MYANMAR MIGRANTS' ACCESS TO INFORMATION ON HIV/AIDS IN THAILAND

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Abstract

Purpose: It was estimated that 3.6 million migrants in Thailand were from Myanmar. The health communication interventions were not effectively designed for this population due to lack of information on how Myanmar migrants' access to HIV/AIDS information. The purpose of this study was to evaluate the Myanmar migrants' access to information on HIV/AIDS in Thailand.

Methods: A self-assessed structured questionnaire was administered to 386 Myanmar migrants in Thailand to obtain data on the migrants' proficiency in the Thai language, their sources of information on HIV/AIDS, the relative contribution of print and electronic media in providing them with knowledge on HIV/AIDS, their main interests in HIV/AIDS, the potential obstacles to their acquisition of public health knowledge, and their preferred sources for learning about HIV/AIDS.

Results: Myanmar workers have a poor command of the Thai language. Their primary sources of information are non-governmental organizations (NGOs), friends, and coworkers. They prefer to be informed about the prevention and transmission of HIV/AIDS in their factory and the hospital. The migrants did not understand information as it was in Thai language. We also found that 67.9% of the respondents used Facebook.

Conclusion: The language barrier was one of the main factors affecting Myanmar migrants' access to information about the prevention and treatment of HIV/AIDS. HIV/AIDS prevention and treatment strategies should be accustomed to being acceptable and understandable for Myanmar migrants. In addition, the means and technique for disseminating knowledge should be appropriated regarding preferred educational channels and language.

Keywords: Access, Health Information, HIV/AIDS, Myanmar migrants, Thailand

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Introduction

One of the main public health concerns globally is represented by Human Immunodeficiency Virus (HIV) infection, which results in Acquired Immune Deficiency Syndrome (AIDS). According to some estimations, approximately 76.1 million people have been affected by the disease up to 2017, with 36.7 million people living with AIDS in 2016 (UNAIDS, 2017). World Health Organization Executive Board, EB122/11 provisional agenda item 4.8 on the health of migrants (WHO, 2007), drew significant attention to the vulnerability of migrants and to health problems which result from failures in social integration.

In the past few decades, Thailand has significantly improved its socioeconomic status when compared to neighboring countries. This has led to an increase in immigrant workers looking for better job prospects. According to current estimates, more than 3.6 million migrants are from Myanmar working in Thailand (Foreign Workers Administration Office, 2017). This, in turn, increases the probability of the transmission of infectious diseases, including HIV/AIDS (Barnett & Walker, 2008). The Thai government has several public health education and communication programs to control HIV/AIDS for natives, but similar programs addressing the issue among migrant workers are either scarce or lacking (Bertrand, O'Reilly, Denison, Anhang, & Sweat, 2006).

Weine and Kashuba (2012) conducted a systematic review and found that labor migration was a major risk factor for HIV transmission in 97 research articles relevant to labor migration and HIV from Africa, Americas, Europe, South-East Asia and Western Pacific. The HIV risks among the migrant population were associated with several activities, including sexual activities involving limited condom usage, multiple partnering, clients of a sex worker, low HIV knowledge and lower perceived HIV risks, labor and sexual exploitation, and denial of health care, thus exposing the migrants to the risks of HIV infection.

The situation in Myanmar has only started receiving attention and according to the Myanmar National Strategic Plan for HIV and AIDS (2011-2015), curbing HIV/AIDS is the priority of the country ("Myanmar National Strategic Plan on HIV and AIDS," 2010). Taking this into account, Myanmar migrants can potentially transmit HIV to Thai population, or vice versa. This scenario has been a dilemma for the Thai government as funds to control HIV/AIDS have been diminishing (Patcharanarumol et al., 2013; Suphanchaimat et al., 2014).

Language and communication barriers of migrant access to health information have contributed immensely to the HIV/AIDS epidemic. Communication is an essential factor in the provision of effective health care services (Meuter, Gallois, Segalowitz, Ryder, & Hocking, 2015). Effective communication allows migrants to comprehend and engage in the search for

health care services. For migrants who come from a country that do not use the host country's language, the level of proficiency in the host country's language is usually a critical necessity for communication.

