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Sexual Behaviour and HIV Knowledge among Long-Distance Truck Drivers and Rickshaw Pullers in Northern Bangladesh

Shah Ehsan Habib*

The precise manner in which HIV-related risk behaviour occurs has not been adequately researched among truckers and rickshaw pullers in Bangladesh. This study aims to examine sexual risk behaviour and HIV knowledge among these groups recruited from Thakurgaon. The sample was chosen conveniently, comprising 79 truckers and 103 rickshaw pullers. The data show that history of sex with a female commercial sex worker (CSW) was frequent – an average of 3 sex acts was performed in the week preceding the interview. Compared to rickshaw pullers, truckers were more likely to have sex with a CSW. The alarming reality is that the majority of truckers (82.4 percent) did not use condoms in the last commercial sex encounters. A much larger proportion of truckers (86.1 percent) as well as rickshaw pullers (64.1 percent) have heard about AIDS, but a considerable proportion of them are not aware of any mode of transmission of HIV (25.0 percent vs. 39.4 percent). Even though these respondents perceive the threat of HIV infection, few feel that they are personally vulnerable. The potential spread of HIV/AIDS is more threatening in view of the mobility of these groups, which in turn may spread the STI/HIV infection among their wives. Interventions with these high-risk groups are needed due to the low level of knowledge about the mode of HIV transmission, and the level of risky sexual behaviour.

Introduction

The threat of an AIDS epidemic among general population in Bangladesh is a major public health concern (MOHFW 2005, 2004a). The pattern of behaviours that favours the spread of HIV infection is well established in the Bangladesh society (Gibney et al. 1999). The country

shares borders with India and Burma, countries where HIV/AIDS prevalence rates are much higher (UNAIDS/WHO 2005). Although AIDS is currently rare among general population in Bangladesh the risks are considerable. Over the years, infection rates within certain groups have increased due to their life-styles and professional characteristics, leading to an ever-greater possibility that the virus will spread to the general population. Unlike its neighbours, the country still has low infection rates, with an HIV prevalence of less than 1 percent in the general population at the end of 2003 (UNAIDS/WHO 2004).

Sex outside marriage might be more widespread than traditionally acknowledged in Bangladesh. Recent research on socio-economic, cultural and behavioural factors indicates that the spread of HIV may be facilitated by sexual networking among men and women through core transmitters such as sex workers, truck drivers, helpers and rickshaw pullers (Habib 2004; Gibney et al. 2002, 1999; Azim et al. 2000; Alam, Biswajit & Islam 1996). Various studies suggest that extra- and premarital sex on the part of men and women is not uncommon (Caldwell et al. 1999; Caldwell & Pieris 1999; Hossain, Habib & Imam 2004). These studies document the many reasons men report having pre- and extramarital sexual relationships and multiple sexual partners, including desire for sexual variety, physical need, seeking additional companionship while traveling away from home.

Transport workers and their nature of jobs are important aspect in spreading HIV in Bangladesh. Transport workers, especially truck drivers, helpers and rickshaw pullers are the bridging groups that are known to have high risk behaviours. Long distance truckers are at higher risk group because they travel national highways, go all over the nation often crossing international borders. Usually, the transport workers are away from home and family for a long time due to their assignment of long route travel from one place to another. It is common that they buy sex from female commercial sex workers (CSWs) on their way in long distance travel. The extended periods of time that they spend away from their families place them in close proximity to 'high-risk' sexual behaviours, and often result in them having an increased number of sexual contacts. The Fourth Round of Serological and Behavioural Surveillance (conducted in 2002) documents that almost 76 percent of truckers are within potential high risk group for spreading HIV in Central Bangladesh because they are the clients of CSWs and out of 76 percent, 54 percent were married and could be carrying the virus to their wives (MOHFW 2003). According to the surveillance report, about 16 percent of truckers also bought sex from male/hijra who are also vulnerable.

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A growing body of literature has emerged in the last decade that provides a profile with detailed analysis of certain groups risk behaviour (Habib 2003; Gibney et al. 2002; Bloem et al. 1999; Singh et al. 1993; Hasan 1998; Rao et al. 1999). Behaviour patterns and risk factors that facilitate the rapid spread of STI/HIV infection are widespread among truck drivers, and other transport workers (e.g. rickshaw pullers), making Bangladesh highly vulnerable to HIV/AIDS epidemic. These groups are vulnerable to different types of STIs due to their nature of jobs and high-risk behaviour. The previous rounds of behavioural survey revealed that most of the clients of female CSWs are truck drivers, helpers and rickshaw pullers, frequently having sex without any knowledge of HIV/AIDS (MOHFW 2004b, 2003).

