

Responsiveness of Rickshaw pullers about HIV/AIDS in the city of Dhaka

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Abstract: Awareness raising program about HIV/AIDS is obligatory in Bangladesh due to the prevalence of this terrible disease. In Bangladesh, present scenario of HIV/AIDS is not in a dangerous level. But it could spread away any time due to lack of awareness about this formidable disease. This paper is an attempt to examine the knowledge level about HIV/AIDS of rickshaw pullers in Dhaka city. The data shown in this paper were obtained from primary sources. The education level, household income and access to media (Radio/ TV/ Billboard) were found as the determining factors to be apprised about HIV/AIDS.

Key words: Rickshaw, puller, HIV/AIDS dhaka city

INTRODUCTION

HIV/AIDS is the prime concern throughout the world right now ^[1]. It is treated as a fatal disease and medical science is failure to invent the treatment of this awful disease. Worldwide, more than 8000 people are newly HIV infected every day or one person in every 10 seconds (UNAIDS) ^[2]. Every year, an estimated 3 million people die of AIDS of whom 500,000 are children under the age of 15 years. Almost 50 % of newly HIV infected adults in 2003 were women and 50 % were young adults in the 15-24 years age group. Unsafe sex is the predominant mode of transmission of HIV worldwide accounting for 80-90 % of infectious. Proper knowledge and consciousness about HIV/AIDS can protect every people from this dreadful disease.

Knowledge level about health care is low in low status holders and in poor people. Awareness about HIV/AIDS in general people in the country as if Bangladesh is very low. In Bangladesh, most risky areas are border regions, seaports, tourist spots like Cox'sbazar and metropolitan cities in this context. In metropolitan cities like Dhaka city, rickshaw pullers are riskier group to be affected by HIV/AIDS. Dhaka is a city of more than 14 million people. Among them about 0.3-0.4 million people are rickshaw pullers and their family members are about 0.8 million. About 2.2 million people live below poverty line in Dhaka city and among them 18 % are rickshaw pullers (BBS). Due to ignorance about the causes of HIV/AIDS and poor status, these groups are very risky to be victimized by this terrific disease.

According to the report of Serological Surveillance - 4th round, 2002, in Bangladesh prevalence rate is less than 1 percent (0.3 %). Ten years ago, India had almost the same low prevalence rate but it now has an uncontrollable epidemic of HIV/AIDS. In India, around 5.1

million people are infected with HIV. About 7.4 million people are HIV infected in total Asia. About 1.1 million had been newly infected in last year (UNAIDS) ^[3]. About 60 percent of total world populations live in Asia. So, awareness rising is urgent to save the total human being of the world.

According to UNAIDS, the first case of HIV/AIDS, was detected in Bangladesh in 1989. In 1991, it increased to nine persons and among them two person were women. From the beginning, about 465 people have been HIV infected. Of these, 87 people already have AIDS and 44 people have died ^[4]. Nevertheless, the assumption about this number is near 25,000. According to NASP, only in 2004 about 102 people have been HIV infected. Of these, 30 people have AIDS and 14 people have died ^[5]. In 2004, about 38.2 % among 102 newly HIV victimized were from Middle East ^[6].

Dhaka is a city of more than 14 million people. Among them 2.2 million people, live in slum and squatter settlements. There are about 3019 slums and squatter settlements in Dhaka city ^[7]. Most of the rickshaw pullers have come from different districts of Bangladesh. Most of them have no clear idea about HIV/AIDS. They live here alone without their family. So many of them used to do unsafe sex with sex workers and some are injecting drugs with contaminated needles ^[8]. Although the rate of condom use among sex workers is increased. However, risky behavior of rickshaw pullers and truck drivers are also increasing.

The requisite causes of HIV infection are unsafe sexual intercourse, HIV infected blood transmission, using contaminated needles and to the child through mother during pregnancy. It may also be infected through breast feeding, doing sex with infected persons and with several partners, doing sex in to anal and doing oral sex while some has infection into mouth. Most of the people of



Figure: Measuring scale of knowledge level

Bangladesh do not know about these causes. They are not conscious about this terrible disease.

Developing countries like China, India and Indonesia are in great threat control HIV. About 737 per 100,000 people are infected in Myanmar^[9]. To protect the prevalence of HIV/AIDS, government did not take enough steps. Although line director of IST has started to implement the AOP project, which will combine about 10 ministries to protect HIV/AIDS, is financed by UNAIDS, UNFPA and World Bank^[10]. All projects should be implemented by targeting young generation mainly. All NGOs need to work together to protect this terrible disease. STI is a combined organization of more than 150 NGOs who are working in different projects of HIV/AIDS. Mass media can play a great role to protect this terrible disease by expressing data based news about HIV/AIDS. Radio and television can make a great deal by producing good documentaries on HIV/AIDS to raise the consciousness of people.

