

Displacement and HIV: Factors Influencing Antiretroviral Therapy Use by Ethnic Shan Migrants in Northern Thailand

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Migrant populations face increased HIV vulnerabilities, including limited access to antiretroviral therapy. Civil conflict in Myanmar has displaced thousands of people from the minority Shan ethnic group into northern Thailand, where they bear a disproportionate HIV burden. To identify barriers and facilitators of antiretroviral therapy use in this population, we conducted a rapid ethnographic assessment and case study with a clinical sample of Shan migrants receiving treatment for HIV in a district hospital in Chiang Mai, Thailand, Thai nurses providing their care, and health care administrators (n = 23). Barriers included fears of arrest and deportation, communication difficulties, perceived social marginalization, limited HIV knowledge, and lack of finances. Facilitating factors included hospital-based migrant registration services and community outreach efforts involving support group mobilization, referral practices, and radio broadcasts. These findings provided a contextualized account to inform policies, community interventions, and nursing practice to increase treatment access for minority migrant groups.

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The health of the world's estimated 232 million international migrants and 740 million internal migrants continues to be one of the most salient challenges facing health care systems globally, and geographically displaced populations are at greater risk of acquiring infectious diseases, including HIV (International Organization for Migration, 2015; Joint United Nations Programme on HIV/AIDS [UNAIDS], 2015b). Migrants who are living with HIV infection in several countries across multiple regions also face vulnerabilities associated with health care inequity, including host country restrictions, economic obstacles, and other barriers limiting access to effective antiretroviral therapy (ART; UNAIDS, 2014). ART use by persons living with HIV (PLWH) is key to reducing mortality, progression to advanced HIV disease, and viral transmission to others (UNAIDS, 2012). International

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programs to scale-up access to ART have yielded increasingly positive results on a global scale, but there has been less success in migrant populations, particularly in those that are undocumented (UNAIDS, 2012). For these reasons, the Joint United Nations Programme on HIV/AIDS lists unrestricted health care access for undocumented migrants as a top priority to achieve by 2020, in order to meet its vision of ending the AIDS component of the HIV pandemic by 2030 (UNAIDS, 2015b).

With an adult HIV prevalence of 1.1%, Thailand is the only country in Southeast Asia currently exceeding 1% infection in the general population (World Health Organization [WHO], 2014). Although new HIV infections continue to decline, the pace has slowed. In 2014, there were 7,700 new infections in Thailand, reflecting a 23% reduction from 2010, compared to a 65% reduction in new infections between 2000 and 2010 (National AIDS Committee, 2015). Thailand is doing better than most of the world regarding ART coverage, including most other countries in Asia and the Pacific. Thailand and Cambodia are the only two countries in the region with more than half of PLWH currently on ART, according to limited data from UNAIDS (2015a); Thailand's coverage is estimated at 57%. This compares to 33% coverage in Southeast Asia as a whole, and only 36% globally (WHO, 2014). Regrettably, migrants in Thailand have not benefited from ART scale-up efforts to the same degree as the native Thai population. In spite of recent policy initiatives by the Ministry of Public Health to augment health care coverage for migrants, including for HIV, these populations still have limited access to HIV treatment and care (National AIDS Committee, 2015).

An estimated 3.7 million migrants are living in Thailand, the vast majority from neighboring Myanmar (also called Burma), Cambodia, and the Lao People's Democratic Republic (i.e., Laos). The largest number, approximately 2.3 million, is from Myanmar (United Nations Thematic Working Group on Migration in Thailand, 2014). The Shan people, or Tai Yai, are the second largest ethnic group both in Myanmar and among Burmese migrants in Thailand, behind the Burman ethnic group, or Bamar (Suwanvanichkij, 2008; United Nations Thematic Working Group on Migration in Thailand, 2014). In

Myanmar, the Shan historically have experienced violence and human rights abuses from eras of conflict with a militarized government, comprised principally of the dominant Burman ethnic group (Suwanvanichkij, 2008). These struggles, increasing political unrest, and economic development disparities between Myanmar and Thailand, which began intensifying in the 1980s and 1990s, stimulated a flow of mainly undocumented Shan migrants into northern Thai provinces. The 2,500 km of largely porous border between Myanmar's eastern Shan State and northern Thailand have facilitated this migration (Eberle & Holliday, 2011). Additionally, the many Shan migrants who have not been granted refugee status by the United Nations or the Government of Thailand are considered illegal undocumented laborers. This precludes their receiving shelter in the displaced persons camps along the border and the prescribed legal protections that accompany refugee classification (Suwanvanichkij, 2008).

There has been substantial HIV-related research in migrant populations in Southeast Asia overall, but a recent systematic literature review found an underrepresentation of studies in Thailand and Myanmar (Weine & Kashuba, 2012), and relatively little is known about the large number of migrant Shan living in Thailand (Grundy-Warr & Yin, 2002; Guadamuz et al., 2010; Latt, 2011; Verma, Su, Chan, & Muennig, 2011). Even in studies of migrant populations in Thailand, including those of Karen, Mon, Laotian, and Khmer ethnic groups, many have excluded the Shan or aggregated them together in Burmese or "other" categories (Ford & Chamrathirithong, 2007; Mullany, Maung, & Beyrer, 2003). The small number of studies that have included the Shan suggested that they were at increased risk of HIV infection, and that those living with HIV were largely undetected by surveillance systems in Thailand (Chantavanich et al., 2000; Verma et al., 2011). Indeed, epidemiologic data on HIV in this population are scarce. One study reported HIV prevalence in a Shan migrant sample in Chiang Mai Province at 4.9% (Srithanaviboonchai et al., 2002). This was more than twice the prevalence observed in two sentinel surveillance populations that represented the general Thai population in the same area: pregnant women (2.1%) and young male military personnel (2.3%).

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