

Predictors of Alcohol use among Male Young Migrant Workers in Thailand

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Abstract

The illicit use of alcohol especially among the young is a rising concern for healthcare professionals. A more recent issue is the increasing alcohol use among more vulnerable groups such as young migrant workers. In addition to age-related alcohol risk, young migrant workers face additional stressors including leaving their families, adjusting to new cultures, and limited access to health, education and social services. In an effort to prevent the worsening of this phenomenon, this cross-sectional study was aimed at investigating the prevalence, risk levels, and predictors of alcohol use among male

Myanmar young migrant workers in Samut Sakhon, Thailand. A sample of 230 legally-documented male young migrant workers aged 18-24 years old were given structured questionnaires back-translated from English to Burmese on socio-demographic characteristics, acculturative stress, depressive symptoms, self-esteem, and alcohol use. That data were analyzed using descriptive statistics, t-test and binary logistic regression. The results of the study showed that the respondents had a mean age of 22 years old. Around 51.74 % were never married and 52.61% were from the Mon ethnicity. Out of 230 respondents, 86% reported drinking in Thailand and among those who drank, 82.8% were classified as low risk for alcohol-related problems. Predictors of alcohol use were length of stay, history of drinking in Myanmar, acculturative stress, and self-esteem. Findings from this study may provide nurses and other healthcare professionals further knowledge on the health status of young migrant workers and may also contribute to creating health promotion and illness prevention programs.

Keywords: Alcohol Use / Acculturative Stress / Depressive Symptoms / Self-Esteem / Young Migrant Workers

1. Introduction

Alcohol, being a gateway to other illicit drugs such as tobacco and marijuana is considered to be the drug of choice among youth. Alcohol use is the third major contributor to health risks, disabilities, and death. Compared to adults, the monthly heavy episodic drinking worldwide is found to be more prevalent among young people aged 15-19 years as per World Health Organization (WHO) report (World Health Organization, 2018). More recently, alcohol intake has been increasing rapidly among the migrant worker population such as those in Southeast Asia (Martins-Fonteyn, et al., 2016). The primary migration hub in this region is Thailand with migrant workers coming from neighboring countries such as Cambodia, Laos, and Myanmar. The latter

of which has the highest number of migrant worker populations in this country and mainly employed in seafood processing industries, factories, and construction companies.

When it comes to the rate of alcohol use, Myanmar is one of the countries with the lowest recorded alcohol use disorders (1.9%) and alcohol dependence (0.7%) in the Southeast Asian Region, and also has one of the lowest alcohol use rates among adolescents (0.6-1.6%) globally (World Health Organization, 2018). Interestingly, despite the low alcohol use records of the young nationals in Myanmar, different findings were found among those who have moved to Thailand as migrant workers. Several independent studies involving Myanmar young migrant workers in Thailand have shown high rates of alcohol use ranging from 25.4% to 80.7% (Aung & Perngporn, 2014; Gaitan, Shwe, Bajcevic, & Gagnon, 2019; Racial, et al., 2020). Among alcohol drinkers, the majority were the young and were males. The young male migrant workers group, particularly those employed as fishermen and working in the seafood processing industry, poses a higher risk of developing alcohol use-related problems later in life which can have both short-term and long-term consequences to both foreign and local nationals in Thailand (Paratthakonkun, et al., 2020).

Currently, the national and local government units of Thailand aims to reduce alcohol consumption and mitigate the consequences of alcohol drinking—traffic accidents, HIV/AIDS, suicide, and depression among others—in the migrant worker population, particularly among the young group (United Nations Thematic Working Group on Migration in Thailand, 2019). To date, it is inconclusive as to which factors predict alcohol use. Among several factors identified in previous studies, particularly in studies involving African and Latino migrants and International young students in the United States of America and Europe, few modifiable variables have consistently appeared to be associated with alcohol use among young migrants. These were acculturative stress (Verissimo, Grella, Amaro, & Gee, 2014; Unger, Schwartz, Huh, Soto, & Baezconde-Garbanati, 2014), depressive symptoms (Britto, et al., 2016), and

self-esteem (Uba, Yaacob, Abu, Mofrad, & Abdullah, 2013). However, among the Myanmar young migrant groups in Thailand, these factors have yet to be studied and understood further. Considering all this information, this study considered it essential to investigate the prevalence, risk levels, and potential predictors of alcohol use among male Myanmar young migrant workers in one of the regions in Thailand with the highest concentration of Myanmar migrant workers.

