

**Prevention of HIV/AIDS among Migrant Youth in
Low-income Slums of Mumbai
(Summary Report)**



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Govandi Station Road, Deonar, Mumbai 400 088**

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by

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A training and pilot project was undertaken by IIPS, Mumbai and Institute for
Community Research, Hartford, Connecticut U.S.A sponsored by World AIDS
Foundation

Preface

The past decade has seen a dramatic increase in incidence of HIV infection in India, mainly in the northeastern states, urban slums and low-income areas of the country's larger cities including Mumbai and Bangalore, where rural/urban migration has accelerated over the past decade. The city of Mumbai, which has long been considered as the industrial capital of India, has recently experienced alarmingly growing number of HIV infections as well as increased adult mortality in the prime ages. In domestic circles, Mumbai has been called as the capital of HIV/AIDS in India. Surveillance data show a steady progression of HIV positive patients attending STD clinics from a 1.6 percent in 1987 to the most recent estimate of 64.4 percent in 1999, with HIV prevalence increasing in the city from one percent in 1993 to three percent in 1999.

Development projects as well as poverty in developing countries attract workers from rural areas, resulting in the concentration of large numbers of labor migrants in urban areas. Most migrant laborers live away from their families, and hence, may search for companionship, and sexual intimacy. The rate of alcohol consumption in India is the highest among the Southeast Asian countries, despite moral, ethical and religious prescriptions against its use. This is of immense concern as alcohol use is widely associated with risk behaviour, STDs and HIV/AIDS.

The present summary report highlights the major findings and recommendation of the study conducted among Mumbai slum migrants with an attempt to find out the possible underlying linkages of labour migration, alcohol and drug abuse, indulgence into risky sexual behaviour including visits to commercial sex workers, knowledge and attitude towards STDs and HIV/AIDS. We are grateful to the 'World AIDS Foundation' for selecting the International Institute for Population Sciences (IIPS), Mumbai and Institute for Community Research (ICR), Connecticut, U.S.A. to undertake this study. We are thankful to Professor T. K. Roy, Director and Senior Professor, IIPS for his guidance and encouragement at different stages of this study. We acknowledge the sincere efforts put in by the Research Staff Ms. Priyamvada S. Todankar, Ms. Reena Shah, Mr. Harendra Kumar Singh, Mr. Ajay Kumar Singh, Mr. Sudipta Mondol, Mr. Abhishek Singh, Mr. Dhananjay Bansod, Mr. L.K. Dwivedi, Mr. Benoy Peter, Mr. Retna Kumar, Ms. Ruchi Jain, Ms. Amenla Nuken, Mr. Nitin Datta, Ms. Sudeshana Ghosh and Mr. S.N. Swain who extended their support in the data analysis and documentation work. We would fail in our duty if we do not acknowledge the contribution of migrant respondents who not only spared their valuable time but also provided us information on many sensitive issues as well as other necessary information required for this study.

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December, 2004

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INTRODUCTION

The past decade has seen a dramatic increase in incidence of HIV infection in India, mainly in the northeastern states, urban slums and low-income areas of the metro cities including Mumbai and Bangalore, where rural to urban migration has accelerated over the past decade. The city of Mumbai, which has long been considered as the financial capital of India, has recently experienced alarmingly growing number of HIV infections as well as increased adult mortality in the prime ages. In domestic circles, Mumbai has been called as the HIV/AIDS capital of India. Surveillance data show a steady progression of HIV positive patients attending STD clinics from a 1.6 percent in 1987 to the most recent estimate of 64.4 percent in 1999, with HIV prevalence increasing in the city from one percent in 1993 to three percent in 1999.

Migration and sex risk

Development projects as well as poverty in developing countries attract workers from rural areas, resulting in the concentration of large number of labor migrants in urban areas (Bloom and Carliner, 1988; Cohen, 1992; and Godwin, 1997). Most migrant laborers live away from their families, and hence, may search for companionship, and sexual intimacy. Further, there are cultural beliefs linked to sexuality, sexual performance and masculine identity, which support the search for female partners (Verma, Khaitan & Singh 1998). Blue films and other forms of pornography provide sexual fantasies that are played out with readily accessible commercial sex workers who are reported to be willing to respond to men's requests for specific behaviors (Raju and Leonard 2000; Sachdev 1997). Labour migrants may be exposed to various other environmental risk factors, such as the availability of recreational outlets like beer bars, discos, video parlors, social mixing of people from different areas, the very real possibility of unsafe sex due to drunkenness and drug use, minimal use of condoms, and increasing use of injectable drugs accompanied by exchange of needles and syringes. The potential role of migration in spreading HIV/AIDS is further heightened as a result of frequent visit of migrants to their native places and return migration, as well as a high propensity of

continued migration especially among transient construction workers (UNDP, 2000). All of these circumstances, along with disposable wages may result in differences in individual exposure to opportunities for alcohol and drug use and unprotected sex with persons of unknown sexual history.

Sexual beliefs and risky sex

A number of qualitative studies on HIV risk behavior conducted on men and women living in low income slums have produced insights into factors promoting risk behavior for example the role of peer pressure or performance anxiety is promoting young men to have sex with sex workers just prior to or following marriage (Raju and Leonard 2000; Verma, Khaitan & Singh 1998; Singh, Bloom, and Tsui 1998; Savara and Sridhar 1992; Pelto 1999; SARTHI 1996). Both married and unmarried men seek risky sexual contacts to avoid excessive semen loss through masturbation (DCT 2000). A booming trade in sex magazines and pornographic literature, and a growing number of telephone hotlines and magazine advice columns indicate that Indian males are seeking answers to questions centered around the male genital organs, the effects of masturbation and nocturnal emission, consequences of loss of semen, premature ejaculation, concerns about sexual performance, excessive indulgence in sex, partner relationships, homosexuality, normal sexual responses, penis size, condoms, pregnancy, and AIDS (Raju and Leonard 2000; Sachdev 1997).

Alcohol and drug use among migrants

The rate of alcohol consumption in India is the highest among the Southeast Asian countries, despite moral, ethical and religious prescriptions against its use. This is of immense concern as alcohol use is widely associated with risk behaviour, STDs and social anomalies. Alcohol use is widespread in both rural and urban populations, especially among males. Alcohol use is closely associated with risky sexual behaviors, particularly visiting commercial sex workers and non-use of condoms during sexual intercourse. Male's alcohol consumption is also a major factor of domestic violence, including forced sex. Increase in alcohol use are due to many factors including increased introduction of international products into the

domestic market and local brewing of country liquor (desi daaru) as a means of income generation. While Indian policy prohibits marketing alcohol through “hoardings” and advertisements on television; nevertheless, producers have marketed alcohol-like drinks on various national and private television channels. The marketing of alcohol in association with sexuality coincides with the widespread view of alcohol as a sexual stimulant and the expectation that the use of alcohol enhances sexual pleasure.

The nexus of alcohol use and risky sexual behavior is found more likely among recent migrants to urban centers. Rural to urban migration is a major social dynamic which is broadly affecting all of India’s cities. Migrants to Mumbai are predominantly young, unmarried or recently married males, coming from other states, particularly from Bihar, Uttar Pradesh, Tamil Nadu and Karnataka. After arrival, they join other migrants belonging to their native states. These extended networks provide security and support for new migrants who are unfamiliar with the urban environment, are economically marginalized and cut off from kinship support and control system. Over time, they engage in risk behaviour activities such as intake of alcohol and establishing sexual relations with different partners, including female sex workers and other women. Condom use is reported as infrequent and unprotected sex leads to rising prevalence of STDs.

The tendency towards risky sexual activities, often accompanied by alcohol abuse, are not limited only to recently migrated population. In the low-income slum areas of Mumbai and other major cities of India the social dynamics favorable for spread of HIV infections involve a combination of recent migrants, long-term resident migrants and those born in Mumbai suffering from economic and social hardships. The vulnerable urban groups comprises of:

- (1) Recent male migrants to the urban areas who are more likely to be involved in both alcohol use and risky sexual behaviors,
- (2) Other male respondents whose occupation and life-style leads to excessive alcohol use and related risky behaviors,
- (3) Women involved in commercial sex and

recreational services providers (bar girls, commercial sex workers, dancers, women alcohol brewers and distributors) who drink to reduce inhibitions, ease the pain of repeated sex acts, and sell alcohol by promoting sex,

- (4) The spouses of alcohol-using males who experience multiple threats to health and well-being because of alcohol-related sexual violence, STIs, depletion of household incomes due to their husbands’ alcohol use and who may, in some cases become sex worker or engage in other risky behaviors to give financial support to their families.