Purpose

The purpose of this study was to evaluate the Myanmar migrants' access to information on HIV/AIDS in Thailand.

Literature Review

HIV/AIDS in Myanmar migrants in Thailand

Press (2011) stated that Myanmar migrants in Thailand work in places that are avoided by local Thai employees; such as the plantations, sawmill, fishing, and construction. Due to the illegal immigration status of Myanmar migrants, they withstand the unconducive working environment, lower wages, and long working hours. The workers reside in over-crowded houses with poor sanitation and little or no opportunities for health care services and education about HIV/AIDS. Severe health problems that emerge from these conditions include: tuberculosis, respiratory tract infections, diarrhea, malaria, HIV/AIDS, and sexually transmitted diseases. Most Myanmar migrant workers with limited information on HIV/AIDS have witnessed family separations, and readily available sex services thereby increasing the prevalence of HIV/AIDS and sexually transmitted diseases. The research showed that Myanmar migrants experience language barriers, thereby affecting access to information on health care services. Even though they have worked and lived in Thailand for many years, the majority of workers are unable to speak Thai, impairing effective communication with healthcare providers in the nation.

Language barriers, Sources of health information, and Level of understanding

Kyu, Thu, and Van der Putten (2005) conducted research into dengue fever among Myanmar in Mae Sot, Thailand and found a significant association between duration of stay of Myanmar respondents, Thai language proficiency, and knowledge on dengue fever, that was, those who were more proficient in Thai, were more likely to get access to dengue information in Thai language.

Pengpid et al. (2016) found that migrants from Myanmar, Cambodia, and Laos, living in Thailand preferred healthcare workers, health volunteers, and television as media channels to receive TB information, and considered one-on-one communication from professionals, such as health workers, short messages and telephone as credible source. Wen et al. (2015) examined ways in which young adults in the rural area perceive the credibility and useful-ness of health information and found that the respondents also considered professional information sources as more credible and useful than non-professional information sources. When it comes to serious health

issues, they prefer an experienced person over family.

Obstacles to understanding the information received among migrants were studied by several researchers (Ko, Zúñiga, Peacher, Palomino, & Watson, 2018; Sudore et al., 2009), and they found that lack of language concordance, amount of information, credibility, accuracy, availability, clarity, and use of graphic are the most common theme. However, the understanding level can vary with communication type. A higher interactivity in communication leads to better understanding to health information.

Online social media

Social networking platforms are increasingly being utilized as part of HIV/AIDS prevention and treatment efforts especially for targeting men who have sex with men. Social networking sites give users an opportunity to receive, share and generate information through multidirectional exchanges, which exceed geographical borders and enhance anonymity. Cao et al. (2017)'s systematic review found that the interventions with social media encourage HIV testing more effectively than those without. In Myanmar, less than one-third of the local population in Myanmar has access to the internet and less than one-quarter of the populations of Myanmar are using social media in 2017 ("Digital in Southeast Asia in 2017," 2017). However, social media use in Myanmar has skyrocketed. Facebook has been enjoying an average growth of 84% each year after the block of Facebook was lifted. Now it has 14 million users. As for Thailand, it comes in first place, with 9.5 hours spent online on average, according to the Global Digital Report. Thailand also ranked fifth in the world's highest number of Facebook users, with 47 million Facebook users, representing 71% of the population, and ranked thirteenth for Instagram users, with 11 million users ("Penetration of leading social networks in Thailand as of 3rd quarter 2017," 2018; "Social Media Movement," 2016).

Methods

The study received approval from the Ethics Review Committee for Research Involving Human Research Subjects, Health Science Group, Chulalongkorn University, Thailand on 4 February 2015 (COA No.033/2015). All the respondents provided informed consent for this study.

