A Field Assessment: STIs and Reproductive Health Among Female Migrant Workers in the Mysore District

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Maya Correa
|University of Utah|
In Collaboration with
Swami Vivekananda
Youth Movement

Abstract

The migration of people in India from region to region is a common practice and internal migrants typically move from rural to urban communities on a seasonal or cyclic basis for work opportunities. Migrant workers are considered a population in India in which an association of higher prevalence of HIV and with that correlations to higher rates of STIs (Sexually Transmitted Infections) and risks for RTIs (Reproductive Tract Infections) exists. As a general trend, the resources addressing HIV prevalence among migrant workers tends to target the needs and barriers of male migrant workers more even as female migrant workers face in many cases more and different barriers to care and education on the relevant topics. This study served as a field assessment in regard to STIs and reproductive health among female migrant workers in the Mysore district of Karnataka. The main objective of this study under the TI Migrant project of the NGO SVYM (Swami Vivekananda Youth Movement) is to assess and analyze the prevalence and knowledge pertaining to STIs and reproductive health among female migrant workers at several work sites and labor colonies through the implementation of a quantitative survey. Forty-one female migrant workers participated in the survey. At this time findings are inconclusive and further research needs to be completed for more complete results. However, it is very evident that this field assessment can be replicated and should be replicated in future studies that target the topics of STIs and reproductive health among female migrant workers in Karnataka.

Abbreviations

1) HIV – Human Immunodeficiency Virus
2) AIDS – Acquired Immune Deficiency Syndrome
3) STIs – Sexually Transmitted Infection
4) RTIs – Reproductive Tract Infection
5) NACO – National AIDS Control Organization
6) TI – Targeted Interventions
7) ORW – Outreach Worker
8) PL – Peer Leader
9) HRG – High Risk Group
10) NGO – Non-Government Organization
11) SVYM – Swami Vivekananda Youth Movement
12) ICTC – Integrated Counseling & Testing Center
13) MDGs - Millennium Development Goals
14) SDGs – Sustainable Development Goals

Introduction

India as a whole faces and continues to fight the HIV epidemic that is present. According to India's HIV Estimation report of 2015, the state of Karnataka is one of the higher states for HIV prevalence with the rate for adults 15-49 years old being 0.45% which is more than the national average at 0.26% (NACO Report 2016-2017). This brings into light the point that even though there has been an apparent overall decrease in India's HIV prevalence, the rates of the same trend is not true for all areas, including certain regions and at risk populations in India. Migrant workers are one of those at-risk populations. It is observed in several previous studies that the migration and mobility of circular migrants causes a change in location and residence which is strongly correlated with feelings of disconnectedness and barriers to transition. In addition, with each transition migrant workers have a decrease or small amount of HIV/AIDS awareness, social support networks, and knowledge on STIs and reproductive health topics. For example, in a study carried out in districts of North India, it was concluded that rural to urban circular migrants faced employment insecurity, lack of entitlements at their destination, and economic reliance which all delayed the early diagnosis and initiation of treatment for HIV and STIs (Rai, Tanvi, et al.).

Knowledge gaps and stigmatizing attitudes towards HIV/AIDS and STIs also contribute to lack of education and the lack of safer practices by migrant workers (Joshi, Rajneesh Kumar, and Sanjay M. Mehendale). These knowledge gaps and stigmatizing attitudes impact the risks and vulnerabilities that are observed of migrant workers in relation to sexual health. In fact, it has been concluded in previous studies that not only do female migrant workers face different risks and vulnerabilities in relation to HIV/AIDS and STI infection but they also face a higher amount

of risks/vulnerabilities (Chowdhury, D., et al.). Some of these risks/vulnerabilities are connected to barriers caused by gender norms and gender disparities which result in lack of privacy, lack of decision-making power, and lack of exposure to education and information to name a few. Due to the many differences in risks and vulnerabilities of female migrant workers to male migrant workers this field assessment will focus on female migrant workers only.

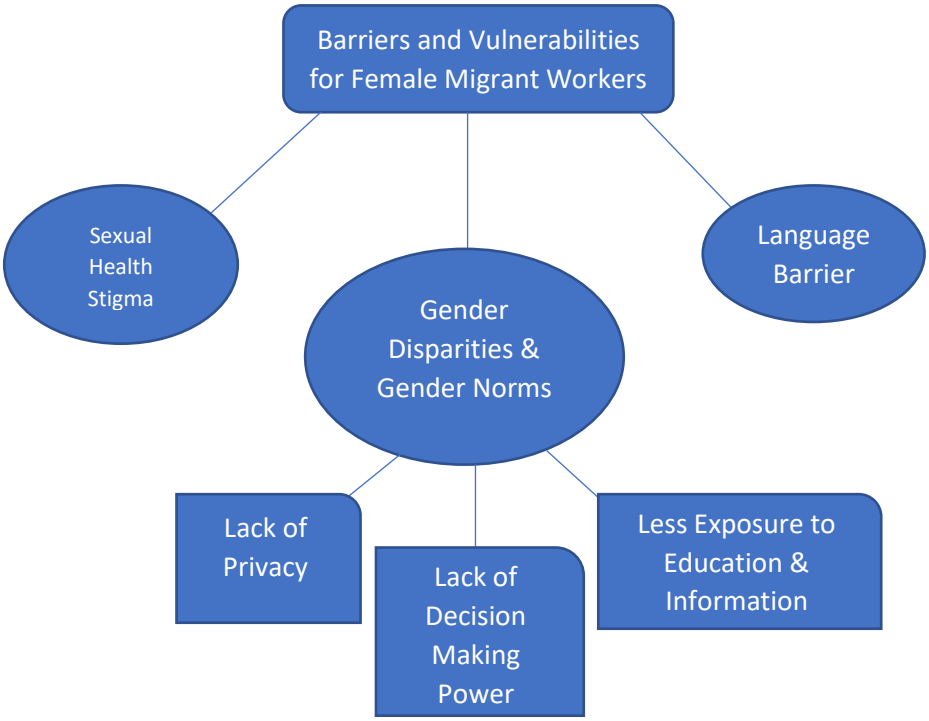


Figure 1: A web of barriers and vulnerabilities for female

At this time more than 2 million Indians do not live in their place of birth and due to good transport infrastructure and other factors many people live very mobile and uncharted lives (Bill and Melinda Gates Foundation, CARE India, International Labor Organization. NGO/CBO Guidelines, NACO). The work that migrant workers participate in is in the informal sector which includes work environments that are typically unorganized, unregulated, and unprotected. It is

important that continuous field assessment and outreach is done with migrant workers in varying areas and with a variety of socio-demographic factors so that data collection can lead to positive changes to outreach and programming of targeted interventions. The quality of life of migrant workers must be improved and addressing HIV/AIDS, STIs, and RTIs together can contribute to needed changes and the achievement of goals for the community health of migrant workers, and more specifically female migrant workers in the future.

