

Dimensions of Knowledge of the Dispensers on HIV/AIDS in a Selected Area of Bangladesh

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This cross sectional study was done in mid-2008 in a selective Upazilla (sub-district) of Bangladesh among the drug-sellers on the major road sides where the chances of HIV spreading are suspected to be more. Out of 501 drug-sellers 302 respondents' statistically sound answers were calculated. The result was categorized by knowledge on disease, virus, modes of transmission, diagnosis, fate, prevention and prognosis along with their demographical variables. Except a few (11%), the respondents were educated (>SSC; 89%). Respondents were male predominance (86%) with mean age of 33 years. About half (47%) of them have some knowledge on HIV/AIDS, that achieved from TV (32%), Radio (9%) and Newspaper (6%). However, their knowledge was mostly wrong (86%) on causative organism (69%), symptoms (72%), prognosis (13%) and fate (91%). Most of them opined that AIDS is not a serious problem (61%) though everyone denied being tested (98.8%). The degree of false believes on diagnosis was so derailed that one-fifth (26%) suggested X-ray for confirmation of AIDS. Forty-two percent respondents didn't know any other route of HIV other than sexual intercourse. However, maximum respondents suggested HIV-testing of blood (67%) should be mandatory before blood transfusion. Almost all respondents were ignorant (93%) on ART and one-third (31%) mentioned police or jail as a destination for AIDS cases instead of referral to doctor or hospital. Very significantly, 41% respondents didn't know that condom could protect HIV transmission, whilst 93% recommended using it. Among the cap-users, 19 were unmarried, of whom, 3 were female.

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Key words: HIV/AIDS, Health status, Drug-sellers, KAP, Bangladesh

Introduction

According to joint estimates from UNAIDS and WHO, the number of people living with HIV and AIDS had grown to 43 million by the end of 2007, which is 11% more than just one year before.¹

Since the beginning of the pandemic 2.4 crore people died of AIDS all over the world.² Estimate shown that approximately 2.3 million children (under age 15 years) world wide are living with HIV.³ More than 95% of people infected with HIV live in developing countries.⁴

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About 6,000 people are newly infected with HIV every day. And in Mumbai alone, 1,130 new cases appeared daily due to the high attraction of the huge red light area of the film-city.⁵ In 2006-2007 about 2.7 million people have been (newly) infected with HIV.⁶ The most affected region is sub-Saharan Africa where 20 million people are living with HIV/AIDS.⁷ In Africa two-thirds of the whole populations have been infected with HIV. Among them 77% are women. In Asia, the countries with a large number of infections are India, Thailand, Myanmar, China, Nepal and Cambodia.⁸

More than 25 million people have died of AIDS since 1981. Africa has 12 million AIDS orphans. At the end of 2006, women accounted for 48% of all adults living with HIV worldwide, and for 59% in sub-Saharan Africa. Young people (under 25 years old) account for half of all new HIV infections worldwide - around 6,000 become infected with HIV every day. In developing and transitional countries, 7.1 million people are in immediate need of life-saving AIDS drugs; of these, only 2.015 million (28%) are receiving the drugs.

For Bangladesh, the situation of the neighbor and/or nearby country/states is very important because of its geographical position and daily transition of huge number of people among the countries.⁹ In addition to that, the increasing number of HIV/AIDS patients in the neighboring states is very much alarming for an epidemic like HIV/AIDS. The situations of HIV/AIDS in the neighbouring countries are as follows – Myanmar (1.2%),

Nepal (61,000), Thailand (570,000), China (840,000), Cambodia (3%) - these might be taken into serious consideration.¹⁰

Today's world is facing a greater challenge for HIV/AIDS. It has been spread as epidemic in different countries of the world. Also it was seen that the countries where HIV/AIDS spread as epidemic produce a long term effect on economic, social and political situation of the countries. Neither war nor poverty, AIDS is the challenge of 21st century.¹¹

At the end of 2001 UNAIDS and WHO estimated that 13,000 were living with HIV/AIDS in Bangladesh. As reported by the Bangladesh AIDS prevention and control project, up to December 2004 total reported number of people living with HIV is 465, total reported cases developed AIDS is 73 and death is 30, the number of new case in 2004 is 102.¹² While no definite demographic information was available for approx. 41% of HIV cases where 36% cases were immigrant workers mainly coming from Sylhet division. Of the HIV cases detected approx. 10% were housewives, 2% were CSWs and 2% were HIV positive infants. HIV infections were 4% in IDUs in last year but in this year it is 4.9%. Seventy percent of IDUs exchange syringe among them.¹³ But latest data proved that case fatality rate and risk for epidemic in Bangladesh is increasing sharply.¹⁴

Till 2005, Bangladesh government officially declared only 465 HIV positive cases. Being not only country of 148 million people within the pocket of 144,000 sq.km. area, but its locked-jaw geographical position between

India and Myanmar, with high prevalence (50%) of HIV, which indicates that Bangladesh is passing 'window opportunity', and without HIV prevention program we will have epidemic of HIV/AIDS, which would be disastrous for this poor country.¹⁵

Assuming the low level reporting and insignificant preparation to combat HIV/AIDS epidemic following ignorance of the common people on HIV/AIDS – this study was done in July-September, 2006 among the drug-sellers (dispensers) and paramedics to assess their level of knowledge to combat this deadly monster.

