CHAPTER V

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Discussion

In this part, the findings of the survey are discussed within the framework of the objectives of the study.

5.1.1 Research objective 1: To describe the knowledge of respondents regarding HIV/AIDS

In this study, the knowledge regarding HIV/AIDS of Myanmar migrants is described to be at "fair" level. More education on HIV/AIDS could help them to reach the "good" knowledge level. Education about human behavior and sexuality is important and appropriate to a young person's given stage of development and culture. Education relating to HIV/AIDS has proved to be effective in increasing the knowledge regarding HIV/AIDS (Yu, 2000). In this study, the findings relating to the socio-demographic factors show that almost all the migrant workers in the sample had received some information regarding HIV/AIDS. More than 50% of them received this information from mass media such as newspapers, magazines, television, radio, posters and stickers. Some also received the information from friends, and some from school. However, very few migrants reported receiving information regarding HIV/AIDS from health facilities or employers. Both health facilities and employers are important source points for providing information on HIV/AIDS to the migrants, and arrangemts need to be made for optimum utilization of these information sources. Further, the scope of information dissemination thorugh mass media and other print

materials could be further expanded, and in migrants' languages, given that a large proportion of migrants depends on this source for information on HIV/AIDS.

About 17% of the migrants received information from friends. While it is an encouraging sign that people are actually discussing HIV/AIDS, one should be careful about the accuracy and quality of information being exchanged in this manner. It has been found in similar situations that people in fact receive incorrect information through these informal channels, which is reflected in the misconceptions, misperceptions and confusion about the infection and its causes as well as treatment of PLWHAs. (Chantavanich, et al, 2000). Information campaigns, therefore, need to address these misconceptions as part of the strategy to provide accurate information on HIV/AIDS to the migrants.

Despite a wide-ranging coverage about HIV/AIDS on Thai television and radio, only about 40% of the migrants had received the information on HIV/AIDS through these sources. Although knowledge regarding HIV/AIDS is currently available widely in Thailand mostly through mass and print media, the poor ability of Thai language prevents most migrants from accessing this knowledge. Further, very few hospitals and employers give information regarding HIV/AIDS to the migrants. There should be little doubt that improvement in Thai language skills will also improve the access to HIV/AIDS related information to the migrants.

Because of poor ability of Thai language, about one-third of the migrants faced problems when they used health facilities in Bangkok. More than half of the migrants never used any health care services. A little less than half of the migrants

were able to use the health care services because of being registered for work and having paid for the health insurance. The migrants who did not face any problem in using health facilities (42%) had actually gone there for blood and urine tests and other physical examination. One-third of the migrants complained of high cost of medical treatment and bad treatment of health staff. About 10.5% were reportedly declined any treatment by the health staff, which could be due to non-registered status of the migrants, who had to go to a private clinic for their treatment. These difficulties in accessing health services are bound to result in an increased disease burden among the migrant communities that could also affect the Thai communities. This problem can only be solved by improving the access and quality of health services for migrants in Bangkok and the rest of the country, and encouraging migrants to develop their Thai language skills.

One way of improving access of migrants to health facilities is to make the registration of migrants more universal and less costly for them. This would make them entitled to health services. Interpretation service at health facilities designated for migrants should also be provided to facilitate access. Overall, migrants feel that they are not able to easily gain access to health care services in Thailand unless they have a legal status, adequate financial resources, and Thai language skills or access to interpreter service. Many migrants fail to seek health care services or wait until their health deteriorates considerably, which often leads to life threatening consequences (Caouette et al, 2000).

Difficulties relating to language, cultural practices and communication channels usually create obstacles for migrants to obtain health care services. Health

policy for migrants must be developed and implemented within the context of national policies on immigration and overall national health policies, which will determine the kinds of welfare and the legal status to be offered to migrants (Chantavanich, et al, 2000).

STDs are known to be very closely linked to HIV transmission. It is therefore important to gauge the knowledge of STDs for HIV/AIDS risk situation. The survey findings show that a little over one-third of the migrants could not even name a sexually transmitted disease and could not say correctly what an STD was. The rest of the two-third migrants knew the right answers about the STDs.

