FACTORS INFLUENCING SEXUAL BEHAVIORS AMONG YOUNG MYANMAR MIGRANT WORKERS IN SAMUT SAKHON, THAILAND

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ABSTRACT:

Background: Sexual behavior is a behavior that can increase one's risk of contracting sexually transmitted infections including having sex at an early age, having multiple sexual partners, having sex while under the influence of alcohol and unprotected sexual behaviors. These problems are more occurring in migrant society especially in youth migrant workers. The objective of this study was to identify the factors influencing sexual behaviors among young (18-24 years) Myanmar migrant workers in Samut Sakhon, Thailand.

Methods: A cross-sectional study was conducted by using purposive sampling and convenient sampling techniques. Data were collected by using face to face interviewed with constructed questionnaires among 362 youth Myanmar migrant workers, both male and female who lived in Samut Sakhon province, to find out their sexual behaviors (abstinences, early age of first sex, multiple sex partners and protective sex).

Results: Ever have sexual intercourse in migrant workers was 56.6%; and abstinence was 43.4%. For early age of first sex, 3.6% had early sexual exposure at the age of 15 to 18 years; and 53% did not have early sexual exposure. The single sexual partner was 86.3%; and respondents with multiple sexual partners were 13.6%. Out of ever have sexual intercourse, protective sex in migrant workers was 14.4% by using condom always for every sexual intercourse; and non-protective sex was 85.8%. Alcohol drinking was also strongly associated with ever have sex and multiple sexual partner ($p< 0.001$). Middle level of knowledge on STI, HIV/AIDS was associated with ever have sex ($p=0.017$). Early age of first sex was not statistically associated with other factors, which it was found very interesting in this study. The various knowledge, attitude and barriers levels on STI and HIV/AIDS were not strongly associated with multiple sexual partners and protective sex by using condom.

Conclusion: This study concluded that health education regarding correct knowledge gaps and misconceptions on STI, HIV/AIDS and condom use is very important; and it needs to be offered among migrant workers by NGOs and government organizations. This is the best way to promote low-risk sexual behaviors in young Myanmar migrant workers.

Keywords: Abstinences, Early age of first sex, Multiple sexual partners, Protective sex, Youth Myanmar migrant workers

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INTRODUCTION

Sexual behavior is commonly defined as behavior that increases one's risk of contracting sexually transmitted infections STIs. It includes having sex at an early age, having multiple sexual partners, having sex while under the influence of alcohol and unprotected sexual behaviors [1]. Alcohol and unsafe sex are respective contribution to the global burden of disease. They amplify through the linkages that have been shown to exist between alcohol, risky sexual behavior (unprotected sexual contact) and the spread of sexually transmitted infections (STIs), including HIV

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infection [2].

Many migrant workers are working in all areas of Thailand, particularly for labor migration from the three neighboring countries: Myanmar, Cambodia and Lao. In 2004, 1.2 millions of migrant workers came from these three countries. According to Department of Employment of the Ministry of Labor, Thailand, 85% of Myanmar, 42% of Lao and 51% of Cambodia migrant workers were documented [3]. The health risks and vulnerability including STI and HIV/AIDS within the migrant population were significant since they arrived in Thailand with very little knowledge, social and or family support coupled with new pressures, experiences and situations; these issues may cloud their ability to consistently choose healthy behaviors [3].

The environment in which migrant factory workers live and work was unlikely to contribute to their vulnerability to STI and HIV/AIDS; because most of them had limited amount of free time, had restricted movement outside of the factory compounds and often maintained their conservative social values (e.g. religion, nationality and ethnicity). This environment created limited opportunities for migrant workers to receive adequate information and prevention campaigns on STI and HIV/AIDS. Furthermore, the major constraints to accessing health services included in the following: inability to pay for the service, lack of available services in immediate needs; and migrants with an undocumented status were hindered from freedom of movement and fears of being arrested by the police; language barriers to communicate with healthcare providers, especially among Cambodian and Myanmar migrants; and inconvenience to visit the health facility due to limited opening hours and/or location [3]. One study from Thailand had suggested that migrants had more HIV infection risk compared to non-migrant; moreover, having multiple sexual partners was a relatively common practice among Myanmar migrants in Thailand [4].

