

Socio-cultural Determinants of Human Immune Virus among the Bridge Population: a case of unorganized Zari workers in Slums in Mumbai, Maharashtra

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Abstract

Baiganwadi and Shivaji Nagar is a hub of the textile industry where in manually the clothes are embroidered and exported in different places like to the Middle East. The workers involved in this work are mostly migrants from other states of India like Bihar and Uttar Pradesh. These workers are typically young men, staying together in groups of 10-15 in sweatshops, a small room of around 10 into 12 feet, which is their workplace as well as home. They indulge into high-risk of sexual behavior and are prone to getting Human Immune Virus infection. If we want to understand the health concern of Zari workers, we should understand socio-cultural determinants of Human Immune Virus among the Zari workers.

This paper is based on the fieldwork conducted by this paper writer in the Sivaji Nagar and Baiganwadi, slums, in Mumbai. The primary data was gathered by using quantitative and qualitative methods, survey was conducted, and individual interviews were conducted with key informants in order to know the knowledge related to Human Immune Virus, nonparticipant observation was also undertaken. The secondary data was gathered through books, reports, and websites.

KEYWORDS: Human Immune Virus, Unorganized Zari workers, Social Determinants, Slums in Mumbai

Introduction:

There are many problems amongst unorganized labourers such as poverty, lack of financial support, low pay etc.,but the first and the foremost problem is pertaining to their health and that is Human Immune Virus infection. The Zari textile workers in Mumbai slums, are migrant and unorganized workers, it has been found that there is significant proportion of Human Immune Virus infection among them.

This paper is based on the fieldwork conducted by this paper writer in the slums of Sivaji Nagar and Baiganwadi, in Mumbai. First of all it was very difficult to find out the actual data on the mobile population which always keep on changing. It was observed that Zari Workers and their place often used to get change so in this circumstances it was decided to select convenience sampling. The total 50 respondents were interviewed. The primary data was gathered by using quantitative and qualitative methods, survey was conducted, and individual interviews were conducted with key informants in order to know the knowledge related to HIV, nonparticipant observation was also undertaken. The secondary data was gathered through books, reports, and websites.

Unorganized Workers

According to Central Board for Workers Education, the unorganized sector, consists of the rural labour and a considerable part of urban labour. It also, includes activities carried out by small and family enterprises, partly or only with family labour. In this sector wage-paid labour is largely unorganized due to casual and seasonal nature of employment and scattered location of enterprises. This sector is characterized by low incomes, unstable and irregular employment, and lack of protection either from legislation or trade unions (Central Board for Workers Education). According to the Arjun Sengupta Committee's report, there are over 340 million (approximately 34 to 37 crore) workers in the unorganized sector in India, and that they contribute around 60 per cent to the national economic output of the whole country. It has also observed that In terms of overall employment that over 92 per cent of the country's working population is engaged in the unorganized sector. Yet, in spite of their huge numbers, and their significant contribution to the national economy, they are amongst the poorest sections of our population¹. Zari workers are unorganized, migrates from different states to Mumbai and works in slums like Shivaji Nagar and Baiganwadi.

HIV/AIDS and Bridge Population

Before going to understand the HIV among the Zari workers it is necessary to know about the HIV as an illness. According to medical sociology there are three types of illness 1) short term 2) long term and 3) mental illness. HIV is a long term illness and there is no 100 per cent treatment but patient can abstain from diseases with the help of antiretroviral treatment (ART) and proper precautions like daily exercise and maintaining good health habits. HIV also has stigma in the society whereas we can see many incidence in the society that if any person gets HIV infection then he or she is been boycotted by the community (Tukett David 1976). HIV/AIDS is a pandemic, so that to prevent with various kind of measures is the significant aspect of the every public health system while providing preventing and curative health facilities and service.

In India, in 1987, the work started on the HIV issue, where at the national level AIDS control Programme (NACP) was initiated, with help from the World Bank, to coordinate the national response to HIV/AIDS. The HIV scenario in India during 2007 shows that there were 23.1 lakh HIV infected people². However there is a huge investment by the donor agencies at the national and international level, during 2005 to 2006 to 2008 fund total for India was -181826.97 lakh allocated by National Aids control program. Now the third phase is going on where bridge population has been targeted under its programme. According to National Aids Control Organization, Bridge populations comprise people, who, through close proximity to high risk groups are at the risk of contracting HIV. Quite regularly they are clients or partners of male and female sex workers. Truck drivers and migrant labours are major bridge populations. According to United Nations Development Programme, National AIDS Control Organization and Population Council's recent report, there are 73 per cent

¹<http://infochangeindia.org/agenda/women-a-work/understanding-the-unorganised-sector.html>

²www.indiastat.com

male migrant living with HIV, in Thane. In fact, 75 per cent women testing positive in India, their husbands are migrant labourers(2011). However, it is apparent that the bridge population is at risk of getting HIV infection. Zari workers in Mumbai, in particular in slums area like Shivaji Nagar and Baiganwadi, are at risk of getting HIV infection.