The purpose of this study is to assess and analyze the prevalence and knowledge pertaining to STIs and reproductive health among female migrant workers in the Mysore district.

Objectives of My Study

- To perform a basic cross examination of demographic, occupation, and socio-economic factors in relation with STI prevalence and risk behaviors related to STIs and reproductive health.
- To assess, code, and understand the major and minor barriers and challenges that female migrant workers face in a) getting a STI test, b) getting/following treatment for a STI or STI(s), and c) getting more information and education on STIs and reproductive health topics.
- To analyze the survey data collected for any identifiable trends or common patterns in STI and Reproductive Health Symptoms reported or Other Health Concerns reported.
- To better understand the level of knowledge and mindset of female migrant workers in regard to statements related to STIs and reproductive health .

Hypotheses of My Study

- H_1: The longer amount of time women migrant workers have been present at their new location (the survey site) the higher the symptoms reporting will be.
- H_2: The higher the age of the individual taking the survey will correlate to more overall STI and reproductive health related symptoms reported as YES and more Other Health Concerns reported.

About the TI Migrant Project

The TI Migrant Project of the NGO, SVYM, has a mission to reduce the HIV prevalence among migrant people in areas of the Mysore district of Karnataka. On the team you will find one project director, one team leader, one counselor, five ORWs, and one monitoring and evaluation specialist. Migrant populations targeted include construction workers, road workers, industry workers, sugar cane cutters, pipeline workers, transit workers, and hotel and resort workers. The TI Migrant Project team's duties fall within the areas of outreach and communication, services, enabling environment, and community mobilization. Outreach and communication will include outreach that differentiates according to risk and typology, large group

Figure 2: The TI Migrant team of SVYM

format activities, and interpersonal behavior change communication. The services can be outlined as the promotion of condoms, linkages to STI services and other health services like ICTC, and a strong referral and follow up system. Then, the components of an enabling environment are advocacy with key stakeholders and linkages with other programs and social entitlements while building up the capacity of migrant groups through community mobilization (Bill and Melinda Gates Foundation, CARE India, International Labor Organization. NGO/CBO Guidelines, NACO).

Figure 3: Rafi (TI Migrant team ORW) and Maya

It is important to note that the work of the TI Migrant Project team of SVYM works to address three of the eight MDGs which include promoting gender equality and empowering women, improving maternal health, and combatting HIV/AIDS and other diseases (United Nations Development Program). Then at least four of the seventeen SDGs are also being addressed by the project and they are good health and wellbeing (goal 3), gender equality (goal 5), reduced inequalities (goal 10), and partnerships for the goals (goal 17) (United Nations Department of Public Information). While the core focus of the TI Migrant Project is HIV/AIDS prevention, the team also focuses on topics which include STIs and RTIs. The assessment and analysis of these topics expands the reach the team can have on promoting HIV prevention and care among migrant workers as all three topics go hand in hand and are a part of an individual's sexual health.

Methodology

Type of Methodology: Quantitative

1) Primary Data
- Quantitative survey implemented in person at various field sites
- Paper survey
- Survey questions formed from previous survey experience, current literature, and TI Migrant team input
- Included the question formats: Open questions, True/False statement questions, Yes/No/Don't Know selection, and option selection section (sometimes check all that apply)
- Sections/Indicators of Analysis: Section 1: Demographics, Section 2: Occupation and Income, Section 3: STI Awareness, Section 4: STI Knowledge, and Section 5: STI and Reproductive Health Symptoms & Behaviors Evaluation
- 6 total sites visited in the Mysore district
    1. Yerekuntii
    2. Adakanahalli RAL Construction
    3. Hullali Road Street Vendors
    4. Sayibaba Colony
    5. Abdul Kalam Colony
    6. GJS Construction

2) Secondary Data

- Quantitative: Previous TI Migrant Project fieldwork data and related journal studies

- Qualitative: Additional relevant journals and articles

3) Sample Size: In total I was able to survey forty-one female migrant workers and had a total of forty-one participants.

4) Sample Type: Convenience sampling was used for all data collection.

Figure 4: Bringing the survey to Sayibaba colony

Figures 5 & 6: Initial field observations & interactions in labor colony (left) and construction site (right)

Figures 7 & 8: (top) Initial field observations and interactions in construction site and (bottom) in the TI Migrant project office with the team

Data Analysis

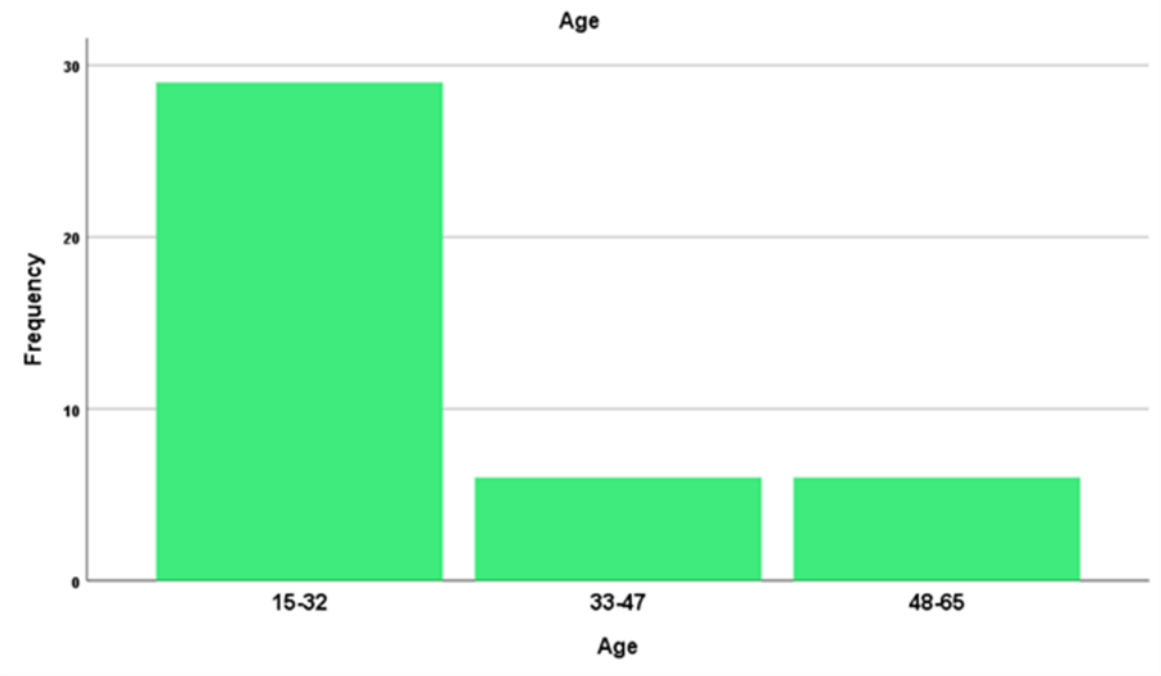
All data was collected and analyzed using Microsoft Excel and SPSS software.

