

# Pattern of sexual behavior among people in a rural area of Bihar: A qualitative study on wives of migrant workers

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## ABSTRACT

**Background:** Population mobility and migration are important processes of human life. It affects broad range of sociocultural parameters. Mobility increases personal interaction and exposure to sexual partners from high-risk group. Although traditional Indian value prohibits premarital or extramarital sexual activities, but this aspect has not been explored in migrant workers. **Methods:** It was a qualitative study based on indepth interview of participants. The participants were wives of migrant workers. Indepth interviews were conducted by two female field interviewers recruited for the study. A total of 24 study subjects were recruited for the study. An indepth interview guide was prepared which mainly focused on sexual behavior, including premarital, marital, and extramarital, quality of marital relationship, gender roles, peer networks, substance abuse, work-related activities, etc., The transcripts were analyzed in NVIVO and themes were generated. **Results:** The premarital sex was more common in boys than girls. It is more common in the same age group and has increased in the recent years. Various reasons were cited in relation to premarital sex in rural areas like love affair, delayed marriage, watching bad movies, bad company, allurements for gifts money, etc., Some women had opinion that males belonging to affluent and powerful families had tendency to enjoy sex with other women within and outside village. The major themes which emerged from the study were the sexual activity, type of sexual partners, reasons for multiple sexual partner, and risky and nonrisky sexual activity. **Conclusion:** The findings of the study provided insights to design and conduct a larger and more representative quantitative study among the wives of migrant workers to understand the dynamic combination of biomedical, behavioral, and sociocultural factors that may influence transmission of infection within marriage.

**Keywords:** Migrant, sexual behaviour, sexual partner, wives

## Introduction

Population mobility and migration are important processes of human life. It affects broad range of sociocultural parameters<sup>[1]</sup> besides its greatest economic potential.<sup>[2]</sup> Mobility increases personal interaction and exposure to sexual partners from high-risk group.<sup>[3]</sup> Many studies reported a significant rise in

risky sexual behavior among migrants, indicating some inherent characteristic. Married women are highly vulnerable to sexually transmitted diseases (STDs) including HIV due to the high risk behavior of their husbands.<sup>[4-6]</sup> Some of the married males have multiple sex partners which also put their wives at risk of getting HIV infection.<sup>[7-9]</sup>

The Economic Survey of India 2017 reported an annual internal migration of 9 million between 2011 and 2016.<sup>[10]</sup> The census 2011 reported total internal migration in the country including

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inter- and intra-state movement to be 139 million. Uttar Pradesh and Bihar are the biggest source states.<sup>[10,11]</sup>

Human sexual practice or human sexual behavior is the way humans experience and express their sexuality. People engage in a variety of sexual acts from time to time, and for a wide variety of reasons. Although the primary evolutionary purpose of sexual activity is a reproduction, research on college students suggested that people have sex for four general reasons: “physical attraction,” “as a means to an end,” “to increase emotional connection,” and to “alleviate insecurity.”<sup>[12]</sup> According to the published literatures, risk sexual behavior was defined as having multiple sex partners, paying for sex, homogeneity sex, etc.<sup>[13]</sup>

Although traditional Indian value prohibits premarital or extramarital sexual activities, this aspect has not been explored in migrant workers. As per the best of author’s knowledge, there was no study in this area for exploring the various aspect of sexual behavior of migrant workers and their wives. The present article describes the social context of migration-related sexual behavior in Muzaffarpur district of Bihar, India. The existing information about the sexual networks and risk profile of wives and their migrant husbands are very important in order to understand the HIV epidemic in the district. Globally, a large proportion of the HIV prevalence is attributed to individual sociopsychological and personal behavior, and mode of interactions or sexual mixing pattern within and outside the community. Qualitative methods attempt to grasp these phenomena in the more holistic way or to understand a phenomenon within its own context or to emphasize the immersion in and comprehension of human meaning ascribed to some set of circumstances or phenomena, or all three.<sup>[14]</sup> We used indepth interviews of wives of migrant workers to describe the interpersonal, social, and cultural context of the reported behaviors and information related to marriage and sexual practices commonly prevalent in the rural areas.<sup>[15–18]</sup>

## Methods

### Study area

Out of 16 sub-districts or developmental blocks in Muzaffarpur district, Kurhani block was selected, considering the approachability and logistics. Four villages were selected from two Panchayats, the lowest administrative unit as per the three-tier administrative structure of the state government.