2. Research objectives

To investigate the prevalence, risk levels, and predictive ability of selected variables (length of stay, history of drinking in Myanmar, family history of alcohol abuse, self-esteem, acculturative stress, and depressive symptoms) on the likelihood of alcohol use among male young Myanmar migrant workers in Thailand.

3. Review of literature

Among young migrant workers, selected socio-demographic variables (gender, history of alcohol use, family history of alcohol use, and length of stay) and certain modifiable factors such as acculturative stress, self-esteem, and depressive symptoms were found to be associated with alcohol use in this subpopulation.

In certain studies, males were found to be more likely engaged in alcohol drinking than females. Males report more alcohol use than their female peers and being a female is even predictive of lower risk of alcohol drinking and developing later alcohol use disorders (Verissimo, Grella, Amaro, & Gee, 2014; Unger, Schwartz, Huh, Soto, & Baezconde-Garbanati, 2014; Racal, et al., 2020; Aung & Perngparn, 2014; Gaitan, Shwe, Bajcevic, & Gagnon, 2019). As such, the findings in these studies led the researcher to focus on and further investigate the rates and factors influencing alcohol use among male young migrant workers.

3.1 History of alcohol use

Age of initiation is also one of the factors that predict susceptibility to alcohol drinking and that early initiation of alcohol use (e.g. before 15 years old) was associated with a fourfold increase in the probability of subsequently developing alcohol dependence (Marshall, 2014; Lee C., 2013; Cheadle & Whitbeck, 2011). Marshall (2014) proposed the importance of identifying early emergency of alcohol use since problems can persist into adulthood and can be associated with alcohol-related problems such as diminished work capacity.

3.2 Length of stay

The length of stay of migrants in the host country has been found to predict the extent of alcohol use among immigrants. The longer the stay, the higher is their risk for later alcohol use disorders (Agić, et al., 2015; Cai, 2015; Soe, Hongsranagon, & Havanond, 2012; Racal, et al., 2020). In a study exploring the relationship between alcohol consumption and acculturation in a sample of 91 Chinese International university students in the Midwestern part of the United States indicated that current drinkers stayed longer in the U.S. than current non-drinkers. The same results were found for previous and current drinking quantity (Cai, 2015). Furthermore, recent research conducted among young migrant workers in a coastal province in Thailand showed that those who have stayed for more than five years in the host country were 1.82 times more likely to drink alcohol than those who have stayed less than 3 years (Racal, et al., 2020).

3.3 Family history of alcohol abuse

Male children of alcoholics are four to nine times more likely to develop alcoholism, and female children of alcoholics are two to three times more likely than are children without such family history. Not only is family history related to the genetic make-up of the individual, but it is also associated with neurobiological phenotypes. Neuroimaging studies showed that family history positive respondents have different brain structures (amygdala, hippocampal, basal ganglia, and cerebellar volume) compared to family history negative persons. The imaging studies results found altered inhibitory control and working memory-related brain response in family history-positive individuals which increases one's vulnerability to developing alcohol use disorders (Cservenka, 2016).

Alcoholism is a disease of the family. Not only because of the genetic component but also because of the drinking problems of one member affect all other members of the family. More recent research findings among migrant youth have consistently supported that family history is a risk factor for alcohol misuse (Bujarski, Lau, Lee, & Ray, 2015; Ríos-Bedoya & Freile-Salinas, 2014). A study of 97 Asian American young adults in the U.S. by Bujarski and colleagues (2015) revealed that family history-positive respondents reported greater alcohol use than family-history negative respondents. While in a research on a subsample of 18-24-year-old Hispanic whites and non-whites in the U.S, family history was a significant predictor for the annual incidence of alcohol use disorders (Ríos-Bedoya & Freile-Salinas, 2014).

