

SEXUAL HEALTH OF MALE MIGRANT WORKERS

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ABSTRACT: Sexual health is defined as part of reproductive health and includes healthy sexual development; equitable and responsible relationships and sexual fulfillment; and freedom from illness, disease, disability, violence and other harmful practices related to sexuality. For this project on Health Problems of Migrant Workers, a section on sexual health was incorporated based on a special concern over sexually transmitted diseases (STDs), and high-risk behaviours. Access to healthcare is recognised to be a problem with minority or marginalised groups, including adolescents and migrant populations, especially undocumented migrants. This exacerbates the issue of control and management of STDs.

The Sexual Health section covered experience with sexual intercourse, and a limited number of questions related to sex partners and condom use among those who are sexually experienced. (JUMMEC 2002; 1:53-59)

KEYWORDS: Sexually transmitted diseases, high-risk behaviours.

Introduction

Sexual health is defined as part of reproductive health and includes healthy sexual development; equitable and responsible relationships and sexual fulfillment; and freedom from illness, disease, disability, violence and other harmful practices related to sexuality. For this project on Health Problems of Migrant Workers, a section on sexual health was incorporated based on a special concern over sexually transmitted diseases (STDs), and high-risk behaviours. Access to healthcare is recognised to be a problem with minority or marginalised groups, including adolescents and migrant populations, especially undocumented migrants. This exacerbates the issue of control and management of STDs.

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Results and Discussion

This analysis was confined to male respondents from Indonesia, Bangladesh, Thailand, Myanmar and Pakistan. Respondents recruited in the survey from the Philippines and other countries were omitted from the analysis due to other small numbers. According to data based on issuance of temporary work permits in Peninsular Malaysia by the Immigration Department from July 1992 to December 1995, 64.96% of migrant workers

are from Indonesia, 20.96% from Bangladesh, 7.09% from Philippines, 5.37% from Thailand, and 1.62% from several other countries, notably, India, Pakistan, Myanmar, Nepal, Sri Lanka (2). These data were not segregated by sex.

Since marital status may influence sexual activity, part of the analysis was stratified by this variable. Due to the small frequencies of divorced or widowed men, marital status was combined into two groups - currently married and single/ divorced or widowed. In total, about half of the respondents were currently married (52%). This overall breakdown applied to respondents from Myanmar and Pakistan. A lower proportion of Bangladeshi workers were married (44%), almost 60% of Indonesians were currently married (59.8%), and the majority of Thai workers were also currently married (84%) (Table 1).

There were only two widowed (one Indonesian and one from Myanmar and one divorced (Thai) respondent. These were grouped together with single (never-married) group. Differences in the distributions of respondents by marital status and nationality were highly significant ($p < 0.0001$).

By age, all nationalities averaged around 30 years with significant differences by country. The age-ranges var-

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ied by country as shown in the box plot chart below, with the minimum being 19 to 21 years and the oldest ranging between 45 to 69 years.

Sexual Intercourse

The opening question to the section on sexual health was "Have you had any sexual intercourse?". A total of 409 male respondents (almost 60%) answered 'yes' to this question (Table 2). There were highly statistically significant differences by nationality, with the highest proportion among Thais and the lowest among Bangladeshis. This supports the data on marital status by nationality.

Analysed by marital status, all currently married respondents said they had experienced sexual intercourse (Table 3). Among single, widowed, divorced men, the proportions who claimed to have had sexual intercourse ranged from eight percent of Bangladeshis to almost 30% of Pakistanis.

In terms of age, currently married men in this sample are significantly ($p < 0.0001$) older (mean 33.8 years, median 32, sd 7.76) than the single/widowed/divorced group which comprised predominantly never-married respondents (mean 26.92 years, median 27, sd 4.27).

Since questions on sexual behavior can be construed as rather sensitive and private, more so amongst Asians, under-reporting is almost certain. Based on the mean age of the single respondents, one might expect a higher proportion of sexually experienced men. However, the degree of under-reporting cannot be estimated from the present data, and studies on sexual behaviour in these countries are sparse.

Added to this, although the question asked of experience with sexual intercourse seems straightforward, misunderstanding on the part of respondents not fluent in English or Bahasa Malaysia - the two languages in which the questionnaires were available - cannot be discounted.

Among those who had experienced sexual intercourse, several more questions were asked, including number of partners, type of sexual partners in the last five years, and condom use³.

