

Respectable Gentlemen and Street-Savvy Men: HIV/AIDS Vulnerability among Two Working-Class Groups in Sri Lanka.

I consider myself a good Buddhist boy, but I like to be ready for any eventuality.... That's why I try to learn from others and keep condoms ready-- A construction worker.

Why do we have to be concerned about HIV/AIDS? We are married men from good, village families--A bus driver.

These two statements capture the attitudes of Sri Lankan transportation and construction sector workers toward HIV/AIDS risk, education and safe sex practices. Their varied perspectives point to how discourses of respectability and gendered and classed behavior shape men's sexual and health choices. Previous studies have shown how sexualities are socially produced and how they thus variedly affect a group's vulnerability to HIV/AIDS (Mankai 2008; Barrow 2008; Hippe 2011). This paper complicates such findings by focusing on the cultural dimensions of social class and evidencing how cultural discourses can produce varied sexual identities within broadly defined social classes, which may have significant implications for public health outcomes. By focusing on two working class groups of men employed in Sri Lanka's transport and construction sectors, this article investigates how particular discourses surrounding class and gender-specific sexual behavior, respectability, and female morality shape views of HIV/AIDS awareness and personal vulnerability. Estimated five million people in South Asia are infected with HIV/AIDS and that high-risk behavior and infection rates are growing (Rodrigo et al 2009; AIDS.org 2014). Rapidly changing socio-economic conditions in South Asia have sparked unprecedented movement of people within and across borders, even as unstable lifestyles,

rampant poverty and lack of awareness place all migrants in danger. By the third quarter of 2015 the cumulative number of HIV cases in Sri Lanka was 2241, among which 1405 were men while 836 were women (NSCAP 2015). In 2010 the figure was 1317, with 784 men, and 533 women. The increase within five years is relatively low. Although HIV prevalence is considered low in Sri Lanka compared to other Asian countries (UNAIDS 2013), the island displays many demographic, socioeconomic, and cultural factors associated with its spread. First, the sexually active population between the ages of 15-39 has increased. Second, age at marriage has risen for both men and women. Third, increased internal migration—rural women migrating to work in urban Free Trade Zones (FTZs) and populations displaced by the civil war—has affected the sex ratio in different districts and changed the sexual behavior of these groups as well as military personnel and young war widows (Sri Lanka National STD and AIDS Control Program [NSACP] 2010:39-42). According to a World Bank report (2005), low rates of condom use, increased commercial and casual sex, high poverty rates and internal and international migration may promote a rapid increase in HIV/AIDS rates in Sri Lanka. When coupled with silences surrounding sexuality, many migrant communities remain at high risk of contracting the disease.

However, sustained ethnographic research has not focused on varied internal migrant communities in Sri Lanka. My study focused on men who migrate from rural areas to Colombo, the capital city, to work in the transport and construction sectors. Although both groups belong to the working class, government-run central transport board workers consider themselves government employees and, therefore, “respectable gentlemen.” On the other hand, migrant construction workers identify easily with their specific working class standing, recognizing and sometimes trying to live up to the stereotypes of free sexuality. These different perceptions directly affect their concern about, and awareness of HIV/AIDS risk factors, and safe-sex

practices. Ironically, the transport workers' discursively constructed higher status of "respectable gentlemen" make them more vulnerable than construction workers. This article analyzes how this particular divergent vulnerability is intimately connected to deep cultural beliefs about gender and class behavioral norms and employment practices. We know that cultural norms variedly affect the risk migrants from different countries, regions and religious backgrounds face (Hirsch et al 2002; Wardlow 2007; Smith 2014). This paper extends this body of knowledge by showing how culturally constructed social positioning within a social class can affect HIV/AIDS vulnerability. Social groups broadly labeled as working class men or migrant men are usually thought to be culturally similar. This paper demonstrates how such groups actually may have quite divergent understanding of themselves and their social standing, which can result in varied assumptions of appropriate behavior that are specific to local cultural contexts, their employment characteristics, positions in the labor and their living and working conditions.

RESEARCH METHODS

In 2004, 2008, and 2015, I studied the HIV vulnerability of two migrant worker groups-- transportation and construction workers--in Sri Lanka. Ninety semi-structured interviews (45 from each group), six focus groups, interviews with managers, trade union officials, NGO and police officers, as well as participant observation at construction sites, bus depots, and the Colombo's main bus terminal provide the data. While research assistants did most of the semi-structured interviews (15 each from both groups in 2004, 2008 and 2015) I led all the focus groups, and did most of the participant observation. Despite my being a middle class woman, both groups engaged well with me when discussing their ideas and concerns. My being an academic teaching in the United States, a person of their own ethnicity and religion, and fluency

in the local language all helped in ensuring this outcome. Research Assistants, also reported easy rapport with both groups of workers. Ninety semi-structured interviews conducted over a 10 year period (in 2004, 2008 and 2015) enabled me to see how broader social, economic changes did not much affect the workers' opinions on specific class sexualities or HIV/AIDS vulnerability.

