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Condom Use and Intimacy among Tajik Male Migrants and their Regular Female Partners in Moscow

Christopher Zabrocki¹, Chloe Polutnik¹, Jonbek Jonbekov², Farzona Shoakova², Mahbat Bahromov³, and Stevan Weine¹

Christopher Zabrocki: Christopher.Zabrocki@gmail.com

¹Department of Psychiatry, The University of Illinois at Chicago, Chicago, Illinois, USA

²Prisma Research Center, Moscow, Russia

³Prisma Research Center, Dushanbe, Tajikistan

Abstract

This study examined condom use and intimacy among Tajik male migrants and their regular female partners in Moscow, Russia. This study included a survey of 400 Tajik male labour migrants; and longitudinal ethnographic interviews with 30 of the surveyed male migrants and 30 of their regular female partners. 351 (88%) of the surveyed male migrants reported having a regular female partner in Moscow. Findings demonstrated that the migrants' and regular partners' intentions to use condoms diminished with increased intimacy, yet each party perceived intimacy differently. Migrants' intimacy with regular partners was determined by their familiarity and perceived sexual cleanliness of their partner. Migrants believed that Muslim women were cleaner than Orthodox Christian women and reported using condoms more frequently with Orthodox Christian regular partners. Regular partners reported determining intimacy based on the perceived commitment of the male migrant. When perceived commitment faced a crisis, intimacy declined, and regular partners renegotiated condom use. The association between intimacy and condom use suggests that HIV prevention programmes should aim to help male migrants and female regular partners to dissociate their approaches to condom use from their perceptions of intimacy.

Keywords

sexual risk behaviour; labour migration; regular partners; condom use; intimacy

Introduction

Over the past decade, Moscow's economic growth has led to a mass in-migration of persons seeking work from the former-Soviet republic of Tajikistan, which suffered an economic collapse following a civil war from 1992–1997. An estimated 1.5 million migrants came to Moscow from Tajikistan between 2004 and 2008 (Karimov and Maksudov 2010). Most of these migrants were men between 18 and 45 years old and worked as seasonal labour migrants, staying in Moscow from early spring until late autumn.

There have been substantial increases in the number of people living with HIV in Eastern Europe and Central Asia, nearly tripling since 2000 with estimates at nearly 1.4 million in 2009 (UNAIDS, 2012). Currently, Russia has one of the fastest growing HIV epidemics in the world, with the HIV infection rate increasing 7% in 2013, with an average infection rate of 35.7 cases per 100,000 people (Ria Novosti, 2013). Studies show that labour migrants to Russia may be at risk for HIV infection due to their risky sexual behaviour including unprotected sex with sex workers (Amirkhanian et al. 2011; Weine, Bahromov, and Mirzoev 2008). Tajik migrants who become infected in Russia may act as a bridge for HIV transmission between Russia and Tajikistan, infecting their wives when they return home (Golobof et al. 2011; Kramer et al. 2008; WHO 2008). The multi-level HIV risks associated with migration have been established in prior research, and include prolonged and frequent separation from their wives, difficult living and working conditions, peer expectations for sexual partnering, limited social control in migrant communities, reliance on sex workers, low levels of HIV-related knowledge, low perceived HIV risk, and limited condom use (Brockhoff and Biddlecom 1999; Côté et al. 2004; Magis-Rodriguez et al. 2009; Puri and Cleland 2006; Shaw et al. 2013; Wolffers et al. 2002; Xu et al. 2008).

Several studies of male migrants and their female regular partners have demonstrated that condom use is negatively correlated with intimacy between couples. Pallonen et al. (2009) described a gradient of intimacy in which a loved and trusted partner was the most intimate, casual sex partners were intermediately intimate, and sex workers and unfamiliar partners were the least intimate. One study in Thailand revealed that male labour migrants' condom use depended on the female partner type: 79% always used condoms with sex workers, 51% always used condoms with non-regular partners, and 1% always used condoms with their regular partner (Ford and Chamrathirithirong 2007). Studies of male labour migrants in Mexico and Zambia showed that migrants used condoms less with partners who they believed to be "clean," and more with partners who were unknown (Bond and Dover 1997; Caballero-Hoyos et al. 2008). Notably, however, few studies have examined HIV risk and protection in relationships from both the male migrants' and female regular partners' perspectives (Hirsch et al. 2010).

