

## Citizenship, statelessness, and structural vulnerability to HIV

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While the majority of the world's population claims citizenship in at least one nation-state, millions of people worldwide are stateless. We use an unprecedented survey of households on the Thailand-Myanmar border to investigate the connection between citizenship status and accurate HIV knowledge acquisition. This region comprises the diverse highland minority population, many of whom lack citizenship and experience high HIV prevalence (up to 5-8%). We hypothesize that parent citizenship status positively affects adults' acquisition of accurate HIV knowledge partially through their elevated education and Thai language attainment. We, however, anticipate that parents' lack of citizenship introduces additional structural barriers to acquiring accurate HIV knowledge by limiting stateless individuals' access to knowledge that is typically available through the social networks, physical mobility, and worker rights granted by citizenship. We stage regressions to identify the potential effects of parental citizenship on knowledge and to test the potential mechanisms at play. Our findings reveal significant intergenerational effects of statelessness on knowledge acquisition among highland ethnic minorities and substantial variation in the role of birth registration and education by ethnicity.

## **BACKGROUND**

***Legal status among highland ethnic minorities in Thailand.*** Home to an ethno-linguistically diverse population, inequalities between citizens and non-citizens and between ethnic Thais and non-ethnic Thais in Thailand are closely related and can be difficult to disentangle. One group that has experienced a particularly difficult and complicated history in regards to citizenship attainment is the highland ethnic minorities, or highlanders, of northern Thailand. "Highlanders" includes a group of culturally and linguistically distinct ethnic groups belonging to traditionally migratory populations that are spread throughout the mountainous region of mainland Southeast Asia—the Karen, Akha, Lahu, Lisu, Hmong, Mien, Khamu, Lua and H'tin. Highlanders' cultural distinctiveness and agricultural practices have historically been deemed un-Thai (Laungaramsri 2008). During the Cold War, highlanders were considered to be a threat to national security as potential communists, and therefore also un-Thai (Laungaramsri 2008). For a variety of reasons many highlanders were also excluded from Thai household civil registration (McKinnon 1989). Citizenship status established through civil registration and is proven by possession of the appropriate identification card (ID), which is acquired at the age of 17 years-old. Individuals are required to have IDs when traveling in and outside of Thailand and seeking legal employment.

***Impact of legal status on HIV/AIDS.*** HIV knowledge is particularly important for highlanders and those without citizenship. Historically, lack of citizenship has put disadvantaged highland ethnic minorities at higher risk of HIV infection, up to three to five percent (Feingold 2000; PHR 2004). Secondly, adult citizenship is closely related to education, mobility, Thai language skills, and increased access to government health care provisions (Feingold 2000), each of which affect one's likelihood of accessing and utilizing HIV prevention resources. We hypothesize that

parent citizenship status positively affects adults' acquisition of accurate HIV knowledge partially through their elevated education and Thai language attainment. We, however, anticipate that parents' lack of citizenship introduces additional structural barriers to acquiring accurate HIV knowledge by limiting stateless individuals' access to knowledge that is typically available through the social networks, physical mobility, and worker rights granted by citizenship.

## **APPROACH AND METHODS**

The data used in the analysis is a part of the United Nations Educational, Scientific, and Cultural Organization (UNESCO) Highland Peoples Survey (HPS) II 2010 of 292 villages, 15,396 households, and 70,377 villages located in the five northern and westernmost provinces along the Thai-Burmese border. The HPS is the largest survey to include detailed information on legal status, education, migration, family relationships, health knowledge and utilization of health services for both ethnic Thais and highlanders. Our analysis is limited to adults (15 years-old and older) that were born in Thailand and that are ethnically Thai or that belong to the tribes most widely recognized as "hill tribe" in Thailand—Lahu, Karen, Akha, Hmong, Lisu, and Mien.

**Measures.** The primary dependent variable in the analyses is HIV knowledge. We model the number of correctly answered HIV questions, out of six. The primary independent variable of interest in the models is parents' citizenship status. We stratify by ethnic Thais and highlanders. We dichotomize parents' citizenship as a single variable—either having neither parents with citizenship or at least one parent with citizenship. Thai birth registration is binary. We treat education as a non-ordinal, categorical variable as follows: 1) no school, 2) some primary school, 3) primary school completed, 4) lower secondary school completed, and 5) upper secondary or lower vocational school completed. We control for wealth, age and sex in our models.

