Thai Language Skill and HIV Counseling among Hilltribe People: A Hospital-Based Study in Chiang Rai

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Abstract

Twenty-nine hilltribe individuals from 6 different ethnic groups were among a group of 70 patients included in an investigation of interactions between HIV-1 virus infection and common tropical illnesses. Approximately half of the hilltribe subjects (14/29) required the aid of an interpreter for HIV counseling because they could neither speak nor understand the Thai language. The 5 HIV seropositive hilltribe individuals were younger than their seronegative counterparts (26 *vs* 37 years respectively; $p<0.05$) and had less need of an interpreter (0% *vs* 58% respectively; $p<0.05$). Inability to speak and understand Thai limits the access of some ethnic minority subjects to HIV counseling, testing and education.

Key word : AIDS, HIV Counseling, Hilltribe, Thailand

Chiang Rai province is home to a number of ethnic peoples, commonly referred to as "hill-tribes". This heterogeneous mix of cultures is at the epicenter of an AIDS epidemic which has been particularly explosive in Northern Thailand[1]. In Chiang Rai province, there were about 13,000 AIDS patients with opportunistic infections and 3,300 AIDS deaths between June 1988 and August 1998[2]. During previous studies on infectious diseases at Chiang Rai Regional Hospital, 40-50 per cent of adult patients have been non-Thai (unpublished data). Previous reports[1,3] have focused on HIV at the village level. Here we present information about the impact of language on HIV counselling of hilltribe patients seeking medical care at a tertiary care referral center.

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PATIENTS AND METHOD

Patients

Information was obtained from adult inpatients and outpatients at Chiang Rai Regional Hospital. Thai and hilltribe subjects were evaluated as part of an ongoing investigation of interactions between HIV-1 infection and common tropical illnesses. Pre and post-test HIV counseling were performed by specially trained nurses after written, informed consent had been obtained. Antibody to HIV-1 was detected by latex particle agglutination (Capillus^R HIV-1/HIV-2, Cambridge Diagnostics, Galway, Ireland) and by gelatin particle agglutination (Serodia^R-HIV, Fujirebio Inc., Tokyo, Japan). Confirmatory testing was done by Western blot (Novapath^R HIV-1 Immunoblot, Bio-Rad, Hercules, California, USA). All HIV-1 diagnostic tests were interpreted as per manufacturer's instructions.

Language skills

Two fulltime hilltribe language interpreters were employed during the study to communicate with hilltribe patients of the following ethnic groups: Yao, Lahu, Akha, Lisu, Chinese Hoo and Kamu. The help of hilltribe language interpreters was enlisted when the Thai language ability of an individual patient was judged by nurses to be insufficient to permit HIV counselling.

RESULTS

Patients

There were 29 hilltribe subjects among the 70 patients (41%) enrolled in the HIV interaction project during the 6 month study period. The majority of hilltribe patients were women (69%) while the majority of Thais were men (80%). Five of the 29 (17%) hilltribe patients and 12 of the 41 (29%) Thais were found to be infected with the HIV-1 virus. Both hilltribe and Thai HIV seropositive individuals were younger (median 26 and 31 years, respectively) than were HIV seronegative hilltribe and Thai patients (median 37 and 41 years, respectively; $p<0.05$ Mann-Whitney U test for both groups). The 5 HIV seropositive hilltribe patients included 3 Lahu, 1 Akha and 1 Chinese Hoo (Table 1).

Language skills

Ethnic groups differed markedly in their ability to communicate in Thai. Three of the 9 Yao patients could write their name in Thai and 7 could understand it but only 1 of 9 Akha patients could understand Thai and none could write their name. Fourteen of the 24 HIV seronegative (58%) but none of the 5 HIV seropositive hilltribe subjects required an interpreter for HIV counseling (Table 1). The 14 individuals who required an interpreter neither spoke nor understood the Thai language; the other 15 patients spoke and understood Thai.

