

HIV/AIDS RISK BEHAVIORS AMONG MYANMAR MIGRANTS IN BANGKOK, THAILAND

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ABSTRACT: This cross-sectional study examined HIV risk behaviors and modifiable factors for prevention of HIV among Myanmar Migrated labors in Khao San Road tourism area in Bangkok. 210 participants (Male 108, Female 102) aged 18 to 35 years from different workplace were purposively recruited and a self-administered questionnaire was utilized for data collection. Univariate analysis was used to describe high risk behaviors with gender role. Most of respondents in this study were age between 25 to 29 years (mean age 26.4 years), Myanmar ethnicity, nearly half of them were single and found that their living condition and environmental condition was higher than Myanmar migrants in other provinces in Thailand. Majority of participants had score 9.73 (minimum 0 to maximum 14) in HIV/AIDS knowledge. There was no statistically significant difference among male and female respondents about HIV/AIDS knowledge. No injected drug users were found in this study. Condom use was still low in sex with sex workers and also in spouse among Myanmar migrants. There were significant associations between migrant status (p-value 0.027), occupation status (p-value 0.005) and visiting to sex workers, between age of respondents (p-value 0.004) and alcohol drinking and between occupation status (p-value 0.002), monthly income (p-value 0.041), monthly support to family (p-value 0.03) and drug use. Based on the results of this study, it can be convinced that there is still need for improvement of HIV/AIDS knowledge and HIV risk behaviors preventive programs among Myanmar migrant workers in Khao San Road, Phra Nakorn district, Bangkok Metropolitan.

Keywords: HIV, AIDS, high risk behaviors, migrants

INTRODUCTION: Although the AIDS began in the 1980s, it expanded into a pandemic in the 1990s. Global summary of HIV epidemics according to 2007 HIV epidemic update by UNAIDS. Globally, there were an estimated 33 million people living with HIV in 2007. In Asia, an estimated 5.0 million people were living with HIV and estimated numbers of people living with HIV are 610,000¹⁾. According to an HIV/AIDS Projection and Demographic Impact Analysis Workshop in September 2007, Myanmar had 240,000 people, including children, living with HIV/AIDS. Due to Socio-economic and political migration from Myanmar into Thailand, according to Ministry of Labor, among registered 1,280,000 workers from neighboring countries in July 2004, about 600,000 of those with work permits were from Myanmar²⁾. There are 98,308 of migrants workers in Bangkok, 511,798 in regions excluding Bangkok, total of 610,106 and 6267 of Myanmar migrants worked as professional in Bangkok³⁾. Migrants' vulnerability to HIV/AIDS is increased by a complex set of factors. Numerous barriers limit migrants' access to health services and increase migrants' vulnerability to HIV/AIDS and reproductive

health problems. Some of the most prominent barriers to accessing health services include: language barriers, health insurance regulations, assigned health service providers (to obtain flat fee of 30 Baht) may be inconvenient to reach or far away, time of service provision by health providers may conflict with working hours of migrants, many employers keep migrants' ID cards as a form of "insurance", restricting migrants' mobility, fear of arrest or harassment deters some migrants, especially those who are undocumented, negative attitudes of health providers towards migrants make migrants reluctant to seek treatment from public service providers⁴⁾. Khao San is a short road in central Bangkok. Many tourists use Khao San road for exploring the rest of Thailand as there are many direct coaches from the street to virtually all major tourist destinations in Thailand. There are so many shops and 24% of all migrants to sell the things along that road and it looks like a foreign community of present day. No study was reported on high risk behavior of HIV infection among Myanmar migrants in Khao San Road tourism area. So, a set of behavioral study needs to be undertaken among young people of

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migrants at Khao San road in order to evaluate their behaviors regarding HIV/AIDS.

MATERIALS AND METHODS: Cross-sectional exploratory study with quantitative approach was used to access social determinants and high risk behaviors of Myanmar Migrants. Khao San road in Phra Nakhon district was purposively selected because there were many migrants including Myanmar and other migrants. In that area, most subjects (n=210) were recruited with snow ball technique. Ethical criteria were considered, and informed consent forms were also collected. Participants were inquired filling up of questionnaires with Myanmar language and the questionnaires was closed ended questions about demographic information, sexual practices, HIV/AIDS related knowledge, access to health education and health services, habits of alcohol drinking, drug abuse and history of blood transfusion. For data analysis Statistical Package for Social Sciences (SPSS) software was used. Data analyses utilized is standard descriptive statistics and chi-square analyses.

RESULTS: In this study, 51.4 % of respondents (108) were male and 48.6% were female and their mean age was 26.4 years (standard deviation 5.15). Most of them were Bamar/Myanmar and Mon. The majority of unmarried respondents lived alone (55.7%), followed by 15.9% who were divorced, 15.6% who were unmarried. 46.2 % of respondents married at 20 to 24 years of age and second most married at 25 years to 29 years. Most of the subjects 84.8% had not completed ten years of compulsory education. In Migrants' status, 68.8% of subjects were legally employed; among those of 210 subjects 30% were illegally. With regard to occupation

status, half of them were shop helpers 64.3% and earned approximately about 5,000-7,000 Bahts per month. Subjects in the study population lived in rent house (78%) around Khao San Road and 35.2% stayed with their spouse and 29% stayed with their friends. 17.6% stayed with their relatives and 13.3% stayed alone. Duration of stay in Thailand was different from each other. 40% have been in Thailand 1- 4 years. About Thai language skill, most of migrants can speak and understand Thai language.

