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The Roles of Labor Migrants' Wives in HIV/AIDS Risk and Prevention in Tajikistan

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Abstract

This study aimed to build formative knowledge regarding labor migrants' wives' knowledge, attitudes, and behaviors regarding HIV/AIDS risk and protection that would inform developing innovative HIV prevention strategies. This was a collaborative ethnography in Tajikistan that included minimally structured interviews and focused field observations with 30 Tajik wives in Dushanbe married to Tajik male migrant workers currently working in Moscow. The results documented the wives' concerns over their husbands' safety in Moscow and the difficulties of living without husbands. In a male-dominated society, gender norms limit the wives' abilities to protect themselves and their husbands from HIV/AIDS. They have some awareness of HIV/AIDS, but limited abilities to speak about sexual activity, HIV/AIDS, condoms, and HIV testing. Wives do not use condoms with their husbands and depend upon their husband's role as their protector. Wives often turn for support to their "circle of friends" or to a primary care nurse for support, but seldom do these relationships focus on preventing HIV/AIDS. To respond to HIV/AIDS risks amongst the wives of Tajik male migrant workers in Moscow, preventive interventions could build upon migrants' wives' role as the primary family caregiver and their existing sources of social support from women's circles and nurses. The overall intervention strategy could be to expand their role as family caregivers to include HIV/AIDS protection, through enhancing their HIV/AIDS knowledge and prevention skills and negotiation strategies with their husbands.

Introduction

Impacting millions globally, labor migration changes the social landscape, adds to family instability, and is associated with increased HIV risk amongst male labor migrants. Several studies have shown wives residing in sending countries have higher rates of HIV infection, largely, due to their husbands' increased sexual risk behaviors (Grawert, 1992; Lurie et al., 2003; Qin et al., 2009; Shah, Khan, Kristensen, & Vermund, 1999; Zuma, Gouws, Williams, & Lurie, 2003). The system of gender roles transforming men into labor migrants contributes to wives' vulnerability to HIV/AIDS. Economically dependent upon their husbands, wives must accept marriage with separations and infidelity and are often discouraged from discussing sexuality, HIV/AIDS, and HIV prevention (Hong, Qin, Li, Ji, & Ye, 2009; Salgado de Snyder, Diaz Perez, & Maldonado, 1996).

In Central Asia, there are an estimated one million out-of-country male labor migrants from Tajikistan (Kireyev, 2006; Olimova & Bosc, 2003). Most are married, non-drug using, heterosexual males working in Russia, where they are legally marginalized and at the bottom of the socioeconomic hierarchy (Eurasianet, 2006). Away from family, these men are likely to have unprotected contacts with sex workers and return home without HIV

testing. Tajikistan is at an early stage of the HIV pandemic with increasing rates of HIV infection (World Health Organization, 2008). By April 2010, 2009 HIV cases were registered in Tajikistan, of which 414 (21%) were female (Tajikistan HIV/AIDS Center, 2010).

Public health leaders have called for integrating gender into HIV/AIDS programs, from promoting gender awareness to more ambitious aims of transforming gender relations (Loue & Mendez, 2006; Pequegnat & Szapocznik, 2000; UNAIDS, 2002; Weiss, Whelan, & Gupta, 2000; Wingood & DiClemente, 2000; World Health Organization, 2003). It follows that wives of migrants should not be left out of HIV preventive initiatives, yet no known interventions have been designed for migrants' wives in sending countries, including Tajikistan.

The purpose of this study was to learn about: (1) the wives' HIV-related knowledge, attitudes, and behaviors; (2) the impact of migration upon the migrants' wives' family and social roles; and (3) the impact of culturally defined gender norms upon HIV risks and prevention.

Methods

To respond to the public health risk of HIV in Tajikistan, we formed a collaboration between US-based researchers from the University of Illinois at Chicago and health professionals from the Ministry of Health of Tajikistan. The evidence presented comes from ethnographic data collected from 2006 to 2008 by a multidisciplinary team of field workers that included the first three authors.

