

# Knowledge, Attitude and Practices on HIV/AIDS Prevention among Myanmar Migrants in Maha Chai, Samut Sakhon Province, Thailand

Myint Thu, Hmwe Hmwe Kyu, and Marc Van der Putten

Faculty of Nursing Science, Assumption University  
Bangkok, Thailand

## *Abstract*

*This paper describes the basic knowledge, attitudes and practices of the Myanmar migrant workers in Maha Chai, Samut Sakhon, Thailand related to HIV/AIDS prevention. A cross-sectional survey with a self-administered questionnaire was applied for this study. The results showed that the mean knowledge on HIV/AIDS, in both male and female, was about 62%. Misconceptions on prevention of HIV/AIDS were present in more than half of the respondents. There was no statistically significant association between knowledge and condom use, but a positive attitude was associated with safe practice. This study suggests that more effort needs to be made to provide health education to Myanmar migrants in Maha Chai aiming to change misconception on prevention of HIV/AIDS. Further study is needed to explore effective strategies for changing attitude towards prevention of HIV/AIDS in this particular community.*

**Keywords:** *Misconceptions, prevention, questionnaire, condom, health education, changing attitude, safe practice*

## **Introduction**

Both HIV/AIDS and migration are public health issues. This is particularly so for Myanmar migrants in Thailand. Addressing migrants' health is reciprocal in nature, since it indirectly protects the host population's health.

Many migrants often travel without partner; therefore, to address their basic need they tend to develop new sexual relationships, which in turn might cause increased risk of HIV infection (Wolfers and Josie 1999).

Several studies have suggested that migrants have more HIV infection risk compared to non-migrants (Marga and Pul 2002) and having multiple sex partners is a relatively common practice among Myanmar migrants in Thailand (Archavanitkul, *et al.* 2000; CARE 2000; Oppenheimer, *et al.* 1998). Further, drinking alcohol, visiting karaoke bars, massage rooms, and commercial sex workers and having casual partners were common means of recreation among male Myanmar migrants (Archavanitkul, *et al.* 2000), all contributing to increased vulnerability for HIV infection.

Maha Chai in Samut Sakhon Province is one of the largest Myanmar migrant communities in Thailand. There are about 200,000 Myanmar migrants, most of them working in seafood factories. The accumulative number of HIV-infected cases among Myanmar migrants in Samut Sakhon Province from 1998 to 2000 was 1,929 (CARE 2001).

The Myanmar migrant workers in Maha Chai have a distinct lifestyle. Often they do not have access to public health services because of their undocumented status. CARE International is the only non-government organization (NGO) addressing health needs of the Myanmar migrant community in Maha Chai.

This paper discusses knowledge, attitudes and practices towards HIV/AIDS prevention among Myanmar migrant factory workers in Maha Chai, Samut Sakhon, Thailand. It also describes the associations among these three variables to assist in the development of an HIV/AIDS intervention program, dealing with the need for health promotion among Myanmar migrant workers in Maha Chai.

## Methods

A descriptive cross-sectional survey was conducted by using a self-administered questionnaire. Two independent translators translated the questionnaire, prepared in English, into Myanmar language. Development of the instrument was based on literature review, while three experts conducted validity testing. Reliability testing, using Cronbach's alpha coefficient (a tool for assessing the reliability of questionnaire), was performed among 20 Myanmar migrant factory workers in Mae Sot, and the value of 0.79 was obtained.

The population study comprised of Myanmar migrant factory workers of  $\geq 15$  years in Maha Chai, Samut Sakhon, Thailand. By using Daniel's formula to calculate sample size, it was 368. After adding 10% to account for dropouts, the final sample size was 400. A multi-stage random sampling was used. Five out of 40 registered food-product factories were selected by simple random sampling and 400 migrant workers were selected from these five factories proportionately by systematic random sampling.

Informed consent was taken from respondents before data collection. For descriptive statistics, frequencies and percentages were calculated. For hypothesis testing, multivariate (binary logistic regression) analysis and Chi square tests were carried out.