The following results pertain to those respondents who had experienced sexual intercourse. Total numbers may be less than 409 due to 'not available' data.

Number of sexual partners

To the question on number of sexual partners in the last five years, the average reported was 1.30 (median 1.00), ranging from 1 to 12 partners, among those who had experienced sexual intercourse (Table 4). As shown in the table below, all nationalities reported a median of

Table 1. Distribution of male respondents by nationality and marital status

Country of origin	Marital Status				TOTAL	
	Married		s/w/d		N	%
	n	%	n	%		
Indonesia	82	59.8	33	40.2	82	100
Bangladesh	391	44.0	219	56.0	391	100
Thailand	52	83.9	10	16.1	62	100
Myanmar	52	55.3	42	44.7	94	100
Pakistan	45	55.6	36	44.4	81	100
TOTAL	370	52.1	340	47.9	710	100

Note: s/w/d - single/widowed/divorced

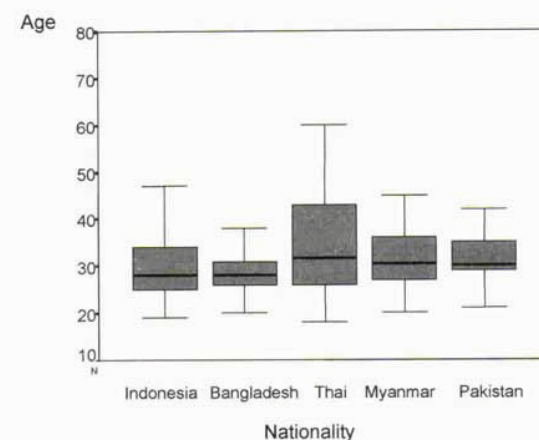


Table 2. Distribution of male respondents by nationality and any experience with sexual intercourse

Country of origin	Any Sexual Intercourse				TOTAL	
	Yes***		no		N	%
	n	%	n	%		
Indonesia	52	63.4	30	36.6	82	100
Bangladesh	190	48.6	201	51.4	391	100
Thailand	54	87.1	8	12.9	62	100
Myanmar	58	61.7	36	38.3	94	100
Pakistan	55	67.9	26	32.1	81	100
TOTAL	409	57.6	301	42.4	710	100

*** significant difference in experience with sexual intercourse between nationalities: $p < 0.0001$

one partner. Among currently married respondents, the average number of partners was 1.23 (median 1.00) and among the smaller numbers of sexually experienced unmarried respondents, it was 1.95 (median 1.00). By nationality, the average number of partners was comparable for all groups.

Interestingly, the maximum number of partners reported was highest among Indonesians (11), Pakistanis (11) and Bangladeshi workers (12). Among unmarried respondents, Bangladeshi workers reported the high-

est number of partners as well (mean 2.39, median 1.50) ranging from one to 10. It should be noted that for all nationalities, respondents reporting more than one partner are very few.

Multiple partners have implications for transmission of sexually transmitted diseases, and HIV/AIDS. This entails a disease burden involving cost of treatment and follow-up, and work days lost. Furthermore, the implications for women include infections that may lead to sub-fertility include infections that may lead to sub-fertility or infertility.

Type of sexual partner

Sexual relations with various types of partners in the past five years were asked of the respondents. These were (a) spouse, (b) casual sex partner, (c) commercial sex partner, (d) homosexual sex partner, (e) any others. Certain sexual behaviours are associated with a higher risk of STD infection, more so with unprotected sex. In particular, risk of infections is increased with multiple partners, casual partners, and commercial sex partners. Homosexual activities have higher disease risks as well through multiple casual partners, anal sex or violent sexual practices.

Spouse as sex partner

In terms of type of sexual partner, the majority named a spouse (90%) ranging from 83% of Pakistanis to 98% of Thais (Table 5).

Since the majority who responded in the positive to the question on ever-had sexual intercourse were currently married, this was not surprising.

Casual sex partner

Only 24 respondents (7%) reported a casual sex partner in the past five years (Table 6). The number of missing data on this question among the number of missing data on this question among the sexually experienced comprised 10.5% of sexually experienced respondents. Specifically, a casual partner was reported by 13% of workers from Pakistan and nearly 15% of workers from Myanmar.