Sampling and recruitment

This study aimed to recruit a purposive sample of 30 migrants' wives. Based upon prior studies with Tajik migrants (Weine, Bahromov, & Mirzoev, 2008), this sample size was regarded as adequate to achieve “theoretical saturation” (Corbin & Strauss, 2008), defined as illuminating key patterns, concepts, and dimensions with respect to wives' knowledge, attitudes, and behaviors regarding HIV/AIDS risk and protection. The wives were recruited through two migrant organizations in Dushanbe, using the following criteria: (1) age between 18 and 49; (2) married to a Tajik man currently working in Moscow; and (3) husband returns to Tajikistan at least once a year. After complete description of the study, oral informed consent was obtained as approved by the Institutional Review Boards of the University of Illinois at Chicago and the Ministry of Health of Tajikistan.

Data collection

All interviews were conducted in Tajik or Russian, at their homes or a convenient location. The interviews lasted at least one hour, and were audiotaped, transcribed, and translated into English. The interviews included a focus on (1) daily life and living conditions in Tajikistan; (2) HIV risk behaviors; (3) HIV awareness and prevention skills; (4) husband's situation in Moscow; (5) spousal communication; and (6) the impact of migration upon the family. To complement the interview data and to achieve “triangulation” (Miles & Huberman, 1994), 30 hours of focused field observations were conducted in wives' homes, women's circles, primary care clinics, and other community gatherings. The initial study questions were refined through an iterative process of data collection and preliminary data analysis that followed standardized qualitative methods. For example, areas of focus that emerged from initial data collection included conversations some wives had with their husbands regarding HIV and the importance of women's circles.

Analysis

This study utilized a grounded theory approach to analysis (Corbin & Strauss, 2008; Miles & Huberman, 1994) and Atlas/ti computer software (Muhr, 2004). After establishing coder reliability, all transcripts were coded. Through pattern coding and memoing, using a grounded theory approach, a model emerged (Miles & Huberman, 1994). The findings were reviewed by the entire collaborative team to enable checking for contrary evidence.

Results

Table 1 presents demographic data on the purposive sample of migrants' wives. The sample included wives from all five regions of Tajikistan, both Sunni and Ismaili Muslims.

The grounded theory model (Table 2) derived through this investigation specified migrants' wives' concerns over their husbands' safety in Moscow, difficulties of living without husbands, and that the wives' abilities to protect themselves and their husbands from acquiring HIV is compromised by gender norms, limiting women's use of condoms and spousal communications regarding sexuality and HIV/AIDS protection. Wives often turn to their "circle of friends" or to a primary care nurse for support, but these relationships seldom focus on HIV/AIDS prevention. What follows is a summary of the detailed analysis with selective illustrative quotations.

Living without a husband

With their husbands away, migrants' wives become the primary family caregiver, fulfilling dual parental roles and dealing with numerous challenges on their own. They live in poverty and have difficulties feeding, clothing, and housing their children. They miss their husbands and struggle to parent their children alone:

It is very difficult to live in this society without a man. You have to have strong support in order to survive. I am selling in the Bazaar, looking after my children, keeping my house. I am doing everything on my own. I want my husband to be with me here, to share responsibilities. It is difficult to live without a man in this society. I am carrying the load of man's and woman's job in my shoulders.

Worrying about his safety

Wives knew that Moscow is a dangerous place for their husbands and worried about their safety. Wives knew the risks of violence and mistreatment from the Russian police and from nationalists. They knew that living and working conditions are poor, with little or no access to healthcare. These worried them far more than HIV/AIDS:

I think it is very difficult for my husband to work and live in Russia. Moscow is a dangerous place. They have problems with police every day.

I am very scared of him getting sick. He works in construction and he will certainly get sick. Moscow is not safe. There are many cases when Russians kill Tajiks there. Police also kill or put Tajiks in prison for nothing.