A couple's communication about condom use in their relationship has been shown to change their condom use. Among labour migrants in South Africa, Hughes, Hoyo, and Puoane (2006) showed that a lack of communication about condoms was associated with less condom use in the relationship. They also showed that though female regular partners feared contracting an STI, most did not communicate with their partners about condom use. Studies from Malawi, Lesotho, Mozambique, Uganda, and Zambia revealed the role of stigma against condom use, whereby condom use was seen as a sign of distrust in one's partner (Hattori, Richter and Green 2010; Tavory and Swidler 2009).

Several studies of couples in the USA have shown that condom use is based on intimacy. Those studies found that individuals used condoms with new and casual partners, but that condom use decreased with increased intimacy (Fortenberry et al. 2002; Macaluso et al. 2000; Nelson et al. 2011; Santelli et al. 1996). Understandably, condom use increases in those relationships where the couples discuss condom use (Corbett et al. 2009; Noar, Carlyle, and Cole 2006). Several studies demonstrated that some women even choose

unprotected sex with potentially at risk partners to achieve a greater perception of intimacy (Jones and Oliver 2007; Sobo 1995; White 1999).

No known theory adequately explains condom use among couples consisting of male migrants and their female regular partners. Many HIV prevention studies have drawn upon the Theory of Reasoned Action to explain condom use behaviour for individuals, but this theory does not explain the potential impact of a couples' relationship on condom use (Albarracin et al. 2001). For that reason, the present study incorporated several relationship theories. One is Interdependence Theory, which examines the rewards and costs in interpersonal relationships (Kelly and Thibaut 1978). Based on Interdependence Theory, Wieselquist and Rusbult constructed a model which explained how relationship behaviour is impacted upon by perceptions of the partner's behaviour (Wieselquist et al. 1999). This model differentiated between pro-relationship behaviours and anti-relationship behaviours. Pro-relationship behaviours contribute to a couple's joint interests, whereas anti-relationship behaviours represent their conflicting interests. Interdependence Theory has been further elaborated upon in the Theory of Couple Patterns of Problem Solving which explains how couples manage distress within their relationships using a response typology where partners either: 1) voice concerns about their distress; 2) exit the relationship; 3) neglect their distress; or 4) remain loyal without voicing concern (Rusbult et al. 1986). These theories informed both the data collection and analysis in this study of male migrants and female regular partners to focus on the impact of the couples' relationship on their condom use.

The purpose of this mixed methods study was to address the following questions: 1) How are the relationships between Tajik male migrants and their female regular partners in Moscow best characterised; what are male migrants' and female regular partners' knowledge and attitudes about HIV risk and condom use; how is condom use addressed in these relationships; and how can intimacy and condom use in the relationships between male migrants and their female regular partners be modeled? Additionally, the researchers considered the implications of the study findings for future programmes, policy and research.

Methods

Survey sample and data collection

The survey sample consisted of 400 Tajik male labour migrants who were purposively sampled from bazaars and construction sites in Moscow. The sampling was conducted in three stages. First, bazaars in Moscow were selected. Second, brigades or units of men who work together, within the bazaar were chosen. Finally, individual workers within the brigades were sampled. Criteria for inclusion in the study include: 1) Tajik citizen male migrant worker; 2) age 18 to 45; 3) married to a woman in Tajikistan; 4) able to give informed consent; 5) has visited Tajikistan at least once in the past 12 months and intends to visit at least once in the next 12 months. A survey instrument was developed that combined items and scales from masculinity and migration resources. The survey contained items in Russian with either Likert scale (yes/no) responses or numerical response. Participants were fluent in Russian since Tajikistan is a former Soviet republic, however, members of our research team who were fluent in Russian and Tajik conducted the surveys, and were there

to answer questions. The survey was self-administered, and migrants completed it in one hour or less. The survey consisted of questions on the following topics: 1) Pre-Migration; 2) Migrant Work and Lifestyle; 3) Migrant Sexual and Relational Experiences; 4) Migrant Health and Mental Health. The research protocol was approved by the Institutional Review Board at the University of Illinois at Chicago, the Tajikistan Ministry of Health in Dushanbe, and the Russian Academy of Sciences in Moscow.