The possible risk of STI/HIV transmission in the general population of Bangladesh is considerable. Transport workers with STI/HIV are liable to infect their regular sexual partners, wives and girlfriends (Gibney et al. 2001). There is established data that condom use rate is very low and prevalence of STIs is higher among the transport workers. The Fifth Round Behavioural Surveillance shows that only 4.1 percent of truckers and 2.3 percent of rickshaw pullers in Central Bangladesh have reported using consistent condom with female commercial partners in the past (MOHFW 2004b). This is because of the fact that they have low level of knowledge about the modes of HIV transmission. Some of the truckers are also injecting drug users and buys sex from CSWs who have a history of injecting drug use. Thus this group can be a 'bridge' for HIV transmission to the population at large through sexual transmission.

These findings suggest that transport workers in Bangladesh are a critical new group for AIDS health promotion initiatives. The country seems to present an opportunity for this group of people practicing high-risk behaviour to be targeted for behaviour change. The importance of the present study lies in the provision of information that the policy-makers and programme managers could use to support their ongoing programmes and to develop appropriate interventions to prevent AIDS epidemic by improving awareness among the high-risk groups of Bangladesh. Therefore, interventions focusing on the prevention of STI/HIV transmission among these high-risk groups are likely to be the most effective and efficient means of preventing the spread of HIV infection where HIV seroprevalence rates in the general population are still low.

To date, little is known about awareness and risk behaviour situation of HIV/AIDS among truckers and rickshaw pullers in Bangladesh. Up until today, no prior studies have so far been comprehensively conducted to get a better understanding of the knowledge, attitudes and practices of this highly vulnerable population. Thakurgaon is one of the northern districts of

Bangladesh. It is a district which serves as a gateway to north Bengal and therefore huge number of transport workers use this district as a transit land for transportation of goods. Although some policy makers have pointed to the importance of targeting high-risk groups (e.g. sex workers, drug users etc.) in AIDS interventions, no studies have so far been undertaken on transport workers in this district. Understanding truck drivers and rickshaw pullers' sexual behaviours with both CSWs and other sexual partners is of great importance as these people are likely to serve as a bridge of HIV transmission between 'core groups' and the general lower risk population.

The overall aim of the study was to provide data, which would allow for designing strategies to reduce the transmission of HIV and other blood-borne infections in high-risk populations in Bangladesh. Specific objectives were:

- To describe the knowledge, beliefs and sexual behaviours associated with risk of STI/HIV transmission among these groups
- To ascertain the use of condom for prevention of HIV/STI among these groups

Methodology

The Site of the Study

The study was conducted in Thakurgaon town (municipality area) – one of the northern districts of Bangladesh. The town was purposely selected because of the flow of a large number of truckers from other districts, and also because of the concentrations of street-based sex workers in this area. The nearest public area in Thakurgaon town includes bus and truck terminal from which truckers and rickshaw pullers mainly come to buy sexual services from CSWs.

Study Population

The subjects of the study are the truckers (drivers and helpers) and rickshaw pullers recruited from Thakurgaon town. Long distance truckers are those who work as a local or inter district truck drivers/helpers, traveling national highways, often crossing district borders. No screening technique was used for the individuals included in

the sample. However, 'rickshaw van pullers' were excluded from this study who might be considered as a group of transport workers.

The Sample

Traditional sampling methods (statistically representative) were not suitable for determining the risk behaviour and knowledge, beliefs and attitudes, type of sexual behaviour and risk perceptions in these groups. A number of studies have reported high rates of unprotected sex, STI infection and risk behaviours among truckers and CSWs from non-probability samples in similar settings (Gibney et al. 2002; Habib et al. 2000-2001; Hossain, Habib & Imam 2004).

The respondents were approached at meeting places such as bus terminals, restaurants and places of work. Due to shortage of time and resources, respondents were selected using convenience-sampling technique from various sites of the town. A total of 79 truckers and 103 rickshaw pullers were interviewed from this area.