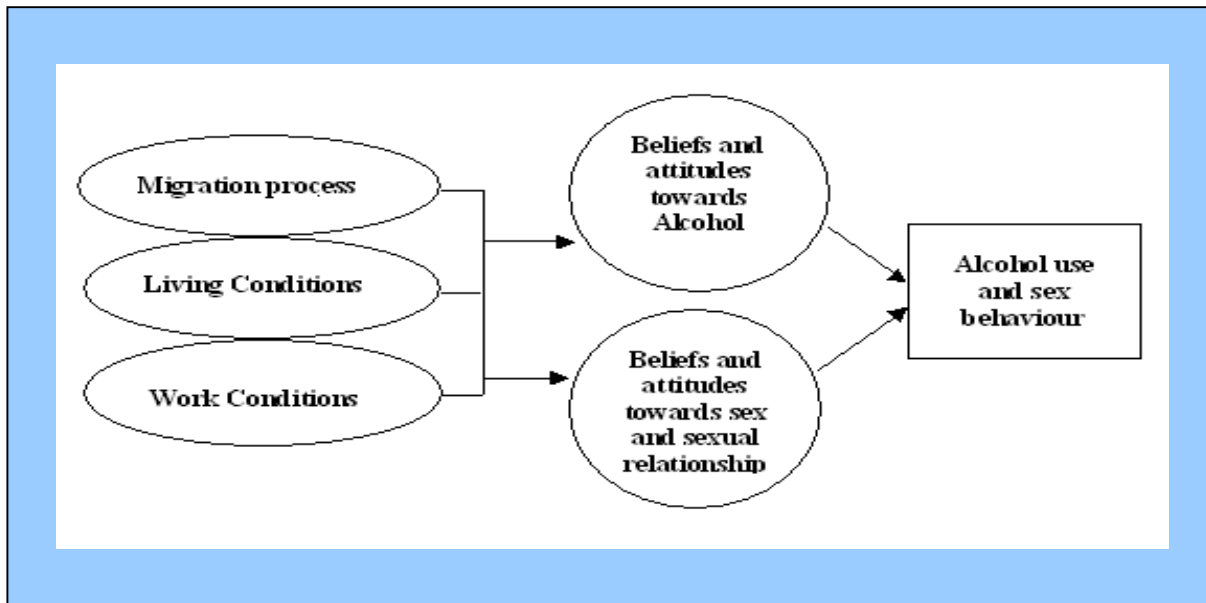
The inter-linkages between alcohol, drug use and sexual health risks represent a growing problem with respect to STDs and HIV/AIDS, especially among low-income migrants staying in slums. This intersection is relatively recent, poorly understood, and has not been the focus of research in India, despite recognition of migrants as bridge population between high-risk groups and low-risk women population.

OBJECTIVES

The broad objective of the report is to present the findings of an exclusive pilot study conducted on adolescent/young adults with an attempt to study substance abuse and indulgence in risk behaviour that makes them susceptible to HIV/AIDS among low-income migrants residing in slums of Mumbai. The specific objectives of the study were;

- To understand the socio-economic and demographic characteristics and living conditions of the migrants in low-income slums in Mumbai,
- To examine the nature and pattern of social networking among migrants in the study communities,
- To identify the contextual and environmental factors leading to alcohol and other substance abuse among migrants of study communities and,
- To examine the interface between alcohol, sexual behaviour and health risks associated with STIs and HIV/AIDS.

Research Model



RESEARCH DESIGN

A pilot research was conducted in two communities of Mumbai, one in the eastern part of the city near Mankhurd, and the second in the Navi-Mumbai area. These communities were selected because they have different histories of development, social infrastructure and exposure to alcohol, drug and sexual risk opportunities. The study team was interested in discovering whether, despite different economic, development, and social/migration histories, similar patterns of alcohol use and pursuit of unprotected sexual experiences prevailed, and whether beliefs and attitudes about masculinity and alcohol use prevailed in these communities. Each of the communities selected included contiguous, more and less developed areas with economic and social exchanges between them.

METHODOLOGY

The research design for the present study comprises of both qualitative and quantitative techniques. Quantitative data collection included, interviewing 175 male respondents aged between 15-35 years. The techniques consisted of canvassing a semi-structural questionnaire containing information on background characteristics, migration history and causes of migration, social

networking and substance abuse, knowledge about STDs and HIV/AIDS along with different modes of transmission and prevention, extent of indulgence into risk behaviour to STDs and HIV/AIDS, treatment seeking behaviour and condom use and related misconceptions. Selection of the respondent was done using stratified quota sampling in both the selected communities under study.

Qualitative data collection was mainly based on the principles of ethnographic techniques. However, at the later stage a structured interview schedule was also used to support the qualitative findings. The specific ethnographic techniques used for the data collection included:

- ❖ Walkthrough, observations and mapping,
- ❖ Social Mapping
- ❖ Topical interviews
- ❖ Interviewing key informants,
- ❖ In-depth Interviews
- ❖ Free listing
- ❖ Pile sorting

The whole process of collecting ethnographic information was however focused at two levels;

- At the cultural/community level, addressing major domains in the conceptual model and
- At the individual level, including personal experiences with alcohol use and sexuality.

FINDINGS OF THE STUDY

Two areas viz. Mankhurd and Turbhe Store were selected for the study from Mumbai and Navi Mumbai respectively. Both these areas are comprised of several small communities within their periphery. Inhabitants of Sathenagar and PMGP Nagar (Pradhan Mantri Griha Pariyojana) were the two largest communities in Mankhurd area selected for the study on eastern side of Mumbai. Also, Jaihind Nagar, Jyotirling Nagar, Ambedkar Nagar, Chikuwadi, Rahul Nagar etc. were the other smaller settlements situated within margin of these two larger communities which were covered during the ethnographic survey. Proximity to Mankhurd railway station and Pune Express Highway gives these communities an easy access to the rest of Mumbai.

Turbhe Store is situated on the eastern side of Belapur Thane Link road, in front of Turbhe Station, which is under construction. It is few meters away from a labor market. Two industries 'Rallies India' and 'BASF' are located on the north and south boundaries of Turbhe Store and many other small to medium size industries are scattered all around. Turbhe Store houses a red light area popularly known as "Tekri". Indira Nagar, which is situated quite adjacent to Turbhe Store, was also included in this study. Both are close to APMC market and having truckers' halt close by due to its location in the industrial belt and its close proximity with the APMC market in Vashi. Turbhe Store is much bigger in size than Indira Nagar.

Each community has social infrastructure such as temples, NGOs, educational and training centres, licensed and informal health service providers, shops, restaurants, formal/informal political structures and commercial establishments.

The people

The people in Sathenagar mainly comprise of Matang community a tribal group from rural Maharashtra. However, people from different parts of India, mainly UP,

Bihar, Rajasthan, and Southern states also reside in this area. Most of the people in the community are engaged in unskilled and low wage works. In PMGP Nagar, people have come and settled from various parts of India viz. Uttar Pradesh, Bihar, Karnataka, Andhra Pradesh, and Tamil Nadu. Though majority of them belong to Maharashtra. Most of them are engaged in small business within PMGP, while there are also people who are working in various private and govt. organisations.

Housing and settlement

Indira Nagar and Sathenagar resemble in terms of housing and other amenities, most of the houses in the community are of semi pucca and kachha dwellings spread over a labyrinth of lanes. Some of the semi-pucca houses with narrow base have gone up to become double storied. In each lane there were two lanes facing each other oppositely. The lanes were cement plastered or tiled with a capillary drain in the middle leading to a drainage parallel to the central road. In most of the lanes drainage was blocked, filthy water stagnated, flooding the lanes partly. Houses are small and poorly lit and. Many houses have used their roadside room as shop and they stay in the rear ones. Materials used for construction of houses ranges from cement bricks, concrete to wood, bamboo, cloths, cardboard and plastic mats. Most of the houses comprised of one room and is very congested and closely spaced. Each lane has its own housing society.

PMGP Nagar and Turbhe Store are quite better off in terms of housing and other amenities; the houses in both these communities are mostly pucca. PMGP Nagar is an authorized building structure that is to say it is a pucca housing settlement that also include the MHADA multistoried flats (mostly one room kitchen set). It is also occupied with, slum community that were rehabilitated from other parts of Mumbai.

Roads within the communities are quite dusty and kachha, except in PMGP and to some extent in Turbhe. Mankhurd-Ghatkopar link road leads to both the communities that are served by various lanes and by lanes. However, the central road of Sathenagar is kachha and dusty. Three major roads lead to the interior of Turbhe Store and one main road leads to the interior

of Indira Nagar. Narrow lanes and by lanes are cramped with dwelling units.

Most of the drains in both the communities are open, choked with filth and other substances that run through rows of dwelling units. However in PMGP the situation is relatively better off. In Sathenagar there is no central drainage system though there are two parallel drains in the central part of the community but it is choked with waste material and filthy water. Similarly in Navi Mumbai, drains are choked with garbage and filthy water. Situation in Indira Nagar is even worst, as there is no big drain.

