess migrants' emerging mobility patterns, their high-risk behaviours, HIV vulnerabilities and responses during COVID-19 in 21 districts across seven states of India, selected purposively.

**Figure 1: Sample states and districts**




# THE METHODOLOGY

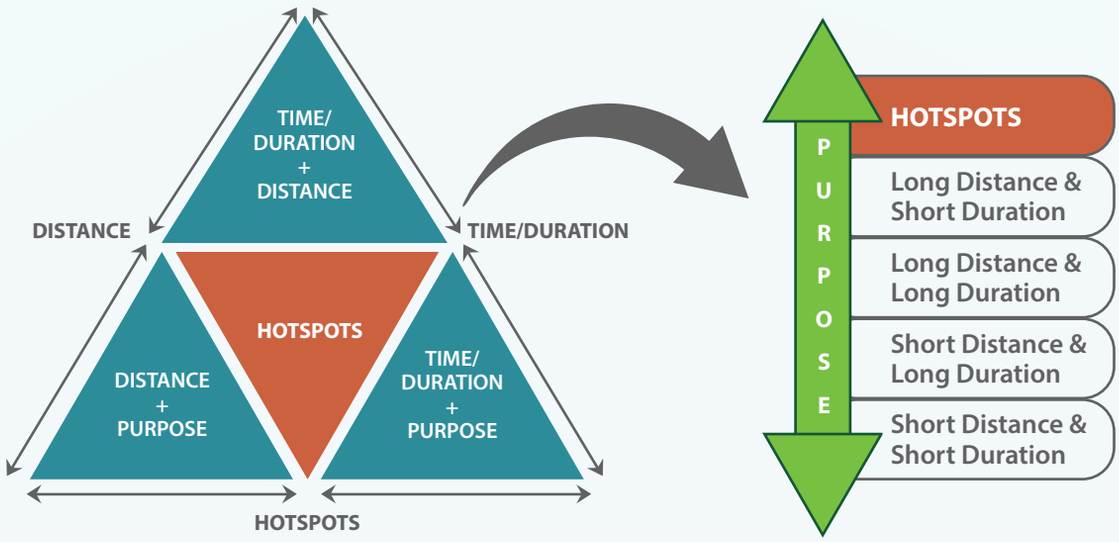
The study was conducted in two sequential phases - Qualitative phase and Quantitative phase.

**In qualitative phase, In-depth Interviews (IDIs) and Focus Group Discussions (FGDs) were conducted with 3 types of respondents. In each district-**

- **Secondary Respondents- 4 IDIs, 1 FGD**
- **Key Informants- 5 IDIs**
- **Primary Respondents (migrants)- 10 IDIs, 2 FGD**

The Secondary respondents were selected based on their knowledge and expertise in issues related to migration, health, and HIV/AIDS. They included health professionals, social workers, and government officials. The key informants were individuals who were not migrants themselves, but who had knowledge and experience working with migrants. They included community leaders, supervisors, leaders, peer educators and representatives from the private sector. Finally, the Primary Respondents were migrants themselves who had migrated from their place of origin and were aged 18 years or above.