It is significant that 40% of the respondents did not know or were unsure about the fact that there is as yet no cure for HIV/AIDS. Some of those who believed that HIV/AIDS could be cured said that in Thailand a medicine for this purpose is available at a cost of 30 Baht per tablet. Also significantly, 55% of the migrants could not identify the symptoms of AIDS correctly or were unsure about them. Generally, the migrants were found to be confused about the information they had received and could not say for sure if it was wrong or right. This misunderstanding and confusion would actually make the migrants more vulnerable to risk behaviors and needs to be addressed in information campaigns targeted at migrants.

The knowledge of HIV transmission was found to be adequate and about 85% of the migrants knew that HIV could be transmitted by receiving infected blood, and sharing an injection needle and having sex with an HIV infected person. However, about half of them believed or were unsure that sharing toilet seat with an HIV

infected person could also transmit the virus. Similarly, 40% either believed or were unsure that simply kissing an HIV infected person can transmit HIV infection. Regarding mother to child transmission, 80% respondents demonstrated good knowledge.

On preventive side, a significant finding is that 36% migrants either did not believe or were unsure that regular use of condom could prevent the transmission of HIV sexually.

However, 68% either believed or were unsure that regular blood tests, every three months, alone could prevent HIV infection. This and plenty of other misinformation affects the migrants' decision to take preventive measures for HIV transmission.

The mean score for knowledge of all respondents in Bangkok was 0.6507, which was higher than the one for the survey of migrants in Ranong, (0.5241) and Sangkhlaburi (0.4054) (Chantavanich, et al, 2000). In this study, the lowest mean score of knowledge by occupation was found in housemaids (.6234), but the score did not vary much between various occupation groups. The earlier study was conducted in the border areas where arrangements for provision of information on HIV/AIDS are not expected to be adequate; the results of this study show relatively better access to information resulting in better knowledge in urban Bangkok.

5.1.2 Research objective 2: To determine attitudes of respondents regarding HIV/AIDS

One of the significant findings was that 48% migrants either believed that AIDS is not a big problem, or they were not sure about it. At the same time, a large majority of migrants, 84%, said that they were afraid that they might get HIV/AIDS. Although most of the migrants had no experience of having their blood tested, 76% of them said they would like to have their blood tested to see if they have contracted HIV virus. On one hand, therefore, migrants believe that AIDS is not such a big problem and on the other feel threatened by it and are willing to be tested. This points to the need for an attitudinal change, where they are able to see the disease in a proper perspective, and are able to adopt life styles that would make them sure of themselves in dealing with the situation rather than being afraid. Other researchers have also noted that AIDS being a life threatening disease because of the associated high mortality and its transmission capability, it has evoked serious anxiety in the world (Yu, 2000).

The importance of developing a more realistic attitude among the migrants is also underlined by the facts that about 69% of them believed or were unsure that HIV/AIDS is a punishment from God. Only 31% disagreed and said that people get HIV/AIDS because of their risk behaviors. The migrants who disagreed said there were many ways of HIV transmission, and even if one is not at risk due to one's behavior one could still be affected by HIV in other ways.

Importantly, 83% of the migrants either believed or were unsure that they were not the kind of person who would get HIV/AIDS; only 17% showed a realistic attitude and said this has nothing to do with what kind of a person you are, but what's important are the measures adopted to avoid risks. In another study the respondents said they were immune to HIV infection despite their risk behaviors, because they were young, heterosexual and healthy (Yu, 2000). This underlines the fact that merely improving knowledge about HIV/AIDS is not enough. What is equally important is to change the attitudes towards risk behaviors.

Some other examples of attitudes reflecting ambivalence and lack of clarity include about 53% migrants believing or being undecided that having sex without condom a few times would not infect a person with HIV, meaning not taking due care "a few times" does not constitute a risk behavior. About one-third were not convinced that they should carry condoms with them if they intended to visit some one with whom they could also have sex. More than one-third of the migrants believed or were unsure that its only the poor people who would be infected with the virus, though the majority of 66% migrants had a more realistic attitude and knew that poverty and HIV/AIDS are not necessarily the two sides of the same coin.

The irrational attitude towards HIV is also reflected in about 48% of the migrants believing or being undecided that drinking alcohol before and after sex would prevent HIV infection. This is a hazardous attitude to have, and could be the source of high-risk behaviors.