Demographics Data

Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	15-32	29	70.7	70.7	70.7
	33-47	6	14.6	14.6	85.4
	48-65	6	14.6	14.6	100.0
	Total	41	100.0	100.0	

Average: 30.932
Max: 65
Min: 15
Median: 28

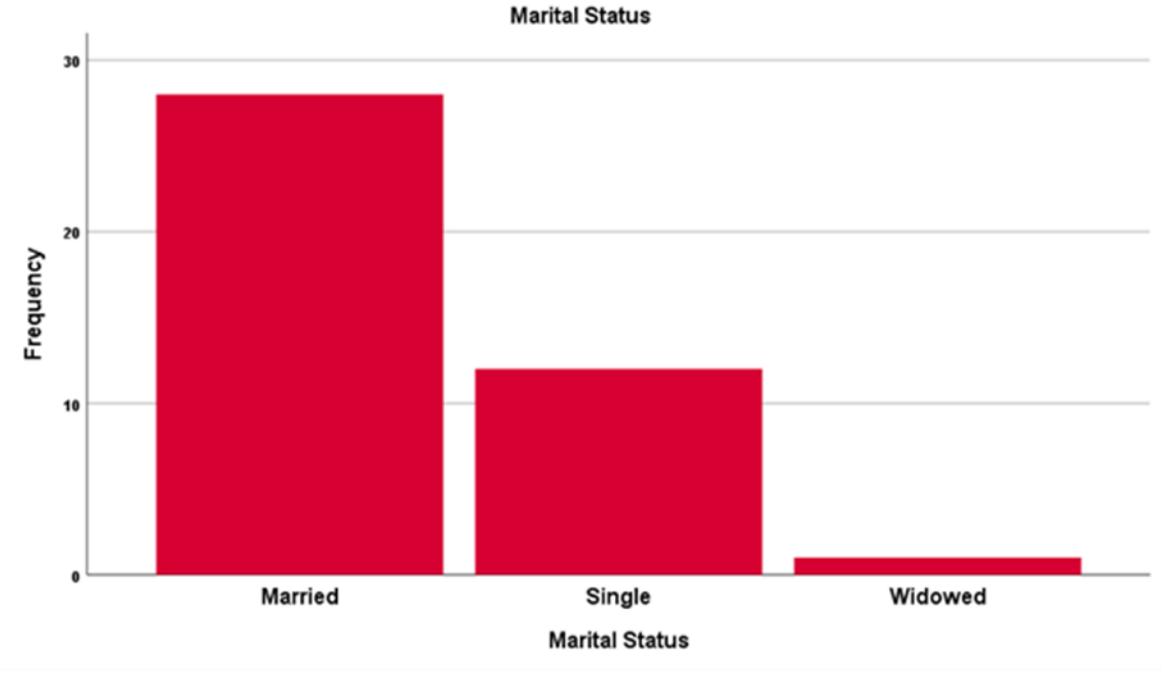


This chart and table show the age breakdown of the female migrant workers. Of 41 total participants the majority were ages 15-32 at a frequency of 29. Both age groups 33-47 and 48-65 had frequencies of 6.

Marital Status

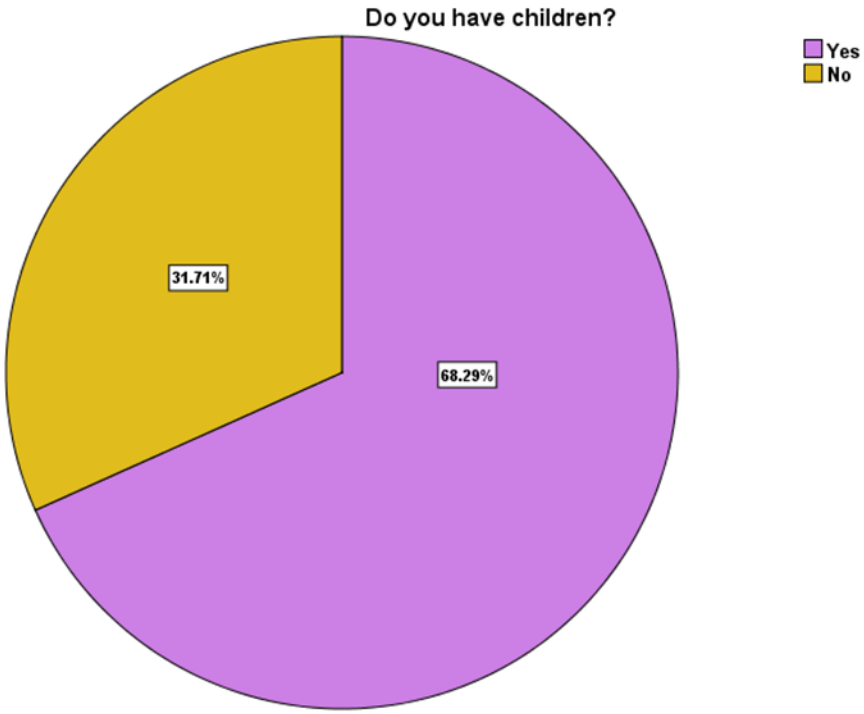
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Married	28	68.3	68.3	68.3
	Single	12	29.3	29.3	97.6
	Widowed	1	2.4	2.4	100.0
	Total	41	100.0	100.0	

This chart and table show the responses to marital status of the 41 participants. At a frequency of 28, the majority of the women were married. 12 women were single and 1 woman was widowed.



Do you have children?

