

## **CHAPTER VI**

### **CONCLUSION, RECOMMENDATION AND LIMITATION**

#### **6.1 Conclusion**

The aim of this study was to assess the current situation regarding the sexual risk behavior and substance use in relation to HIV/AIDS among Myanmar migrant worker in Mae Sai, Chaing Rai Province.

Regarding the general characteristic of the 308 participants ( males =166 and females =142), nearly 80% were Burma and one third of the population were less than 25 year old. More than half of the population were married and about 60% of the population had middle and above education. It was found that the two-third of the populations was registered. The duration of stay in Mae Sai was about 4 year on average and in Thailand was about 5 years on average. Nearly half of the population were living at their rent rooms and another nearly half of the population were living at the place provide by their work and more than half of the people were living together with their spouses. More than half of the population had monthly income between 5000 baht and 7500 baht with the average income of about 6500 baht.

Moreover, it was found that 69% of people seek health care in the past 12 month but only 20% got education regarding HIV/AIDS in the past 12 months. In the study population, about 76% of the population had moderate level of HIV/AIDS knowledge to the 15 questions and the knowledge level among the gender was not much different. Although 85% knew about condoms can reduce the transmission of HIV, 63% knew the place where the condoms can get.

In Mae Sai, tobacco and alcohol were the common substances used in Myanmar migrants. Among them, about 52% of male and 2% of females had ever use smoking. For alcohol, about 81% of male and about 11% of females had ever use. The mean age of first used for tobacco was 18 years but for alcohol was 21 years. About half of the reason for using the substance was according to the peer pressure. Between these two substances, tobacco use was more stable and alcohol use was decline comparing to the ever use and used within 30 days.

For sexual risk behaviors, less condom use rate, multiple sexual partners and alcohol use with sex were presented among the migrant population. Condom used was low in partners especially with the spouses. All the people who used the condoms with their spouse were for the birth control. The age and gender were found to be associated with having multiple sexual partners and the older age was more likely to have multiple sexual partner and males have more multiple sexual partners. Alcohol use with sex also associated with the increasing age and being ever married.

## **6.2 Recommendations**

After conclusion, the study would like to give recommendations to policy makers and implementers regarding HIV/AIDS and substance use program to the migrants' population. Before going to detail, it can be summarized to the more health education sessions and legal enforcement regarding substance use. This should be done focusing individual level, communities level and also to the stake holders and /or the implementation organization level.

For the individual level, empowerment should be given to them with participatory education both in their residence communities but also in the working environments. For the communities level, information and awareness raising should be done with the used of media and in the some occasional ceremonies. For the stake holder level, health officials and non-governmental organization should be done a suitable BCC strategy for better understanding about the HIV/AIDS and health care services for the migrant populations, empowering the peer volunteers and also to other counterparts and close collaboration with the Ministry of Health from Myanmar for prevention, treatment and care.

According to the current studies, more than two third of the population had moderate level of knowledge of HIV/AIDS. But it was found that the practices of their knowledge were not adequate. For examples, the persistent and correctly use of condoms was poor even though they knew that the condoms can reduce transmission. Thus behavior change communication programs should be done in the targeted communities especially for the youth.

Moreover it was found that the communities can access with the sex workers not only to the singles but also to the married peoples. Besides these, they had poor knowledge about sexually transmitted infections and it will be delayed in the early diagnosis, treatment and cares. Regarding the HIV/AIDS, most of the study populations thought that it was only concern with gay men and people who inject drugs. Being thinking like this will increase the social stigmas to HIV/AIDS and also to the positive population to become hidden. Thus awareness raising for how to live with positive people, positive living for healthy and happy lives, prevention of mother to child transmission program should be done to the migrant communities. This will also increased the chances of getting HIV/AIDS in the migrant populations.

There is a saying that goes : “ Prevention is better than cure”. Even though the sexual risk behavior was found in the older age group, education programs should be focused to the younger age group ( 18-24 years). For better implementations, there were also cultural barriers especially in Myanmar communities regarding HIV/AIDS and sexual risk behaviors. It will be better if the knowledge education should also be done through the local migrant organizations and religious youth groups.

Similarly, smoking and tobacco use are common in the migrants and it was not declining in nature. Thus education should be done regarding these substances used. Nowadays, social drinking is becoming accepted and most of the special occasions are providing with the alcoholic beverages. Thus regarding the disadvantages of alcohol drinking and health effects should also be done. Moreover, tobacco smoking and alcohol drinking are linking with each other and it was found that association also present and both of them can give rise to the harmful health effects. Thus education regarding these substances should be done especially targeting to the youths for better outcomes. Moreover advertising of these substances should also be limited and designed not to be focus to the youths because nowadays, the advertisements are focusing to the youths especially in the football matches.

Although alcohol use with sex was found mostly with spouses in the current studies, precautions should be taken on this matter. It was already known that alcohol can prevent the sexual inhibitions and the habit of alcohol use with sex will become normal to the one who ever had used and they may be engaged to extra-marital sex.

As the condoms used rate was low in the migrants, this normal habit will promote the transmission of HIV/AIDS. Thus educations not only about the substance use and sexual risks but also how to use correctly and persistent use of condoms should be done to the target communities. Providing condoms should not only be done to the work places but to their residence for easily accessible and behavior changes from the knowledge to become practices.

For effective programs design, government, local authorities, employers or business and the representatives of the migrant workers should be work together. The behavior change programs cannot be stand alone and it should be linkage with the other services for better care, treatment and prevention. Therefore, empowerment to the targeted communities should also be done with the various supports provided by the host communities, local authorities and health professional should be done for better integration and achievements of the outcomes.

This is very important to know about migrants' substance use and sexual risk behaviors in the education and prevention of HIV/AIDS. This study will act as a baseline and furthers studies for knowledge of substance use and practices of the sexual risk behavior in that area with the proper care of selection to include the all ethnic groups to represent all migrants in that area should be done especially in qualitative approach to support for behavior change communications among the migrants' communities.

### **6.3 Limitations**

Although this study was done with the aim to study the substance use including smoking, alcohol and illicit drug use, there is only one user said he had ever use methamphetamine. Therefore, the analysis can only focus with alcohol and smoking. Moreover, multiple sexual partners found only in 9 people and this can also affect to the study of relationship between multiple sexual partners and other variables.

This study was a cross sectional study conducting among Myanmar migrants lived in Mae Sai, Chaing Rai Province, Thailand. This could not be represent as a whole characteristics of Myanmar migrants in Thailand.

As the data was collected by the use of structured interview, there will also be recall bias for substance use and underestimating of sexual risk behaviors not like the qualitative methods.

There also time limitation presented in this study as it last for about 30 minutes although the interview was done in their free times after working hours and sometimes at night. This can also lead to the respondents' impatience, boring and not giving enough concentration to the interviewers.