In 2004 the South Asia Research and Development Institute (SARDI) identified the region's transport and construction sectors as high risk groups for contracting HIV/AIDS. Following a workshop in Nepal, SARDI sponsored studies of these two sectors in each country. I completed the study in Sri Lanka in 2004, but continued the study using the same research methods in 2008 and 2015 to look for enduring and divergent patterns.

State transport sector was selected for the study for several reasons. First, it employs many migrants who travel long distances to work. Second, it is large—about 40,000 work in the country's 92 bus depots. Third, the Ceylon Motor Workers' Union leaders strongly supported the research facilitating interviews and focus groups. The fifteen interviewees each year were selected mainly depending on availability and willingness to talk. Care was taken to select an equal number of drivers and conductors (six each) and three ticket checkers each time. Also all 45 interviewees were within the 25-40 age range and came from different regions of the country. All workers interviewed were Sinhala in Ethnicity and Buddhist by religion and represented the ethnic and religious makeup of the work force.

The construction workers chosen for this study worked at two sites owned by XX Brothers Pvt. Ltd. It is one of the biggest and most respected construction companies in Sri Lanka and employs thousands of workers at thirteen sites in Colombo. In addition, this was the only construction firm in Colombo that was known for sticking to the same worker groups for years.

All three times, the workers were selected within 20-35 age range and represented different regions of the country. Thirty one were Sinhala while 12 were Muslim. The formal and informal focus groups roughly mirrored this ethnic and religious make up, which was a close representation of the workforce makeup. Qualitative consent was obtained verbally throughout the study, while all 90 interviewees signed formal consent forms. I employed five research assistants over the 3 fieldwork seasons (3 male and 2 female) to conduct the interviews. We interviewed 5 transport workers all 3 times while 4 construction workers were interviewed both in 2004 and 2008. Although these interviews provided valuable data, most interesting material were gathered during formal focus groups and informal ones that formed around me especially at the construction site.

MIGRATION, CULTURAL VALUES AND HIV/AIDS

Studies over the years have shown that migrant communities are at greater HIV/AIDS risk due to their prolonged absence from families, difficult work conditions and lack of health facilities (Weine and Kashuba 2012). Many countries concentrated their prevention programs on migrants, and most managed to reach their targeted audience with the message of safe-sex habits (Halli et al. 2007; Dhapola et al. 2007). However, migrant communities remain among the most vulnerable. Especially in South Asian contexts, the largest groups living with the virus are male migrants and commercial sex workers (Vaidya and Wu 2011; Reed 2012).

Stigmatizing people with HIV/AIDS is not new (Parker and Aggleton 2003; Campbell et al. 2006; White and Carr 2005; Wood and Lambert 2008). Most discourses explicitly and implicitly vilify people with the virus for transgressing sexual norms. In some countries, varied groups are stigmatized based on stereotypes, resulting in further exclusion and marginalization (Pigg and

Pike 2004). For instance, in South Africa's KwaZulu-Natal Province, some politicians advocated regular virginity tests for girls, following the commonly held belief that the epidemic results from women being sexually "out of control" (Leclerc-Madlala 2001).

In Sri Lanka too, the anxieties about modernity, globalization and mobility resulted in more scrutiny and surveillance of women. This stems from a constructed notion of ideal womanly behavior. In Sri Lanka, just as in other South Asian societies, gender norms became more rigid during the anti-colonial movement (De Alwis 1997). An ideal image of the Sinhala-Buddhist woman was constructed in the late nineteenth and early twentieth centuries as a response to colonial discourses. This ideal projects women as passive and subordinate beings who should be protected within the confines of their homes. As a result, women leaving their parental homes to live alone in urban, spaces arouse intense anxieties about cultural degradation and female morality (Hewamanne 2008; 2016). Another notion projects Sri Lankan villages as the locus of authentic Sinhala Buddhist culture, and women as the bearers of this culture (De Alwis 1997). The belief in superior morals and traditions is thus superimposed on women, creating expectations that village women are naïve and innocent (i.e. sexually ignorant).

In Sri Lanka, as elsewhere (Bailey and Hutter 2006), men's perception of risks resulted from deeply held cultural beliefs. According to Gananath Obeyesekere (1984), practices of shame-fear--to be ashamed to subvert norms of sexual modesty and behavior and to fear the social ridicule that results from such subversion—is instilled into Sinhala children through early childhood training (504-5). A good young man, therefore, needs to conform to sexual and behavioral norms and be ashamed to transgress such norms. An ideal village man is thus someone who exercises restraint and adheres to rules of shame-fear. The ideal person in the village is of quiet self-control and devoid of emotional outbursts (Spencer 1992: 605-609).

Government run schools, Sunday Buddhist classes, media and families socialize children into following such rules and dole out punishments when the rules are violated. Adhering to such norms, especially in the case of men, dictated social status, marriage possibilities, and opportunities for community leadership. Giving into sexual temptations adversely affected the ‘good men’ image. However, the possibility to be recognized as good village men depended on employment related social identities. Construction workers did not have a group identity such as ‘respectable government servants’ that they needed to defend resulting in the groups’ varied perceptions and choices with regard to HIV/AIDS, rendering the two groups an interesting study.