This table shows total score and knowledge level of respondents about HIV/AIDS and gender role. There was no statistically significant association between knowledge level about HIV/AIDS and male and female respondents (p value of 0.87) (Table 1). The mean score for knowledge of all respondents was 9.73, SD± 2.547. The knowledge level, therefore, was fair but need to improve.

Regarding high risk behaviors and condom use with sex workers, 3 of male (13.6%) out of 22 who had sex with CSW, had no history of condom use. They admitted that there was no need to use condoms. The remaining 19 males (86.4%) had history of condom use because they were afraid of being infected with HIV. The study reported 7 males had no history of condom use after drinking alcohol, 5 of them with sex workers and 2 with their girlfriend. When reasons for condom use were asked more than 80% answered that they afraid of infection from their partners especially sex workers. The remaining answered that they used condom to prevent infection to their sexual partners and some are for contraception. In addition, it represented that among 6 subjects who had sex after taking drug, 5 males had history of taking

Table 1 Association of numbers and percentage distribution of respondents on total HIV knowledge score and gender (N=210)

Knowledge level	Male (n (%))	Female (n (%))	Total (n (%))	Chi-square	p-value
Less than 40%	9(8.3%)	6(5.9%)	15(7.1%)	4.887	0.87
40-70%	46(42.6%)	59(57.8%)	105(50.0%)		
More than 70%	53(49.1%)	37(36.3%)	90(42.9%)		

drug with sex workers and also not use condoms.

In the whole sample, subjects who worked with studying and legal status were more likely to visit sex workers than those who were illegally and had significance p-value 0.027. There has been found significant association between visiting to sex workers and occupation status (p-value 0.005) and living condition: subjects who lived in room bossed from boss with friends were more likely visiting to sex workers (p-value 0.002). (Table 2)

Regarding alcohol drinking, the age groups of 25-35 years were more likely to drink alcohol than age group of 18-14 years at significance (p-value 0.004), males were more likely to drink alcohol statistically significant in monthly average expenditure more than >3000 Bahts are risky than ≤3000 Bahts at p-value <0.001.

The associations with socio demographic characteristics and drug use were observed. Respondents who worked in construction, factory workers, hotel and restaurants, tourist guides, tattooing and hair dressing were more likely to use addictive substance than shop helpers, p-value 0.002. There were statistically significant associations between socio demographic characteristics and monthly average income p-value 0.041, monthly support to family p-value 0.03.

DISCUSSION: Compared to other studies, Myanmar migrants in this study area had better living condition and environmental condition. The knowledge of respondents about HIV/AIDS was fair and the mean knowledge score was 9.73 and SD 2.547. A previous study in border areas conducted on knowledge of HIV/AIDS did not

Table 2 Association between Socio-demographic characteristics and visiting to sex workers (N=108)

Socio-demographic characteristics	Visiting SW n(%)	OR (95%CI)	p-value
Migrant status			
Studying and legal working	11(33.3)	2.90 (1.09-4.70)	0.027
Illegal working	11(14.6)		
Occupation status			
Construction, others	12(35.3)	3.49 (1.33-6.53)	0.005
Shop helpers,	10(13.5)		
Type of housing			
Rent room	13(14.7)	4.720 (1.63-13.61)	0.002
Room from boss, others	9(45.0)		

Table 3 Association between Socio-demographic characteristics and alcohol drinking (N=210)

Scio-demographic characteristics	Alcohol drinking n (%)	OR (95%CI)	p-value
Age(year)			
18-24	49(31.8)	2.472 (1.08-1.98)	0.004
25-35	30(53.6)		
Gender			
Male	72(66.7)	27.143 (11.42-64.50)	<0.001
Female	7(6.9)		
Monthly average expenditure			
>3000B	32(57.1)	0.329 (0.17-0.69)	<0.001
≤3000B	47(30.5)		

Table 4 Association between Socio-demographic characteristics and drug use (N=108)

Socio-demographic characteristics	Drug Use	OR	p-value
	n(%)	(95%CI)	
Occupation status			
Construction, Others	14(41.2)	4.511	0.002
Shop helpers	9(13.4)	(0.08-0.59)	
Monthly average income			
≤6000B	14(31.8)	0.397	0.041
>6000B	10(15.6)	(0.15-1.00)	
Monthly support to family			
≤3000B	21(27.6)	3.69	0.03
>3000B	3(9.4)	(0.94-9.18)	

show better results than this study, in spite of migrants in Bangkok being able to easily access that the frequency of condom use varied among the sexually active participants. Surveys among migrants from Myanmar at a couple of different locations in Thailand found that there were more than 90 percent of couples had never used condoms with their spouse⁵⁾. These studies are consistent with this study in low status of condom use. In this study 15% respondents reported history of contact with sex workers last 6 months. This percentage is quite low compared with one study among fisherman in Ranong (60%)⁶⁾. Few participants 7% and 3% reported ever being under the influence of alcohol or drug during sexual intercourse; this risky behavior can lead to impairments in judgment and thus less frequent use of protective behaviors during intercourse. In this study, there was significant association between age and alcohol drinking (p-value 0.004); consistent with one study in Samut Sakhon⁷⁾. It can be seen that there was association between occupation status and visiting to sex workers and drug use because most of respondents in this study were shop helpers and they were in their workplace all the time and they had less risky than other occupation groups. In addition, risk behaviors were associated with income, expenditure and monthly support to family. Respondents who sent back less money were risky because they have more chance to use drug and also alcohol drinking risk behaviors were found in respondents who more expensed

information in urban Bangkok. Regarding risk behaviors, the findings of this study indicated than others. In conclusion, based on this study finding, there is still a strong need to promote HIV/AIDS preventive behaviors and to remove risk behaviors among this population.

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