Longitudinal ethnographic sample and data collection

For the ethnographic sample, 30 Tajik male labour migrants who had female regular partners in Moscow were drawn from the surveyed migrants in a purposive sample. Male migrants were selected by key informants for their expected knowledge of the phenomena of the study, as well as by the demographics of: age, geographic origin, and workplace in Moscow. Two minimally structured interviews were conducted with each male migrant and female regular partner. The first set of interviews were held eight to twelve months apart from the second set, allowing for longitudinal data collection. These interviews covered the male migrants' and the regular partners' experiences and perspectives regarding: 1) personal background; 2) feminine norms and schemas; 3) HIV knowledge, attitudes, and behaviours; 4) masculine norms and behaviours. Information on personal background focused on: 1) family history; 2) educational history; 3) employment history; 4) religious background and observance; 5) war and refugee experiences; 6) ethnic and cultural issues. There was 100% sample retention for both the male migrants and regular partners. The male migrant and regular partner were not present at the other partners' interviews. If a couple was no longer in a relationship at the time of the second interview, they were still interviewed and asked questions about their relationship since the first interview.

Mixed methods analysis

To determine the male migrants' characteristics and behaviours, the researchers computed descriptive statistics, including comparing the male migrants with Orthodox Christian and Muslim regular partner subgroups. The computations included regression analysis with generalised least squares method for continuous measures and Rao-Scott adjusted chi-square tests for discrete measures. Tests of significance were conducted with adjusted *F* statistics. SAS software was used for all analyses.

The study utilised a grounded theory approach to qualitative analysis (Corbin and Strauss 1998) and Atlas/ti computer software (Thomas 2004). After establishing coder reliability, all transcripts were coded. Key variables, categories, processes, and theoretical claims emerged through pattern coding and memoing (Corbin and Strauss 1998). Our approach to qualitative analysis combined both thematic analysis and a case study approach which focused on key events, time phases, and interactive processes in the couples' relationships (Yin 2002). The findings were reviewed by the entire team to check for contrary evidence.

The researchers followed standard approaches of mixed methods analysis, which emphasised integrating the quantitative and qualitative data (Creswell and Clark, 2007). For example, the results of statistical analyses informed themes that the team explored in the qualitative analyses. This exploration of the qualitative data then raised questions that were

addressed through further quantitative analysis using SAS. This process was repeated until the key themes, events, and processes were fully explored both qualitatively and quantitatively.

Results

Characterising the relationships between male migrants and female regular partners

Survey sample demographic characteristics—All the male migrants were married to a woman in Tajikistan and 351 (89%) of the male migrants reported also having a regular female partner in Moscow. The male migrants' mean age was 31.2 years and they reported that their female regular partners' mean age was 28.1 years. Bivariate analysis of the survey demonstrated that for male migrants in relationships with Orthodox Christian regular partners, there was a: lower frequency of Ismaili Muslim male migrants [248 (91%) v. 56 (74%); $F(1,20)=8.19$, $p<.0096$]; higher frequency of the male migrant working in bazaars [148 (56%) v. 30 (40%); $F(1,20)=4.25$, $p<.0526$]; higher frequency of living in a dormitory [80 (32%) v. 14 (21%); $F(3,60)=9.49$, $p<.0308$]; lower frequency of living in a worksite [26 (8%) v. 14 (18%); $F(3,60)=9.55$, $p<.0302$], and; lower frequency of providing the female regular partner with money [41 (14%) v. 21 (27%); $F(1,20)=7.23$, $p<.0141$].

Ethnography sample demographics—All the male migrants who were interviewed were married to a woman in Tajikistan. According to both the male migrant and female regular partners' interviews, one male migrant and female regular partner couple (3%) was legally married in Moscow, while four couples (13%) were married under the Nikoh ceremony (explained below). The female regular partners' religions were: Sunni 12 (40%), Ismaili 2 (7%), Orthodox Christian 15 (50%), and Buddhist 1 (3%).

Couples' relationship status—The couples met through friends or family, sharing the same space, including working together, or through unplanned encounters. There were varying degrees of commitment within the relationships. Some couples lived together and saw each other daily, whereas others met on weekends or on a monthly basis. Some couples lived together and were married legally in Moscow or under a Nikoh ceremony. Nikoh is an Islamic marriage ritual that unites two individuals and permits living together and sex (Sharifova 2006). One female regular partner, Aziza, age 49, said, "We have lived together for 6 years. We have never departed from each other." For other couples who frequently spent time together, some discussed planning to marry, whereas others stated they only had frequent encounters to socialise and to have sex. One male migrant, Dima, age 36, said, "We talk about everything, we go to the cinema or to McDonalds, and I invite her to my apartment daily, when all the guys are working. She washes my clothes and cooks me something to eat." For couples who met monthly, the meetings were based on a mutual desire for casual sex. One female regular partner, Maria, age 23, described, "My Tajik partner visits me once or twice a month. I think we don't have any relationship. Just sex is connecting us."