## Figure 2: Conceptual Framework of Migrants (Mobility) Typologies

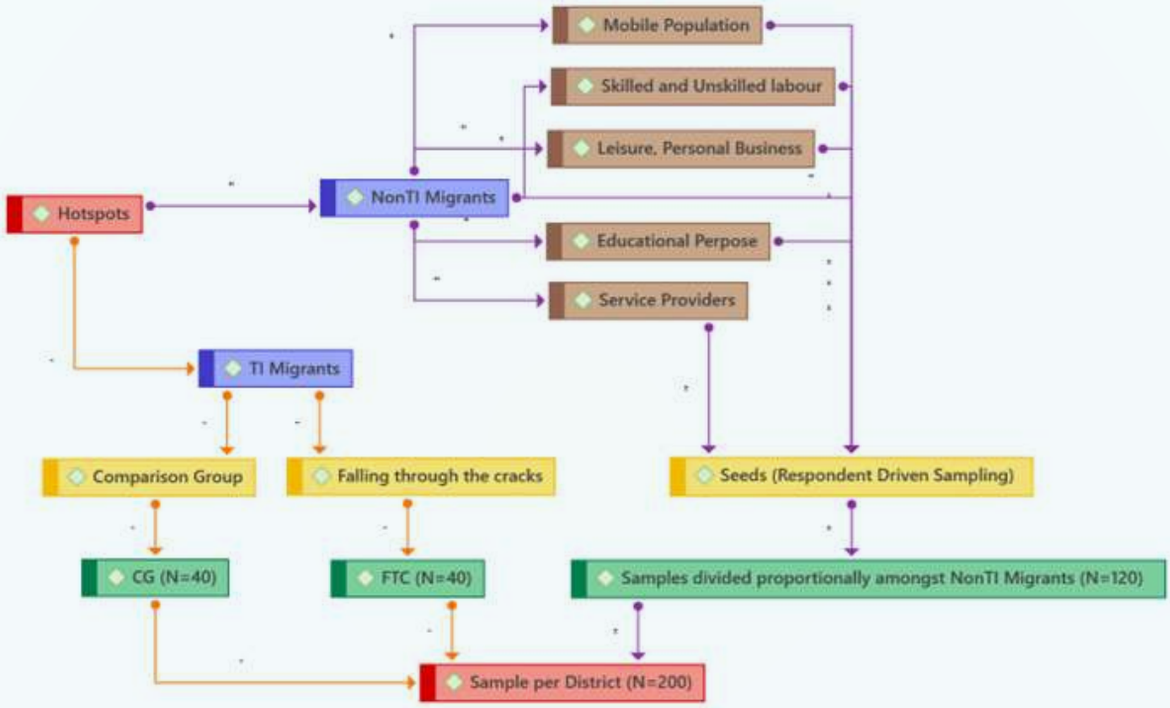



**In the Quantitative phase, only migrants were interviewed. Three groups of migrants were created to reach migrants at different level of access to HIV care. In each district, 200 migrants were interviewed-**

- **Non-TI migrants- 120**
- **Comparison group (TI migrants)- 40**
- **Falling through the cracks (FTCs)- 40**

The TI migrants included those migrants who were part of the targeted intervention program for HIV prevention and control as comparison group. The 'Falling through the cracks' migrants included those who were living in the same area where the targeted intervention was provided but were not covered by the TI. The remaining 120 samples were non-TI migrants.

## Figure 3: Conceptual Framework of Migrants (Mobility) Typologies




**For the survey, two urban and one rural districts were selected from each of the 7 states to assess the difference in mobility, behaviours and access to HIV care among the migrants.**

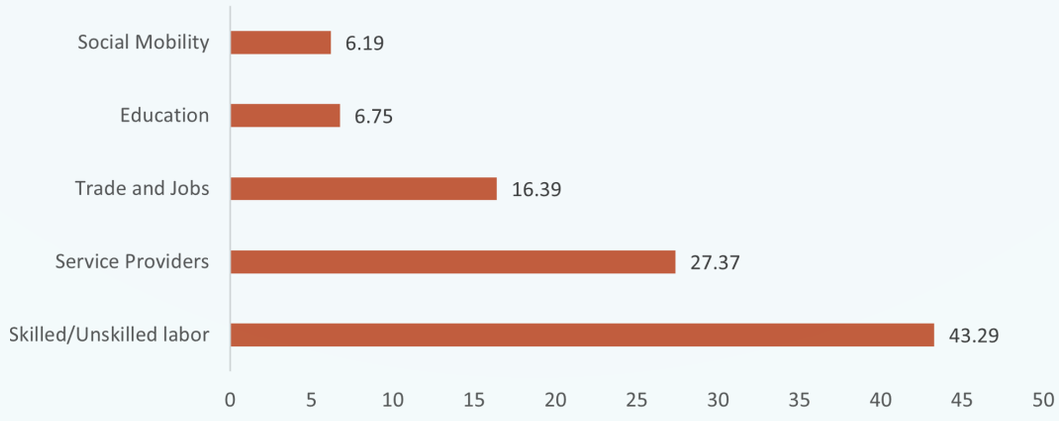
# FINDINGS

The table represent the general background of the 4,234 migrants interviewed during the survey.

## Table 1: Background Characteristics of respondents

| BACKGROUND CHARACTERISTICS (N=4234) | N | % |
|---|---|---|
| Age (in years) | | |
| 19-25 | 1 146 | 27.07 |
| 26-30 | 1213 | 28.65 |
| 31-35 | 775 | 18.30 |
| 36-40 | 553 | 13.06 |
| 41-45 | 344 | 8.12 |
| 45-50 | 136 | 3.21 |
| 51-55 | 47 | 1.11 |
| 56-60 | 17 | 0.40 |
| Above 60 | 3 | 0.07 |
| Gender | | |
| Male | 3845 | 91.05 |
| Female | 389 | 9.18 |
| Highest Education Level | | |
| Uneducated | 313 | 7.39 |
| Primary | 865 | 20.43 |
| Secondary | 1329 | 31.39 |
| Higher Secondary | 827 | 19.53 |
| Under Graduation | 554 | 13.08 |
| Diploma/ITI | 162 | 3.83 |
| Post-Graduation | 160 | 3.78 |
| Above Post Graduation | 24 | 0.57 |
| Caste Category | | |
| General | 1268 | 29.95 |
| OBC | 1958 | 46.24 |
| SC | 856 | 20.22 |
| ST | 152 | 3.59 |
| Marital Status | | |
| Currently Married | 2551 | 60.25 |
| Deserted | 15 | 0.35 |
| Divorced | 11 | 0.26 |
| Never Married | 1608 | 37.98 |
| Separated | 17 | 0.40 |
| Widowed | 32 | 0.76 |
| Living Condition | | |
| Living alone | 1218 | 28.77 |
| Living with family | 1018 | 24.04 |
| Living with family but not with wife | 120 | 2.83 |
| Living with other co-workers/ allied population | 1086 | 25.65 |
| Living with spouse | 654 | 15.45 |
| Other | 138 | 3.26 |
| **Monthly Income (in Rs.)** | **4234** | **M=15328** |