### Study population and sample size

The study participants were wives of migrant workers of 15–49 years of age, living in rural areas of Muzaffarpur district for at least 6 months, and without any mental health problems. There was no actual calculation of the sample size for this phase of the study. It is suggested that 50–100 is a reasonable size for a qualitative study.<sup>[19]</sup> A sampling frame of these participants was created by the two female interviewers with the help of a

non-Government Organization (NGO) and ASHA (Accredited Social Health Activists) of four villages in the selected panchayat of Kurhani block in the district. All 24 participants, after going through the project information or having it explained to them by the ASHA workers, gave their formal consent to participate. The place and time of interview was told to them 1 day in advance. All 24 participants who gave their formal consent attended the interview at scheduled time and place. They were paid an honorarium of INR 150 (US \$3) for compensating their time.

### Data collection

Indepth interviews were conducted by two female field interviewers recruited for the study. These female investigators were selected from Muzaffarpur district only because to make conversation in local Hindi dialect with the participants. They received 1-week training about the techniques for conducting indepth interviews. The PI and interviewers discussed together how to reach the migrant workers’ wives, what information they need to collect, and how they would collect it.

An indepth interview guide was prepared which was approved by the Institutional Review Board of UCLA and Institutional Ethical Committee of ICMR, Patna. The guide was mainly focused on basic demographic information, sexual behavior, including premarital, marital, and extramarital, quality of marital relationship, gender roles, decision making within the family, peer networks, substance abuse, work-related activities, etc. The questions were of a general nature and not directed to their personal behaviors.

Indepth interviews were conducted in the local language, mainly a version of the Hindi language. All the interviews were tape recorded and were later translated into English by a professional Hindi-to-English translator. Both female interviewers conducted all the 24 interviews together dividing their job responsibilities between them; one of them was asking questions from the guide and recording the entire process using a tape recorder, another was taking down written notes simultaneously. Both were prompting participants during the interviews. All the participants were interviewed in a closed room provided by the head of the local Panchayat. The purpose of selecting this place was to make a neutral place where the extent of distractions during the interviews could be minimized.

### Data analysis

All the hand-written field notes and recorded interviews were taken at the time of each interview were collected from the female field interviewers. The hand-written field notes and the recorded interview were verified by the PI to ensure the completeness of the interview. Qualitative data from interviews were transcribed and translated by a trained translator. Sections of the transcripts were back-translated at random by a different member of the study team to test for quality. All transcripts were uploaded to NVIVO for thematic analysis based on the iterative steps of open coding, axial coding, and selective coding. The project map was

created with NVIVO reflecting the hierarchy and relationships of various nodes.

## Results

Almost 75% of the respondents (18 out of 24) had no agricultural land for farming, no cattle, or other means of livelihood. They were totally dependent on the income earned by their husbands.

**Husbands' Profile:** The husbands of the participants were working in other states or big cities like Kolkata, Delhi, Mumbai, Surat, Punjab, Haryana, Assam, Sikkim, and Bangalore as skilled worker, factory laborers, and fruit/vegetable vendor. The median duration of migration (in years) as told by the respondents was 10 years (range; 4-25 years). They visit home during festival time.

## Sexual Activity

**Premarital sex of girls and boys:** Sexual behavior in the unmarried has remained a debatable issue among scientist and moralist.<sup>[20]</sup> The respondents said that the premarital sex was more common in boys than girls. It is more common in the same age group and has increased in recent years.

**Reasons for premarital sex:** Various reasons were explained in relation to premarital sex in rural areas. Coeducation of boys and girls, love affair, delayed marriage, watching bad movies, bad company, allurements for gifts, money were some of the important reasons for premarital sex among boys and girls. Some of the boys visit commercial sex workers (CSW), especially those who are studying outside in a big city outside the village. These boys also offer good gifts to their girlfriends in the village and enjoy sex with them. Some women had an opinion that use of mobile and electronic gadgets among young boys and girls were the sole reason for premarital sex as they could access to pornographic materials through these. They also admitted that alcohol intake and addictions to various tobacco products makes the boys sexually related and make them involved in premarital sex.