Most of the gender and behavioral ideals were first constructed for the emerging nation’s nascent middle class and represented an admixture of local patriarchal values and Victorian ideals. However, these ideals quickly spread to other sections of society as part of the anti-colonial movement, and eventually took hold as an ideal for all Sri Lankans. Following independence the state media, school curricula, and nationalist aesthetic discourses further emphasized “decent and correct” manners and morals, especially with regard to sexual self-restraint. Achieving social mobility meant adhering to these middle class mores. Although working class people’s socio-economic circumstances do not easily allow them to follow such rules, all Sinhala Buddhists (and more or less all Sri Lankans) are measured by this unitary notion of respectability. This was why public transport sector workers vehemently denied their possible exposure to HIV while construction workers, who held dead-end jobs with no potential for social mobility, were more accepting of such risk.

Despite news about premarital sex, unwanted pregnancies, abortions, and STIs, many middle-class people continue to believe that Sri Lankans live by rigid sexual norms. Rapid social changes stemming from trade liberalization, tourism, and internal and international migration put

many in circumstances that are not favorable to upholding such values. Changing political and economic structures juxtaposed with cultural values that resist change pose immense risks for the two groups of migrants studied.

Sri Lankan men have long migrated seeking work, and for this they are often considered dutiful sons, husbands and fathers. One reason for this is that migratory work opportunities usually mean life-long employment, and communities value such employment. What gets disregarded in this context are the dilemmas of masculinity such men are faced with. According to Liu, risky adventures in the city has become a measurement of masculinity among youth in Limu, China (2011). Liu further found that one of the reasons for the high drug usage and HIV/AIDS in Limu is temporary migration to cities and risky adventures by young men. Duck (2009) also notes how some African American men avoid being tested for HIV as they fear that would force them to stop having sex, an essential component of their understanding of masculinity. Following a slew of studies on the connection between masculinity and health seeking behaviors (Singh 2001; Mankai and Shefer 2005; Hirsch et al 2009), I too argue that in order to better understand HIV/AIDS vulnerability more attention should be paid to constructions of masculinity and their varied manifestations within differently positioned groups. Furthermore, I argue that studying the intersections of deeply held cultural beliefs, specific labor practices and social class positioning is imperative to better understand the different attitudes and behaviors with regard to HIV/AIDS within broadly defined social groups.

RESPECTABLE GENTLEMEN: TRANSPORT WORKERS

Several studies have documented how transport employees comprise a high risk group for contracting HIV (Tatem et al 2006; Ferreira et al 2008; World Bank 2009). Sri Lanka's transport

workers' different work, living and social conditions, however, necessitate further inquiry into what factors may increase their vulnerability. Sri Lanka's roads handle 88 percent of interprovincial passenger transportation and 84 percent of freight. (De Mel 1995). The Sri Lanka Central Transport Board (SLCTB) handles nearly 50 percent of inland services. Of its 40,000 strong workforce, 95 percent are permanent workers. Women work only in the offices and none work as drivers or conductors. Educational qualifications are stipulated even for minor jobs. Good grades on the General Certificate of Education (GCE) Ordinary Level Examination are required for transportation and clerical jobs. In mid-2000, the SLCTB was going through another phase of transition and the workers were quite anxious about its future and the stability of their government jobs.

Workers get a salary plus free healthcare. Basic salaries in 2015 ranged from Rs. 200000 (\$1750) for the chairman to Rs. 11000 (\$100) for peons/laborers. Bus drivers and conductors claimed they get Rs. 16000 to 25000 a month, plus overtime. This low pay influences some of their lifestyle decisions. Drivers work in two eight-hour shifts from 4 P.M. to midnight and 4 A.M. to noon. A day's leave is granted following the night shift. The bad road conditions and overcrowded buses, especially on city-routes, add to the workers' stress. SLCTB workers have had good healthcare facilities, but standards have been eroding due to mismanagement and restructuring/privatizing efforts.

Most workers own their village homes, which respondents compared to the houses of average middle-income government servants. Only six out of the 45 workers interviewed, did not own a house. Twenty Nine SLCTB workers agreed that the dowries their wives brought to the marriage helped them build houses. All 45 workers agreed that having a permanent government job was very useful in getting married to women with substantial dowries. Focus groups revealed that, in

general, workers enjoy a moderate-to-good living standard in their villages, and the respect of their communities. One worker joked, “In Colombo people use derogative terms, such as ‘driver *karaya*’ or ‘*konda*’, but in villages, we are gentlemen (*mahaththuru*).” All said that for this reason, together with low pay, they would not consider moving to the cities where bus depots are located.

STREET-SAVVY CONSTRUCTION WORKERS

The open-market economic policies introduced in 1977 led to a construction boom—largely foreign-funded projects to improve infrastructure, housing, and sanitation—in Sri Lanka. Many companies hired easily available, male, migrant labor for their sites.