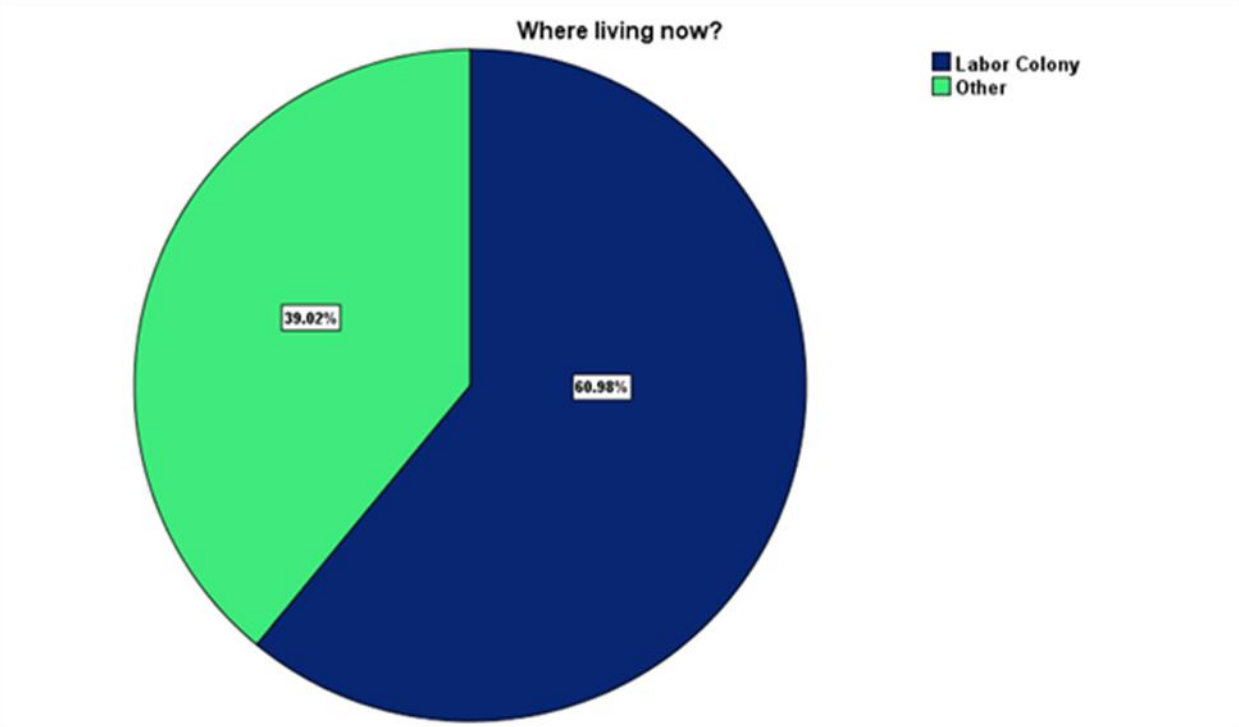
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	28	68.3	68.3	68.3
	No	13	31.7	31.7	100.0
	Total	41	100.0	100.0	



This chart and table show the response breakdown when participants were asked “Do you have children?”. The majority responded Yes at a frequency of 28 and 13 participants responded No.

Where living now?

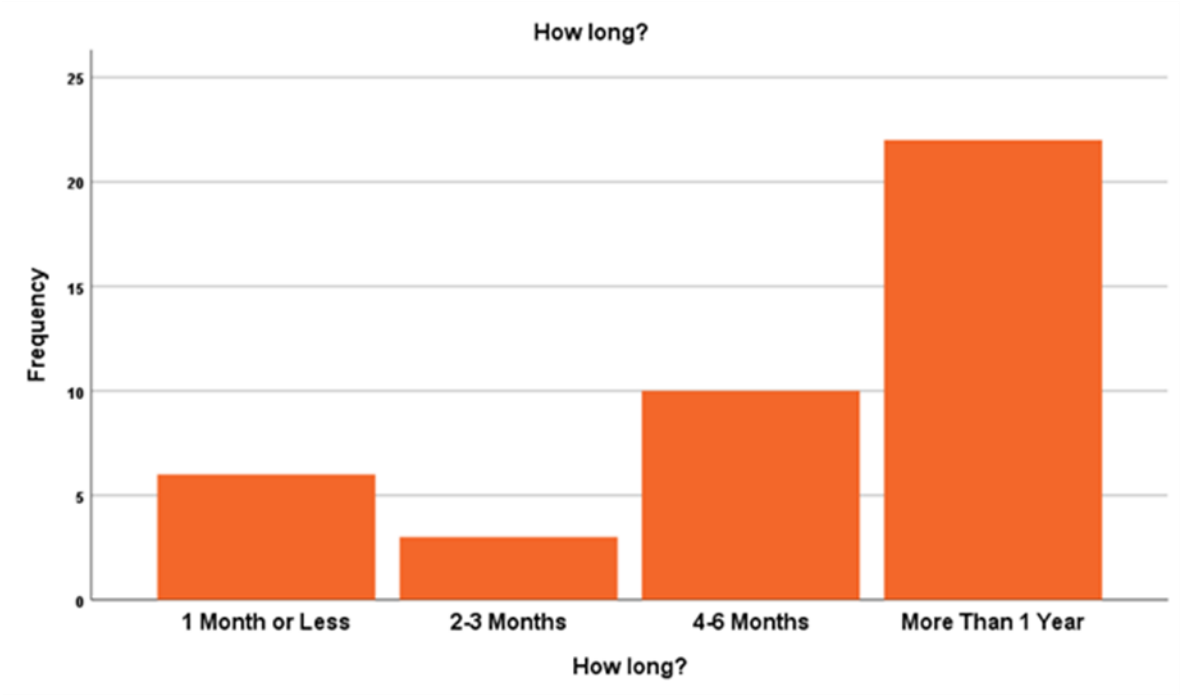
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Labor Colony	25	61.0	61.0	61.0
	Other	16	39.0	39.0	100.0
	Total	41	100.0	100.0	



This chart and table show the response breakdown when participants were asked "Where are you living now?". The majority responded labor colony at a frequency of 25 and 16 participants responded other.

How long?

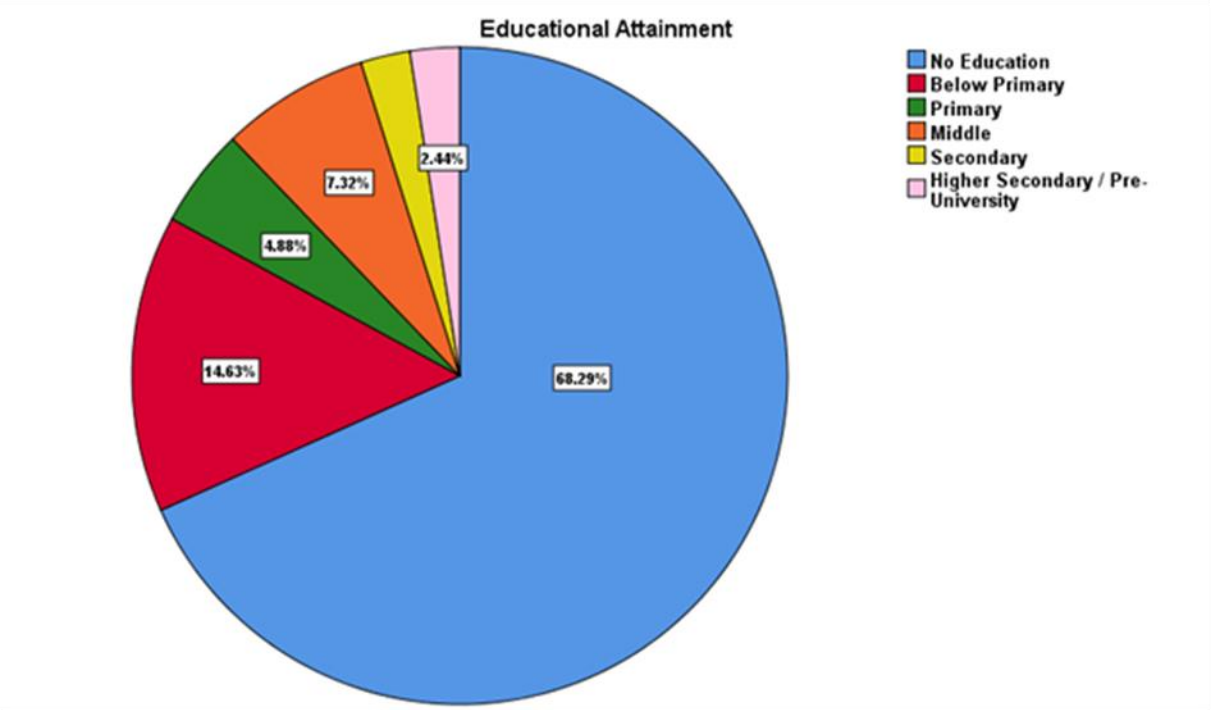
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Month or Less	6	14.6	14.6	14.6
	2-3 Months	3	7.3	7.3	22.0
	4-6 Months	10	24.4	24.4	46.3
	More Than 1 Year	22	53.7	53.7	100.0
	Total	41	100.0	100.0	