3.4 Self-esteem

Self-esteem has been found to have varying influences on alcohol use. First, as a predictor of the likelihood and extent of alcohol use, second, as a protective factor against substance use and alcohol use when linked to certain internalizing problems

such as depressive symptoms, and third as a mediator between another variable (e.g. parenting style) (Uba, Yaacob, Abu, Mofrad, & Abdullah, 2013; Ames, Rawana, Gentile, & Morgan, 2013). Findings from a study by Uba and Colleagues (2013) on 347 Hispanic adolescents from two middle schools in western Michigan showed that self-esteem was negatively correlated to the likelihood and extent of alcohol use, and also emerged as the most consistent predictor of likelihood and extent of substance use, including the likelihood of alcohol use ($OR = .84, p < .05$) and extent of alcohol use (*Incidence Rate Ratio* = .90, $p < .05$). In certain studies (Bartsch, King, Vidourek, & Merianos, 2017; Racal, et al., 2020), self-esteem was not a predictor of alcohol use. For instance, in both-gender research conducted by Racal and colleagues (2020), self-esteem did not predict alcohol use among young Myanmar migrant workers in Thailand.

3.5 Acculturative Stress

Acculturative stress is one of the factors associated with increased alcohol drinking in youth migrants (Unger, Schwartz, Huh, Soto, & Baezconde-Garbanati, 2014; Verissimo, Grella, Amaro, & Gee, 2014; Lee C., 2013; Park, Anastas, Shibusawa, & Nguyen, 2014; Oshri, et al., 2014; Racal, et al., 2020). Acculturative stress includes stressors from the adjustment to a new cultural paradigm resulting from a new lifestyle, language, customs, social rules, and laws. Specifically, the stress results from the struggle in reconciling the host culture and the culture of origin. In a study by Lee and colleagues (2013), investigating the relationship between acculturative stress and alcohol problems among 58 Hispanic, bilingual adolescents, acculturative stress (measured using the Caetano Acculturative Stress Scale with reversed scoring) was positively correlated with drinking problems at baseline ($r = .49, p < .001$). It was also predictive of subsequent alcohol problems ($R^2 = 0.19, F(1,46) = 13.27, p < .01$). Similarly, in a study on acculturation and acculturative stress among Asian immigrants

in New York (Park, Anastas, Shibusawa, & Nguyen, 2014), general acculturative stress was associated with alcohol use in Vietnamese immigrants ($\beta= 0.06, p <.01$).

3.6 Depressive symptoms

Depression is a risk factor for alcohol use. Studies have shown that among the youth migrant population there is a significant positive association between depressive symptoms and alcohol drinking (Clark, 2014; Mulia & Zemore, 2015; Britto, et al., 2016). Specifically, depressive symptoms link the migration stress experiences such as cultural stress and perceived discrimination to alcohol use. For instance, a study by Mulia and Zemore (2015) examined whether populations differed in their vulnerability to the effects of social adversity (measured in terms of racial bias and unfair treatment) on psychological stress, and the effects of psychological stress on alcohol problems among 4,080 drinkers aged 18 years and above. Results showed significant pathways between social adversity—racial stigma and unfair treatment—and alcohol dependence through depressive symptoms and heavy drinking. Similarly, a study examining the structural relationship of perceived discrimination and depressive symptoms involving 1,910 18-35-year-old African Americans and African Carribeans, showed that depressive symptoms partially mediated the relationship between perceived discrimination and lifetime alcohol use while fully meditating this relationship for recent alcohol use (Clark, 2014).

4. Methodology

4.1 Research Design

The study utilized a descriptive, cross-sectional design to address the objectives of the study.