Most of the sexual behavior related with STI and HIV/AIDS studies in Thailand were done in any age group and not focused on specific age group (15-24) among migrant workers[5]. Context sensitive research was needed because there were some differences in age group, lifestyles, environments, knowledge and beliefs. Therefore, the objective of the study was to identify the factors influencing the sexual behavior among youth Myanmar migrant workers in Samut Sakhon, Thailand.

METHODOLOGY

Population

A cross-sectional study was carried on 362 respondents of Myanmar migrant workers in Samut Sakhon, Thailand from April to July, 2016. Inclusion criteria were: 1) Myanmar migrants who can speak Myanmar language, 2) male and female aged 18- 24 years old, and 3) Myanmar migrant workers who are residing in Samut Sakhon province, Thailand. Exclusion criteria were: 1) evidently mental defected persons, 2) less than 3 months of stay in Thailand, and 3) not willing to participate.

For ethical approval to conduct this study need to be sought from Ethics Review Committee of Chulalongkorn University (No. 092/2016, date May 4, 2016). The consent form was given to respondents. It included confidentiality, free participation, freedom to withdraw and no use of data for other purpose. The anonymity questionnaire was also used.

Data collection

A structured questionnaires were used to collect data including (1) socio-demographic characteristics, (2) The knowledge, attitude and barriers concerning about on STI, HIV/AIDS and condom use, and (3) The alcohol consumption and sexual behaviors. Firstly, the researcher selected Samut Sakhon province by purposively sampling because it was a one of the top ten largest Myanmar migrant workers communities in pre-urban area of Thailand. Secondly, the researcher used convenient sampling method to collect the samples. The researcher used the link from local NGO and Myanmar migrant workers association in Samut Sakhon province. Due to the local NGO and Myanmar migrant workers association volunteers had been doing some studies and social support to Myanmar migrant workers in this area, they knew where migrants were located. Through the link of these volunteers, the researcher reached out to the community. The researcher obtained numbers of participants from these volunteer organizations.

Data analysis

For data analysis, SPSS software version 22 (licensed for Chulalongkorn University) was used for data analysis. The factors influencing sexual behaviors among Myanmar migrant workers were analyzed by using descriptive statistic including

Table 1 Respondents by socio-demographic characteristics (n=362)

Socio-demographic factors		Frequency	Percentage
Sex	Male	248	68.5
	Female	114	31.5
Age (18-24 years)	18 - 20	69	19.1
	21 - 22	78	21.5
	23 - 24	215	59.4
Mean=22.4±1.7			
Ethnicity	Shan	6	1.7
	Mon	42	11.6
	Karen	38	10.5
	Burma	270	74.6
	Other**	6	1.7
Religion	Buddhist	352	97.2
	Christian	9	2.5
	Hindu	1	0.3
Marital status	Single	199	55.0
	Married	156	43.1
	Widow	3	0.8
	Divorce	4	1.1
Education	Illiterate	19	5.2
	Primary education	68	18.8
	Middle school	206	56.9
	High school	62	17.1
	University or higher	7	1.9
Occupation	Construction	20	5.5
	Agriculture	12	3.3
	Restaurant/ Shopkeeper	12	3.3
	Factory	310	85.6
	Jobless	5	1.4
	Other*	3	0.8
Income type	Daily wager	314	86.7
	Salary	38	10.5
	Other#	10	2.8
Income amount (THB/Month)	1000-4999	11	3.0
	5000-9999	240	66.3
	10000-14999	100	27.6
	15000-20000	11	3.0
Mean=8732.8±2255.5			
Duration of stay in Samut Sakhon	6-23 Months	35	9.7
	24-47 Months	162	44.8
	48-71 Months	105	29.0
	72-95 Months	47	13.0
	96-144 Months	13	3.6
Mean=46.1±23.2			

Other - daily income from their shop, *Other – driver, ** Other – "Kachin

minimum, maximum, mean and standard deviation, frequency and percentage. The relationship between the independent variables and the dependent variables were calculated by using univariate and multivariate logistic regression. The level of significance was *P*-value < 0.05.