Sri Lanka boasts high literacy rates for both men and women and of the construction workers we interviewed, most (31) were educated to the GCE Ordinary Level. Seven had studied to the Advanced Level. They all read newspapers and magazines avidly, listened to the radio, watched television, and discussed the current political situation at length. The strength of the work force at the site fluctuated between 350-400 men and almost all came from remote villages. They were between the ages of 20-50, with most belonging to the 20-35 age group. As is common in construction, workers did not sign binding agreements with the company or contractors. They preferred big companies because they paid well and on time. They were paid daily, and salaries varied according to experience and task. Monthly salaries plus overtime and bonuses ranged between Rs. 25000 to 30000. Permanent staff received medical insurance and were also included in a workers’ compensation program. The company paid attention to industrial safety and provided helmets, protective shoes, and masks. They regularly tested the workers to ascertain if they had absorbed cement particles or paint.

At the XX Brothers' site, men worked under the hot sun in clouds of red dust. The workday was 10 hours with a half-hour for lunch and intermittent short breaks. Workers laughed and joked while performing difficult manual labor. All interviewees (in two sites adjacent to each other) commented on body aches due to the harsh working conditions. Contrary to popular belief, thirty two said they did not smoke or drink alcohol and that most workers did not. As all had migrated from rural areas, most lived in temporary shelters at the site except for three who rented rooms in low-income communities around the site. The onsite living quarters were congested and hot, with one dirty toilet.

They enjoyed going to the movies, the beach, and all-night musical shows. They had more access to newspapers, magazines, and television channels in the city. Married men found separation from their families difficult but this was somewhat allayed by good pay and friendships. The workers were well aware that the middle class derided them as uneducated and low-class. They, however, liked the stereotype describing them as street savvy and agreed that they generally are street savvy.

HIV VULNERABILITY

Transport Workers:

Sri Lankans consider SLCTB workers as stable government employees, and thus good marriage partners. Many sought the job because of this perception, and felt their jobs had paid off, given marriage results and the respect they garnered within villages. The SLCTB workforce, administrators, and trade union leaders consistently held that they were not vulnerable to HIV/AIDS. This conviction made them pay scant attention to educational programs on television and other media.

However, discussions revealed that this mobile male group had ample opportunities for unsafe sexual practices. Each city has a bus depot, but workers are almost always stationed far from home; and they are therefore given bus passes to travel up to 30 miles, which in practice is an unlimited pass. Some spend six hours a day traveling to their hometowns. One worker travelled back and forth between Galle and Nugegoda every day, a four-and-a-half hour journey each way. He was transferred to Nugegoda as a punishment—whenever the government changes, employees belonging to different political parties are transferred to distant areas as punishment. Due to the culture of mobility, however, no one protests or demands for a more effective system of bus depots serviced by local SLCTB employees.

Long-distance drivers use male rest halls in the central bus terminals or depots to catch up on sleep. Some of the officers complained that the sex workers who frequent bus terminals were “their biggest headache.” Their availability makes SLCTB workers vulnerable to unsafe sexual contact. However, 23 interviewees contended that workers normally start affairs with regular female passengers rather than sex workers. Many had a low opinion of city women. “Nobody says no to what is freely offered,” one bus driver said. They said some women who brought their kids to schools start affairs with transport workers to while away the time until school closed in the afternoon; they were also said to want free rides and reserved seats. While SLCTB workers consider their own mobility praiseworthy, due to belief in ideal gender norms, they consider mobile women, even those engaged in a conventional nurturing activity, to be immoral.

Long-distance drivers who stopped for tea or lunch at a particular shop were said to face a special risk. Competing for the passengers’ trade, shop owners offered favors, including women, to influence the bus drivers’ decision as to where to stop. An SLCTB circular stipulated that bus drivers with routes exceeding 50 miles should be over 35 years old, and while this was meant to

ensure driving safety, it also produced a mature, mostly married cohort thought better equipped to face moral challenges. Workers, however, lamented that the SLCTB management overlooked this consideration and instead started an incentive system that gave drivers a bonus for longer routes. This prompted the new recruits, who were mainly political appointees, to circumvent regulations, which resulted in 20-year-olds driving over fifty miles at a stretch. When asked why older men are at a lower risk of contracting STIs, the officials and workers said that they are mature and married and, therefore, would not “play around.”

Most workers I talked to said that they drink alcohol almost every day and agreed that their fellow workers did as well. Smoking is less prevalent. They adamantly denied homosexual activities and believed that homosexuality is prevalent only among weak men, not among the likes of tough, masculine transport workers. When I first posed the question, almost all seemed offended. One driver, Jagath, asked me to think about several characters in films who acted in drag and consider if I could find anyone like them working in the bus depot. This conflation of homosexuality with drag performances is common among Sri Lankans. Many considered homosexual men to be weak and by extension claimed that men who worked hard and provided for their families could not be homosexual. As evidenced by Jagath—who said, “I know you have to ask this question because the research is about HIV/AIDS, and homosexuals are the ones who get it. No worries here. We like women”—these beliefs exacerbate some of their misconceptions about HIV/AIDS.

When I mentioned that any STI, including HIV/AIDS, could be contracted from women, all workers said they were wise enough to recognize “bad women.” Several related how women “came on to them”, but they could tell such women were sex workers from their appearance and behavior. Unsurprisingly, they all said they never had relationships outside marriage, yet noted

that acquaintances who did were wise enough to choose “good, innocent” women. According to many, AIDS is a problem for Western countries, not countries like Sri Lanka, where people lead moral, religious lives. When I presented some statistics from India to show that even the unlikeliest groups (such as middle class housewives) can be affected, some looked suspicious; others accepted that the country is changing and blamed tourism and migration to the Middle East. They suggested that I should focus on those two groups as they alone are at risk of contracting AIDS. They also blamed HIV/AIDS victims, saying they went against society’s values. When I mentioned mother-to-infant transfer or blood transfusion, they agreed that such situations are highly unfortunate.