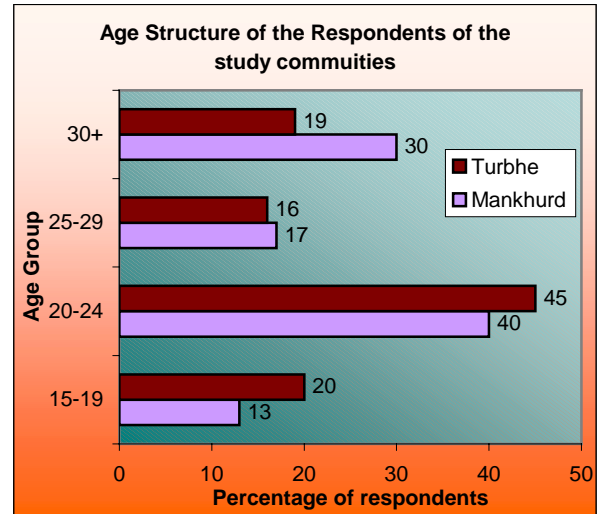
Though there are several water outlets in both the community but very few dwellings have their own and most of them have to buy water standing in the long queues before the tap and even some of them travel to some distant places to fetch water and in most of the cases they have to pay for it, which is around 5-10 rupees a drum of 20-30 liters.

Both the study areas have good electricity facility but most of it is through illegal connections. Households have separate connections. Many of the dwellers buy electricity from those who have got legal connection.

In PMGP are there are no private toilet facilities in the houses and everyone uses Public pay toilets, the conditions of which are not good due to overuse, unavailability of water and improper maintenance. Many people prefer to use open spaces, as to use public toilets they need money. In Sathenagar, there are three public toilets, but most of the people don't use it and go to open places or defecate beside roads. In Turbhe Store there are four Public pay toilets. They are in good conditions used by many but still insufficient to cater to the overall demand, as most of the houses don't have their own toilet facility.

Profile of the respondents

During the quantitative phase only male respondents were taken into consideration to study the linkages between migration, alcohol and sexual risk behaviour. However, during the qualitative phase of data collection, women respondents were also included.

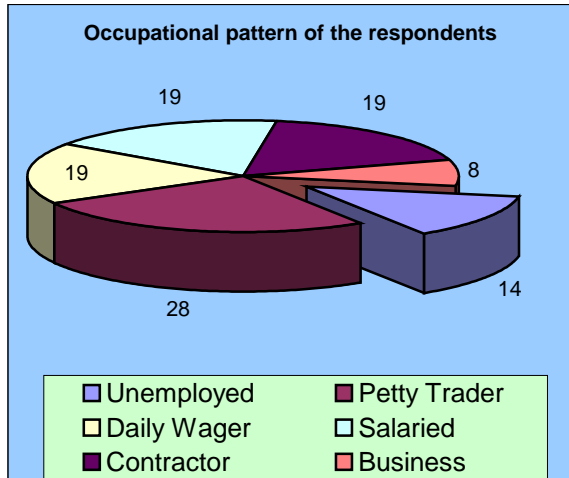


In both the community majority of the respondents included in the study belongs to the age group of 20-24 years; i.e. 40 percent from Mankhurd and 45 percent from Turbhe belong to this age group. This suggests that the population of the study area is mainly consisting of people in the younger ages.

Out of total 90 respondent interviewed in Mankhurd and 85 in Turbhe, majority of the respondent belong to other or general caste category, which is around 45 and 35 percent respectively. In both the communities the proportion of SC (21% for Mankhurd and 32 percent for Turbhe) and OBC (22 % for Mankhurd and 27 percent for Turbhe) ethnic group are also higher. However, ST population seems to be higher in Mankhurd (12 percent) than in Turbhe (6 percent).

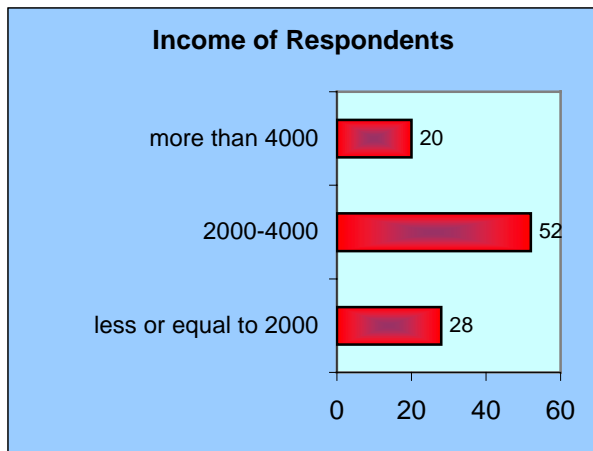
Though people in the community belongs to different religions but majority of the people belongs to Hindu religion (more than 70 percent). Proportion of other religious group is almost equal.

Literacy of the respondents was assessed by asking whether they could read and write, and it was revealed that in both the communities majority of the respondents (84 percent in Mankhurd and 82 percent in Turbhe) were literate and they are able to read and write.



People in the community are engaged in some sort of job or business for their livelihood. It was revealed that about 86 percent of the respondents are employed and only 14 percent of them are unemployed which included mostly adolescents either studying or searching for a job. Out of 86 percent of people who are employed majority of them are petty traders followed by daily wagers, salaried persons and contractors.

Majority of the respondents in both the communities were engaged in menial and low wage jobs and hence their earning ranged between Rs.2000-4000 per month (52 percent), only 20 percent of the respondent had income more than Rs.4000 per month. A significant proportion of the respondents (20 percent) even have their earning lesser than 2000 rupees per month.

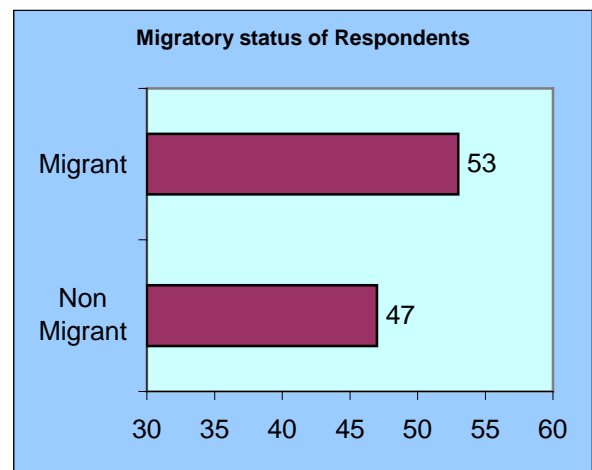


Proportions of married respondents in both the communities were almost half, 49 percent in Mankhurd and 42 percent in Turbhe. Almost similar characteristics was found among the respondents of both the communities and it was revealed that almost 70 percent of people in Mankhurd and a little more than 80 percent in Turbhe, got married by the time they reached 24 years of age.

Characteristics of the migrants staying in study communities

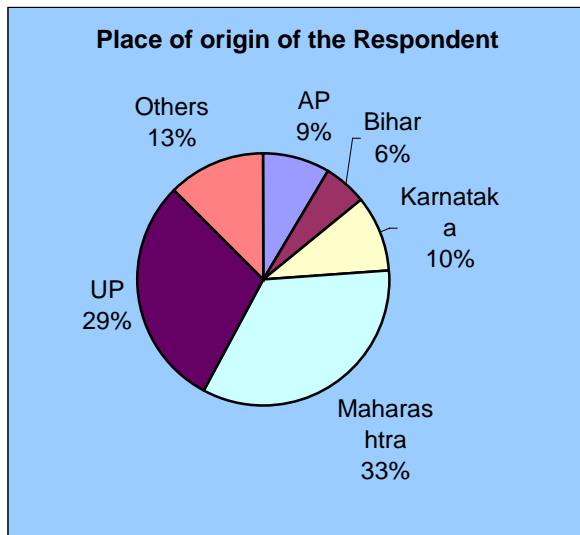
Generally three patterns of migration have been found in both the communities. Some migrants have come directly from their native place to place of destination i.e. these communities. Some have made multiple moves between place of origin and destination i.e. before coming to Mumbai they were making moves within the different parts of the country and, some have made multiple moves within the place of destination i.e. before coming to these communities they were making moves within different areas of Mumbai.

Though a vast majority of the people in the community are migrants and has migrated either single or with their families or their ancestors migrated and settled in Mumbai. For the purpose of the present study, only those respondents were considered as migrants, who were not born in Mumbai. In the study area fifty three percent of the survey respondents were migrant and had come to Mumbai at different time.



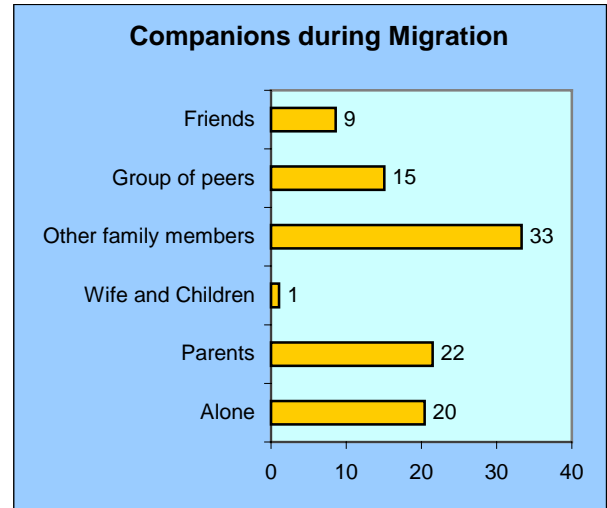
Place of origin

Though in both the study areas people belonged to different places of origin, a majority of them belonged to Maharashtra (33 percent), followed by UP (29 percent) Karnataka (10 percent) and Bihar(6 percent) while the migrants from and other parts of India namely; Andhra Pradesh, Assam, Tamil Nadu, Kerala etc. occupied rest of the share. Most of the migrant from Maharashtra comes from Sholapur, Aurangabad, Jalana, Beed, Latur, Sangali, Nasik and Satara districts.



