

ANTIRETROVIRAL DRUG TAKING IN HIV POSITIVE AMONG MYANMAR MIGRANTS IN CENTRAL AREA OF THAILAND

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ABSTRACT: Monitoring in treatment success includes as a major portion in antiretroviral drug treatment. Because antiretroviral drugs do not eradicate the virus but it maintain viral replication at low levels. ARV taking in migrants people is an interested portion in HIV treatment. The study aimed to identify factors which facilitate or constrain ART taking among Myanmar migrant ARV users in the hospitals of central area of Thailand. The study expected to know factors affecting ARV taking in Myanmar migrants and to provide future specific intervention to increase and maintain high level of adherence. The qualitative study purposively selected 27 participants from 4 hospitals of Thailand (Satthip Hospital, Photharam Hospital, Ratchburi Hospital, and Samut Sakhon Hospital). They were asked by in depth interview to develop the study. Regular taking ARV and having the missed dose experience were nearly the same. Their incomes are not enough for long term ARV treatment taking. So free of charge treatment strongly improves their long term regular ARV taking. Registration condition is highly affected to their free of charge treatment. In patient's condition, frequency of medical taking and having opportunistic infection/clinical symptoms affected to ARV taking. Having social and family support and giving knowledge from hospitals improve their self awareness. Even they got family/social care and giving knowledge from hospital, self awareness itself is more important for this Myanmar migrant group. In conclusion, economic concern, work related factors, registration condition and self awareness are mostly affected in Myanmar migrants ARV taking.

Keywords: antiretroviral drug, HIV positive, migrants

INTRODUCTION: HIV/AIDS is not only health problems on individual level but also many social, economical, developmental and political consequences for family, community and society as well. The global prevalence rate (the percent of the population with HIV) leveled over this period at 0.8 %¹⁾. In Asia, an estimated 5.0 million (4.1 million – 6.2 million) people were living with HIV in 2007²⁾. The relationship between HIV/AIDS and migration is recognized and international migrants organizations argue that work should not only be done to reduce migrants' vulnerabilities to HIV, but also to increase their access to health care and ART³⁾. HIV/AIDS prevalence of migrants in Thailand is estimated to be 17%, compared with 1.5% among adult Thais⁴⁾. Monitoring in treatment success includes as a major portion in ART treatment. Because ARV drugs do not eradicate the virus but it maintain viral replication at low levels. ARV taking in migrants people is an interested portion in HIV treatment. The study aimed to identify factors which facilitate or constrain ART taking among Myanmar migrant ARV users in the hospitals of central area of

Thailand. The study expected to know factors affecting ARV taking in Myanmar migrants and to provide future specific intervention to increase and maintain high level of adherence.

MATERIAL AND METHOD: The purposive convenience sample of 27 people was identified in hospital; purposively selected in ARV taking Myanmar people. These 27 people were representative of this project. In this purposeful sampling the size of the sample was determined by information considerations. These 27 participants were both male and female who were 18 years and more than 18 years. They can speak and understand Myanmar language and they are currently ARV taking from Thai hospitals. The participants of the study were volunteer and were explained the aims of study before interviewing. All respondents were explained about objectives and information of the study so that they completely understood before responding to interview. Interview guide line were related to patient knowledge about HIV/ARV, how patients manage to take their medicine (frequency/tablets/missed dose), recent clinical symptoms, economic concern (income/ free of charge treatment/ transportation

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fees), work related factors (condition of ARV taking in work place/time of ARV taking and working hours/secret condition in working place), language communication between patient and health care provider. The quality of respond is very important for this project to get satisfied answers. First the researcher took their trust and warm friendship before interview (such as group talking about their work, their life in Thailand/ health education about ARV adherence). The place for interview had chosen by participants for their privacy. The project informed to the purpose hospitals and took informations which related to the numbers of Myanmar ARV users. The project took the permission from hospital directors and doctors or nurses who have authority in ARV clinic. And then the project did in ARV clinic days of hospital. If some participants would not come to hospital, the interview did in their home.

RESULTS: It was found that 63% of respondents were male and 37% were female. 62.96% were between the ages of 31-40. Regular taking ARV and having the missed dose experience were nearly the same. Mostly, male has more experience of missed dose. It may be related to their work related conditions. Knowledge of HIV and ARV only cannot promote their regular drug taking practice. Participation in peer group was not sufficient. Family support only cannot be a factor to increase regular taking practice. Although language barrier is one factor for migrants ARV users, it is not strongly affected to ARV taking. Registration and non registration conditions may affect the ARV taking. Because free of charge treatment highly depends on registration condition. If they will get free of charge treatment, they will continue and try to take regularly medicine administration. Work related obstacle becomes an important factor for ARV taking. They have missed dose in working place. They have secret drug taking in working place. Clinical symptom and opportunistic infection could be awareness on the therapy. Frequency of medical taking is one factor for ARV taking and

it will need the adjustment between ARV taking times and working hours. According to their in depth interview answers, gender, income and registration conditions appeared as the factors in general condition. From being male or female, man in Myanmar migrants has more working condition than woman. So they have a factor in ARV taking in working place. Their incomes are not enough for long term ARV treatment taking. So free of charge treatment is strongly improve their long term regular ARV taking. Registration condition is highly affected to their free of charge treatment. Registration condition itself affected to ARV treatment (to get health care assessment and safely to go regular follow up). In patient's condition, frequency of medical taking and having opportunistic infection/clinical symptoms affected to ARV taking. And then having clinical symptoms and opportunistic infection affected to their income (economic concern). Their frequency of medical taking affected to ARV taking in working place (work related factors). Having social and family support and assessing knowledge from hospitals improve their self awareness. Even they got family/social care and giving knowledge from hospital, self awareness itself is more important for this Myanmar migrant group. In conclusion, economic concern, work related factors, registration condition and self awareness are mostly affected in Myanmar migrants ARV taking.