Participants and design

This study was conducted from November 2015 through March 2016, included a representative sample of the male and female Myanmar migrants who held work permit in Thailand, aged between 20-30 years. It was estimated that the number of research population was 287,929 and consent to participate in the survey. Sample size were calculated by using Taro Yamane (1973) formula with confident interval was 0.05, the sample size was 386. The researchers used stratified random sampling

with quota based on the sample's geography, and sex.

Step 1. Thailand was divided into 5 regions; Bangkok and vicinity, Central Thailand, Northern Thailand, North Eastern Thailand, and Southern Thailand. The number of the sample in each region were adjusted to proportionate with the number of Myanmar migrant worker holding work permit.

Step 2. Equally divide the number of sample in half by their sex.

Step 3. 12 provinces where Offices of Disease Prevention and Control were located were selected. The researchers collected the data from the respondents found around the recruitment centers and migrants management offices in the selected provinces using accidental random sampling technique.

Data Collection

The researchers requested the health professionals at Offices of Disease Prevention and Control to assign Myanmar health volunteers to be data collectors. The Myanmar research assistant informed 12 Myanmar health volunteers how to collect the data in written and verbal communication. When the data collectors reached the data collecting site, he or she used the random sampling techniques to meet the target number stated in the quota. After checking for the completeness of the questionnaires, he or she returned the completed questionnaires to the health professionals at the Offices of Disease Prevention and Control who posted the questionnaire to the researchers.

Materials

A structured questionnaire was administered to find out how and where the Myanmar migrants working in Thailand receive relevant public health information on HIV/AIDS. The questionnaire was composed of seven sections:

1. The level of proficiency in the Thai language
2. The sources of information on HIV/AIDS
3. The level of understanding of the information on AIDS in the Thai language, and Myanmar language
4. The information needs regarding HIV/AIDS
5. Obstacles to understanding the information received
6. The preferred sources of Myanmar migrants for learning about HIV/AIDS
7. The online use of social media

Validity and Reliability

The researchers had the advisor and expert check the content validity of the questionnaire in Thai version and then translate the questionnaire to Myanmar, using the back-

translation technique (Brislin, 1986). Then, the researchers had the Myanmar questionnaires check for the reliability by trying out the questionnaire with 30 respondents who were like the samples. The Cronbach's alpha is at 0.72 which was acceptable (Cronbach, 1951).

Results

The level of proficiency in the Thai language

Migrants were classified according to their language proficiency in listening, speaking, reading and writing in Thai. The scale ranged from 0 to 6 (0 = Not at all, 1 = Very poor, 2 = Poor, 3 = Moderate, 4 = Good, 5 = Very good, and 6 = Like a native speaker). Table 1 findings reveal that self-assessed speaking and listening skills are the critical areas for Myanmar migrant respondents. Most of the Myanmar workers have very poor reading and writing skills, and poor in listening and speaking.

The sources of information on HIV/AIDS

Table 1: Myanmar migrants' level of proficiency in the Thai language

Skill	$\bar{x}$	SD	Interpretation
Listening	2.89	1.32	Poor
Speaking	2.87	1.33	Poor
Reading	1.21	1.25	Very Poor
Writing	1.18	1.23	Very Poor

Table 2: Myanmar migrants' sources of information on HIV/AIDS

Source	n	%
NGO_S	120	31.1
Myanmar friend	103	26.7
Myanmar co-worker	90	23.3
Public health personnel	72	18.7
Myanmar foreman	45	11.7
Thai co-worker	29	7.5
Thai friend	19	4.9
Thai foreman	14	3.6
Other (Facebook, relatives, TV)	12	3.1
Never received information	121	31.3

The level of understanding in the information on AIDS in the Thai language, and Myanmar language.