## Figure 4: Distribution of migrants (n=4234) according to their purpose/occupation

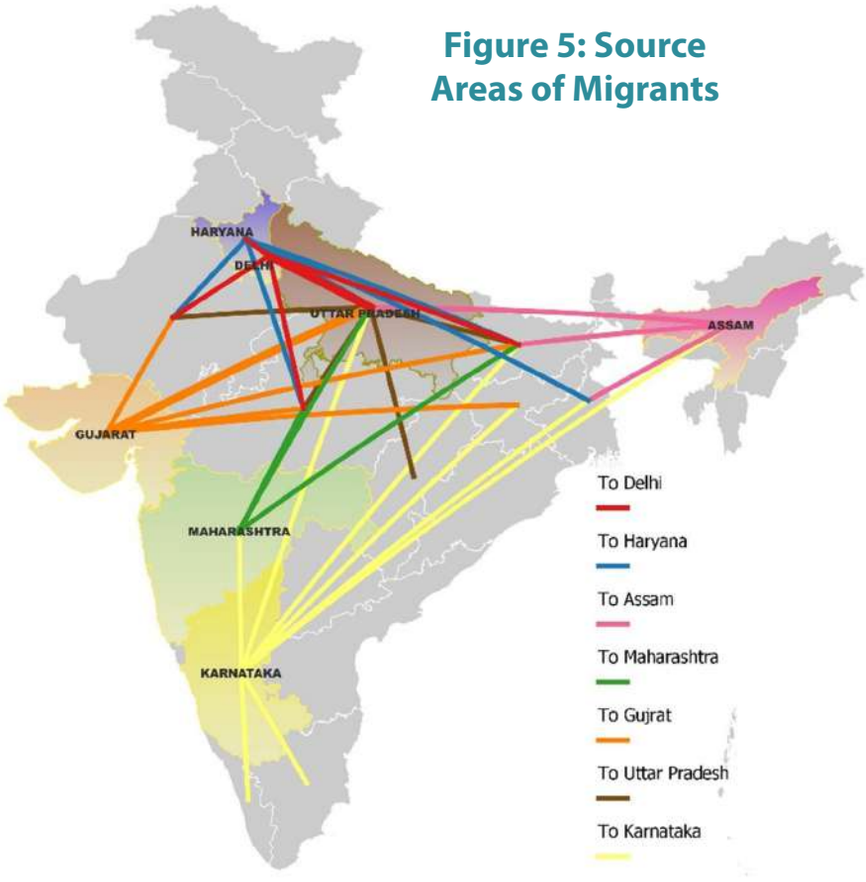


The migrants were divided in five purposes/occupation groups- skilled and unskilled labours, service providers like watchmen, plumber, electrician, etc, trade and business-like shopkeepers, vendors etc., education like college students, coaching, etc. and social mobility or leisure like tourists, family visits. The distribution of sample among these groups are shown in Figure 4. These include the entire sample comprising of TI migrants, FTCs and non-TI migrants.

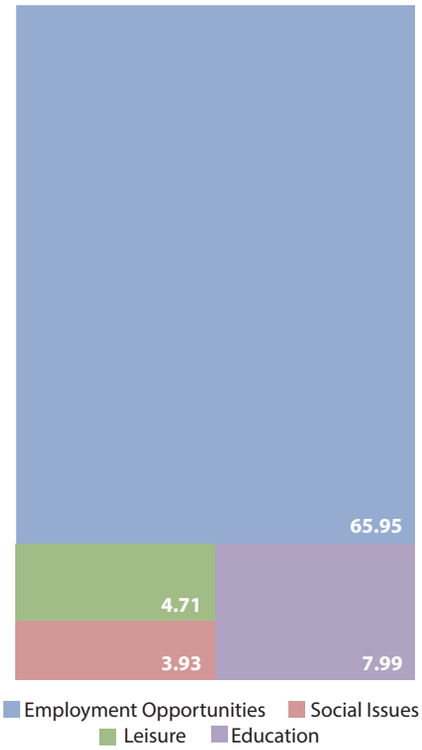
## Mobility

- Most migrants stayed for longer than 3 months' period. 76% migrants reported that they have been staying at the current destination for over a year, whereas more than 10% reported staying for over 6 months at a destination at a time.
- The mobile population, i.e., daily and weekly commuters, made up 10% of our sample.
- Migrants do not visit home often, as 16% reported visiting home yearly, 23% every six months and 11% quarterly, However, one-third reported having no fixed routine of visiting home.
- In our sample, 50% of migrants were first time migrants (i.e., have not lived in any other destination before the current one).
- 23.25% of respondents reported living in one place before their current residence, indicating that a substantial minority of the population has moved at least once before settling in their current location.
- 17.28% of respondents reported living in three places before their current residence, suggesting that a significant number of individuals have moved multiple times before coming to the current destination.
- Figure 5 shows the major source areas of the migrants in the sampled states. UP and Bihar were found to be major source areas across all the states in the study.