Methods

In a purposively selective Upazilla (sub-district), Gazipur Sadar, starting from Tongi crossing up to Gazipur crossing (Chourasta), this cross-sectional study was done in July-August, 2008 among the drug-sellers (dispensers) and paramedics (N=302) working on the major road-sides, who has a valid drug license or an accredited certificate or having at least 3-year experience in the drug selling/dispensing. More than five hundred (501) structured questionnaire were distribute to all shops (513) on the road. Some didn't attend, missing or found closed on 3-trial. Three hundred and nineteen answer-sheets were collected in person, checked manually and put into PC for analysis by SPSS program, of which 302 were found valid.

Operational Definitions

Drug-seller - Person who has a valid drug license, or have any professional certificate

accredited by any govt. authority, or has at least 3-year un-interrupted dispensing experience of drugs.

AIDS - Abbreviation for acquired immunodeficiency syndrome. This is the final stage of HIV infection in which the body becomes unable to fight opportunistic infections such as pneumonia, tuberculosis, Kaposi's sarcoma etc.¹⁶

Acquired - Disease is not hereditary but develops after birth from contacts with a disease-causing agent (HIV).

Immunodeficiency - means that the disease is characterized by a weakening of the immune system.

Syndrome - refers to a group of symptoms that collectively indicate or characterize a disease.

HIV - Human Immunodeficiency Virus.

HIV Positive - The presence of anti-HIV antibody in the blood.

Window Period - After entering HIV in the body and before production of anti-HIV antibody the time between this period is called Window period.

Mode of transmission - HIV can passes from one body to another via 4 ways: 1) sexual fluid exchange; 2) infected blood transfusion; 3) infected mother to (unprotected) baby and 4) needle exchange (drug shooting).

Results

More than half of the respondents (53%) had no knowledge on HIV/AIDS at all (fig. 1). Less than half of the respondents (47%)

achieved knowledge on HIV/AIDS from TV (32%), Radio (9%) and Newspaper (6%) (fig. 2).

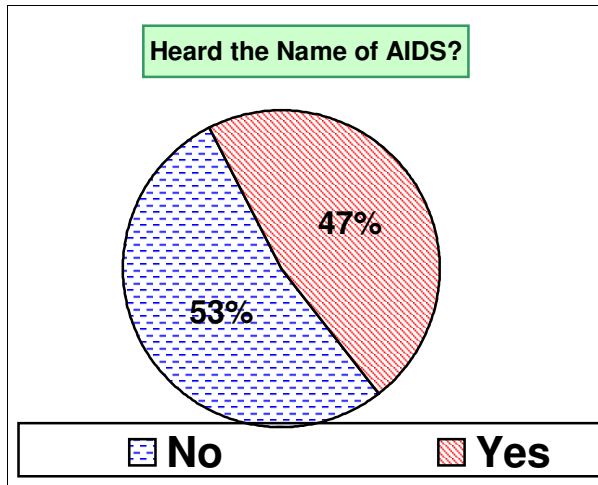


Figure 1. Who have heard the name of AIDS

However, their knowledge regarding HIV/AIDS was mostly wrong. Especially, on organism (86%), symptoms (69%), prognosis (91%) and fate (31%) (fig. 3). Most of them opined AIDS is not a serious problem (61%) though everyone denied being tested (98.8%).

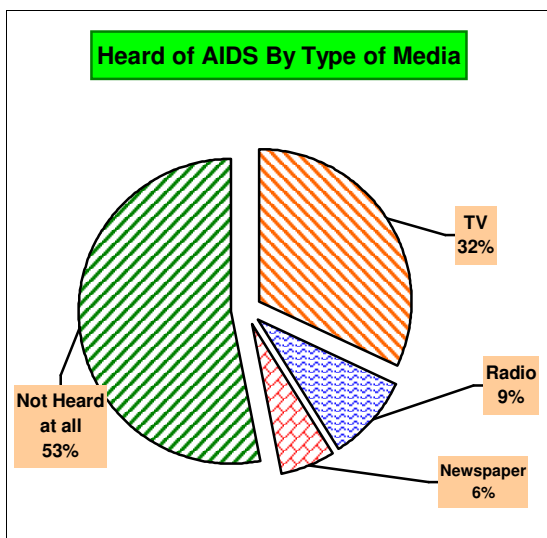


Figure 2. Types of media to heard of AIDS.

To diagnose only one quarter correctly mentioned blood-test (28%), other had serious misconception. The degree of false believe was so derailed that one-fourth (26%) suggested X-ray for confirmation of HIV/AIDS (fig. 4).

Forty-two percent respondents didn't know the route of entry of HIV other than sexual intercourse. However, maximum respondents suggested HIV-testing before transfusion of blood (67%). About the Anti Retroviral Therapy (ART), the responses were very surprising. Though they are drug seller but almost all were ignorant about ART (93%) (fig. 5).