The Questionnaire

The data collection instrument was predominantly quantitative; however, qualitative data were collected too. The survey instrument divided in various sections, entailing a range of information: socio-demographic characteristics, sexual behaviour such as frequency of sex and sexual acts with CSWs or lovers, reported condom use at last intercourse, level of knowledge about the transmission of HIV and other STIs, use of conventional and alternative treatments, current state of health and support needs. There were some open-ended questions in each of the instrument. The interview instrument was pilot tested on the target groups in various locations of Dhaka City. Subsequently, necessary correction, revision and addition were done to make the instrument more effective and suitable.

Focus Group Discussions (FGDs)

A number of Focus Group Discussions were used in this study, as it was considered essential to understand the behavioural and social underpinnings of HIV-related risk behaviour among these groups. A total of four FGDs comprising approximately six people in each group were

conducted to examine a number of issues in a group setting. The FGDs mainly focused on: (a) exploring the high-risk activities in the sampled town; (b) exploring the causes for meeting women; and (c) seeking suggestions with respect to getting rid of risk behaviour.

Interview Procedure

Data collection was accomplished in two-week time between late September to early October 2005. Research Assistant and Field Investigators were employed to coordinate the collection of the data. Once potential respondents had agreed to participate, an interview venue was agreed upon. The respondents were instructed that the interview would take about thirty minutes, that their names would not be recorded, and that their responses would be treated as anonymous data. They also were instructed that the purpose of the interview was to assist in HIV/AIDS prevention programming and learn about their behavioural context. The respondents were interviewed in locations such as truck terminals, teashops and on occasions in the street and rickshaws. The respondents' consent to participate in the study was obtained and they were interviewed in private.

Data Processing and Analysis

Computer software SPSS (version 11.5) was used for analysing the data. All the questionnaires were carefully scrutinized and necessary editing was made after the completion of fieldwork. The questionnaires were coded and then the data were entered onto computer for analysis. The analysis of these data consisted primarily of simple frequency counts. Information gathered from FGDs and in-depth interviews was also incorporated in order to strengthen the data and to complement quantitative information.

Results

Socio-Demographic Profile

Table 1 summarizes socio-economic characteristics of truckers and rickshaw pullers, which include age, education, marital status, living arrangements, number of spouses and monthly income status of the

respondents. Mean age of truckers was 32.7 years and rickshaw pullers 28.9 years. Among the truckers, 32.9 percent were between 25-30 years of age while 33.0 percent of rickshaw pullers were between this age group. The mean age of the two groups is not different significantly.

Table 1. Selected Demographic Characteristics of the Study Population by its Category

Feature	Truckers (n = 79)		Rickshaw pullers (n = 103)	
	No.	%	No.	%
<i>Age in years</i>				
Under 18	–	–	1	0.9
18-24	6	7.6	30	29.1
25-30	26	32.9	34	33.0
31-35	23	29.1	15	14.6
36 and above	24	30.4	23	22.3
Mean age	32.7 years		28.9 years	
<i>Marital status</i>				
Married	68	86.1	92	89.3
Unmarried	11	13.9	11	10.7
Separated	–	–	–	–
Divorced/Widowed	–	–	–	–
<i>Education completed</i>				
Illiterate	34	43.0	51	49.5
Primary incomplete	12	15.2	24	23.3
Primary complete	6	7.6	8	7.8
Secondary incomplete	21	26.6	17	16.5
SSC and more	6	7.6	3	2.9
<i>Living arrangements</i>				
Lives with wife/family	47	59.5	99	96.1
Lives alone	25	31.6	4	3.9
Work mate	7	8.9	–	–
<i>Number of wives</i>				
1	63	79.9	88	85.4
2	5	6.3	3	2.9
3	–	–	1	0.9
Mean monthly gross income	Tk. 4,450.63		Tk. 2,458.25	

Note: A dash (–) indicates no cases in the category.

When distribution of truckers' and rickshaw pullers' educational status was compared, the truckers were having higher education levels. Among the truckers, 86 percent were married. Similar proportion (89.3 percent) of rickshaw pullers also reported being married. No respondent stated

that he was divorced/separated from his wife. In terms of number of spouses, the majority of truckers had two wives. Nearly all the rickshaw pullers (96 percent) reported living with their family. However, due to the nature of job, truckers were more likely to live apart from their family. When monthly expenditure was compared between the truckers and the rickshaw pullers, significant difference was observed in their distribution. The table shows that the mean amount of monthly income was higher among the truckers (Tk. 4,450.63) compared to the other group.