Zari workers and HIV

Researcher had conducted fieldwork with the help one NGO which works on Health in slums in Mumbai. *The Arogya Foundation* (pseudonym) works in the Shivaji Nagar slum area in Mumbai. Pertaining to slum it was observed that due to paucity of land, people stays besides the huge dumping ground, in this slum area where most of the katcha houses are illegally built up, however developmental work has yet not taken place. Roads are unconstructed and the drinking water facilities are poor, It was observed that the pipes are openly visible some where the drain is blocked and dirty water tries to get into the pipes. Most of the people are engaged in different kindsof work they are like as Zari work, hotel, rag picking, recycling etc. In this area the prevalence of respiratoryand other communicable diseases like HIV is much higher. According to Integrated Counselling and Testing Centre,based at Shivaji Nagar, every month there is an average rate of new HIV infection is 8 in Shivaji Nagar alone, in Mumbai (2010).

Baiganwadi and Shivaji Nagar is a hub of the textile industry where in manually the clothes are embroidered and exported in different places like to the Middle East. The workers involved in this work are mostly migrants from other states of India like Bihar and Uttar Pradesh. These workers are typically young men, staying together in groups of 10 to 15 in sweatshops, a small room of around 10 into 12 feet, which is their workplace as well as home. They indulge into high-risk of sexual behavior and are prone to getting HIV infection. If we want to understand the health concern of Zari workers, we should understand socio-cultural determinants of HIV among the Zari workers.

Socio-cultural determinants of HIV among Zari workers:

There are socio-cultural determinants behind the problem of HIV amongst Zari Workers, which needs to be figured out. The health of an individual, family, community and society is determined by many factors in fact they play major role in our life. These determinants predispose, precipitate and perpetuate the problem of HIV among the Zari workers. Following are some socio-cultural determinants, would give us an overall view on HIV among Zari workers.

Age:First of all the age is one of the micro leveldeterminant which plays a major role in the spread of illness. HIV/AIDS in the Worse, an alarming proportion of young people have been infected by this illness. WHO estimated that at least half of all HIV infections to date worldwide, have taken place among youths between the ages of15 to 24 years. According to Pillai (2012) AIDS is the foremost problem of youth and nearly 50 per cent of them getting in to new HIV infection at their age between 15-24 years. In a study conducted by Vasta it was observed that the Indian teens are facing problems because of disparities between traditional norms and western patterns of expression. As lifestyle is changing, there are greater chances for youths to

experiment and participate in unsafe sex which resulting in sexual transmitted disease at ages 16 to 19 (cited in Pillai 2012).It was observed that in the project on HIV of Arogya Foundation in Shivaji Nagar slum, there were many youths Zari worker infected by HIV their age was around 15 to 30. During this study it was found that total 48 respondents Zari workers were under age group of 18 to 30 who were asked about whether they use condom while sex. It was found that majority 77.08 per cent Zari workers said they do not use condom while sex, on the other hand only 22.92 per cent Zari workers said they use condom while sex (Source: Primary data 2010-11). Hence it is clear that if there is no use of condom while sex by youths under 18 to 30 it shows their vulnerability to get HIV infection.

In true sense, in today's fast changing environment, societal values and norms are breaking down, and young people, in their search for an identity, are experimenting with different lifestyles. According to well-known psychologist Erikson, human personality is influenced by society and develops through a series of crises, whereas when it comes to Zari workers the young Zari worker observes the adult Zari workers behaviour and follows the same behaviour it might be the reason for the HIV prevalence among the young Zari workers.

Lifestyle: when the changes happen in the individual lifestyle then it may cause for the emergence of some disease. During the old days our subsistence was merely based on primary sector like agriculture, hunting gathering etc., the individual demand for his needs were restricted up to his basic needs like food, shelter, cloths but now in the modern age where money plays significant role in determining your social status, consequently many of us move for more income. The same case with the Zari workers too, they have moved from their native places to Mumbai for seeking good jobs and money. As a result, they are adopting different ways of earnings, Zari work provide them the end means but the lifestyle involved in the Zari textile industry is horrible.

