

FACTORS ASSOCIATED WITH UNSAFE SEX BEHAVIORS FOR PREVENTION OF HIV/AIDS TRANSMISSION AMONG MYANMAR MIGRANT FISHERMEN IN RANONG, THAILAND

K. Maler Htoo* and Alessio Panza

College of Public Health Sciences, Chulalongkorn University, Bangkok 10330, Thailand

ABSTRACT: The HIV pandemic remains serious infectious disease challenge to public health. A study was conducted on late February 2009, to describe the association of independent variables (socio-demographic characteristics, condom availability, HIV/AIDS information, peer pressure, drug and alcohol use, HIV related knowledge, attitudes & skills) and the dependent variable (unsafe sex with sex workers) among Myanmar migrant fishermen in Ranong, Thailand. The study revealed that longer duration of stay in Thailand and earning of more than 5,000 Thai baht, negative attitude towards HIV/AIDS and condom use, and injected narcotic drugs were statistically associated with practice of unsafe sex with sex workers (p-value <0.005). Receiving information regarding HIV/AIDS, known sources of condom, life skills such as refusing undesired sex, pressure to use drug, to have sex without condom and discussing to use a condom were statically associated with safe sex practice in sex workers (p-value <0.005). Sixty six out of 367 fishermen had had casual sexual partners; and among these respondents 41% always used a condom, 33% used it sometimes and 26% never used it. The result from qualitative research revealed that unsafe sexual activities among casual partners was linked to mutual agreement, trust each other and make them feel safe, no availability of condoms and not carrying along condom with them. When having paid sex with a casual partner only 38% of the fishermen always used a condom and when having sex for money with a casual partner only 43% of the fishermen always used a condom. Given the high prevalence of risk behavior, providing health education together with condoms to these group of Myanmar migrant fishermen in Ranong is crucial. Health education should include teaching life skills such as refuse undesired sex, refuse pressure to use drugs, refuse to have sex without condoms and discuss to use condoms.

Keywords: unsafe sex, HIV, AIDS, migrant

INTRODUCTION: Acquired Immunodeficiency Syndrome (AIDS) is a pandemic disease that can devastate families, communities and whole continents. We have seen the epidemic knock decades off countries' national development, widen the gulf between rich and poor nations and push already-stigmatized groups closer to the margins of society. Every day, over 6,800 persons becomes infected with HIV and over 5,700 persons die from AIDS mostly because of inadequate access to HIV prevention and treatment services¹. The HIV pandemic remains the most serious of infectious disease challenges to public health. Migration is a phenomenon of growing significance worldwide. In 2002 there were 175 million international migrants, that is, 2.9% of the world's population, and 48% of them were women. Migration increases vulnerability to HIV/AIDS, as the migrants are far away from their families and partners, living in poverty and all too often exploited. Their status in the host country is precarious or even illegal, and they

may have limited or no access to health services and appropriate medical information^{2,3}. Migrant fishermen are particularly vulnerable to HIV/AIDS infection. They tend to engage more often in sexually risky behaviors when they arrive ashore since they are young, away from home, separated from culture and social constraints, lower educated, with constant peer pressure, and facing risk environment such as alcohol and commercial sex readily available on shore. Using the services of a sex worker is a bonus for their hard work⁴. From the prevalence survey of HIV infection in Myanmar fishermen at Ranong province in the middle of 1990, the HIV infection rate was 17.43%⁵. One research on factors affecting safe sex behavior for HIV/AIDS prevention among Myanmar migrant fishermen was conducted in 2006, Ranong. The results revealed that 22% of respondents reported drinking alcohol, 8.6% reported using narcotic drug, 1.6% reported sharing a needle with someone for drug injection, and more than

*To whom correspondence should be addressed.
E-mail: ho_ly25@yahoo.com

50% have had sex with sex workers and have gone to the brothel when they are drunk. Among the respondents, only 44.6% always used condom when they had sex with sex workers⁶⁾.

MATERIALS AND METHODS: The objective of the study is to examine the factors associated with unsafe sex with sex workers for prevention of HIV/AIDS transmission among Myanmar migrant fisherman in Ranong, Thailand.

