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# Healthcare across the Border: Stigmatization Experiences and Healthcare-seeking Behavior of Male Expatriates with HIV/AIDS in Thailand

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***Abstract***

*In ASEAN (Association of Southeast Asian Nations), Thailand is considered as the region's leader with regards to its effective response to the HIV/AIDS epidemic. In order to understand the epidemic, it is essential to investigate one of its significant drivers: HIV-related stigma. Hence, this research study assessed the experiences of stigma as well as the healthcare-seeking behavior of male expatriates with HIV/AIDS in Thailand.*

*A PLHIV (People Living with HIV) questionnaire was used as the survey tool in this study. The questionnaire focused on three main domains: socio demographic characteristics, health-related stigma, and disclosure and confidentiality. Health-related stigma targeted three specific forms: anticipated stigma, experienced stigma, and internalized stigma. Together with the questionnaire is a semi-structured interview which probed further the answers provided by the respondents as they were guided during data collection. The methodology of this study is descriptive qualitative and explanatory in describing the stigmatization experiences of the respondents and their healthcare-seeking behavior.*

*Findings suggest that health-related stigma is still persistent, which made the respondents avoid or delay going to a healthcare facility. Specifically, the response categories that were prominent in anticipated stigma include the feeling of not being sick enough, high cost of healthcare services, and the location of healthcare facilities being near their workplace that induces fear that they might be seen by their colleagues. Internalized stigma was also prominent as majority of the respondents felt guilty and ashamed of their HIV status resulting to their avoidance or delay in going to a healthcare facility.*

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*The results of the study can be used in the development of programs and interventions that will help reduce the three forms of health-related stigma. Moreover, there is a need for expatriates in Thailand to be oriented with the details of their health insurance in order for them to determine if HIV-related laboratory tests and procedures are included in their health insurance program. This research study also suggests the recognition of expatriates as an HIV-affected group that is in need of intervention in order that national policies can focus on their development.*

**Keywords:** Health, Migration, HIV, AIDS, Stigma, Psychology, ASEAN

## Introduction

HIV and AIDS is a health problem that has been greatly discussed and researched because of its immense global impact. The rapid spread of the disease has economic and social implications which are causes of concern globally. UNAIDS (2017) released its 2016 estimate with regards to global HIV statistics as well as regional statistics (Table 1). The key affected populations in Asia and the Pacific region include sex workers and their clients, men who have sex with men (MSM), people who inject drugs (PID), and transgender people.

**Table:** 2016 Global and Regional HIV Statistics

| | **People living with HIV** | **New HIV infections** | **AIDS-related deaths** | **People accessing Antiretroviral Therapy** |
|---|---|---|---|---|
| **Worldwide** | 36.7 million | 1.8 million | 1.0 million | 19.5 million |
| **Asia and the Pacific** | 5.1 million | 270,000 | 170,000 | 2.4 million |

ASEAN is characterized by apparent diversity in numerous aspects such as geography, economic development, religion, culture, and beliefs that ultimately affect their health systems, health structure, and health provisions. Moreover, each member country also has its own laws and policies, which determines how HIV-relates issues are dealt with. The question remains as to how regional strategies are going to be implemented on a national level despite the diversity of the member states.

In the 2016 report of UNAIDS, the organization outlined the profiles of each ASEAN-member states with regards to their respective HIV/AIDS conditions (Table 2).