It was observed that, among Zari Workers, most of them have addiction of alcohol and Ganja and hence it was necessary to study the way of life of the respondents their habits like substance abuse of drugs. The respondents were identified of having addiction of Alcohol, Smoking Ganja. It was found that 64 per cent respondents accepted that they consume alcohol and smoke Ganja, on the other hand 36 per cent were not addicted for any drugs. The comparison was done between the addiction status and use of condom, it was found that 59.38 per cent Zari workers with the above addiction do not use condom in their daily life (Source: Primary data 2010-11).

However one thing is clear that Zari workers work for a longer period about 18 hours, a day, where they get so much tired and then as a result of it, they consume alcohol and smoke Ganja. After consuming alcohol and smoking of Ganja most of the youth go to the Video parlors, to watch movies, they watch movies like "Pornography". During field work it was observed that most of the Zari workers watch pornography and get involved with prostitutes, in the slum area. In this life style one factor is significant that Zari workers are far from their families. It is in this context one thing is clear that their physical needs are not getting satisfied, consequently most of them get indulged in extra marital sex and get HIV infection. With the above life style we can understand that how the life of Zari Workers becoming more vulnerable to have risky behaviour and as a result getting infection of HIV.

Social Interaction: This is also one determinant plays major role pertaining to the spread of the illness like HIV/AIDS. Social interaction is regulated by different social rules and norms based on which the individual interaction takes place in the community. Many suggest that “patterns of social interaction directly reflect participants’ psychological characteristics, internalised cultural values and social norms, or the influence of larger social entities and structures” (2005, 744). While this study, respondents Zari workers were asked about whether the use of condom in their religion permitted, it was found that 64 per cent means majority Zari workers said it is not permitted in their religion, at the same time only 36 per cent said they can use it and there is no restriction on it, in their religion. This phenomena shows that the religion also matter when it comes to use of condom and hence it is evident that if no use of condom means more vulnerable for getting HIV infection.

During fieldwork it was observed that, at a working place Zari workers have a group of working Zari workers. Being a member of the group, each member follows the group behaviour which consists of many things. It has been observed that many Zari workers in spite of their having married status, they went to prostitute to have sex, the reasons behind this was their peer group pressure. It shows that the Zari workers interaction with the groups affected their behaviour, As a result of which many of them got HIV infection.

Table: 1 Education of Zari Workers and Use of Condom

Education status	Use Condom in daily life		Do not use Condom in daily life		Total
	No. of Zari workers	%	No. of Zari workers	%	
Illiterate	5	21.74	18	78.26	23
Primary	3	20.00	12	80.00	15
Secondary	4	36.36	7	63.64	11
Higher Secondary	1	100	0	0	1
Total	13	26.00	37	74.00	50

(Source: Primary data 2010-11)

Education: Education is a way towards development. It was observed that the educational status of Zari workers was poor which is discussed in the table 1. The comparison was done between educational status and use of condom by Zari workers, it was found that majority 78 per cent Zari workers who are illiterate they do not use condom in their daily life. On the other hand Zari workers with primary education background, 80 per cent of them do not use condom in their daily life. Consequently we can draw a conclusion that it is educational backwardness of Zari workers which is responsible for their vulnerability to get infection of HIV in Shivaji Nagar and Baiganwadi, slums, in Mumbai.

Table: 2 Place of Origin of Zari workers and Use of Condom

Place of origin	Use Condom		Do not use Condom		Total
	No. of Zari workers	%	No. of Zari workers	%	
Uttar Pradesh	5	29.41	12	70.59	17
Bihar	6	19.35	25	80.65	31
Chennai	2	100	0	0	2
Total	13	26.00	37	74.00	50

Migration:the table 2. Discusses about the place of origin of Zari workers. It was found that Zari workers in slums of Shivaji Nagar and Baiganwadi, are migrated from the above three states they are Uttar Pradesh, Bihar and Chennai. The comparison was done between Zari workers place of origin and the use of condom by them in their daily life. It was found that 70.59 per cent Zari workers do not use condom, they come from Uttar Pradesh, on the other hand there were 80.65 per cent of Zari workers who do not use condom, and they come from Bihar. Very few Zari workers were from Chennai. The Zari workers who are not using condoms they are more prone to get HIV infection. According to National Sample Survey, migration is considered to be 'employment', 'education', 'marriage', and 'others'. NSS 64rth data on migration has reported that there is increase in trend in male migration for employment from 24.16 per cent in 1991, and 37.18 per cent in 2001 to 50.3 per cent in 2007-08 (NSS 2007-08).

The increasing migration also determine the employment of a person, those who opt for Zari work as employment are at high risk of getting HIV infection in slums in Mumbai.

