

LIFESTYLE OF THAI UNDERGRADUATE STUDENTS LIVING WITH HIV/AIDS

Puangtong Inchai¹, Sommai Jamkrajang, Ph.D², & Sriwan Yodnil Ph.D³

Assoc.Prof. Department of Educational and Social Development,

Faculty of Education, Burapha University,

Chonburi, Thailand

[1puangtong@buu.ac.th](mailto:puangtong@buu.ac.th)

[2sommai@buu.ac.th](mailto:sommai@buu.ac.th)

[3sriwan@buu.ac.th](mailto:sriwan@buu.ac.th)

Abstract The research aimed to study the lifestyle of Thai undergraduate students living with HIV/AIDS, particularly their behavioral patterns before contracting the HIV agent, after being diagnosed and at the present stage of their condition. We use a phenomenological technique to gather data from 19 volunteer students who were attending private and governmental universities and who had been diagnosed as having HIV/AIDS. Data were collected by in-depth interviews, on which a content analysis was performed. The results demonstrated that students' lifestyle could be categorized into three periods of study:

Before contracting the HIV agent, they were not raised by their parents but by close family relatives. They had their first sexual experience as early as at 13 years of age; hence, condoms were not used with their sex partner because of intimacy and trust. Moreover, they had at least two and more than 100 sex partners. They acceded to voluntary counseling for HIV blood testing, because of the opportunity disease's manifestation. After being diagnosed, most mentally had no suicidal ideas, due to they received moral support from their family, lover and close friends, who had witnessed and accepted with their condition. Access to treatment, 17 cases took antiretroviral (ARV) drugs with starting drugs taking the lowest age at nine year old, but two cases did not take ARV, only practicing, self-health care. At the present time, they improved lifestyle, general health behavior, and sexual behavior, feeling of healthier and had positive relationships, especially with close family members and friends. Their future expectations were to achieving a graduate diploma with further on self-development, family and social responsibility. They intended to succeed in their studies and to have employment to secure their own future, and voluntarily assisting social development.

Index Terms—: undergraduate student/youth/Human immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS)/People Who Living with HIV/AIDS (PLWHA))

I. INTRODUCTION

II. The global HIV epidemic was about 41% of the HIV new cases with the age between 15 – 24 years old.^[1] HIV/AIDS has still spread in Thailand for over 3 decades after we found the first case in 1984, even though the government tried to promote care and prevention projects to decrease mortality and new

cases infection. In 2011, the Thai Department of Disease Control (DDC) reported the mortality reduced from over 100,000 cases in 2001 to 98,721 cases. However, they estimated 1,138,020 cumulative cases, which had 10,853 new cases (30 cases per day) in 2010.^[2] Most risk factors was sexual transmitted behavior (83.98%) and there increased an infected youth during last 5 years, due to global changing health believe, culture, value and technology.^[3] According to the data from the HIV sentinel surveillance system (HSS) and surveys among key affected population and the general population suggested continuing spread of HIV with respect to ongoing risk behaviors, population structural change, etc. The Bureau of Epidemiology work with the Thailand and the Thai Working Group on HIV/AIDS Projections (2010), the A2 Thailand, and the Thailand Ministry of Public health-United states of America CDC Collaboration operated the Projection for HIV/AIDS in Thailand 2010 -2030 entitled AIDS Epidemic Model (AEM) for HIV projection among adult 15+ years old and the Spectrum for HIV projection among children lesser than 15 years old.^[4] The sexual transmitted infection prevalence rate was 100 % increasing, from the year 2005 to 2010.^[5] It needs to emphasized that the number of new infections for each year in this projection based on the assumption that risk behaviors and STI rates remain constant from 2010 onwards, called "baseline scenario". If risk behaviors or STI rates change by any means, the number of new infections will increase or decrease.^[4] The best way to prevent infection is condom use, while the research study related to health behavior of Thai undergraduate students founded that the sexual behavior risk were due to low rate of condom use, unstable to condom use, and the attitude related to sexual behavior.^[6] Thai youth study on sexual beliefs and patterns among Thai adolescents and youths in educational institutions showed that belief on sexual relations among adolescents and youths of every educational level were similar. The common beliefs were that it is common for them to have sex with lovers (66.2%) or other acquaintance (48.6%) although they, already have had boys/girlfriends. Only 29.9% of men and 35.2% of women had used a condom at their first sexual intercourse.^[7] The undergraduate students, between the end of youth and early adult stage, left their home to stay