## **ANALYSIS**

### ***Parents' citizenship status and HIV knowledge association by age and ethnic group (Model 1).***

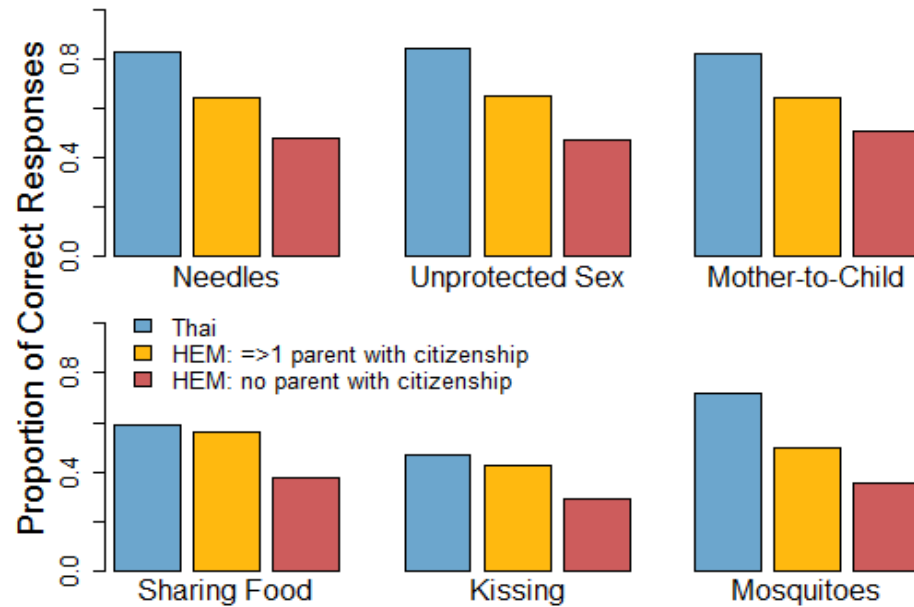
We first model the effect of parent citizenship on HIV knowledge in a single ordinal logistic regression controlling for age, ethnicity, and sex that includes interactions between ethnicity and parent citizenship and between age and parent citizenship to allow for the effect of parent citizenship on HIV knowledge to vary across ethnic groups and age groups.

**Mediation analyses: Birth registration and education as mediators (Models 2a-4c).** To determine whether birth registration and education are mechanisms through which parents' citizenship influences HIV knowledge we perform a series of mediation analyses. We limit the following analyses to individuals between 15 and 35 years old and perform mediation analyses separately for three of the different ethnic groups, the Lahu, Karen, and Hmong.

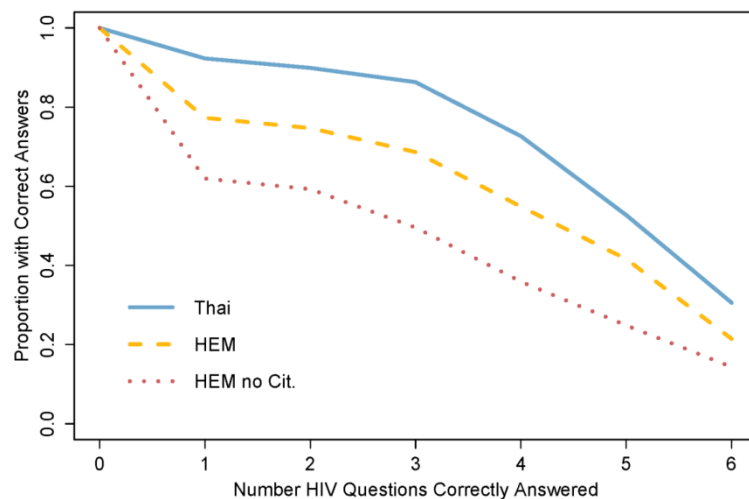
## **PRELIMINARY RESULTS**

Our preliminary analyses (below) reveal difference levels of accurate HIV knowledge levels by ethnicity and citizenship. Figure 3 depicts our initial staged models to assess the mediating roles of birth registration and education in the relationship between parent citizenship and knowledge.

**FIGURE 1:** Crude proportion of correct responses, disaggregated by subgroups, regarding whether each of the following are modes of HIV transmission: 1) sharing unclean needles, 2) having sex without a condom, 3) mother-to-child transmission during pregnancy, 4) sharing food, 5) kissing, and 6) mosquito bites.