Discussion:

The issue of HIV/ AIDS is major concern for any country in the world. Consequently there are many efforts undertaken to deal with this problem. Many national and international agencies are providing financial support for the cause and showing their significant contribution in the prevention of serious health concern of HIV/AIDS. In India, National AIDS Control Organisation works for the prevention of HIV in India and in this regard, it has employed various strategies. If we carefully analyze the plan document of the intervention designed by National AIDS Control Organisation, it gives us clear picture of the various target groups exist in India. However at the government level the existing structure which works for the HIV/AIDS prevention, it could not and cannot reach up to community completely, it requires the help of the civil society efforts. Without the collaboration effort the HIV prevention is difficult.

The problem of bridge population is prime concern for the system fighting against HIV/AIDS in this country. The modernization has led to various changes in the lives of many people in this country, it has serious influence on the subsistence strategy of many human beings. As a result some have adopted different livelihood activities. It is, in this regard, many people migrate to seek better earning. Basically in India the migration takes place from rural to urban areas. The population which migrate from the rural to urban needs to be aware of different health issues of the urban areas,

basically health issues in slums. There is need of serious dialogue between men who are going to migrate and health practitioners in the rural areas. Health practitioners should make migrating men aware of sex education like use of condom and other precautionary measures. In fact all men in rural areas should be aware of various reasons of spreading HIV infection. Gram Panchayat, in the village, can play a major role in spreading the awareness in the village. Those men, who return from work from urban areas should go for HIV testing and should ascertain that, if it is HIV positive, then it should not infect his wife, and he should take proper measures to prevent the further spread of HIV infection. There is concept called 'Social Vaccine' it is considered to be best. According to M. Ubaidullah, social vaccine involves, spreading education on how to protect oneself, hundred percent condom uses, and changing sexual behavior. Until a cure or vaccine for HIV is found, the only way to prevent the spread of the disease in the developing countries is by changing people's behavior through AIDS education programmes (Ubaidullah 2005).

It is obvious that if the rural area has sufficient number of livelihood availability then the migration to some extent can be reduced. Hence government has a major role to play, it should create new livelihood options for the rural poor and ascertain that no one is unemployed. Now government has initiated the national rural livelihood mission. Here the mission should bring good programmes so that families in rural areas find good livelihood. The current government has recently launched "Atal Pension Yojana", "The Pradhan Mantri Jeevan Jyoti Yojan", these schemes are good effort towards social security for unorganized workers, and these various schemes can provide some relief to the unorganized workers. But here the system which is implementing the schemes, should ascertain that, the scheme is implementing properly.

It is the fact that for dissemination of information about any problem/issue, there is a need of information and communication system. However this process shows that, in what extent, in the society, it is disseminating the information regarding serious issue like HIV. Hence Media, News all the technological things plays major role in disseminating the information and can easily reach up to all common people.

The Zari workers are the part of unorganized workers, however, in India, they are facing lots of problems like- excess working hours, Low wages, no medical support, no access to market, even they are not the part of the Trade Union so that they cannot put their demand in front of the state, These are some conflicting issue with the Zari workers that there is need to work upon.

It is the duty of welfare state to secure the rights of its citizen, in addition to basic rights all human rights should also be secured. Hence, in this regard, there should be campaigning on the elimination of stigma attached to HIV/AIDS. According to Joseph and Fredrick we need to find the number of people who are aware of their HIV status, and to refer HIV positives for treatment and care. They found certain reasons for the low awareness of HIV status, they are fear of stigma and discrimination, lack of confidentiality, negative attitude towards HIV counselling and testing (2007). In order to bring equitability, accessibility and affordability, the health department in India is providing antiretroviral treatment with free of cost which is obviously a good sign. The legal system of any country plays major part pertaining to the lives of its population. It is found that, in the health sector, insurance companies have condition

that no insurance to HIV positive. In order to eliminate the stigma and discrimination behind HIV/AIDS, legal system can give support.

Conclusion:

The above analysis of socio-cultural determinants of HIV infers that there is a need of a concrete plan for limiting the spread of HIV among Zari workers who are migrant and unorganized workers, living in the slums in Mumbai. On the other hand, there is a serious need of awareness building among the Zari workers. There is also a need of collaborative approach to deal with this bridge population. However the system fighting against the HIV/AIDS must have learnt from its past efforts that where they failed. The present proportion of infections of HIV among the Zari workers shows that the system has not reached up to them. It is a challenge for the welfare state to bring new strategies and programmes to ameliorate the conditions of unorganised workers, as they have many problems, among them the HIV/AIDS is alarming one.

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