**Table 2:** 2016 HIV/AIDS Snapshots in ASEAN

| ASEAN Countries | people living with HIV | new HIV infections | AIDS-related deaths | people on ARV treatment | percentage of ARV coverage | prevalence rate |
|---|---|---|---|---|---|---|
| **Brunei Darussalam** | *no data* | *no data* | *no data* | *no data* | *no data* | *no data* |
| **Cambodia** | 71,000 | <1,000 | 1,800 | 57,000 | 80% | 0.7% (2013) |
| **Indonesia** | 620,000 | 48,000 | 38,000 | 78,000 | 13% | 0.4% (2013) |
| **Lao PDR** | 11,000 | <1,000 | <500 | 4,600 | 41% | 0.3% (2016) |
| **Malaysia** | 97,000 | 5,700 | 7,000 | 36,000 | 37% | 0.4% (2016) |
| **Myanmar** | 230,000 | 11,000 | 7,800 | 130,000 | 55% | 0.8% (2016) |
| **Philippines** | 56,000 | 10,000 | <1,000 | 18,000 | 32% | 0.1% (2015) |
| **Singapore** | 2,300 | *no data* | *no data* | 2,292 | >95% | 0.15% (2014) |
| **Thailand** | 450,000 | 6,400 | 16,000 | 310,000 | 69% | 1.1% (2014) |
| **Vietnam** | 250,000 | 11,000 | 8,000 | 120,000 | 47% | 0.40% 2014) |

The National AIDS Committee (2014) in Thailand reported that the prevalence rate in the country is 1.1%. A decline in the number of newly infected persons is observed based on the date from 2000 to 2010. The reduction rate is 65% from 29,619 to 10,215. Within the same time frame, the estimated number of AIDS-related deaths sharply decreased by 63% from 55,531 to 20,670. This is an indication of the success of the antiretroviral (ARV) treatment program of the country, which health authorities expanded and rapidly scaled up. The key affected population is female sex workers, male sex workers, men who have sex with men, and transgender people.

## Migrants and HIV

As Thailand is considered a hub for investment and tourism, it also serves as a regional hub for migrants, either as a destination or a transit point to

another country. As one of the countries with the largest economies in Southeast Asia, it becomes a chain of migration among unskilled workers from its lower-income neighbors such as Cambodia, Myanmar, and Laos. Thailand also attracted professionals and skilled labor in other countries to assist in large projects and programs.

According to the United Nations Thematic Working Group on Migration in Thailand (2014), an estimate of up to four million migrants are living in Thailand. A vast majority of them are from neighboring ASEAN countries. Based from the given estimate, 3.25 million have come to Thailand for employment purposes, 127,000 are considered displaced persons, and the rest are composed of students and retirees from other countries. The National Health Security Office (NHSO) in Thailand tend to classify migrants into 1) circular migrants and tourists; and 2) foreign migrant workers in Thailand. The first classification are the target respondents in this research study. This group can be further subdivided into a) tourists; b) migrants with temporary work permits; c) transit visitors to another country; and d) people granted with temporary permission to stay in Thailand for a variety of reasons, such as for academic studies, diplomatic services, living with family members, retirees, etc. (Kantayaporn, T., and Mallik S., 2013).

**HIV-Related Stigma**

HIV-relatedstigma prohibits effective HIV/STD identification, prevention, and care (Guan, et al., 2006). It is defined by the Joint United Nations Programme on HIV/AIDS (2003) as a process of devaluation of people either living with or associated with HIV and AIDS.Stigma is followed by discrimination, and it is defined as the unfair and unjust treatment of an individual based on his or real or perceived HIV status.

HIV-related stigma and discrimination is an important issue faced by people living with HIV because it has many serious consequences, both medical and psychological. Parker and Aggleton (2003) stated that the stigma attached to the diseases reflects structural inequalities related to gender, social class, and races. In Thailand, it is estimated that 450,000 people are living with HIV/AIDS. With the influx of expatriates in the country, whether as short-staying or long-staying tourists or professionals, and the presence of government agencies and private hospitals withHIV-related services accommodating both locals and foreigners, there is a need to explore the HIV-related stigmatization experiences of this specific demographic.

This research study was designed to assess and understand the stigmatization experiences and healthcare-seeking behavior of male expatriates with HIV/AIDS in Thailand. It also aimed to acquire the general profile of the respondents.

## Methods

### *Data Collection*

Data collection in this study was done in both quantitative and qualitative research methodologies using primary and secondary data. The primary data that was collected included sociodemographic characteristics, stigmatization experiences, and healthcare-seeking behavior of male expatriates with HIV/AIDS in Thailand using a guided questionnaire, and semi-structured interview to probe further the answers provided by the respondents in the aforementioned data collection tool.Medical facilities and civil society organizations in Bangkok that offer HIV-related services were purposely selected to identify the participants of the study. Through these groups, snowball sampling technique was also used to identify more prospective participants.