Sexual Activities and Condom Use

Table 2 outlines participants' history of sexual activity and condom use with their lovers or partners. By type, the table shows that rickshaw pullers were more likely than those from truckers to have a lover or partner. During the previous week, on average, 5 percent of truckers and rickshaw pullers had sexual intercourse (either vaginal or anal) with a lover/partner. The table shows that percentages did not vary significantly for the truckers and rickshaw pullers having reported 1 or 2 sexual acts (vaginal/anal) in the past week preceding the survey. The non-use of condoms was reported in this group at similar levels at around 98 percent.

Table 2. History of Sexual Activity and Condom Use with Lover/Partner

Sexual activity	Truckers (n = 79)		Rickshaw pullers (n = 103)	
	No.	%	No.	%
<i>Do you have a lover/partner?</i>				
Yes	7	8.9	10	9.7
No	72	90.0	93	90.3
<i>Number of sex partners (lover/partner) with whom you had vaginal/anal sex in last week</i>				
	n = 7		n = 10	
0	3	42.9	2	20.0
1	4	57.1	5	50.0
2	–	–	3	30.0

Table 2. (Continued)

Sexual activity	Truckers (n = 79)		Rickshaw pullers (n = 103)	
	No.	%	No.	%
<i>Frequency of sexual act (vaginal/anal) with the lover/partner in last week</i>	n = 7		n = 10	
0	3	42.9	2	20.0
1	1	14.3	1	10.0
2	1	14.3	2	20.0
3+	2	28.5	5	50.0
<i>Frequency of condom use with those partners in last week</i>	n = 7		n = 10	
0	5	71.4	9	90.0
1	1	14.3	-	-
2	1	14.3	1	10.0

Note: A dash (-) indicates no cases in the category.

Table 3 lists the respondents' history of sexual activity and condom use with a CSW. Out of 79 truckers, 11.4 percent reported that they had sex with at least one female CSW in the week before interview. This proportion is higher compared to rickshaw pullers (11.4 vs. 6.8 percent). On an average, truckers were more likely than the rickshaw pullers to have sex with CSWs in comparison to rickshaw pullers. No significant difference was found among those high-risk groups when frequency of condom use is taken into account in those sexual encounters.

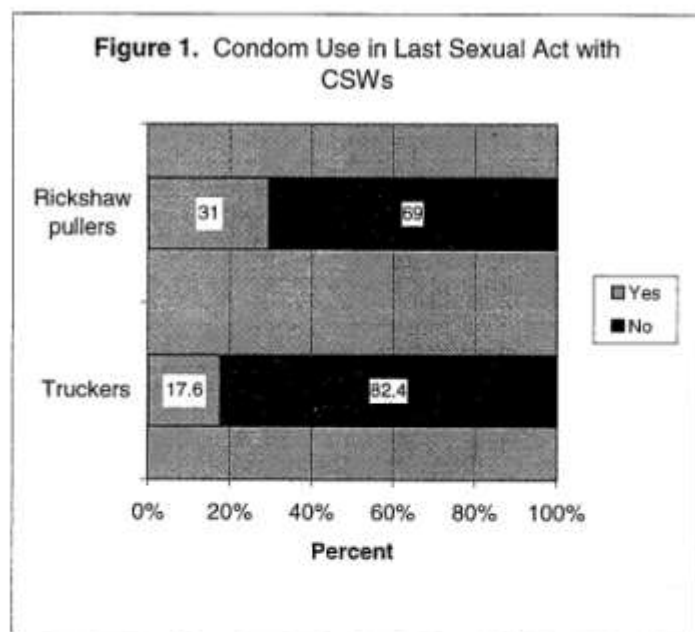
Table 3. History of Sexual Activity and Condom Use with Female Sex Worker