A cross-sectional study with both quantitative and qualitative methods was conducted. The sample size for this study was 367 Myanmar migrant fishermen aged 15 and above. The research instrument was a pretesting interviewer administrated questionnaire and was based on a modification of a set of an existing questionnaire in English. The questionnaire was translated into Myanmar language, and used for the quantitative study. A set of guidelines questions for focus group discussion (three groups of 5-8 members in each; two groups were Myanmar migrant fishermen and one group was Myanmar female migrants) was used for the qualitative study as instruments. Before conducting the research, approval from the Ethical Committee of Chulalongkorn University (through the College of Public Health Sciences) was obtained. Multistage sampling method was used to collect the sample. First, Muaeng district at Ranong province was selected purposively. Then two tabons (sub-districts) at Muaeng district which had the highest number of Myanmar migrant fishermen were selected purposively. A cluster sampling method was used for interviewing fishermen. For the qualitative study, key informant from NGO health volunteers working with Myanmar migrants recruited fishermen and migrant women who were willing to participate in focus group discussion. For quantitative data analysis, the Statistical Package was used to perform the statistical analysis. For descriptive statistics: frequencies, percentage, mean, and standard deviation was calculated. For hypothesis testing: Pearson's Chi-Square test was used to find the possible associations between independent and dependent variables. For qualitative data analysis, manual analysis was used and grouping by

common answers, subjects/issues, summarizing and drawing conclusion was done.

RESULTS: The majority of the respondents was in the 26-35 years age group, single, had attained middle school education, Barma, Buddhist, had an income of 4,000-5,000 Baht per month, stayed in Thailand for 1-4 years and never went back home. Results presented in the table show that longer duration of stay in Thailand and earning of more than 5,000 Thai baht, negative attitude towards HIV/AIDS and condom use, and injected narcotic drugs were statistically associated with practiced of unsafe sex with sex workers (p-value <0.005). Receiving information regarding HIV/AIDS, known sources of condom, life skills such as refusing undesired sex, pressure to use drug, to have sex without condom and discussing to use condoms were statistically associated with safe sex practice with sex workers; p-value <0.005.

Sixty six (18.0%) out of 367 the respondents had had casual sexual partners; and among these respondents 41% always used a condom, 33% used it sometimes and 26% never used it. 1.6% of the respondents had male casual partners and 16.6% of them have had female casual partners in their life time. Among those who had male casual partners, 83.3% had more than one partners; and among those who had female casual partners, 93.4% of them had more than one partners. The place and average sexual intercourse of the respondents who admitted having sex with casual partners in the past six months is shown in table 2.

Thirty four out of 367 respondents gave money or other benefits for having sex with a casual partner. The number of times they paid for sex is shown in table 3. When having paid sex with a casual partner 38% of the fishermen always used a condom, 36 % used it sometimes and 26% never used it.

Twenty three out of 367 the respondents accepted money or other benefits for having sex with a casual partner. When having accepted sex with a casual partner, 43% of the fishermen always used a condom, 35% used it sometimes and 22% never used it.

Table 1 Association between independent variables and dependent variable (safe sex with sex workers) (N=367)

Independent Variables	Safe Sex		Total n (%)	Chi- Square	p-value
	Yes (n %)	No (n %)			
Income					
<3,000 Baht	9 (75.0)	3 (25.0)	12 (100)	6.55	0.038
3,001-5,000 Baht	117 (75.0)	39 (25.0)	156 (100)		
>5,000 Baht	37 (57.8)	27 (42.2)	64 (100)		
Duration of stay in Thailand					
<1 year	18 (66.7)	9 (33.3)	27 (100)	10.25	0.016
1-4 years	91 (75.8)	29 (24.2)	120 (100)		
5-9 years	43 (71.7)	17 (28.3)	60 (100)		
10 years above	11 (44.0)	14 (56.0)	25 (100)		
Received HIV/AIDS Information					
Yes	149 (73.8)	53 (26.2)	202 (100)	9.17	0.002
No	14 (46.7)	16 (53.3)	30 (100)		
Known source of condom					
Yes	152 (72.7)	57 (27.3)	209 (100)	6.14	0.013
No	11 (47.8)	12 (52.2)	23 (100)		
Attitude towards HIV/AIDS & Condom					
Negative Attitude	6 (31.6)	13 (68.4)	19 (100)	15.4	0.001
Neutral Attitude	121 (72.5)	46 (27.5)	167 (100)		
Positive Attitude	36 (78.3)	10 (21.7)	46 (100)		
Injecting narcotic drug					
Yes	5 (35.7)	9 (64.3)	149 (100)	8.51	0.006
No	158 (72.5)	60 (27.5)	218 (100)		
Life Skills					
Refuse undesired sex					
Yes	120 (76.9)	36 (23.1)	156 (100)	10.12	0.001
No	43 (56.6)	33 (43.4)	76 (100)		
Refuse pressure to use drug					
Yes	105 (76.1)	33 (23.9)	138 (100)	5.53	0.020
No	58 (61.7)	36 (38.3)	94 (100)		
Refuse to have sex without condom					
Yes	143 (84.1)	27 (15.9)	170 (100)	58.47	<0.001
No	20 (32.3)	42 (67.7)	62 (100)		
Discuss to use condom					
Yes	134 (84.3)	25 (15.7)	159 (100)	45.41	<0.001
No	29 (39.7)	44 (60.3)	73 (100)		