## Results

Among respondents, 64.1% were 15-25 years of age, and 61.7% were single. About half of the respondents (46.8%) were in the middle school education. Most were blue-collar workers or general labours (97.2%) and 46.5% of the respondents had an income between Baht 3,000 to 4,000 per month. More than half of the respondents (54.8%) stayed in Thailand for one to four years. Nearly half of the respondents (45.2%) received HIV/AIDS information from their peers and friends, while only 8.5% received such information from specific agencies. As for the government services, 3.6% of respondents received HIV/AIDS information from Thai television broadcasting, and 2.6% from Thai newspapers, respectively.

The mean for knowledge was 18.6 out of 30 with a standard deviation of 5.77. More than half of the respondents (63.7% male and 56.2% female) had misconceptions on prevention of HIV/AIDS. Of all respondents, 43% had a less positive attitude towards HIV/AIDS and its prevention. One-third (33.3%) of male and 7.1% of female respondents reported to have more than one sexual partner, while 22.1% of male respondents reported visiting commercial sex workers. Out of those who admitted non-marital sex, only 25.8% of male and 17.6% of female used condoms consistently. Among male respondents, 4.4% reported that they ever used intravenous drugs and out of them, one-third reported to shared needles.

There was a significant association between higher levels of education (high school and university) and good knowledge ( $> 70\%$  correct answers) among the respondents ( $p$  value 0.025). Being single and living apart from spouse was significantly associated with visiting commercial sex workers ( $p$  value 0.003). Being more than 25 years of age was significantly associated with having multiple sex partners ( $p$  value 0.001) and visiting sex workers ( $p$  value 0.047). Residing more than one year in Thailand was significantly associated with having multiple sex partners ( $p$  value 0.021) and visiting sex workers ( $p$  value 0.008). Having good knowledge was significantly associated with having a positive attitude ( $p$  value 0.012) (Table 1). Having a positive attitude was significantly associated with using condom during non-marital sex ( $p$  value 0.033) (Table 2) and obtaining HIV/AIDS information from a non-governmental organization (NGO) ( $p$  value 0.021) (Table 3).

## Discussion

This study was limited to literate, Myanmar migrant seafood-factory workers in Maha Chai, Samut Sakhon Province and, therefore, cannot be generalized to the entire Myanmar migrant communities in Thailand.

It is acknowledged that there was a risk for social desirability bias and that the study did not assess "sexual distress" and its reducing methods including homosexual and bisexual relationships.

Table 1. Binary logistic regression analysis of attitude of the respondents by socio-demographic characteristics and knowledge on HIV/AIDS\*

Socio-demographic characteristics and knowledge	Modeled coefficient (B)	p value	Modeled odds ration for less positive attitude (Exp B)
Knowledge level more than 70% <sup>®</sup>	-	-	-
70% or less	0.572	0.012	1.772

\* The non-significant variables were age, gender, marital status, education, race, religion, income, duration of stay in Thailand. "B" is the modeled coefficient or regression coefficient. The characteristics "<sup>®</sup>" indicates the reference group.

Table 2. Binary logistic regression analysis of frequency of using condom with non-marital sex by respondents' socio-demographic characteristics, knowledge and attitude towards AIDS\*

Socio-demographic characteristics, knowledge and attitude	Modeled coefficient (B)	p value	Modeled odds ratio for not using condom with non-marital sex (Exp B)
<i>Attitude level</i>			
More than 70% positive attitude <sup>®</sup>	-	-	-
70% or less positive attitude	1.252	0.033	3.498

\* The non-significant variables were age, gender, marital status, education, race, religion, income, duration of stay in Thailand and knowledge. "B" is the modeled coefficient or regression coefficient. The characteristics "<sup>®</sup>" indicates the reference group.