By marital status for some nationalities, the vast majority of married men did not report having sex with a casual partner. The only exception was observed among 12% of married Myanmar workers. Among single, widowed and divorced respondents, the proportions who cited having casual sex ranged from 33% among Indonesians and Bangladeshis and 40% among Myanmar workers to 70% among Pakistanis. It should be noted that the numbers of unmarried sexually experienced male respondents were quite low. Overall, by marital

Table 3: Distribution of male respondents by nationality, marital status and any experience with sexual intercourse

Nationality	Marital Status	Any Sexual Intercourse Experience				TOTAL	
		yes		no		N	%
		n	%	n	%		
Indonesia	- married	49	100	-	-	49	100
	- s/w/d	3	9.1	30	90.9	33	100
	- Total	52	63.4	30	36.6	82	100
Bangladesh	- married	172	100	-	-	172	100
	- s/w/d	18	8.2	201	91.8	219	100
	- Total	190	48.6	201	51.4	391	100
Thailand	- married	52	100	-	-	52	100
	- s/w/d	2	20.0	8	80	10	100
	- Total	54	87.1	8	12.9	62	100
Myanmar	- married	52	100	-	-	52	100
	- s/w/d	6	14.3	36	85.7	42	100
	- Total	58	61.7	36	38.3	94	100
Pakistan	- married	45	100	-	-	45	100
	- s/w/d	10	27.8	26	72.2	36	100
	- Total	55	67.9	26	32.1	81	100

Table 6: Distribution of sexually experienced male respondents by nationality, marital status and casual sex activity in last five years

Nationality	Marital Status	Experience With Casual Sex Partner in last five years				TOTAL	
		yes		no		N	%
		n	%	n	%		
Indonesia	- married	-	-	36	100	36	100
	- s/w/d	1	33.3	2	66.7	3	100
	- Total	1	2.6	38	97.4	39	100
Bangladesh	- married	3	1.9	151	98.1	154	100
	- s/w/d	6	33.3	12	66.7	18	100
	- Total	9	5.2	163	94.8	172	100
Thailand	- married	-	-	52	100	52	100
	- s/w/d	-	-	1	100	1	100
	- Total	-	-	53	100	53	100
Myanmar	- married	5	11.6	38	88.4	43	100
	- s/w/d	2	40	3	60	5	100
	- Total	7	14.6	41	85.4	48	100
Pakistan	- married	-	-	44	100	44	100
	- s/w/d	7	70	3	30	10	100
	- Total	7	13	47	87	54	100
TOTAL	- married	8	2.4***	321	97.6	329	100
	- s/w/d	16	43.2	21	56.8	37	100
	- Total	24	6.6	342	93.4	366	100

*** Significant difference in casual sex activity between married and unmarried men: $p < 0.0001$ (Fisher's Exact Test)

status, 43% of unmarried men reported a casual sex experience in the past five years compared to two percent of currently married men; this difference was highly significant (see table below). Based on the notion of marital fidelity, whether unmarried men feel more at liberty to report this activity cannot be speculated.

Homosexual partner

None reported a homosexual partner and only six (one Indonesian and five Bangladeshis) named 'Other sex

partners'. There was no detailed information on who these others comprise.

Heterosexual men who had homosexual encounters because of the temporary lack of access to, or success with, the opposite sex may not admit to homosexual activities, per se, since they do not consider themselves to be homosexual, a term recognised, probably with the stigma attached, as a sexual preference for the same sex. Similarly, non-penetrative, notably, oral sex or masturbation, by/with other men may be perceived as homosexual in nature.

Commercial sex partner

Experience with commercial sex workers deserves special mention because of the higher risk of sexually transmitted diseases. In this regard, a total of 17 respondents reported a commercial sex partner in the last five years (about 5%) (Table 7). 'Not available' data comprised 42 (10%) sexually experienced respondents. By nationality, the figures ranged from about two percent among Pakistanis and Thais to seven percent among Bangladeshis, as shown in the table below.

By marital status, no married men reported a commercial sex partner, except five currently married Bangladeshis (3%) (Table 7). Among single/ widowed/ divorced men, the proportions varied from 10% (n=1) of unmarried Pakistanis to around 40% of unmarried Bangladeshis and Myanmar. Again, it should be noted that this group comprised only a small number of sexually experienced respondents.

The one unmarried Thai worker in this group also reported commercial sex activity (100%). Overall, by marital status alone, commercial sex was reported by 32% of unmarried male respondents compared to only about two percent of currently married workers. This difference was highly significant.