## Sexual Partner

Selection of sexual partner has been stronger in humans than is often assumed. An understanding of this may be useful for human psychological sex differences.<sup>[21]</sup>

**Sexual partner of men:** Nearly 5-10% of the males in villages had many sex partners, as told by 14 out of 24 of the participants. Their partners were mostly women of the same village who had doubtful character, with close relatives like sisters-in-law, friends' wife, agricultural laborers working in the farm, women living without a husband, and CSWs.

**Reasons for multiple partners among males:** Some women had the opinion that males belonging to affluent and powerful families tended to enjoy sex with other women within and outside the village. Sometimes these males exploit the situation of some

poor women, especially those who work as an agricultural laborer or domestic help. Beautiful and physically attractive women or unmarried girls are the usual targets of these males as told by some of the respondents. Some of these males enjoy sex with their close relatives or friends.

**Multiple partners of women:** As regard to sexual behavior of women in villages, 10 out of 24 told that women had multiple partners but in very low proportion (5-10%), especially those who were not happy with their husbands or living alone. They usually got involved with their close relatives like brothers-in-law, husband's friends, and some distant relatives or sometimes with rich landlords.

**Reasons for multiple partners among females:** Various reasons were told by the women in relation to the extramarital relationship. Some rural women living without their husbands for a long duration got tempted to satisfy their natural sexual urge and hence develop a close relationship with other males in the village. Unsatisfied marital relationship with husbands was one of the important factors for multiple partners.

**Sexual partner of migrant workers:** Out of 24, 18 told that some males (10-15%), not all, might have some risky sexual behavior outside because they live away from their wives for a long duration, and in order to satisfy their natural urge to sex, some of them visit sex workers available there. These women were not sure about this behavior of their husbands. Due to this behavior, these migrant males could get exposed to HIV infection and consequently put their wives at risk of getting HIV infection during sex with them. Unmarried migrant workers had fewer encounters with a casual extramarital partner than their married counterparts.<sup>[13]</sup> Our study observed the same pattern.

## Sexual partner of the spouse of a migrant worker

The sexual partner of migrant's wives was close relatives and other neighboring males. Few of them get lured by the money provided by the other men. Many times, sexual partners are unmarried boys.

## Sexual Practices

The sexual practices were further subdivided between risky and non-risky behaviors. The risky behaviors as perceived by the participants were living away from the spouse, having a relationship with other women outside the village, visiting a CSW. The nonrisky or safe behaviors as perceived by the women were being faithful to the spouse and sexual relationship with the spouse only.

The verbatim of the respondents are coded into the nodes and themes were generated out of them [Supplement Table 1]. The project map for thematic analysis is presented in Supplement Figure 1 showing various themes, the nodes and their relationship with each other.

## Discussion

The qualitative results from the indepth interviews helped in framing a general picture or view of migrant workers' wives about sociocultural practices related to marriage and sex in rural communities. Although the participants for indepth interviews were selected from the study population wives of migrant workers, the sample cannot be considered as representative of wives of migrant workers in the selected study district because of non-random selection. Nonetheless, it helped in generating some idea about the real scenario regarding sexual activity in the rural community.

Most of the north Indian states have a patriarchal family system where females have a very little or almost non-existent role to play in the decision-making process. The power to make decisions is completely vested into the bread earner or head of the family, mainly husband. Sex is considered a very sensitive issue and even wives feel very shy in discussing sex issue with their husband. Women do not feel comfortable in expressing their sexual desire or asking their husband to use a condom. Some of them had apprehensions of being physically abused by their husbands. Bihar is one of the leading states in India in terms of physical or sexual violence against women. A total of 60% of women, aged 15 to 49 years, are subjected to physical or sexual violence in Bihar against the national average of 37%.<sup>[22]</sup>

