

MIGRANT LABOURERS IN TAMIL NADU AS A HIGH RISK GROUP TO HIV/AIDS --- A BAM MODEL

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The objective of this paper is to study the levels of knowledge and awareness relating to STD/HIV/AIDS existing among the migrant labourers in Tamil Nadu; and to understand their attitude, risk behavior and promiscuous sexual practice of migrant labourers. This study was mainly motivated from the data collected by us of 100 HIV/AIDS infected persons who belonged to the category that comes to be defined as migrant labourers. Almost all of them were natives of (remote) villages and had migrated to the city, typically, "in search of jobs". We have noticed in our study as to how, starting from small villages with hopes and dreams these people had set out to the city, only to succumb to various temptations, and finally all their dreams turned into horrid nightmares. Our research included probing into areas like: patterns and history of migration work, vulnerabilities and risk exposure in an alien surrounding, 'new' sexual practices/ attitudes, access to health services, experiences and understanding of stigma and discrimination, effect of displacement, coping mechanism etc. We also study the new economic policies of liberalization and globalization and how this has affected people to lose their traditional livelihood and sources of local employment, forcing them into migration.

Our study has been conducted among this informal sector mainly because migrant labourers are more vulnerable to HIV/AIDS infection, when compared to the local population for reasons which include poverty, powerlessness, inaccessibility to health services, unstable lifestyles such as insecurity in jobs, lack of skills, alienation from hometown, lack of community. Moreover, migrant labourers are also not organized into trade unions, as a result of which, they are made victims of horrendous exploitation: they are paid less than the minimum wages, they don't receive legal protection, they are unaware of worker's rights issues, and essentially lack stability.

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Their work periods are rarely permanent, they work as short-term unskilled/semi-skilled contract labourers, or as daily wagers. A vast majority around 65% of those interviewed were essentially also part of the 'mobile' population, which was wrapped not only in a single migration from native village to metropolitan city, but also involved in jobs like driving trucks, taxis, etc. which gave them increased mobility. We have also analyzed the patients' feelings about the outreach and intervention programs related to HIV/AIDS, and we have sought to comprehend the patterns of marginalization that has increased the pre-disposition of migrants to HIV and other infectious diseases.

A linguistic questionnaire was drafted and interviews were conducted for 100 HIV/AIDS patients from the hospitals with the sole support and aid of the TANSACS. Then the questionnaire was transformed into a Bidirectional Associative Memory (BAM) model. Our sample group consisted of HIV infected migrant labourers whose age group ranged between 22-40, and they were involved in a variety of deregulated labour such as transport/ truck drivers, construction labourers, daily wagers, or employed in hotels/ eating joints. We have also investigated the feminization of migration and how women were vulnerable to HIV/AIDS because they were often employed in jobs that offered little or no protection. Thus, we have derived many notable conclusions from our study of the socioeconomic and psychological aspects of migrant labourers with reference to HIV/AIDS.

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