4.2 Setting and Sample

Samut Sakhon, a coastal province in Thailand, was chosen as the data collection site in this study because it is a key destination for migrant workers in Thailand, particularly from Myanmar. Male migrant workers meeting the following inclusion criteria participated in the study: 1) 18-24 years old, 2) born in Myanmar, and 3) legally working in Thailand with a valid work permit. Using the Probability Proportion to Size (PPS) sampling method, 10 migrant communities were randomly selected from 40 migrant communities of different sizes in 18 sub-districts in Samut Sakhon. Accessibility, availability of young migrants, and safety were considered in the final list of migrant communities. Since there is no readily available official list of Myanmar young migrant workers in the selected areas, it is difficult to perform a random selection of respondents. To address this issue and to ensure the culturally-sensitive recruitment of respondents, the snowball method was used for this study. Finally, 230 male young migrant workers from Myanmar were interviewed face-to-face.

4.3 Instruments

In this study, the researchers used self-administered questionnaires translated from English to Burmese and then back-translated to English by a panel of experts. Members of the research team were present during data collection to clarify content, ensure a common understanding of items, and further answer questions. This was done to avoid misunderstanding regarding the meaning of the items since the Burmese written language is not the same as the verbal language. For those who could not read Burmese, respondents were interviewed instead of the principal researcher and research assistant(s). The reliability of each scale was tested with 30 Myanmar young migrant workers who had similar sampling criteria. The following instruments were used.

4.3.1 Demographics and Background Information

The demographic form was used to collect personal information, including age, marital status, ethnicity, educational background, age at arrival, length of stay in Thailand in years, occupation, history of drinking in Myanmar, and family history of alcohol abuse. Questions about alcohol consumption were also included.

4.3.2 Acculturative Stress (AS) Scale

Acculturative stress was measured using a 30-item Acculturative Stress Scale modified and scrutinized by a panel of experts to fit the context of young migrant workers in Thailand. Six items were adapted from the Everyday Discrimination Scale (Williams D., Yu, Jackson, & Anderson, 1997) and five items from the Social, Attitudinal, Familial, and Environmental (SAFE) scale (Mena, Padilla, & Maldonado, 1987). Other items were constructed based on previous studies about the most commonly identified acculturative stressors among migrants in general, and as experienced by Myanmar migrant workers in Thailand (Kesornsri, Siththimongkol, & Hegadoren, 2014). The resultant six-point Likert-type scale consists of six subscales [Perceived discrimination (6 items); Culture, Food, Language (3 items); Financial stress (3 items); Migration-related stress (5 items); Occupation-related stress (5 items); Family and social stress (8 items). Choices ranged from 0= *I have not experienced the event at all* to 5= *extremely stressful*. Higher scores indicated higher levels of acculturative stress. After the content validation process, it has a scale-content validity index of 0.86. In the present study, Cronbach's alpha was 0.89.

4.3.3 The Center for Epidemiologic Studies Depression (CES-D) Scale

The severity of depressive symptoms was measured using the Center for

Epidemiologic Studies Depression (CES-D) scale (Radloff, 1977). This instrument is a 20-item, four-point rating scale ranging from 0= *rarely or none of the time* to 3= *most or all of the time*. Total scores range from 0 to 60, with higher scores indicating greater depressive symptoms. A cut-off score of 16 was used to identify those at risk for clinical depression. This instrument has been used in international studies on alcohol drinking among young migrants and the reliability across different populations ranged from 0.77 to 0.94 (Clark, 2014; Mulia & Zeng, 2015). In the present study, CES-D had an acceptable reliability coefficient alpha of 0.70.

4.3.4 Rosenberg Self-Esteem (RSE) Scale

Self-esteem was measured using the Rosenberg Self-Esteem Scale (Rosenberg, 1965). This instrument is a 10-item, four-point Likert scale ranging from 1= *strongly agree* to 4= *strongly disagree*. The total possible score of this scale can range from 10 to 40. The higher the score, the higher the self-esteem. Total scores were categorized into three levels: low self-esteem (0-14 scores), normal self-esteem (15-25 scores), and high self-esteem (26-30 scores). Reliability for the Thai version in a previous study was 0.85 (Piyavhatkul N. , et al., 2011) and its test-retest correlations ranged from 0.82 to 0.88 (Noom & Vergara, 2014). In the present study, Cronbach's alpha for this questionnaire was 0.80.