Companions during migration

Majority of the survey respondent migrated to Mumbai with someone, 33 percent of them migrated with their family members, 22 percent migrated with their parents who were already working in Mumbai. A substantial proportion was also accompanied by their friends and peers. Only 20 percent of them migrated alone to Mumbai.



Reasons for migration

Reasons for migration show variation by sex. Males generally migrate in search of job either single or with their family members. Majority of the respondents in the survey said that the main reason to migrate was to earn money. Though, some of them brought their family to Mumbai after settling in Mumbai. Whereas in majority of the cases, females migrated due to marriage or family movement. In the present study male respondents reported migration because of following reasons;

- In search of job,
- Migrated along with their family when they were very young,
- Environmental conditions such as natural calamities, poverty, starvation and poor crop yield at their native place forced them to migrate,
- Absconded from their native place and,
- Family problems with kin
- Desire to move from traditional joint family to a nuclear family for privacy.

Females generally migrate for reasons related to their husbands or family. They generally migrated along with their husbands or to join their husbands, to join family members who have already migrated or migrated along with their family when they were young.

Reasons to settle in a particular area

Migration is influenced by the decision on place of destination. There are various factors, which play an instrumental role in selecting a place of destination. Before migrating, one examines the availability of opportunities and also assesses the possibility of employment opportunities from people who have already migrated at different destinations. People select such areas as their destinations where they could get best possible living conditions and other facilities. There are people who had migrated earlier to the present place, because of their work, located in the area or around the vicinity. Some respondents preferred to migrate to the present place because of availability of job/employment opportunities, affordable accommodation on rent while other have come to current place of destination due to mass and forced migration. For example the Matangs, migrated in mass to Sathe Nagar from Mankhurd. The Matangs were actually street dwellers in Mankhurd. They united together in group under the leadership of Anna Bhau Sathe, and settled in Sathe Nagar. In fact they were the first settlers of Sathe Nagar. Another example is that of the construction workers, who had to migrate to Chikkuwadi in Mankhurd. They were construction workers of BARC (Baba Atomic Research Centre), who were staying in the campus of BARC, but due to security concerns, they were asked to vacate the place and were shifted (forced relocation) to Chikkuwadi in Mankhurd.

Linkages of migrants with their natives

Migrants are expected to remain in contact with the family members living at their native place. These links may be either in the form of visits or sending remittances to their dependent family members. Keeping in view the aspects of migration links, we tried to find out the patterns of migrant's links with their native place pertaining to frequency of visits, duration of visits etc. Among the migrants who reported to visit their native place, many reported visiting home at least once a year or whenever there is vacation. Considering the purpose of visit of migrants to their native places, migrants reported to have visited their native place to meet their family members, to attend family functions and social ceremonies, to participate in the work related to

agriculture and family enterprises and also when families back home were in trouble and on some special occasions. Some respondents reported that they do not visit their native place, because their family members visit them, while others reported that they do not visit because they do not have relatives or plot at their native place. Still other reported not visiting their native place because of their busy work schedules, financial problem etc.

" Earlier I used to stay alone and my wife used to stay in our native place. I used to visit native place quite often, but after I took a house in Sathenagar, I brought my family here and now I do not visit native as often as I did".

" My husband's parents had some agricultural land in village in Satara District. I used to visit my in-laws once or twice a year with family but after they died four years back we do not visit much as all the land was taken by my husband's brother and now nothing is left over there."

Taking into account the aspects of visiting the native places of migrants, it is revealed that the presence of family members at the place of origin remains one of the important sources for maintaining their link with native place. It is also found that on the whole migrants from within Maharashtra are found to visit their native place more frequently than migrants from other states UP, Bihar, Tamil Nadu etc. This may be due to the cost of travel and distance involved in visiting their native place.

Financial support to the family at the native place

The respondents reported sending remittances to the family members at their native place on special occasions, or whenever there are specific demands for money such as in case of illness, financial problem or during festivals. Those who have left their family (parents, wife and children) at their native place, they send money every month regularly. While others, send once in two months or give some money whenever the migrant himself visits his native place or if his relatives or family members visit them.

"...I very frequently send money to my family living in my village. Whenever I visit my village, I give money to them".

"We send around 400-500 rupees once in two months and sometimes we send around 1000 rupees depending on our income. There are occasion where there are specific demands for money like in case of illness, or some festival then we have to send more".

Intentions of returning

During the in-depth interviews it was enquired to know the intentions of migrants about returning to their native place. Majority of them reported that they have no intentions of returning to their native place despite the difficulties they face in Mumbai, because they have no job opportunities, opportunities for business at their native place, more over there are no proper education facility for their children.

"... have no intention of going back to my native place. Even if I go back, I will not be able to get good job because and also in the village there is not much opportunity for business".

Some reported having intention of returning to native place, if they can get a good job that can support and sustain their family.

"...If I can get a good job there, I would definitely like to return back".

Problems faced by migrants

There is no doubt that migration effects society at origin, destination and migrant themselves. We tried to find what are the problems experienced by migrants at the place of destination.

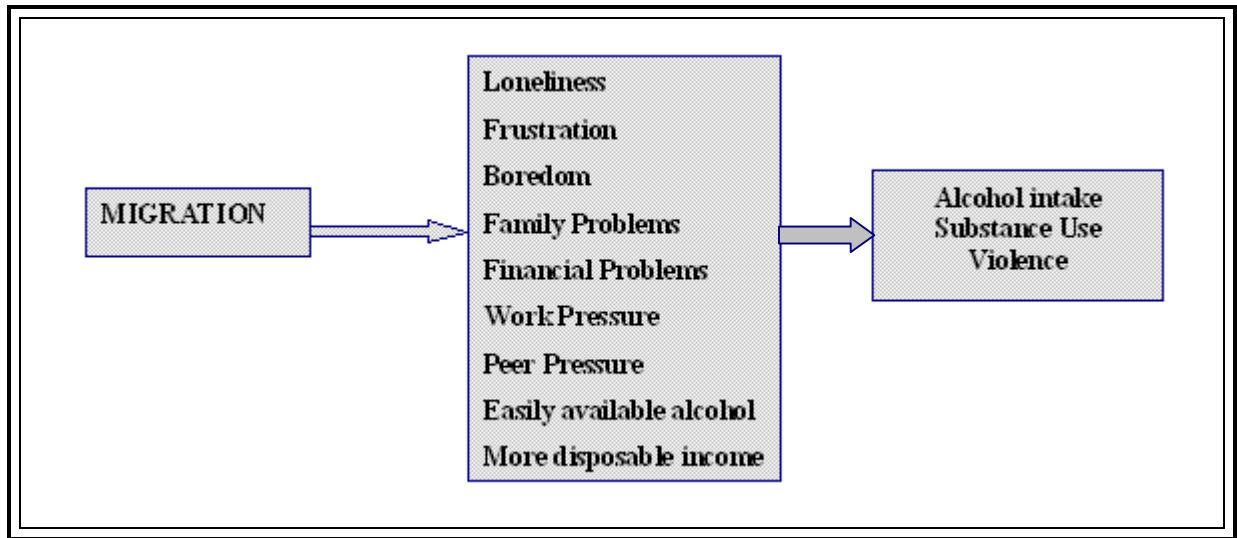
It emerges from the study that the migrants experienced problems related to employment, accommodation, and adjustment because once they find some job they could not depend on their relatives for long, moreover the house was too small to accommodate many people. Most of the migrants migrating from rural to urban areas, face language problem and cultural shocks due to cultural differences, Adjusting in an

entirely new environment in new culture was a problem, along with poor housing, unhealthy surroundings and poor sanitation, lack of basic amenities as reported by the migrants. Apart from these migrants also face financial problems.

In the initial period the migrants face problems related to employment and long duration of wait for a suitable job, which make them very frustrated. Though they have relatives and family members in the same place of destination, they face problem of shelter and accommodation, for which they had to rent a room on their own or share the rented room with co-workers or with single fellow villagers. The long duration of waiting for a suitable job, and loneliness, staying away from home lead them into drinking, smoking ganja etc. The feeling of boredom at the place of destination with less people to interact, easy availability of alcohol and absence of someone to keep check on them, often encourages them to engage in risk behavior like drinking. Work pressure also leads them to take alcohol in order to overcome fatigue, which in turn becomes their habit. Peer pressure also encourages them to get involved in risk behaviors and getting habituated later.

After coming to Mumbai because of loneliness and to get rid of the frustration of not getting a good work, I started drinking regularly and also tried Ganja. Whatever I would earn I used to spend on my alcohol. In the beginning there was no one to share my problems. So the consumption of alcohol was at its peak during that time. I do very hard work, without taking alcohol I cannot get good sleep".

