CHAPTER I

INTRODUCTION

1.1Background

HIV/AIDS will become the world leading cause of DALY in 2030 which increased from 3rd rank in 2002(Mathers & Loncar, 2006). Moreover, there were 34 millions of people with HIV including 2.7 million of people of acquired HIV infection in 2010(World Health Organization, 2011). .Thus, it remains one of the most serious infections to public health. As a disease transmitted by contact between individuals, the movement of people becomes important role in the spread of HIV infection.

Nowadays, due to the effect of globalization and urbanization, migration has been increasing throughout the World and it becomes an important issue especially in public health. More people travel and migrate from one place to another to search for better income, settlement and education. Then the behaviors of the migrant people become sensitive and potential risk both for the host communities and also to themselves. Although migration plays a main role in stimulating and facilitation social, economic and development, irregular migration can increase the vulnerability to illness and infection. In that situation, the environments and their behavior become important role.

Migration increases vulnerable and tend to engage with the sexual risk behavior as the migrants have been separated from families, lack of support from the relatives and loneliness, social and cultural difference; become higher income, lack of a stable partner and language barriers. Moreover, sometimes, there has been poor knowledge and improper access to health care services including health education, care and treatment of STI, condom accessibility, HIV counseling and testing services.

Sexual risk behaviors include high number of sexual partner, inconsistent and improper use of condoms. Having multiple sexual partners in the migrant's area is assumed that the role of migration in the spread of HIV. (Lurie, Wilkinson, Harrison, & Abdool Karim, 1997).

Furthermore, migrants acquire infection and spread to their partners when they return to their native and spread of infection from one place to another and vice versa.

Another risk factor for migrants is the use of substances including alcohol and illicit drugs. Facing the new risk environment of easily accessible alcohol and drug in migrants are associate with increased the desire of sexual intercourse, having multiple partners and low rate of condoms uses especially with the illicit drug use (Lowry et al., 1994). Substance use can increase the risk of sexual risk behavior especially if they are being intoxicated. A study done in rural-to-urban migrants in China found that alcohol intoxicated people were more likely to engage with premarital sex, have multiple sexual partners and purchase sex (Lin et al., 2005).

1.1.1 HIV/AIDS situation in Thailand and Myanmar

With nearly 520,000 people (ages 15-49) living with HIV and AIDS, Thailand has the highest adult HIV prevalence in the South East Asia region (UNAIDS website). After 30 years of diagnosed the first case, HIV transmission still continues. From UNGASS 2012 Thailand report, HIV prevalence among FSW was 1.8% in 2011 and in 2010, MSM was 20.0%, followed by 17.7% among MSW and 10.4% among TG. IBBS conducted in Bangkok, Chiang Mai and Songkla in 2010 found that HIV prevalence among people who inject drugs (PWID) was 21.9%.

In Myanmar, the HIV epidemic is concentrated in nature and transmission is primarily occurring in high risk sexual contacts between sex workers and their clients, men who have sex with men. But a high level of transmission among injecting drug users is found through sharing of contaminated needles and syringe and with transmission to sexual partners. It was estimated that the HIV prevalence in the adult population (aged 15 and more) at 0.53% in 2011(National AIDS Programme, 2012a). From National HIV sentinel surveillance data from 2011 showed that male injecting drug users was 21.9% and the highest among the most at risk group followed by HIV prevalence female sex workers was 9.6% and men who have sex with men was 7.8%. It is estimated that around 216,000 people were living with HIV in Myanmar in 2011 and was estimated 18,000 people died of AIDS related illness. It was estimated that there were above 8,000 new infections in 2011.

1.1.2 HIV/AIDS situation in Myanmar Migrants in Thailand

As the increasing economic growth in Thailand has a greater demand for labor in nearby countries. There are 131,549 Myanmar migrants as registered by UNHCR, in 2006 to 95,330 displaced person registered in nine shelters along the Thailand – Myanmar border at the end of 2010. According to Bangkok Ministry of Labour 2010, there are total 1,078,767 (591,370 male and 487,397 female) registered migrant workers in Thailand from Myanmar.

In HIV & Migrants: Myanmar report by Asiadatahub in 2009 cited that HIV prevalence among migrants (the majority are from Myanmar), are higher than in the general population (World vision unpublished report). The IBBS found that HIV prevalence in Myanmar migrants was 1.16% (National AIDS Programme, 2012b).

1.2 Rationale

Mae Sai district in Chiang Rai province is included in the area of the Golden Triangle, the world notorious for opium cultivation, production and trafficking, and labor migration has been occurred in that area especially from Myanmar to Thailand. Thus understanding of the sexual behavior and substance use in the migrant workers are important for the policy makers to aware and design in the drug abuse controlled program.