4.3.5 Alcohol Use Disorders Identification Test (AUDIT)

Alcohol drinking in Myanmar young migrant workers was measured by whether the respondent drank alcohol within the past year in Thailand or not, using the 10-item Alcohol Use Disorders Identification Test (AUDIT), previously developed by the World Health Organization (Babor, Higgins-Biddle, Saunders, & Monteiro, 2001). A score on the AUDIT is further categorized into three risk levels: 0-7 = low risk, 8-15 =

hazardous drinking; 16-19 = harmful drinking, 20 and above = alcohol dependence. Cronbach's alpha for AUDIT in the present study was 0.85.

5. Data Collection

Upon receiving ethical approval (No. P.31/2018), the primary researcher coordinated with a local Non-Government Organization (NGO) for migrant workers in Samut Sakhon. As a foreigner in Thailand who cannot communicate in Thai or Burmese (the national language of Myanmar), the researcher worked with four research assistants who were also migrant workers with good command of Burmese and English languages. They were experienced when it comes to field data collection, were also more familiar and connected with the respondents in the community, and were trained about basic counseling. These research assistants were trained by the primary researcher regarding the objectives of the study and data collection procedures, the details of the questionnaires and potential problems during interview such as emotional distress in respondents. The researcher also went with the research assistants in order to provide assistance during data collection (August 2018-January 2019). Signed informed consents were secured from persons who were willing to participate in the study.

5.1 Data Analysis

Demographic characteristics of the sample, frequencies and risk levels of alcohol use were analyzed using descriptive statistics. T-test was used to identify any significant differences in the levels of acculturative stress, depressive symptoms, and self-esteem between the drinking and non-drinking groups. While binary logistic regression analysis was then performed to identify the potential predictors (socio-demographic variables, acculturative stress, depressive symptoms, and self-esteem) of

alcohol use .The Statistical Package for Social Science)SPSS (for Windows version 23.0 was used for data analysis.

6. Results

Socio-demographic Characteristics of the Respondents

The target respondents of the study were male migrants from Myanmar within the age group of 18 to 24 years and legally working in Thailand. A sample size of 230 young migrants from ten randomly selected migrant communities participated in the study. The socio-demographic characteristics of the respondents showed that the migrant workers had a mean age of 22 years old. Around 51.74% were never married and 52.61% were from the Mon ethnicity. Less than half of the respondents finished either elementary (33.48 %) or secondary (44.78%) education. Their average age at first arrival in Thailand was 18 years old and close to half have stayed for less than 3 years (43%). Around 69 percent were employed in the seafood processing industry. The majority (78%) did not have a history of drinking in Myanmar nor a family history of alcohol abuse (86%).

Table 1 showed the number of respondents who consumed and not consume alcohol within the past year in Thailand. Those who reported drinking were further classified based on the level of risk according to AUDIT cut-off scores. Out of 230 respondents, 86.09 % reported drinking in Thailand and 13.91% did not. Among those who drank, majority or 82.8 % were classified as low risk or those with low risk for problems caused by drinking alcohol, 16.7 % under hazardous drinking or those with increased risk of harmful consequences for the user or others, and one respondent was considered as possibly alcohol dependent or as someone who needed a referral to a specialist for further evaluation and possible treatment for alcohol dependence.