The ability of women to discuss sexual issues within marriage would be a great step forward in exerting women's making decisions ability.<sup>[23]</sup> Good communication between the married couple has a significant influence on safer sex behaviors.<sup>[24-28]</sup> However, these women indicated that little communication about sexual and reproductive health occurred between married couples in India as well as evidence in various published reports.<sup>[27-29]</sup> In this study, we found that most of the women did not express their sexual likes and dislikes to husbands as per the socially acceptable traditional image of the wife in Indian society and family.<sup>[30]</sup> Thus, there is likely a profound impact of husband's attitude and behaviors related to sexual communication on the women's sexual behaviors.<sup>[31]</sup> Interpersonal communication in married life plays a very important role in enhancing the ability of female partners to convey their expectations.<sup>[15]</sup> In India, sexuality is considered a taboo, and sexual matters are generally not discussed in the family especially with female members of the family.<sup>[18]</sup>

It was observed that in rural communities the most common sexual relationship was between husband and wife, that is, a strictly monogamous relationship, a common social phenomenon in the Indian society. The extent of other forms of sexual relationships like sex with other males or females reported to be very low (5-10%), but the early sexual debut among the boys (15-25%) and girls (5-10%) revealed the changing sexual activity in rural society. The reason for this changing sexual activity among unmarried boys and girls could be due to synergistic effects of watching movies and availability of electronic gadgets such as

mobile phones, TV, DVD, etc., which provide the opportunity of watching pornography, a common leisurely activity among young boys in rural areas. In many parts of India, many young girls with low literacy levels were married by the age of 16-18 years. Indian girls were found to lack the independent authority for the control of their sexuality or reproduction.<sup>[32]</sup> Post-marriage, the control of female sexuality shifts from the father to the husband. The lack of adequate knowledge of the young women about sexual matters and contraception results in early and successive pregnancies and sexual disharmony.<sup>[33-35]</sup> Lack of adequate sexual knowledge and early sexual debut in this group of the rural young population could make them vulnerable to HIV and other sex-related diseases. Early initiation of sexual activity and higher numbers of non-marital sex partners are linked in turn to a wide variety of negative life outcomes, including increased rates of infection with sexually transmitted diseases.<sup>[36,37]</sup>

As this study was conducted in a small and purposive sample of wives of migrant workers, its findings cannot be generalized across the district because of the study design and non-representative sample. This qualitative research helped to reveal some of the more nuanced cultural, social, and interpersonal shifting contexts of sexual behaviors of the wives of migrant workers or married women.

Patients with symptoms of sexually transmitted infections often come to family physicians. The patient expects that they will get the treatment in a professional and non-judgmental manner. Often such infections are as a result of various high risk activity such as sex with multiple partners and with commercial sex workers. The patient always shies away in revealing such activities and do not confide in their family physicians. The knowledge regarding the sexual activity, behavior, practices, and type of partner in rural inhabitants will provide insights to the family physician to take a detailed sexual history and to treat the infections in a holistic manner. It will also help family physician to understand the dynamic combination of biomedical, behavioral, and sociocultural factors that influence transmission of infection within marriage.

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## Conflicts of interest

There are no conflicts of interest.

