

CHAPTER V

DISCUSSION

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This cross-sectional study was done among Myanmar migrant workers in Mae Sai, Chaing Rai Province, Thailand to describe the situation of the substance use and sexual risk behavior. There were 308 respondents with male (166) and female (142) were recruited in this study. The questionnaires included socio-demographic characteristics, HIV/AIDS knowledge, substance use and sexual behaviors. During data analysis, Chi square test were used to determine the relationship of the variables. This section will be discussed according to the research objectives.

5.1 Knowledge of HIV/AIDS in Myanmar Migrants workers in Mae Sai

The behavior of a person is mainly influenced by his knowledge on that behavior and pre-migration characteristics (eg. age, gender and education) and post-migration or effect of migrations (living and accommodation, income, working environment and peer pressure) also influence the knowledge of HIV/AIDS. In this study, 15 sets of questions regarding the knowledge of HIV/AIDS and depend on the mean, the knowledge level was also divided into two groups, the below and above the level of average.

Among the two level of knowledge of HIV/AIDS in this study, the more percentage of low level of knowledge found in the younger age group but there was no significant association between the knowledge level and age group. It was different from the study done in Samut Sakhon Provine. (Ahmed, 2001).

Gender was found to be associated with the level of knowledge and belief of HIV/AIDS. It was the same with the previous studies. (Ahmed, 2001; Mullany L.C, 2000) Contrast to this, gender was no significant difference in the previous studies in Thailand. (Thu, 2003 and Htun, 2008)

Generally, the knowledge of HIV/AIDS between the males and females were not much different in each questions and most of the people can answer half of the questions. Moreover over 25% thought that HIV/AIDS is not concern only with the

gay men and over 32% thought that HIV/AIDS is not concern only with the injecting drug users. But it was found that about 18% of the people knew that the transmission HIV can prevent between husband and wife. It indicated that there will be a stigma in the community if they knew that one of the spouses is infected with HIV, they will believe that the other will have HIV. This indicates that they believe that HIV is only confined to that population and they were being away from that disease.

Furthermore, the same with the assessment done by IOM in 2005, about 60% of the study population thought that HIV/AIDS can transmitted through a mosquito bites. This was more than the baseline survey of the Evaluation and Monitoring of the Prevention of HIV/AIDS among Migrant Workers in Thailand (PHAMIT) project (Ford & Chamrathrithirong, 2007). Some also believed or unsure that kissing each others could also transmit HIV. These were also found in the previous study (Htun, 2008).

This may be due to the facts that they had been familiar with malaria and it was transmitted by the bites of mosquitoes through the blood sucking from the infected person. As HIV/AIDS can also be transmitted by the blood, they were misunderstanding with the mode of transmission of HIV/AIDS. Moreover, about 26% of the total population knew that HIV is different from AIDS and the others thought that a positive HIV test means the person had AIDS. This can also be lead to the stigma in the migrant communities if they had people living with HIV.

Even though 85% of the population knew that using condoms can reduce HIV transmission, only 63% of the population said they knew the places where the condoms can get. But it was less than the percentage of the study in 2009 in Ranong (Htoo & Panza, 2009). Among them, 30% of the population mentioned that condoms can get at their work place and it was found that the condoms boxes were holding besides their time-sheet cards and the condoms were replaced by the staffs from the INGO.

5.2 Substance use in Myanmar migrant workers in Mae Sai

This section focused on the substance use in Myanmar migrant workers in Mae Sai. Although the substances included tobacco, alcohol, methamphetamine,

ecstasy, ICE, opium, heroin, marijuana and glue had been asked, the study found that the migrants experienced from tobacco, alcohol and only one respondent for methamphetamine.

In the current study, the percent of current drinkers was 77.7% in males and 10.6 % in females. This male figure was more than the previous study done in Ratchaburi province (Soe, 2011) in which was 73.8%. Moreover, the trend was increasing in nature among Myanmar migrants (Howteerakul, Suwannapong, & Than, 2005) and (Khing, 2009)). This may be due to the facts that alcohol becomes accepted as a social beverage in Myanmar migrants and they can access with the prices that they can afford.