Table 1: Frequency and Percentage of Alcohol Use and Risk Levels among Respondents (N=230)

Alcohol Use and Risk Levels	Frequency	Percentage
Do not drink alcohol in Thailand	32	13.91
Drinks alcohol in Thailand	198	86.09
AUDIT classification (n=198)		
Low risk (0-7)	164	82.8
Hazardous drinking (8-15)	33	16.7
Harmful drinking (16-19)		
Alcohol dependence (20-40)	1	0.5

As to the levels of acculturative stress, depressive symptoms, and self-esteem. The young male migrant workers showed a very low mean of total acculturative stress ($M=28.64$, $SD=16.6$) while the majority (86.5%) did not have depressive symptoms. Most of the respondents (95.7%) had normal levels of self-esteem. There was a significant difference in the level of acculturative stress between the drinking and non-drinking group with the drinking group having higher mean acculturative stress ($t(228) = -2.043$, $p = .049$). No significant differences in depressive symptoms and self-esteem were found in both groups.

Binary logistic regression was conducted to examine the influence of selected socio-demographic variables including length of stay in Thailand, history of drinking in Myanmar, and family history of alcohol abuse, and selected study variables including acculturative stress, depressive symptoms, and self-esteem on the alcohol drinking of young male migrant workers.

Before this test, a correlation matrix was established to examine multicollinearity among variables. The absence of multicollinearity ($r > .80$) among variables is an

important assumption of regression analysis (Garson, 2012). In this study, this assumption was met.

Table 2: Predictors of Alcohol Use among Young Male Migrant Workers from Myanmar (N=230)

Variable	B	SE	OR	95% CI	p
Length of stay					
Less than 3 years *					
3 to 5 years	-.294	.46	.745	[.31,1.81]	.515
More than 5 years	-2.23	.85	.107	[.02,.57]	.008
History of drinking in Myanmar (yes)	-2.80	1.05	.061	[.008,.47]	.007
Family history of alcohol abuse (yes)	.53	.58	1.69	[.55,5.23]	.362
Acculturative stress	.032	.01	1.032	[1.004, 1.06]	.022
Depressive symptoms	.104	.06	1.109	[.98, 1.26]	.103
Self-esteem	.197	.09	1.217	[1.03, 1.44]	.024
-2 Log likelihood	149.59				
Cox & Snell R square	.261				

*Reference group

As shown in table Table 2, four variables were significantly related to the likelihood of drinking alcohol. These variables were the length of stay, history of drinking in Myanmar, acculturative stress, and self-esteem. Those who have stayed in Thailand for more than 5 years were .107 times more likely to drink alcohol compared to those who stayed less than 3 years (OR = .107, 95% CI:.02-.57, p =.008).

Having a history of alcohol drinking in Myanmar also increased the chances of drinking alcohol. Migrants who have a history of drinking in Myanmar were .061 times more likely to drink alcohol than migrants who did not drink before migrating to Thailand (OR= .061, 95% CI: .008-.47, $p = .007$). Acculturative stress also predicted alcohol use. Every unit of increase in acculturative stress levels increases the likelihood of drinking alcohol by 1.032 times (OR= 1.032, 95% CI: 1.004 – 1.06, $p = .022$).

Another study variable that was found to be a significant predictor of alcohol drinking was self-esteem. Every unit increase in self-esteem increases the chances of drinking by 1.217% (OR= 1.217, CI: 1.03-1.44, $p = .024$). Family history of alcohol use and depressive symptoms did not predict alcohol use among the respondents.

7. Discussion

Findings showed that 86% ($n = 198$) of the total respondents ever drank alcohol within the past year in Thailand (Table 1). When further classified according to the AUDIT questionnaire categories, 82.8% of the respondents were under the low-risk category followed by 16.7% and 0.5% for hazardous, and alcohol-dependent categories, respectively. These results were in line with previous findings conducted among male Myanmar migrant workers in Thailand (Gaitan, Shwe, Bajcevic, & Gagnon, 2019; Soe, Hongsranagon, & Havanond, 2012). Although these studies did not focus only on youth migrants, rates were consistently high in this young age group.