Male migrants' commitment to the relationship—Many male migrants preferred a casual relationship with their female regular partner. One male migrant, Tahir, age 40,

explained, “I don’t want to connect our relationships with her too close. It is just a pleasant way of spending time and for sex.” Another male migrant, Abdullo, age 26, expected the relationship with the female regular partner to be temporary: “We are not planning to be together forever, we both understand that our relationships are not permanent. Sometime she calls me, when she wants to have sex or I would call her if I want to have sex.” Other male migrants wanted a long-term relationship and either married their female regular partner or had plans to. Some male migrants stated that their marriages in Tajikistan were arranged, but in Moscow they were able to choose who they wanted to be with. One migrant, Rashid, age 30, explained, “I’m in Moscow and therefore I can have here Russian wife, the woman whom I love, but in Tajikistan my parents didn’t allow me to marry the girl whom I loved.” Another male migrant, Rustam, age 30, explained, “I live pretty well here in Russia and I registered the marriage with my girlfriend, so now she is my second wife. Her parents respect me and I respect them. We have a daughter.”

Female regular partners’ commitment to the relationship—Similar to the male migrants, some female regular partners were involved with the male migrant for casual sex and had no desire for marriage. One female regular partner, Donara, age 22, stated, “Sex is the only reason why men and women get together.” However, others expected lasting relationships and some converted to Islam in order to marry their male migrant partners. One female regular partner, Diana, age 35, said, “My partner said that it is better for me to accept Islam, otherwise his roommates would wish to have sex with me, because they thought that every women who is out of Islam, she would easily have sex with all the men. My partner is important to me. Therefore I accepted that religion.”

Crises in the relationships—The longitudinal interviews revealed that many of the couples, regardless of their commitment level, experienced crises in their relationship. These crises reported included: the female regular partner learning that the migrant was married to a woman in Tajikistan, the female regular partner suspecting sexual infidelity, or sexual assault of the female regular partner by the male migrant. Other crises included physical abuse from the male migrant and the female regular partner’s perception that the male migrant did not provide sufficient financial or emotional support in the relationship. These crises caused the female regular partners to question their relationship with the male migrant.

Knowledge and attitudes regarding HIV-related risk and protection

Male migrants’ misconceptions about HIV—Most male migrants accurately explained how HIV is transmitted, the need to use condoms to prevent sexual transmission of HIV, and that HIV is incurable. However, some male migrants reported misinformation regarding HIV risk and protection, and HIV symptoms. One participant, Latif, age 27, reported that, “guys suggest drinking some vodka before and after sex as a prevention means from HIV.” Another migrant, Mirzo, age 35, explained, “When I meet any girl I can feel or I can define either that girl is infected or not. When the girl is infected then her face looks yellow.”

Female regular partners' misconceptions about HIV—Most female regular partners knew how HIV was transmitted, that using condoms prevented transmission, and that HIV had no visible symptoms. However, a few female regular partners had incorrect knowledge of HIV transmission and symptoms. One female regular partner, Manija, age 19, feared HIV transmission through everyday items: “it can be transmitted from a pan or even when people change their clothes. If a person is infected he must have everything separated: clothes and dishes.” Another woman, Hammasa, age 30, incorrectly understood HIV symptoms: “When the person gets infected then he has a high temperature, his body burns, and he would have drops from his genitals.”

Condoms to prevent STIs and HIV—Most of the male migrants and female regular partners knew that using condoms protected against STIs and HIV. One migrant, Bobojon, age 23, stated, “The clinics are unable to help the HIV infected people because it is an incurable infection. Therefore they produce condoms in order for people to protect themselves.” A regular partner, Munira, age 30, stated, “I know that this infection could be transmitted through sexual contact. Therefore guys and girls should be careful and use condoms when they want to have sex.” Although male migrants and their female regular partners made general statements that people should use condoms to protect themselves, most of them did not regularly use condoms in their relationship.

Condom use in relationships

Quantitative analysis of male migrants' condom use with female regular partners—Bivariate analysis of the survey sample demonstrated that the regular partners' religion was a predictor of condom use in the relationship. There was a higher frequency of condom use with Orthodox Christian regular partners than with Muslim regular partners. [168 (73%) v. 25 (31%); $F(3,60)=29.48$, $p<.0001$]. Based on these results, the research team explored the possible meanings of the role of religion in relation to condom use in the qualitative analysis. Religion was used because this variable was available from the survey results. The researchers did not think that religious practice itself was necessarily the sole determinant, but rather that religion was a marker of whether the partners were from Central Asia or Eastern Europe. This is discussed further below.