This chart and table show how long respondents have been at their current place of residence given the options: 1 month or less, 2-3 months, 4-6 months, and more than 1 year. The majority of respondents have been at their current place of residence for more than 1 year with a frequency of 22.

Educational Attainment

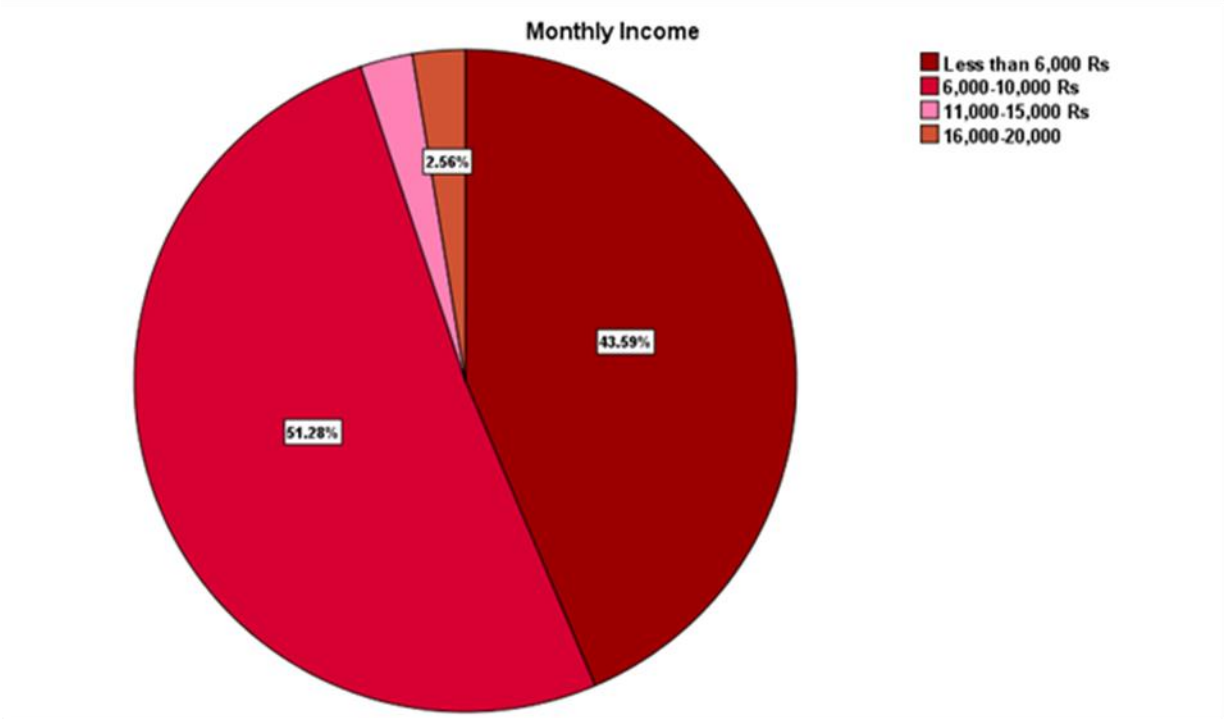
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No Education	28	68.3	68.3	68.3
	Below Primary	6	14.6	14.6	82.9
	Primary	2	4.9	4.9	87.8
	Middle	3	7.3	7.3	95.1
	Secondary	1	2.4	2.4	97.6
	Higher Secondary / Pre-University	1	2.4	2.4	100.0
	Total	41	100.0	100.0	



This chart and table show the educational attainment breakdown of all participants when presented with the categories no education, below primary, primary, middle, secondary, and higher secondary/pre-university. The majority of participants had no education at a frequency of 28.

Monthly Income

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 6,000 Rs	17	41.5	43.6	43.6
	6,000-10,000 Rs	20	48.8	51.3	94.9
	11,000-15,000 Rs	1	2.4	2.6	97.4
	16,000-20,000	1	2.4	2.6	100.0
	Total	39	95.1	100.0	
Missing	System	2	4.9		
Total		41	100.0		



This chart and table show the breakdown of monthly income for the female migrant workers in Rs. The majority of the women responded with a monthly income in the category 6,000 Rs – 10,000 Rs at a frequency of 20. However, the second highest category was a monthly income of less than 6,000 Rs at a frequency of 17.

Section 5. STI and Reproductive Health Symptoms and Behaviors Evaluation Data

All 41 participants were asked to complete section 5 of the survey and asked if the statement was applicable within the last 12 months. Section 5 of the survey was the only section where all 41 participants answered all statement items of the section (item total being 9).

	Age	Total Women	Yes to Symptoms Total Overall
Female	15-32	29	49
	33-47	6	1
	48-65	6	6
Female Total		**41**	**56**

This table shows the total women that said Yes to any of the statements of the 9 statements overall. The totals are broken down by age group. For the category of females age 15-32 there were 49 responses of Yes throughout section 5, females age 33-47 only had one Yes throughout section 5, and females 48-65 had 6 responses of Yes throughout section 5 of the survey. It is important to note that the age group 15-32 had the highest number of participants and that a Yes to a statement does not equate being positive for an STI or RTI.

The following 9 tables show the breakdown of responses to the 9 statement items in section 5 of the survey by age group and response type.