The myths they held about HIV/AIDS seem to stem from their deeply entrenched cultural understanding of the world. The cultural knowledge acquired through socialization and the media makes them uncritically accept that men and women follow moral, sexual norms, so AIDS could not be a problem in Sri Lanka. With their status as respectable government servants threatened by the gradual privatization of bus companies, they seem to hold on even more rigidly to middle-class notions of ideal behavior. However, contradictions emerged between the “official line” and off-the-line answers of workers we talked to informally. During one highly animated discussion, several related stories of casual sex. They claimed to know of other workers who had multiple sexual partners. One confided that he had contracted an STI from a Middle East returnee. Three spoke of three different fellow workers who contracted STIs through casual relationships and found treatment for the “itching illnesses” elsewhere than at SLCTB health centers for fear of losing their jobs (since, according to them, STIs would indicate moral degeneracy). It appears that the prevalence of STI is probably higher than they publicly acknowledged.

During formal interviews workers said they did not need education and were not vulnerable to HIV/AIDS, and claimed that those who transgress know about safe-sex practices. When asked what they are, they cited their ability to recognize bad women. When I asked about regular blood-testing or getting tested before starting a sexual relationship, they agreed it was good but impractical. They universally disliked condoms, and all those interviewed and who conversed with us said they had never used one. The married workers claimed they didn't need them because they only had sex with their wives. They thought condoms reduced sexual pleasure, and one likened them to raincoats. All unmarried interviewees said they would wait until marriage to have sex, and thereafter be faithful to their wives. They did not see any reason to use condoms and some revealed that they did not know what condoms looked like. When one of the research assistants showed a sample, they marveled at the small size and wondered how to use them. Talking about premarital sex, Ajith used a common Sri Lankan saying: "Why prod a bag that I will be opening soon (after the wedding)?" This alludes to the expectation of female virginity at marriage. Such cultural beliefs promote the notion that a husband who only has sex with his wife is bound to be safe from contracting STIs.

Construction Workers

Construction workers also held several misconceptions about HIV/AIDS and vulnerability: first, that HIV/AIDS is not a problem in Sri Lanka; second, that young women are virgins at the time of marriage, and blood tests before marriage in virtuous countries like Sri Lanka are unnecessary; third, that village women are pure, and men need not use protection when having sex with them, as opposed to city women who can be dangerous. Nine of the 45 formal

interviewees thought the shared toilet at the site put them at risk for STIs, and eleven thought that sharing personal items could put them at risk.

Despite these misconceptions, the construction workers differed significantly from the transportation workers in their straightforward recognition of risk factors, awareness of HIV/AIDS, and openness to education. All participated enthusiastically and did not try to change the focus of the study. After a few days, workers busy lifting or climbing would stop to direct me to a worker they thought would have good information. Impromptu focus groups were formed, as any worker on break joined us to talk or listen.

Most workers were fairly knowledgeable about preventive measures. The importance of having one partner was emphasized. All the interviewees claimed to have only one partner, either wife or girlfriend. None claimed homosexual relationships but related rumors about workers who may be having homosexual relations. The unmarried men said they did not approve of premarital sex and intended to marry their girlfriends soon. In time, many became friendly and talked about alternative sexual activities, mostly as something others did. When they spoke about their own sexual adventures, they made sure we were alone or requested that the tape recorder be switched off. Several men confided that they were seeing women who had multiple partners, or with women whom they suspected engaged in part time sex work. Despite frequent verbal nods to dominant cultural mores, the construction workers differed markedly from transport workers in their choices regarding HIV/AIDS.

Construction workers understood the need for awareness and safe sex and acknowledged that they were knowledgeable about the virus and safe-sex practices. They were all aware of condoms and said they could easily buy them at pharmacies. They commented that men who dated neighborhood women used condoms, and said they had seen unused condoms and

wrappers lying around their compound alluding to frequent sexual activity. Two stock supervisors interviewed in 2008 confirmed that the men were knowledgeable about condoms. One of them laughingly said: “these men have eaten the country and drunk water,” and added that most workers start when they were 15 or 16, and that by 25, the men knew how to safely have fun.

All formal interviewees and focus group participants explained in layman’s terms how the HIV virus is contracted, symptoms, and especially ways to prevent infection. All of them were aware of the dangers associated with blood transfusions and sharing syringes. They knew the importance of checking whether a syringe was clean before having an injection administered. Twelve noted that having blood tests done before starting a relationship was a good idea, while saying that insisting on it in Sri Lankan society was infeasible. They, however, concurred with transport workers in stating that no blood test would be necessary if they were getting married to “sheltered women who are virgins.” They spoke of village women as “innocent,” in the sense of not having carnal knowledge. Married men went home only once every two months and had no qualms about having unprotected sex with their wives. This faith in the purity and chastity of women in the context of rapidly changing villages may be risky.