Table 3. Association between source of information and attitude of respondents towards aids and its prevention

Source of information	Attitude score		Total n(%)	Chi-square	p value
	>70% n(%)	70% n(%)			
From NGO	25 (75.8)	8 (24.2)	33 (100)	5.31	0.021
Not from NGO	194 (54.9)	159 (45.1)	353 (100)		

The mean knowledge score on HIV/AIDS among respondents in Maha Chai was 0.62 (62%), which was higher than among Myanmar migrants in Ranong (0.5241) and Sangkhla Buri, Tak Province (0.4054) (Chantavanich, *et al.* 1999), but lower than among Myanmar migrants in Bangkok (0.6507) (Zaw 2003). Misconceptions on prevention of HIV/AIDS were present in 63.7% of male and 56.2% of female respondents. This result mirrors the Sangkhla Buri study during 1999 (Chantavanich, *et al.* 1999). Less than one-fourth of those who admitted having non-marital sex consistently

used a condom, showing high-risk behavior. Being single and/or live apart from their spouse was associated with visiting commercial sex workers. This was consistent with the results of a study done among migrant workers in Surat Thani (Gupta and Singh 2000). There was an association between good knowledge and a positive attitude towards HIV/AIDS. This result was contrasted by the findings among oversea job seekers in Bangladesh (Rahman, *et al.* 1999). This raises the question, "under what conditions can knowledge be associated with attitude?"

## Conclusion

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 of this study 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 Maha Chai aiming to promote their knowledge level on HIV/AIDS and to alter their misconceptions on prevention of HIV/AIDS. Further study will be needed to explore the social support system in order to identify effective strategies for changing attitude towards prevention of HIV/AIDS for this particular community.

## References

- Archavantikul, K.; Therese, C.; and Pune, H.H. 2000. Sexuality, Reproductive Health and Violence: Experiences of Migrants from Burma in Thailand: Institute for Population and Social Research, Mahidol University, Bangkok, pp. 1-19, 117-135.
- CARE. 2000. HIV/AIDS and Mobile Populations (workshop report). CARE International, Bangkok, Thailand.
- CARE. 2001. Primary Survey Reports on Study Attitudes and Behaviors Related to HIV/AIDS Prevention and Family Planning Among Migrants from Myanmar Working in Thailand. CARE International, Bangkok, Thailand.
- Chantavanich, S.; Paul, S.; Wangsiripaisal, P.; Suwannachot, P.; Amaraphibal, A.; and Bessey, A. 1999. Cross-Border Migration and HIV Vulnerability in the Thai-Myanmar Border: Sangkhla Buri and Ranong. Asian Research Center for Migration, Chulalongkorn University, Bangkok, Thailand.
- Gupta, K.; and Singh S.K. 2000. Social Networking, Knowledge of HIV/AIDS and Risk-taking Behavior among Migrant Workers. <http://www.iussp.org/Bangkok2002/S06Gupta.pdf>
- Marga, R.; and Pul, K. 2002. HIV/STD Prevalence and Risk Factors among Migrant and Non-Migrant Males of Kailali Districts in Far-Western Nepal. Family Health International, Nepal.
- Maslow, A. 1970. Motivation and Personality, 2<sup>nd</sup> ed. Harper & Row, New York, NY, USA.
- Norwood, G. 1996. Maslow's Hierarchy of Needs, <http://www.deepermind.com/20maslow.htm>
- Oppenheimer, E.; Matana, B.; and Aaron, S. 1998. HIV/AIDS and Cross-border Migration: A Rapid Assessment of Migrant Populations along the Thai-Burma Border Regions: Asian Research Center for Migration, Chulalongkorn University, Bangkok, Thailand.
- Rahman, M.; Shimu, T.A.; Fukui, T.; Shimbo, T.; and Yamamoto, W. 1999. Knowledge, Attitudes, Beliefs and Practices about HIV/AIDS among the Overseas Job Seekers in Bangladesh. Public Health: January 1, 1999.
- Wolfers, I.; and Josie, F. 1999. Health Compromised: Two Preliminary Studies on Bangladeshi Female Migrant Workers, one in Malaysia and one in Bangladesh. CARAM-Asia.
- Zaw, M.M. 2003. Assessment of knowledge, Attitude and Risk Behaviors Regarding HIV/AIDS among Myanmar Migrant Workers in Bangkok, Thailand. College of Public Health, Chulalongkorn University, Bangkok, Thailand.