

Awareness of Communicable Diseases Among Migrants in St Petersburg

Sensibilisation au sujet des maladies infectueuses parmi les migrants à Saint-Petersbourg

ОСВЕДОМЛЁННОСТЬ ОБ ИНФЕКЦИОННЫХ ЗАБОЛЕВАНИЯХ СРЕДИ ТРУДОВЫХ МИГРАНТОВ В САНКТ-ПЕТЕРБУРГЕ

Boris Sergeev



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Awareness of Communicable Diseases Among Migrants in St Petersburg

Boris SERGEEV¹

Background

Despite current economic instability in Russia, the country remains attractive for labor migrants, especially those coming from former Soviet republics. During the first nine months of 2015 over 14 million of foreign citizens entered Russia, over two-thirds of them are from CIS countries (Federal Migration Service, 2015). The latter can visit Russia with relative ease as visa-free regime is maintained between most of CIS countries. Under current provisions, they can stay in Russia for up to 90 days as visitors, the amount of time sufficient for some of them to get employed. Some of them go through the established legal procedures to get work authorizations while others are employed without completing necessary paperwork. Earlier the Director of the Federal Migration Service put his estimate of the number of migrants working illegally in Russia at 3,7 million (RIA, 2014).

By necessity high volume of migration calls for preventive measure against communicable diseases such as HIV and tuberculosis (TB), especially given that most of CIS members can be classified as “countries with high TB and/or HIV prevalence” where WHO estimates with respect to TB exceed 40 cases per 100,000. In some instances, the influx of foreign-born workers can affect the epidemiological situation in specific areas. For example, the 2014 statistics suggest that the proportion of migrants among newly-de-

¹ Expert from International Organisation of Migration, Moscow.

tected TB cases is particularly high in Moscow (14.9%), St Petersburg (26.7%) and in Kaluga province (16.0%) (Nechaeva, 2015). At the same time disease detection measures start to be applied only upon migrants deciding to establish their status in Russia. Specifically, migrants from visa-free countries seeking to obtain work or residence permits are requested to get tested for TB, HIV and some other diseases of public significance. Detection of these diseases not only prevents them from getting the respective permits but also triggers health authorities to seek the patient's deportation from Russia (Federal Service on Consumer Rights' Protection, 2010). However, these measures affect only those who choose to legalize their residence or work status in Russia while those without obtaining work permits obviate the requirement to get tested altogether. Furthermore, detecting cases of infectious diseases does not automatically leads to the respective migrants being deported, with legal procedures taking several months – if not years – during which the patient remains in Russia.

In this context singling out factors promoting migrants' awareness of communicable diseases becomes of importance as being informed of risk factors and prevention methods makes it possible for newcomers to avoid getting infected thereby protecting their own health and that of those they come into contact with. This rationale motivated holding survey "Migrants in St Petersburg: Socio-Economic Circumstances, Prevalence of Behavioral Risks With Respect to Infectious Diseases and Factors Influencing Their Seeking Medical Help in Russia" in April 2014. The study was focused on establishing awareness levels and communication channels they rely on in collecting information on infectious diseases as well as determining factors promoting or hindering migrants from seeking medical help.

Methods

Between April 14 and 25, 2014, in-person interviews with migrants were conducted at the One-Stop Migration Center (OMC) – the facility that processes documents for residence and work permits and provides the respective medical testing – in St Petersburg. Staff members of the Red Cross who provide information services for migrants there were recruited as interviewers during this study. Interviewers represented both genders so that it was possible to match respondent's gender when selecting for interview. Respondents were selected in systematic random order, with

150 interviews completed successfully (response rate 75%). Establishing one's legal status in Russia opens wider range of employment opportunities so that clients of OMC can be characterized as better-integrated group of migrants in Russia. Their participation in this study was voluntary, with consent form being signed before starting the interview. The latter were conducted in Russian using structured questionnaire. Completing the questionnaire took about 35 minutes, with interviews having been conducted one-on-one in separate room. Respondents received food package of \$2 in value as reward for their participation. Univariate analyses were conducted on demographic characteristics, disease awareness, and sexual behavior.