I have had oral, vaginal, or anal sex without a condom

Age			Frequency	Percent	Valid Percent	Cumulative Percent
15-32	Valid	No	22	75.9	75.9	75.9
		Don't Know	7	24.1	24.1	100.0
		Total	29	100.0	100.0	
33-47	Valid	No	6	100.0	100.0	100.0
48-65	Valid	No	6	100.0	100.0	100.0

I have had unusual discharge from the vaginal area

Age			Frequency	Percent	Valid Percent	Cumulative Percent
15-32	Valid	Yes	13	44.8	44.8	44.8
		No	16	55.2	55.2	100.0
		Total	29	100.0	100.0	
33-47	Valid	No	6	100.0	100.0	100.0
48-65	Valid	No	6	100.0	100.0	100.0

I have had sores or warts on the genital area

Age			Frequency	Percent	Valid Percent	Cumulative Percent
15-32	Valid	No	29	100.0	100.0	100.0
33-47	Valid	No	6	100.0	100.0	100.0
48-65	Valid	No	6	100.0	100.0	100.0

I have had itching and redness in the genital area

Age			Frequency	Percent	Valid Percent	Cumulative Percent
15-32	Valid	Yes	1	3.4	3.4	3.4
		No	28	96.6	96.6	100.0
		Total	29	100.0	100.0	
33-47	Valid	No	6	100.0	100.0	100.0
48-65	Valid	Yes	1	16.7	16.7	16.7
		No	5	83.3	83.3	100.0
		Total	6	100.0	100.0	

I have had painful or frequent urination

Age			Frequency	Percent	Valid Percent	Cumulative Percent
15-32	Valid	No	29	100.0	100.0	100.0
33-47	Valid	No	6	100.0	100.0	100.0
48-65	Valid	Yes	1	16.7	16.7	16.7
		No	5	83.3	83.3	100.0
		Total	6	100.0	100.0	

I have had blisters or sores in or around the mouth

Age			Frequency	Percent	Valid Percent	Cumulative Percent
15-32	Valid	No	29	100.0	100.0	100.0
33-47	Valid	No	6	100.0	100.0	100.0
48-65	Valid	Yes	1	16.7	16.7	16.7
		No	5	83.3	83.3	100.0
		Total	6	100.0	100.0	

I have had abnormal vaginal odor

Age			Frequency	Percent	Valid Percent	Cumulative Percent
15-32	Valid	Yes	7	24.1	24.1	24.1
		No	22	75.9	75.9	100.0
		Total	29	100.0	100.0	
33-47	Valid	Yes	1	16.7	16.7	16.7
		No	5	83.3	83.3	100.0
		Total	6	100.0	100.0	
48-65	Valid	No	6	100.0	100.0	100.0

I have had unusual abdominal pain

Age			Frequency	Percent	Valid Percent	Cumulative Percent
15-32	Valid	Yes	19	65.5	65.5	65.5
		No	10	34.5	34.5	100.0
		Total	29	100.0	100.0	
33-47	Valid	No	6	100.0	100.0	100.0
48-65	Valid	Yes	2	33.3	33.3	33.3
		No	4	66.7	66.7	100.0
		Total	6	100.0	100.0	

I have had unusual fever

Age			Frequency	Percent	Valid Percent	Cumulative Percent
15-32	Valid	Yes	9	31.0	31.0	31.0
		No	20	69.0	69.0	100.0
		Total	29	100.0	100.0	
33-47	Valid	No	6	100.0	100.0	100.0
48-65	Valid	Yes	1	16.7	16.7	16.7
		No	5	83.3	83.3	100.0
		Total	6	100.0	100.0	

Open-ended Question Data

THE CURRENT OCCUPATIONS OF FEMALE MIGRANT WORKERS:

- MAKE & SELL FLOWER PRODUCTS
- MAKE & SELL OILS & SPICES
- FACTORY WORK
- CONCRETE CONSTRUCTION WORK
- JEWELRY SALES
- STREET VENDORS
- TAILORING

OTHER HEALTH CONCERS SHARED OF FEMALE MIGRANT WORKERS:

- TOOTHACHE
- IRREGULAR PERIODS
- BACK PAIN
- BODY ACHE
- BREATHING PROBLEMS
- HEADACHES
- CONCERNS RELATED TO PREGNANCY

Conclusions

At this time my findings are inconclusive. Further research needs to be done for accurate hypothesis testing and to find more complete results. However, it is very evident that this field assessment can be replicated and should be replicated and/or continued with minor adjustments at TI migrant sites to target female migrant workers. While I was not able to complete all the objectives I had for the project initially I have included them all for reference of the team in their continuous work. This survey and project as a whole serve as a stepping stone to build upon in upcoming projects for the TI migrant team and interns in the future.

Strengths

- The survey was well formatted (includes variety of question types)
- I was able to survey in six locations

- There were previously established relationships between the TI migrant team and the field sites visited
- I was able to accompany the TI migrant team on some initial field visits before designing the survey

Limitations

- Small survey response rate
- Can't draw conclusions for larger populations as a whole. A Yes to symptoms statements does not equate having an STI or RTI
- A language barrier
- Not all sections of the survey were consistently completed for all participants
- Stigma and health stigma in connection with field visits and survey implementation
- Accidents at field site altering parts of field visits
- There are less female migrant workers than male migrant workers overall

Recommendations for the Future

- Continuation and replication of the survey project in the field with all sections included
- Choose to shorten the survey and replicate or divide the survey into two different surveys
- Consider case studies and more qualitative approaches to assess the prevalence and knowledge regarding STIs and reproductive health among female migrant workers
- Have a larger sample size (more participants)
- Include more questions related to RTIs in the survey
- Get the survey translated into needed languages

Observations

- *The willingness of the migrant women to participate in the survey*

The initial trust I received from the female migrant workers I interacted with in the field surprised me. As an outsider to India and the communities within I felt very welcome and felt that in many cases the women I spoke with were more willing to participate in the project than some of the women I speak with for research projects and surveys in the United States where I am not an outsider. This was something that I hadn't expected to happen.

- *Strong partnerships with the stakeholders of the sites*

  Throughout my time in the field I was able to meet several stakeholders of different field sites that the TI migrant team visits and connects with. Meeting them and observing the conversations the TI migrant team had with them opened my eyes to how important it was to establish and maintain a positive relationship with the stakeholders of the sites first before reaching out to the migrant workers present at the site. I was able to ask questions and listen to concerns of one of the stakeholders. He further explained to me some of the specific barriers the migrant workers at his site faced.

- *All ORWs and team members' unique approaches to their jobs*

  While working alongside the TI migrant team in the office and in the field, I was able to observe some of their unique approaches to their jobs. The end goal could be the same but each team member chooses to engage and reach migrant workers in various ways.

- *Stigmas to certain questions*

  Through my field assessment it was obvious that certain questions included in my survey carried a lot more stigma with them. This stigma from my understanding was greatly

correlated to the lack of privacy in the sites and the lack of education of the female migrant workers. For example, I found that while the female migrant workers participating in my survey did not hesitate in providing responses to monthly income or more common symptoms questions, they did hesitate more with questions pertaining to STIs specifically and questions related to sexual behaviors.