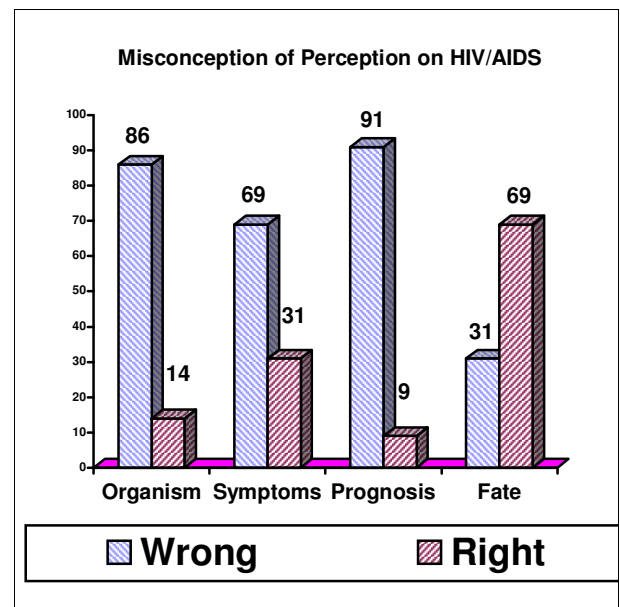


Figure 3. Misconception of perception on HIV/AIDS

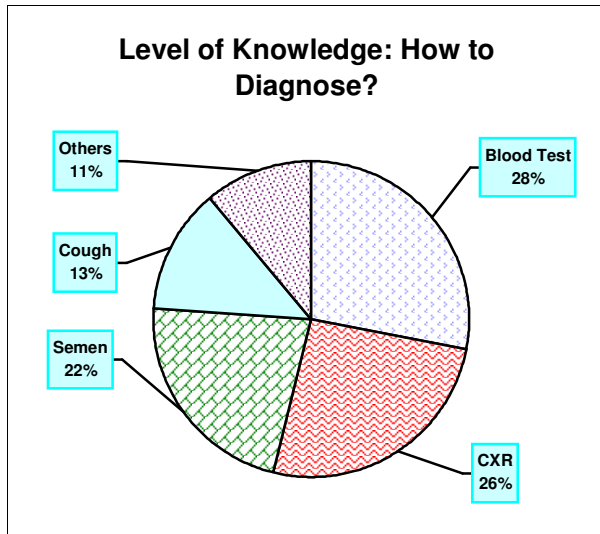


Figure 4. Level of knowledge of diagnosing HIV

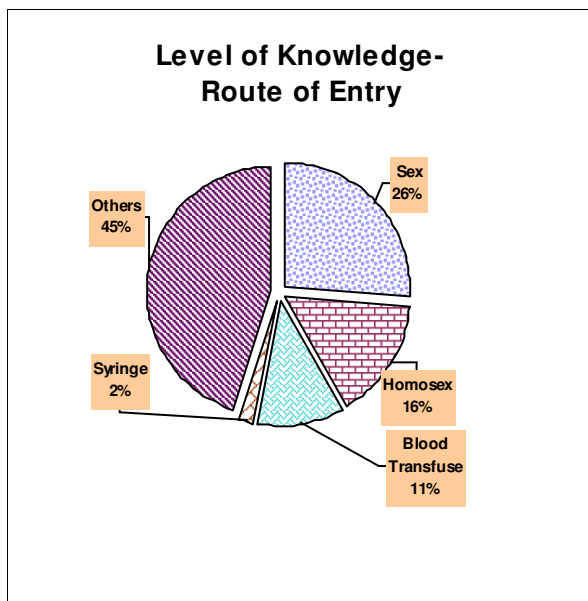


Figure 5. Level of knowledge about routes of entry of HIV

Discussion

To grow awareness about HIV/AIDS among people of Bangladesh our government has undertaken various program through news paper, leaflet, posters, and mass media. As a result, awareness regarding HIV/AIDS among the mass people expected to be grown to

some extents. Social workers of various NGO and Government organizations are implementing the program. Various researchers are evaluating the program in the people of various levels in the society. In the perspective of Bangladesh common people usually seek advice from our medicine dispenser. So medicine dispensers should have some sound knowledge about HIV/AIDS. This study was done in a small number of medicine dispensers which revealed that the level of knowledge on HIV/AIDS in medicine dispensers of Bangladesh is very poor and mostly incorrect. Emphasis should be given to health education campaign using all mass media and awareness programs with maximum priority. Gyarmathy and associates recommended a number of methods which can be used to educate the public about the dangers of HIV, such as, 1) Peer education, 2) Active learning, 3) Blanket education and 4) Targeted education.¹⁷ We also recommend these method to implement in our country. Government, NGOs and Social Organizations should come forward to work in team-approach to save the country from forthcoming epidemic of HIV/AIDS. Connor EM et al advocated that distance education can be an effective tool(s) for conjunction of these loose-linkages of knowledge, laps and gaps, as well their correctness.¹⁸ Oberle et al raised question on third world's existence against this deadly aggression. Special education program can elevate the knowledge and perception among drug seller to prevent HIV/AIDS' more expansion in Bangladesh

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