CHPATER V

DISCUSSION AND CONCLUSIONS

5.1 DISCUSSION

This study focused on a group of Myanmar migrant workers employed in seafood factories in Mahachai, Samut Sakorn, Thailand. The objectives of this study were (1) to describe the knowledge, attitude and practice of these workers on prevention of HIV/AIDS and (2) to identify relationships between various socio-demographic, source of information, social network and social support characteristics and knowledge, attitude and practice of these workers on prevention of HIV/AIDS It also (3) described the social networks and social support among workers. . In this chapter, the findings will be discussed in the context of research questions and objectives.

Most of the respondents were in the 15 to 25 years age group and single. Although there was a variety of races and religions, the majority were Bamar and Buddhist. Almost all of the respondents were factory workers. Most respondents had an income of 3,000 to 4,000 Baht per month and stayed in Thailand for 1 to 4 years.

The majority of the respondents lived with relatives, family members or friends. Relatives, family members or friends acted as confidants when respondents faced distress. The most common ways to cope with distress were watching video and a soothing talk. The usual place for meeting confidants was their apartment (room).

The common sources of information on HIV/AIDS among the respondents were their friends and a variety of Myanmar media such as newspapers, magazines, television and radio.

The mean knowledge score for total respondents in Mahachai was 0.6243, which was higher than those done among Myanmar migrants in Ranong (0.5241) and Sangkhlaburi, Tak Province (0.4054) during 1999 (Chantavanich, S. et al., 1999).

In analyzing the knowledge on HIV/AIDS, the scores were divided into two groups; more than 70% and 70% or less knowledge, since the questions were accessing basic general knowledge on HIV/AIDS only. More than one third of the respondents had above 70% knowledge on HIV/AIDS. Misconceptions on transmission and prevention were present in around half of the respondents. These results mirror the Sangkhlaburi study during 1999 (Chantavanich, S. et al., 1999) and the study done among Liberian refugees in Guinea (Roenne A. et al., 2000).

This study showed that there were statistically significant differences in knowledge among married and single persons, various income levels, education and with whom the respondents lived. Those married and living with their spouse had better knowledge on HIV/AIDS than single, widowed, divorced, and those living apart from their spouse. The respondents living with friends had better knowledge compared with those living alone. A previous study among Myanmar migrants in Tak province showed a significant difference in knowledge between male and female migrants factory workers, males having more knowledge than female (Mullany, Maung, et al., 2000). But, there

was no statistically significant difference in knowledge between the two genders in this study. Further comparative analysis of demographic characteristics between the migrant populations in both provinces was unfortunately not feasible.

There was no significant difference among various religious groups and this was contradictory to a study among Myanmar migrants in Sangkhlaburi showing that there was a significant difference between two main religious groups with Christians having a better knowledge than Buddhists (Chantavanich, S. et al., 1999). The sample 'Christian' population in the Sangkhlaburi study was 13% of total population while Christians in this study represented only 3.6%. Further, to the author's knowledge, no Christian NGOs were active in the Mahachai study area.

More than half of the respondents in Mahachai had a positive attitude towards HIV/AIDS and its prevention. This study reveals that knowledge level were significantly associated with the attitude of the respondents towards HIV/AIDS. Those having sound knowledge on HIV/AIDS had a more positive attitude than those did with less knowledge. This was contrasted by the findings of a 'KAP' study about HIV/AIDS among overseas job seekers in Bangladesh stating that attitudes towards HIV/AIDS were not significantly related to high or low scores of AIDS knowledge (Raman, M. et al. 1999). The inconsistent findings raise the question "under what conditions can knowledge be associated with attitude"? The respondents who met the confidants at bars or video-shops had a negative attitude towards HIV/AIDS.

The condom use with non-marital sex was associated with the attitude of the respondents in Mahachai. Having more positive attitude was associated with using condoms with non-marital sex compared to those having less positive attitude.