- *Social/Cultural norm differences in the field*

  During the site visits I observed and adapted to several social/cultural norm differences. Being aware of these differences and changing behaviors accordingly was very needed to have a respectful and trusting connection with the female migrant workers I was interacting with. One simple example would be taking off my shoes before entering someone's home to implement a survey. Another example would be the role and presence of family during the survey process. It was not uncommon for the female migrant worker I was talking with to be surrounded by family or at least her children when answering the questions.

- *Conditions of the sites*

  My field site visits consisted mainly of construction sites and labor colonies. At the construction sites I interacted with the stakeholder first and then spoke with the female migrant workers. I was placed in a location on the site and the female migrant workers were sent my way to participate in the survey. The construction sites were a lot of hustle and bustle compared to the labor colonies. At the labor colonies I would go to homes separately and the TI migrant team would help me greet and go through the survey either in or in front of the women's homes. If the partner of the woman participating in the

survey or other women were present the ORWs would ask for more privacy. In the labor colonies children played games in the main pathways and homes were make shift of materials that were available. It was obvious that the labor colonies represented degrees of poverty. All the sites I visited and the conditions within introduced and exposed me to a new side and perspective of community health and public health.

Personal Learning Outcomes

- *Became a part of a community health project in a more well-rounded way*

  In my previous experiences with community health projects and STI research I typically only get the opportunity to play one part of a new project. For example, sometimes I would do just data analysis, sometimes just literature review, sometimes focus group facilitation, sometimes coalition event planning, and sometimes editing for the PI (primary investigator) of the project. With my project work with the TI Migrant team I was able to participate in multiple parts of the project. I got to go to the field for initial observations of how the team works, did research and reading on relevant topics, created the needed survey, implemented the survey in the field, performed data analysis, and presented my findings. I was able to contribute to the project in more than one way and observe more than one part of it. I believe this allows me learn more as I am experiencing more. I am able to get a more complete picture of the process that the team goes through with their projects.

- *Developed stronger communication skills specifically in the way I phrase, articulate, and direct my questions*

  Communication was a challenge and continues to be a challenge not only from a professional perspective but also from a social perspective. With that being said while communication has been a challenge for me through my work with the TI migrant team it was not a challenge that I would label as uncomforting, but more so a challenge of unfamiliarity. A language barrier is hard for all parties involved and while I myself am familiar with what I'm trying to convey in survey implementation, questions, etc. it is sometimes hard to convey the same message to patients and families even with the extensive help of the TI migrant team. With my questions (including follow up questions) I had to work hard to rephrase and direct my questions in ways that were comprehendible and a better fit for conversation to carry on. I think this is a vulnerable position for anyone to be in but I think this position I have had with my internship experience has pushed me to build my communication skills, information retention skills, and furthermore has tested my ability to think about many ways to accomplish one thing.

- *Became more aware and educated on how HIV/STIs/RTIs impact India and more so migrant workers*

  I have a solid background in STI research, more specifically HPV (Human Papilloma Virus) in the United States and am knowledgeable on STI topics in ways applicable to the United States and more so the intermountain west region. This project was a fantastic opportunity for me become aware of how STIs and furthermore HIV and RTIs are impacting the communities of Mysore in Karnataka. I spent a great deal of time getting

introduced to what the TI Migrant Project stands for and why it exists, how migrant workers fit into the bigger picture of sexual health and HIV, and to the barriers that migrant workers face in connection to STIs and the challenges the TI Migrant team faces in reaching and addressing these barriers positively. In addition to my experiences in the field I also read a great amount of literature on HIV, STIs, and RTIs in India. Then, because of my project I was able to observe the stigmas that are present surrounding certain parts of sexual health and personal well-being. From these realizations I can draw differences and similarities to my work with sexual health research in the United States and in some ways this was unexpected. Sunitha, Prashanth, and the ORWs also had some great conversations with me on the specific challenges of their jobs and reaching the people that need to be reached. The work that the TI Migrant Project team does is truly grassroots NGO work and it has added to the way I view sexual health and its components, and furthermore community health and population health.

- *Able to apply what I learned in the classroom in the field*

  Throughout my college education as a student and Health, Society & Policy major I have taken several classes that focus on different components of public and community health from many perspectives. Some of my favorites have been my global health, community health issues, and bioethics courses. I have also become well versed in topics like the social determinants of health, the holistic care model, collegiality within healthcare, and cultural collision within healthcare. Within the past few years I have also been able to participate in several biology and chemistry courses that give me a solid background to understanding the human body. The point is that I have learned a great deal in the past

three years and I have enjoyed what I've learned but my experiences applying what I've learned to the world around me has been somewhat limited. Through my own pursuits I have been able to participate and engage in several local opportunities to apply what I have learned but my roles have been limited to communities that I am a part of and so my scope for learning new things is impacted by this. I wanted to be a part of projects and an internship experience that put me completely out of my comfort zone and challenged what I knew and learned in the classroom daily. That is exactly what I got through my internship with SVYM and through my work with the TI Migrant team. With a different environment there are different environmental factors that impact a person's health, policy for the implementation of care is unique to the area, and gender roles and cultural customs contribute to health stigmas in diverse ways and I was able to witness that in my time spent with the TI Migrant Project team.

- *Participated in great amounts of collaboration*

  Six weeks is not a large amount of time but it is enough time to get into a working routine and to form positive professional relationships and that is exactly what I experienced working with the TI Migrant team. The team was welcoming from the start and names became personalities and personalities became friends/kind coworkers. One of my favorite things outside of fieldwork was getting to sit in on the team meetings. I loved that at the start of the meeting they would review and recite the project team's mission and vision. Even though I could never understand what was being said exactly I still observed their interactions with each other, whether that be a deep conversation or a joke that everyone was laughing at. The TI Migrant team is close to each other and they

extended that kindness to me as an outsider. At different points I was able to talk to them about their roles on the team and what they like about their jobs and although they have quite different personalities and ways of accomplishing their duties, they all share passion for what they do. It was a great learning experience for me to observe this collaboration and be a part of this collaboration.

- *Observed how community health is impacted by social/cultural norms, adapting and incorporating that in my work and time here*

  The social/cultural norms of India and more specifically among migrant workers are their very own and I have been introduced to new environments with different social/cultural norms than what I have practiced in my own life. Respect is important with whatever work you do and adapting to and incorporating approaches that keep various social/cultural norms in mind is vital. This helps you build trust with people and show the investment you have in their well-being and establishing and maintaining a connection. An example would be the relationship that the ORWs form with the site stakeholders at various field sites. Another example would be during the surveying process, many women were more guarded to answer certain questions about their sexual health.