Table 3: Myanmar migrants' level of understanding of information on AIDS in the Thai language and in the Burmese language

Language	$\bar{x}$	SD	Interpretation
Thai language			
Group health education in a factory	3.00	0.97	Generally understand
Group health education in a hospital	2.92	1.06	Generally understand
Exhibition	2.82	0.98	Generally understand
Booklet	2.74	1.13	Generally understand
Messages/images on Facebook	2.65	0.92	Generally understand
Short documentaries	2.64	0.98	Generally understand
Local radio advertisement	2.64	0.95	Generally understand
Poster	2.53	1.16	Generally understand
Radio announcement in a factory	2.48	0.99	Generally understand
Brochure	2.29	1.20	Generally understand
Burmese language			
Group health education in a factory	3.55	0.60	Understand
Group health education in a hospital	3.43	0.66	Understand
Poster	3.40	0.99	Understand
Radio Announcement in a factory	3.34	0.76	Understand
Messages/images on Facebook	3.28	0.68	Understand
Local radio advertisement	3.24	0.78	Understand
Brochure	3.23	1.06	Understand
Booklet	3.22	0.88	Understand
Exhibition	3.15	0.91	Understand
Short documentaries	3.12	0.95	Understand
Others			Generally understand
Friends	2.97	0.68	Generally understand
Teachers	2.94	0.57	Generally understand
Health professionals	3.36	0.50	Understand
NGO_S	3.29	0.64	Understand

The information needs regarding HIV/AIDS

Table 4: Myanmar migrants' information needs regarding HIV/AIDS

Information needed	n	%
Prevention	153	39.6
Transmission	152	39.4
Treatment	94	24.4
Symptoms	90	23.3
Right to treatment	68	17.6

Respondents could give more than one answer.

Table 5: Migrants' obstacles to understanding the information received

Obstacle	n	%
Did not understand information as it was in Thai	214	55.4
Did not understand the medical terms used in the media	127	32.9
Information received was not what I wanted	61	15.8
Did not understand the graphs and charts used in the communication materials	51	13.2
Too little information	50	13.0
Did not understand the numerical information used in the media	41	10.6
Too much information	40	10.4
Different media gave contradictory information	24	6.2
Did not understand information even though it was in Burmese	24	6.2
Unreliable information	12	3.1
Impractical advice	8	2.1
Other (time constraints, laziness, not interested)	35	9.1

Respondents could give more than one answer.

Table 6: Myanmar migrants' preferred sources of information about HIV/AIDS

Source	n	%
Group health education in a factory	155	40.2
Messages and images on Facebook	141	36.5
Short documentaries	118	30.6
Local TV advertisement	99	25.6
Brochure	94	24.4
Booklet	87	22.5
Radio announcement in a factory	68	17.6
Group health education in a hospital	47	12.2
Poster	41	10.6
Exhibition	34	8.8
Other (health education in residential area, or on fishing boat)	20	5.2

Respondents could give more than one answer. Percentages in brackets.

Table 7: Myanmar migrants' social media use

Social media use	n	%
Type of social media		
Facebook	262	67.9
Line	103	26.7
YouTube	26	6.7
Email	13	3.4
Viber	13	3.4
Instagram	5	1.3
Other	5	1.3
Never use	91	23.6
Time spent per day		
More than 1 hour 30 minutes	154	39.9
30 minutes to 1 hour 30 minutes	87	22.5
30 minutes or less	40	10.4
Never use	91	23.6
Did not answer	14	3.6
Total	386	100.0

Respondents could give more than one answer.

The results from analyses on where migrants obtain information on HIV/AIDS are presented in Table 2. It was revealed that most the respondents received information about HIV/AIDS from Non-Governmental Organizations (NGOs) (31.1%), friends (26.7%), and coworkers (23.3%). 31.3 percent of the Myanmar migrants never received information at all.

Table 3 shows that the Myanmar migrants can generally understand when the information on AIDS was communicated in group health education in a factory, in a hospital both in Thai ($\bar{x}$ 3.00, SD 0.97) and Burmese language ($\bar{x}$3.55, SD 0.60).

Table 4 shows Myanmar migrants' information needs when trying to find out HIV/AIDS. The topics that the sample needed the most was prevention (39.6%), followed by transmission (39.4%), treatment (24.4%), symptoms (23.3%), and rights to treatment (17.6%).

Obstacles to understanding the information received

Table 5 shows Myanmar migrants face certain obstacles to learning. The top three obstacles were that they did not understand the information as it were in Thai (55.4%), they did not understand the medical terms used in the media they received (32.9%), and the information received were not what they wanted (15.8%).