With less moral checks on the migrants at the place of destination and easy accessibility to various recreational outlets migrants in their leisure time with peers visit bars, watch blue films, visit commercial sex workers etc. Some of the single married migrants, who were used to family life at place of origin, staying away from family and home for long, seek the CSWs or seek relationship with other women to meet their sexual need. Some female migrants complained of mental stress due to husband's drinking habit and also reported incidences of domestic violence, because of their husband's drinking habit and other bad habits.



Networks

Social networking has an immense importance as far as the knowledge, attitude or behavior of migrants is concerned. Migrants are influenced by specific events, circumstances, needs etc. for which they expect and look for supportive interactions or network. In due course, the life style and behavioral traits of migrants are largely governed by the dynamics of social networking and the behavior of the network/group engaging in unhealthy or risky behaviors. Keeping in view these aspects of networking, we have tried to look at the networking process of the migrants both at the place of origin and at the place of destination.

Male networks

At place of origin the male networks involved the peer groups, co-worker and senior boys who provide them information, serve as role models and companionship. From the elderly community members, they learn about the customs, values, and traditions.

They learn to share family responsibilities with their family members and relatives. And with girlfriends they engage in amorous ventures from where they learn or experience sexual acts.

"In my village I used to go out with my friends for collecting fire woods. In the way my friends used to tell me about the various sexual activities. We used to discuss a lot about the sex. From those discussions I came to know about the sex in my village".

"...in my native place I used to watch the elderly people making jhelum with clay baking it and using it for smoking ganja. Watching them smoke ganja and also baking jhelum, one day, I tried baking my own jhelum for myself. After making and baking a jhelum, I tried imitating smoking ganja with real ganja".

At the place of destination relatives and fellow villagers who have already migrated before them continues to render help and support. Co-workers from the same work place also give them company, with whom they share their joys and sorrows.

"... I faced some problems to settle down. My uncle was kind enough to give a portion of his plot so that I can build my own house".

"Currently I am living with four persons who also work with me in the market as laborers. Daily morning we go together to the market and wait there in search of some work".

Neighbours, community organization and political organization do help them in the time of their need. If the migrants seek any help (eg. Getting ration card) they go to the NGOs or community organizations working in the community. Sometimes they also go to the political leaders to settle disputes or seek help from them.

Female networks

At the place of origin, the female network includes friends, relatives and family members with whom they discuss and share their problems and issues of relationships, health problem, family problems etc.

"In my native place I had a group of five friends and we all used to go to watch movies and after that we used to talk about the movie, hero, heroine. I use to watch almost every new movie".

At the place of destination, the female networks include their neighbors, co-workers, relatives etc with whom they talk after their daily household responsibilities.

"After finishing my household work I simply chat with my neighbors. I also participate in various festivals such as Diwali, Holi, etc".

Compared to male migrants, the female migrants who mostly follow their husbands, their networks are small. Female migrants are mostly confined to their homes (especially those from Uttar Pradesh and Bihar), who do not work outside home but does the household work. Some female migrants from Maharashtra, Karnataka, Andhra Pradesh, etc. engage themselves in small unorganized sectors to contribute to the family income, they learn about the facilities available or collect information through their co-workers or through their interaction with their employers.

Alcohol and health risk

The use and availability of alcohol is quite ubiquitous in both the study areas. This section focuses mainly on the *type, pattern, problem and consequence* associated with alcohol use in the four communities of PMGP Nagar, Sathenagar, Indiranagar and Turbhe store. The main

aspects covered during the survey were individual's behaviour regarding the use of different types of alcohol and their composition, cost of alcohol, those who drink and with whom, patterns of drinking, location of drinking, initiation to drinking, reasons for drinking, problems associated with drinking, quitting drinking and getting help.

Alcohol opportunities available in the study areas

There are no bars in Sathenagar, but there are many unauthorized outlets and ladies run some of them. These outlets provide country liquor at very low price; it is usually called 'hathbhatti'. There are few bars in PMGP, and one 'Tarmari' Kendra. The most common drink is 'hathbhatti'. There at least 18 'hatbhatti' outlets in Sathenagar and equal number is in PMGP and they have a good income generation by selling it. There are two bars and one 'Tarmari' Kendra in Turbhe Store and no bars are in Indira Nagar. More than 15 'hathbhattis' are there in Turbhe Store alone and more than 10 in Indira Nagar. But there is no wine shop inside the community. Earlier there was a country liquor bar in Turbhe but it is closed for last few years.

Country liquor in some of the cases is sold by women at "Aunty ka Addas" (house based outlets). It was reported that people drink foreign liquor brands at 'Ladies Ba' where women serve liquor and wear provocative revealing dresses to allure customers. Some time people also go to the food joints or at home or friend's house for drinking. In majority of the cases people drink in company of friends, co- workers, with uncle or brother and with distant relatives when they visit their house.

Types of alcohol

Almost every type of liquor is easily available within or in immediate surroundings of both the communities. Foreign liquors are mainly available in wine shop and beer bars. PMGP nagar and Turbhe have easy access to these shops and bars. Some of the most popular type of liquors reported to be available were Whisky (Bagpiper, Officers Choice), Rum, and Hayward Beer. While Country Liquor, which is consumed most in both the communities, had some peculiar brand names such as, Gutter Chaap /Hathbhatti and Desi Daru (Narangi, Santara, GM, OC) and also Tari (*made of extract from*

Date tree). The composition of Hathbhatti daru is highly variable. It is made up of gur (jaggery), orange peels and Biba fruit. Additives/adulterants are added which include tobacco, chilli powder, nausadar (type of chemical). Dirty water and chemicals are often used to prepare hathbhatti and no standard composition and measurement of ingredients are followed for the preparation of Hathbhattiti. It is sold illegally in several outlets. There are few licensed desi daaru outlets, which also provide hathbhatti illegally.

Cost of alcohol

Since the cost of Hathbhatti and desi daaru is low so they are consumed mostly in both the communities. The cost of whisky varies from Rs.50 to 100 for a quarter (180 ml) . For country liquor the cost is around Rs.10 for 250-500 ml bottle and it is also available for Rs.4-7/- for a glass. Desi Daru i.e. Narangi, Santara, GM or OC is available at Rs.18 for a quarter.

"I sell it for 10/- rupees a bottle which is usually 250ml and 5/- rupees a glass. My daaru is cheapest in the community and costumers trust me. I know there are addas which mix tobacco water and chilli powder in daaru but they are not good for health, and after consuming people usually suffer from headache and vomiting. They do charge more due to high kick but water content in these daaru are more.

The consumers

Consumption of different type of liquor also varies with the level of income. Mainly contractors, economically better off and young people consume foreign liquor. Industrial workers, Daily wage labourers, workers at construction sites & quarrying fields, mathadi workers and drivers, consume country liquor.

Pattern of drinking

People from almost every age group in both the communities consume alcohol and most of them take it on a regular basis. However, festive occasions like (Holi, Ganpati) and occasional get-together with friends, and parties often lead to increased consumption of alcohol. Most of the time they consume it just after dinner and in some cases they also consume while going for sex.

Reasons for drinking

Easy accessibility to the alcohol outlets and having disposable income in hand are the prime reasons for alcohol consumption. However reasons for drinking, in the present study were stated as loneliness & boredom and missing family living at native place.

In many cases it was revealed that mental stress, family tension, deception, failed relations and childlessness, are cited as the reasons for consuming alcohol. Migrants also reported to take alcohol in order to reduce frustration owing to unemployment, motivation for work, for longevity and better health, to overcome tiredness, to seek pleasure, due to peer pressure and for sexual pleasure etc. During the qualitative phase, it was found that alcohol is used as stimulant before sexual intercourse.

"Definitely! Drinking alcohol before sex enhances ones sexual power and prolong one's sexual performance with its use. When I was staying with the Gharwali (brothel keeper) in Tekri (Red light area), since both of us were into drinking, we use to drink before sex and we really enjoyed it."

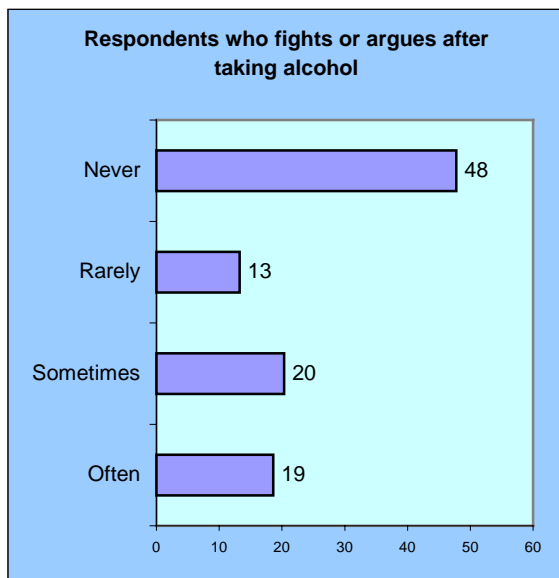
Some of the respondent said that they take alcohol because they work hard and alcohol helps them to get rid of tiredness and makes them feel fresh. While most of the people who have migrated to Mumbai said that they are away from family controls and can make their own decisions and sometimes when they feel lonely taking alcohol helps them in overcoming grief. Some face family problems related to migration and due to this they began drinking. Alcohol is easily available in the community and people have disposable income and alcohol is cheap also.

