

CHAPTER IV

RESULTS OF THE STUDY



This descriptive study was conducted to explain the knowledge, attitudes and risk behaviors regarding HIV/AIDS among Myanmar migrant workers in Bangkok, Thailand. Data was collected in a survey conducted from January 15 to February 15, 2003. The respondents were contacted in weekly social events and occasions organized by two churches frequented by Myanmar migrant workers and at a recreational park, also a favorite place of many Myanmar migrant workers. In all 367 respondents were interviewed for the survey, including 232 women and 135 men.

The results of this study are presented in five parts:

- Part One: Socio-demographic characteristics of the respondents
- Part Two: The knowledge of respondents regarding HIV/AIDS
- Part Three: The attitudes of respondents regarding HIV/AIDS
- Part Four: The risk behaviors of respondents regarding HIV/AIDS
- Part Five: The factors influencing risk behaviors of respondents regarding HIV/AIDS

4.1 Part One: Socio-demographic Characteristics of Respondents

The survey findings relating to socio-demographic characteristics of the respondents are presented in Table 2 to Table 9.

Table 2: Frequency and percentage of respondents by age and gender

Age	Male		Female	
	(n)	(%)	(n)	(%)
16-20	22	16.3	54	23.3
21-25	41	30.4	94	40.5
26-30	45	33.3	56	24.1
31-35	23	17.0	22	9.5
36-40	4	3.0	6	2.6
Total	135	100	232	100

Mean= 25.13, SD= 5.03, Male=135, Female=232

Table 2 shows that the large majority of respondents, 57.5%, were between 16-25 years old. Females were comparatively younger, as about 63% of females and 44% of males belonged to this age group. The respondents were mostly very young, the mean age being 25 years.

Table 3: Frequency and percentage of respondents by gender and marital status

Marital status	Male		Female	
	(n)	(%)	(n)	(%)
Single	88	65.2	150	64.6
Married	36	26.7	65	28.0
Divorced	6	4.4	15	6.5
Widowed	5	3.7	2	1.5
Total	135	100	232	100

Table 3 shows that the distribution of registered Myanmar migrants in Bangkok (63%, females, 37% males) as described in section 3.2 of Chapter III, females constituted 63.2% and males 36.8% of all respondents. The large majority of the respondents, 65%, were single while a significant proportion of 27.5% were married. Only 5.7% and 1.9% were divorced and widowed.

Table 4: Frequency and percentage of respondents by gender and education

Education	Male		Female	
	(n)	(%)	(n)	(%)
Primary school	25	18.5	38	16.4
Middle school	39	28.9	82	35.3
High school	47	34.8	75	32.3
University	17	12.6	24	10.3
Other	7	5.2	13	5.6
Total	135	100	232	100

Table 4 shows that all the respondents had received some education, the least educational level attained being Primary School by 17% of the respondents. The large majority of respondents, 66%, had attained Middle to High School level education from Myanmar. There was no significant difference with regard to gender and educational attainment.

Table 5: Frequency and percentage of respondents by ethnicity and religion

Religion	Ethnicity						Total (%)
	Baman	Mon	Kayin	Shan	Kachin	other	
Buddhism	63	41	134	4	3	14	70.6
Christianity	10	7	38	7	22	19	28.0
Islam	-	1	1	-	1	1	1.1
Other	-	1	-	-	-	-	0.3
Total	73	50	173	11	26	34	
Percentage	19.9	13.6	47.1	3.0	7.1	9.3	367(100)

Table 5 presents that the majority of respondents, 61%, belonged to Kayin and Mon ethnic groups that had left their homes because of prolonged violent conflict with the government, which had also severely affected the functioning of health

facilities, among others. The large majority of the respondents, 71%, were Buddhists followed by 28% Christians. Most of the Buddhists were ethnically Barman and Mon, while most of the Christians were ethnically Kachin and Kayin.

Table 6. Frequency and percentage of respondents by gender and occupation

Gender	Occupation					Percentage
	House- maid	restaurant worker	shop helper	factory worker	other	
Male		14	19	72	30	36.8
Female	145	10	25	28	24	63.2
Percentage	39.5	6.5	12.0	27.2	14.87	100

In Table 6, the largest proportion of respondents, 39.5%, were working as housemaids (all females) followed by factory workers, 27%. Among the female respondents 62.5% were working as housemaids followed by 12% as factory workers. Among the male respondents 53% were working as factory workers followed by 14% as shop helpers. About 22% males and 10% females were on the “Other” category, mainly comprising micro business owners, e.g. fruit and vegetable sellers, etc.

