

Sex Behavior and Knowledge of HIV among Transport Workers in Dhaka City

JAKIR HOSSAIN BHUIYAN MASUD¹

National Consultant, UNICEF, Bangladesh Country Office

S M AZMOL HOSSAIN

Department of Public Health, ASA University, Bangladesh

Md. ABUL HOSSAIN

PhD Research Fellow, Jahangirnagar University

Md. REZAUL KARIM

Department of Public Health, ASA University, Bangladesh

Md. MASUM BILLAH

Department of Public Health, State University of Bangladesh

Md. HASHIBUL HOSSAIN

Department of Public Health, State University of Bangladesh

Abstract:

HIV is a burden of developing country. The cross sectional study was conducted to explore the pattern of sex behavior and knowledge of HIV among transport workers in Dhaka city. Among the total 230 respondents mostly 39.1% were in the age group of 26-35 years and the mean age of respondent was 31.26 years. Mostly 42.2% of the respondents were in the secondary level of education. Among the total respondents majority 80.9% had poor knowledge and 47.8% confessed they conducted pre-marital or ex-marital sex in life. The study suggests awareness program is recommended.

Key words: HIV, knowledge, pre-marital sex, ex-marital sex

Globally, HIV/AIDS has been prioritized as a health crisis as well as problem and also development crisis. Every day, over

¹ Corresponding author: jakir_msd@yahoo.com; jakirmsd@gmail.com

6,800 persons become infected with STI and over 5,700 persons die from this kind of diseases. Every hour, around 4 children die as a result of AIDS; all of the results are last stage of STI. The predominant saddle, STI is considered as current critical issue in the world, especially south Asian and sub Saharan country. The neighboring countries of Bangladesh (India, Myanmar & Nepal) are facing it hardly. Measuring these contexts Bangladesh is in high risk country for STI in the world and Dhaka city is more vulnerable for these diseases than the other region because of every contributory factor exist¹. STI/HIV epidemic is major pandemic stumbling stone, not only stunned economic & social welfare growth but also a development crisis. While it's not seen as a major pandemic, the potential risks remain high. Due to prior negligence and later suffer some of the country is experiencing its pearliness, due to disappearance of the young people, economical backbone and key propeller of development. In Bangladesh, after detection of first case in 1989 that reached to 874 in 2006, 1207 in 2007, 1495 in 2008 and 1745 in 2009 and now it is 2088. These show on average growth 95 cases per year in 22 years from 1989 to 2010, but 343 new cases are found only in 2009 that's alarming. According to GOB sources, the estimated number of HIV positive is around 7,500 but WHO and UNAIDS says it's much higher than that².

A study was conducted to determine the prevalence of HIV in Bangladesh by National AIDS/STD program (NASP) on 2009. The finding of this report was the prevalence of HIV as STD is less than 0.1 percent³. In Bangladesh, as in other countries in the region, STI risk arises mainly from unprotected paid sex, sharing of used needles and syringes by injecting drug users and unprotected sex between transport workers and sex workers. Recent data suggest that there are two key for HIV in the country⁴. Transport worker are one of the vulnerable groups for STI transmission because they frequently migrate from one place to another place inside and outside this country because

of their nature of job what impelled to set different plan for getting them knowledge, among them practice of multiple sex partners 69% truck driver. The survey also indicate that condom use is low in the country and essentially all sex workers report at least some sex with clients without condoms (97.7-99.8% in central Bangladesh) ⁵

HIV has a huge impact on the world of work, the work place is a good strategic location for tackling the pandemic the pandemic, employers and trade unions are leaders in their communities and countries. Nature of the work conditions, social, economic and institutional factors, factors of vulnerability, mobility, isolation and absence from home for extended periods of time, long delays at borders and road blocks, work load and high stress levels, inadequate resting and recreations facilities, alcohol and drug abuse as only from entertainment, mobility as a barrier to accessing health information and services⁶.The objective of the study was to explore the pattern of sex behavior and STI/HIV among transport workers in the selected area of Dhaka city.

Methodology:

The Cross sectional study was conducted among the transport workers of Gabtoli bus stand in Dhaka city from January to July 2014.The sample size was 230 and data were collected by face to face interview by using semi-structured interviewer administrated questionnaire. The study population was taken by random sampling technique. The data were analyzed by SPSS (version 16).

Results:

A cross-sectional study was conducted among transport workers to see their sex behavior and knowledge of HIV.

Table 1: Distribution of socio-demographic characteristics of the respondents (n=230)

Socio-demographic characteristics	Frequency (n)	Percentage (%)
Age		
Up to 25 years	70	30.4
26-35 years	90	39.1
36-45 years	57	24.8
46 years and above	13	5.7
Educational status		
No formal education	55	23.9
Primary level	53	23.0
Secondary level	97	42.2
Higher secondary	25	10.9

Among the total 230 respondents mostly 39.1% were in the age group of 26-35 years and the mean age of respondent was 31.26 years. Mostly 42.2% of the respondents were in the secondary level of education.

