

AWARENESS OF HIV / AIDS AMONG THE GRASS-WIDOWS

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Abstract

The migrant workers in Bangladesh are at high risk of getting HIV infection due to factors like staying away from family for long periods which leave them vulnerable towards sexual relationship with commercial sex workers (CSW) and having sexual relationship with other men (MSM). This paper aimed to explore the level of awareness on HIV/AIDs among the women whose husbands stay apart from them for over a period of 6 months. For this cross sectional study, women attending public and private hospitals in Dhaka city were selected purposively. The participants were interviewed using a partially open-structured questionnaire. A total of 404 subjects were interviewed. Most of the respondents were housewives (85.7%). The higher education group had a high prevalence of awareness (\geq HSC vs. SSC: 45.0% vs. 8.5%; $p < 0.001$). The prevalence of awareness was significantly higher among the employed than the housewives (50% vs. 12.4%, $p < 0.001$). Although the wives of the unskilled labor and the skilled employee were equal (25% vs. 25%), the wives of skilled employee had significantly higher awareness than the wives of the unskilled laborer (30.7 vs. 10.9%, $p = 0.001$). The study concludes that higher awareness level was significantly associated with higher education of the participants and higher education of the husband. Occupationally, housewives were found to have very low level of awareness compared with the employed group of participants. Again the wives of skilled employees had a significantly higher prevalence of awareness compared with the wives of unskilled laborer.

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Introduction

Bangladesh is still considered as a low HIV/AIDs prevalent country. However, the current concentrated epidemics among commercial sex workers, men having sex with men, and injecting drug users draws vivid attention for awareness and prevention. With prevalence rate of less than 1%, HIV/AIDs in Bangladesh may not look like a major threat, yet the fact cannot be ignored that in a population of over 160 million, a mere 1% rise would mean an addition of more than a million to the prevalence.

One of the ways HIV can be introduced into a low prevalence country is through people returning from high prevalence countries where they have engaged in risky behaviors. Data from three Voluntary Counseling and Testing Units of ICDDR,B indicate that 47 (18.1%) of the 259 people tested between 2002 and 2004 were

HIV positive. Of these, 29 were adult males who had returned from abroad, seven were wives of migrant workers, and four were children of HIV positive migrant workers.¹ In the last decade, around 200,000 Bangladeshi men were officially recorded as migrating out for work each year, mostly to the Middle East, and many more are known to leave informally.² According to several studies, extra-marital sex by men are quite common; it was much more prevalent among migrant men who had lived apart from their wives, in Bangladesh or abroad. Women were also more likely to report extra-marital sex if their husbands were living away from home. The likelihood of extra-marital sex increased with length of separation.

Bangladesh has a narrow window of opportunity to act decisively to prevent the spread of HIV/AIDs among

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vulnerable groups. HIV/AIDs prevalence and the number of AIDs cases remain low in Bangladesh, but they are on the increase in some risk groups. There have been little change in high-risk behaviors and vigorous and prompt action is needed now to prevent the virus from taking hold. Identification of the vulnerable groups is most important to promote awareness; along with that, identifying the groups with low awareness, low accessibility, and hidden groups are crucial in designing awareness and behavior change communication programs for prevention of HIV/AIDs outbreak.

Subjects and Methods

The target population of this study was women whose husbands are migrant workers and have been living abroad for more than six months. For this study only external migrations were selected as cases, as in most of the cases of internal migration the duration of staying apart is likely to be shorter than six months.

The study was conducted purposively among the women attending Dhaka Medical College Hospital, Bangabandhu Sheikh Mujib Medical University (BSMMU), Azimpur Maternity Hospital, Holy Family Red Crescent Medical College and Hospital, BIRDEM Hospital, Mother Care Pvt Hospital Limited, Monowara Pvt Hospital, Lake View Clinic and Salahuddin Ash-Shifa Private Hospital. A semi structured questionnaire was used for interviewing. Each participant was informed about the objectives and the contents of the questionnaire. She was requested to volunteer with assurance of maintenance of confidentiality. The level of awareness was graded on the basis of knowledge about the existence of a disease known as HIV/AIDs and knowledge about its transmission, morbidity and mortality including availability of treatment. The awareness was classified into low and high according to knowledge. The survey was conducted from June 2007 till August 2007.

The analytical plan of the study included description of the study population by their socio-demographic characteristics. For this, some descriptive statistics were used like mean, median, mode and percentages. In order to find out association between the dependent and independent variables, Chi-Square tests were performed to find out the bi-variate relationships and their levels of significance.

Table-1: Relation between respondents' education and their awareness level on HIV/AIDs

| Respondents' Education level | Awareness | | Total |
|------------------------------|------------|-----------|-------|
| | Low | High | |
| Below SSC | 92 (87.6) | 13 (12.4) | 105 |
| SSC | 129 (91.5) | 12 (8.5) | 141 |
| HSC | 80 (81.6) | 18 (18.4) | 98 |
| Higher | 33 (55.0) | 27 (45.0) | 60 |
| Total | 334 (82.7) | 70 (17.3) | 404 |

Chi-sq: $p < 0.001$

Results

A total of 404 women volunteered in the study. Of them, 10.4% belonged to the age group of 27 years, which is the largest group among the target population. One exceptional case was found to be of age 65 years. Highest number of respondents had education up to SSC level (34.8%). Education higher than HSC level was found only in 15.1%. Most of the respondents were housewives (85.7%) by occupation and 11.9% were employed and 2.5% were unemployed. For the source of information for their awareness, 97.5% had access to TV, and 38% had access to radio.