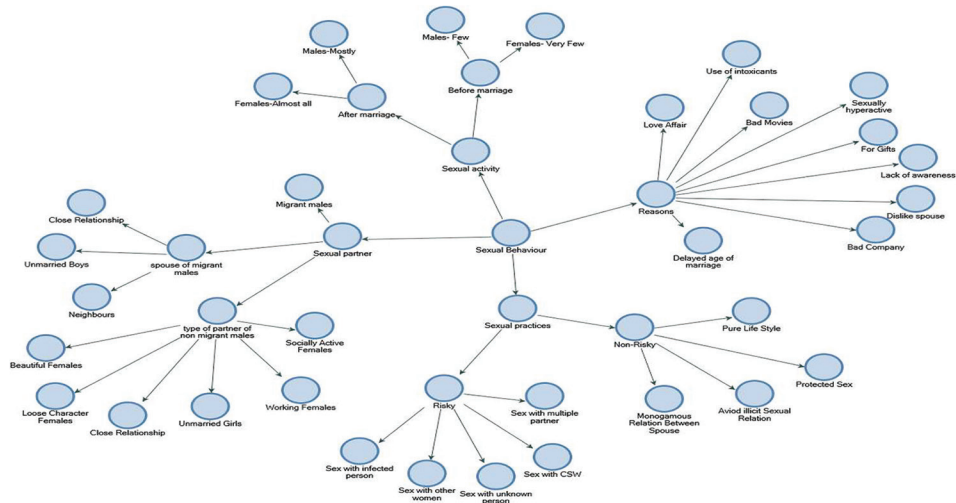
## References

1. Deane KD, Parkhurst JO, Johnston D. Linking migration, mobility and HIV. *Trop Med Int Health* 2010;15:1458-63.
2. Mendola M. Sussex Migration Working Paper No 40. 18.
3. Coffee M, Lurie MN, Garnett GP. Modelling the impact of migration on the HIV epidemic in South Africa. *Aids* 2007;21:343-50.
4. Panchanadeswaran S, Johnson SC, Mayer KH, Srikrishnan A, Sivaran S, Zelaya CE, *et al.* Gender differences in the