However, construction workers’ acceptance of their vulnerability, especially in the city, made them safer. Several supervisors said many workers knew how to “squeeze through the devil’s ear and come out without a scratch,” a popular saying here used to stereotype construction workers. According to them, construction workers knew about STIs through their experience in the “university of life.” This is a label that the workers were proud of and it clearly affected their response to HIV awareness programs. Almost all the construction workers wanted to know more and felt that NGOs or state institutions should conduct workshops to promote further awareness.

They also noted several alternative sources of information through which they learned about the virus. The difference between the groups seemed to stem from construction workers not having to defend a social identity rooted in their being “respectable gentlemen” thanks to urban and rural middle class people holding them in low regard. Construction workers generally belonged to poor, marginalized communities in their villages and knew that the low status accorded to their jobs compounded their marginality. Many felt that although they were good moral Sinhala Buddhist (or Muslims), there was no need for pretenses when it came to sexual activities. The stability of transport workers’ jobs, the image they needed to project as government workers, and a propensity to expect the government to take care of all social problems complicated how they in turn understood public health concerns. No doubt this response was connected to the tension filled neoliberal transformations the transport sector is experiencing; a complication that the transient construction workforce does not face.

WORK PLACE RESPONSES

Transport Workers

According to workers and union members, the SLCTB has failed to pay attention to STIs because of the reduced health care facilities stemming from the privatization of transport services. Their views were reinforced when three SLCTB officials interviewed said they did not consider HIV/AIDS a problem in Sri Lanka, although they were open to the idea of awareness programs provided funding was made available. Workers claimed that neither the SLCTB health center nor other organizations offered HIV counselling and testing and actually felt there was no need for such programs.

Yet, most transportation workers learned about STIs in snippets. They mentioned that newspapers carried a few high-profile, sensationalized stories. They knew that magazines like *Tharunaya* (Young Man) published information on safe-sex behavior. Several mentioned a soap opera in which a man contracted the HIV virus through casual sex with a female tourist. Another mentioned a soap opera in which a man came back from a Middle Eastern country with AIDS. Both soap operas seemed to have made indelible impressions, leading to some misconceptions about who gets AIDS and through what kinds of relationships. Four interviewees learned some facts when their children related what they learned in school. Three workers referred to leaflets they saw at SLCTB health facilities but did not pick one up.

I spent several days interviewing trade union officials attached to All Ceylon Motor Workers Union in 2004 and 2008 to hear their views and plans to reach out to workers. Keeping the officials focused on health and sexual behavior was difficult. Every few minutes, the conversation would digress to wages, and complaints about the rapid privatization of government institutions. Their almost nonexistent concern over pressing health problems seemed to stem from this anxiety-ridden reality. When asked about workers' health education needs, they linked the increasing vulnerability of transportation workers to STIs to the deterioration in working conditions since 1977, when economic liberalization programs were introduced.

Union leaders agreed that constant mobility, night shifts, and rest facilities surrounded by sex workers made the workers vulnerable to STIs. However, they had never heard of workers contracting STIs and thus did not consider HIV/AIDS a problem. They felt the government is responsible for stopping the spread of STIs by stopping adultery and delinquent sexual behavior. They compared the government's interest in promoting tourism to legitimizing sexual misconduct, and several suggested that tourism should be prohibited.

Some union leaders believed that sex workers and Middle East returnees were solely responsible for the spread of HIV/AIDS; married workers were immune to these threats; and all workers were safe because they had a keen eye for sex workers or “bad women.” They deemed transport workers in general to not be sexually promiscuous, but also felt that those who were, would know about safety measures since traveling around the country and meeting varied people would have made them wise. One said that transport workers could help stop “AIDS spreading” because they know how to recognize sex workers, thieves, drug addicts, and criminals.

When I asked whether they were thinking of conducting any workshops to educate the union membership, they reiterated that HIV/AIDS is not a pressing issue and cited more immediate political problems as their priority. Workers acknowledged that even if trade unions started educational programs, they would probably not attend these programs. Most union leaders and workers thought only the government could prevent HIV by improving the economic situation. It appears that such rigid opinions are preventing union leaders from using the opportunity to intervene as educators.

Construction Workers

Construction workers do not seem to be a target group for any HIV/AIDS education. They said that while not essential, more educational programs would be valuable. Unfortunately, the company is not invested in the health of their transient workforce, which is demonstrated by the fact that there was only one toilet for the entire workforce. The company’s lack of interest in HIV/AIDS education was not surprising as neither state institutions nor private entities thought that AIDS was a problem, or that the “street savvy” workers needed education.

Trade unions affiliated with major political parties also have no interest in organizing construction workers because they have little ability to disrupt government agendas. Neither the two major parties nor the leftist parties had trade union branches for construction workers. When asked if they feel neglected by trade unions, workers shrugged and said the informal sector does not get organized in Sri Lanka. They pointed to the transience of their work and how nobody knows what happens to the workers once work at a site is completed. While all concurred that transient workers do not need trade unions, many thought that a welfare organization that sponsored health education workshops would be useful. This expressed need to learn from others and alternative and conventional media was what marked the difference between the two groups of workers. Although the construction workers were also mired in the same dominant cultural mores, specific class positioning and social labels attached to their work made them more sensitive to their own vulnerability, affecting their choices with regard to HIV/AIDS.