It is well known that data on sexual activities are difficult to obtain, particularly, on what are considered to be illicit or immoral activities. This includes pre- and extramarital sex, and homosexual or commercial sex. The taboo subject of sex causes problems for interviewers as well, and their body language and mode of questioning have an impact on responses. The rates of commercial sex activity among unmarried workers, especially for certain nationalities, are relatively high.

This draws attention to the need to counsel male migrant workers on the risks of sexually transmitted diseases and methods of protection in ways that will be effective. Unfortunately, however, the total number of unmarried males with sexual experience in this survey was small, hence, the stratified data yielded very small cells. Furthermore, the data from this survey cannot be validated from the present data set. Based on

Table 7: Distribution of sexually experienced male respondents by nationality and commercial sex activity in last five years, and by marital status and commercial sex activity

Nationality	Experience With Commercial Sex Partner in Last Five Years				TOTAL	
	yes		No		N	%
	n	%	n	%		
Indonesia	1	2.6	38	97.4	39	100
Bangladesh	12	6.9	161	93.1	173	100
Thailand	1	1.9	52	98.1	53	100
Myanmar	2	4.2	46	95.8	48	100
Pakistan	1	1.9	53	98.1	54	100
TOTAL						
- married	5	1.5***	325	98.5	330	100
- s/w/d	12	32.4	25	67.6	37	100
- total	17	4.6	350	95.4	367	100

*** Significant difference in commercial sex activity between married and unmarried men:

Table 8. Distribution of sexually experienced male respondents by nationality and consistent condom use, and by marital status and condom use

Nationality	Condom Use Every Time During Sexual Intercourse						TOTAL	
	Yes		Sometimes		No		N	%
	n	%	n	%	n	%		
Indonesia	6	14	6	14	31	72.1	43	100
Bangladesh	10	5.6	15	8.3	155	86.1	180	100
Thailand	-	-	-	-	53	100	53	100
Myanmar	3	5.8	9	17.3	40	76.9	52	100
Pakistan	9	17	8	15.4	35	67.3	52	100
TOTAL								
- married	11	3.2*	31	9.1	297	87.6	339	100
- s/w/d	17	42	7	17.1	17	41.5	41	100
- Total	28	7	38	10	314	83	380	100

*** Significant difference in consistent condom use between married and unmarried men: $p < 0.0001$

experience with surveys on sexual activity in general, it can only be presumed to be under-estimates of the actual prevalence of these sexual behaviours.

Condom Use

A question on condom use revealed a low 'everytime' use during sexual intercourse of seven percent. With 'sometimes' use, this increases to 17% (Table 8). 'Everytime' use ranged from none who used condoms each time among Thais to 14% among Indonesians and 17% among Pakistanis. A slightly higher proportion claimed to use condoms 'sometimes' (10%), ranging from none among Thais to 17% among Myanmar workers.

By marital status, a highly significant ($p < 0.0001$) and substantial difference was found between condom use among currently married and unmarried sexually experienced respondents (Table 8). The majority of the lat-

ter claimed condom usage every time or sometimes during sexual intercourse compared to only a small proportion of married respondents. Since more unmarried workers reported casual and commercial sex activities, this seems to be a positive finding.

For interest, a cross-tabulation showing the use of condoms by those who reported experience with a commercial sex partner is presented below.

Although the proportion can be considered relatively low at 30%, it is clear that consistent condom use is significantly ($p < 0.0001$) much higher for those who engaged in commercial sex in the past five years than those who did not (Table 9). Less than half of the respondents who have had a commercial sex partner never used a condom compared to the majority of those who have not. These rates should be improved upon further.

Blood Tests for STDs

Blood test results for two sexually transmitted diseases were available, at the time of preparing this report, from a total of 493 male respondents. Among sexually experienced respondents, blood test results were available for 263 men. Results for rapid plasma reagin (RPR) and *Treponema pallidum* haemagglutination assay (TPHA) for syphilis, as well as HIV are presented below.

As shown, there was a five percent ($n = 14$) reactive rate for the RPR test, a screening test for syphilis (Table 10). From these 14 positive RPR tests, the more definitive TPHA test showed only eight (3% of sexually experienced men) positive results. In all samples, there was only one positive for HIV (0.4% of sexually experienced men; 0.2% of all 493 study subject) (Table 11).