Male migrants' approaches to condom use—At the start of a new relationship, condom use appeared to be associated with migrants' views that Muslim women were sexually clean and trustworthy and that Orthodox Christian women were sexually untrustworthy. One migrant, Ahmad, age 40, explained, “if she is not Muslim, then I'm 90% sure that she would have sex with others besides her Tajik partner.” Another male migrant, Habib, age 29, said, “It is impossible to have sex without condoms with European woman. They doesn't trust us, we don't trust them.” Men often attributed the lack of trust at the beginning of the relationship with Eastern European partners to a sense of otherness and lack of familiarity that they had with women from their same region and religion. One migrant, Amrullah, age 27, said, “Usually with the Russian girls I use condoms, but with our Tajik girls I refuse.” Another male migrant, Kamal, age 31, explained, “I don't know why but when you have sex with Tajik or Pamiri girls it's very rare that you think about diseases.”

As the relationship progressed, migrants reported becoming more familiar and trustworthy of their partners, regardless of religion or nationality. One migrant, Mirzo, age 25, explained, “We lived together for one year and four months as wife and husband, but primarily she was scared of me, she said that, ‘it is not worth it to sleep with a Tajik guy whom I don’t know well.’ I asked her, ‘why she is scaring of me?’ and she told me that she is scared and thinking maybe I’m infected, but in the contrary I was also scared of her.” Another migrant commented on not wanting to use condoms with his female regular partner, “I don’t use a condom with my wife and with my regular partner, but I use a condom with prostitutes...I trust my Russian wife too. She loves me so much and I like her too. Therefore we trust each other and we don’t use a condom.”

Female regular partners’ approaches to condom use—Often the male migrant and regular partner stated that it was the regular partner who insisted on using condoms. A regular partner, Oisha, age 19, explained her situation, “It doesn’t matter for him to have sex with me with or without condoms. If I give him a condom then he uses it, but if I don’t have a condom, then he doesn’t even think about it.” A male migrant, Dilshod, age 23, explained, “She doesn’t let me have sex with her without a condom because she guesses that I can have sexual contact with other girls, but I think after some days she will have confidence in me and will let me have sex without a condom.” Another migrant, Shohrukh, age 23, said, “She offered to use condoms in order to prevent pregnancy and protect ourselves from infections. She said that ‘maybe you are infected or maybe I’m infected, therefore we should protect each other from AIDS and other infections.’”

For female regular partners, condom use was shaped by their perception that the male migrant was committed to a long-term relationship. Once intimacy was established, condom use diminished. A female regular partner, Sumayah, age 30, explained, “It came naturally. I don’t remember that it was a formal decision. When people know each other for such a long time and they trust each other, there is no need in extra protection.” In relationships that were more about casual sex, condom use remained frequent. One female regular partner, Asiya, age 28, explained, “I consider him like my friend or like my lover. We don’t have any plans about marrying each other. I don’t have unprotected sex, I use condom with my partner regularly.”

Crises in the relationship influence condom use—Female regular partners’ intention to use condoms increased when a crisis occurred that caused the female regular partner to question the relationship. One woman, Aziza, age 24, explained her suspicions of infidelity: “I don’t believe that a man can only be with one woman. Some men are such bastards. As for [my partner], he says that he has nobody except me. But I think that he has some girls whom he just changes from time to time.” Another woman, Inga, age 35, said, “I know that he is a married man and I don’t want to break his family. I’m a woman and I don’t hurt another woman.”

Some regular partners responded to the crisis by confronting the male migrant. A female regular partner, Lena, age 42, explained, “I asked my Tajik partner to get an HIV test. He promised me that he would. But then he left Moscow to visit home. After two months he returned back and he said that he got an HIV test and that he is well. I trust him, because he

never lies.” Other regular partners reported ending their relationship after the crisis. A female regular partner, Ganjina, age 33, stated, “It is his last chance to change his life and his behaviour. If he would get positive changes, then I will live with him, but if he wouldn’t have positive changes, then we will get apart. It is sad to be apart, but it is not worth living with the person you can’t trust.” When female partners communicated about the crisis with their male partners, the female regular partners either: believed the male migrant and re-established the relationship, or doubted the authenticity of the relationship and remained questioning the relationship or ended the relationship.