DISCUSSION: This qualitative study was conducted from January to March 2009. The condition of antiretroviral drug taking was assessed my subjective reports. It can assess that they can take the drug regularly or not. It does not measure pill counting methods, drug refilling methods etc due to time limitation and ethical consideration. According to in-depth interview, 48% of participants have the experience of missed dose and 52% of participants have no experience of missed dose. Regarding gender, Myanmar female ARV taking participants are more regular taking of drug than Myanmar men ARV users. As it has been reported in one study that gender issue are not

affect to ARV adherence⁵). This study does not correspond with the previous studies. Because of the study population is migrant group. Especially, man ARV users are working group and women ARV users are dependent group. The women who participated in the study were more stable, with less travelling. The answers of male who have an experience of missed dose are related to their works. For this qualitative study, a gender issue is one factor in ARV taking condition. All participants in this study got counseling and education at least one time from the hospital. It has no doubt has that knowledge about HIV and ARV has been increasingly gained. But 48% of participants have missed dose experience. So their knowledge do not affect to their practice. The result of this study is the same with one study⁶) knowledge itself was not enough to affect to ARV taking. Therefore the knowledge of HIV and ARV therapy represent a necessary component, but it would not be sufficient as a strong factor to ARV taking.

Man can take regularly in home because their family or wives remind the drug taking time. Most of man have missed dose in working place. The women have the practice to participate the peer group. In the side of non register ARV taking participants have a problem to come and take regular peer group support. In male, they have to adjust their working hours. This qualitative study found that peer group participation is not sufficient and they have need wiliness to participation. Even most of them have family support, they missed in working place. Family and social support alone is not a factor to increase regular ARV taking. 66.67% of participants have income between 4,000-6,000 Baht per month. 81.48% of participants get ARV free treatment from NAPHA (extension) due to their registration conditions. According to interviews, FOC treatment for ARV is strongly related to ARV using. They can access to health care service regularly and they can come to regular follow up due to free of charge treatment. In non register participants, they have to buy the drugs and they have to pay for treatment. They

do not want to take treatment for long term without free of charge treatment. Even they have to cost for transportation fees, they can come if they will get FOC treatment. So this free of charge treatment is depended on register condition. Access to health care service is strongly depended on FOC treatment in migrant group. All registered participants can come to hospital for FOC treatment without thinking about transportation fees as a problem. And also non registered participants will come to hospital if they get FOC treatment. In one research,⁷) cost of transportation is one of the problems for ART accessing. For this study, cost of transportation has to think as a one of the problems for accessing follow up treatment. But it is not a strong factor according for their interviews. ARV taking in work place is an important problem for migrant ARV users. 81.18% are workers i.e. fisherman, vendor, industrial worker, construction place worker. From their interviews, fishermen have to go the sea and they have a problem to take medicine regularly. One month follow up is not convenient to fisherman group because they have to work in the work 3-4 months/one time. And other construction place workers, industrial workers also have strongly affected in missed dose in working place. And then they do not want to know their drug taking condition. They make as a secret drug taking in working place. Most of them have to take drug at least one time in working place. They afraid that their bosses and friends will guess their drugs may be ARV. If their bosses and friends know, they will face to fire from work. So, work related obstacle is one factor for missing and skipping dose in ARV taking. For migrant population, language barrier appears as a factor for communication between patient and provider. According to in depth interview, speaking/understanding Thai language or having translator or volunteer are easier to communicate between patient and provider. It is easier to access health care service. But percentage of having missed dose and percentage of regular drug taking are nearly the same. Even they got facilities for language

or even they can speak and understand Thai language, they have the experience of missed dose. It may be related with wiliness to take drugs and self health care. Although language barrier is one factor for migrants ARV user, it is not strongly affected to ARV regular taking. In previous studies said that the presence of clinical symptoms, opportunistic infection increased the perceived severity of illness and thereby motivated patients to adhere⁸). It could be the same result for this qualitative study. 30% of participants have middle-sever opportunistic infection. They have clinical symptoms. According to their answers, it could be possibly raise their awareness on the benefits of the therapy and consequently lead to take regularly to ARV. Depends on stages and their disease condition, all respondents have to take different kinds of medication every day. Participants had to administer for minimum 2 times and maximum 4 times per day and the mean of tablets is 6.9 (Range 4-11). According to their answers, they want to reduce their medical taking times. They didn't tell about their tablets count. Some participants want to reduce their drug taking time in working place. In one study said that the total number of pills per day, dietary restrictions and dosing frequency are likely to influence their adherence⁶). For this study, if they will get the adjustment between drugs taking times and working hours, it may prone to get regular drug taking. So this is one factor that affect to ARV taking. (For this study dietary restrictions did not mention because there was no dietary restriction for current antiretroviral drug). However, the study contained limitations. Critical limitation of this study is purposive selection of the cases and this study ignored the ARV users who already dropped out from the treatments. Since study population was scattered in the community and hard to reach to them, it is important to respect the confidentiality of patients as

HIV/AIDS is still considered as social stigma in the community. So data collection was hospital based. This study do not access the adherence rate due to duration of adherence reflect.

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