

Pattern of Sexual Behavior Among People in a Rural Area of Bihar : A Qualitative Study on Wives of Migrant Workers



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ABSTRACT

Population mobility and migration are important processes of human life. It affects broad range of sociocultural parameters besides its greatest economic potential. Mobility increases personal interaction and exposure to sexual partners from high-risk group. Many studies reported a significant rise in risky sexual behavior among migrants, indicating some inherent characteristic. Married women are highly vulnerable to sexually transmitted diseases (STDs) including HIV due to the high risk behavior of their husbands. Some of the married males have multiple sex partners which also put their wives at risk of getting HIV infection.

Introduction

The Economic Survey of India 2017 reported an annual internal migration of 9 million between 2011 and 2016. The census 2011 reported total internal migration in the country including inter- and intra-state movement to be 139 million. Uttar Pradesh and Bihar are the biggest source states.

Human sexual practice or human sexual behavior is the way humans experience and express their sexuality. People engage in a variety of sexual acts from time to time, and for a wide variety of reasons. Although the primary evolutionary purpose of sexual activity is a reproduction, research on college students suggested that people have sex for four general reasons: “physical attraction,” “as a means to an end,” “to increase emotional connection,” and to “alleviate insecurity.” According to the published literatures, risk sexual behavior was defined as having multiple sex partners, paying for sex, homogeneity sex, etc.

Although traditional Indian value prohibits premarital or extramarital sexual activities, this aspect has not been explored in migrant workers. As per the best of author's knowledge, there was no study in this area for exploring the various aspect of sexual behavior of migrant workers and their wives. The present article describes the social context of migration-related sexual behavior in Muzaffarpur district of Bihar, India. The existing information about the sexual networks and risk profile of wives and their migrant husbands are very important in order to understand the HIV epidemic in the district. Globally, a large proportion of the HIV prevalence is attributed to individual sociopsychological and personal behavior, and mode of interactions or sexual mixing pattern within and outside the community. Qualitative methods attempt to grasp these phenomena in the more holistic way or to understand a phenomenon within its own context or to emphasize the immersion in and comprehension of human meaning ascribed to some set of circumstances or phenomena, or all three. We used indepth interviews of wives of migrant workers to describe the interpersonal, social, and cultural context of the reported behaviors and information related to marriage and sexual practices commonly prevalent in the rural areas.

Study Area

Out of 16 sub-districts or developmental blocks in Muzaffarpur district, Kurhani block was selected, considering the approachability and logistics. Four villages were selected from two Panchayats, the lowest administrative unit as per the three-tier administrative structure of the state government.

Study Population and Sample Size

The study participants were wives of migrant workers of 15-49 years of age, living in rural areas of Muzaffarpur district for at least 6 months, and without any mental health problems. There was no actual calculation of the sample size for this phase of the study. It is suggested that 50-100 is a reasonable size for a qualitative study.[19] A sampling frame of these participants was created by the two female interviewers with the help of a non-Government Organization (NGO) and ASHA (Accredited Social Health Activists) of four villages in the selected panchayat of Kurhani block in the district. All 24 participants, after going through the project information or having it explained to them by the ASHA workers, gave their formal consent to participate. The place and time of interview was told to them 1 day in advance. All 24 participants who gave their formal consent attended the interview at scheduled time and place. They were paid an honorarium of INR 150 (US \$3) for compensating their time.

Data Collection

Indepth interviews were conducted by two female field interviewers recruited for the study. These female investigators were selected from Muzaffarpur district only because to make conversation in local Hindi dialect with the participants. They received 1-week training about the techniques for conducting indepth interviews. The PI and interviewers discussed together how to reach the migrant workers' wives, what information they need to collect, and how they would collect it.

An indepth interview guide was prepared which was approved by the Institutional Review Board of UCLA and Institutional Ethical Committee of ICMR, Patna. The guide was mainly focused on basic demographic information, sexual behavior, including premarital, marital, and extramarital, quality of marital relationship, gender roles, decision making within the family, peer networks, substance abuse, work-related activities, etc. The questions were of a general nature and not directed to their personal behaviors.

Indepth interviews were conducted in the local language, mainly a version of the Hindi language. All the interviews were tape recorded and were later translated into English by a professional Hindi-to-English translator. Both female interviewers conducted all the 24 interviews together dividing their job responsibilities between them; one of them was asking questions from the guide and recording the entire process using a tape recorder, another was taking down written notes simultaneously. Both were prompting participants during the interviews. All the participants were interviewed in a closed room provided by the head of the local Panchayat. The purpose of selecting this place was to make a neutral place where the extent of distractions during the interviews could be minimized.

Data Analysis

All the hand-written field notes and recorded interviews were taken at the time of each interview were collected from the female field interviewers. The hand-written field notes and the recorded interview were verified by the PI to ensure the completeness of the interview. Qualitative data from interviews were transcribed and translated by a trained translator. Sections of the transcripts were back-translated at random by a different member of the study team to test for quality. All transcripts were uploaded to NVIVO for thematic analysis based on the iterative steps of open coding, axial coding, and selective coding. The project map was created with NVIVO reflecting the hierarchy and relationships of various nodes.

Results

Almost 75% of the respondents (18 out of 24) had no agricultural land for farming, no cattle, or other means of livelihood. They were totally dependent on the income earned by their husbands. **Husbands' Profile:** The husbands of the participants were working in other states or big cities like Kolkata, Delhi, Mumbai, Surat, Punjab, Haryana, Assam, Sikkim, and Bangalore as skilled worker, factory laborers, and fruit/vegetable vendor. The median duration of migration (in years) as told by the respondents was 10 years (range; 4-25 years). They visit home during festival time.

Discussion

The qualitative results from the indepth interviews helped in framing a general picture or view of migrant workers' wives about sociocultural practices related to marriage and sex in rural communities. Although the participants for indepth interviews were selected from the study population wives of migrant workers, the sample cannot be considered as representative of wives of migrant workers in the selected study district because of non-random selection. Nonetheless, it helped in generating some idea about the real scenario regarding sexual activity in the rural community.

Most of the north Indian states have a patriarchal family system where females have a very little or almost non-existent role to play in the decision-making process. The power to make decisions is completely vested into the bread earner or head of the family, mainly husband. Sex is considered a very sensitive issue and even wives feel very shy in discussing sex issue with their husband. Women do not feel comfortable in expressing their sexual desire or asking their husband to use a condom. Some of them had apprehensions of being physically abused by their husbands. Bihar is one of the leading states in India in terms of physical or sexual violence against women. A total of 60% of women, aged 15 to 49 years, are subjected to physical or sexual violence in Bihar against the national average of 37%.

As this study was conducted in a small and purposive sample of wives of migrant workers, its findings cannot be generalized across the district because of the study design and non-representative sample. This qualitative research helped to reveal some of the more nuanced cultural, social, and interpersonal shifting contexts of sexual behaviors of the wives of migrant workers or married women.

Patients with symptoms of sexually transmitted infections often come to family physicians. The patient expects that they will get the treatment in a professional and non-judgmental manner. Often such infections are as a result of various high risk activity such as sex with multiple partners and with commercial sex workers. The patient always shies away in revealing such activities and do not confide in their family physicians. The knowledge regarding the sexual activity, behavior, practices, and type of partner in rural inhabitants will provide insights to the family physician to take a detailed sexual history and to treat the infections in a holistic manner. It will also help family physician to understand the dynamic combination of biomedical, behavioral, and sociocultural factors that influence transmission of infection within marriage.

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