A profile of those testing positive for the TPHA showed that five of these were from Myanmar, the others being two Bangladeshis and one Pakistani. By marital status, all five Myanmarese, one Bangladeshi and one Pakistani are currently married while the other Bangladeshi is single. Their ages ranged from 28 to 37 years with one 67 year-old. In terms of number of sex partners in the past five years, six had reported only one partner while one reported three. One worker had a missing value (not available) for this variable. Only one TPHA positive worker reported a casual sex partner in the past five years, and another reported 'Others'. None had reported commercial sex activity. In terms of condom use, only two claimed to use condoms during each sexual intercourse, one said 'sometimes' and the rest said 'no'.

Only one respondent was positive for the HIV test (Table 11). This was a 29 year old currently married Myanmar respondent. He reported only one partner in the past five years, i.e., his spouse, and his response to condom use was "never".

It should be noted that blood tests were done on only one Thai worker. This sample was negative for all three tests.

Table 9. Distribution of sexually experienced male respondents by commercial sex activity in last five years and consistent condom use

Commercial Sex Partner	Condom Use Every Time During Sexual Intercourse						TOTAL	
	Yes		Sometimes		No		N	%
	n	%	n	%	n	%		
Yes	5	29.4***	5	29.4	7	41.2	17	100
No	22	6.3	32	9.2	293	84.4	347	100
TOTAL	27	7.4	37	10.2	300	82.4	364	100

*** Significant difference in consistent condom use between those who did have commercial sex and those who did not: $p < 0.0001$

Table 10. Distribution of sexually experienced male respondents by nationality and Reactive Plasma Reagin (RPR) test results

Nationality	RPR Test Results				TOTAL	
	reactive		non-reactive		N	%
	n	%	n	%		
Indonesia	-	-	18	100	18	100
Bangladesh	5	3.3	145	96.7	150	100
Myanmar	7	15.6	38	84.4	45	100
Pakistan	2	4	48	96	50	100
TOTAL	14	5.3	249	94.7	263	100

Table 11. Distribution of sexually experienced male respondents by nationality and HIV test results

Nationality	HIV Test Results				TOTAL	
	detected		not detected		N	%
	n	%	n	%		
Indonesia	-	-	18	100	18	100
Bangladesh	-	-	150	100	150	100
Myanmar	1	2.2	44	97.8	45	100
Pakistan	-	-	50	100	50	100
TOTAL	1	0.4	262	99.6	263	100

If multiple partners and/or casual or commercial sex pose a higher risk of STD infection, then the responses on number and type of sex partner from these TPHA and HIV positive respondents suggest a low risk group. It is possible that one partner or spouse is the source of infection, but this tends to be the case for women, not men. Another possibility, although less likely, is that infection was from vertical transmission, especially for syphilis. However, since the questions pertain to sex partners in the past five years, it may well be true that the respondents have had only one partner and no higher-risk (commercial or casual sex) sexual activities during that time. That is, infection may have occurred prior to that reference period when sexual practices were different. This seems plausible when one considers the relatively young 29 to 33 years age-range (29 to 33 years with an exception of one 67 years old case) of those testing positive for syphilis and HIV. As such, the currently married ones could have been single before

that five-year reference period. As observed from the present data, commercial sex activity for example, is much more frequent among single than married men. In any case, since most of those testing positive are currently married, there are the important implications of the wife being infected as well, and in-utero transmission to their children. Unfortunately, it is not possible to contact these workers for follow-up action.

Finally, the numbers of respondents positive for syphilis and HIV who were from Myanmar gives cause for concern. These comprise six of nine cases and should be investigated further.

In fact, there were actually eleven TPHA positive (2.2%) cases in the total number (493) of available blood test results for men; comprising six Myanmar workers, four Bangladeshis and one Pakistani. Three had responded 'no' to the question on 'ever had sexual intercourse' and, hence, the subsequent questions on sexual practices became 'not applicable'. These three respondents consist of one Myanmar worker and two Bangladeshis. Their ages ranged from 27 to 30 years, and all were not currently married (single). This testifies to the unreliability of some respondents on questions pertaining to sex.

Summary and Conclusions

In summary, about half of the male migrant workers, are currently married while the other half are unmarried; primarily single with a few divorced or widowed. There were significant differences in marital status by nationality, with a slightly higher proportion of unmarried Bangladeshi workers and a majority of currently married Thais and to a lesser extent, Indonesian workers.