"I started drinking 12 years back after coming to Sathe Nagar at the age of 32. In the beginning of our business of garlic, after coming I used to have pain in my legs. My mamaji and uncle's son used to drink. One day they told me that I can come with them to get one dava (medicine) to get rid of my pain and I went with them. That day I came late in the night and I was fully drunk and I vomited also."

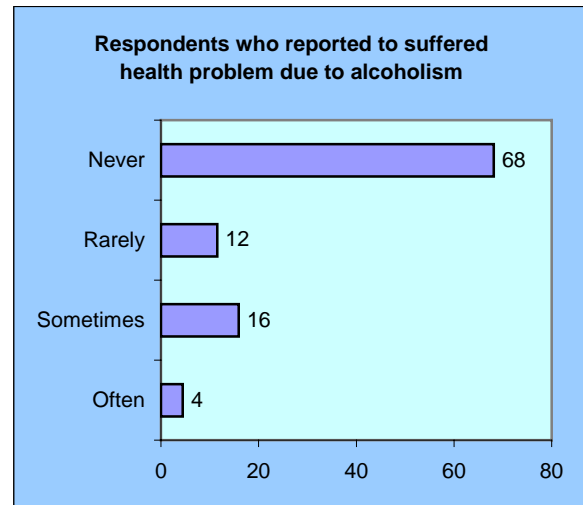
There are few gambling *addas* in both the communities in which playing cards is one of the major forms of gambling. Though police frequently raids these areas but it is of no use as policemen are bribed and some fixed amount is paid every week to them.

Consequences of alcohol consumption

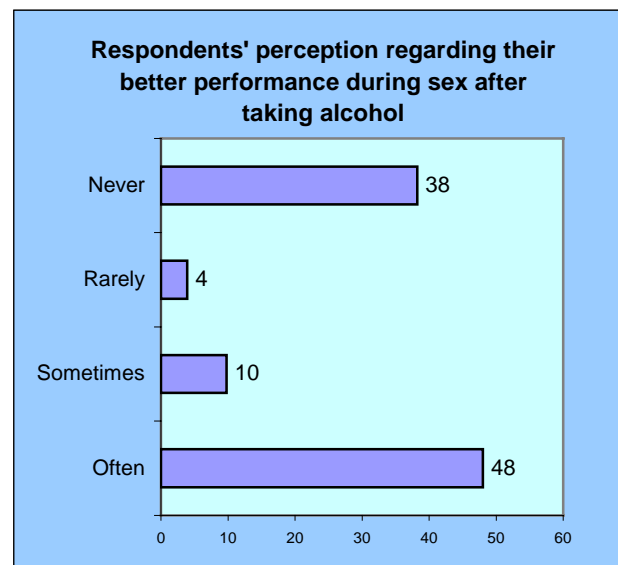
Problems associated with alcohol use were physical symptomatic signs like numbness, vomiting, blood coming in vomit, weak muscular co-ordination, unconsciousness, poor cognition, liver disorders etc. Beating or harming wife and children, reduced involvement family affairs, financial loss, objectionable behaviour, fighting and arguing outside and getting arrested for misbehavior are the other reported consequences of alcohol consumption.



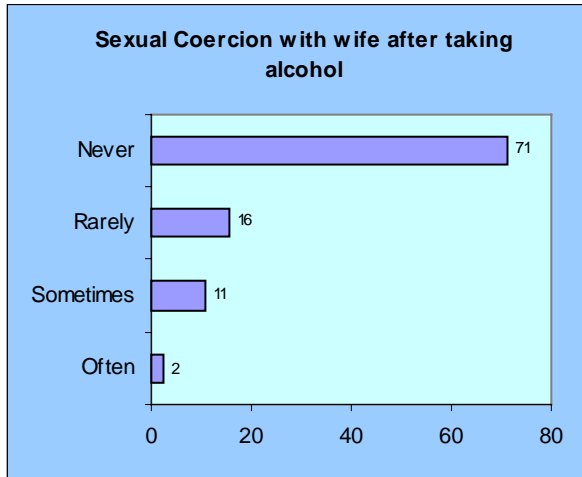
Substantial proportion of the people in both the community reported to have suffered some sort of health problem due to alcoholism. Local health providers in these communities also revealed the same and said that people here drink 'Hatbhatti' which is not at all good for health and is prepared by mixing various chemicals that are harmful for health, they said that every day they receive 3-5 such cases.



However, during the survey, 68 percent of the respondent who were in habit of taking alcohol reported that they do not have any health problem. Though regular consumption of hathbhatti and country made liquor resulted in various general and reproductive health problems as reported by 10 percent of the respondents who said that due to alcoholism they had diminished sexual urge and lack of erection. On the contrary there were substantial proportion of the respondents (58 percent) who said that after consuming alcohol they performed better during sexual intercourse.



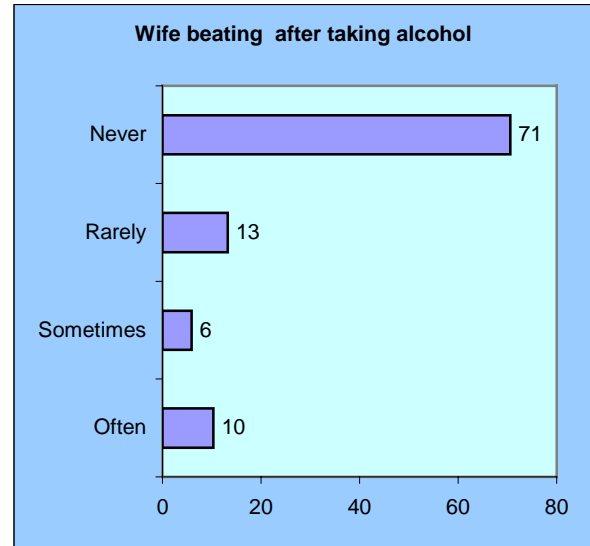
In majority of the cases, people tend to lose their thought process after drinking heavily, as a result they create nuisance in the community which often land them into police custody. Easy accessibility of sexual recreation in both the communities often lead these drunkards to indulge into sex with CSWs or with other women. They feel that under the influence of alcohol they do so. In some cases husbands forced their wife to take alcohol and afterwards had sex with them coercively.



It was reported that respondents had coerced sex with their wife while they were drunk and at least 29 percent of them had done this at some point of time. Females complained that their husbands do not take much interest in household responsibilities and they had to work extra hours to fulfill family expenses.

About 29 percent of the respondents during the survey reported that they had beaten their wife while they were drunk. Reasons reported for the violent behaviour were that their wives often use to oppose and scold them for consuming alcohol and this flared their rage. During the qualitative phase also health providers reported that they receive cases of domestic violence almost every day. One female reported;

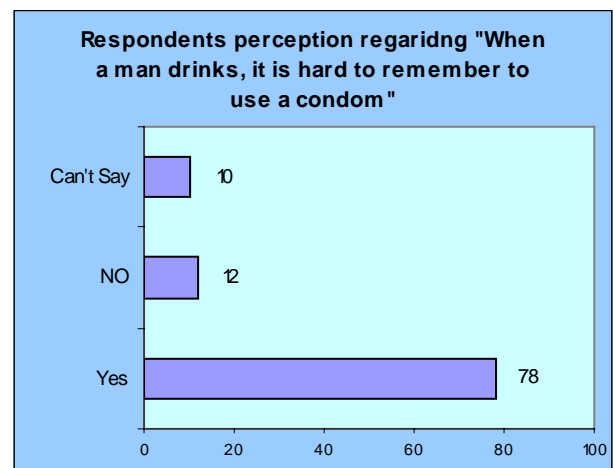
"Before marriage my husband used to drink occasionally. Nowadays he is drinking regularly. This change is due to the fact that we are not having any child. After taking alcohol he shouts at me and at times quarrels without any reason. Since we stay in one room his behaviour disturbs other members too".



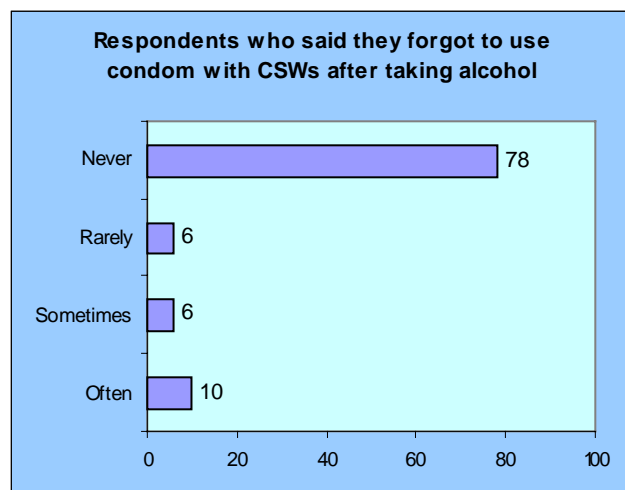
It was reported that when men are drunk they cannot distinguish what is wrong and what is right and thus end up behaving violently and create acrimonious environment, which they wouldn't like to do otherwise. Of similar instance one of the respondent said;

"When I drink too much beyond control, I end up doing things, which I would not do otherwise. Like if I see some one urinating by the roadside, I yell and shout at him, which sometimes leads to arguments and fights."