Table 2: Distribution of the respondents by marital status (n=230)

Marital status	Frequency (n)	Percentage (%)
Unmarried	63	27.4
Married	160	69.6
Divorced/separated	7	3.0

Among the total respondents majority 69.6% were found married.

Table 3: Distribution of the respondents about the knowledge of STIs (n=230)

*Multiple responses_

STIs	Frequency (n)	Percentage (%)
Syphilis	150	65.2
Gonorrhoea	135	58.7
Trichomoniasis	75	32.6
Vaginal Candidacies	70	30.4
HIV/AIDS	35	15.2

Among the total respondents Syphilis 65.2%, gonorrhoea 58.7%, trichomoniasis 32.6%, vaginal candidacies 30.4%, HIV/AIDS 15.2%.

Table 4: Distribution of the respondents by knowledge about the preventive measure *Multiple responses

Preventive measure	Frequency (n)	Percentage (%)
Avoid unsafe sex with other sex partners	160	69.6
Complete treatment	86	37.4
Partner's treatment	40	17.4
Disposable syringe use	70	30.4
Condom use at risky sexual act	105	45.7

Among the total 230 respondents avoid unsafe sex with other sex partners 69.6%, complete treatment 37.4%, partner treatment 17.4%, disposable syringe use 30.4%, and condom use at risky sexual act 45.7%

Table 5: Distribution of the respondents by the level of knowledge about HIV (n=230)

Level of knowledge	Frequency (n)	Percentage (%)
Poor knowledge	186	80.9
Moderate knowledge	38	16.5
Satisfactory knowledge	6	2.6

Among the total respondents majority 80.9% had poor knowledge.

Table 6: Distribution of the respondents by the pre-marital or extra-marital sex in life (n=230)

Pre-marital or extra-marital sex	Frequency (n)	Percentage (%)
Yes	110	47.8
No	120	52.2

Among the respondents 47.8% confessed they conducted pre-marital or extra-marital sex in life.

Discussion:

This study was conducted to see the pattern of sex behavior and knowledge of HIV among 230 randomly selected transport workers of Dhaka city. Among the respondents more than 39.1% were in the age group of 26-35 years. The mean age of respondent was 31.26 years.

The current study found that among the respondents by level of knowledge related to HIV, majority (80.9%) had poor knowledge, 16.5% had moderate level of knowledge and 2.6% had satisfactory level of knowledge. A study of Iran found that the level of knowledge about HIV was low on average, especially among individuals with high-risk behaviors⁷. Transport workers had a more positive attitude to pre-marital and extra-marital sex. It was reported that, among the respondents about forty five percent had pre- marital or extra marital sex. A WHO study reported that work conditions in Bangladesh for transport workers are conducive to high risk sexual activity⁸. Another study of WHO showed that 54% transport workers of Dhaka habituate for paid sex⁵. The World Bank study in India found that 67% transport workers visited sex workers⁹. A study by Azim, Khan and Nahar et al reported that people whose work separated from their spouse were much more likely to report non-marital sex⁴.

Conclusion:

The pre-marital or ex-marital sex was found higher and knowledge of HIV was poor in the study. Effective awareness program is required to discourage pre-marital or ex-marital sex and increase the knowledge about HIV.

REFERENCES

- GoB. Behavioral Surveillance survey 2006-2007 Technical report, National AIDS/STD Program (NASP), Directorate General of Health Services, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh; May 2009; 1:3-15. [1]
- Wad_2010_nasp_keynote_presentation.ppt HIV/AIDS: Situation and national Response, NASP, DGHS, MOHFA 01 December-Worlds AIDS Day 2010. [2]
- National AIDS/STD Programme, Directorate General Health Services, Ministry of Health and Family Welfare. National Strategic Plan for HIV/AIDS 2004-2010.2004;3:6-10 Dhaka [3]
- Azim T, Khan I, Nahar Q et al.20 years of HIV in Bangladesh: Experiences and way Forward. Shurid Printers, Dhaka.2009; 1: XIV-XX. [4]
- South East Asia Regional Office, WHO. Reproductive Health Profile.2007; 6:2-8. [5]
- Disney L. Sex by the Side of the Road: HIV Vulnerability along road Transport Corridors in the Africa. 3 August 2008;5:11-17 [6]
- Tehrani FR, Malek-Afzali H. Knowledge, attitude and practices concerning HIV/AIDS among Iranian at-risk sub-populations. Eastern Mediterranean Health Journal (2008): 14 (1). [7]
- WHO.NDP, Law, Ethics and HIV/AIDS in south Asia: A study of legal and social environment of the epidemic in Bangladesh, India, Nepal and Sri Lanka.1998;3:2-7 [8]
- World Bank. Transport against HIV/AIDS: Synthesis of Experience and Best Practice Guidelines.2009;3-5. [9]