The preferred sources of Myanmar migrants for learning about HIV/AIDS

Table 6 shows that Myanmar migrants preferred in getting information on HIV/AIDS in group health education in a factory (40.2%), messages and images on Facebook (36.5%), and short documentaries (30.6%).

The online social media use

Table 7 shows that the social media platform most commonly used by migrant workers is Facebook (67.4%), followed by Line (26.7%), and YouTube (6.7%). 23.6% of Myanmar migrants never use social media platforms. 39.9% of Myanmar migrants spent more than 1 hour 30 minutes a day on online social media (39.9%), followed by those using more than 30 minutes to 1 hour 30 minutes (22.5%).

Discussion

The findings from this study revealed that Myanmar migrants have limited access to HIV/AIDS information due to language barrier, and low availability of health communication targeting to this population. They could hardly understand spoken Thai or speak the language. Their proficiency in writing and reading Thai was even poorer, corresponding with the findings of research conducted 10 years ago by Kyu et al (2005) and Press (2011). The results confirm that Myanmar migrants were uncomfortable with interactions in the Thai language. Thailand is one of the few Asian countries having pride in its ethnolinguistic character. Official business

language is Thai, and migrants who are aspiring to stay in this country are expected to learn the language. However, to quickly disseminate the information on HIV/AIDS to this population, the public health professionals should consider incorporating the community engagement as Lionis et al. (2016) recommended when language and culture found to be obstacles to access to health information.

Data emanating from our study revealed that NGOs, friends, and coworkers were the current primary sources of information on HIV/AIDS for Myanmar migrants, which was quite similar to the findings of migrants in other countries in prior research (Ko et al., 2018; Pengpid et al., 2016; Wen et al., 2015). It would be beneficial if NGOs, friends, and coworkers are trained to disseminate the information to assist Thai public health professionals.

Among the five topics; prevention, transmission, symptoms, treatment, and right to treatment, only a limited number of the respondents needed to the rights to treatment, suggesting that the sample was not concerned much about the rights they are entitled to or they still do not know their HIV status. This probably was the reason for the low level of need for information about the right to treatment. The ignorance of one's rights was also found in many migrants as their priorities are to stay in the host country, however, as making sure that the HIV-infected people received early diagnose and right treatment is one of effective approach to control the spreading of the HIV epidemics. All migrants with work permit should be stimulated to aware of their right to get free diagnosis and treatment (Leiter, Suwanvanichkij, Tamm, Iacopino, & Beyrer, 2006).

Facebook was found as their preferred and most used social media platform in communicating relevant information about HIV/AIDS. Although the time spent is less than Thai users, almost half of the respondents used it. Facebook is considered one of the potential channels for HIV/AIDS communication intervention. Although Viber is popular in Myanmar, Line is three times more popular among Myanmar migrants in Thailand. These platforms could be used to search and share information about HIV/AIDS and obtain support for issues such as stigma and lack of medication. This research observed that Facebook and Line could be used to communicate information about HIV/AIDS to scattered and hard to access groups such as Myanmar migrants. It can minimize the cost of distributing information, while effectively conveying information about the prevention and treatment of HIV/AIDS as many research findings suggested (Cao et al., 2017). Thai public health professional might create a Facebook group or page and hire Myanmar speaking public health professionals or volunteers who were good at Facebook to be an admin to disseminate the information about HIV/AIDS, as well as other health risks to Myanmar migrants in the country.

Conclusion

This study observed that language barrier is the major problem affecting Myanmar migrants' access to HIV/AIDS information. To reduce the spread of HIV/AIDS in Thailand, there is an urgent need for strategies to expand existing HIV/AIDS-associated public health educational programs by involving migrant workers as language barriers hamper such initiatives. All media need to be in Myanmar languages. The Myanmar community including NGOs, friends, and coworkers, should take part in communicating HIV/AIDS risk. Proactive health education in the factories and the hospitals where some migrants work in is strategic space for Thai public health professionals to get the disease in control.

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