A significant proportion of respondents (78 percent) during the study said that it is difficult to remember wearing a condom during sexual intercourse if a person is drunk.



Some respondent said that they forget using condom in inebriated state. Around 22 percent of the respondents agreed that they forgot to use condom while having sex with CSWs as shown in the figure below;



However, there are few respondents who are not alcoholics and those who are consuming at present, some of them were planning to quit this habit due to some or the other reason. Reasons for not drinking were stated as foul smell, guilt and feeling uncomfortable and also disapproval of girlfriend and spouse.

Early experience and current alcohol use

Respondents of the present study were asked about their childhood experience of alcohol abuse and current use. Among them 45% of youth reported drinking alcohol as a teenager. A total of 68% say a real man consumes alcohol as he wishes. It was found that there is a significant association between drinking alcohol as a teenager and drinking as an adult. Also duration of stay in Mumbai (2 years or more) appears to be strongly associated with drinking (trend only). There is no association between religion, marital status and drinking alcohol.

Sex, STIs and HIV/AIDS

Sexual opportunities

There are four video halls in PMGP Nagar while there is not even a video parlour in Sathenagar, but people

come to PMGP to watch movies in video halls. These video halls often show pornographic movies and people have to pay a very small amount of money due to which it is quite popular among them. There is no demarcated area for sexual indulgences either in Sathenagar or in PMGP Nagar. People generally go to lodges, lonely places, abandoned houses, red light area in Turbhe and other places near Cheetah Camp for sexual gratification.

In Turbhe Store, there is one video hall within the community, whereas there is no video hall in Indira Nagar, but people said they visit Turbhe Naka, which has quite a few video halls. These halls often show pornographic movies charging ten rupees or even less than that amount. The biggest place for sexual indulgence and gratification is *Tekri* (red light area) in Turbhe. This red light area is quite popular not only for the adjoining areas but also for far off places as a matter of fact it draws clients from near and distant places. Many truckers from APMC market frequently visit this place.

Knowledge

The role of family in inculcating the basic knowledge about sex and HIV is minimal and it has been found that the respondents barely or never discussed these things with their parents or relatives. Most of the respondent seems to have acquired knowledge about sex and HIV from their social networks at their native place before coming to Mumbai. One of the respondents revealed that;

"When I was 14 or 15 years old, I learned about sex from some senior boys. They used to make some gestures by their hands... they explained me in detail and that was the first time somebody taught me about masturbation..."

Other sources of information reported were friends and co-workers in Mumbai. Most of their friends and co-workers were of same age and hence they had frequent discussions regarding sex and girls. Being of same age group they had no inhibitions in frequent outings to watch cinema and quite a few times they used to visit video parlours, for watching blue films. Some of the respondent also said that reading pornographic

magazines, watching blue film and photographs revealing sexual act as their main source of information regarding sex, they also said that these things stimulated their sexual desire and some of our respondent said that it acts as stimulus for sexual initiation. One of the respondents said;

“After watching movie, I had my food and wanted to sleep. The various acts shown in the movie kept coming to my mind. Then the idea of experimenting the things shown in the movie came to my mind. I was in doubt whether to have sex or not. Ultimately I could not resist the temptations of having sex”.

The housing pattern i.e. design, construction and layout in both the communities are such that there is no privacy for couples and if the houses are kuchha then there is ample opportunity for others to peep into another’s house. Some of the respondent revealed that it is very easy to watch people having sexual intercourse, one of our respondents who had similar experience recalls;

“I have watched people kissing and fondling each other in the Chikuwadi area at BARC where there are many trees. I have also seen couples having intercourse more than 4- 5 times as people in BARC used to live in huts made of tin walls or plastic sheets which had holes in it”.

Another source of information reported was the NGOs and CBOs. One of the respondents revealed about his experience as follows

“The PSI in the community organizes programme on HIV/AIDS awareness and also about sex. My friends also used to talk about HIV/AIDS and how it is infected. Earlier I never use to believe to what the PSI workers used to say, that...by having multiple partners one can be infected with HIV/AIDS, or if we do not use condom we can contract HIV/AIDS and that if we have unprotected sex with women in the red light area, we will get HIV/AIDS. But I started believing only after one of my friend's fell ill due to HIV.”

Individual sexual behaviour

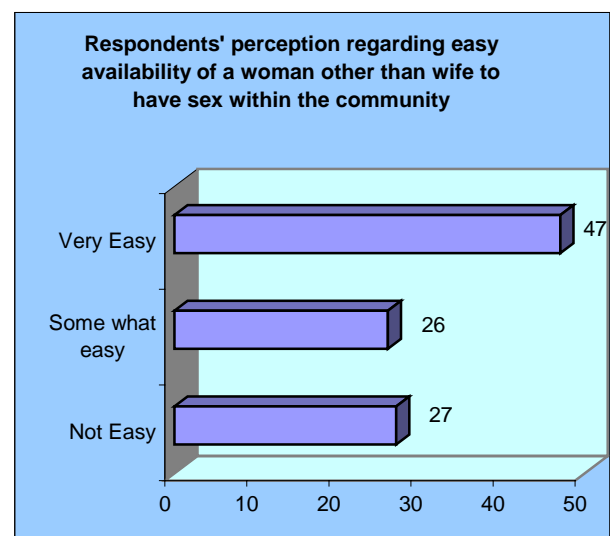
Findings of the presents study suggest that there are variations in sexual behaviour of the respondents. Some of the respondent said that they had their first sexual

experience at the very young age and their first sexual intercourse was with the women of older age;

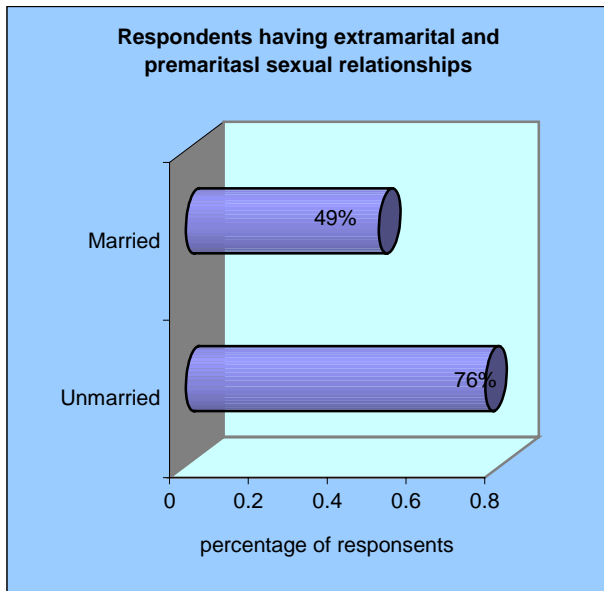
“I experienced sex for the first time when I was only 12 years old and did not know anything about sex. I had sex with a woman who was married and much elder to me”.

While some of our respondents said that many a times they had experienced coerced sex i.e. women forced them to have sex. It was reported that unprotected sex i.e. sex without condom is quite common in both the communities, though they know it can lead to acquiring HIV/AIDS.

Economic status of an individual also influences sexual behaviour as found in both the communities. Sexual opportunities are easily accessible in Turbhe in comparison to Mankurd. People who can afford to spend more money they even go to bars, hotels for having sex and it is quite common. In Mankurd, sexual acts takes place in the open places, bushes are considered as quick get away for sex, apart from construction sites. In Turbhe there is a well-demarcated area ‘tekri’ for having sex and it is quite popular. In ‘tekri’ there are at least 600-800 CSWs, which offer ample sex opportunities for residents of various communities of Navi Mumbai and Mumbai. However, in both the communities 73 percent of the survey respondents agreed that it is easy to find a woman within the community to have sex rather than to go outside.



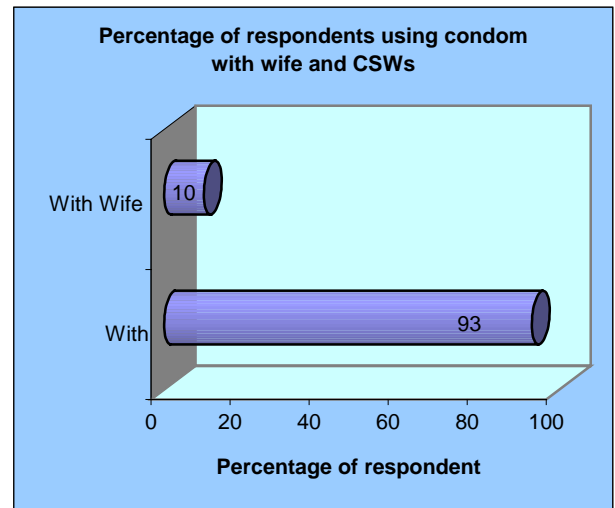
Both the communities are situated close to highways and truckers have easy access to both the communities. They use their trucks for sexual acts. They pick girls from Sathenagar and PMGP Nagar. While in Turbhe, due to close proximity of APMC market thousands of truckers come every day to that area and have sex with CSWs in tekri. All these activities put both truckers and CSWs at higher risk for acquiring HIV and AIDS.