independently in private or the university dormitory, so that they feel free to choose their lifestyles including sex partner, they are educationally the valued human capital. According to the bases of the country development, disease suffering limited human development. The national cumulative prevalence occupation sector since 1984 to 2011 in Thailand obtained that were 4,845 cases or 0.32 % of all undergraduate students were infected.^[1] In the past there was no study in the undergraduate student population on Thai lifestyle.^[8] So, we need the study of behavioral pattern before contracting agent, after being diagnosed and at the present stage. The benefits of this study provide an effective method for the youth, family members, educators, health providers and policy makers, to understand, find an appropriate and effective prevention behavior.

MAIN TEXT

III. METHODOLOGY

We studied life style of Thai undergraduate students living with HIV/ AIDS in relation to behavioral pattern at before contracting agent, after being diagnosed and at the present stage. Phenomenological technique was used to gather information from the participants as follow;

1. We enrolled 19 participants were diagnosed as PLWHA by anti HIV positive test and HIV/AIDS classification guidelines^[9, 10], age between 20 to 24 years, and enrolled at private and governmentally the higher education institutes during 2011 to 2013.
2. We gathered only the undergraduate students who were diagnosed as HIV/ AIDS without the opportunity diseases.
3. The study approved by two Etic Committees (EC) (Considered by the two ethic committees approved at Burapha University on December, 4, 2012 and the tertiary hospital at the eastern region on February, 15, 2013). We informed the participants and asked them to sign the consent forms.
4. We used unstructured interviewing questionnaire which base on basic counseling skill of Motivation Interviewing (MI) model, such as Opened-ended question, Affirmation, Reflection and Summary (OARS) techniques^[11] with approved content validity by the 5 expertise (health staffs, counseling psychologist, and education staffs).
5. We collected the data by In-depth interview then we performed data triangulation saturation and content analysis.^[12]

IV. RESULT

The results showed that 16 participants were homosexual and three participants were mother to child

transmission (MTCT) of HIV groups. The lifestyles of both groups according to three periods of study presented in Table 1 and 2.

Table 1 Lifestyle of Thai undergraduate students in the homosexual group during three periods (n=16)

Lifestyle issue	Before contracting the agent	After being diagnosed	The present
General life (families, friends, studying)	They were raised by grandparents or baby sister, consequently, they had unevenly relationship with fathers. High determination to studying, had more than 10 friends.	They were physically and mentally supported by their family who raised them up and their close friends who accepted them.	They independently focused on their study, family's member and close friends. Their learning performance was unchanged.
Health behavior	They were not serious about health awareness, focusing on eating, drinking and smoking whenever went out for party with friends, and no daily exercise.	They more intention to healthier lifestyle, such as time for meal, healthy food, exercise regularity. Stopped or reduced drinking and smoking.	They focus on health as the first priority, so keep strong by eating healthy food, exercise and taking medicine regularity.
Sexual behavior	They were interested in male, had the first sexual intercourse with the lover at least 13 years old, finding partners through internet, partners amount 2 to over 100 persons, under aware of HIV/AIDS by no condom	They realized that everyone is unsafe, therefore need condom use all partners, reduced partner to 1 to 3, and without any rousing substance before sex.	They told their partners about having HIV infected before they comes to be the lover, kept continuing relationship only the one who accepted them, then willing to terminate the relationship for the person who expressed disgusting.

Lifestyle issue	Before contracting the agent	After being diagnosed	The present
	use with their lovers because of love & trust. Some cases drank or rousing substance used before had sex.		
Self-health care and healing	They did not have self-health care and most of their time spent with family, study and friends. Their grandparents encouraged them whenever they had any problems or frustration. Moreover, the study and love issues were helped by their friends.	Some participants responded to shocking bad news after HIV posttest counseling by having suicide idea but they changed their mind after encouraged from their families and return to making more discipline such as eating healthy and additional supplementary food, regular exercise, and taking an anti-retroviral (ARV) drug.	They did regularly attend to caring their health especially they thought an ARV drug as a part of their life.
Life goal	They mostly had clear future prospective, such as become the governmental official, banker, steward and journalist etc.	Future planning and life goal were changed. They were better care themselves to maintain their health until graduation.	They needed only graduation, thereafter, looked after their families and voluntary social participation.