It is comforting to note for health professionals that the over-all levels of acculturative stress and depressive symptoms were low and self-esteem normal. These results reflect that the male young migrant workers were able to adapt to the challenges and stresses of settling in the host country. The possible explanation may be due to the personal characteristics of the respondents in this study such as being in good health, being legally employed, earning enough income, and being able to live with their communities. Living with their respective ethnic groups provided them a more

favorable environmental condition and social support amidst adjusting to the host country as migrant workers. Also, since Thailand and Myanmar are neighboring countries in mainland Southeast Asia, they have similar cultures, climate, sources of food, and religion. The majority of Thai and Burmese are Buddhists. These individual characteristics and environments could have helped influence their appraisal of the events as not stressful.

On the predictors of alcohol use among male young migrant workers, findings supported existing literature. Four out of six variables predicted within the year alcohol use among the respondents. Specifically, those who have lived for more than five years, with a history of drinking in Myanmar, and with increased levels of acculturative stress and self-esteem were more likely to drink alcohol.

Consistent with previous studies, the longer the stay of young migrants in the host country, the more likely they are to drink alcohol (Agic, et al., 2015; Cai, 2015; Soe, Hongsranagon, & Havanond, 2012; Racal, et al., 2020). This could be by the following reasons: longer stays in Thailand may be associated with increased financial ability and stability to afford the cost of alcohol. Moreover, the longer length of stay may increase peer associations both with fellow Myanmar nationals and local Thais, thereby increasing alcohol drinking as a form of peer bonding. Increased length of stay may have also provided confidence that they are free from possible migration-related consequences such as deportation. Considering that Myanmar has a dominantly non-drinking culture, it is likely possible that this culture dissipates over time as they stay longer in Thailand where alcohol drinking is more acceptable.

The finding that a history of drinking in Myanmar is a significant predictor of alcohol use in this group reflects the probability that these migrants have started drinking at an earlier age, which is prior to their migration to Thailand. There have been studies supporting that early initiation of drinking may lead to developing alcohol-related disorders later in life (Marshall, 2014).

Another significant variable predicting alcohol use is acculturative stress. This finding is consistent with previous studies involving the Black and Latino populations in the United States (Cheadle & Whitbeck, 2011; Oshri, et al., 2014; Unger, Schwartz, Huh, Soto, & Baezconde-Garbanati, 2014). However, this result is not consistent with both gender study on Myanmar migrant young workers from the same province in Thailand (Racal, et al., 2020). Since Racal and colleagues' (2020) study involved both genders, there could be differences in the acculturative stress levels and coping responses between male and female young migrant workers. It is possible that males prefer alcohol drinking as a form of bonding with peers and may also be more inclined to drink alcohol in response to stressful events (National Institute on Alcohol Abuse and Alcoholism, 2020).

Interestingly, self-esteem was found to be a significant predictor of alcohol use among young male migrant workers. This finding did not support previous studies (Bartsch, King, Vidourek, & Merianos, 2017; Racal, et al., 2020) that involved both male and female migrant workers. It can be inferred that perhaps there are gender differences when it comes to the influence of self-esteem on alcohol use. This sense of self-esteem among male young migrant workers perhaps enabled them to engage in peer-bonding activities that involve alcohol drinking.

8. Conclusion and Recommendations

Over-all, the study presented that majority of the male young Myanmar migrant workers working at a coastal province in Thailand were low-risk alcohol drinkers. Mental health indicators such as acculturative stress, depressive symptoms, and self-esteem were at ideal levels. Young migrant workers who were more likely to engage in low-risk drinking, were those who have stayed longer in Thailand, those with a history of drinking prior to working in the host country, those with increased acculturative stress levels, and normal levels of self-esteem.

It is recommended that similar studies be conducted in different areas of Thailand and involve young migrant respondents from other nationalities and different nature of work, and from both genders. Furthermore, it is recommended that qualitative studies such as ethnography be conducted to provide additional culture-related information that may contribute to a better understanding of the migrant workers' experiences and of the phenomenon behind the rates and levels of alcohol use, acculturative stress, depressive symptoms, and self-esteem. Finally, it would be interesting to conduct a similar study among non-documented young migrant workers in Thailand since they could be in a potentially different environmental context than legally-documented young workers.

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