Attitudes toward PLWHAs are a critical issue in many countries as family, friends and community struggle to come to terms with the "unexpected event" in their lives. In many places, the PLWHAs and their families are very isolated, discriminated against and abused (Chantavanich, et al, 2000). Due to the additional burdens imposed by PLWHAs life in society, they are usually in much worse situation than those in the host country (UNAIDS & UNESCO, 2001).

In this study the majority of 65% migrants were either unwilling to work or live with PLWHAs or were unclear about it. Similarly, about half of them were in favor of or neutral to the proposition of forcing the PLWHAs to live far away from the community. Some of them said it is alright to work or live with some one who has HIV/AIDS so long one does not know about it. Obviously, the dominant attitude among the migrants is not realistic or sympathetic towards the PLWHAs. The peristence of such attitudes towards PLWHAs could also escalate the costs of their maintenance, as special arrangements would have to be made for this purpose.

In the survey the mean score of attitude regarding HIV/AIDS was at "neutral" level (mean=14.58, SD=3.55).

5.1.3 Research objective 3: To determine the various risk behaviors of respondents regarding HIV/AIDS

In this section of the study, the focus is on specific risk behaviors of the respondents and their vulnerability to HIV/AIDS. This includes their sexual behaviors, blood transfusion, and receiving of medication by injection and sharing of

the needle with others. These behaviors are directly linked to HIV transmission. The risk situation analysis has been done by interviewing the respondents about their sexual behaviors and condom use, receiving medication by injection and needle sharing, and history of blood transfusion.

Unsafe sexual intercourse is a major means of HIV transmission in the world. In this survey, more than half of the respondents had had such sexual experiences. Among them, 8% had had homosexual experience and the same proportion had had more than one sexual partner. There is a strong possibility that both of these phenomena were under-reported due to stigma and sensitivities attached to them. The knowledge of some one having more than one sexual partner, for instance, could have serious consequences for the relationships involved. Special attention, therefore, would be required in HIV/AIDS related campaigns for migrant workers to make their sexual practices risk free.

Condom use is one of the most important preventative measure in risk behavior regarding HIV/AIDS. It is the most effective way to prevent HIV infection (Yu, 2000). Also.should be noted that condom use in general is quite low among the migrants. About 83% of the respondents having sexual experience were either not using condom at all or were only using it occasionally. About a quarter of them had never seen a condom. Only 17% of the respondents used condom regularly.

In the study on Myanmar migrants in Ranong, they having sex outside their % of them never used condom. Poor knowledge and lower acceptance of condoms, as

well as their restricted availability, were cited among the main reason for low condom use (Chantavanich, et al, 2000).

Despite a considerable effort by government prevention and education programs as well as World Vision staff and per educators focousing directly on CSWs, many of the CSWs were naive about the transmission of HIV and about the risks which they themselves are under. One woman who did not see herself as a sex worker said that she did not have customers, only "boyfriends"; only 1-2 of her seven "boyfriends" used condoms (Oppenheimer et al, 1998).

The respondents using condoms with their spouse were 36%, and those using condom with commercial sex workers were 22.5%. In addition, 14% migrants used condom with "Others", which in most cases included a casual sexual partner within the community. The respondents using condom with their boyfriend / girlfriend were 22%. In many places HIV infection is spread through commercial sex. Sex workers get infected from their clients and in turn infect other male clients who then transmit the infection to their wives, girlfriends and other partners. The campaigns towards risk behavior reduction, therefore, should also be aimed at the sex workers, besides the migrants.

A study found that there was insuffcient detailed information about the way in which fishermen (mainly migrant workers) spend their leasure time while on shore in Ranong. Those who were single spend much their time on shore drinking with friends and visiting CSWs and girlfriends. Many single fishermen stayed together with landladies who were often wives of fishermen still at sea. Wives of fishermen

reported that husbands do not like to use condoms and complained that if they have to use condoms with them they might as well go to the CSWs. Therefore fishermen may engage in a sigificant number of activities that make them highly vunerable to contracting and spreading HIV (Oppenheimer et al, 1998).