On the average, the male workers surveyed were relatively young at 30 years. Again, there were significant differences by nationality, with Thai workers being slightly older on the average.

The majority of male workers reported having experienced sexual intercourse. There were significant differences by nationality that were commensurated with differences in the distribution by marital status. That is, a higher proportion of sexual intercourse experience was reported by nationalities with higher proportions of currently married men. Sexual intercourse experience was far lower among unmarried men (9% to 28% across nationalities) compared to currently married men (100%).

Based on number of sexual partners and type of sexual partner (notably, casual, commercial or homosexual encounters), these male migrant workers seemed to be a relatively low-risk group. On the average, workers experienced in sexual intercourse reported only one

partner in the last five years, with a very small number claiming multiple partners - five individuals who had between five to 12 partners. Only seven percent reported a casual sex partner and five percent a commercial sex partner in the last five years. No homosexual partner was reported. However, by marital status, a much higher proportion of unmarried men had casual or commercial sex. Specifically, 43% of unmarried men reported casual sex compared to two percent of married men, and 32% of unmarried men reported having engaged in commercial sex compared to 1.5% of married men. These differences were statistically different. The numbers of unmarried men were too small to analyse further by nationality. Consistent condom use was low among these workers; only seven percent claimed to use a condom every time during sexual intercourse while another 10% use condoms sometimes. Again, a statistically significant substantial difference in condom use ('every time' and 'sometimes') was found between currently married (12%) and unmarried men (59%). On a positive note, condom use ('every time' and 'sometimes') was more common among men who reported having engaged in commercial sex activity in the last five years (59%) compared to those who did not (16%). Nonetheless, there is still room for improvement.

Finally, at the time of writing this report, blood tests for syphilis and HIV were available for 493 male respondents, including 263 experienced in sexual intercourse. Among the latter, there was a five percent reactive rate (14 samples) for the *rapid plasma reagin* (RPR) test and of these eight (3% of 263) were positive for the *Treponema pallidum hemagglutination assay* (TPHA). Of these eight cases, five were Myanmar workers, two Bangladeshis and one Pakistani. They were between 28 to 37 years old except for one 67 year old. All but one were currently married. This has implications for transmission of infection to the spouse and children. In terms of sex partners in the last five years, only one TPHA positive case reported a casual sex partner and none reported commercial sex activity. In addition, only one reported more than one sex partner in the last five years. Among sexually experienced workers, only one case was positive for HIV, a currently married 29 year-old Myanmar worker.

In fact, there were 11 TPHA positive cases among the total 493 available blood test results. That is, three had reported no experience with sexual intercourse - one Myanmar and two Bangladeshis - and were, hence, dropped from further analysis based on this group. This possibly false reporting, and the relative low-risk behaviour reported by those found positive for STDs raises questions about the reliability of the respondents. At the same time, the questionnaire was by face-to-face interview in English or Bahasa Malaysia, languages that may well have been poorly understood by many of

the workers. It is also possible that the responses were valid and that infection occurred prior to the last five years reference period when, perhaps, sexual practices were different. In any case, the fact that the majority of workers positive for syphilis and the one positive for HIV were from Myanmar gives cause for concern. Since workers are supposed to be medically screened before they enter the host country, a very low rate of infection is expected unless infection was picked up in the host country.

No inferences can be made on these rates without population - based data for comparison. However, assuming there are two million foreign workers in this country, and at least half are men, a 2.2% positive rate could translate into 22,000 potential cases of syphilis and 2,000 HIV positive male workers, if this survey was representative of migrant workers.

Moreover, since at least half are married, the numbers of spouses and children potentially infected magnifies the problem considerably for the host as well as the source countries. Since this survey was not based on a probability sample, however, such a generalisation cannot be made with any measure of certainty.

These findings suggest that STDs among migrant male workers may be a factor for concern for Malaysia in terms of the potential numbers affected. In addition, more effective ways to glean sensitive information on sexual practices are needed in surveys on migrant workers. Information that motivates behaviour change on STDs and safe sex practices need to be communicated to all male workers, including awareness on transmission to their wives and children.

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3. Specific question - "Do you use a condom each time you have sexual intercourse?". Responses — 'Yes'; 'sometimes', 'no', 'not applicable'.