Tacit acceptance of husband's infidelity in Moscow

Wives knew without being told that their husbands are having sex with women in Moscow. Although rarely explicitly discussed, migrants' wives understood why their husbands engaged in extra-marital affairs and believed they had no choice but to accept it:

I am sure that if man is far for a long time he will have sex with other women.

My husband strays, so I know he gets involved with other women.

Migrants' wives felt that their husbands are safer if they have a Russian girlfriend, believing this makes them less likely to visit sex workers. However, these girlfriends become worrisome with wives fearing their husbands will stop sending money, divorce them, or simply never return back home. These fears are commonplace and lead wives not to challenge their husbands' infidelity.

Trusting your spouse

Migrants' wives said they trusted their husbands knew how to protect themselves from HIV/AIDS. They regarded their husbands as their providers and protectors, including with respect to HIV/AIDS:

I trust him and think that I do not need condom[s]. [Do you trust him?] I do. We are used to believing each other. I trust him, I guess. I always ask him what if you get sick, or get infected. And he tells me that he gets tested and that he knows. And I believe him.

Trusting your husband and not asking many questions is part of the male-dominated culture of Tajikistan. Despite migrants' wives' increased tasks and responsibilities, they remain under the cultural constraints regarding sexuality.

Inconsistent HIV knowledge and awareness

Most migrants' wives reported some basic knowledge of HIV/AIDS, which they learned from the media, not from health care workers or school. Most believed AIDS is an incurable infection transmitted through sexual contact that can be prevented with condoms. Most demonstrated little detailed knowledge about HIV infection, transmission, and prevention, and do not doubt myths and inaccuracies they hear about HIV/AIDS, such as HIV transmission through casual contact:

It is a disease ... I have heard on TV. The person will be very thin. You can tell on the street. He will have skin diseases too.

Information about HIV, TB and STDs is needed for everybody. Especially for women it would be very useful. I do not have enough education and because I'm staying in, always, I do not have any access to information.

Migrants' wives reported that they are discouraged from having knowledge about sexuality and HIV/AIDS because it can be understood as a sign of infidelity:

If a woman has information about HIV and STDs and her husband finds out, he will suspect her and ask her where she found out about these diseases.

Migrants' wives' knowledge about HIV/AIDS varied with their level of education. More highly educated wives had more detailed knowledge about HIV/AIDS (Table 3):

It is a virus of immunodeficiency. There is no more immune system left and then a person starts getting sick and gets AIDS.

Some interest in HIV prevention

Migrants' wives reported some awareness of HIV prevention strategies. Most were aware that condom use can prevent HIV/AIDS, but were reluctant to raise the issue of condom use with their husbands. There were interested in prevention, but unaware how to take a more active role:

Because every 5th person is in Russia now and all of them are men and most of them have sexual contacts there, they will bring this disease to Tajikistan soon, if there is not any prevention.

I do not think that it will work here. Women are not so independent and powerful here. But anyway, it would be very helpful for women to have awareness about HIV and STDs. This way, it is possible even to make them powerful.

Little spousal communication regarding HIV/AIDS

When husbands are away, communication is limited to brief infrequent phone calls. Even when husbands are home, sexuality, HIV/AIDS, and prevention are not normally discussed amongst couples:

I do not have any conversation with my husband regarding HIV and STDs. According to our traditions and culture, it is “shame” for a wife to talk with her husband about sexual issues.

I do not want to tell him this [worries about infidelity] over the phone. Well, how can I say it, I do not ask those kinds of questions and he does not answer them.

Nearly a third of migrants' wives report haven spoken with their husbands about HIV/AIDS or condom use in Russia (Table 3). More educated wives were more likely to have communications with husbands about HIV/AIDS, condom use, sex workers, and HIV testing.

Most migrants' wives are reluctant to share their concerns about HIV/AIDS with their husbands. Pushing the issue threatens their husband's anger and even violence:

I am concerned about his sexual partners in Moscow. I asked him once and got beaten by him. From that time, I did not ask him about it.

Even those that do, have very limited conversations on the topic, usually involving vague and general precautionary terms:

Whenever I talk to him, I tell him do not get involved with anyone. Protect yourself.