Survey Results

Respondents

Among 150 respondents included in the sample, 69,3% were men and 30,7% were women, Respondents' countries of origin were Uzbekistan (52,7%), Tajikistan (13,3%), Ukraine (12,0%), and Moldova (10,0%), while some of them came from Kyrgyzstan, Armenia, Azerbaijan, Belarus, Kazakhstan and Turkey. Table 1 contains a summary of socio-demographic characteristics of respondents. Secondary education was completed by eight out of every ten respondents, yet women dominated among those who went beyond secondary school. Six out of every ten migrants came from capitals or cities of their home countries, others were split between smaller towns and rural areas. Practically, all of them (94.7%) came to Russia in search of employment, with 77.5% of men and 82.2% of women having been employed at the time of interview.

Table 1
Demographic Characteristics of Respondents (%)

Variable	Overall sample (n=150)	Men (n=103)	Women (n=47)	Significance
Mean age, years	33	32	36	.001
% of those who had any university education	16.6	08.7	30.4	.005
% of married	64.0	59.6	73.9	.007
% having children		62.0	80.4	.03
In their home country lived in				
Capital or a large city	58.3	58.3	58.7	N/S
A small town	20.8	19.4	23.9	N/S
A rural area	20.8	22.3	17.4	N/S
Second + visit to Russia	83.1	85.6	79.1	N/S
Working hours per day (mean)	10.1	10.05	10.22	.001
Number of roommates (mean)	02.38	02.37	02.41	.001
Monthly income above 25,000 rub (%)	34.0	51.9	29.7	.02

Involvement in Risk Behavior

Migrants practicing risk behavior has been revealed by a number of previous studies (Amirkhanian *et al*, 2011), with this one confirming earlier results. Three quarters of the sample were sexually active in the 12 months preceding the interview (Table 2). Although in most cases their sexual activity was limited to spouses, every third men and 11.8% of women had sexual relations with permanent partner other than spouse. Also, 7.6% report having sex with casual partner in the past 12 months, while 13.0% admit ever having sex with prostitutes. A quarter of men who had sexual relations with “permanent partner other than spouse” report not using condom at last encounter.

As to alcohol consumption, it is more typical to men than women, although both genders prefer beer to strong alcohol. 47.1% of men and 17.1% of women report drinking beer in the past month, with a half of respondents doing this one time only. Wine consumption in the past month was reported by one fifth (21.2%) of men and 17.5% of women. Consumption

of vodka and other strong alcohol tends to be limited to men, a quarter of whom (24.3%) report drinking them in the past month. Compared to their counterparts from other CIS countries, residents of Central Asian republics are more likely to abstain from alcohol altogether.

Table 2
Sexual Behavior and Use of Psychoactive Substances (%)

Variable	Overall sample (n=150)	Men (n=103)	Women (n=47)	Significance
Sexual Behavior				
% reporting sex during 12 months before interview	76.0	77.7	73.9	N/S
OF THOSE SEXUALLY ACTIVE: In past 12 months had sexual contacts with spouse only (n=118)	67.8	60.5	83.8	.01
OF THOSE SEXUALLY ACTIVE: In past 12 months had sexual contacts with permanent partner other than spouse (n=118)	22.0	27.2	10.8	.01
OF THOSE SEXUALLY ACTIVE: In past 12 months had sexual contacts with casual partner (n=118)	07.6	09.9	02.7	N/S
Used condom at last sex (n=118)	37.9	46.3	18.9	.001
Alcohol Consumption				
% consuming beer in the past month	37.3	47.1	17.1	.001*
% consuming wine in the past month	20.1	21.2	17.5	N/S
% consuming strong alcohol	18.0	24.3	05.0	.001

Awareness of Communicable Diseases

The respondents were asked if they had heard about HIV, hepatitis, TB and STIs. Over 90% of respondents had heard about TB, awareness of STIs was also high, especially among women (89.1%), yet men are less attentive in this respect, with only 78.0% of them having heard of venereal diseases. HIV was recognized by 66.3% of men and 77.3% of women, while hepatitis was the least-familiar among the four diseases; 67.4 % of men and 63.5 % of women heard of it. On the other hand, among those who have not heard of HIV, migrants from Central Asian republics constitute majority. The

same applies to awareness of hepatitis. Similarly, 45% of migrants from Tajikistan never heard of STIs. For comparison, the respective proportion among those who came from Uzbekistan is 24% and 22% among their Kyrgyz counterparts.