### Figure 5: Source Areas of Migrants



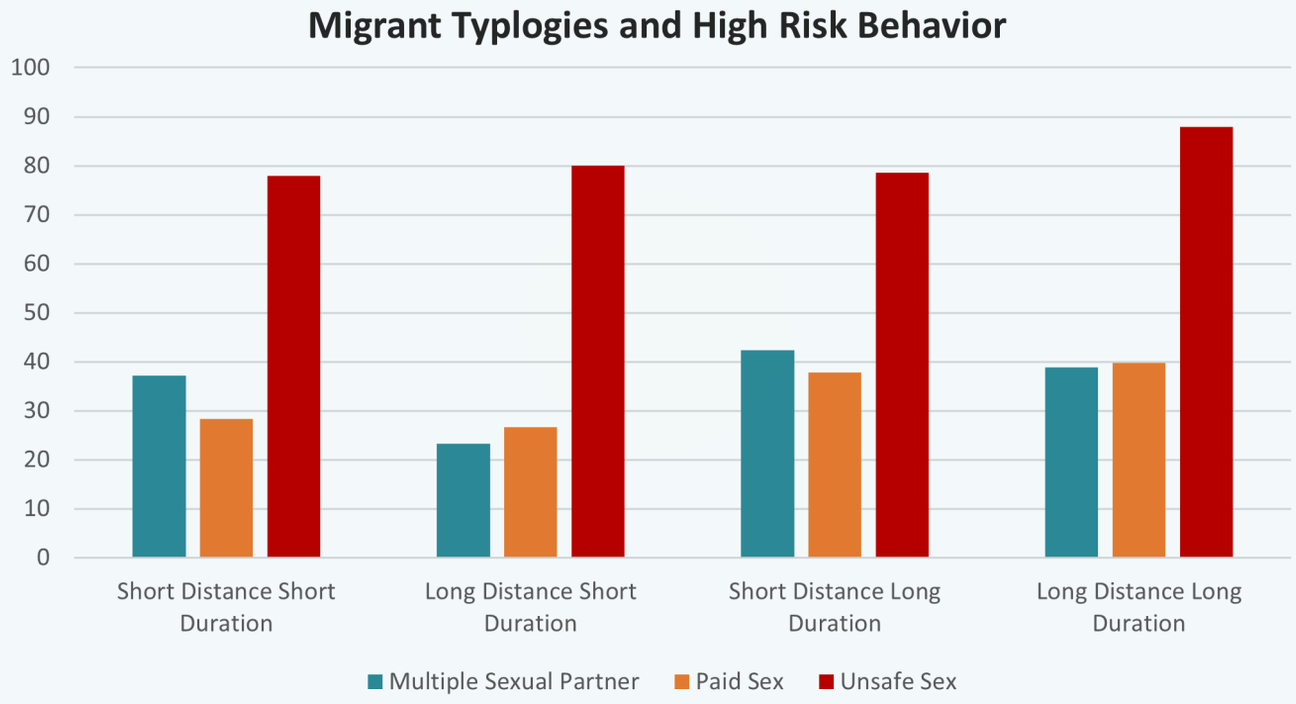

### Figure 6: Reasons for Migration/Mobility (n=4234)



## High-Risk Behaviours

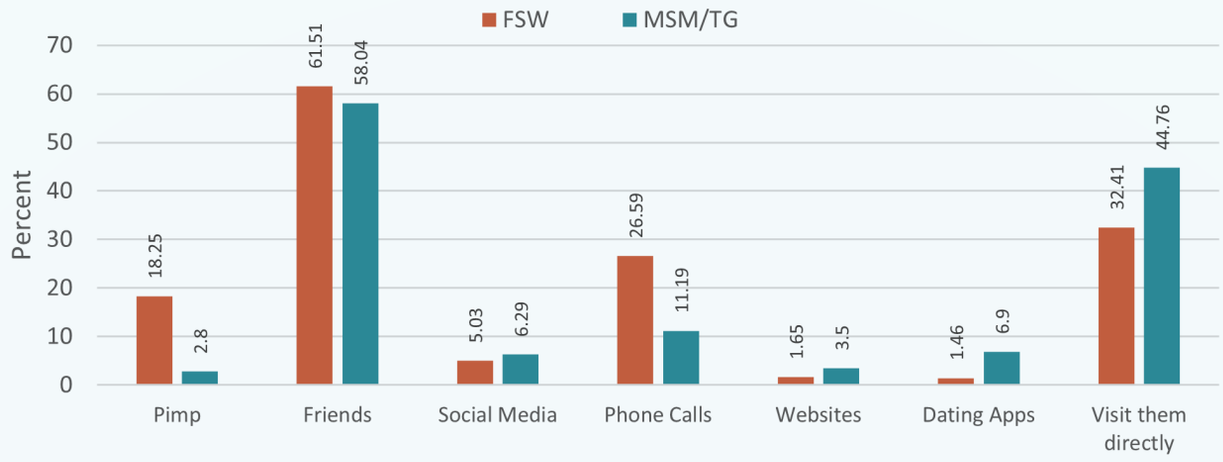
- 36% of all migrants reported having sex with FSWs and 7% reported engaging with MSM/TG. 17% reported having unpaid casual sexual partners.
- Most migrants who engage in paid sex with FSWs either live with co-workers or friends (36%) or live alone (31%) at the place of destination. However, most migrants who engage in MSM or with TGs live alone (36%) followed by those who live with family (33%).
- About 40% of all respondents reported having Multiple Sexual Partners.
- The prevalence of unsafe sex among migrants is very high. About 85% migrants reported having unprotected sex in past 12 months.
- The prevalence of high-risk sexual behaviour is not much varied among TI and non-TI migrants. The prevalence of unsafe sex is worryingly high among migrants of all groups.