A model of intimacy and condom use

Based on review of mixed methods data from these thirty cases, we developed a model of condom use between couples of male migrants and their female regular partners that centres on intimacy. This model depicts a process of changes in intimacy over time, which impacts the couples’ condom use (see Figure 1). Initially, most couples used condoms because they unfamiliar with each other. Subsequently, the male migrant came to believe that he knows his female regular partner, and the female regular partner comes to believe that the male migrant is committed to a long-term relationship. With this increased intimacy, condom use diminishes. However, most of these relationships experienced crises, such as learning the migrant was married, suspecting infidelity, or sexual assault of the female regular partner by the male migrant. In response, the female regular partners question their intimacy and trust in the male migrant and either want to change or end the relationship. Conversely, male migrants responded by either actively deceiving or avoiding talking to their partner. Some female regular partners were reassured that the male migrant was committed; therefore they re-established intimacy and continued with low or no condom use. Other female regular partners continued to question their intimacy and insist on increased condom use. Others simply end the relationship.

Three case vignettes of different crises and responses are described below so as to illustrate the model. Participant’s names have been changed to protect their privacy.

No condom use in a relationship with no crisis—Rasim, a Tajik migrant, and Masha, his Orthodox Christian Moldovan regular partner who converted to Islam, were married under Nikoh. Rasim, age 40, explained the conversion, “I asked her to change her faith and become a Muslim. She said the word of ‘shahodat’ (witnessing) ‘Lo Illoha Illalloh, Muhammadun Rasululloh’ and became a Muslim.” Masha, age 49, stated their commitment to each other, “Step by step, one after another. It’s very hard. Maybe that’s why there are some quarrels. If I went to work at morning and come back home at evening, we could miss each other. But we are always together.” Rasim has extramarital encounters but keeps the affairs a secret from Masha: “Both my wives know about each other and both agree with that, but they both don’t know about my contacts with sex workers.” In their relationship, Masha explained why they do not use condoms, “We never use condom. I don’t have any other partners and I’m sure that he also doesn’t have any other partners except me.” She added, “I haven’t had any contacts with other men except my husband. Therefore I don’t need to get HIV test.”

Transient changes in condom use after a crisis—Burhan, a Tajik migrant is in a relationship with Maya, his Uzbek Muslim regular partner. Burhan, age 24, reported using condoms in the relationship, “Yes, we use condoms to prevent her pregnancy. But it is also difficult to trust anybody in Moscow.” In a later interview, Burhan stated that he trusted that Maya has no other partners, “No, we don’t use condoms. I trust her, she is not infected. I’m sure that she doesn’t go to have sex with the other man.” Maya, age 22, explained a crisis that the couple once had, “He was untrue to me, therefore I didn’t want to live with him. But on the other hand, for the sake of his support, I’m obliged to be with him.” Maya started using condoms after the crisis, but condom use diminished after their intimacy was reestablished, “I was scared to be infected, so we used condoms. But then I trusted him and I didn’t worry about anything else.”

More condom use after a crisis—Safar, a Tajik migrant, and Jamilla, his Kyrgyz Muslim regular partner started using condoms at the beginning of their relationship, but reduced their condom use as the relationship progressed. Jamilla, age 32, explained, “Sometimes we do, sometimes don’t.” A crisis occurred and Jamilla doubted the sincerity of Safar’s response, “He convinced me and promised me that he doesn’t have any other relations with women. I didn’t know if he was true to me or just making a fool of me.” Safar, age 40, deceived his partner and still visited sex workers, “I do not visit sex workers as frequently as I used to, but for the diversity in sex it is still the best way.” Jamilla continued to doubt her partner and insisted on using condoms: “I told him that while we are not married, I won’t have sex with him without a condom.”

Discussion

This study found that both male migrants’ and their regular female partners’ approaches to condom use centre on intimacy in their relationship, albeit utilising different interpretations of what intimacy might mean. For male migrants, intimacy was regarded as familiarity with the female regular partner and trust in her sexual cleanliness, which was largely based on her religion and nationality at the beginning of the relationship. For the female regular partners, intimacy was perceived as a commitment by the male migrant to their relationship. In both cases, intimacy guided their approaches to condom use.

As intimacy built in the relationships, condom use diminished. However, most of these relationships were subject to different types of crises that impacted intimacy and hence condom use. Crises included the female regular partner learning that the male migrant was married, suspecting infidelity, or being sexually assaulted by the male migrant. When the relationships faced such crises, the male migrants responded with either avoidance or deception, and the female regular partners responded with changes in condom use until intimacy was reestablished, or with ending the relationship.