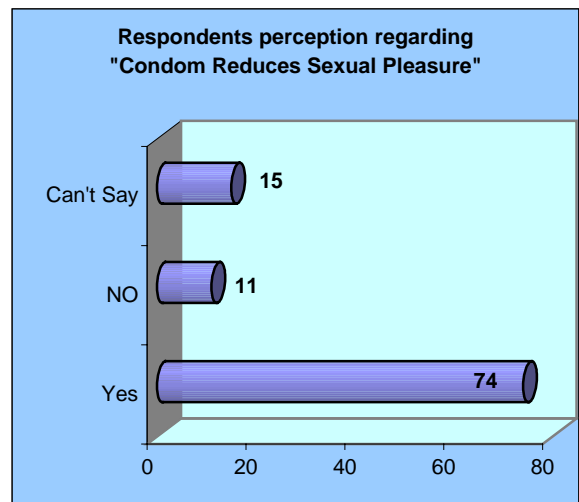
Extramarital and pre-marital sexual union is quite common in both the communities and even boys at very young age reported to have sex with more than one girl within their community. The graph below reveals that a vast proportion of the people in the community had extramarital relationship (44 percent).

Misconceptions and condom use

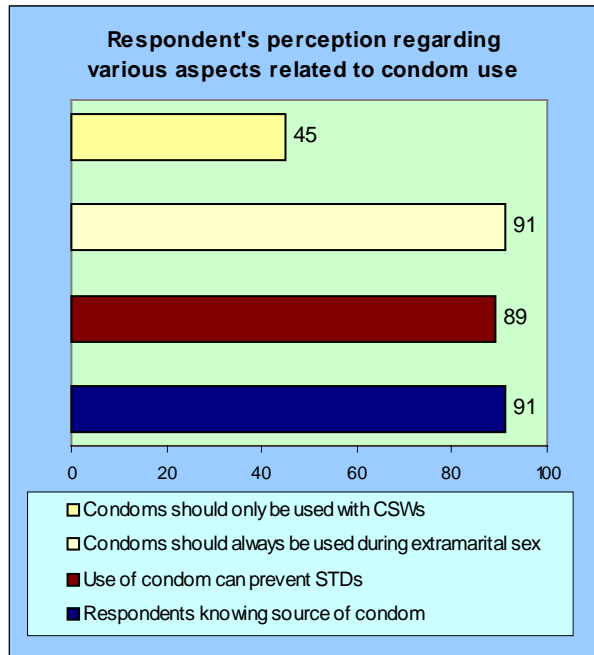
Respondents reported irregular and selective use of condoms. The participants in the survey reported using condoms when having sexual intercourse with commercial sex workers (93 percent), but they are irregular in using it with any woman other than commercial sex workers. On the other hand they do not find it necessary to use condoms with their wives even if they visit commercial sex workers and only 10 percent of them said to have used condom during sex with their wives.



It was also observed in the study communities that many a times commercial sex workers convince their clients to use condoms during sex. A large proportion of the respondents (74 percent) reported that condom reduces sexual pleasure.



Respondents have a high level of awareness regarding the availability of condoms, use of condoms in extra marital affairs, while having sex with a commercial sex worker, and the role of condoms in preventing STDs. Ninety-one percent of the respondents reported to know about the sources where condoms are available.



Nonetheless, there are also a plenty of misconceptions regarding condom use in both the communities. Many of the respondents feel that condoms are mainly used while having sex with a commercial sex worker (45 percent) or while having sex outside the marriage (91 percent). Around one-third of the respondents feel that there is no need of using condom while having sex with a man. Sometimes, people also relate condom use with reduced masculinity.

There is wide range of misconceptions among the respondents about the use of condom and there is a feeling among few of them that a true man never uses condoms. As evident from the figure above that nearly 45 percent of the survey respondents feel that condom should only be used with CSWs but on the other hand contradiction is seen in the response where 91 percent of them say that condom should always be used during extramarital sex.

"Most of the times when I go for sex I do not use condoms. Only a few of the times I used condoms. Using condom reduces sexual pleasure. That is why some times I enjoy sex without condoms. People should enjoy sex to the full extent."

However, a majority of the respondents (89 percent) agrees to the fact that condom use can prevent from getting infected from Sexually transmitted diseases. Also a significant proportion of the respondents put forwarded their view that one should always use condom during extra marital sex.

Misconceptions regarding STDs and HIV/AIDS

There are widespread misconceptions regarding the STDs and HIV/AIDS in both the communities. In the communities under study, commercial sex workers are perceived as a potential threat for STDs and HIV/AIDS. It is believed in these communities that if one goes to any other woman except the commercial sex workers he will not acquire HIV/AIDS. Some of the respondents feel that having sex with a younger girl reduces the chances of contracting STDs or HIV.

During the study, some of the respondents were found to have the misconception that HIV/AIDS is curable. One of the respondents told the interviewer about some herbs which can be used as medicines for the treatment of HIV/AIDS. He tried the same medicine with his brother who was suffering from AIDS. He believed that the condition of his brother was improving because of herbal medicine. His brother died once he stopped herbal medication.

Although, there is a notion that CSWs are the reservoir of STDs and HIV, around 30 percent of the respondents felt that reducing the frequency of having sex with commercial sex workers cannot protect a person from acquiring sexually transmitted disease. A majority of the respondents reported that having sex during menstruation can result into STDs. So, there are different types of misconceptions prevailing in the community, which puts a person at a higher risk of getting STDs and HIV/AIDS.

Further, it was also reported during the survey that for some of the STD cases, the diagnosis, treatment and management of STDs is not adequate. This may also lead to misconceptions regarding STDs and HIV/AIDS.

"He went to one of the doctors in the Sathenagar; he (the doctor) gave some medicine, but then that also he did not get relief. He had small 'fora/funsi' (like pimples)

in his penis, pus discharge and burning urination and also his penis became red. The doctor advised him to massage mustard oil boiled with earthworms in it; he told him to massage it for 3-4 times a day on the penis, and beside this he also gave some unani medicines."

Summary and conclusions

Migrants living in slums, which are the centres of variety of illegal activities, are more prone to indulge in risky behaviour than those living in formal housing with better social and living environment. It is mainly due to peer pressure, social network, easy availability of country liquor, presence of local breweries and video parlours, lack of healthy means of entertainment, easy availability of CSWs, and needy and poor women who offer sex in exchange of cash or kind and availability of other outlets for satisfying sexual needs. These social and environmental factors coupled with availability of some disposable income make the migrants more prone to indulge in risky behaviour.

It is apparent from the present study that alcohol drinking is quite common in both the study communities. Alcohol is an important part of migrant's life and for economy of the community; irrespective of men, women, adolescents, all members consume alcohol. Country liquor is very easily available within the community area, which is also cheaper. Foreign liquor is consumed by economically better off people and others who can afford to buy them. Foreign liquor is more popular among the young. Respondents have stated many reasons for consuming alcohol and even those who do not drink have a positive attitude towards alcohol use although they are aware about its harmful effects. Alcohol is also used as sexual stimulant and thus consumed before sexual intercourse. Nevertheless, some respondents who are regular drunkards expressed their desire to reduce consumption of alcohol.

The present study suggests that co-workers, blue films, pornographic magazines, friends, peer-groups etc. are the major sources of information about sex related matters. However, there are plenty of misconceptions about, sex, condom use, STD's and HIV among the migrants of the study community.

Therefore, any programmatic response for controlling the prevailing risk behaviour should make concerted efforts to target such networks through suitably developed network based intervention. There is also a need to target the migrants who are mainly poor illiterate or semi literate to dispel many misconceptions about role of alcohol and drugs in enhancing sexual performance and use of condoms through targeted IEC activities. To ensure reduced risk and enhance healthy sexual behaviour among the migrants living in slum areas the following aspects are to be given due importance.

- Sensitization of people to the dangers of interfacing alcohol and sex.
- Removal of stigma and discrimination to involved in deviant behaviour.
- Increasing awareness and knowledge.
- Counseling to reduce substance abuse.
- Promote safe sex (condom promotion)
- Strengthening IEC components through peer education and media.
- Strengthening the CBOs working particularly for targeted groups.
- Programmes should be targeted to single male migrants and migrants with families differently.

In addition, efforts should also be increased to provide social services targeted to the needs of the migrants. Employers should be actively involved in improving the quality of life of their employees and improving the working conditions, by providing better entertainment facilities, some health facilities and overall clean and healthy working environment. In addition to the role of the employer, participation is needed of the private and public sectors (including health authorities) and trade unions. Their involvement should be in assessing, and subsequently improving, the living and working conditions that make migrants more vulnerable to HIV and STD infections.