- prevalence of sexually transmitted infections and genital symptoms in an urban setting in southern India. *Sex Transm Infect* 2006;82:491-5.
5. Ghosh P, Arah OA, Talukdar A, Sur D, Babu GR, Sengupta P, *et al.* Factors associated with HIV infection among Indian women. *Int J STD AIDS* 2011;22:140-5.
  6. Wyatt GE, Gupta RN, Swaminathan S, Venkatesan P, Ranganath VJ, Wyatt L, *et al.* Factors that increase HIV risks to rural and urban women in India. *International Conference of AIDS*, 2004.
  7. Gangakhedkar RR, Bentley ME, Divekar AD, Gadkari D, Mehendale SM, Shepherd ME, *et al.* Spread of HIV infection in married monogamous women in India. *JAMA* 1997;278:2090-2.
  8. Mehta SH, Gupta A, Sahay S, Godbole SV, Joshi SN, Reynolds SJ, *et al.* High HIV prevalence among a high-risk subgroup of women attending sexually transmitted infection clinics in Pune, India. *J Acquir Immune Defic Syndr* 2006;41:75-80.
  9. Newmann S, Sarin P, Kumarasamy N, Amalraj E, Rogers M, Madhivanan P, *et al.* Marriage, monogamy and HIV: A profile of HIV-infected women in south India. *Int J STD AIDS* 2000;11:250-3.
  10. India has 139 million internal migrants. They must not be forgotten [Internet]. World Economic Forum. [cited 2019 Feb 25]. Available from: <https://www.weforum.org/agenda/2017/10/india-has-139-million-internal-migrants-we-must-not-forget-them/>.
  11. Census of India Website : Office of the Registrar General & Census Commissioner, India [Internet]. [cited 2019 Feb 25]. Available from: [http://www.censusindia.gov.in/2011-common/census\\_2011.html](http://www.censusindia.gov.in/2011-common/census_2011.html).
  12. Parrish S. Expert opinion: Sexual behaviour vs. Sexuality [Internet]. Longevity LIVE. 2014 [cited 2019 Feb 25]. Available from: <https://www.longevitylive.com/health-living/expert-opinion-sexual-behaviour-vs-sexuality/>.
  13. Dai W, Gao J, Gong J, Xia X, Yang H, Shen Y, *et al.* Sexual behavior of migrant workers in Shanghai, China. *BMC Public Health* 2015;15:1067.
  14. Lincoln YS. Sympathetic connections between qualitative methods and health research. *Qual Health Res* 1992;2:375-91.
  15. Van der Straten A, King R, Grinstead O, Serufilira A, Allen S. Couple communication, sexual coercion and HIV risk reduction in Kigali, Rwanda. *AIDS* 1995;9:935-44.
  16. Maitra S, Schensul SL. Reflecting diversity and complexity in marital sexual relationships in a low-income community in Mumbai. *Cult Health Sex* 2002;4:133-51.
  17. Marlow HM, Tolley EE, Kohli R, Mehendale S. Sexual communication among married couples in the context of a microbicide clinical trial and acceptability study in Pune, India. *Cult Health Sex* 2010;12:899-912.
  18. Kapadia K m. Marriage And Family In India [Internet]. 1966 [cited 2019 Feb 08]. Available from: <http://archive.org/details/in.ernet.dli.2015.118799>.
  19. Zeller RA. Combining qualitative and quantitative techniques to develop culturally sensitive measures. In: *Methodological Issues In AIDS Behavioral Research*. Springer; 2002. p. 95-116.
  20. Murdock GP. Cultural Correlates of the Regulation of Premarital Sex Behavior [Internet]. *Process and Pattern in Culture*. 2017 [cited 2019 Mar 08]. Available from: <https://www.taylorfrancis.com/>.
  21. Puts D. Human sexual selection. *Curr Opin Psychol* 2016;7:28-32.
  22. Bihar tops states in domestic violence [Internet]. [cited 2019 Feb 08]. Available from: <https://www.livemint.com/Politics/zYMOzZBUU8XjfrewhQkzFJ/Bihar-tops-states-in-domestic-violence.html>.
  23. Kabeer N. Resources, agency, achievements: Reflections on the measurement of women's empowerment. *Dev Change* 1999;30:435-64.
  24. Becker S. Couples and reproductive health: A review of couple studies. *Stud Fam Plann* 1996;291-306.
  25. Montgomery CM, Lees S, Stadler J, Morar NS, Ssali A, Mwanza B, *et al.* The role of partnership dynamics in determining the acceptability of condoms and microbicides. *AIDS Care* 2008;20:733-40.
  26. Sheeran P, Abraham C, Orbell S. Psychosocial correlates of heterosexual condom use: A meta-analysis. *Psychol Bull* 1999;125:90.
  27. George A. Differential perspectives of men and women in Mumbai, India on sexual relations and negotiations within marriage. *Reprod Health Matters* 1998;6:87-96.
  28. Lambert H, Wood K. A comparative analysis of communication about sex, health and sexual health in India and South Africa: Implications for HIV prevention. *Cult Health Sex* 2005;7:527-41.
  29. Sivaram S, Johnson S, Bentley ME, Go VF, Latkin C, Srikrishnan A, *et al.* Sexual health promotion in Chennai, India: Key role of communication among social networks. *Health Prom Int* 2005;20:327-33.
  30. Joshi A, Dhapola M, Kurian E, Pelto PJ. Experiences and perceptions of marital sexual relationships among rural women in Gujarat, India. *Asia-Pacific Population Journal* 2001;16:177-94.
  31. McDougall J, Edmeades J, Krishnan S. (Not) talking about sex: Couple reports of sexual discussion and expression in Bangalore, India. *Cult Health Sex* 2011;13:141-56.
  32. Kumari R. Rural female adolescence: Indian scenario. *Soc Change* 1995;25:177-88.
  33. Meyer JJ. *Sexual Life In Ancient India: A Study in the Comparative History of Indian Culture*. Motilal Banarsidass Publishing; 1971.
  34. Russell-Brown P, Rice JC, Oriol H, Bertrand JT. The effect of sex education on teenagers in St. Kitts and Nevis. *Bull Pan Am Health Organ* 1992;26:67-79.
  35. Gupta M. Sexuality in the Indian subcontinent. *Sex Marital Ther* 1994;9:57-69.
  36. Rector RE, Johnson KA, Noyes LR, Martin S. *The Harmful Effects of Early Sexual Activity and Multiple Sexual Partners Among Women: A Book of Charts*. Washington: The Heritage Foundation; 2003.
  37. Bhattacharya G. Sociocultural and behavioral contexts of condom use in heterosexual married couples in India: Challenges to the HIV prevention program. *Health Educ Behav* 2004;31:101-17.