they did not changed their educational performance. In relation to health behavior, before contracting the agent, they were not seriously aware on their health and they keeping on eating, drinking, smoking when went out with their friends. After being diagnosed, they paid more attention to their health, such as, strict meal time, taking healthy food, regular exercise, stopped or reduced drinking and smoking habit and regularly taking ARV drugs. At the present time, their first priority was focusing on their continuing practices the same as after being diagnosed. Concerning sexual behavior, they had sexual relationship with male with no condom use, and some cases drank and took rousing substances before contracting the agent. After being diagnosed, they had regularly condom use and without substances. At the present time, they have relationship only with the ones who accepted their condition. Regarding self-health care and healing, before contacting the agent, they had normal life as the general youths. Thereafter, some cases responded to unfavorable shocking information by expressed their suicidal idea, however, they changed this feeling after being encouraged from their families and close partners and return to normal life, at the present, and care on their health, especially, regular taking ARV drugs. Relating to life goal, before contacting the agent, they had normal expectation of the future but they changed the perspective after being to more attend their health until graduation. After graduation they intend to look after the families and join voluntary social activities.

Table 2 Lifestyle of Thai undergraduate student who MTCT of HIV group during three periods (n=3)

Lifestyle issue	Before contracting the agent	After being diagnosed	The present
General life (family, friend, study)	Most their parents passed away then they were having been raised as well by grandparents or relatives, selectively had friend, high discipline on study.	They had deeply relationship with both physical and mental supports by their family.	They have normal lifestyle with the relative and friends. There is no one disclose to others except the family members. Learning performance was unchanged
Health behavior	They had frequent illness, and got proper medical care.	More take care themselves, such as strict time for meal, eat healthy food, and regular exercise.	They focus on health as the first priority in their life, so keep strong by eating healthy food, exercise and taking medicine

For homosexual group, in term of general life, according to being raised by grandparents and baby sister; before contracting the agent, they had an uneven relationship with their fathers. After being diagnosed they fully had physical and mental support from their parents and close friends, then, they independently focused on families and close friends, as well as,

Lifestyle issue	Before contracting the agent	After being diagnosed	The present
		They also drank alcohol sometime.	regularity.
Sexual behavior	None	They were interested in opposite sex, had first sexual relationship of the lowest age at 16 years. They realized about bad effects of unsafe sex. Two participants have experienced a safe sex with condom use and one participant never had sex.	They realized about bad effects of unsafe sex, perceiving about condom use since early adolescence by health staffs and families.
Self-health care and healing	Proper medical care by family members and health staffs.	Learning to self-health care from family members and health staffs. They did not have a suicide idea.	They did regularly attend to caring their health especially they thought an ARV drug as a part of their life.
Life goal	There expected to not sick.	They planned the study field to proper the future work. There expected to healthy and were better care themselves to maintain their health until graduation.	They needed only graduation, thereafter, looked after their families and voluntary social participation.

For MTCT of HIV group, as early as childhood period, they had suffered from frequent illnesses, until being receiving ARV drugs at the age of nine-year old. Life style were the same as homosexual group, but most of them were

well raised by grandparents. This group had fully physical and mental supports since newborn. After being known they contacting HIV/AIDS, they were conditionally accepted their faith Gamma (Buddhist Belief), led them more careful on their health and sexual behavior.

V. DISCUSSION

According to the findings, it found that both groups mostly raised by grandparents, so that they had more deeply relationship resulted from the attachment and security feeling, which were not only well caring when they were young but also the continuing encouragement from grandparents.^[13] In relation to condom use, the homosexual group did not use with their lover, because of trust and love.^[14] The other studies found that non condom use were related to their own feeling more than level of education and depended on personal decision.^[15, 16, 17] In the opposite, MTCT of HIV group, from our findings, who already suffered from the diseases used condom to prevent spreading of HIV to the others, duo to their awareness of disease effects. All cases had perception of healthier after improved their lifestyle.^[18, 19] In this study, both group had their targets to achieving graduate diploma that to secure their employment and families, additionally, voluntarily participating and assisting in social development.

VI. CONCLUSIONS

In conclusion, both groups of the students unconditionally accepted their conditions without blaming others due to their belief in Buddhists practices. Youth, student, family, institution and agencies involved should encourage self-prevention, and having normal living with PLWHA.