Table 7: Frequency and percentage of respondents by monthly income and occupation

Occupation	Monthly income				Percentage
	Less than 4000	4001-5000	5001-6000	more than 6000	
Housemaid	53	37	22	33	39.5
Restaurant worker	8	10	4	2	6.5
Shop helper	12	12	13	7	12.0
Factory worker	31	32	19	18	27.2
Other	14	8	8	24	14.7
Total	118	99	66	84	
Percentage	32.2	27.0	18.0	22.8	100

Table 7 shows that about one-third of the respondents, 32%, were earning monthly salaries of 3000-4000 Baht followed by 27% earning 4001-5000 Baht. A significant proportion of 23% were earning more than 6000 Baht a month. In general, the income of males was comparatively higher than the income of females.

Table 8: Frequency and percentage of respondents by monthly income and ability of Thai language

Ability of Thai language	Monthly income				Percentage
	Less than 4000	4001-5000	5001-6000	More than 6000	
Poor	73	48	22	30	47.1
Good	38	36	32	33	37.9
Very good	7	15	12	21	15.0
Total	118	99	66	84	
percentage	32.2	27.0	18.0	22.8	100

It should be noted that “very good” language ability here means having good skills in speaking, reading, writing and understanding; “good” ability means being able to speak and understand and, therefore, being able to communicate well with the employer; and “poor” ability means having difficulties in speaking and understanding the language. Of all the respondents 47% had a poor ability of Thai language, while another 38% had a good or an average ability of Thai language. Only 15% could claim a very good ability of the language.

Thai language ability had a positive correlation with monthly income. About 59% of the respondents having “very good” language ability were earning 5000 Baht per month or more, compared to only 30% with “poor” ability. Similarly, 43% of the respondents with “poor” ability were earning 3000-4000 Baht per month compared to 27% with “good” ability and only 13% with “very good” ability.

Table 9: Frequency and percentage of respondents by information on the use of health care services in Bangkok (n=367)

Variables	Yes		No	
	(n)	(%)	(n)	(%)
Respondents used health care service in Bangkok	163	44.4	204	55.6
If problems were faced by respondents who used health care services	94	57.7	69	42.3
Main problems faced:				
High cost of treatment	31	33.0	-	-
Language/communication problem	31	33.0	-	-
Bad treatment of health staff	23	24.5	-	-
Decline to provide treatment	9	9.5	-	-

Table 9 shows that more than half of the respondents never used a health care facility in Bangkok. About 58% of the respondents using a health facility faced some problems, the main ones being a high treatment cost (33%) and difficulties in communicating with the health facility staff (33%) due to language limitations. Another 24.5% respondents complained of receiving bad treatment from the health facility staff.

In conclusion, the migrants were very young with the mean age of 25 years, the large majority being 16-25 years old. Following the quota sampling, there were 63% female and 37% male migrants. A large majority of the migrants was single, and only 27% were married. Most of the migrants had attained Middle to High School level of education. Almost two-third of the migrants were Buddhists, followed by Christians. Almost half of them were ethnically Kayin, while the other significant ethnic groups were Baman and Mon. The largest occupation for female migrants was housemaid, followed by factory workers. For men, the largest occupation was factory worker followed by shopkeeper. About 60% of the migrants were earning Baht 3,000-5,000 per month, while the rest of 40% were earning more than Baht 5,000 per month. In general, males were earning more than females. Income was positively related to the ability of Thai language. However, 47% of the migrant's ability of Thai language was classified as "poor", implying they had difficulties in understanding and speaking the language. About 38% had "good" language ability, meaning they were able to communicate well in the language.

Only a minority of 44% migrants was using health care facilities in Bangkok, with well over half of them facing problems in this regard. The main problems faced

were the high cost of treatment, communication problems and a bad treatment of the health staff.

4.2 Part Two: Knowledge of Respondents Regarding HIV/AIDS

The meaning of knowledge regarding HIV/AIDS is the understanding of current information about HIV/AIDS, including its transmission and prevention. The respondents were asked questions about their knowledge of STDs and their sources of information about HIV/AIDS (Table 10 & Table 11).