Therefore, the question may arise regarding the factors determining the consciousness about HIV/AIDS. CCDB specialist Sonia Afrin and Ahmed Farooque of Rotary International reveals that raising awareness is important to control the spread of HIV. They both have focused on the literacy rate of young generation and women. However, no such research has done in this regard in Bangladesh especially the consciousness of rickshaw pullers about HIV/AIDS. This paper is an attempt to examine the level of and determinants of consciousness of rickshaw pullers in Dhaka city.

OBJECTIVES

The main objectives of this research are as follows:

- To drive a knowledge scale for measuring awareness level of rickshaw pullers about HIV/AIDS.
- To find out the level of knowledge about HIV/AIDS by using that knowledge scale.
- To find out the relationship between level of knowledge and socio-economic integrators.
- To find out the relationship between level of knowledge and provider's knowledge about HIV/AIDS.
- To recommend some policies to increase the level of knowledge of poorer section about HIV/AIDS.
- To create mass awareness for HIV/AIDS prevention.

Table 1: Knowledge scale to measure awareness level

Causes for getting infected by HIV/AIDS	Weight (Yes)	Weight (No)
1. Using contaminated needles	0.1	
2. Transmission of HIV infected blood	0.1	0.0
3. Sexual intercourse with HIV positive	0.1	0.0
4. Doing sex without condom with an unknown person	0.1	0.0
5. Doing sex in to the path of anal	0.1	0.0
6. Child produced by HIV infected parents may be infected	0.1	0.0
7. Through breast feeding of HIV infected mother	0.1	0.0
8. Sexual intercourse with sex workers	0.1	0.0
9. Doing oral sex while some one has infection inside the mouth	0.1	0.0
10. If some one used to do sex with several partner.	0.1	0.0
Total =	1.0	0.0

MATERIAL AND METHODS

About 50 rickshaw pullers are considered suitable respondents. For this survey, a cloze questionnaire of general information and HIV/AIDS related information was made to interview the rickshaw pullers. General information provides information about name, address, age, marital status, family members, educational qualification, monthly income and expenditure. HIV/AIDS related information provides information (asking the reasons for which HIV may infect people mainly for ten causes)(Table 1).

Each reason has same weight (0.1). If any one can answer ten reasons, he will get point -1. In addition, if any one cannot answer any reason, he will get point -0. Thus, a scale of knowledge level will be made range from point 0 to 1. Fig. 1

The data used in this paper has been obtained from primary source. It has been obtained from conducting a survey in the campus of the University of Dhaka. This area has been chosen for getting the number of rickshaw pullers who can get proper information about HIV/AIDS from the learned society as well as from many students and faculties. Most of the NGOs and government have proper observation on the area of university of Dhaka to provide proper knowledge about HIV/AIDS. Rickshaw pullers who drive rickshaws in this area can get close contact with these learned and conscious societies.

According to income level, educational qualification, access to media, different age groups and different areas knowledge level may varies. These are the determinants of measuring knowledge level about HIV/AIDS. Knowledge level scale measures (0.0-0.25) as worst, (0.25-

Table 2: Percentage distribution of rickshaw pullers by the knowledge level

Knowledge level	Number of respondents	Percentage of respondents	Condition
0.0-0.25	22	44	Worst
0.25-0.50	21	42	Bad
0.50-0.75	7	14	Satisfactory
0.75-1.0	-	-	Very good
Total	50	100	

Table 3: Percentage distribution of rickshaw pullers by income group

Income range (Taka)	Number of respondents	Percentage of respondents	Average knowledge	Condition
Below 3000	2	4	0.10	Worst
3000-6000	24	48	0.24	Worst
Above 6000	24	48	0.35	Bad
Total	50	100		

Table 4: Percentage distribution rickshaw pullers by educational qualification.

Educational qualification	Number of respondents	Percentage of respondents	Average knowledge	Condition
No education	12	24	0.13	Worst
Class- (I-III)	10	20	0.27	Bad
Class- (III-VI)	15	30	0.29	Bad
Above class-VI	13	26	0.45	Bad
Total	50	100		

Table5: Percentage distribution rickshaw pullers by educational qualification

Difference media	Number of respondents	Percentage of respondents	Average knowledge	Condition
Hearing from others	12	24	0.16	Worst
TV/Radio	10	20	0.24	Bad
Billboard/ newspaper	08	16	0.34	Bad
Health workers	20	40	0.38	Worst
Total	50	100		

0.50) as bad, (0.50-0.75) as satisfactory and (0.75-1.0) as very good condition. In this methodology, exclusive method of classifying data will be used, where upper limit of one class is the lower limit of the next class (Table 2).