DISCUSSION

The intent of this investigation was to gather hospital-based data about the impact of language difficulties on the provision of HIV counseling and testing to hilltribe individuals. HIV counseling was offered to patients after obtaining written, informed consent either because an AIDS-associated illness or risk factor was present. Forty-one per cent (29/70) of febrile patients at a tertiary care referral center were from ethnic minority groups. About half (48%) of the hilltribe subjects required the aid of an interpreter to receive HIV counseling because they could neither speak nor

Table 1. Characteristics of ethnic minority patients.

	HIV seropositive		HIV seronegative	
Ethnic group	Male/Female	Counseling in Thai (Yes/No)	Male/Female	Counseling in Thai (Yes/No)
Yao	0/0	0/0	3/6	7/2
Lahu	1/2	3/0	2/1	2/1
Lisu	0/0	0/0	0/3	0/3
Akha	1/0	1/0	1/7	0/8
Kamu	0/0	0/0	1/0	1/0
Chinese Hoo	0/1	1/0	0/0	0/0
Total	2/3	5/0	7/17	10/14

understand the Thai language. All 5 HIV seropositive subjects could understand and speak Thai well compared to only 10 of 24 seronegative individuals ($p<0.05$; 2 sided Fisher exact test). This apparent difference in Thai language ability could merely reflect an increased likelihood that the seropositive subjects had worked outside their local community[3] or could be related to our small sample size. A detailed evaluation of HIV risk factors was beyond the scope of this study. Yao villagers in one previous study were found to have a high HIV seroprevalence rate,[3] whereas all 9 of our Yao patients were seronegative. The Yao are known for participation of their women in the sex industry[4].

Counseling will be required in conjunction with the HIV testing that is being offered nationally to prevent vertical transmission. The ability to communicate effectively is a prerequisite for HIV counseling and education. Many hilltribe subjects and their families would not have received HIV education or testing during their hospital visit had translators not been present. Our finding that 41 per cent of patients were hilltribe and approximately half of them could not speak or understand Thai is consistent with previous information from Chiang Rai Regional Hospital. However, the Thai language skills of different ethnic minorities vary, the proportion of hilltribe patients differs from hospital to hospital, and the ability of HIV counselors to communicate in languages other than Thai also varies. A decision about whether or not to provide interpreters for non-Thai speaking patients can only be made after a local cost-benefit analysis.

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ทักษะการใช้ภาษาไทยและการให้คำแนะนำปรึกษาการตรวจหาเอ็ชไอวีในชาวเขาที่โรงพยาบาลเชียงรายประชานุเคราะห์

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ได้ทำการศึกษาความสัมพันธ์ระหว่างการติดเชื้อไวรัสเอ็ชไอวี-1 กับโรคเขตร้อน ในผู้ป่วยจำนวน 70 ราย พบผู้ป่วยชาวเขาจำนวน 29 ราย ซึ่งจำแนกได้เป็น 6 กลุ่ม ผู้ป่วยชาวเขาจำนวนเกือบครึ่งหนึ่ง (14/29) ต้องการความช่วยเหลือจากล่ามในการให้คำปรึกษาการตรวจหาเอ็ชไอวีในเลือด เนื่องจากผู้ป่วยชาวเขาไม่สามารถพูดและเข้าใจภาษาไทยได้ ผู้ป่วยชาวเขาที่ติดเชื้อไวรัสเอ็ชไอวีในกระแสเลือดจำนวน 5 ราย มีอายุเฉลี่ยน้อยกว่าผู้ป่วยชาวเขาที่ไม่ติดเชื้อ (26 และ 37 ปี, ความน่าเชื่อถือ $p < 0.05$) และมีความต้องการล่ามในการสื่อสารภาษาไทยน้อยกว่า (0% และ 58%, ความน่าเชื่อถือ $p < 0.05$) การพูดภาษาไทยไม่ได้ และไม่เข้าใจภาษาไทย เป็นอุปสรรคต่อการให้ความรู้ การทดสอบ และการให้คำปรึกษาการตรวจหาเชื้อไวรัสเอ็ชไอวีในกระแสเลือดของผู้ป่วยชาวเขาบางราย

คำสำคัญ : เอดส์, การให้คำแนะนำปรึกษาการตรวจหาเอ็ชไอวี, ชาวเขา, ประเทศไทย

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