Moreover, there is no study had been done for substance use and the sexual risk behaviors among the Myanmar migrant workers in Mae Sai, Chaing Rai Province, Thailand. An understanding of the risk behaviors among them will help for better outcomes and strategic approach to risk reduction activities for migrant population to the program planners.

1.3 Research Questions

1. What is the situation relation to the substance use (alcohol and illicit drug use) and HIV risk behavior in Myanmar Migrant workers in Mae Sai, Chiang Rai province, Thailand?

1.4 Research Objectives

1.4.1 General Objectives

To assess the current situation regarding substances use and sexual risk behavior in Myanmar Migrant workers in Mae Sai, Chiang Rai Province.

1.4.2 Specific Objectives

To describe the HIV/AIDS knowledge of Myanmar Migrants in Mae Sai

To identify the conditions of substance use in Myanmar Migrant workers in Mae Sai

To identify the sexual risk behaviors in Myanmar Migrants workers in Mae Sai

To identify the relationships between substance use (alcohol and illicit drug use) and sexual behaviors in Myanmar Migrant workers in Mae Sai

1.5 Research hypothesis

There is an association between socio-demographic characteristics of Myanmar migrant workers and substance use (alcohol, illicit drug use and tobacco smoking).

1.6 Conceptual Framework

1.6.1 Theoretical Framework

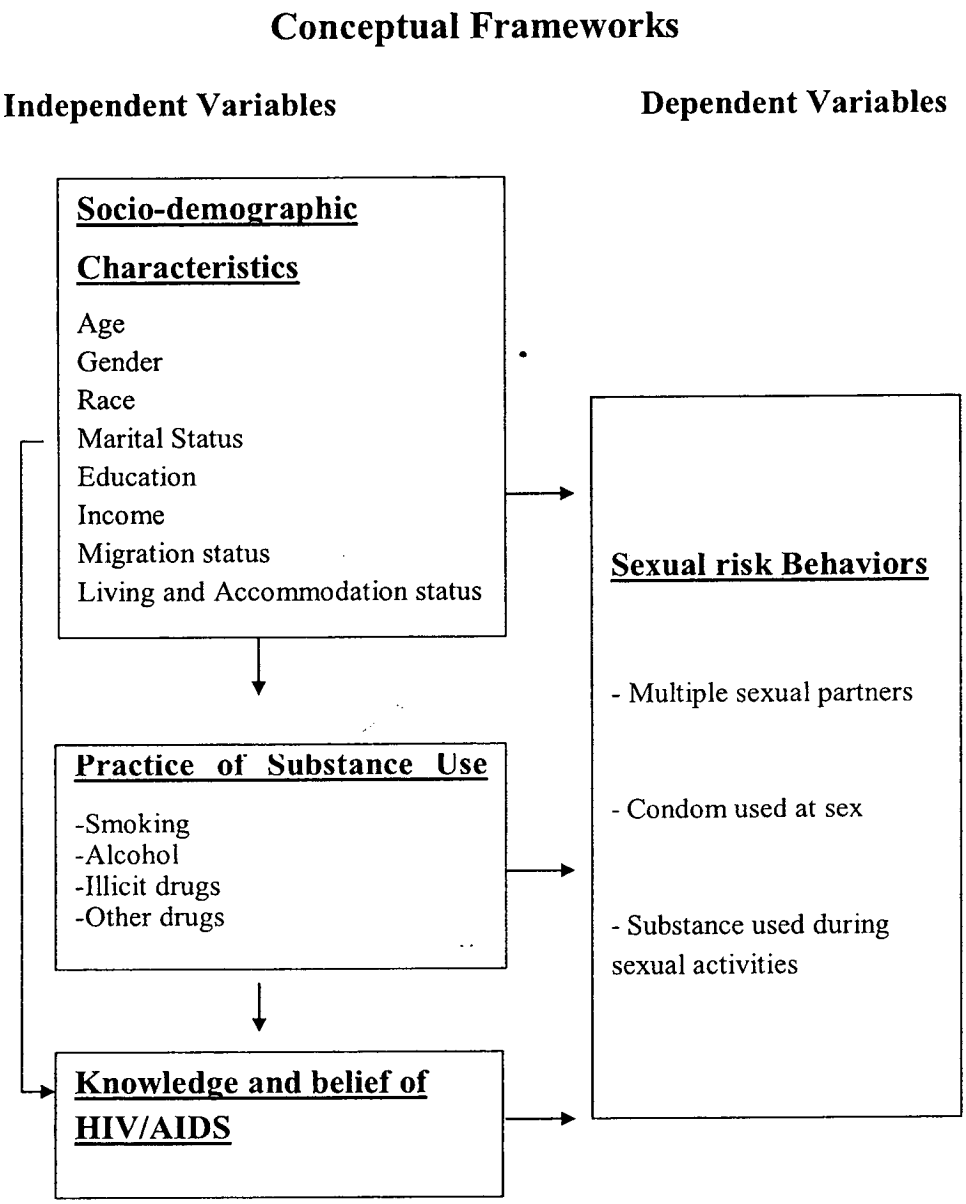
According to social control theory (Black, 1984; Gibbs,1982), the individual behaves with social norms and in a normal and stable community, it is difficult to avoid by the social norms. But being a migrant and away from the social support, this factor can lead to the occurrence of the risk behaviors and which can lead to the transmission of HIV.