Sexual activity	Truckers (n = 79)		Rickshaw pullers (n = 103)	
	No.	%	No.	%
<i>Number of CSWs with whom you had vaginal/anal sex in last week</i>	Mean = 2		Mean = 2	
0	63	79.7	86	83.5
1	9	11.4	7	6.8
2	4	5.1	7	6.8
3+	3	3.8	3	2.9
<i>Frequency of sex (vaginal) with CSW in last week</i>	Mean = 3		Mean = 2	
0	63	79.7	86	83.5
1	6	7.6	3	2.9
2	7	8.9	7	6.8
3	3	3.9	7	6.8
<i>Frequency of condom use with those partners in last week</i>	Mean = 2		Mean = 2	
0	75	94.9	98	95.1
1	2	2.5	1	1.0
2	1	1.3	4	3.9
3+	1	2.6	-	-

Note: A dash (-) indicates no cases in the category.

The respondents' condom use pattern in their last sexual intercourse with CSWs is presented in Figure 1. Overall the graph shows that the level of condom use is generally very low. A striking difference was found on the use of condom among this group. Of those who used

condoms in the last sex, the majority were rickshaw pullers ($n = 13/42$, 31.0 percent), followed by truckers ($n = 9/51$, 17.6 percent).



Respondents' Self-Assessment of HIV/AIDS Risk

Respondents were asked about the degree of possibility of getting HIV/AIDS. Table 4 lists frequencies by category of risk-group. The majority of respondents from both the groups reported being not at risk of getting HIV/AIDS. The proportion of respondents reporting 'not at risk' was higher among truckers compared to rickshaw pullers. However, among the truckers, 2 (2.5 percent) reported that their risk of getting the virus is extremely high. Of the rickshaw pullers only 1 (0.9 percent) respondent classified his vulnerability of getting HIV/AIDS at 'higher risk'. In this sample, the most common response for the rickshaw pullers was 'don't know' – reported at more than half of the respondents (44.7 percent), when asked about their self-assessment of risk.

Table 4. Responses to Questions about the Risk of Catching HIV/AIDS

Items	Truckers (n = 79)		Rickshaw pullers (n = 103)	
	No.	%	No.	%
<i>Are you at risk of AIDS?</i>				
Extremely high	2	2.5	1	0.9
Moderate	5	6.3	4	3.9
Low	7	8.9	13	12.6
No possibility at all	34	43.0	39	37.9
Don't know	31	39.2	46	44.7

Awareness and Knowledge on HIV/AIDS

Table 5 summarises the AIDS knowledge and beliefs of the respondents. The respondents' awareness of AIDS was high with 88 percent of migrant workers and 86.1 percent of truckers having heard of AIDS. More than one-third (35.9 percent) of the rickshaw pullers did not hear about HIV. However, specific knowledge related to the modes of transmission was considerably lower. When asked a question about how AIDS is transmitted, only 4 percent stated the mechanism to be through sexual intercourse between male and female, however more than half of the truckers and rickshaw pullers mentioned sex with a FSW and one rickshaw puller mentioned sex between male and male. In response to the other question, nearly 20 percent of truckers and rickshaw pullers acknowledged that AIDS could be sexually transmitted by not using a condom, but 2 respondents (truckers and rickshaw pullers respectively) agreed with the statement that AIDS could be transmitted by other non-sexual contact such as a handshake or sharing utensils.

Table 5. AIDS Knowledge of the Participants

Questions asked	Truckers (n = 79)		Rickshaw pullers (n = 103)	
	No.	%	No.	%
<i>Have you heard of AIDS?</i>				
Yes	68	86.1	66	64.1
No	11	13.9	37	35.9
<i>How is AIDS transmitted?</i>				
	n = 68		n = 66	
Sexual intercourse between male and female	4	4.4	3	4.5
Male to male sex	–	–	1	1.5
Male to hijra sex	–	–	1	1.5
Sex with CSWs	39	57.4	41	59.1
Mother to child (Transplacental)	2	1.5	1	1.5
Brest feeding	1	1.5	–	–
Shaking hands	–	–	2	3.0
Sharing food/clothes	–	–	2	1.5
Unscreened blood transfusion	3	4.4	7	10.6
Sex without condom	14	20.6	12	18.2
Sharing needles/syringes	6	8.8	6	9.1
Unhygienic practices	–	–	3	4.5
Don't know	17	25.0	26	39.4
Mosquito bite	–	–	4	6.1
Sex with multiple partners	7	10.3	4	6.1
Drug addiction	2	2.9	–	–
Other	4	5.9	3	4.5

Note: A dash (–) indicates no cases in the category.

