

Food security, viral suppression and depression among migrant workers living with HIV in Chiang Mai, Thailand

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Migrants in Chiang Mai (no relation to HIV) — © MAP Foundation, Chiang Mai

Food insecurity is associated with depression and viremia among migrants living with HIV in Thailand

Results

- High prevalence [48.7%] of food insecurity and severe food insecurity [14.2%] among migrant workers in northern Thailand
- High adherence to ART [97%] and high viral suppression [94%]
- Food insecurity was associated with higher odds of not being virally suppressed [OR = 6.18, CI 1.64–23.24] and with depressive symptoms [OR = 4.81, CI = 1.02–22.73] compared to migrants with HIV who had enough food to eat.

Conclusion

Despite significant poverty and stigma against migrants workers with HIV, they were highly adherent to ART and virally suppressed. However, food insecurity increase the risk of viremia and is a barrier to reach UNAIDS' 4th 90 goal of mental well-being.

Introduction

Migrants generally face higher risks of HIV infection and food insecurity (*a scale scoring uncertain food access, frequent hunger, food-related anxiety).

Less is known about any links between food insecurity sexual behaviors, antiretroviral therapy (ART) adherence, mental wellbeing and quality of life among people living with HIV.

Aim

To investigate if food insecurity is associated with viral suppression, adherence to ART, and mental wellbeing among a vulnerable and largely neglected population of migrants from Myanmar, residing in Thailand.



Chiang Mai Province in Thailand (blue) borders the poor Shan state of Myanmar (brown). Migrants from Shan are 4-9 x more likely to have HIV than the Thai population in Chiang Mai.

Method

New interview data were combined with routine laboratory data from 316 migrant workers at 11 ART centers in Chiang Mai, Thailand 2018.

The Household Food Insecurity Access Scale (HFAIS III), was used to identify food-related anxiety; quality of food; and insufficient intake alongside physical consequences. Depressive symptoms were assessed using the PHQ-9 scale.

Multivariate logistic regression was used to calculate odds ratios (OR) and 95% confidence intervals (CI) adjusting for sex, age, cohabitation status, religion, ethnicity, education, employment, work permits, perceived and real income, and adherence to ART.

Prevalence of food insecurity* in Myanmar migrant workers living with HIV in Thailand

Severely insecure	Moderately insecure	Mildly insecure	Secure
45 (14%)	68 (21%)	42 (14%)	154 (49%)

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