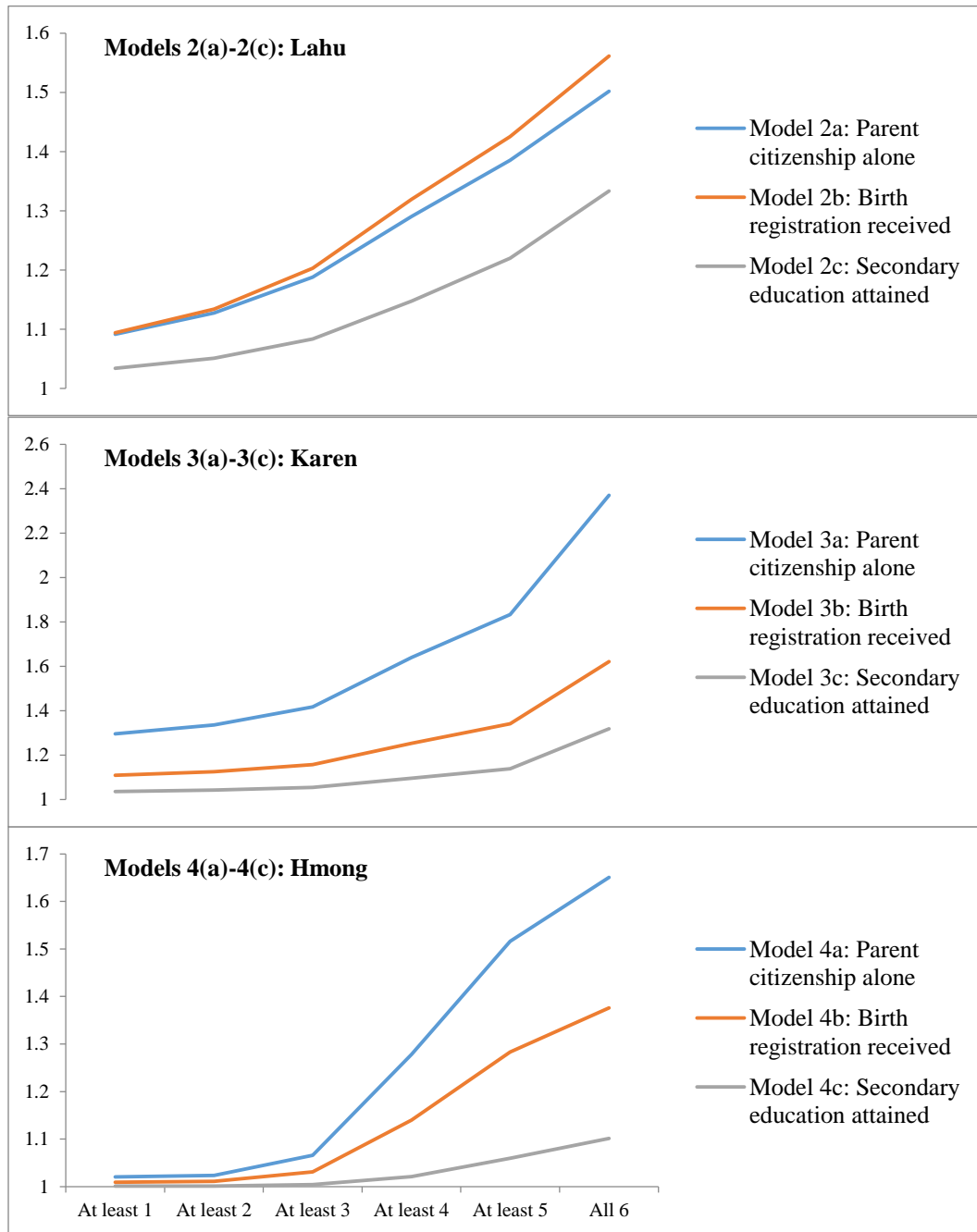


**FIGURE 2:** We demonstrate trends in total correct responses concerning modes of HIV transmission by plotting proportion of individuals to achieve incremental thresholds (“0” includes everyone).



**FIGURE 3:** Mediation analysis, disaggregated by ethnicity: **Direct and indirect association between parental citizenship and HIV knowledge:** Models 2-4a: predicted relative

probabilities of HIV knowledge scores between individuals with and without a parent with citizenship, without taking birth registration or education into account; Model 2-4b: predicted relative probabilities of HIV knowledge scores between individuals with and without a parent with citizenship if all individuals received birth registration; Model 2-4c: predicted relative probabilities of HIV knowledge scores between individuals with and without a parent with citizenship if individuals received birth registration. Each model controlled for sex and age.



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