**Supplementary Table 1: Thematic Analysis of Sexual Behaviour**

Themes	Nodes	Quotations	Respondent	
<i>Sexual Activity</i>	<i>After Marriage</i>	<i>Nearly 90 to 95% girls in our village had sex only after marriage, Nearly 5-10% girls enjoy sex before marriage also"</i>	4th participant, 30 years 5th participant, 25 years	
	<i>Before Marriage</i>	<i>Nearly 20-30% boys and 10-15% girls in village have sex before marriage..mostly in the age group 15-18 years...it was very rare 10-15 years back... "These days young boys and girls are enjoying sex before marriage.... mostly within the same age group or studying in the same school/college...they meet outside village and enjoy sex..."</i>	9th participant,40 years 9th participant,40 years	
<i>Reasons</i>	<i>Delayed age of marriage</i>	<i>"Unmarried boys or girls enjoy sex because they don't get married early.or they feel they won't get early married because of their family and social reasons..."</i>	1st participant, 28 years	
	<i>Use of intoxicants</i>	<i>"young boys who are using toxic products like drinking alcohol, smoking, chewing tobacco..get hyperactive...they also watch bad movies ( pornography) on their mobile set...these thing in early age tempt them for sex...some of them visit CSW also."</i>	2nd participant, 26 years	
	<i>Not Satisfied</i>	<i>"Sometime woman develops sex or close relationship with other male, usually within their family or neighborhood, if she is not happy or satisfied with her husband..."</i>	6th participant, 30 years	
	<i>Love Affair</i>	<i>Friends or kind of love affair with unmarried partners</i>	2nd participant, 26 years.	
	<i>Bad Movies</i>	<i>Those who use intoxicants and see bad movies-tempts them for sex</i>	1st participant, 28 years	
	<i>Bad Company</i>	<i>Yes, due to bad company visit CSW</i>	15th participant, 24 years	
<i>Sexual Partners</i>	<i>Migrant Males</i>	<i>"Males, nearly 5-10% not more than that, have sex with unmarried girls.... they think that unmarried girls give them more pleasure... "Women working as agricultural laborer in the field of land lords become soft target for sex...males usually allure them for money or gifts."</i>	3rd participant, 30 years. 13th participant, 30 years.	
	<i>Type of Partners</i>	<i>"Affluent Males usually get attracted towards good looking girls or women...these women get trapped for sex for favor. "Males enjoy sex with those women who are physically very attractive and active. And their husbands are living outside. Yes...many boys nearly 25% in village enjoy sex with the girls of same village...who are going to school with them.... even some married women (I know who, but won't disclose their name) are enjoying sex with some younger boys..who are living in cities for study..they bring lot of gifts for them .. "Besides married couple, some unmarried girls/boys or married males/females have other partner with whom they enjoy sex...but very small number...4 or 5 out of 100</i>	16th participant,22 years. 19th participant,28 years 22nd participant, 35 years 1st participant, 28 years. 9th participant,40 years	
		<i>Spouse of migrant workers</i>	<i>"Some women have sex with their close relatives like brothers-in-law, or husband's friend. "Few women enjoy sex with other males of same village.... most of the time unmarried boys..." "Some women who are living alone without their husband develop close relationship with other males of same village...usually neighbors..."</i>	3rd participant, 28 years. 12th participant, 25 years. 13th participant,30 years.
		<i>Risky</i>	<i>"some males who are living away from their family but not all have some risky behaviours...some of them do visit sex workers in city.. "I don't know whether my husband does risky thing or not....may be..I'm not sure..but since they are living away from their wives for long time..some of them might be visiting sex workers for their own sexual need...I would say 10-15% of migrant workers only do this..not all..</i>	1st participant, 28 years. 3rd participant
			<i>Non-risky</i>	<i>"Not all but some do visit CSW .....but not my husband...I'm sure about this.. "About 5% adult males have multiple partners...they enjoy sex with other women outside village not within village "Nearly 5-10% of adult males enjoy sex with other women and with commercial sex workers also ...</i>
		<i>Non-risky</i>	<i>"In our village, the most common sexual relationship is between husband and wife, nearly 95%...but some married and unmarried persons have sex relationship with other partner within or outside village..."</i>	3rd participant, 30 years



**Supplementary Figure 1:** Project Map for thematic analysis of sexual behaviour of migrant population and their spouses. Domains of Sexual Behaviour: Sexual activity, Sexual Partner, Sexual Practices and Reasons