They were also asked 10 questions to assess their knowledge of HIV/AIDS, and the responses to these questions are presented in Table 2.3. More than 7 correct answers in this part of the questionnaire were considered to demonstrate “good knowledge”, 7 to 5 correct answers were judged as reflecting a “fair knowledge”, and less than 5 correct answers were seen as reflecting “poor knowledge”. (Table 13)

Table 10: Frequency and percentage of respondents who could give name of a sexually transmitted disease (n=367)

Items	(n)	(%)
Respondents giving correct answer	237	64.6
Respondents giving incorrect or “don’t know” answer	130	35.4

Table 10 shows that 64.6% of the respondents were able to name at least one sexually transmitted disease. Significantly, more than one-third of the respondents either did not know of an STD or gave an incorrect answer.

Table 11: Frequency and percentage of respondents who received information regarding HIV/AIDS and sources of information (n=367)

Items	(n)	(%)
Respondents receiving information regarding HIV/AIDS		
Yes	360	98.1
No	7	1.9
Main source of information regarding HIV/AIDS		
Newspaper, magazine, poster, sticker	50	13.6
TV/Radio	146	39.8
Employer	7	1.9
Teacher/School	47	12.8
Doctor/Hospital	24	6.5
Friends	63	17.2

Table 11 shows that almost all the respondents, 98%, had received some information regarding HIV/AIDS. The main information source was TV/Radio, followed by friends, print media and school teachers.

Table 12: Frequency and percentage of responses to questions on knowledge regarding HIV/AIDS (n=367)

Items (Total no. of items: 10)	Yes		No		Don't know	
	(n)	(%)	(n)	(%)	(n)	(%)
1. Do you think that AIDS can be cured?	58	15.8	221	60.2	88	24.0
2. Losing weight, having chronic diarrhea, cough and fever are the symptoms of AIDS?	165	45.0	87	23.7	115	31.3
3. Sharing toilet with HIV infected persons can transmit HIV to you?	107	29.2	186	50.7	74	20.2
4. Receiving HIV blood can infect the person with HIV?	308	83.9	25	6.8	34	9.3
5. You can get HIV by sharing needles and syringes with drug users who have HIV/AIDS?	320	87.2	16	4.4	31	8.4
6. You can get HIV by having sex with an HIV infected person?	312	85.0	27	7.4	28	7.6
7. Kissing an HIV infected person can get you HIV infection (deep kiss)?	70	19.1	218	59.4	79	21.5
8. Using condom every time you have sex can prevent you from having an HIV infection?	236	64.3	45	12.3	86	23.4
9. Regular blood test every month can prevent you from an HIV infection?	155	42.2	117	31.9	95	25.9
10. A pregnant woman with AIDS may harm her unborn baby?	295	80.4	19	5.2	53	14.4

Table 12 shows that while 60% think there is no cure for HIV/AIDS, 40% either did not know or gave a wrong answer. Only 45% respondents were able to identify the AIDS symptoms correctly; the rest of 55% either could not identify the symptoms or did not know what the symptoms were.

Regarding HIV transmission, 51% knew that sharing toilet seats does not transmit the infection, whereas 49% either believed otherwise or did not know. A large majority of the respondents believed that HIV could be transmitted by receiving HIV infected blood (84%), sharing needles and syringes with HIV infected drug users (87%), and having sex with HIV infected persons (85%). Regarding mother to child transmission, 80% said a pregnant mother suffering from HIV/AIDS would also harm her unborn baby.

About 59% of the respondents said that normally kissing an HIV infected person would not transmit the HIV infection, while 41% either did not know or answered incorrectly.

About 64% of the respondents believed that regular use of condoms would prevent the transmission of HIV sexually, while 36% of the migrants either did not know or answered incorrectly. About 42% of the respondents said that regular blood tests every three months could prevent HIV infection; another 26% did not know. Only 32% said the blood tests alone would not prevent HIV infection.