Since the number of male expatriates with HIV/AIDS in Thailand are based on estimates, and that the exact number is not determined, a target sample size of 100 was set based on the resources available and time constraints, and such determination is not based on statistical calculations. After exploring various platforms and methods of obtaining data, the researcher was able to collect data from 108 male expatriates with HIV/AIDS in Thailand. Seventy-one of the respondents were interviewed face-to-face, while 37 respondents filled up the online questionnaires which were gathered from various social media platforms that were accessed by the researcher. The number of participants already allowed for meaningful exploratory insights and conclusions.

This research study utilized the PLHIV questionnaire created by Srithanaviboonchai, K., et. al (2017). The original questionnaire included 17 questions with 33 items covering five domains. However, since the focus of this study are male expatriates, the questionnaire was revised, and the items that were utilized are only those that are relevant to the target participants. Twelve questions were retained which focused on background information, health-related stigma and its three forms, and disclosure and confidentiality.

## Results

### *Socio demographic Characteristics*

Information on the socio demographic characteristics of male expatriates with HIV/AIDS in Thailand are provided in Table 3. Sixty-seven respondents (62.04%) are between the ages of 31 to 50 years old. Thirty-three (30.56%) are between 18 to 30 years old, while eight (7.41%) are 51 years old and above.

Majority (68 respondents or 62.96%) are holders of non-immigrant visas, 14 (12.96%) are holders of tourist visas, and six (5.56%) have retirement visas. The rest (20 respondents or 18.52%) did not indicate the type of visa they are holding.

All the respondents have health insurance. Out of 108 respondents, 77 (71.30%) have company-issued insurance, and 12 (11.11%) have private health insurance, which they do pay on their won. Nineteen (17.59%) stated that they have insurance in their home countries.

With regards to the length of time that the respondents are receiving healthcare services in any healthcare facility in Thailand, 73 (67.59%) have availed of healthcare services for more than one year. Twenty-three respondents (21.30%) have availed of healthcare services for less than one year, and 12 (11.11%) have availed of healthcare services for less than one month.

More than half (62 respondents or 57.41%) have known their HIV status for more than one year. Thirty-nine (36.11%) have known about their HIV status for less than one year. Lastly, sevenrespondents (6.48%) are newly-diagnosed HIV patients. They have known their HIV status for less than one month.

Almost all (104 respondents or 96.30%) are receiving ARV medications. Four respondents (3.70%) have not started taking ARV medications yet.

**Table 3:** Socio demographic Characteristics of Male Expatriates with HIV/AIDS in Thailand

| Characteristics | Total (N=108) | % |
|---|---|---|
| **Age:** | | |
| 18-30 years old | 33 | 30.56% |
| 31-50 years old | 67 | 62.04% |
| 51 years old and above | 8 | 7.41% |
| **Type of visa:** | | |
| Tourist visa | 14 | 12.96% |
| Non-Immigrant visa | 68 | 62.96% |
| Retirement visa | 6 | 5.56% |
| No answer | 20 | 18.52% |
| **Insurance:** | | |
| Private health insurance (*self-paying clients*) | 12 | 11.11% |
| Health insurance for migrant worker (*company-issued*) | 77 | 71.30% |
| Insurance from home countries | 19 | 17.59% |
| | 0 | 0 |

| | | |
|---|---|---|
| Do not have insurance | | |
| **Length of time receiving healthcare services at any healthcare facility in Thailand:** | 73<br>23<br>12 | 67.59%<br>21.30%<br>11.11% |
| More than one year | | |
| Less than one year | | |
| Less than one month | 62<br>39 | 57.41%<br>36.11% |
| **Length of time that you know your HIV status:** | 7 | 6.48% |
| More than one year | | |
| Less than one year | 104 | 96.30% |
| Less than one month | 0<br>4 | 0<br>3.70% |
| **Are you receiving ARV medications?** | | |
| Yes, currently receiving. | | |
| Used to receive but now stopped. | | |
| No, never received. | | |

## Stigmatization Experiences

In this research study, stigmatization experiences of the respondents are discussed under health-related stigma, which is further divided into three domains: anticipated stigma, experienced stigma, and internalized stigma. The division was based on the monitoring tool that was utilized for this study as well as the categories that were created in previous research studies regarding HIV-related stigma, which the author deemed suitable for this research study.