It was found that alcohol ever use was more than tobacco both in male and female populations. This may be due to the facts that the price for one pack of tobacco was higher than a bottle of beer and for social and fun for meeting, alcohol was becoming the social beverage. The female had been experienced for alcohol especially in the New Year festival celebrated in the factory or their work place. Thus, most of the reason for using the substance had been for peer pressure and relaxation. Sometimes, these two reasons can also be both especially for the migrants because they were working in the new environment that gave to the stress and sometime peer pressure can also be one of the superimposed factors to use that substance. This can also explained that why the alcohol drinker within 30 days was reduced than the current drinkers who drunk in the past 12 months.

Regarding the starting age, the more numbers of younger age group had been found in tobacco use than alcohol use even though the alcohol users were more than the tobacco users. This may be due to the curiosity to tobacco as they had been seen in the movies and they imitate what the actors did. Therefore, the mean age of tobacco use was less than the mean age of alcohol use. In this study, the mean age of alcohol use was about 21 years and it was the same in the study done in Myanmar (Htike, 2006) but younger mean age group found in than the study done in Thailand (Soe, 2011)

Even though it was found only one methamphetamine user, 30 respondents have friends of using methamphetamine. Moreover, the number of having friend with

the heroin user were only one and for marijuana, there only 4 people had friends. This was because as most of the respondents were the native Burma from the central region of Myanmar. They came directly to the work place and no experience in living in the cross-border area apart from their current place. Moreover, they are living with relatives, spouses and parents as they were socially coping with each others in Mae Sai. Therefore, they had been less chance to meet with the drug users or dealers.

But the people who had temporary stay in Tarchileik, they have been friends with the glue sniffers as the glue can buy easily and this was also not the illegal substances. Thus, the numbers of friends with glue users were more than the heroin and marijuana. But compare with the Thai user friends and Myanmar user friends, the people who had Thai user friends were less than the people who had Myanmar friends. This can also be due to less accessible to the drug in Thailand and also be due the communication barriers and living situation.

5.3. Sexual risk behaviors in Myanmar migrant workers in Mae Sai

According to conceptual framework, the sexual risk behavior depends on the socio-demographic characteristics, practices of substance use and the knowledge and belief of HIV/AIDS. In this section, sexual risk behaviors among the Myanmar migrant workers in Mae Sai were focused including history of sex in the past 12 months, sexual partners and condoms used.

The previous study done in Samut Sakhoorn province, Thailand found that men who were single or apart from their wives were more likely to have multiple partners and sex with sex workers while women were not (Thu, 2003). This was also found in this study and women have sex only with their spouses and not with the sex workers or others.

Moreover, factors included in the socio-demographic characteristics, 59% of the study people were single but about 65% of the people had history of sex in the past 12 months. Especially nearly 5% of males had found such experiences. This may be due to curiosity or peer pressure (Yang et al., 2007) to become a man or adult. This represent that a few of migrant singles have experienced in sex before they had been married.

In this study, about 80% of Myanmar migrants who had history of sex in the past 12 months did not usually use condoms while having sex with their partners. It was nearly the same with the study done among Myanmar migrants in Bangkok (Htun, 2008) and more than the study done in Samut Sakhorn. (Tin, 2000) Among the respondent who had history of sex in the past 12 months, about 14% said they had been experienced with sex workers but only 12.6% said they always used condoms when had sex with sex workers. This was lower than the study done in Myanmar migrants at Phuket cited in (Htun, 2008). Thus HIV education for condoms used to the migrants should be done for regular and consistent use of condoms although they knew that condoms can reduced the transmission of HIV.

Moreover, the study found that the frequency of condoms used varied depend on the sexual partners. But in general, condom used rate was low in the study population. In spite of knowledge of condoms, it was found that they were not using condoms regularly. This can be due to they had not been prepared or having drunk or believe to the provider as she was pretty and young. Moreover, they did not use the condoms with their spouses as they believe and trust to their partners. (Htun, 2008) Among the spouses, they usually use the condoms with the reason of birth control.