Thus, they thought educating themselves about sexual health is important in today's world. However, many said that they would not attend educational programs unless the "company gives a paid break." According to Mahesh, "there are many other ways to learn about these things. I am not going to spend my measly half-hour lunch break to listen to some big shot tell me what I already know." This comment opened a discussion of how they learned what they know.

Younger workers mentioned seminars and workshops at secondary schools as their main source of information about STIs. The others stated that newspapers and magazines, such as *Suwanda*, *Gini Siluwa*, and *Vivahaya*, provided good information on sexual matters. Middle class people look down on these magazines as soft pornography. Many workers, however, defended the magazines as highly educational and mentioned articles that made an impact on them. "They may be about providing cheap thrills, but those magazines taught me some things that are

useful,” Nihal claimed. “You know about our culture,” he added. “Do you think my father will sit me down and tell me about sex and how to protect myself? He would be like, ‘he will figure it out on his wedding night.’” Ravi said, “The educational features in *Divaina* and *Lakbima* [mainstream publications] are so boring and repetitive, you don’t want to read them. But *Suwanda* provides information through true stories sent by readers who have suffered because of bad choices.” He said he was shocked by a story that described the physical suffering of a young man who contracted an STI, shuddering violently for better effect. “You learn by reading such stories and decide not to repeat those mistakes.” he said. “Goody-goody articles have pictures of germs. Our magazines have pictures of half-naked women,” Nihal added.

Fourteen workers noted radio and television programs as their sources of information, but none could name them or any specialist who gave information on them. All agreed that talking with other workers was a major source of information. Some claimed it was the best way because it reflected bitter experiences. Gamini related how a fellow worker who had contracted a STI warned him about sex, saying that the STI felt like a thousand pins were pricking his penis. Gamini said he always think of that when friends pressured him to visit sex workers. He also shared the story of a friend, Sunil, who was told by a sex worker that she “liked it natural.” Sunil gave the woman a “good lecture” about the dangers of not using a condom and left. Two workers said they had friends employed at pharmacies who provided information about what condoms to buy.

Malinowski et al (2015) have analyzed labor unions as a public health institution and explored the role of unions in initiating public health policies. In the same vein, several scholars have noted how the decline of unions is a threat to public health (Wright 2016). Following these studies, it would have been fair to expect that the unionized group would be less vulnerable than

the non-unionized, transient worker group. However, the situation is reversed with regard to the two groups I studied. This shows that if unions are not diversifying their approaches to ensure worker wellbeing, unionization by itself may not necessarily lead to good public health outcomes for workers.

SOCIAL NETWORKS

Sri Lanka's small size enables transport workers who are posted at different parts of the country to reach their hometowns within six hours, and they rarely take up residence in a boarding house or move their families to the locations where they are posted. They prefer to work two days from 4:00 P.M. to midnight, sleep until 4:00 A.M. in the depot's rest area, work again from 4:00 A.M. to noon, and then travel home to their families. Most of them reside in the same village where they were born, amid extended families and childhood friends. Strong community support enables their wives to operate almost as single parents. This strong social network prompts them to think twice before engaging in casual sex. If such acts were discovered, they would not be private, between husband and wife; the man would have shamed his extended family, his schoolteachers, monks, and anyone who ever praised him as a "good man."

The structure of their recreational activities also minimizes risks. Bus drivers and conductors said they usually had no time for recreation. They get only four hours sleep. If they have a break, they chew betel leaves, smoke a cigarette, or talk with fellow workers. If the break lasts more than fifteen minutes, which is rare, they sleep in the bus. However, on holidays and on leave in their villages, they take the family to visit relatives, friends, and temples and play soccer or cricket with village youth. Most lit up when talking about their time in the villages. One bus

driver was a Sunday school teacher, and his friends helped him to get Sundays off. Almost all said that they engage in village temple activities whenever time permits. They try to obtain leave to help with village festivals, such as New Year's celebrations in April or religious activities like or annual community healing ceremonies. Senaka noted, "The chief monk is always asking my opinion on various issues, and he needs my help to organize temple events. As SLCTB workers, we have status in the village, and they expect certain social services from us." Jagath agreed: "Even if I am dead tired and haven't slept in days, I would still pull an 'all-nighter' for a village festival. Those are our duties."

Involvement with the temple and village social networks reduces risky behavior. Also tight work schedules prevent transport workers from risky exposure at all-night musical shows, taverns, and gambling places. The two days of leave after two days of work seem to work as a preventive measure, notwithstanding the labor hours lost and the human cost of constant travel. Several works address the importance of social networks for risk awareness and prevention (Low-Beer and Stoneburner 2004; Helleringer and Kohler 2005). Village social networks provide important senses of belonging and identity but also work as surveillance and policing mechanisms, especially with regard to sexual activities. While fear of social ostracization may keep transport workers away from casual sex, it is the social identity maintained through their connections to village social networks that make them oblivious to their potential vulnerability.