No condom use with husbands

Migrants and their wives never use condoms with each other. Migrants' wives report that neither they, nor their husbands have ever suggested doing so. Wives have no prior experiences using condoms and fear bringing up the topic of condom use for fear of violence, or abandonment:

I do not use condoms with my husband. I know my husband. He is educated about these diseases.

No, we do not use condoms. I trust him, I guess. I always ask him what if you get sick, or get infected. And he tells me that he gets tested and that he knows. And I believe him.

No HIV testing of wives

Although there is now compulsory testing of male migrants traveling to Russia, none of the women interviewed have been tested for HIV, and few knew that testing even exists. They reported that neither they, nor their husbands would want them to get tested, largely, because the prospect of women getting tested is shameful:

[Would you get tested?] No, it just that I think about it a lot, but I believe him and I don't think he has it.

[Have you heard of a HIV test?] Yes, of course, I have heard of it, but we have never had ourselves checked.

Most migrants' wives have not spoken with their husbands about HIV testing. Several of the migrants' wives wanted their husbands to get tested, but only two of 30 said they would approach husband about the test:

[Has your husband been tested for HIV?] No, but I would like him to do it, of course, just to know, so I know.

Sources of social support

Most wives report meeting regularly with a “circle of friends” living nearby, whose husbands are also working in Moscow:

I have three or four friends, who have their husbands in Moscow, and we talk a lot about Moscow and our husbands and different things. We have kind of circle.

Very often we gather together and talk about our husbands and their work and life in Moscow. Sometimes we gather in a house, sometimes we meet in the street, depends how we can organize.

I like very much meeting with the women. I need them sometimes. We share our thoughts.

Some migrants' wives are close with a female nurse at their neighborhood primary care clinic, which is accessible and free:

I know her [nurse] very well, she works here in the polyclinic and I have been coming to see her for years. All these women from the neighborhood come to see her, she knows me and my children.

Very seldom do these meetings focus on HIV/AIDS risk and protection.

Discussion

This study documented markedly changed women's roles within Tajik families because of their husband's labor migration to Russia. Though they have more family burdens, wives still live in a male-dominated society with gender norms regarding marital behaviors and spousal communication that limit wives' abilities to take a more active role in HIV protection (Women Living Under Muslim Law, 2008). Yet this study found numerous examples of wives attempting to diminish risks and enhance protection despite the familial, cultural, and social barriers. This gives hope that HIV prevention initiatives could help more wives to learn HIV protective strategies that would work for them.

The Republic of Tajikistan has taken important steps to address HIV/AIDS through providing testing, treatment, prevention, and information (Payton, 2004). The results of this study indicate that efforts to address HIV/AIDS in Tajikistan and other countries sending labor migrants abroad, should include preventive initiatives with migrants' wives. The study findings can help discern how preventive initiatives could be approached.

The study found that migrants' wives see themselves as the primary family caregiver. Given the importance of this role and its support by Tajik cultural values and social practices, it should be possible for HIV preventive efforts to appeal to wives' role as the family caregiver. Though, at present, this role does not explicitly encompass HIV/AIDS, it could be flexible enough to accommodate the issue without posing too serious a challenge to the roles of women in family and society, which would likely elicit a pushback. Drawing upon skills and strengths women learn to care for their family members' health, through preventive efforts, women could be taught that protecting their families from HIV/AIDS is part of their spousal and motherly duty.

Another finding is considering the low prioritization that HIV/AIDS receives by migrants and their wives, wives have much to learn about HIV/AIDS transmission and HIV prevention skills. HIV/AIDS should be framed as just as serious a threat to their husbands and their own health as other threats they face.

The study also found that wives' ability to prevent HIV is highly dependent upon their capability to use this knowledge and skills. Thus, HIV preventive interventions should include a focus on enhancing women's ability to communicate with their spouses about sexuality, extra-marital affairs, and HIV/AIDS risk and prevention. Further understanding about men's and women's differing attitudes toward condoms is needed (Bond & Dover, 1997). Because this could increase the risk for verbal, physical, or sexual violence from husbands (Silverman, Decker, Kapur, Gupta, & Raj, 2007), it would be necessary to provide resources to address family conflicts or domestic violence.