Responses concerning awareness of transmission routes are presented in Table 3. 43.2% of men are under the impression that HIV can be transmitted through mosquito bite. While women are less likely to believe that, still over a quarter of them share this impression. About a third of the sample believe that HIV can be transmitted via aerial route. Four out of every ten respondents (44.1%) agreed that one can get infected with HIV via household items such as towels and plates used by HIV-positive person. Practically, a half of the sample (49.2%) attribute these qualities to a kiss. On a positive note, a vast majority of respondents were aware that HIV can be transmitted via sexual contacts or injecting with a contaminated syringe. As to protecting from HIV, seven out of every ten (69.2%) respondents were confident that regular condom use reduces the risk of this disease.

Awareness of hepatitis appeared to be particularly weak, as 64.2% of the sample failed to indicate what organ is affected by the disease, with men being particularly under-informed in this respect. Similar pattern of responses emerged when respondents were asked for transmission routes for hepatitis: 64.7% of respondents were not able to select correct options from the list of various transmission routes.

Responses on STIs followed the pattern established for other diseases, 70.9% of men did not know symptoms of STIs, while 34.8% of women were not aware of them. Only about 70% of the sample trusted in condoms as means to protect against STIs. About a quarter of the sample were either not sure about that or believed that condoms is no protection against STIs. Finally, only 70.2% of men and 65.2% of women know that infectious disease can have latent period during which their symptoms do not manifest themselves.

Table 3
Awareness of Transmission Routes and Prevention Methods for Communicable Diseases (%)

Variable	Of those who are aware of HIV (n=124)	Men (n=91)	Women (n=33)	Significance
% of those who believe that HIV is transmitted through mosquito bites	37.8	43.2	25.6	*
HIV is transmitted via aerial route	31.0	30.3	32.5	N/S
HIV can be transmitted through sexual intercourse	95.3	93.2	100	N/S
HIV can be transmitted through sharing plates, towels and other household items	44.1	45.5	41.0	N/S
HIV can be transmitted via homosexual contact	88.3	84.1	97.5	N/S
HIV can be transmitted through a kiss	49.2	50.0	47.4	N/S
HIV can be transmitted via injecting with contaminated syringe	88.0	88.5	86.8	N/S
% of those who believe that regular condom use reduces risk of HIV	69.2	66.7	80.5	*
% of those do NOT know what organ is affected by hepatitis	64.2	70.6	50.0	.007
	Overall Sample (n=150)	Men (n=103)	Women (n=47)	
% of those who DON'T know how hepatitis is transmitted	64.7	72.1	47.8	.001
% of those who DON'T know how TB is transmitted	50.0	52.9	43.5	N/S
% of those who DON'T know protection measures against TB	46.7	44.2	52.2	N/S
% of those who DON'T know symptoms of STIS	59.7	70.9	34.8	.001
% of those who believe that regular condom use reduces risk of STIS	67.3	65.3	77.8	*

Sources of Information on Communicable Diseases

Table 4 presents gender-split ranking of preferred sources of information. Men tended to rely on TV (66.0%), information sessions at educational institutions (61.4%), conversations with friends (58.4%), discussions with medical professionals (58.4%), and advice from parents or relatives (56.4%). Women relied more on what parents and relatives say (54.3%), TV (45.7%), information shared by friends (43.5%), seminars at educational institutions (28.3%) and discussions with medical professionals (26.1%). Most of this information was received when respondents stayed at their home countries.