RESULTS

Socio-demographic characteristics

Based on the obtained data, male 248 and female 114 people were participated in this study. The mean age of the respondents was 22 years which it was range from 18 to 24 years. The majority of the

Table 2 Frequency distribution of knowledge level concerning with STI, HIV and AIDS

Knowledge, attitude concerning with STI, HIV and AIDS and barrier to access health services	n (%)
Knowledge level	
Low	82 (22.7)
Middle	179 (49.4)
High	101 (27.9)
Attitude level	
Negative attitude	37 (10.2)
Neutral attitude	272 (75.1)
Positive attitude	53 (14.6)
Barrier level	
Low	151 (41.7)
Middle	166 (45.9)
High	45 (12.4)

Table 3 Logistic regression analysis for outcome variable (ever have sexual intercourse, early age of first sex, multiple sexual partners and protective sex) using predictors

Predictors (n=362)	Ever have sexual intercourse		Early age of first sex		Multiple sexual partners		Protective sex	
	OR	Adjusted OR	OR	Adjusted OR	OR	Adjusted OR	OR	Adjusted OR
Sex								
Male	1.55 *	1.70	1.0 (Ref)	1.0 (Ref)	5.02*	1.25	3.28	2.70
(Female is Ref.)			*Cannot calculated	*Cannot calculated				
Race								
Burma	0.70	0.91	1.33	2.59	1.70	1.24	0.88	0.97
(Not Burma is Ref.)								
Religion								
Buddhist	0.55	0.69	0.38	0.26	0.87	0.45	0.09*	0.07*
(Not Buddhist is Ref.)								
Marital								
Married	109.69*	149.18*	4.45	7.33	0.11*	0.09*	0.08*	0.07*
(Not married is Ref.)								
Education								
Middle and above	0.46*	0.32 *	1.44	1.40	11.37*	30.75*	1.38	2.91
(Below middle is Ref.)								
Alcohol drinking								
Yes	2.65*	2.87 *	3.92*	2.51	10.22*	10.23*	2.25	0.79
(No drinking is Ref.)								
Knowledge level								
Middle	1.71*	3.18*	0.50	0.39	0.45	0.23	2.33	2.49
High	1.42	1.86	0.48	0.30	0.45	0.35	1.40	1.58
(Low is Ref.)								
Attitude level								
Neutral	0.74	0.71	0.83	1.28	1.62	2.67	1.62	1.19
Positive	0.92	1.02	*Cannot calculated	*Cannot calculated	1.55	2.36	2.01	1.54
(Negative is Ref.)								
Barrier level								
Middle	1.27	1.74	0.80	1.20	1.72	2.68	1.72	2.04
High	1.33	1.53	1.87	2.38	0.77	0.82	1.21	0.68
(Low is Ref.)								

*P < 0.05

respondents in race and religion were 74.6% Burma and 97.2% Buddhist. In marital status, 55% of respondents were single; and 43.1% were married. As for the educational status, more than half of the

respondents, 56.9%, were in the middle school level of education. A high percentage of the respondents, 85.6%, worked at factory and daily wager; and 87.6%, was high percentage of the respondents. Moreover, the mean income amount of the respondents was 8,733 THB/Month. As for duration of stay, the mean duration of respondents stayed in Thailand was 53 months; and also the duration of stayed at Samut Sakhon province was 45 months as shown in Table 1.