- *Reaffirmed my thoughts that while you can bring a great deal to an internship you will always learn a great deal more*

  It is about what you bring to your internship, but even more so about what you can gain and learn from your internship. It is about listening and not just teaching, what you keep with you always and bring back to all facets or your life (socially and work wise). You really can't change that much, or at least you won't move mountains during your

internship time. My oh my oh my though, I did learn and I'd like to think contributed to future directions of projects for the SVYM TI Migrant team. I remember when I first met the team I made a statement at the end of the meeting about some of my goals and background. I believe I had included the line "and I'm excited to learn from you all as I accompany you into the field and work on my project" and the team smiled. Then Rafi, an ORW, said "we are happy to learn something from you too". The exchange of experiences, knowledge, and ideas and the space to do so through this project has served and will continue to serve as a wonderful asset for me.

References

Bill and Melinda Gates Foundation, CARE India, International Labor Organization. NGO/CBO Guidelines, NACO, March 2007

Chowdhury, D., et al. "Vulnerabilities and Risks of HIV Infection among Migrants in the Thane District, India." Public Health, vol. 164, 2018, pp. 49–56., doi:10.1016/j.puhe.2018.07.019.

Gagnon, Anita J., et al. "South Asian Migrant Women and HIV/STIs: Knowledge, Attitudes and Practices and the Role of Sexual Power." Health & Place, vol. 16, no. 1, 2010, pp. 10–15., doi:10.1016/j.healthplace.2009.06.009.

Guidelines on Financial and Procurement Systems for NGOs/CBOs, NACO, March 2007 Introduction

Joshi, Rajneesh Kumar, and Sanjay M. Mehendale. "Determinants of Consistently High HIV Prevalence in Indian Districts: A Multi-Level Analysis." Plos One, vol. 14, no. 5, 2019, doi:10.1371/journal.pone.0216321.

Ministry of Health and Family Welfare, Government of India. "Annual Reports | National AIDS Control Organization | MoHFW | GoI." Annual Reports | National AIDS Control Organization | MoHFW | GoI, 7 Apr. 2017, naco.gov.in/documents/annual-reports.

Rai, Tanvi, et al. "Complex Routes into HIV Care for Migrant Workers: a Qualitative Study from North India." AIDS Care, vol. 27, no. 11, 2015, pp. 1418–1423, doi:10.1080/09540121.2015.1114988.

United Nations Development Programme. "Millennium Development Goals." UNDP.

United Nations Department of Public Information. "Sustainable Development Goals: Sustainable Development Knowledge Platform." United Nations.

Annexure

This is the survey that was used for field assessment in my project with the TI migrant team.

TI Migrant Project: STIs & Reproductive Health Among Migrant Workers Survey

Participant Number: _____ Date: _____

Community Field Site:

(For administrative purposes only)

Initial Survey

Section 1. Demographics

Please check the box of the answer that applies to you if boxes are provided. If no boxes are present please write in your answer.

1. Name:	**5. Do you have children?** ☐ Yes ☐ No
2. Age:	**6. What is your native place (District, State)?**
3. What is your gender? ☐ Male ☐ Female ☐ Transgender	**7. Where are you currently living?** ☐ Lodge ☐ Labor Colony ☐ Workplace ☐ Rented House ☐ Other
4. What is your marital status? ☐ Married ☐ Single ☐ Widowed	**8. How long have you been living here?** ☐ 1 month or less ☐ 2-3 months ☐ 4-6 months ☐ 7-9 months ☐ 10- 12 months ☐ More than 1 year

9. What is your level of educational attainment?

- ☐ No Education
- ☐ Below Primary
- ☐ Primary
- ☐ Middle
- ☐ Secondary
- ☐ High Secondary/Pre-University
- ☐ Technical Diploma or Certificate Not Equal to Degree
- ☐ Graduate and Above

10. What is the reason or reasons for your migration?

_____

Section 2. Occupation and Income

Please check the box of the answer that applies to you if boxes are provided. If no boxes are present please write in your answer.

1. What is your current occupation?

_____

2. What occupation did you have in your native place?

_____

3. What is your monthly income?

- ☐ Less than 6,000
- ☐ 6,000 – 10,000
- ☐ 11,000 – 15,000
- ☐ 16,000 – 20,000
- ☐ Greater than 20,000

Section 3. STI Awareness

The following section will ask you some questions about what you know about sexually transmitted infections in India. Please answer as honestly as you can.

Please answer Yes or No for the following questions. If you are unsure, you can choose Don't Know. If a space is provided for your answer please fill in that space.

QUESTION	YES	NO	DON'T KNOW
1. Have you heard of sexually transmitted infections (STIs) before?	☐	☐	☐
2. Have you been tested for a STI before?	☐	☐	☐
3. Have you tested positive for a STI before?	☐	☐	☐
4. Have you tried to seek treatment for a STI before?	☐	☐	☐

5. If your answer to question 4 of this section is No, what are the challenges/barriers you face in doing so? Please check all that apply. (If you answered No to question 3 do not answer this question) Use the box to write down any specifics given in answer.

☐ Financial Barriers

☐ Time

☐ Privacy Barriers

☐ Other

6. If your answer to question 4 of this section is Yes, how did that process go, how did you come across the treatment, and what barriers did you face in doing so? (If you answered No to question 3 do not answer this question) Use the box to write down the answer to the first two parts of the question and any other specifics related to barriers to treatment. From the options available please check all that apply.

☐ Financial Barriers

☐ Time

□ Privacy Barriers

□ Middle

□ Other

Section 4. STI Knowledge

Please answer True or False for the following questions. If you are unsure, you can choose Don't Know.

QUESTION	TRUE	FALSE	DON'T KNOW
1. People with an STI always look unhealthy	□	□	□
2. It is possible to cure all STIs which include HIV	□	□	□
3. A female can always tell if she has an STI	□	□	□
4. Using condoms can reduce the risk of STIs which include HIV	□	□	□
5. I can contract an STI from unprotected sex	□	□	□
6. I can spread an STI through unprotected sex	□	□	□

Section 5. STI and Reproductive Health Symptoms and Behaviors Evaluation

During the past 12 months, are any of the following applicable to you? Please select Yes if they are and select No if they are not. If you are unsure, you can select Don't Know. Please answer the questions as honestly as you can.

QUESTION	YES	NO	DON'T KNOW
1. I have had oral, vaginal, or anal sex without a condom	□	□	□
2. I have had unusual discharge from the vaginal area	□	□	□
3. I have had sores or warts on the genital area	□	□	□
4. I have had itching and redness in the genital area	□	□	□
5. I have had painful or frequent urination	□	□	□
6. I have had blisters or sores in or around the mouth	□	□	□
7. I have had abnormal vaginal odor	□	□	□
8. I have had unusual abdominal pain	□	□	□
9. I have had unusual fever	□	□	□

10. Are there any additional health concerns you have that were not asked about above?

Please list them below.

This is the end of the survey. Thank you for your participation.