Table 13: Frequency and percentage of respondents by the level of knowledge regarding HIV/AIDS (n=367)

Level of knowledge regarding HIV/AIDS	Number	Percentage
Good (more than 7 correct answers)	129	35.1
Fair (5-7 correct answers)	174	47.4
Poor (less than 5 correct answers)	64	17.4

Table 13 shows that about half of the respondents had a “fair” knowledge and more than a third had a “good” knowledge of HIV/AIDS. Only 17% of the respondents could be categorized as having a “poor” knowledge of HIV/AIDS.

Table 14: Cumulative HIV/AIDS knowledge score

Variables	Range	Mean	SD	Level
Knowledge regarding HIV/AIDS	1.00	.6507	.22359	Fair

The cumulative knowledge of HIV/AIDS consists of knowledge about cure, transmission, symptoms and prevention aspects of HIV/AIDS. As shown in Table 14, the mean score for cumulative knowledge of all respondents was 0.6507. The knowledge level, therefore, was in the medium range.

In conclusion, almost all the migrants had received some information regarding HIV/AIDS and about two-third of the migrants were able to name correctly a sexually transmitted disease. The main sources of information were television, radio, newspapers, magazines and advertisements, friends, and teachers and other school sources. Significantly, health facilities and employers hardly had any role to play in providing this information.

The quality and accuracy of information on HIV/AIDS varied widely. Thus 40% could not accurately tell if AIDS is curable, and 55% could not identify the symptoms of AIDS. However, the large majority of the migrants, 80% or more, were correctly able to identify various ways of HIV transmission, i.e. sexual contact, blood transfusion, needle sharing, and mother-child transmission. Some misconceptions also

prevailed, especially regarding prevention; e.g. 68% either believing or not being sure that monthly blood tests alone could save oneself from HIV, and 36% either not believing or not being sure that regular condom use would prevent HIV infection.

While 47% of the respondents had “fair” knowledge of HIV/AIDS, another 35% were classified as having “good” knowledge.

4.3 Part Three: Attitudes of Respondents Regarding HIV/AIDS

The meaning of attitude regarding HIV/AIDS is the concepts, beliefs, feelings and intent to act regarding risk behavior leading to HIV/AIDS. The respondents were asked 11 questions to assess their attitudes towards HIV/AIDS, and the responses to these questions are presented in Table 15. Respondents were categorized as having a “positive attitude” for a score of 18 or more, “neutral attitude” for a score of 10-17, and “negative attitude” for a score of less than 10. (Table 16)

Table 15: Frequency and percentage of responses to questions on attitudes regarding HIV/AIDS (n=367); * means negative items

Items (Total no. of items: 11)	Agree		Neutral		Disagree	
	(n)	(%)	(n)	(%)	(n)	(%)
*1. AIDS is not a big problem as the media suggestion.	85	23.2	90	24.5	192	52.3
2. I am afraid getting of AIDS.	309	84.2	24	6.5	34	9.3
3. I have no problem working or living with PLWHA.	128	34.9	106	28.9	133	36.2
*4. People who have AIDS should be forced to live far away from other people.	109	29.7	66	18.0	192	52.3
*5. HIV/AIDS is somehow punishment from God.	174	47.4	78	21.3	115	31.3
*6. I am sure that I am not a person going to get AIDS.	150	40.9	154	42.0	63	17.2
*7. Only poor people can be affected by HIV/AIDS.	46	12.5	78	21.3	243	66.2
8. If free blood test were available; I will take it to see if I have the HIV/AIDS.	280	76.3	45	12.3	42	11.4
*9. Generally, having sex without condom a few times will not infect a person HIV.	76	20.7	117	31.9	174	47.4
10. If people think that they might have sex with their partner, they should carry condoms with them.	251	68.4	83	22.6	33	9.0
*11. Drinking alcohol before and after having sex can prevent HIV infection.	61	16.6	106	28.9	192	52.3

Table 15 shows that 52% of the respondents believed that AIDS was a big problem being faced today, while the rest of 48% either believed otherwise or remained neutral. A large proportion of 84% respondents said they were afraid of getting HIV/AIDS. While 35% respondents had no problem working with PLWHA, 36% did not want to work with PLWHA while 29% stayed neutral. About 52% of the respondents believed people with AIDS should not live away from community, while 30% thought they should; another 18% stayed neutral.

About 47% of the respondents believed that HIV/AIDS was a punishment from God; another 31% disagreed and 21% stayed neutral. About 41% of the respondents said they were not the kind of person who would get HIV/AIDS, with another 42% respondents staying neutral.