More alarming is the incidence of single, divorced and widowed migrants, and those married migrants who have more than one partner, either not using condoms or using them only occasionally. These migrants constituted 40% of all migrants having sexual experience, which is a high percentage indulging in risky behavior. Given the factor of under-reporting cited earlier, the actual numbers involved are likely to be much higher. The sex partners should be widely educated as one of the prerequisites of safe sex practices that can effectively prevent HIV spread (NACO, 2002).

Although only 10% of the respondents had received blood transfusion, and the majority knew that the blood was screened for HIV infection before the transfusion, about 40% either did not know that the blood they received was screened or they knew that the blood was not screened. These are alarming signs, as migrants or their relatives accompanying them in emergencies need to know and insist on the requirement of blood screening. Transfusion of HIV free blood should be the major focus of the Blood Safety component of the HIV/AIDS preventive programs.

Transmission of HIV through needle sharing refers to its spread through both injecting drug use practices and through use of injection syringe/needles that might have been used on any HIV infected person (NACO, 2002). A relatively small number of migrants, constituting 24% of all respondents, had received medication by

injection. However, only 37% of the respondents receiving medication by injection were sure that the needle of their injection was not used on another person. While 15% of them reported actually sharing the needle with another person, almost half (49%) of the respondents said that they did not know whether their needle was also used on some one else before. Once again, these are alarming trends that need to be reversed. The migrants need to realize that they must find out if the needle being used on them is safe, and medical practitioners should duly inform their clients about this fact well in advance.

In another study found that among the fishermen (mostly migrants) in Ranong, there were great deal of heroin use and needle sharing was common, during August 1995 and April 1996. However, recent reports indicate that the level of heroin injection has gone down in recent months, through there are still some injection and addicted drug users among the fishermen (Oppenheimer et al, 1998). But among respondents in Bangkok, none were using drugs by injection.

"Vertical transmission" here refers to transmission of HIV from an infected pregnant woman to her unborn child (during antenatal or natural period). The survey found that only half of the women migrants who had been pregnant (46 in all) got their blood tested for HIV during or before the pregnancy. The other half did not undergo this test. It's important that tests before the pregnancy are encouraged to avoid the possibility of mother to child transmission.

Alcohol consumption was not found to be a problem, with only 5% reportedly drinking regularly, and 40.5% drinking only occasionally.

5.1.4 Research objective 4: To identify the factors influencing risk behaviors regarding HIV/AIDS

The risk behaviors regarding HIV/AIDS here include homosexual experience, having more than one sexual partner, receiving blood transfusion without testing, and receiving medication by injection while sharing the needle with another user. In socio-demographic factors, only gender was found to be significant in relation to the three high-risk behaviors using Chi-square test. These high-risk behaviors include homosexual experience, having more than one sexual partner when using condoms occasionally or not at all, and receiving medication by injection when not ascertaining if the needle has been shared with some one else. Twelve men and four women have had homosexual experience. Gender and homosexual experience were significant with $\chi 2$ value 10.507 at p value less than 0.05.

The risk behavior of respondents of having had more than one sexual partner and gender were significant with $\chi 2$ value 4.757 at p value <.05 (.029). Ten men and six women reported to have had this risk behavior.

Another risk behavior relating to the not using condom at all or using it sometimes was significant with gender, with $\chi 2$ value 7.211 at p value 0.007. This risk behavior was reported by 89 men and 70 women.

In the above three risk behaviors, the small sample size does not allow comparison of p-value significance between females (n=4) and males (n=12). The

same sample limitation also does not permit comparing p-value significance for the age groups of less than 30 years (n=15), and more than 30 years (n=1).

Knowledge and Attitude were significant with risk behavior in condom used with p value 0.004 and 0.024 which were less than p value 0.005.

5.2 Conclusions and Recommendations

This descriptive study was conducted to determine knowledge, attitudes, and risk behaviors regarding HIV/AIDS among Myanmar migrant workers in Bangkok. A quota sampling method was used to select 367 Myanmar migrant workers at the sites of two churches and a park frequented by these workers. The period of data collection was from January 15 to February 15, 2003. The instrument in used for the survey was a questionnaire comprising four parts: socio-demographic factors, knowledge regarding HIV/AIDS questionnaire, attitudes regarding HIV/AIDS and risk behaviors regarding HIV/AIDS.