The key associations related to having more than one sexual partner among the respondents were: age, gender, and duration of stay in Thailand. The respondents with older age group (26 years and above), male gender, more than one-year stay in Thailand were significantly associated with having multiple sex partners.

Key associations with visiting commercial sex workers were: older age group (26 years and above), being male, being single, divorced, widowed and living apart from spouse, more than one year stay in Thailand. Some of these results were consistent with the results found in the study done among migrant workers in Surat. The latter showed that never married migrants and longer duration migrants visit CSWs more and have more sexual relationships with other women/girls than other respondents. The study in Surat also showed that age less than 40 years, educated migrants and economically better off migrants visited CSWs more and had more sexual relationships with other women/girls than other respondents (Gupta & Singh, 2000).

More frequent non-marital sex was associated with older age group. Respondents with less positive attitude were associated with not using condom during non-marital sex. But there was no significant association between knowledge of the respondents and using condom with non-marital sex. The results of many studies (Liverpool, 2002; Brown, Lourie, Flanagan, & High, 1998; Fisher & Fisher, 1992; Rodier, Morand,

Olson, & Watts, 1993; Rotheram Borus, Mahler, & Rosario, 1995; Osho, 1997; Villarruel et al., 1998; Bakker, 1999) also showed that general knowledge about HIV/AIDS does not correlate highly with safer behavioral practices. Out of those who admitted having non-marital sex, 25.8 percent of males and 17.6 percent of females consistently used a condom with non-marital sex, showing the high-risk behavior of Myanmar migrants in Mahachai, Samut Sakorn Thailand.

Living with family members, relatives and/or friends is significantly associated with having more positive attitude among the respondents in Mahachai. Those who know the confidants for a longer duration of time have more positive attitude.

Social network analysis, by in-depth interviews, showed that the most important social network for the Myanmar migrants in Mahachai was their peers and friends. Most male migrants lived, discussed about their personal and health problems, performed social activities, and went to seek treatment at clinic/hospital with their peers and friends. This was consistent with the social network of the Indochinese migrants in Australia. The Indochinese migrants do rely on their peers or friends or relatives as their major social network (Lee, G.Y., 1997). An important social network for female migrant was their family members or relatives apart form peers and friends. For health information, friends or Non-Governmental Organization activities were major sources for the migrants in Mahachai. The social activities usually consisted of watching video, going out, sharing personal experiences about deportation, discussing about sex, and visiting commercial sex workers. It was consistent with the findings of in-depth interviews among Filipino migrant workers in Hong Kong. The social activities of these Filipinos

were chatting with friends, going to karaoke, bars and visiting commercial sex workers (Ybanez, R.F., 1999). Whether single or married, male respondents, among those who disclosed about their sexual experience, the majority had their first sex experience at the age of below 20 with a commercial sex worker. Therefore, health promotion programs should focus on young male migrants to attain positive attitude and protective behavior.

Comparison of qualitative and quantitative results showed that there were consistencies in with whom respondents lived, who reduced the respondents' distress, main social activities and the age at first sex of the respondents. The main source of information about HIV/AIDS was the same; friends and peers, but NGO activities were the second important source of information among respondents in the qualitative study, while Myanmar magazines and television among those in the quantitative study. This inconsistency may be due to pre-defined response categories in the questionnaire. The quantitative result pointed out that the older age group was positively associated with visiting sex workers, while the qualitative result expressed that the age of first sex experience among males was with sex workers, although these results on CSW visits may seem contradictory, one has to keep in mind that the methods were dealing with different issues i.e. exploring sexuality for young men and a method to address sexual need for older men.

The attitudes of the respondents in Mahachai towards HIV/AIDS prevention depended mainly on the knowledge they gained. But the practice of condom use during non-marital sex does not rely on their knowledge, but on attitude (binary logistic regression)

and income (Chi-square test) of the respondents, that is, the respondents with more positive attitude and high income used condoms during non-marital sex. Regarding income in in-depth interview, it is of interest to note that commercial sex workers facilitated requests for sex without condom by charging an extra fee. This raises the question whether the association between higher income and safer sex practice is confounded by other factors. Having more than one sexual partner depended on the duration of stay in Thailand and preferred ways of reducing distress.