More than 66% of the respondents did not believe the statement that only poor people could be affected by HIV/AIDS, while the rest of 34% either believed this was true or stayed neutral. About 76% respondents were willing to undergo a blood test to determine whether they have HIV.

About 21% migrants said that having sex without a condom a few times would not infect a person with HIV. But 47% of them disagreed and 32% stayed neutral.

About 68% respondents believed that carrying condoms would ensure safe sex, while the rest of 32% either stayed neutral or believed otherwise. About 52% of the respondents disagreed with the proposition that drinking alcohol before and after sex could prevent HIV infection, whereas 17% and 29% stayed neutral.

Table 16: Frequency and percentage of respondents classified by the level of attitudes regarding HIV/AIDS (n=367)

Level of attitudes regarding HIV/AIDS	(n)	(%)
Positive (more than 18 score)	79	21.5
Neutral (10-17 score)	260	70.8
Negative (less than 10 score)	28	7.8
Total	367	100

Table 16 shows that the large majority of the respondents, 71%, had a “neutral” set of attitudes regarding HIV/AIDS. Only 21.5% had a “positive” attitude level while 8% had a “negative” level of attitudes.

Table 17: Cumulative HIV/AIDS attitude score

Variables	Range	Mean	SD	Level
Attitudes regarding HIV/AIDS	18.0	14.58	3.55	Neutral

Table 17 shows that the total mean score of attitudes regarding HIV/AIDS of the respondents was 14.58. Thus the cumulative attitude level was found to be “neutral”. The cumulative attitude score consists of responses to questions regarding feelings and beliefs and intent to act, including towards PLWHAs.

In conclusion, the attitudes of the migrants towards HIV/AIDS were quite mixed. Only a little over half of the migrants believed that AIDS was a big problem, while 84% were afraid of contracting AIDS. Only half of the migrants believe that PLWHAs should not be forced away from community, while only 35% are actually willing to work or live with PLWHAs. Some of the erratic attitudes included beliefs

that only poor people could get AIDS, having sex a few times without condom would not cause HIV infection, drinking alcohol before and after sexual act could prevent HIV, and being sure that one is not the kind of a person to get AIDS.

About 71% migrants had “neutral” or non-committal attitude towards HIV/AIDS, which could be source of confusion and misleading judgments. Only “positive” attitude could provide assurance of decisions regarding potentially safe behavior. The challenge, therefore, is to change the “neutral” attitudes into “positive” attitudes.

5.4 Part Four: Risk Behaviors of Respondents Regarding HIV/AIDS

The meaning of risk behavior regarding HIV/AIDS is practices and activities, which put the individual at the risk of contracting the HIV infection. This section consisted of 13 questions that were used to measure the individual’s frequency of engaging in risk behaviors ever practiced in the last one year.

Table 18: Frequency and percentage of respondents according to risk behaviors regarding HIV/AIDS (ever practiced in last one year)

Items	Yes		No	
	(n)	(%)	(n)	(%)
Have had sexual experience (n=367)	192	52.3	175	47.7
Have had homosexual experience (n=192)	16	8.3	176	91.7
Have had more than one sexual partner (n=192)	16	8.3	176	91.7
Ever seen a condom (n=192)	151	78.6	41	21.3

Table 18 shows that 48% of the respondents had no experience of sexual intercourse. More than half of them, 52%, had had such a sexual experience. Out of those having the sexual experience, 8% had a homosexual experience. The respondents who had more than one sexual partner were 8% of the respondents with sexual experience. Of the respondents with sexual experience, 21% had never seen a condom.

Table 19: Marital status of respondents having more than one partner and their condom use

Marital status	Never	Sometimes	Always	Total
Single	2	3	3	8
Married	2	3	-	5
Divorced	2	1	-	3
Total	6	7	3	16

Table 19 shows that 81% of the respondents who reported having more than one sexual partner were either not using condoms at all or were using them occasionally. There are obvious reasons to believe that the incidence of more than one sexual partner has been under-reported, given the sensitivities attached to the relationships involved.