Many male migrants and female regular partners had basic HIV knowledge, but many also had significant misunderstandings regarding HIV transmission, symptoms, and prevention. However, both male migrants and female regular partners often explained their condom use based on their perceptions of intimacy with their partner rather than on their awareness and knowledge of HIV risk and protection.

In locations such as Moscow, with large numbers of couples between male migrants and female regular partners, there is a need for HIV prevention programmes focusing on migrant/regular partner couples and their issues. HIV prevention programmes for these couples could be delivered through diaspora community and cultural centres where migrants and their female regular partners, many of whom are migrants themselves, typically attend cultural events. Messages could also be distributed through publications and social media in the diaspora, including messages that reflect the increasing rate of new HIV infections in Russia and emphasize the importance of protection regardless of the partner's religion or nationality.

The findings of an association between intimacy and condom use suggest that HIV prevention programmes could aim to help male migrants and female regular partners to dissociate their approaches to condom use from their perceptions of intimacy. One strategy future HIV prevention programmes could use to do this would be to reframe and de-stigmatise condom use for both male migrants and female regular partners so that they are not regarded as symbols of mistrust (Barroso and Sippel 2011; Dintwa 2009; UNFPA 2005), but instead creating an environment where those who want to engage in safer sex can do so without implying infidelity. This strategy for HIV prevention programmes would promote more open and honest couples' communications regarding HIV risk and protection.

Given the high rates of multiple partnering for male migrants and unprotected sex among the couples, another key strategy would be to encourage these couples to get annual HIV testing and to maintain regular condom use throughout their relationship (Allen et al. 2007; Desgrées-du-Loû and Orne-Gliemann 2008). This is consistent with the consensus recommendations developed by our academic-government-community partnership in Tajikistan and Russia. Indeed, related key decision points for governmental policymakers in high migration sending or receiving countries are whether to require HIV testing for male migrants or to assertively promote condom use for male migrants.

The research findings suggested that the female regular partners were more willing than the male migrants to change their condom use behaviour. Female regular partners changed their condom use behaviour in response to crises, yet male migrants did not reconsider their condom use once they had established the relationship. This suggests that another strategy for HIV prevention activities could be to enhance female regular partner's condom negotiation skills and self-efficacy, since their condom negotiation was the primary factor that changed the male migrant's condom use behaviour (Sayles et al. 2006; Wechsberg et al. 2010). These skills could be taught to women by nurses or other health workers in women's health care clinics, other women's organizations, or through social media. This brings up further lines of inquiry regarding whether the female regular partners were concerned about getting pregnant and if they were using other methods of birth control if they were not using condoms.

Regarding further research, the study findings highlighted the value of including perspectives from both male migrants and female regular partners and collecting data over time. Including both partners' perspectives allowed the researchers to better understand the couples' interactions and how they were perceived by each other. Collecting longitudinal

data allowed the researchers to see how those interactions and perceptions evolved over time. As a result of these methods, the researchers were able to see if and when deception occurred between the couple, which could not have been discovered otherwise. The two perspectives over time approach allowed the researchers to build a model that explained how intimacy and condom use changed in a couples' relationship over time. To gain a better understanding of choices and behaviours in such relationships, future studies should utilise both partners' perspectives, as well as changes over time. More frequent interviews and observations or emergent methods such as experience sampling could make valuable contributions (Strauss 1996).

This study had several limitations. First, all the survey data came from the male migrants. However, the ethnographic interviews were conducted with both the migrants and the regular partners. Second, the survey was cross-sectional while the interviews were longitudinal in character. Third, there were several instances of contradictions between reports from the male migrants and their female regular partners that could not be resolved. Because some migrants had multiple female regular partners, it is possible that at times they were referring to another partner. Together, these factors highlight the preliminary nature of this investigation, pointing to issues it will be important to follow up on in subsequent work.