RESULTS AND DISCUSSION

Majority (44 %) of the rickshaw pullers in the primary data set belongs to the knowledge level 0.0 to 0.25, which is measured as worst condition. 42 % belongs to 0.25 to 0.50, which is bad and 14 % belongs to 0.50 to 0.75, which is satisfactory ^[11].

Level of knowledge according to income group: It is found that 48 % of respondents belongs to income group Tk- (3000-6000), has 0.24 average knowledge, which is worst and 4 % of respondents belongs to income group below Tk-3000, has 0.1 average knowledge and 48 % of the rickshaw pullers belongs to the group above Tk-6000, has 0.35 average knowledge (Table 3).

Level of knowledge according to educational qualification: 24 % of respondents have never gone to school and 26 % of respondents have passed class six. It

was found that average knowledge level has consistent positive association with the educational qualification ^[12] (Table 4).

Level of knowledge by accessing different media: Billboard and newspapers informed 16 % of rickshaw pullers, whereas health workers informed 40 % of respondents. Alarming people can protect HIV/AIDS prevalence. And this can be properly done by mass media ^[13] (Table 5).

CONCLUSIONS

There are significant structural and socioeconomic factors, which put Bangladesh at risk for a full-blown AIDS epidemic. Recognizing the potential threat, Bangladesh, with the support of donors community, have intensified the fight against HIV/AIDS; the speed and level of response, however, continue to vary across the region and there is a need for sustained advocacy to increase political commitment to enhancing the programs and improving technical efficiency and effectiveness. Although the government and NGOs have taken some special initiatives to increase awareness of mass people about HIV/AIDS, still most of the people are in dark about this fatal disease. Some factors were found playing important role in increasing awareness level of rickshaw pullers as well as of the mass people; some additional measures need to be incorporated. They are as follows:

- Religious rules and regulations must be practiced very strictly. Besides,
- To inspire people for being happy with single spouse, in case of sexual intercourse condom should be used and while transmitting blood it should be passed through diagnostic tests.
- Young generation should be inspired for not to adopt the negative sides of the western culture and not to abuse drugs.
- Early sexual experience tendency should be prohibited.
- To provide knowledge everybody about the other causes of HIV/AIDS infection.
- To introduce course on HIV/AIDS in educational institutions.
- Civil society should reform a social movement against HIV/AIDS.
- Civil society should have some initiatives like informing all the negative aspects of the disease to everywhere and to adopt proper initiatives to prevent this terrific disease.
- In cultural ceremonies actors, actresses and dominators can represent the issue and deliver protective ideas to create massive awareness among the people about HIV/AIDS.

REFERENCES

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2. Stopping the Spread of AIDS in Bangladesh, Dec 12, 2000, World Bank
3. Immediate Action Can Prevent an HIV/AIDS Epidemic in Bangladesh, June 22, 1999, World Bank.
4. ASIA, HIV and AIDS Statistics and Features, End of 2002 and 2004, Epidemic Update 2004, World Bank.
5. Second Generation Surveillance for HIV in Bangladesh, AIDS and STD Control Programme, July, 2002, Ministry of Health and Family Welfare and Govt. of People's Republic of Bangladesh.
6. About 5.9, 8.8, 2.9, 16.7 and 27.5 percent people were from South Asia, South East Asia, Africa, Bangladesh and Unknown place. (NASP, Dec, 2004).
7. The employment pattern of these slum-dwellers are as follows: 32% are hawkers and petty traders, 18% are rickshaw pullers, 12% as maid servant, 20% work in various typte of industries, 10% bas construction laboreres, 4% as porters and 2% either hotel workers or beggars.
8. Prevalence of HIV among drug-addicted people is about 4percent in Bangladesh, which is one percent less than the rate of epidemic.
9. In developing countries, about 6 million people have HIV ifections that urgently require antiretroviral treatment to keep them alive and healthy, but fewer than 300,000 people are being treated. At present number of infected people are about 4.7, 4.3, 1.6, 0.9 and 0.58 million in South Africa, West Indies, Latin America, USA and Western Europe. (UNAIDS-2004).
10. Nobodey was found belonging to 0.75 -1.0 group. Average knowlege level of 50 rickshaw pullers is 0.29, which is measured as bad condition.
11. World Bank support for National HIV/AIDS Prevention Programsfor India, Bangladesh, Pakistan, Srilanka and Bhutan are US \$ 275, 44, 38, 17 and 6 million from year 1992 to 2004.
12. Point 0.6 was got for by only one person, who has read up to calass ten; whether point-0 was fot by two person (first one didn't fo to school and second on eread up to calass six)
13. Bangladesh Govenment, with the help of UNDP, is planning to send 55,000 field workers to spread awareness about HIV/AIDS around the country. (UNAIDS)