Sexual behavior is based on the knowledge, perception and consequences of their attitude of behaviors. Those knowledge and perception are also determined by the individual pre- characteristics and effect of migration. Pre-characteristics include gender, marital status and education attainment. Effect of migration include that the individual characteristic of post-migration behavior (coping) i.e., management on peer pressure and stress and the effect of new environment nature i.e., accommodation, income and working environment based on (Brockerhoff and Biddlecom (1999) and Hugo,G (2001), the conceptual model of the influence of Migration on sexual behavior is mentioned in *Migration, Mobility and HIV: A rapid assessment of risks and vulnerabilities in the Pacific.*

Separation from spouse/partners can affect to post-migration characteristics and also the new environment. Substance use behavior can also be superimposed by the effect of separation,. loneness and also the accessibility of the substances in the new environment. Substances include especially drugs and alcohol. But smoking can also contribute to the initiation of the use of alcohol and drugs. If a person is intoxicated with substances, their perceptions of risk behavior become alter and lead to the high risk behaviors.

Based on the above theoretical framework, the following conceptual framework has been developed for the study.

Figure 1.1 : Conceptual Framework



1.7 Operational definition

- Substance use

The substance use includes tobacco, alcohol, illicit drugs and other substance use (e.g glue) in relation to their first experience, reason for the usage and the current situation among the study population.

- Risks of substance use

Risks of substance use include the risks related to the transmission of HIV by having multiple sexual partners, condom used, having sex under the influence of substances (alcohol or illicit drugs) and injection of those substances.

-Myanmar migrants

In this study, Myanmar migrant refers to the person over 18 years of age who working and living in Mae Sai, Chiang Rai Province.

Socio-demographic characteristics

-Age

In this study, age refers to the last completed birthday at the time of the interview.

-Gender

This refers to the gender of the respondents.

-Race

Race means the original ethnic group of the respondents that the respondent belongs to.

-Marital status

Marital status refers to the current marital status of the respondents. It is classified into "single or unmarried", "married", "divorced" and " widows".

-Education level

Education Level refers to the school grade attended at the highest attained level of education of the respondents and it is measured in five categories, "(No

Education) illiterate , "Primary education/school (grade 1-4)", "Middle school" (grade 5-8) , "High school " (grade 9-10) and "University education or higher".

-Income

Income refers to the current respondent income in Baht per month.

-Migration status

Migration status refers to that respondent has legal permission to work and stay in Thailand and it is divided into "registered" and "non-registered" as a migrant worker in Thailand.

- Accommodation status

Accommodation refers to the place where the respondent lives in and it is categorized into "rent house/room", "hostel" and "room given by factory".

- Living status

Living status refers to anyone who staying together with the respondent and it is categorized into "spouse", "family", "relatives" and "alone".

-Duration of stay

Duration of stay refers to the length of the respondent's stay in term of years and months and it is separated into arrival to Thailand and arrival to present resident.

-Knowledge and belief of HIV/AIDS

This part will access the knowledge and belief of participants regarding HIV/AIDS and those will be answered as yes, no and don't know. Those questionnaires are from the Center for AIDS Prevention Studies (CAPS), University of California, San Francisco, USA. In this part, there score for the correct answer is 1 and for incorrect answer is 0. Therefore, the highest score is 15 and the lowest score is 0 among the 15 total knowledge questions. The total score will be converted into low moderate and high according to mean ± standard deviation.

-Sexual risk behavior

This includes the sexual behaviors including substance use during sex. In this study, the sexual behaviors focus on multiple sexual partner and condom use as measure in always, sometimes, often and never. The multiple sexual partners will be account if they have sex with more than one type of partner in the past 12 months (spouse, lover or sex worker). If the respondent has history of substance use during sex, condom use will be asked for last time.