### Figure 7: Migrant Typologies (n=4234) and high-risk behaviour among migrants



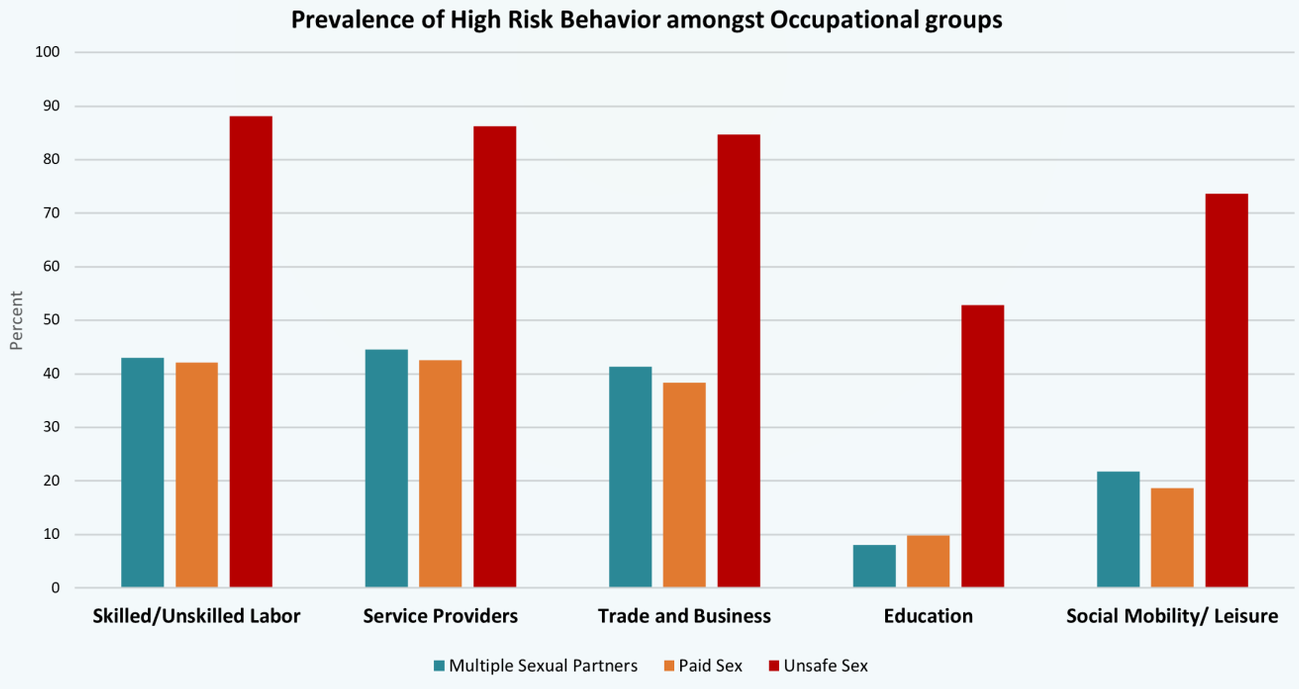

- The prevalence of high-risk behaviour decreases with educational attainment. In general, the prevalence goes down fro m 93% uneducated migrants reporting engaging in at least one high risk behaviour down to only 74% migrants who were undergraduate.
- Alcohol use and high-risk sexual behaviour has a positive relationship. 95% respondent reported not using or forgetting condom during sex while being intoxicated in last 12 months.
- Understanding HIV and High-Risk Behaviour: Among migrants who are aware of HIV (n=3645, 86%), a striking 82% continue to engage in unsafe sexual practices.
- However, there is a notable positive impact on behaviour when it comes to having multiple sexual partners; only 37% of migrants who had knowledge of HIV opted for risky behaviour of multiple partners, acknowledging the heightened HIV-related risks associated with it.
- The highest prevalence of high-risk behaviours was observed among skilled/nonskilled labour group and lowest among education as against students (education), the most prevalent high-risk behaviour is unsafe sex with very low prevalence of multiple partners or paid sex.