Finally, the study found that migrants' wives have two main sources of social support outside of their families that could facilitate HIV preventive interventions: circles of friends and primary care nurses. The existence of these two sources, as well as the family, social, and cultural obstacles to HIV prevention, suggests the utility of a multilevel HIV prevention model (Trickett, 2009) in which: (1) primary care nurses are trained to be intervention group leaders; (2) representatives from circles of friends are trained by the nurses in HIV prevention skills and dissemination strategies; and (3) trained representatives speak with women in their circles about HIV prevention and negotiating skills.

Limitations

This study has several limitations. First, because this study involves translation, there is always the possibility of misunderstandings. We attended to this challenge through a multilingual research team and ongoing review of translation issues. Second, this purposive sample is not representative of all Tajik women. Third, because interviews were conducted only with wives, to better understand family processes, it would be necessary to interview husbands and couples.

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Table 1

Demographics

Average age	31.3 (range 19–48)
Average number of children	2.2 (range 0–6)
Education	Primary 6 (20%) Secondary 10 (33%) College 14 (47%)
Employment	Employed 7 (23%) Sell goods in bazaar 2 (7%) Work as seamstress 2 (7%) Total 11 (47%)

Table 2

Grounded theory model.

Theme	Definition
Living without a husband	With their husbands away, wives have to be the primary family caregiver, fulfilling dual parental roles and dealing with numerous challenges on their own
Worrying about his safety	Wives are aware that Moscow is a dangerous place because of the police, nationalists, and accidents and worry about the safety of their husbands
Tacit acceptance of husband's infidelity in Moscow	Although rarely explicitly discussed, wives know without being told of their husbands engagement in extra-marital affairs and have no choice but to accept it
Trusting your spouse	Wives trust their husbands as the protectors and providers of their families including with respect to HIV/AIDS
Inconsistent HIV knowledge and awareness	Wives have some basic knowledge of HIV/AIDS, including that it is an incurable infection transmitted through sexual contact that can be prevented with condoms
Some interest in HIV prevention	Wives have some awareness of and interest in HIV prevention strategies
Little spousal communication regarding HIV/AIDS	Spouses rarely discuss HIV/AIDS. When they do, it is typically in a form of a gentle warning that comes from the wife
No condom use with husbands	Wives never use condoms with their husbands, even after long separations
No HIV testing of wives	Wives never get HIV testing, some out of concern that it is shameful
Sources of social support	Wives get daily support from female friends, family, and primary care nurses, but seldom does this involve HIV/AIDS

Table 3

Wives communication with their husbands regarding sexuality and HIV/AIDS.

Wives reported that they...	No. of wives (<i>n</i> =30)	Education Primary: 6/30(20%) Secondary: 10/30 (33%) College: 14/30 (47%)
Are aware that condom use can prevent AIDS	21/30 (70%)	Primary: 2/21 (10%) Secondary: 7/21 (33%) College: 12/21 (57%)
Have spoken with their husbands about their sexual activity in Russia	16/30 (53%)	Primary: 3/16 (19%) Secondary: 6/16 (38%) College: 7/16 (44%)
Have spoken with their husbands about condom use in Moscow	9/30 (30%)	Primary: 1/9 (11%) Secondary: 3/9 (33%) College: 5/9 (56%)
Have spoken with their husbands about HIV/AIDS disease and risk	9/30 (30%)	Primary: 1/9 (11%) Secondary: 4/9 (44%) College: 4/9 (44%)
Have spoken with their husbands about sex workers in Moscow	5/30 (17%)	Primary: 1/5 (20%) Secondary: 1/5 (20%) College: 3/5 (60%)
Have spoken with husbands about HIV testing	2/30 (7%)	Primary: 0 (0%) Secondary: 0 (0%) College: 2/2 (100%)