Knowledge, attitude and barriers concerning with STI, HIV/AIDS and condom use among study population

Majority of the youth Myanmar migrant workers had middle level of knowledge (49.4%) and neutral level of attitude (75.1%) concerning about STI, HIV/AIDS and moderate level of moderate level of barriers (45.9%) to accessing health care services as shown in Table 2.

Alcohol consumption

For alcohol consumption, 109 respondents (30%) had drinking alcohol history and 253 respondents (70%) did not drink. Among 109 of drinkers (30%), 68 respondents (62%) were occasional drinker. Only 38 drinkers (35%) drank alcohol until they got drunk for the last 3 months on average. Only 47 drinkers (43%) did have sex after drinking alcohol; and 28 drinkers (60%) did not use condom during their sexual intercourse; and only 4 drinkers (8%) "Always" used condom last 3 months ago.

Inferential statistics finding

Association between socio-demographic factors, knowledge, altitude, barrier level, alcohol drinking and sexual behaviors

Table 3, in logistic regression analysis for outcome variable, male sex predictors was associated with ever had sex and multiple sexual partners in odd ratio (OR 1.55 and 5.02, 95%CI); but it was not significant in adjusted ratio. Married person, middle and above education and alcohol drinking were significantly associated with ever had sex, multiple sexual partners and protective sex in univariate and multivariate analysis. Middle level of knowledge was only associated with ever had sex. For early age of first sex variable, it was not associated with all predictors.

DISCUSSION

The research indicated that 362 youth (18-24 years) Myanmar migrant workers resided in Samut Sakhon province, one of the largest province having migrant workers in Thailand. The sample was collected by using convenience and snow ball samplings techniques. Therefore, this could get precision of sample size and the variety of characteristics in the sampled population. Moreover, this could reach to hidden youth Myanmar migrant workers in Samut Sakhon. Therefore, this research represented all of youth Myanmar migrant workers in Samut Sakhon province.

For socio-demographic characteristics, more than half (206 youth, 57%) of the respondents' educational status were in the middle school level of education; and majority of respondents (310 youth, 85%) worked at factory; others were construction, agriculture and restaurants/ shopkeeper. In term of the duration of stay, the duration of respondents stayed in Samut Sakhon varied from 6 months to 12 years.

Phyo San Win, Chapman [6] compiled a study "prevalence and determinants of access to, perceptions on, and preferences for, HIV-related health education among Myanmar migrant workers in Ranong, Thailand"; they expressed that among all 357 subjects, (15-25 years) and low-educated workers were 45% and 43% respectively; and the length of stay in Ranong province varied from 6 months to 34 years. Comparing to this study, the study parameter was not different; but education status was. Because of the different study area, time and job status were the main reasons to be altered.

The level of knowledge was only found moderate level in concerning of knowledge of HIV/AIDS/STI as samples collected only in Samut Sakhon province areas where Myanmar migrant workers worked. In addition, the level of knowledge might be changed with Myint Thu's [4] study with the different study time, study population size and their level of education.

The level of attitude of 362 respondents showed (272 youth, 75%) of respondents had neutral attitude on STI, HIV/AIDS and condom use. Consequently, in Myint Thu's study [4] showed that there was 43% had less positive attitude towards HIV/AIDS and its prevention. Compare to the current study, there was more than half of the population agreed STI and HIV/AIDS were serious health problem and neutral attitude on the sexually transmitted disease and condom use. It means that increasing knowledge in timely in population whereas attitude was still need to improve due to some personal behaviors; race and religious are major factor to contribute [4].

According to migration and HIV/AIDS in Thailand: Triangulation of Biological, Behavioral and Programmatic Response Data in Selected Provinces, Jitthai's study [7] , the coverage of all the programs is estimated to be below 10% when unregistered migrants in the province are included. In this study, population and area of research and most of the barrier prevent to gain health service are the same conditions.