## Figure 8: Mediators of Sexual transaction




- When engaging with Men who have Sex with Men/Transgender individuals (MSM/TG), the primary contact method was through friends (58.04%), followed by direct visits to MSM/TG (44.76%) and phone calls (11.19%). A smaller percentage used social media (6.29%).
- Notably, migrants showed a relatively higher inclination towards digital means when contacting MSM/TG, with 3.5% using websites and 6.9% resorting to dating apps, surpassing the figures observed for FSW. Whereas solicitation through phone calls is more common with FSWs.

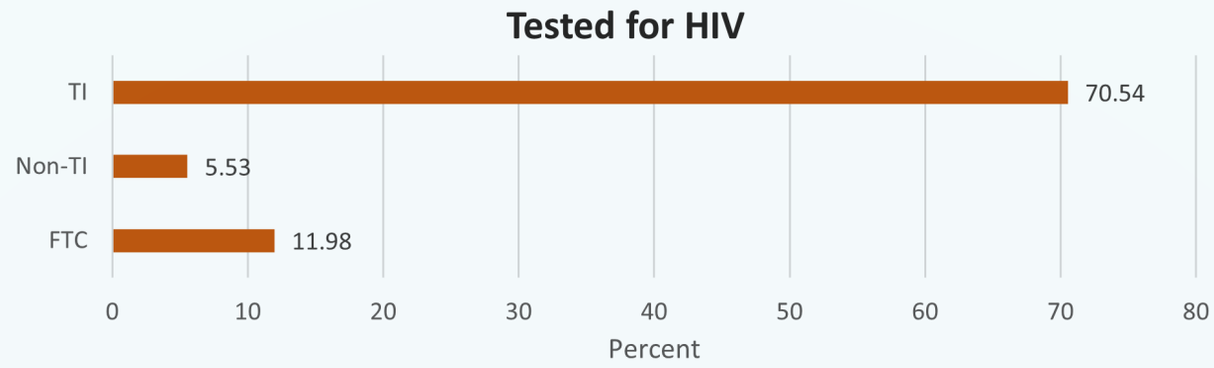
## Figure 9: Occupation and High-Risk Behaviour




## Awareness and Access of HIV Services

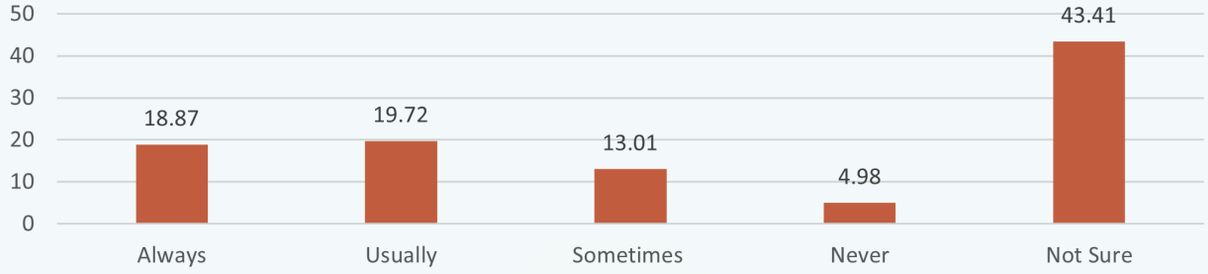
- More migrants had heard about HIV than about STIs. About 60% of all respondents agreed that they have heard about STIs and STDs whereas 86% respondents had at least heard of HIV.
- A higher proportion of migrants who were ever under TI program coverage have been tested for HIV whereas as the general rate of HIV testing among migrants without intervention is very low.

## Figure 10: The distribution of HIV testing among respondents



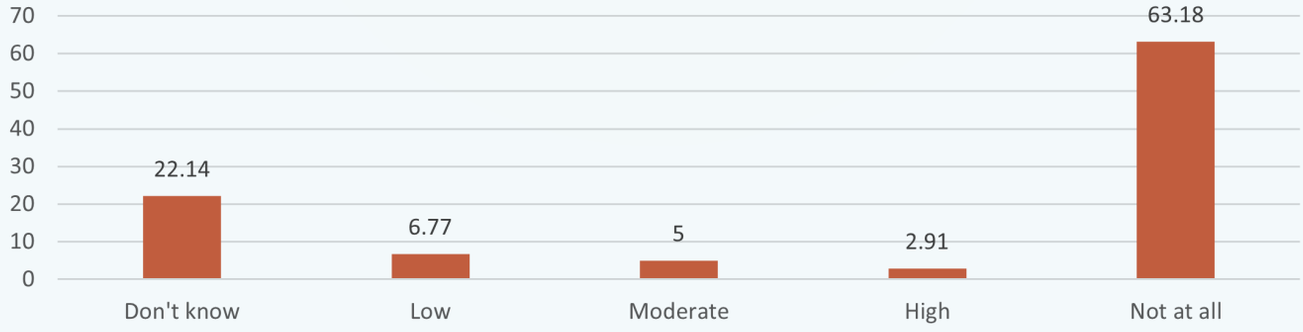

- When investigating migrants' awareness about HIV, we asked "Does every person with HIV have AIDS?" The responses were as shows in Figure 11.