The reliability of the part of questionnaire relating to knowledge was 0.81 and that of attitudes regarding HIV/AIDS 0.74. These reliability measures were obtained by applying Cronbach's alpha coefficient. Descriptive statistics was used to describe socio-demographic factors, knowledge, attitudes and risk behaviors concerning HIV/AIDS. Chi-square test was used to determine correlation between socio-demographic factors and risk behaviors. Independent Sample T-test was used to determine correlation between knowledge, attitude and risk behaviors and to analyze related data. Conclusion of the study as well as recommendations for action and further research are included in this chapter.

5.2.1 Conclusions

The following are the main conclusions drawn in this study:

1. The total mean score of the migrants' knowledge regarding HIV/AIDS was at "fair" level (Mean = 0.65, SD = 0.22), which is higher than that determined by a previous study among Myanmar migrants in Sangkhlarburi and Ranong provinces. About half of the migrants (47%) had "fair" level of knowledge regarding HIV/AIDS, while another 17% had "poor" knowledge. This calls for more intensive efforts in raising the awareness and knowledge levels of the migrants.
2. The total mean score of the migrants regarding their attitudes towards HIV/AIDS was at "neutral" level (Mean= 14.58, SD= 3.55). Most of the migrants (71%) had "neutral" level of attitude and while another 8% had "poor" level of attitudes. This shows the pressing requirement of improving the attitudes of migrants with regard to HIV/AIDS.

3. The study shows low levels of condom use, and associated high-risk sexual behavior, including having more than one sexual partner (estimated to have been under-reported in this study) as causes of great concern. Especially vulnerable are single migrants and married migrants having more than one sexual partner. High-risk behavior was also found among the migrants receiving blood transfusion, where the blood was either not screened or the migrants had no knowledge if they received screened blood. Similarly migrants receiving medication by injection were either unaware if the needle

was sued on some one else, or knew that this actually was the case. Again, this is a high-risk behavior with potentially dangerous consequences for the migrant as well as for his/her sexual partners and the community.

4. Only gender and risk behaviors, the existence of homosexual practice, the practice of having more than one sexual partner, condom used, and receiving medication by injection where the needle was or could have been shared were found to be statistically significant at p-value 0.001, 0.029 and 0.005. This means that the practices and behavior between males and females were different. Knowledge and risk behavior relating to condom use were significant at p value 0.004 and also attitudes was significant with same risk behavior at p value 0.024.

5.2.2 Limitations of the study

Limited time and financial resources were major constraints in undertaking the survey. The migrants were included in the survey, who were approached at social and religious events in the Churches and in the park were not representative of all Myanmar migrant workers in Bangkok, given the data limitations governing sample selection. There could be, therefore, some data biases that might influence the findings.

5.2.3 Recommendations for further action and research

1. Further research, especially qualitative research, needs to be undertaken with groups of Myanmar migrant workers having high levels of risk behavior, to identify determining factors and possible remedies.
2. Another avenue of exploration would be to conduct the same study with greater geographical coverage and a larger sample size.
3. Also, based on the results, it can be determined which groups of Myanmar migrant workers should be targeted for more education and awareness raising initiatives by NGOs and Thai Government. The present study could then be used as a baseline to evaluate the effectiveness of future knowledge and awareness programs, and impact on associated attitudes and risk behaviors, by comparing these variables at suitable intervals knowledge after the implementation of such programs with the results of this study.
4. To improve knowledge of migrants regarding HIV/AIDS, one strategy should be to improve their Thai language skills. This would facilitate their access to information regarding HIV/AIDS.
5. Knowledge and attitude improvement, and hence behavior, could be accomplished by improving access of migrants to health services. For this, it is recommended to make the migrants' registration as universal as possible, so that maximum number of migrants could have entitlement to health services. For this, the cost of registration should also be reduced. In addition, interpretation services would need to be provided at the health facilities to improve migrants' access.

6. More attention needs to be paid to highlight the risk behaviors relating to HIV/AIDS, and to explode some of the associated myths and clarify confusion and misconceptions. Special focus needs to be paid to the sexual practices, where risk behavior is more wide spread.
7. Besides health facilities and employers, NGOs need to be involved in reaching out to the migrants in HIV preventive programs.