Tables 2 Number and percentage distribution of place and sexual intercourse with casual partners

Variables	Number	Percentage
Place where having sex with casual sexual partner (N=66)		
Hotel	29	44.0
Home (room)	26	39.0
Both Hotel and Home	3	5.0
Other Place	8	12.0
Average sexual intercourse of the respondents who admitted having sex with casual partners in the past six months (N=49)		
1-3 times	18	36.8
4-6 times	10	20.4
7-9 times	17	34.8
10-54 times	4	8.0

Table 3 Number and percentage distribution of the times having paid money or other benefits for having sex with a casual partner of the respondents (N=34)

Variable	Number	Percentage
How many times have you paid money, gifts or favors for sex in your life time?		
1-3 times	17	50.0
4-5 times	9	26.5
6-10 times	6	17.6
11-20 times	2	5.9

DISCUSSION: This study revealed that longer duration of stay in Thailand was statistically associated with the practice of unsafe sex with sex workers (p-value <0.005). The finding was consistent the previous results found among Myanmar migrant fishermen ⁶⁾. This study also showed that earning more income was statistically associated with unsafe sex. From this study respondents with more income were more likely to practice unsafe sex than those with less income. It is widely reported that sex workers may accept to have sex without condom if the client pays more money. Migrants with higher income have more money to pay for unsafe sex with sex workers in need of more income in spite of the risk of HIV infection^{7,8)}. There was statistically significant association between injected narcotic drugs and unsafe with sex workers (p-value 0.006). It was obvious that those who injected drugs did not practice safe injection because two-third of them shared needle with other injecting drugs users. These results were a guide for any organization that providing health promotion to direct their service to these particular groups of Myanmar migrant fishermen in Ranong.

Negative attitude was statistically associated with unsafe sex with sex workers. As theory of reasoned action by Fishbein & Ajzen: 1975, 1980⁹⁾. explained, a person's intention to perform a specific behavior is a function of two factors: 1) attitude (positive or negative) toward the behavior and 2) the influence of the social environment (general subjective norms) on the behavior. Therefore, the influence of the social environment such as peer education program will help change attitude.

Receiving information regarding HIV/AIDS and known sources of condom was statistically associated with safe sex with sex workers (p-value<0.005). These results were consistent with the previous studies among migrant fishermen in Ranong (Paw, 2006) and Myanmar migrant in Mahachai¹⁰⁾. Therefore provision of information from different sources will mold safe sex practice of the respondents. Sufficient availability of condom from different sources plus free condoms distribution from hospital/health centers and NGOs are very important.

In this study, it was obvious that having life skills such as refusing undesired sex, refusing pressure to use drug, refusing to have sex without condom and discussing to use condom was enabling factors for safe sex with sex workers among fishermen. All these variables were statically associated with safe sex practice p-value <0.005. Thus, teaching life skills to the Myanmar migrant fishermen is absolutely essential for prevention of HIV transmission.

The result showed sexual risk behavior of the respondents who had casual partners. Among those who admitted having casual partners, more than 80% of them had had two or more male partner; more than 90% had had two or more female partners. Health promotion program of condom use with casual partners among fishermen is necessary because the results indicated frequent unsafe sex. From the qualitative research, the results showed that the condoms were provided by sex workers when a client would like to have sex with them. The clients were not allowed to have sex if they refused to use condoms. The unsafe sexual activities among casual partners was linked to mutual agreement, trust each other and make them feel safe, no availability of condoms and not carrying along condom with them.

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