Sexual hazards for migrant workers

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In Thailand the incidence of HIV/AIDS, other sexually transmitted diseases, and unwanted pregnancies highlights the vulnerability of young people who have moved from rural to urban areas as migrant workers. Possible ways of diminishing the risks are discussed below.

A high proportion of the young people migrating from rural to urban parts of Thailand are women, whom industrial employers prefer because they are more malleable, more docile and less unionized than men. Thus large numbers of young women exchange the social restraints of their home environs for the greater independence, anonymity and risks of the city.

Data were collected in Bangkok and its environs relating to the sexual awareness and lifestyles of factory workers aged 15–24 years. During 18 focus group discussions, information was obtained on the ways in which young men and women sought to express sexual feelings and attitudes. Subsequently a survey of sexual behaviour and attitudes was organized among 1469 single female and 564 single male factory workers in Bangkok, Pathumthani, Samutprakarn, Nakhon Pathom, Nonthaburi and Samutsakorn. Interviewing took place in factories on a schedule-structured basis, and a self-administered questionnaire on comparatively sensitive aspects of sexual experience was then completed. Finally, 25 in-depth interviews were conducted with sexually experienced single workers in order to gather information on sexual relationships and interaction.

In the focus group discussions none of the women acknowledged that they were sexually experienced, but some did so in the survey and in-depth interviews. Otherwise there was a high level of agreement between the results of the three methodologies.

Behaviour

Migrants accounted for 85% of survey respondents and 95% of participants in focus group discussions. Whereas 59% of the women felt they were more independent in the urban environment than in the rural setting from which they had come, only 46% of the men did so. There was a diminished sense of safety in the urban environment, felt by 89% of the women and 77% of the men. Women felt more strongly than men that their move had led to increased opportunities for social and sexual contact, reflecting the comparatively stringent controls to which they had been subjected when living with their families.

Traditionally, men in Thailand have been permitted, or even expected, to gain premarital sexual experience, whereas there has been strong social pressure on unmarried women to remain virgins. This has led to prostitution on a substantial scale.
Only 9% of the women in the study reported that they had engaged in sexual intercourse, whereas 63% of the men said they had done so. It is possible that the difference arises partly because women underreported behaviour carrying a social stigma. Virtually all the women's sexual interaction had involved steady boyfriends. The men's experience, however, had been with both girlfriends and prostitutes: 37% of the men, mostly at the younger end of the age range, were virgins, 19% had had sex with girlfriends only, 31% had engaged in sex with both girlfriends and prostitutes, and 13% had had sex only with prostitutes.

Although 44% of the men reported that they had visited brothels, only 13% said they had done so in the preceding month, suggesting that the practice was far from universal or routine. Its apparent decline in recent years may be linked to the widespread perception that prostitutes carry HIV. The fear of acquiring HIV from prostitutes has induced young men to increase the pressure on their girlfriends to agree to intercourse.

It was evident that steady relationships developed slowly and that there was a high degree of emotional commitment: 80% of the men and women involved felt that it was at least fairly likely that they would marry their current partners. A committed and loving relationship was an important justification for premarital intercourse.

The use of condoms during sexual intercourse with prostitutes was reported by 83% of the men involved, but only 4% of the women and 21% of the men in steady relationships said they used condoms with their partners. The main obstacles to condom use in steady relationships were as follows.

- There was no perceived risk of infection from steady partners.
- Condoms were considered to diminish feelings of trust and emotional closeness.
- Condoms detracted from the physical pleasure of intercourse.
- Female partners were expected to be sexually innocent and reserved, and thus found it difficult to suggest using condoms.
- There was very little communication between partners on family planning and matters related to HIV.

Contraceptive use was inconsistent. Among sexually experienced women, 13% reported having been pregnant; 15% of men who reported engaging in intercourse with girlfriends said they had made a girlfriend pregnant. The fears expressed by women following first and unsafe intercourse included those of pregnancy, concern for their reputations, and the desertion of their boyfriends. Coercion to engage in their first intercourse was reported by 29% of sexually experienced women. Almost all the women who had become pregnant resorted to abortion, notwithstanding its illegality in Thailand.

**Awareness**

Young factory workers had a basic understanding of the risks of pregnancy and HIV but only a very rudimentary awareness of other sexually transmitted infections. Serious misunderstandings were revealed: 34% of men and women believed that people with HIV infection could easily be identified.
visually, failing to appreciate that it could be asymptomatic, while 17% thought that washing the vagina after intercourse gave protection against the virus; according to 31% of women and 28% of men, pregnancy could be avoided if a woman urinated after intercourse.

Although 35% of women and 30% of men felt that they had at least a 50% chance of contracting HIV infection within two years, the main worry following intercourse was that of pregnancy. Women also showed great concern about damage to their reputations if they became pregnant. HIV/AIDS was not seen as a major threat in relation to sex with steady partners.

**Implications**

The above findings suggest that the following policy objectives should be adopted.

- There should be a wider non-judgemental awareness in society of the substantial level of non-commercial premarital sexual interaction.

- The consistent use of condoms in non-commercial premarital relationships should be promoted, while the government policy of 100% use of condoms in the sex industry should continue to be supported.

- The different norms commonly applied to men’s and women’s behaviour should be addressed in sexual health policy.

- Programmes for helping young unmarried people to protect their reproductive health should be improved.

In our view, these objectives are attainable if the following approaches are adopted.

- In addition to the provision of methods, particular attention should be given to counselling in the family planning services as a means of reducing the obstacles to the use of contraceptives.

- While a proactive approach to family planning services for the young should be encouraged, it is vital to achieve tact, sensitivity and confidentiality in this area.

- There is still a need to improve young people's understanding of protection against HIV and pregnancy, but it is even more important to deal with the following matters in the interest of consistently safer sex in steady relationships:
  - awareness of the need to counter coercion and pressure in sexual interaction;
  - value clarification, to resolve uncertainty and confusion in young people’s sexual attitudes;
  - reduction of young women’s emotional inhibitions about dealing with their sexuality;
  - development of communication skills to make the adoption of safer sex practices more likely;
  - rather than the current negative association of condom use with prostitution, an attempt should be made to present consistent usage as an aspect of caring for a partner.

- Collaboration of factory managements and workers with the Ministry of Public Health, certain nongovernmental organizations and responsible segments of the mass media should be encouraged in order to fulfil the above objectives.

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