### *Anticipated Stigma*

Table 4 provides information on anticipated stigma experienced by the respondents. Anticipated stigma is defined by Earnshaw, V., et al. (2013) as a form of HIV health-related stigma that involves expectations of discrimination, stereotyping, and/or prejudice from others in the past or because of one's HIV status.

Of the 108 respondents, 46 (42.59%) avoided or intentionally delayed going to a healthcare facility, either for HIV or non-HIV related issues. On the other hand, 62 respondents (57.41%) did not avoid or delay going to a healthcare facility. Out of the 46 persons who avoided or intentionally delayed going to a healthcare facility, 38 (82.61%) of them stated that they feel that they are not sick enough, they do not want treatment, or that whatever symptoms or sickness they feel can be self-

treated by resting or through over-the-counter medications. Furthermore, the respondents stated that they experience minor illnesses such as cough, flu, or fever, which they feel do not need treatment at a healthcare facility.

Twenty-two respondents (47.83%) are confused about the coverage of their health insurance, and they feel that the cost of treatment is high. Some respondents stated thatthey have no idea whether their health insurance covers treatment for HIV, and others said that their health insurance are from their home countries and do not cover healthcare services that they are availing in Thailand. Unlike Thai citizens, the respondents are paying clients of hospitals and clinics offering HIV-related services.

Twenty respondents (43.48%) avoided going to their healthcare facility of choice because it is near their workplace, and they fear that their colleagues might see them. Other reasons of the respondents of avoiding or delaying going to a healthcare facility include: long waiting time compared to non-HIV patients (14 respondents or 30.43%), inconvenient location, lack of transportation, traffic jam (12 respondents or 26.09%), fear of disclosure of HIV status (9 respondents or 19.57%), and fear that staff might gossip about them (6 respondents or 13.04%).

None of the respondents avoided or delayed going to a healthcare facility because of reasons such as: they know someone at the facility, unfriendly services in the facility, rude treatment of healthcare facility staff because of their HIV status, the staff avoiding touching them or are using double gloves in handling them. Moreover, they do not think that their healthcare facility have untrained staff, or offers poor quality medical care and treatment.

**Table 4:** Information on Anticipated Stigma Experienced by the Respondents

| Question: **In the last 12 months, have you avoided going to or delayed going to a healthcare facility?** | | |
|---|---|---|
| | **Total (N=108)** | **%** |
| Yes | 46 | 42.59% |
| No | 62 | 57.41% |
| If YES, what was the reason why you avoided going to the healthcare facility? | **Total (N=46)** | **%** |

| | | |
|---|---|---|
| Fear of disclosure of HIV status | 9 | 19.57% |
| Know someone at the facility | 0 | 0 |
| Near workplace so colleagues might see me | 20 | 43.48% |
| Unfriendly services | 0 | 0 |
| Staff talk badly to me because of my HIV status | 0 | 0 |
| Made me wait longer than non-HIV patients | 14 | 30.43% |
| Staff avoid touching me | 0 | 0 |
| Staff using double gloves | 0 | 0 |
| Staff stare at me or gossip about me | 6 | 13.04% |
| Inconvenient; too far; no transportation | 12 | 26.09% |
| No health insurance; high cost | 22 | 47.83% |
| Poor quality medical care and treatment; don't trust staff's medical knowledge | 0 | 0 |
| Not sick enough; Do not want treatment; Can treat myself | 38 | 82.61% |

***Experienced Stigma***

Information on experienced stigma encountered by the respondents is provided in Table 5. All of the 108 respondents have been to a healthcare facility in the last 12 months. All of them did not experience being refused or denied treatment. However, 71 respondents (65.74%) reported that they were given a condition to change their behavior prior to receiving treatment. Upon further probe with regards to this matter, the respondents further explained that a nurse or doctor talked to them about the laboratory exam that they are going to take, its purpose, and the reasons why they need to take such laboratory exam. This entails explanation with regards to the patient's lifestyle, diet, and sexual behavior, among others. The World Health Organization provides guiding principles for HIV testing and counselling for all healthcare facilities worldwide. First guideline is that HIV testing should be voluntary, and everyone tested should give informed consent. This guideline involves providing pre-test information with regards to the purpose of the laboratory test or treatment. Confidentiality must be protected, and that post-test support services should be offered.