A quarter of men (23.5%) and only 5.4% of women preferred publications in their native language. 33.8% and 51.4%, respectively, wanted to have it in Russian whereas for about 40% of the sample it did not matter in what language they are instructed on communicable diseases.

Table 4
Sources of Information on Communicable Diseases by Gender

Men	Women
1. tv (66%)	1. Parents and relatives (54.3%)
2. Lectures at educational institutions (61.4%)	2. tv (45.7%)
3. Friends (58.4%)	3. Friends (43.5%)
4. Medical professionals at polyclinics (58.4%)	4. Lectures at educational institutions (28.3%)
5. Parents and relatives (56.4%)	5. Medical professionals at polyclinics (26.1%)
6. Booklets, flyers (50.5%)	6. Radio (19.6%)
7. Radio (45.5%)	7. Newspapers, magazines (19.6%)
8. Newspapers, magazines (38.6%)	8. Booklets, flyers (13.0%)
9. Specialized literature (35.6%)	9. Internet – based sources (13.0%)
10. Internet – based sources (33.7%)	10. Specialized literature (8.7%)

Discussion

The results of this study reveal respondents' relatively low level of awareness of transmission routes, symptoms and prevention methods, especially with respect to diseases such as HIV, TB and hepatitis. Even

though women tend to know more how to protect themselves from these infections, still practically a half of them believe that one can be infected with HIV through a kiss while only 62% indicated that TB can be transmitted via aerial route. These findings as well as those on the prevalence of risk behavior are in line with those obtained among migrants in different ethnic and geographic settings (Bandyopadhyay and Thomas, 2002; Cohen, 2006; Gautret *et al.*, 2012; He *et al.*, 2007; Magis-Rodriguez, 2009, Stuhlhofer *et al.*, 2006). Potentially, these gaps in knowledge of communicable diseases can be filled through TV broadcasts on disease prevention yet a more realistic option appears to be disseminating information through friends and acquaintances who are among top providers of health information.

Relying on peers to convey specific messages including those in public health has been at the core of various social interventions and recruitment methods. For example, drug-using peers prove to be more effective in HIV prevention education among injecting drug users than outreach workers (Broadhead *et al.*, 1998; Broadhead *et al.*, 2010). The so-called “respondent-driven sampling”, the “chain-referral” technique through which members of specific social groups are provided with the opportunity to recruit their peers, proved to be well-suited for accessing populations at risk of communicable diseases such as HIV while accommodating for cultural diversity of the latter (Heckathorn *et al.*, 1999). Their effectiveness as recruiters stems from the fact that the burden of identifying potential recruits rests on those who have best information about the group of interest: be it drug users or members of specific ethnic community. Also of importance is that both recruitment and education on communicable diseases are couched in culturally-appropriate terms and occur in the course of their everyday interactions. The finding of this study that peers are among migrants’ most important sources of information on communicable diseases fits argument for “network-based” intervention and points to ethnic diasporas and communities as vehicles for disseminating prevention messages among labor migrants in Russia. Diaspora members not only can locate their countrymen working in Russia regardless of the latter’ documented or undocumented status but also communicate advice on disease prevention in the language that their counterparts understand and ensure compliance, if necessary.

Conclusion

To summarize, in light of low awareness of communicable diseases such as TB, hepatitis, HIV and STIs, holding information campaigns among migrants is both timely and appropriate. The respective information materials should highlight transmission routes, duration of incubation period, symptoms of these diseases as well as methods of their prevention. Taking into account differences in awareness levels between men and women, prevention campaigns should be focused, primarily, on informing men on transmission routes and prevention techniques for infectious diseases. Note that men constitute a vast majority among labor migrants in Russia. As peers are among information sources from which migrants receive their information on communicable diseases, they need to be stimulated to hold information sessions with patients. Specifically, organizational and methodological support for public organizations representing various ethnic communities can be provided by organizations of the migrant-sending countries and those in Russia. Information booklets specifying message to be conveyed can be developed to assist activists working within diasporas. Funding for prevention programs can be re-structured in such a way as to ensure migrants' access to testing and treatment services (see Dara *et al.*, 2012) and to give support for peer education within diasporas while downplaying public awareness campaigns whose effects appear to be modest.