In this study, more than half of the study population was made of no drinkers and the rest admitted that they are drunk because they are young adolescent. In additions the adolescents of migrants live with their families and under the control for their parents cannot easily access alcohol at young age.

Ford study [8] showed that the alcohol drinking was not associated with protective sex by using condom during sexual intercourse. It could be said that the more alcohol consumption in Myanmar migrant workers, the more chance to get un-protective sex 0.79 time (Adjusted OR). In this study, alcohol consumption and safer sex were not associated and also not the same with Ford's study due to different provinces, study time, study population size and ethnicity.

There were 205 respondents (56%) had history of sexual intercourse and 157 respondents (43%) did not have history of sexual intercourse in their life (Abstinence). 13 respondents (6%) had early age of first sex at the age of 15-18 years old. Moreover, 177 respondents (86%) had "single partner" but 28 respondents (13%) had multiple sexual partners in study population. Furthermore, 29 respondents (14%) had protective sex; and 176 respondents (86%) had not.

National survey of health risk behavior among Thai youth (2013) revealed that approximately 40% of respondents had ever had sexual intercourse; and 32% were currently sexually active. Among those who had ever had sexual intercourse, 36.2% had multiple sexual partners; 23% had early sexual activity; and 54% used a condom. Compared to health risk behavior among Thai youth: national survey 2013 [9], the present study for youth Myanmar migrant workers was focused on youth migrant in one of the province in Thailand so that multiple sexual partners, early sexual activity and condom usage boomed. Because of the reference study was done as national survey and huge population, however, ever had sex group in current study is dramatically increased with the reference study because there might be poor reproductive health and family planning in migrant population.

The variable outcomes (ever had sex, multiple sexual partners and protective sex) was strongly associated with married person, middle and above education and alcohol drinking in univariate and multivariate analysis at 95% CI ($p<0.001$). But male is statistically significant compare to female in univariate analysis; but there was no statistically significant association after adjustment for the variables. For early age of first sex, among alcohol drinkers were statistically significant compare to not drinkers (P 0.027); but there was no statistically significant association (P 0.190) in multivariate analysis.

In this study, middle level of knowledge was only associated with ever had sex; and it was not agreed with the study among Myanmar migrant workers in Mahachi, Myint Thu's [4] because the researchers reported that high level of knowledge on HIV/AIDS had influenced on multiple sexual partners and using condom during non-marital sex and attained to having positive attitude. According to result of moderate level on knowledge among study population in present study, this finding difference with other study but it was also need to considering of their personal, educational and perceptional background. Moreover, the level of attitude on STI, HIV/AIDS and condom use were not associated with ever have sexual intercourse, multiple sexual partners and protective sex by using condom. It might be assumed that the attitude of individual person was not shaped on sexual behaviors.

CONCLUSION

Most of the Myanmar migrant workers were abstinence for sexual intercourse, especially in female. Those persons who were male, married, middle education and alcohol drinking were significantly ever had sexual intercourse. The socio-demographic factors did not influence on early sexual exposure; but the alcohol consumption could have affected on sexual intercourse at early age. The male, married, and middle and above education factors were significantly associated with multiple sexual partners. The alcohol drinker could have more multiple sexual partners than non-alcohol drinker. Only married persons were significantly using more condoms with their partners; and the other variables were not associated. Therefore, most of the Myanmar migrant worker at Samut Sakhon

had non-protective sex with their partners. By not using condom during sexual intercourse with partners, they would be at risk at STI, HIV/AIDS infection among migrant workers. The alcohol drinking was not associated with protective sex by using condom during sexual intercourse. It could be said that the more alcohol consumption in Myanmar migrant workers, the more chance to get un-protective sex. In the present study, the middle level of knowledge was obviously associated with ever had sexual intercourse. Therefore the higher knowledge on STI and HIV/AIDS did not influence on condom use to protect STI and HIV/AIDS infection.

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