

Ecological Study of Socioeconomic, Demographic and Health Behavioral Related Factors of HIV/AIDS Incidence in Kanchanaburi Province: Analysis at District Level

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Abstract

Although, HIV/AIDS is now treatable disease but it is still a big problem of the country. The epidemic started from Men who have Sex with Men (MSM), sex workers, Injection Drug Users and currently to housewives and youth. This study is targeted in Kanchanaburi province, of which its number of AIDS patients and People of Living with HIV/AIDS (PLWHAs) ranked 30th and 31st respectively for the national level in 2000. According to local officers, Kanchanaburi is considered to have high migration rate with foreign migrants, which is one of vulnerable factors to HIV/AIDS infection. Therefore, the ecological study of socioeconomic, demographic, and health behavioral related factors of HIV/AIDS incidence in Kanchanaburi province: analysis at district level was conducted. This is an epidemiological method used when individual data is not available.

According to past researches, most studies were conducted at individual level of which most researches indicated that age, sex, income, migration, occupation, race, nationality, condom use direct and indirectly contribute to HIV infection but some researches indicated in the opposite ways.

Regarding data analysis, it was found that the more households using foreign languages (mostly Burmese), the higher HIV cases found. (p -value < 0.05). Other factors are not statistically significant when used Pearson's Correlation Coefficient for analysis. While, scatter plot which is one of the epidemiological research tools was used and found that age 15-24, education more than 12 years, labor occupation, service occupation, migration factors have positive relationship with HIV incidence rate while age 25-34, education less than or equivalent to 12 years, agricultural occupation, unemployment rate aged 15-60 years, alcohol consumption factors have negative relationship with HIV incidence rate except condom use among married women. However, in-depth interviews with key informants indicated that most people living with HIV/AIDS have low income, low education, middle age and agricultural occupation. Most of them are living in rural areas, which is on

the contrary with quantitative results. Explanations from local authorities revealed that most people in the rural areas do not have access to HIV testing.

This study is to generate hypothesis at district level, which disregard statistic significance. Extensive study at individual level should be conducted to examine authentic factors of HIV infection in Kanchanaburi province, while HIV testing and HIV campaign services should be accessible to more people. The development of HIV surveillance system for HIV prevalence and incidence should be implemented so that the information could be used to assess risk factors and for policy planning to prevent HIV/AIDS transmission at provincial level effectively.