When considering these results, it is important to keep the study's limitations in mind. As noted at the outset, our sample reflects characteristics of those migrants who sought medical services in connection with obtaining work or residence permits during this period. OMC clients represent assimilated and socially-connected segments of migrant population so they are likely to be better educated and trained, especially when compared to those who choose to seek employment in violation of the respective migration provisions. These differences are likely to extend to disease awareness and health-related behavior as well: the gaps in knowledge of transmission routes for TB, HIV, STIs and hepatitis detected among respondents are likely to be bigger among their counterparts working illegally while the demand for education materials in native languages is more visible. As a result of

financial constraints, the study's sample size is modest precluding us from exploring such issues as condom use with casual partners further. Yet even with these limitations the study contributes to designing improved disease prevention campaigns targeting migrants by identifying both gaps in their knowledge and the sources from which they collect information on HIV, TB, STIs and hepatitis.

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Abstract

Designing disease prevention campaigns requires information on the level of awareness of infections among target groups. Only limited data of this sort is available with respect to migrants, even though their numbers are high enough to impact on general health situation in certain geographic areas. Empirical study among labor migrants in St Petersburg (n=150) was administered by a team of Russian and Finnish researchers. It included assessments of migrants' awareness of HIV, hepatitis TB and STIS; involvement in risk behavior such as sexual contacts, alcohol and drug consumption; as well as ranking of various sources in terms

of their importance as suppliers of information on communicable diseases. The results revealed considerable fluctuations in awareness level among infectious diseases, with knowledge of symptoms and prevention techniques for hepatitis being especially low. Also of notice is considerable gender gap, with women being better informed about transmission routes and prevention methods against infectious diseases. Furthermore, women are more likely to contact medical professionals to collect medical information while men tend to rely on mass media, educational institutions and friends as sources of information on communicable diseases. Given their role as suppliers of health information for migrants, medical professionals should be encouraged to share health advice with migrants as existing opportunities remain underutilized. Specifically, there is a tendency to overlook opportunities provided by pre-and post-test counselling sessions when migrants undergo mandatory testing for infectious diseases. The respective shift in funding priorities to support medical professionals delivering health information to migrants is advisable. The study explores disease awareness among migrants on HIV, TB, STI and hepatitis while highlighting various socio-economic and behavior factors that may put them at risk of being infected. Based on the respective empirical findings, a number of specific recommendations on designing disease prevention programs are provided.

Key-words: HIV/AIDS, TB, hepatitis, Labor migrants, Central Asia, St Petersburg, awareness, risk behavior, health information.

Sensibilisation au sujet des maladies infectueuses parmi les migrants à Saint-Pétersbourg

Résumé

La mise en œuvre de campagnes de prévention des maladies infectieuses nécessite de recueillir des informations sur le niveau de sensibilisation aux infections parmi les groupes cibles. Or, ces données sont très limitées les concernant, alors que les maladies infectieuses sont suffisamment élevées parmi les migrants pour avoir un impact non négligeable sur la situation sanitaire générale dans certaines zones géographiques. Une étude empirique parmi les travailleurs migrants à Saint-Pétersbourg (n = 150) a été réalisée par une équipe de chercheurs russes et finlandais. Cette enquête évaluait la sensibilisation des migrants au VIH, aux hépatites, à la tuberculose et aux IST ; les comportements à risque tels que les rapports sexuels, la consommation d'alcool et de drogues, ainsi que le classement des diverses sources d'informations en fonction de leur importance dans le domaine des maladies infectieuses. Les résultats ont révélé des fluctuations considérables du niveau de sensibilisation pour les maladies infectieuses, la connaissance des symptômes et des techniques de prévention de l'hépatite étant particulièrement faible. L'écart entre les sexes est également important, les femmes étant mieux informées sur les voies de transmission et les méthodes de prévention contre les