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Figure 1.
Condom use attitudes among male migrants and their female regular partners

Table 1

Comparison of survey data among male migrants with Orthodox Christian and Muslim regular partners

Variable	Orthodox Christian Regular Partners (n=270)	Muslim Regular Partners (n=74)	Total Regular Partners (n=344)
Age			
Male Migrant	30.9 (5.8)	32.5 (6.7)	31.2 (6.0)
Regular Partner	28.0 (5.3)	28.4 (5.5)	28.1 (5.4)
MM Education			
Primary	18 (6%)	5 (6%)	23 (6%)*
Secondary	203 (76%)	49 (64%)	252 (72%)*
College	23 (8%)	8 (11%)	31 (8%)*
University (NC)	5 (1%)	3 (4%)	8 (2%)*
University (C)	25 (8%)	12 (15%)	37 (11%)*
RP Education			
Primary	3 (1%)	0 (0%)	3 (1%)
Secondary	226 (88%)	56 (75%)	282 (85%)
College	13 (4%)	9 (12%)	22 (6%)
University (NC)	10 (3%)	4 (6%)	14 (3%)
University (C)	17 (4%)	5 (7%)	22 (4%)
MM Region			
Dushanbe	45 (16%)	8 (10%)	53 (15%)
Khatlon	78 (30%)	26 (33%)	104 (30%)
Sughd	72 (23%)	14 (16%)	86 (25%)
GBAO	20 (8%)	16 (22%)	36 (10%)
Subordinate	58 (22%)	13 (18%)	71 (21%)
MM Religion			
Sunni	248 (91%)	56 (74%)	304 (87%)*
Ismaili	22 (9%)	18 (26%)	40 (13%)*
MM Migration History			
# times in Russia	4.16 (1.9)	4.59 (3.6)	4.27 (2.4)
MM Workplace			
Bazaar	148 (57%)	30 (40%)	178 (53%)*
Construction	122 (43%)	44 (60%)	166 (47%)*
MM Finances			
Monthly income (Rubles)	17522 (5357)	19132 (5800)	17839 (5499)
Provide RP with money	41 (14%)	21 (27%)	62 (17%)*
MM Living Place			
Apartment	165 (60%)	46 (61%)	211 (60%)*

Variable	Orthodox Christian Regular Partners (n=270)	Muslim Regular Partners (n=74)	Total Regular Partners (n=344)
Dormitory	80 (32%)	14 (21%)	94 (30%) **
Work site	25 (8%)	14 (18%)	40 (10%) **
MM Sexual Activity			
# of times had vaginal sex (past month)	2.31 (0.9)	2.24 (1.3)	2.24 (0.99)
Always use condom w/SW	180 (77%)	40 (67%)	220 (73%)
Condom w/RP	168 (73%)	25 (31%)	196 (56%) ***
HIV/AIDS & Health			
MM HIV tested	183 (73%)	55 (75%)	238 (74%)
RP HIV tested	30 (23%)	33 (66%)	63 (36%) ***
MM worry about HIV/AIDS	4.9 (1.5)	5.3 (1.9)	5.0 (1.6)
MM talk w/RP regarding HIV	92 (34%)	27 (35%)	119 (35%)

*
.1 < p

**
 $p < .05$

 $p < .005$

Table 2

Demographics from ethnographic interviews

Variable	Male Migrant (n=30)	Regular Partner (n=30)
Age	29.2 (5.7)	30.97 (9)
Education		
Primary	5 (17%)	0 (0%)
Secondary	20 (67%)	10 (33%)
College	2 (7%)	1 (3%)
University (Incomplete)	0 (0%)	7 (23%)
University (Complete)	3 (10%)	12 (40%)
Religion		
Sunni	23 (77%)	12 (40%)
Ismaili	7 (23%)	2 (7%)
Orthodox Christian	0 (0%)	15 (50%)
Buddhist	0 (0%)	1 (3%)
Workplace		
Administrator	0 (0%)	1 (3%)
Bazaar	15 (50%)	3 (10%)
Café	0 (0%)	3 (10%)
Cashier	0 (0%)	3 (10%)
Cleaner	0 (0%)	7 (23%)
Construction	15 (50%)	2 (7%)
Designer	0 (0%)	1 (3%)
Nurse	0 (0%)	2 (7%)
Shop Clerk	0 (0%)	3 (10%)
Unemployed	0 (0%)	5 (17%)
MM Region		
Dushanbe	6 (20%)	-
Khatlon	6 (20%)	-
Sughd	6 (20%)	-
GBAO	7 (23%)	-
Subordinate	5 (17%)	-
RP Region		
Armenia	-	2 (7%)
Kyrgyzstan	-	1 (3%)
Moldova	-	3 (10%)
Russia	-	13 (43%)
Tajikistan	-	7 (23%)
Ukraine	-	2 (7%)
Uzbekistan	-	2 (7%)

Variable	Male Migrant (n=30)	Regular Partner (n=30)
Marital Status RP-MM		
Married (Legal)	1 (3%)	
Married (Nikoh)	4 (13%)	
Unmarried	25 (83%)	