Out of 108 respondents, 52 (48.15%) stated that their medical record was not marked as being HIV positive in such a way that let other people know that they are living with HIV. There were 102 respondents (94.44%) who reported that their healthcare provider did not talk badly,

scolded, or blamed them for having HIV. Eighty-eight respondents (81.48%) said that they did not feel like they were given less attention compared to other patients. There were 98 (90.74%) respondents who stated that their health provider did not necessarily avoid touching them. Ten respondents (9.26%) were unsure of their experience with regards to this matter.

In the last 12 months, only 12 respondents (11.11%) were admitted as in-patient in a hospital. Out of those 12, all claimed that their beds were not marked as to indicate that they are HIV/AIDS patients. Ten (83.33%) of them stated that they did not necessarily stay in an area designated only for HIV positive patients. From the Emergency Department to their respective private/shared hospital rooms, there were no markings or indications that they are designated to an area exclusive for people living with HIV. Furthermore, three respondents (25%) claimed that their healthcare provider asked them to place their hospital robe in an area specifically designated for HIV positive patients, while eight respondents (66.67%) were unsure about the matter.

**Table 5:** Information on Experienced Stigma Encountered by the Respondents

| Question: **In the last 12 months, have you been to a healthcare facility?** | | | |
|---|---|---|---|
| | | **Total (N=108)** | **%** |
| Yes<br>No | | 108<br>0 | 100%<br>0 |
| **Question:** In the last 12 months, have any of the following happened to you in any healthcare facility because of your HIV status: | **Yes** | **No** | **Not Sure/ Not Relevant** |
| • Health provider refused to attend to you or you were denied treatment.<br>• You were given a condition to change your behavior prior to receiving treatment.<br>• Your record was marked as being HIV positive in a way that let people around you know you are living with HIV. | 0<br>71 (65.74%)<br>27 (25%)<br>0 | 108 (100%)<br>15 (13.89%)<br>52 (48.15%)<br>102 (94.44%) | 0<br>22 (20.37%)<br>29 (26.85%)<br>6 (5.56%) |

| | | | |
|---|---|---|---|
| • Health provider talked badly, scolded, or blamed you for having HIV.<br>• You received less care or attention than other patients.<br>• Health provider avoided touching your body. | 12 (11.11%)<br><br>0 | 88 (81.48%)<br><br>98 (90.74%) | 8 (7.41%)<br><br>10 (9.26%) |

| Question: **In the last 12 months, have you been admitted as an in-patient at a hospital?** | **Total (N=108)** | **%** |
|---|---|---|
| Yes | 12 | 11.11% |
| No | 96 | 88.89% |
| Not Sure/Not Relevant | 0 | 0 |
| • **If YES, your bedwas marked as being HIV positive in a way that let people around you know you are living with HIV.** | **Total (N=12)** | **%** |
| Yes | 0 | 0 |
| No | 12 | 100% |
| Not Sure/Not Relevant | 0 | 0 |
| • **If YES, you had to stay in an area designated only for HIV positive patients or people living with HIV.** | **Total (N=12)** | **%** |
| Yes | 0 | 0 |
| No | 10 | 83.33% |
| Not Sure/Not Relevant | 2 | 16.67% |
| • **If YES, the healthcare provider asked you to place your hospital robe in an area or basket specifically designated for HIV positive patients due to your HIV status.** | **Total (N=12)** | **%** |
| **Yes** | 3 | 25% |
| **No** | 1 | 8.33% |
| **Not Sure/Not Relevant** | 8 | 66.67% |

### *Internalized Stigma*

Information on internalized stigma experienced by the respondents is provided in Table 6. Only one question was included in the monitoring tool, but three response categories are provided as reasons why they decided not to go to a healthcare facility. All the respondents feel guilty about their HIV status. Out of 108 respondents, 47respondents (43.52%) feel ashamed of their health status. Only 24 respondents (22.22%) feel afraid that health facility staff stare or gossip about them.

