HIV/AIDS knowledge and sexual health practices among Asian migrant farm workers in Ontario

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RYERSON UNIVERSITY

Josephine P. Wong, RN, PhD
Daphne Cockwell School of Nursing
Ryerson University
OHTN-CIHR New Investigator

Mandana Vahabi, RN, PhD
Daphne Cockwell School of Nursing,
Co- Director, Center for Global Health & Health Equity
Ryerson University

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CHANGING THE COURSE OF THE HIV PREVENTION, ENGAGEMENT AND TREATMENT CASCADE

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Research Team:

- Noulmook Sutdhibhasilp
- Maurice K. L. Poon
- Miya Narushima,
- Romyen Tangsubutra,
- Gregorgina Binhlan-Bahiwal
- Constantine Cabarios
- Eveylyn V. Encalada
- Piyarat van Koeverden
- Chris Ramsaropp

Background – Temporary Migrant Workers

- Since Canada initiated the *Low Skilled Workers Program* in 2002, the number of low-wage migrant workers has increased by four-fold.
- More than 50,000 temporary migrants work in the agricultural sector; about two-thirds work in Ontario.
- Many of the migrant farm workers (MFWs) are from Thailand and Philippines.

Background – Health Issues Among Migrant Workers

- ** community consultation – issues re: pre-migration "loan sharks."
- Post-migration: rapid health decline among due to harsh working and living conditions, and limited accessibility to health and social care.
- Little is known about their sexual health.
- Frontline service providers have identified infectious diseases, including HIV/AIDS, as pressing health concerns in this population.

Study Purposes

- To explore the HIV/STD knowledge and sexual health practices of Asian (Thai and Filipino) Migrant Farm workers (MFW) residing in Southern Ontario and Greater Toronto Area (GTA)

- To examine personal and structural determinants of HIV/STI vulnerabilities among this population and their:
  - perceived barriers in accessing relevant sexual health information and services; and
  - their sexual health information needs.

Methods

- **Design:** A cross-sectional mixed-method study design
- **Sampling:** Convenience sample of 100 adult Asians (Thai and Filipino), recruited from several sites and through snow ball technique
- **Target population:**
  - Resided in Southern Ontario and the GTA
  - Identified themselves as Thai or Filipino
  - Were age 18 years or older
  - Were able to understand and converse in Thai or English based on self-report
  - Temporarily migrated to Canada in the past 6 years (i.e.,2006-2011) - through the Low-Skilled Foreign Workers Program

Data Collection: November 2012

- Two methods:
  1) Self-completed questionnaires ***(this is the focus of this presentation)***
  2) Focus groups
- **Study instruments:**
  - ✓ Socio-demographic and clinical characteristics
  - ✓ Overall Health Status
  - ✓ Use of Health Care Services in Canada
  - ✓ Social Support
  - ✓ Sexual Health Behaviours
  - ✓ Knowledge About HIV/AIDS
  - ✓ Use and Access to Sexual Health Information and Services

Results - Socio-demographic Characteristics

AGE GROUP	
20-29	11%
30-39	46%
40-50	43%
Average Age:38	
GENDER	
Male	53%
Female	47%
Other	O%
RELATIONSHIP STATUS	
Single (never married, widowed, separated, divorced)	49%
Married/Common law	61%

LENGTH IN CANADA	
<1 year	34%
ENGLISH LITERACY	
None	6%
Limited (few words)	69%
EMPLOYMENT	
Full time	89%
AFTER TAX INCOME	
$1000 -1999/month	66%
<$1000/month	10%
TYPES OF WORK	
Harvesting/packing	51%
General work	34%
Other (e.g. welding, trading)	13%

Health-Related Characteristics of Participants

- A decline in self-reported health since arrival to Canada
  - ↑ in proportion of those rating their health as poor/fair since arrival in Canada (14% before vs. 29% after arrival in Canada)
- Approximately two thirds (66%) reported experiencing stress *most days* in their life in Canada
- 18% reported using tobacco
- 49% reported alcohol use in the past 12 months

Sexual Health Practices

- had sexual intecourse in the past – 89%
- had sexual intercourse in past 12 months - 62%
  - 55% of them had sex with one regular partner
  - 2% had sex with 3 or more regular partners, or with casual partners
- Almost one-third of participants reported having difficulty negotiating safe sex with their partners.
- method of birth control used in the last time they had sex
  - birth control pills - 60%
  - Condoms – 20%
  - diaphragm and birth control injection - 7% each
  - No method – 11%
  - Other method - 19% (including sterilization (14%) , withdrawal (5%)

HIV/STI Testing & Access to Info

- STI and HIV testing was relatively low among participants:
  - 11 participants had been tested for STI
  - 4 had been tested for HIV
  - 4 had been tested for both HIV and STI

- The majority (89%) had received information regarding HIV/AIDS or STIs in their home countries or in Canada.
- The most common sources were:
  - healthcare providers – 62%
  - Printed newspapers, magazines, educational pamphlets, and television – 47%
  - Other sources e.g., AIDS service organizations, community workshops, charity organizations

Knowledge of HIV/AIDS

- Overall baseline knowledge scores:
  - Ranged from 0–15 (out of a possible 18)
  - mean score was 9.8 (SD 2.9)
- Questions where knowledge was highest:
  - Transmission of AIDS through vaginal sex
    - A woman with AIDS can give it to a man during vaginal sex (89% correct)
    - A man with AIDS can give it to a woman during vaginal sex (88%)
  - Transmission of AIDS through sharing needles (82%)
  - Knowing that AIDS was a big problem (78%)
- Questions where there was lowest knowledge:
  - Transmission of AIDS through anal sex
    - A woman with AIDS can give it to a man during anal sex (53%)
    - A man with AIDS can give it to a woman during anal sex (57%)

Use of Sexual Health Services and Concerns Accessing These Services

- Overall, use of sexual health services was low - Only 12% of participants reported that they had ever used these services in Canada
- Problems experienced accessing sexual health services included:
  - language problems; no OHIP card; trouble using the OHIP card; transportation problems; long waiting time to receive service
- Concerns about accessing sexual health services included:
  - Language problems; transportation; not knowing where to go; OHIP concerns; taking time off work to go see doctor

Discussion & Recommendations

- Overall Asian migrant workers had low knowledge of HIV/AIDS. Half the participants only knew 9 or less of the 18 questions.
- HIV/AIDS knowledge scores were not affected by most of the socio-demographic characteristics. Low knowledge even in people with higher education indicates that having literacy does not necessarily translate to health literacy.
- Merely translating and disseminating existing English health education materials to people from minority ethnic groups is unlikely to be effective.

Discussion & Recommendations

- Designing sexual health information and education materials should take into consideration not only the *low English literacy + health literacy levels of the MFW*
- A considerable proportion of MFW could not negotiate safer sex practices with their partners and use of condom was quite low. *Provision of 'contextual' and culturally-safe interventions to empower and address HIV/STI vulnerabilities is warranted.*
- Removing structural & political barriers are critical:
  - *removal of 3 months waiting period to access health care service*,
  - provincial funding for settlement and supportive services for MFW,
  - enforcement of employment protection act for MFW,
  - systematic distribution of *culturally and linguistically appropriate* information on rights and services.

Questions/ comments