Table 20: Frequency and percentage of respondents with sexual experience who never used condom (n=192)

Variables	Frequency and percentage		
	Never	Sometimes	Always
Respondents using condom	94 (49.0%)	65 (33.9%)	33 (17.2%)

Table 20 shows that half of the respondents with sexual experience never used a condom during their sexual experience, while another 40% used a condom occasionally. Only 17% of the respondents always used a condom. Although the above findings include married respondents as well as single, divorced and widowed, the findings underline a low condom use among the respondents having sexual experience.

Table 21: Frequency and percentage of respondents using condom according to partner (n=98)

Variables	Number	Percentage
Spouse	35	35.7
Commercial sex worker	27	27.5
Boyfriend/Girlfriend	22	22.4
Other	14	14.3
Total	98	100

Table 21 shows that of all the respondents who used condoms about 36% used them with spouse (as a method of contraception) while 27.5% did it with commercial sex workers and 22% with their boyfriend/girlfriend.

Table 22: Risky behavior relating to condom use

Marital status	Not using	Using condom	Total
	condom	sometimes	
Single	30	17	47
Divorced	10	8	18
Widowed	3	3	6
Married (only those having more than one partner)	2	3	5
Total	46	31	76

Table 22 shows that about 40% of the respondents reporting sexual experience (Table 4.1) were either not using condoms or were using them occasionally. The respondents involved were single, divorced and widowed, and only those married respondents who had more than one partner. As pointed out above, the actual frequency of this risk would be greater as respondents having more than one partners are not likely to reveal this information given the sensitivities involved.

Table 23: Frequency and percentage of respondents who had blood transfusion (n=367)

Variable	Yes		No	
	(n)	(%)	(n)	(%)
Have had blood transfusion	38	10.4	329	89.6

Table 23 shows that of the total respondents 10% had been through a blood transfusion experience.

Table 24: Frequency and percentage of respondents with blood transfusion who received screened blood (n=38)

Variable	Yes		No		Don't know	
	(n)	(%)	(n)	(%)	(n)	(%)
The blood was screened before transfusion	23	60.5	6	15.8	9	23.7

Table 24 shows that in majority of the cases of blood transfusion, 60.5%, the respondent knew that the blood received by him/her was duly screened for HIV/AIDS. In 23.7% cases the respondent did not know or did not find out if the blood received by him/her was screened. In 15.8% of the cases the respondent knew that the blood received by him/her was not screened.

Table 25: Frequency and percentage of the female respondents who got themselves tested for HIV (n=46)

Variable	Yes		No	
	(n)	(%)	(n)	(%)
Have tested for HIV	23	50.0	23	50.0

Table 25 shows that half of the female respondents who became pregnant got tested for HIV while the rest of the half did not do so.

Table 26: Frequency and percentage of respondents receiving medication by injection and sharing needles with others

Items	Yes		No		Don't know	
	(n)	(%)	(n)	(%)	(n)	(%)
Received medication by injection (n=367)	87	23.7	280	76.3	-	-
Shared needle with others (n=87)	13	14.9	32	36.8	42	48.3

Table 26 shows that 24% of the respondents had received a medication by injection. While in about 15% of the cases the respondents knew that the injection needle being used was earlier used with another person, in about half of the cases the respondent had no knowledge of its prior use.

In conclusion, only a little over half of the respondents have had a sexual experience. Given the sensitivities involved especially for non-married individuals, it is likely that the number was under-reported. About 48% of these respondents were males and 52% females. About 47% of the migrants with sexual experience were single (including divorced and widowed), and the rest 53% were married.

The condom use among the sexually active group of migrants was quite low, with only 33% using it regularly. In fact 21% had never seen a condom.

With regard to the sexual practices and risk behaviors, 8% of the migrants with sexual experience had had homosexual experience, and a similar percentage was involved in sexual relationships with more than one partner; again, for the reasons of

sensitivities, this behavior is likely to be under-reported. A more hazardous behavior was of 40% of the migrants with sexual experience who were either single (including divorced and widowed) or married with more than one partner, of not using condom at all or using it occasionally.

Among the other risky behaviors was accepting blood transfusion without being sure that it has been screened. Out of the 38% migrants who had had blood transfusion, 35.5 % either did not know that the blood had been screened or knew that this was not the case. Another risky behavior was related to accepting the injection needle about which they had no confidence if it has been used with any one else before or actually knew about its prior use. Out of the 24% migrants who had received medication by injection, 63% migrants were in the risk categories mentioned above.