## Figure 11: Does every person with HIV have AIDS?



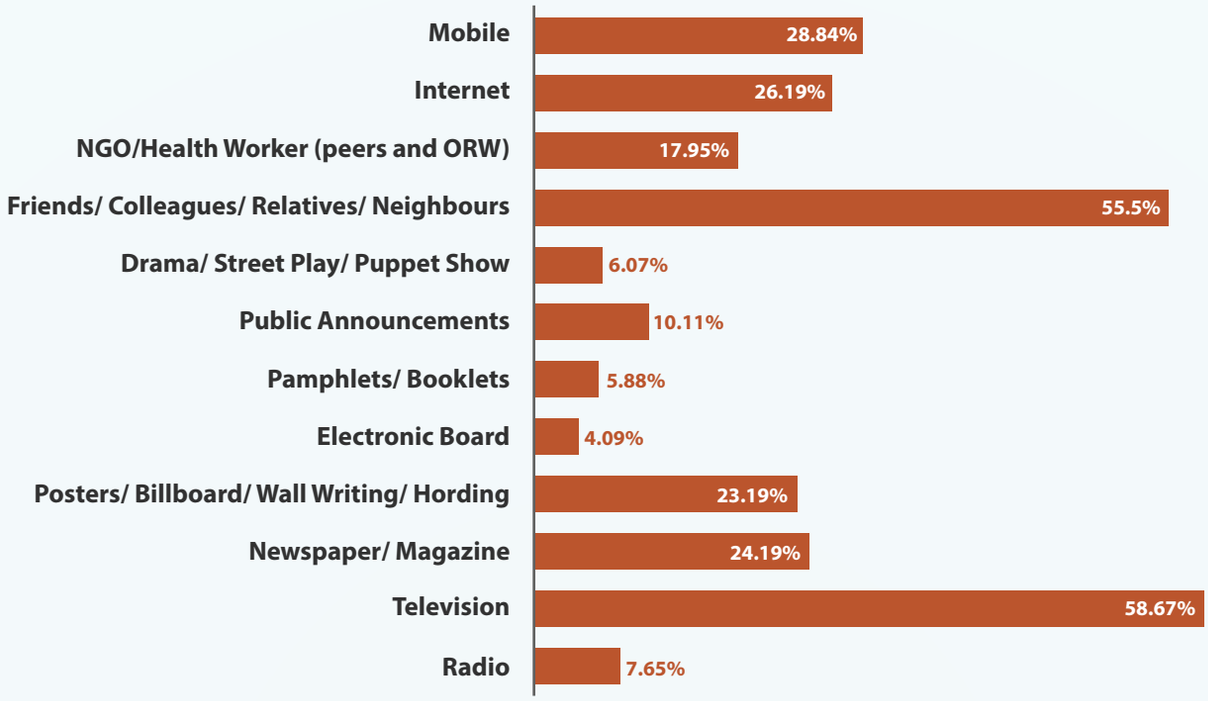

- TI migrants were more aware about the sexual health related issues in comparison to other groups. Among different groups only 26% TI migrants were "not sure" about the question as compared to 51% FTC and 45% non-TI migrants.
- Despite a large proportion of migrants engaging in high-risk behaviour, most of them were sure that they are not at risk of getting HIV themselves. (Figure 12)