Among the 30% of the respondent who were the current drinkers, there were about 12% of the respondents used condoms with partners after they used alcohol. Although the number of people who had multiple sexual partners was only 9 people, this was one of the high risk behavior and sexual education need to be done. This can be due to have new experience at new environment or they were being away from their partners. Nearly 60% of the people were married and most of them stay with their spouses that they were not separate living and moreover, there also some relatives living together.

5.4 Relationship of the alcohol use and sexual behaviors in Myanmar migrant workers

Alcohol is one of the risk factors for high risk sexual behaviors (Bryant, 2006); (Parker, Harford, & Rosenstock, 1994); (Stall, McKusick, Wiley, Coates, & Ostrow, 1986). Moreover, engaging the sexual risks among who drunk were at least twice than among who did not drunk (Anderson & Dahlberg, 1992) .In this section,

for better understanding of alcohol use, the relationship of socio-demographic factors with current alcohol use discussed first and the relationship of the socio-demographic factors with the alcohol use with sex was followed.

In this current study, the mean age of the population for first exposure to alcohol was about 21 years and it was the same with the study done in Myanmar (Htike, 2006). This study did not find the association with the age of respondents and the current drinking status. Contrast to this study, the previous studies found that the age was associated with the alcohol. (Soe, 2011) and (Htun, 2008). In Myanmar culture, female drinking was more unacceptable. Moreover, buying the alcohol beverages by females was very rare in Myanmar culture and it was a very bad habit and culturally also not accepted. Thus the mean age of females starting to use alcohol was older than in males.

In the study population, current alcohol use was found to be associated with gender, income and tobacco use with the p-value of <0.000 . Gender was also found to be associated with alcohol drinking done in Bangkok (Htun, 2008). Being male will be a greater chance to be a drinker as they had been going outside as normal life and the spending of their free time is different from the females.

Migrants come to Thailand with the aim of earning money. So, they save the money as much as they can and gave back to the family. So, only the higher income can spend their income for alcohol use in their free times in order to relax the stress and tiredness. Moreover, the higher incomes personal have many friends as they can organize the occasions. Therefore, having higher income was more likely to be current drinker and it was statistically significance with the p-value of <0.000 . But this was contrast to the study done in Myanmar migrants (Htun, 2008).

Tobacco use and alcohol use are linking with each other. If a person started to use smoke, it was easier to start to drink. But not all the tobacco users were not drinker and vice-versa. Moreover, peer pressure also plays an important role among the smoker to become a drinker. In this study, tobacco use was statistically significant with current alcohol use with the p-value of <0.000 .

Even though education was associated with the knowledge of HIV/AIDS, it was not found to be significance with the current alcohol use and education level. This may be due to it was consumed both in the lower and higher education level. This similarity found in the previous studies. ((Soe, 2011) and (Htike, 2006)).

Moreover, as they were living in the same compound and as they were familiar with each other, the marital status did not affect on the current drinking status. Similarly, this marital was not associated with the drinking status in the study done for Myanmar migrants in Ratchaburi Province (Soe, 2011). Similar to this, the race also did not statistically significance with the current drinking status even though the majority was Burma.

In this study, registration status of the migrants was not significance with the current drinking status. This may be due to the fact that the sources for alcohol beverage will be the same among the legal and illegal workers. As they are living the same compound or near to each others, they can share the alcohol especially at the special occasions or when they had had parties.

On focusing the person who had ever experience in alcohol with sex among the current drinkers, the age and the marital status were significance with the p-value of 0.001 and <0.000 respectively and the older age tends to be use alcohol. (Thu, 2003) This may be due to the facts that the older age group can easily search for sex than the younger age group and the partner can be spouses if they were married or even to the sex workers.

Alcohol can prevent the inhibition of sexual desires. Thus after alcohol, most of the people tend to be found for the sexual partners and the higher income person can find easily for buying sex. But this was not found in this study similar to the study done in Bangkok. (Htun, 2008) This may be due to the facts that most of their sexual partners were spouses and they don't need to cost the extra money. As most of their sexual partners were the spouse and this can also be explained to many variables, such as the ethnics, registration status and education levels were not statistically significance with the alcohol use with sex.