Findings from Field Observation and FGDs

In a number of FGDs, the truckers said that the transport industry ranks as high risk when it comes to HIV/AIDS in Bangladesh. Truckers are considered to be one of country's high-risk groups, given that they spend long periods apart from their families and spouses, and some of them will engage in sexual relations with CSWs. Members participating in the discussion further assert that the transport industry has not received any cautionary warning from health department or NGOs. Like Indian truck drivers, local drivers passing along Thakurgaon and Panchagar districts have started having sex with female sex workers (street and hotel-based) with almost no questions asked. A number of hotels situated across the

Thakurgaon-Panchagarh highway are popular choices for truckers who regularly travel along this way. The CSWs are poor and uneducated – forced to sell themselves for money inside trucks, parking lots or even outside in the bushes. Negotiating condom use simply is not an option for most sex workers. The members added that few truckers nationwide are getting prevention messages through media, and none of the nation's driving schools includes AIDS education in their curriculum. To combat the infection rate of HIV/STI among them, govt. health workers and NGOs should use sex workers to promote safer sex and distribute free condoms to their clients.

The impact of HIV/AIDS on the sector is also felt by the group members. Truck drivers in Bangladesh can have anywhere from at least 5 to 10 sex partners a month, depending on how much time and money they have in hand, they added. They sum it up by saying that, HIV/AIDS in the long run, will reduce the total number of members and will increase costs associated with medical treatments. The government, trucking industry, unions and the drivers themselves must take responsibility to fight against the disease.

The FGD findings with rickshaw pullers reveal that they engage in high-risk behaviours – such as having unprotected sexual intercourse with CSWs and sharing needles with IDUs. In Thakurgaon, there was 'no evidence' of HIV infection to go along with that risk, as the members participating in the discussion said. The number of rickshaw pullers in Thakurgaon is difficult to calculate because the population is so mobile. In an interview with a local Rickshaw puller Union leader, it was revealed that no fewer than 10,000 rickshaw pullers are there in Thakurgaon town, including its neighbouring areas. It is common knowledge that came from the focus group discussion that rickshaw pullers turn to street-based CSWs often on the field, park or solitary place. The members reported that many rickshaw pullers were having unprotected sex with CSWs and sleeping with their unsuspecting wives, passing the disease on to their wives. Most rickshaw pullers in the discussion stated that they did not know how HIV is spread or that their female sexual partners can contract the virus from them. In the discussion process, a number of rickshaw pullers said that since most rickshaw pullers spend their time at various locations, they cannot easily be reached by health workers with educational information. They fall outside these efforts because they are never in one place. Like truck drivers, they are high-risk for contracting HIV because they find their sexual pleasure wherever they are.

Discussion

Data are scanty at present on the risk behaviours among the high-risk groups in Thakurgaon. This study was, therefore, carried out to investigate AIDS knowledge, risk behaviours and condom use among truckers and rickshaw pullers in this town. The results support the fact that Thakurgaon represents a setting where commercial sex is common. There is an active group of CSWs (either street or hotel-based) serving clients in this town.

The data indicate that awareness is almost universal among truckers, with more than 85 percent of truckers having heard of AIDS. Of this population having heard of AIDS, knowledge of transmission methods is very low among these groups. And yet, it is increasingly recognized that while awareness and knowledge are necessary, that are by themselves not sufficient conditions to effectuate sexual behaviour change. A more sensitive indicator of behaviour change is self-assessment of HIV risk than knowledge – 43 percent of truckers and nearly 38 percent of rickshaw pullers in this study claimed that they were not in a position to get HIV/AIDS, given the fact that more than two-thirds of the population in each group reported having unprotected sex with CSWs in the last sexual intercourse (Figure 1).