Regarding education of husbands, 44.2% attained a level higher than HSC and by occupation, 30.9% were semi-skilled. Compared with the lower education group, higher education group had high prevalence of awareness ($>=$ HSC vs. SSC: 45.0% vs. 8.5%; $p < 0.001$) [Table-1]. Likewise, the group with higher education of husbands showed higher levels of awareness than the group of lower educated husbands (25.3% vs. 10.0%; $p < 0.005$) [Table-2].

Occupationally, 85.6% were housewives and only 11.8% were employed. The prevalence of awareness

Table-2: Relation between husband's education and respondents' awareness on HIV/AIDs

| Husband's Education level | Awareness | | Total |
|---------------------------|------------|-----------|-------|
| | Low | High | |
| Below SSC | 55 (88.7) | 7 (11.3) | 62 |
| SSC | 47 (87.0) | 7 (13.0) | 54 |
| HSC | 99 (90.0) | 11 (10.0) | 110 |
| Higher | 133 (74.7) | 45 (25.3) | 178 |
| Total | 334 (82.7) | 70 (17.3) | 404 |

Chi-sq: $p < 0.005$

Table-3: Relation between respondents' occupation and awareness on HIV/AIDs

| Respondent's Occupation | Awareness | | Total |
|----------------------------|------------|-----------|-------|
| | Low | High | |
| Employed | 24 (50.0) | 24 (50.0) | 48 |
| Housewife | 303 (87.6) | 43 (12.4) | 346 |
| Unemployed | 7 (70.0) | 3 (30.0) | 10 |
| Total | 334 (82.7) | 70 (17.3) | 404 |

Chi-sq: $p < 0.001$

was significantly higher among the employed than the housewives (50% vs. 12.4%, $p < 0.001$) [Table-3]. Although the wives of the unskilled labor and the skilled employee were equal (25% vs. 25%), the wives of skilled employee had significantly higher awareness than the wives of the unskilled labor (30.7 vs. 10.9%, $p = 0.001$) [Table 4].

Discussion

Based on the facts discussed above, this study on the level of awareness among the wives whose husbands stay apart from the family over a period of six months were professed to be a high risk group who could act as a global threat in spreading HIV/AIDs epidemic. It was necessary to explore the state of awareness on HIV/AIDs in this target group of population before preventive interventions could be prioritized, designed, implemented, monitored and evaluated for the prevention of HIV/AIDs.

It was assumed that based on education, economic status, occupation, access to media and cultural traits of a community, the awareness on HIV/AIDs would vary. The findings of the study do reveal that all these

factors have an effect on the awareness level of the target population.

Among respondents having education level below SSC, the awareness on HIV/AIDs was higher compared to the respondents with SSC level education. Among HSC and higher level education group the level of education and high awareness are positively related. Low awareness is more prevalent among the housewives. Being in a job does not show any variation of awareness among the respondents, and among the unemployed respondents awareness on HIV/AIDs was higher than the respondents who were housewives. Level of husband's education had similar traits of awareness as that of the respondents. Wives of the skilled employees had a higher level of HIV/AIDs awareness than the wives of unskilled or semi skilled employees. Other than a reverse trend among the husbands engaged in business, it can be stated that husband's better employment had a positive relation with awareness. The situation among the husbands engaged in business might have differed due to the differences in their level of education.

Based on the ranking generated by the variables of the questionnaire, 82.5% of the respondents had a low awareness on HIV/AIDs; this being an alarming situation demanding immediate and appropriate intervention for prevention of HIV/AIDs in the country. Behind the low awareness, the factors that worked were lack of knowledge, lack of recollection or adaptation of the preventive measures, and lack of understanding the risk of having an HIV positive partner.

These findings do reveal that apart from the risks of being engaged in high risk behaviors like having multiple sex partners, often with high risk groups like injecting drug users (IDUs) and commercial sex workers, on both the wife and the husband's part, low awareness among the wives of the men who are already at high risk of HIV/AIDs creates a scenario where it is very likely to spread HIV/AIDs across the borders if immediate and appropriate measures are not taken up.

Conclusion

The study revealed that the awareness level of HIV and AIDs among the grass-widows, a high risk group for contacting the disease was dangerously low. Higher

Table-4: Relation between husband's job and respondents' awareness on HIV/AIDs

| Type of husband's job or employment | Awareness | | Total |
|--|------------|-----------|-------|
| | Low | High | |
| Unskilled labor | 90 (89.1) | 11 (10.9) | 101 |
| Semi skilled labor | 109 (87.2) | 16 (12.8) | 125 |
| Skilled employee | 70 (69.3) | 31 (30.7) | 101 |
| Business | 65 (84.4) | 12 (15.6) | 77 |
| Total | 334 (82.7) | 70 (17.3) | 404 |

Chi-sq: $p = 0.001$

awareness level was significantly associated with higher education of the participants and higher education of the husband. By occupation, the housewives were found to have very low level of awareness compared with the employed group of participants. Again the wives of skilled employee had significantly higher prevalence of awareness compared with the wives of unskilled labor. Overall, higher education and higher quality of employment in either spouse were positively related to the awareness of HIV/AIDs.

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