Sexual Partnership Patterns and HIV Risks among Male Migrant Market Workers from Central Asian countries in Kazakhstan

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INTRODUCTION

Central Asia and Kazakhstan

Central Asia includes the republics of the former Soviet Union: Kazakhstan (17.9 million), Kyrgyzstan (8.0 million), Tajikistan (5.3 million),Turkmenistan (5.2 million), Uzbekistan (28.2 million) and is characterized by the fast growing HIV epidemics.

Migration in Kazakhstan

Kazakhstan is on the 10th place among countries hosting the largest numbers of international migrants (1). Officially, the country hosts from 500,000 to 1 million migrants, however experts advance a more plausible figure of three million migrants (2).

HIV epidemics in Kazakhstan

• Heterosexual transmission makes up 62% of the detected cases in 2017.
• Injection drug use contributed 26% of HIV cases.
• Number of HIV cases in 2017 in Kazakhstan is 28,941.
• Estimated number of FSW is 26,000.
• HIV prevalence in key groups: FWS – 0.6%; MWM – 0.2% [3]

METHODS

We used baseline data from the Silk Road Health study among 2,342 male market workers conducted on Barakholka Market in Alma-Aty, Kazakhstan. (NHM, ROS HIVINDEP2013 to KH, El-Bassel)

Sample

• Barakholka Market is one of the biggest market in Central Asia is located in Alma-Aty City.
• The complex structure of Barakholka spans 4 km (2.5 miles) long and is 10 km wide.
• Market consists of 28 independent submarkets, 5 of them were wholesale markets, with about 175 thousands of stalls, with total amount of workers about 30,000

Results

Socio-demographic characteristics of the sample by migration status, N=830

<table>
<thead>
<tr>
<th></th>
<th>Non-migrant, N=434</th>
<th>Internal migrant, N=196</th>
<th>External migrant, N=199</th>
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<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
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<tr>
<td>25-29</td>
<td>27 (6.2%)</td>
<td>26 (13.2%)</td>
<td>25 (12.6%)</td>
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<tr>
<td>30-39</td>
<td>22 (5.1%)</td>
<td>34 (17.4%)</td>
<td>29 (14.6%)</td>
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<tr>
<td>40-49</td>
<td>16 (3.7%)</td>
<td>22 (11.3%)</td>
<td>31 (15.6%)</td>
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<td>50+</td>
<td>2 (0.5%)</td>
<td>3 (1.5%)</td>
<td>3 (1.5%)</td>
</tr>
</tbody>
</table>

Results of Sexual Partnership Patterns and HIV Risks among Male Migrant Market Workers from Central Asian countries in Kazakhstan

Key findings:

• Of the sample, 44.9 % reported being in MP; 1.2% - SMP; 26 % - SMP , 7.1 % - CMP.
• Mobility was associated with higher likelihood of being in SMP (RR=1.68, 95%CI: 1.04, 2.72, p=0.05) and with lower probability of being in MP (RR=0.70, 95%CI: 0.59, 0.83, p<0.05).
• Being in CMP was associated with higher likelihood of having unprotected sex with a female partner (RR=1.43, 95%CI: 1.17, 1.74, p<0.01).
• Commercial sex was associated with higher likelihood of being in SMP (RR=1.25, 95%CI: 1.46, 3.45, p<0.001) and in SMP (RR=1.88, 95%CI: 1.32, 2.69, p<0.001), whereas for men in MP, it was lower (RR=0.28, 95%CI: 0.18, 0.43, p<0.001).
• Likelihood of having sex under influence of alcohol was higher among men in CMP (RR=1.98, 95%CI: 1.45, 2.39, p<0.001) and in SMP (RR=1.88, 95%CI: 1.32, 2.69, p<0.001), whereas for men in MP, it was lower (RR=0.28, 95%CI: 0.18, 0.43, p<0.001).

Migration in Kazakhstan

Estimates of labor migrant workforce is about: 140 thousand to 1 million from Uzbekistan; 36-50 thousands from Tajikistan and 120 thousands from Kyrgyzstan *

- Urban-to-rural migration is driven by economic disparities between urban and rural areas.

- Migrant workers are vulnerable to HIV/STI due to multiple factors [1-6]:
  - Separation from family
  - Unstable living conditions
  - Lack of access to health services
  - Illegal migration and working status
  - Mobility and travel patterns

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Measures

Sexual partnership patterns:

1) monogamous partnership (MP) – true monogamous partnership: mutually reporting one partner;
2) indirect multiple partnerships (IMP) – people who report one partner, although his/her partner has many sexual partners;
3) simple multiple partnerships (SMP) – people reporting many sexual partners; in contrast, these later report only one sexual partner;
4) complex multiple partnerships (CMP) – people who reported many sexual partners who are themselves involved in many sexual relationships with other partners.

Dependent variables:

1) Biologically confirmed cases of STI (gonorrhea, chlamydia, syphilis)
2) Sex under the influence of alcohol in the last 90 days
3) Condom use: any unprotected sex in the last 90 days
4) Sex with female sex worker in the last 90 days

Analysis

We used bi-variate and logistic regression (adjusting for age, marital status, income, migration status) to examine the associations between sexual partnership patterns, mobility and the last 90 days, HIV/STI sexual risk (unprotected sex, use under influence of alcohol, sex with SW) and prevalence of sexually transmitted infections (STIs).

RESULTS

SMP (RR=1.88, 95%CI: 1.32, 2.69, p<0.001), whereas for men in MP , it was lower (RR=0.28, 95%CI: 0.18, 0.43, p<0.001).

CONCLUSIONS

- Non-monomial sexual partnership patterns were observed among one third of market workers in Kazakhstan (Central Asia).
- Mobility is a factor that is associated with multiple partners not only of men, but also of their primary female partners.
- Higher probability of unprotected sex, sex under influence of alcohol and sex with SW among men in multiple partnerships may increase heterosexual HIV/STI transmission.

IMPLICATIONS

Sexual partnership characteristics of mobile populations must be studied and considered in HIV/STI prevention approaches for this target population in Central Asia.

REFERENCES


PIA2018. Wednesday, 21 July 2018, 12:40-13:40. Poster Extension Hall 1F. Gaukhar Mergenova, gaukhar.mergenova@gmail.com, gaukhar.mergenova@gmail.com

Presented at the 22nd International AIDS Conference – Amsterdam, the Netherlands.