Construction Workers

Although they generally hailed from poorer, more marginalized village communities than transport workers, construction workers' village lives were remarkably similar. They had the same bonds to longstanding social networks, and said they would be ashamed if a licentious

affair was discovered. Thirty one interviewees were Buddhists and talked about their warm relations with what they called “our temple,” the temple where their family was part of the lay community. While not considered “gentlemen,” as young, able-bodied men with construction expertise, they were expected to volunteer body labor services at the temple and village festivals. These activities endeared them to the monks and the elite, and workers discussed how their behavior was tempered by its potential effect on their achieved status as “good, responsible village men”.

Three Christian and seven Muslim interviewees mentioned how they are restrained due to their relationship with the local mosques, churches as well as the Buddhist temples. Hassan said, “Both of them [the Imam and the chief monk] would be on my case, and they would call a meeting with my mother and wife, and kill me with sermons.” Much laughter and animated jokes ensued about how it would be preferable to resort to self-pleasure than face social punishment. Similar to transport workers, their long-term connection to social networks reduced construction workers’ vulnerability to HIV/AIDS.

However, the two groups contrasted at important points. Unlike transportation workers, construction workers took residence at their urban work places and did not visit the villages often. This contributed to the label “street savvy.” Most construction sites in central Colombo were surrounded by slums, where many workers developed friendships with men who engaged in drug trafficking, pimping, and petty theft. Workers related how urban people tried to swindle them and how they, over time, have become careful and savvy. They also managed to build strong friendships and spent time talking and joking while bathing, relaxing, or falling asleep. Although they complained of long hours, most could squeeze in a movie, a musical show, or an outing with a girlfriend. I saw men bathe after work, put on new shirts, apply powder and perfume, and go to the nearby junction, where they hung out teasing neighborhood women. This contrasted with the general structure of transport work, which made building relationships in Colombo difficult and instead encouraged village social relationships rooted in notions of

“respectable gentlemen.” City relationships and networks made construction workers more attuned to contemporary issues, and this also made them cautious about different realities of life. Although they valued village social relationships, being able to visit their homes for a few days every two months made becoming an integral part of such networks difficult. Interestingly, construction workers’ fear of family and community ostracization, as well as the wariness of their city relationships, both minimized their vulnerability to HIV/AIDS. The latter made them learn as much as they could about HIV/AIDS and safe sex. In contrast, the SLCTB workers thought they were highly skilled in identifying sex workers, drug addicts and thieves and also considered themselves “respectable gentlemen” who were above committing moral transgressions. Socially constructed labels—transportation workers as “respectable public servants” and construction workers as “street-savvy men with lax morals”—thus shaped each group’s concerns about HIV and their interest in learning more, irrespective of their local social networks.

CONCLUSION

This study demonstrated that while working and living arrangements of both transport and construction workers make them vulnerable to HIV/AIDS, their perceptions, awareness, and expressed need for education differed significantly in relation to their socially constructed work identities. The notion that transport workers are “respectable public servants and thus gentlemen” led them to deem themselves middle class and above sexual transgression. Construction workers were fine with the stereotype of “street-savvy men with lax morals” and through socialization and reading alternative print material learned of risk and preventive measures. Construction workers were less vulnerable to HIV/AIDSs, and this was directly connected to their social class

positioning and work identities. These findings highlights the need for more research within broadly defined groups to discern the nuances of social life that variedly shape vulnerability. Construction workers praised alternative print media for providing sex education. State transport board workers did not recognize the need for education or awareness. Unfortunately, neither workplace recognized the need for public health intervention. Studies have shown that unions are a fertile ground for public health innovation (Malinowski et al 2015; Hagedorn et al 2016). But with the strong belief among transport sector unions that their members were not vulnerable to HIV/AIDS and hence needed no intervention hindered the potential for unions to become comprehensive workers' right advocates concerned with workers' health, education, and overall well-being.

The strong influence of men's village social networks on sexual decision-making was one positive finding. Many village agents—monks, teachers, family—keep migrants grounded in local recreational and civic activities and instilled responsibility toward people and institutions beyond their immediate family. Previous studies have shown that the distancing from these social networks increase the risk for migrant communities (Weine and Kashuba 2012). However, being entrenched in locally constructed social identities contributed to Sri Lankan transport workers denying the risks they faced when it came to the HIV/AIDS. This notwithstanding, tapping into these local social networks when seeking to transfer knowledge and changes in attitude could make a difference. Construction workers, in fact, show tremendous potential as change-agents who might build awareness in villages through nonstandard but practical approaches grounded in experience.

Jennifer Hirsch (2014) astutely pointed out that both producers and consumers benefit from migrant labor and are thus responsible for the HIV risk affecting global supply chains. While the

migrants I studied are not part of global supply chains, it is obvious that their workplaces and service-recipients benefit from the particularly risky work and living conditions of the migrant workers, as those make goods and services cheaper for them. Myessay, by highlighting differing cultural narratives within social classes to better understand specific hidden vulnerabilities, provides a base for efforts to press the public and private sectors to improve conditions in which migrants live and work, with implications for HIV/AIDS and other public health outcomes.

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