Of all the risk behaviors mentioned above, the ones most prevalent were related to sex practices.

4.5 Part Five: The Factors Influencing Risk Behaviors of Respondents Regarding HIV/AIDS

The factors which finding with risk behaviors are as follows:

- Socio-demographic characteristics; age, gender, education, occupation, and monthly income
- Knowledge regarding HIV/AIDS
- Attitude regarding HIV/AIDS

The factors influencing risk behaviors regarding HIV/AIDS are the following:

- B1= had homosexual experience (n=16),
- B2= had more than one sex partner (n=16),
- B3= Risk behavior in condom used
- B4= received blood transfusion without knowing if the blood was screened or received blood with the knowledge that it was not screened (n=15), and
- B5= received medication by injection with a used needle, or had no knowledge the needle was earlier used (n=55).

The independent variables include socio-demographic factors, knowledge regarding HIV/AIDS, and attitudes regarding HIV/AIDS. Relationship between socio-demographic factors and the risk behaviors was analysed using Chi-square test and relationship between knowledge and attitudes and risk behaviors was analysed using Independent Sample t- test.

Table 27: Correlation between gender and risk behavior (homosexual experience) regarding HIV/AIDS in 2x2 table and Chi-square value

Gender	Homosexual experiences			Pearson Chi- square	p value
	Risk	No risk	Total		
Male	12	123	135	4.931	.001
Female	4	228	232		
Total	16	351	367		

Significant at $p < 0.05$

Table 27 shows that the gender and homosexual experience were significant with $\chi^2 = 4.931$ at p value 0.001. Men had more homosexual experience than women.

Table 28: Correlation between gender and risk behavior (more than one sex partner experience) regarding HIV/AIDS in 2x2 table and Chi-square value

Gender	More than one sexual partner experience			Pearson Chi- square	p value
	Risk	No risk	Total		
Male	10	125	135		
Female	6	226	232	4.757	.029
Total	16	351	367		

Significant at $p < 0.05$

Table 28 show that gender and more than one sexual partner experience were significant with $\chi^2 = 4.757$ at p value 0.029. The risk behavior of men which more than one sexual partner experience was reported more than womem.

Table 29: Correlation between gender and risk behavior (condom use) regarding HIV/AIDS in 2x2 table and Chi-square value (n=192)

Gender	Condom used			Pearson Chi- square	P value
	Risk	No risk	Total		
Male	70	23	135		
Female	89	10	232	7.211	.007
Total	159	33	367		

Significant at $p < 0.05$

Table 29 shows that gender and condom used were statistically significant with $\chi^2 = 7.211$ at p value 0.007. The total number of women who did not or never used condom was more than the total number of men.

Table 30: Correlation between knowledge and risk behavior relating to condom use regarding HIV/AIDS by t-test (n=159)

	Risk		No risk		t	df	p value
	Mean	SD	Mean	SD			
Knowledge	6.25	2.22	7.42	1.62	-2.89	190	.004

Significant at $p < .05$

Table 30 showed that knowledge and risk behavior relating to condom use were significant with p value .004. The mean score of knowledge in risk group was 6.25 with SD 2.22 and the mean score in no risk group was 7.42 with SD 1.62. The Independent Sample t-test was performed to find out the significance of relationship between knowledge and risk behavior were significant with t -2.89.

Table 31: Correlation between attitude and risk behavior relating to condom use regarding HIV/AIDS by t-test (n=159)

	Risk		No risk		t	df	p value
	Mean	SD	Mean	SD			
Attitude	24.93	4.51	26.85	3.82	-2.28	190	.024

Significant at $p < .05$

Table 31 shows that mean of attitude in risk group was 24.63 with SD 4.51 and the mean in no-risk group was 26.85 with SD 3.82. The Independent Sample t-test was performed to find out the significance of relationship between attitude and risk behavior. The two variables were significant with t = -2.28 at p value 0.024.

In conclusion, significant correlations were found between gender and risk behaviors of homosexual experience, having more than one sexual partner, use of condom, and sharing needles when receiving medication by injection. In the socio-demographic factors, only gender was found to be statistically significant in correlation with risk behaviors. In addition, a significant correlation was found only between attitude and the risk behavior of more than one sexual partner.