Extramarital sexual relations are much more common among the respondents and condoms are less often practiced. The research shows that on average the respondents had sex with six CSWs in the week preceding the interview. This situation exists in a culture which maintains that sexual relations must be contained within marriage because non-marital sex is sinful in this society. Nearly one-quarter (20.3 percent) of the truckers who do have sexual relations went to CSWs. Most do not use condoms in commercial relationships and very few in non-commercial ones – only 19.8 percent reported using a condom during the last sexual intercourse with CSWs. Furthermore, they are more likely to have subsequent sexual relations with other women, often their wives. Previous round of behavioural surveillance in Bangladesh also report evidence concerning truckers' unprotected sexual intercourse with CSWs. For example, the fifth round of serological and behavioural surveillance conducted during 2003-2004 shows that 14.2 percent of truckers in Central A region reported using condoms in their last sexual intercourse with CSWs past year (MOHFW 2004b). Conversely, in the same region, rickshaw pullers' condom use pattern in their last sexual intercourse with CSWs was low – documented at only 3.9 percent. A study of 388 truck drivers and truck helpers in Tejgaon also found high levels of unsafe sexual activity. The data show that 211 of the men (54

percent) acknowledged having sex with one or more CSWs in the past year and condom use was rare even in sexual encounters with CSWs (Gibney et al. unpublished data, 2000). Another study found truck drivers to be an important client group for CSWs in Bangladesh (Alam, Biswajit & Islam 1996). Studies of truck drivers in India have also reported high levels of unsafe sexual activity such as sex with CSWs and multiple partners (Rao et al. 1999).

These findings must be considered in light of the study limitations. Firstly, because of the nature of the job of truckers and rickshaw pullers, it is impossible to have a truly representative sample. Most of the data were collected from respondents waiting nearby a bus terminal, rather than a random sample of these groups. Thus, findings from this sample may not generalize to the larger population of truckers or rickshaw pullers.

Secondly, it should be kept in mind that the findings of this study from survey interviews are based on self-report data on sensitive behaviours and thus may be subject to problems of inaccurate recall and deliberate concealment. For example, lying about condom use seems common, especially concerning sexual intercourse with female CSWs. In conducting the study, the researcher attempted to minimise these problems by careful selection and training of interviewers, by providing assurances of privacy and confidentiality to respondents and by careful questionnaire design. Thirdly, these results are based on cross-sectional data and hence causal inferences should be made with caution. Finally, this is among the first studies to examine continued sexual risk behaviour in truckers and rickshaw pullers. Therefore, all of the findings for these groups are in particular need of replication.

Conclusions

Depending on HIV/AIDS situation in Bangladesh, it is considered as a 'situation of low prevalence and high risk', and being one of the least developed and highly populated countries, it is under compounding threat of HIV/AIDS epidemic. In the advent of AIDS in Bangladesh, information and education programmes are under way, but other interventions on HIV/AIDS (e.g. STI services) are yet to develop significantly. Reaching high-risk groups early with effective sexual health information and interventions is therefore vitally important in preventing the growth and spread of HIV/AIDS in Bangladesh (Habib 2005).

The findings of this study enhance our understanding of the unprotected sexual behaviours of truckers and rickshaw pullers, and provide a basis for the development of preventive interventions targeting this population. This knowledge is essential because the sexual behaviours of this population place them at increased risk for STI and HIV infection. Moreover, the development of effective HIV interventions must address the factors that influence those behaviours.

In developing a successful HIV prevention strategy, it is critical that interventions be targeted not only to truckers and rickshaw pullers but to sex workers as well. These interventions should be comprehensive in nature and should include educational activities concerning AIDS and STI transmission and prevention, condom promotion, and activities to strengthen the health sectors' STI diagnosis and treatment capabilities for both sex workers and their clients. Interventions for these groups should include educational programmes to correct their misconceptions about HIV infection and to promote safer sex practices and condom use.

Considering the above messages, we should immediately launch a quality programme to reach a large number of target/vulnerable population and intervention must go beyond 'raising awareness' where people must be able to negotiate safe sex behaviour like condom use. Interventions for the truckers and rickshaw pullers may include media that promote positive images of condoms and safe sex practices. While condom use is needed for these groups, it may be difficult to involve such a mobile group of persons in such an intervention.

In the absence of a cure of effective vaccine, the only way of preventing the spread of the disease is to try to change the sexual behaviour of sexually active persons by disseminating information about HIV/AIDS and by encouraging the use of condoms. Knowledge of safe sexual practices is a pre-requisite for behavioural change, although of course, it is not sufficient. Unless sexual behaviour changes and, in particular, condom using relationships of risk increases, the incidence of HIV infection will continue to grow in Bangladesh.

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