

*Short Communication***A study of knowledge, attitude and behaviour on AIDS/STD among immigrant workers in an Indian restaurant, Selangor, Malaysia**

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Abstract

The objective of the study was to determine the level of knowledge, attitude, practice and behaviour among immigrant workers in a restaurant regarding HIV, AIDS and STD. All 36 immigrant workers with mean age 32 years in an Indian restaurant were personally interviewed with a pre-tested questionnaire. Of these, 83% were Indians and 97% had heard of AIDS. 67% said it was caused by germs but only 11% were confident that it was a virus. Thirty four percent had poor knowledge on AIDS, 89% agreed that it can spread, 91% said it can cause death and 97% said it can be prevented. All agreed that AIDS can be prevented by avoiding high risk behaviours with prostitutes, homosexuals and drug addicts. Sixty seven percent agreed that condom usage can prevent AIDS; 71% agreed there was no cure for AIDS. Eighty three percent would give up high risk behaviours if one of their closest partners had AIDS; 94% said they would not indulge in sexual relationship with their partners if they had AIDS. Seventy five percent had sexual experience before working here, 20% had multiple sexual partners, 3% indulged in homosexual activities, and 14% never used condoms. None was treated for STD. None was an intravenous drug addict and 71% would give up their indiscriminate sexual activities after knowing about AIDS.

Key words: behaviour, HIV, AIDS, STD, immigrant workers

Malaysia is going towards a rapidly industrialized country status by the year 2020. To achieve this, we have employed a large number of foreign workers from neighbouring countries. Among them are Indonesians, Indians, Bangladeshis, Myanmarese, Sri Lankans and others. A crude estimate shows that there are nearly 2 million immigrant workers in our country. Besides those recruited legally there are large numbers of illegal immigrant workers.

In 1994, of the total number of cases treated for tuberculosis (TB), malaria and leprosy, 10.5%, 35.5% and 12.6% respectively were migrants. We are seeing a resurgence of many communicable diseases because of the increase in migrant workers, and one out of 1,000 Bangladeshi workers in Malaysia is a HIV carrier (Hamid, 1996).

In Myanmar, an explosive increase in HIV seropositivity from 17% in 1989 to 59% and 71% in 1990 and 1991 respectively, was documented among intravenous drug addicts (IVDs). In addition, STD rates increased from 1.9% in 1990 to 15.9% in 1991 and from 8% to 15.9% among female prostitutes during the same period. About 150,000 persons are currently

estimated to have been infected with HIV in Myanmar.

Risk behaviours, which promote the spread of HIV, such as injecting drugs of abuse, male patronage of prostitutes, high rates of STD and low condom usage, are present in all countries. As heterosexual contact is the predominant mode of HIV transmission in the region, and because rates of STD are high and there is considerable unprotected sexual activities, continued transmission of HIV in the general population appears inevitable. Predictions about AIDS tend to be unrealistic, but the current estimates of more than 1.5 million HIV infections in South East Asia is nearly 12% of the global total, while the proportion of reported AIDS cases in less than 1%. Furthermore WHO estimates that while the annual number of HIV infections will peak in Africa by 1995, infections in Asia will continue to increase well into the early next century. The annual number of HIV infections by the year 2000 would far exceed that seen in Sub-Saharan Africa. Given the mean progression time for initial HIV infection to develop into AIDS, now estimated to be 10 years, it can be concluded that AIDS cases in the region will continue to increase well into the next century, and

close to two million cumulative cases of AIDS will occur by the year 2000 (WHO, 1994).

As of 30 June 1993, the WHO estimated the number of HIV infections to be < 20,000 in Bangladesh and Indonesia with AIDS cases being 1 and 31 respectively. The estimated HIV (AIDS) infections were 1,000,000 (336) for India, 150,000 (47) for Myanmar and 450,000 (1,569) for Thailand.

Statistics released by the Ministry of Health, Malaysia show that, till 30 June 1996, there were 533 foreigners infected with HIV, this being 3.2% of the total national figure; 23 foreigners died of AIDS, this being 5.1% of the total number of AIDS death during the same period (New Straits Times, 26 July 1996). In Perak State, till 21 November 1995, there were 19 foreigners infected with HIV (Perak Health Department, 1996).

The general objective of the study was to determine the level of knowledge, attitude, practice and behaviour among immigrants working in a restaurant regarding HIV/AIDS and STDs. Specific objectives were: (a) to determine awareness, knowledge and misconceptions of AIDS and STDs among the immigrant restaurant workers, (b) to describe their attitudes and beliefs regarding AIDS and STDs, (c) to describe sexual behaviour patterns among target groups, specifically high risk behaviour and practices adopted for AIDS prevention, (d) to determine awareness, knowledge and usage of condoms, (e) to ascertain media influence on the respondents, and (f) to identify social, economical, demographic and cultural profiles of the respondents.