VII. ACKNOWLEDGMENT

We would like to gratefully acknowledge the valuable comments and assistance of the unstructured interviewing guidelines expertise, the advisory committee from the Faculty of Education, Burapha University Hospital, Faculty of Medicine, Burapha University and HIV clinic service team from Banpho hospital, and Prapokkklao hospital. Most especially we would like to express our thanks to all participants who kindly and willingly participated in the research project. Finally, the authors offer the research outcomes to everybody who involved in and encouraged this study in order to facilitating better health and quality of life in PLWHA.

REFERENCES

- [1] Department of Disease Control, Ministry of Public Health, Thailand, "AIDS situation in Thailand" Retrieved from. <http://www.aidsthai.org>, November 2010.
- [2] Bureau of Epidemiology Department of Disease Control, Ministry of Public Health, Thailand, "Annual Report 2553," Nonthaburi, 2010.
- [3] Bureau of Epidemiology Department of Disease Control, Ministry of Public Health, Thailand, "AIDS situation in Thailand" Retrieved from <http://www.aidsthai.org/th/uploads/content/download/506bdee9cb546.pdf>, November 2013.
- [4] Family Health International (FHI) and Bureau of AIDS, TB and STIs, Department of Disease Control, Ministry of Public Health, "AIDS Epidemic Model Projection for HIV/AIDS in Thailand 2005 -2025," Bangkok 2008.
- [5] Thailand Working Group on HIV/AIDS Projection, "AIDS Epidemic Model Projection for HIV/AIDS in Thailand 2010 -2030: summary report," Bangkok 2014.
- [6] S. Trumikaborworn, "Health Behavior of Thai Higher Education Student: Literature Review," Journal of Nursing Science and Health, vol. 27(2), pp.53-64, 2004.
- [7] A. Prasartwanakit, P. Songwathana, B. Phetcharat, "Sexual beliefs and patterns among Thai adolescents and youths in educational institutions in Songkhla Province," Songkla Med J, vol. 27(5), pp. 369-380, 2009.
- [8] Thai National research council. Research plan in Education 2010-2019," IconPrinting. Bangkok, 2010.
- [9] J. G. Bartlett, J.E. Gallant, "Medical Management of HIV Infection (2004 Edition)," Baltimore: Johns Hopkins Medicine Health Publishing Business Group 2004.
- [10] P. Clayden, "2011 Pipeline report: HIV point of care diagnostics pipeline," New York: Treatment Action Group, 2011.
- [11] W. R Miller, S. Rollnick, "Motivation Interviewing" 2010. Retrieved from <http://www.motivationalinterview.org/Documents/1%20A%20MI%20Definition%20Principles%20&%20Approach%20V4%20012911.pdf>
- [12] J. W. Creswell, "Research design: Qualitative, Quantitative, and Mixed Methods Approaches. (3rd ed.)," California: Sage Publications, 2009.
- [13] S. Adsakul, "Introduction to Sociology," Bangkok, Chulalongkorn University Press, 2012.
- [14] N. Wongpanarak, J. Sirivattanamatanon, "Perception of Homosexuality in Adolescent Males," Journal of Nursing and Health Care, vol. 30(3), pp. 42-49, 2012.
- [15] T. F. Getnet, "Self-report Sexual experiences, sexual conduct and safer-sex practices of ethiopian undergraduate male and female students in the context of HIV/AIDS pandemic," A dissertation submitted for the degree of Doctor of Philosophy, the State University of New York at Buffalo, 2009.
- [16] T. Viphatphumiprathes, "Meanings of sexual health among university students," Journal of Social Work, vol. 16(2), pp. 63-76, 2008.
- [17] E. Matica-Tyndale, Y.E. Tenkorang, "A multi-level model of condom use among male and female upper primary school students in Nyanza, Kenya," *Social Science & medicine*, vol. 71, pp. 616 - 625, 2010.
- [18] R. Kitiyanusan, "Promoting Self – directed Learning of Student Teachers: Reflection Through Action Research," Journal of Education and Social Development vol. 5(1-2), pp. 145-166, 2009.
- [19] D.B. Friedman, N.K. Allen, "System Theory: Theory & practice in Clinical Social Work (2nd)," Michigan: SAGE Publication, 2011.