## Figure 12: To what extent you think you can get infected by HIV?



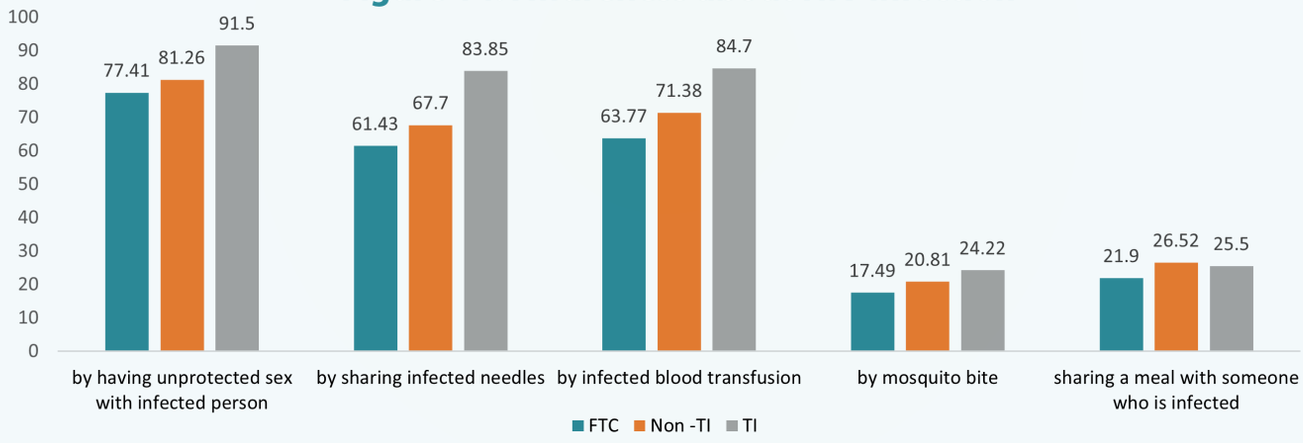

- Figure 12 shows the responses of the migrants when asked about their probability of being infected with HIV. About 63% having any chance of getting HIV while 22% simply said they do not have any idea.
- Most migrants (60%) cited Television ads as their primary source of information on HIV/AIDS, followed by conversations with peers and neighbours. About 30% respondents cited Mobile and Internet as source of information on HIV/AIDS (Figure 13).
- Further examination about their awareness of HIV and its symptoms revealed that 57% cited weight loss, 37% persistent cough, 26% TB and 20% diarrhoea as one of the symptoms of HIV.

## Figure 13: Source of information about HIV/AIDS




- Only about 10% of all migrants knew about Antiretroviral Therapy including TI migrants, FTC and non-TI migrants.

## Figure 14: Awareness about HIV infection




- TI migrants had better awareness of HIV infection than FTC and non-TI migrants (Figure 14). Around 20% migrants also reported mosquito bites and meal sharing as one of the ways of HIV transmission.

## Situation During COVID -19

- Increase in high-risk sexual behaviours were reported across states, especially amongst migrants who returned or were at their place of origin during the pandemic.
- Migrant women reported to resort to engage in paid sex work transaction due to loss of their regular jobs.
- A key respondent from Belgaum, Karnataka who quoted that "I had unsafe sex with one or two people, as I had no other option, where do you expect me to go and get the condoms from?"
- Poor access to condoms: a total of 43% migrants study sample failed to access the condoms when needed.

## Figure 15: Reasons for not using condoms during COVID-19 (n=3338)


# LEARNINGS

- Risk behaviour pattern vary with the typology of migrants (mobility patterns); a revised definition may be helpful in enhancing the coverage.
- Migrants and mobile population irrespective of distance and duration of their movement were found to be engaging risk behaviour and at risk of HIV in all cities and states.
- Women migrants, either homemakers who have arrived at the destination as family member of the male migrants or those who have migrated for work as domestic workers or in factories or construction sites were found to be engaged in risky behaviour
- Mobile population of students in cities like Delhi, Prayagraj, Vadodara, etc. were at risk of drug and alcohol use and unsafe sex.
- Most migrants get in touch with paid sex workers through their friends and peers.
- HIV awareness and testing is very low among migrants who have never been contacted by any intervention programs.
- COVID-19 affected the TI program in most areas services like condom distribution, testing, medicines and counselling to PLHIV were suffered.

# RECOMMENDATIONS

- Revision of migrant's definition to include mobile population and few long-term migrants' categories in line with NACP-5.
- The currently followed concept of corridor-based intervention for migrants should be revisited.
- Precision awareness programs with stakeholder collaboration.
- Population moving for short distance and for short duration also need to be reached out.
- Tailored interventions for different at-risk typologies of mobile population (for example women and students) should be developed.

- Launch of IEC (Information, Education, and Communication) campaigns in language of mobile population at destination.
- Referral services for migrants across different spaces of residence and mobility to ensure continuity of care.
- Integrated approaches for overlapping risk groups such as migrant + IDU.
- Customised strategies for female migrants.
- Strengthening of inter-state coordination for seamless HIV treatment to facilitate seamless transfer of treatment plans for PLHIV migrants.
- Utilise new age digital technologies for awareness and outreach campaigns.
- Address the interplay of substance use (including alcohol) and high-risk behaviours for HIV acquisition & transmission.
- Promote index testing to reach at-risk migrants.

# REFERENCES


> National AIDS Control Organisation. (2021). Sankalak: Status of National AIDS Response (Third edition, 2021). New Delhi: NACO, Ministry of Health and Family Welfare, Government of India.

> National AIDS Control Organisation. (2022). Annual Report 2021-22. NACO, Ministry of Health and Family Welfare, Government of India. https://naco.gov.in/sites/default/files/2021-22.pdf


# ACKNOWLEDGEMENTS


We would like to thank AS&DG, NACO and Joint Secretary, NACO for their guidance and support to undertake this study. The study was undertaken as part of Strategic Information (Research & Evaluation) under NACO. The team also expresses heartfelt thanks to the study participants, all State AIDS Control Societies, mentors and experts for their valuable support throughout the study. We would also like to acknowledge PEPFAR and USAID for design and printing.



For further information on the study, kindly contact Dr. Rakesh Chandra, Tata Institute of Social Sciences, Mumbai at **rakesh.chandra@tiss.edu** and Ms. Vinita Verma, National Consultant, Strategic Information (Research & Evaluation), National AIDS Control Organisation (NACO) at **vinitaverma.naco1@gmail.com.**


PEPFAR U.S. President's Emergency Plan for AIDS Relief

USAID FROM THE AMERICAN PEOPLE

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

UNAIDS