maladies infectieuses. Les femmes sont, par ailleurs, plus susceptibles de contacter des professionnels de la santé pour recueillir des informations médicales tandis que les hommes ont tendance à compter sur les médias, les établissements d'enseignement et les amis comme sources d'information sur les maladies infectieuses. Compte tenu de leur rôle de fournisseurs d'informations sur la santé pour les migrants, les professionnels de la santé devraient être encouragés à partager leurs conseils sanitaires avec les migrants, les possibilités existantes étant largement sous-utilisées. Il y a une véritable tendance à négliger les opportunités offertes par les séances de conseil avant et après les tests obligatoires auxquels sont soumis les migrants pour les maladies infectieuses. Dans ce contexte, il est nécessaire de modifier les priorités de financement visant à soutenir les professionnels de la santé fournissant des informations sanitaires aux migrants. L'enquête analyse la sensibilisation des migrants aux maladies telles que le VIH, la TB, les IST et les hépatites tout en mettant en évidence divers facteurs socio-économiques et comportementaux qui peuvent les exposer à un risque d'infection. Plusieurs recommandations sur la conception des programmes de prévention des maladies infectieuses seront proposées suite à cette étude.

Mots-clés : VIH/SIDA, tuberculose, hépatites, travailleurs migrants, Asie centrale, Saint-Petersbourg, sensibilisation, comportements à risque, information médicale

Осведомлённость об инфекционных заболеваниях среди трудовых мигрантов в Санкт-Петербурге

Аннотация

Для разработки кампаний по профилактике заболеваний необходима информация об уровне осведомлённости об инфекционных заболеваниях среди целевых групп. Такого рода данные в отношении мигрантов весьма в ограниченном количестве, хотя их число довольно высокое, чтобы влиять на общую ситуацию в области здравоохранения в определённых географических районах.

Эмпирическое исследование среди трудовых мигрантов в Санкт-Петербурге (n = 150) проводилось группой российских и финских исследователей. Исследование включало в себя оценку осведомлённости мигрантов о ВИЧ, гепатитах, ТБ и ИППП; вовлеченность в рискованных поведеньях, таких как сексуальные контакты, употребление алкоголя и наркотиков; а также ранжирование различных источников с точки зрения их важности в качестве поставщиков информации об инфекционных заболеваниях. Результаты выявили значительные колебания уровня осведомлённости среди инфекционных заболеваний, при этом особенно на низком уровне были знания о симптомах и методах профилактики гепатита. Кроме того, извещение представляет собой значительный гендерный разрыв, где женщины лучше осведомлены о путях передачи и методах профилактики

инфекционных заболеваний. Помимо этого, женщины чаще обращаются к медицинским работникам для получения информации медицинского характера, в то время как мужчины склонны полагаться на средства массовой информации, учебные заведения и друзей в качестве источников информации об инфекционных заболеваниях. Учитывая роль медицинских работников как поставщиков медицинской информации для мигрантов, медиков следует поощрять к тому, чтобы они делились медицинскими рекомендациями с мигрантами, поскольку существующие возможности по-прежнему используются в недостаточной степени. В частности, существует тенденция игнорировать возможности, предоставляемые до и после тестирования, когда мигранты проходят обязательное тестирование на инфекционные заболевания. Желательно также соответствующее изменение в приоритетах финансирования поддержки медицинских работников, предоставляющих мигрантам информацию по вопросам здравоохранения. В исследовании рассматриваются вопросы осведомлённости мигрантов по таким заболеваниям как ВИЧ, туберкулёз, ИППП и гепатит, в то же время выделяются различные социально-экономические и поведенческие факторы, которые могут поставить их под угрозу заражения. На основе результатов эмпирического исследования предоставлены ряд конкретных рекомендаций по разработке программ профилактики заболеваний.

Ключевые слова: ВИЧ/СПИД, туберкулёз, гепатит, трудовые мигранты, Центральная Азия, Санкт-Петербург, осведомлённость, рискованное поведение, медицинская информация.