**Table 6:** Information on Internalized Stigma Experienced by the Respondents

| Question: **Have you ever decided not to go to a healthcare facility because of the following?** | | |
|---|---|---|
| | **Total (N=108)** | **%** |
| Feeling ashamed of you HIV status. | 47 | 43.52% |
| Being afraid that health facility staff stare or gossip about you. | 24 | 22.22% |
| Feeling guilty about your HIV status. | 108 | 100% |

### *Disclosure and Confidentiality*

Table 7 provides information on disclosure and confidentiality that were experienced by the respondents. Out of the 108 respondents, 17 respondents (15.74%) feels secure that their HIV medical records are not disclosed other people, and two (1.85%) are certain that their records are made known to others without their consent. Majority of them (89 respondents or 82.41%) are not sure whether their healthcare provider have disclosed their HIV medical records to other people without their consent.

With regards to the confidentiality of their medical records, 67 respondents (62.04%) out of 108 are unsure as to whether their medical records are kept confidential and anonymous. Thirty-six respondents (33.33%) are certain that their medical records relating to HIV are kept confidential, while five people (4.6%) do not think so.

Table 7: Information on Disclosure and Confidentiality Experienced by the Respondents

| **Disclosure and Confidentiality** | **Yes** | **No** | **Not Sure/ Not Relevant** |
|---|---|---|---|
| • Has a healthcare provider ever disclosed your HIV status to other people without your consent? | 2 (1.85%) | 17 (15.74%) | 89 (82.41%) |
| • Do you feel that your medical records relating to your HIV status are being kept confidential? | 36 (33.33%) | 5 (4.6%) | 67 (62.04%) |

## Discussions and Conclusions

This research study has attempted to understand the stigmatization experiences of one of the key affected population of the HIV epidemic,

but not much has been written about them: male expatriates with HIV/AIDS living in Thailand. Although the data from Avert (2016) indicated that the key affected population of the HIV/AIDS epidemic in the Asia and the Pacific region are men who have sex with men, people who inject drugs, and the transgender people, and that the National AIDS Committee (2014) stated that the key affected population in the country are female sex workers, male sex workers, men who have sex with men, and the transgender people, the population of migrant workers in the country, male expatriates with HIV/AIDS in particular, should not be ignored. Moreover, according to the UN Thematic Working Group on Migration in Thailand (2014), there is an estimated four million migrants living in Thailand. Their latest available data also showed that in terms of number of entries and exits to Thailand, there remains a balance of 443,069 people in 2011, and 485,732 people in 2012.

Having migrants or expatriates as the respondents of this research study, other forms of stigma that were mentioned in previous researches but were not included in this research study are employment stigma and government stigma. The focus of the researcher was on the use of a monitoring tool that assesses the three domains of HIV-related stigma. However, it is recommended that future studies should also cover other forms of stigma aside from those that were previously discussed.

This research study also suggests policy recommendations, including the recognition of expatriates or migrants as an important group that is in need of intervention in order that national policies can focus on their development. It is likewise recommended that health policies be designed that will empower this particular demographic to access HIV-related services. Providing a healthcare environment that is accommodating and supportive for people living with HIV can provide a necessary form of respite from the challenges of stigma and discrimination. As much as antiretroviral medications are universally accessible to expatriates with HIV/AIDS, counselling services should also be made more accessible to them to minimize stigmatization experiences that may lead to delay or avoidance of treatment.

Despite various limitations, the results of this research study have some important implications for addressing HIV-related stigma, and helping people living with HIV, particularly male expatriates with HIV/AIDS in Thailand. Having a greater understanding of what contributes to HIV-related stigma might have an essential role in the development of strategies to counter its adverse consequences, particularly on the healthcare-seeking behavior of HIV-positive individuals.

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