Opportunities and Barriers of Sexual Health and Condom Use Among Tea Plantation Workers

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ABSTRACT

In the era of evidenced-based medicine, sexually transmitted infections (STIs) are a major international health issue; adolescents and young people are particularly vulnerable. The current study determines the perceptions of sexual health and condom use in sexual encounters among tea plantation workers of North Bengal in India. A population based cross-sectional study was undertaken with 973 adults of both sexes selected by a multi-stage random sampling using an anonymous pre-tested close-ended structured questionnaire. The majority of study participants were working class in the age range of 16 to 30 years. The gender distribution of the participants was almost equal. The majority of males were in the age group of 46-60 years, while the majority of the females were in the age group of 16-30 years. There was no statistical association between age and use of condoms. Significant statistical differences were seen in condom use in relation to marital status, religion, type of family, and number of living children. This study revealed inadequate protective behavior adopted by plantation workers. In this socio-demography with the acceptance of sexual relation outside marriage, non-use of condoms increases vulnerability to HIV/AIDS/ and other sexually-transmitted infections.

Keywords: Condom, HIV/AIDS, Safe Sex, Sexual Behavior, Tea Plantation Workers

INTRODUCTION

Sexually transmitted infections (STIs) are a major international health issue and adolescents and young people are particularly vulnerable. Efforts to address the rapid spread of STIs have largely focused on promoting the use of condoms as a protective ‘safer sex’ measure. Use of the male condom is still not consistent and the incidence of STIs continues to increase. Factors impeding decisions to use protection by young people include lack of knowledge about prevalence of STIs, ambiguity around contraception and safer sex practices (East, Jackson, O’Brien, & Peters, 2007). A greater concern about potential HIV transmission to sex partners was related to enhanced feelings of personal responsibility for safer sex (van Kesteren, Hospers, Kok, & van Empelen, 2000). Sexual motives appear to have a negative influence on intended condom use,
which undermine a motivation to practice safer sex. However, it can be argued that a conflict such as this may play a role more in casual sex encounters than in steady sexual relationships, as it is likely that the benefits of unprotected sex are more salient in the context of casual sex than with steady partners (East, Jackson, O’Brien, & Peters, 2007; Flowers, Marriott, & Hart, 2000). It has been shown that when people perceive increased benefits of unsafe sex, it leads to a more favorable affective impression, resulting in lower judgments of risk (Finucane, Alhakami, Slovic, & Johnson, 2000).

The principal reasoning of the current study was to unearth the determinants of the perceptions of sexual health and cofactors of condom use in sexual encounters among the tea plantation workers of North Bengal in India.

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METHODS

This was a population-based cross-sectional study undertaken from 1st July - 31st August 2006 (two months activity) among the tea plantation workers to determine the status of condom use among a sexually active population. Data from a similar community-based study by Kamal and Huda (2006) to determine condom use in India found condom users constituted 15.83 percent of the population. Considering the above prevalence, 973 study participants of both sexes between 16 to 60 years of age were selected from nine segments of population as follows: Commercial Sex Worker (CSW), Truck driver, Male plantation worker client or those with multiple partners, Female plantation worker with multiple partners, Supervisor, Unmarried youth, Alcoholics and drug user, Tribal (aborigines), Male having sex with male (MSM).

The study population was selected by a multi-stage sampling technique. There were nearly 30 tea plantation areas in this belt, popularly known as the ‘Dooars’ Tea plantation area of Jalpaiguri district of North Bengal, India. In the first stage, 15 areas were selected randomly. The Bagracote Cantonment area and National Highway, Binnaguri Cantonment area and State Highway, Birpara, Chalouni, Chemurchi, Chamurchi Bazar and Samtchi Bhutan border, Choonabhattu, Dalsing Para, DamDim, Jaigaon Bazar-Phuntsoling Bhutan border and surrounding state highway, Lankapara- Pagli Bhutan border area, Moraghat, Ngaaisuree, Rheabari, Subhasini were considered. In the second stage, with the help of social workers from the community in each of the fifteen areas, the segments of our populations were identified from the voter list. In the third stage, ten adults were selected from each segment randomly with equal sex distribution between the ages of 16 to 60 years. This age group was taken because of the high risk behavior found by researchers in India within this age group (Talukdar, Roy, Saha, Mitra, & Detels, 2008; Schneider et al., 2007; Meundi, Amma, Rao, Shetty, & Shetty, 2008; Vaz, Ferreira, & Motghare, 2006). Our primary outcome measures were socio-demographic correlates of condom use and non-use.

This study was based on a questionnaire developed as part of the Institute for Plantation Agricultural and Rural Workers (IPARW) Sexual Health Project for the plantation employees of West Bengal. The survey module was developed on direct supervision provided by the experts from National AIDS Control Society prior to the study for ensuring feasibility, acceptability, time management, validity and reliability, with assistance from the faculty members and other experts in compliance with the Helsinki Declaration.

The pre-tested close-ended questionnaire was related with the socio-demographic situation prevailing in India. By initial translation, back-translation, and re-translation followed by pilot study, the questionnaire was custom-made for this study. The interview schedule had three parts. The first part of the interview schedule was on socioeconomic and demographic characteristics. This included the variables of age, sex, marital status, qualification, occupation, income, religion, type of family. The content
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