An Indian restaurant which is familiar to the author with a large number of immigrants was identified. All the workers were individually interviewed by the author. This was done from evening till late night. Answers given by the respondents were filled in a printed pre-tested questionnaire. The questionnaire was pre-tested among a similar group of immigrant workers and locals in the canteen of the University of Malaya Medical Faculty. Staff of Social and Preventive Medicine (SPM), Department of University Malaya assisted in modifying certain questions and terms used. The interview lasted for one week in the month of February 1994. Names were not asked at all by the author and the respondents were reassured that all information obtained would be kept highly confidential and that no punitive measures would be taken by their management if they had indulged in high risk behaviour previously.

A total of 39 workers initially participated but 3 refused to co-operate fully with the author and were excluded from the study. The youngest was 20 years of age and the eldest 70 years old. The mean age was 32 years, and 34 were males and 2 females. There were 2 female Indonesians and 34 males (30 Indians, 2 Indonesians, and 2 Sri Lankans); 26 were Hindus, 8 Muslims, 1 Buddhist and 1 did not believe in any religion.

Seventeen (47.22%) had attended secondary school, 3 completed tertiary education, and 4 (11.11%) did not attend school. Twenty one (58.33%) were married and 15 (41.66%) were single. The duration of stay in Malaysia varied from 2 months to 72 months, with a mean of 24.58 months. The duration of working in this particular restaurant varied from 5 days to 5 years.

Thirty five (97.2%) had heard of AIDS; 1% heard it from the radio, 75% from the television and 69% read about it in the newspapers. The duration of knowledge about the disease varied from 6 months to 10 years; 67% of them said that germs caused AIDS but only 11% knew that a virus caused it. Five said that AIDS could be transmitted if one indulges in excess sex with someone. Eleven questions were asked regarding transmission of AIDS. Only 3 scored more than 90 marks, 10 (28%) had good knowledge, and 34% had poor knowledge on transmission of AIDS. A majority believed AIDS can be transmitted by indiscriminate sexual intercourse (97%), through sharing of needles for intravenous injection (75%), from mother to foetus through the placenta and during delivery (75%), through skin contact with AIDS patients (47%), through mosquitoes bites (74%), through HIV contaminated blood transfusion (91%), and through blood donation (83%). While 51% said that AIDS cannot be spread through foods prepared by AIDS patients, 58% maintained that HIV can spread by sharing towels of AIDS patients, and 74% said it could spread by kissing an AIDS patient. 69% said that AIDS can spread by sharing plates and glass with an AIDS patient. 94% said AIDS is a serious disease; 91% said AIDS can cause death, and 97% said that AIDS can be prevented. On ways of preventing AIDS, all of them (100%) said that AIDS can be prevented by avoiding sexual intercourse with high risk groups like prostitute, homosexual and drug addicts; 94% said that AIDS could be prevented by not sharing needles with drug addicts. Only 67% agreed that AIDS can be

prevented by using condom during sex, and 71% said that AIDS cannot be cured.

Of those interviewed, 83% said that they will stop high risk activities like visiting prostitutes, indulging in IVDU and homosexual activities if one of their friends gets AIDS through this means. Although 94% will not indulge in sex with their partner if they know they have AIDS, 94% said they will use condom during sex with their partners, if they have AIDS.

75% had experienced sexual intercourse before coming to work in the restaurant, while 17% only started this after working there. Only 3 persons agreed that they had sexual relationship with prostitutes, and 1 person admitted to homosexual activities. 20% of the respondents had multiple sexual partners previously. Only 14% said that they used condoms during sexual intercourse. None of them had taken any form of treatment for any sexually transmitted diseases (STD) previously. None were addicted to intravenous drugs previously. Nearly three quarters of those who practiced indiscriminate sexual activities previously were willing to give up their activities now after being aware of HIV and AIDS.

There are some limitations of the study. The findings cannot be used to indicate the level of knowledge, attitude and behaviour of all immigrants in this country because the respondents here are legal immigrants under close supervision of the management and they are mostly from one country. The sample size (36) is too small for any accurate results; future studies of this nature should include a larger number of immigrants from different countries. As all legal immigrants are required to undergo mandatory medical examinations, future studies to evaluate knowledge, attitude and behaviour of AIDS/STD should be carried out in detention centres where there is a mix of illegal and other immigrants.

Biases might have occurred since the immigrants were interviewed individually. In order to get more truthful response future studies could be done where the respondent fills the questionnaire himself.

This study was carried out in early 1994 when health education on HIV/AIDS was less intense compared to the present day. Therefore the results may not represent the current situation.

Although this is a small study, it shows that there is a lack of awareness on the spread of AIDS and HIV. There is some degree of high-risk behaviour among the immigrants interviewed. The results from this study indicate the need to carry out a similar study on a larger number of legal and illegal immigrants. It is recommended that all immigrants who come here for employment should undergo compulsory medical examination. Health education and counselling must be easily available to them. Routine medical examination at intervals could be done; whether it is cost effective is debatable, but health education and good rapport with the immigrants will be very useful.

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