5.2 SCOPE AND LIMITATIONS OF THE STUDY

This study was limited to a group of Myanmar migrants working in seafood production factories in Mahachai, Samut Sakorn and therefore it does not represent the entire Myanmar migrant population in Mahachai, Samut Sakorn, Thailand. The results of qualitative study are subjective and cannot be generalized the whole Myanmar migrant community in Mahachai.

Not all the migrant factory workers were literate and therefore the sample of respondents, were chosen among those who could read and write. So, the sample does not represent illiterate migrant factory workers.

The design of this study was a cross-sectional survey and, therefore, unable to describe variations in practice over time. There is also a possible risk for social desirability bias especially for those variables that deal with very personal and the sensitive aspects.

In-depth interviews were conducted within three days; therefore, the interviewers were strangers to the respondents. This lack of rapport created barriers to attain in-depth information on social network especially for female respondents. They were reluctant to disclose personal information since the issues were very sensitive, although every possible effort was made to make the respondents feel comfortable. It would be better if the researchers stayed and built intimacy with the respondents and even performed social activity with them (e.g. chatting, watching video, shopping and going to bars).

A self-administered questionnaire was appropriate to use as an instrument for the quantitative data collection because some questions were accessing very personal information and the respondents might feel reluctant to answer in front of an interviewer. But the weak point of using a self-administered questionnaire is that other people, not the respondent him/herself, for whom the questionnaire was not intended, can answer the questions instead.

In this study, qualitative findings were validated through triangulation with both quantitative results and through crosschecking of in-depth interview responses.

5.3 CONCLUSIONS AND RECOMMENDATIONS

The results showed that there was no statistically significant association between knowledge of respondents and condom use; therefore improving knowledge alone would not be enough to change practice. As discussed by Maslow (1970) and Norwood (1996), apart from knowledge, personal needs and values are important to change attitude and this, in turn, may change a person's practice. Further, findings support Maslow's theory by pointing to a statistical significant association between a positive attitude and safe practice of respondents.

This study also suggests that more effort needs to be made to provide information, education and communication (IEC) to Myanmar migrants in Mahachai aiming to promote their knowledge level on AIDS and its modes of transmission, and to alter their misconceptions on Thai commercial sex workers and prevention of HIV/AIDS. This is because, some Myanmar migrant seafarers believed that Thai CSWs were free of AIDS and therefore, they did not need to use a condom, and several respondents thought that washing reproductive organ after sex every time, using oral contraceptive pills, eating more meat and vegetables, and taking Chinese traditional medicine can prevent AIDS. These misconceptions can contribute to the spread of the disease among both, Myanmar and Thai, members of the society. Besides this, the use of a condom while having non-marital sex was low and more condom promotion programs are needed for Myanmar migrant community in Mahachai.

Findings in this study indicated that social networks of the respondents include family member, relative(s), friend(s) and/or peer(s). But they mainly use their peers and/or friends to discuss personal problems including health problems, share experiences, information on AIDS and its prevention methods. These findings support the Social Support Theory by Koeppl, 2003. These network structures may help to protect, or conversely, expose members to risk behavior regarding HIV transmission. Often young male migrants want to explore their first sexual activity with commercial sex workers and so health promotion programs should focus on young male migrants to attain positive attitude and protective behavior. Prevention programs can be improved by understanding how social structures influences sexual behavior. By using existing social networks, a useful strategy to improve attitude and practice of these migrants on AIDS prevention can be generated. However, further study on social support and social networks should be done through participatory observation while living within the migrant community.

The results of this study could be useful in developing health promotion programs for Myanmar migrants in Mahachai, Samut Sakhon Province, Thailand.