

Condom Using Prevalence and Phobia on Sexually Transmitted Diseases Among Sex-Buyers in Bangladesh

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Abstract

The study aim was to search out the condom using practices, knowledge and attitudes among sex-buying men in Bangladesh. According to the study, 87.80% and 89.27% respondents had good knowledge on AIDS and STDs. About 74.15% respondents were on the belief of avoiding HIV using condom during their paid sex. Results also revealed that the men with middle ages with high socio-economic status and level of education had better perception, knowledge and attitude towards using condom during paid sex and however poor men were more vulnerable to STDs contamination.

Keywords

Condom, STDs, Sex-buyers, AIDS, Bangladesh

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1. Introduction

The HIV/AIDS is one of the most epidemic public health challenges in the world [1, 2]. With a prevalence of nearly 1%, globally 33 million people are now the HIV/AIDS sustainers [1, 3]. The highest burden of HIV is in Africa and however, the Asian countries are now on the HIV infections raising concern. About 2.5 million people were infected and 2.1 million killed in Sub Saharan Africa [4]. In Asian countries, HIV is mainly transmitted through commercial sex working men and women using injectable drugs and women HIV with positive transmitting the disease to their offspring's [5]. The HIV is a health burden also in the developing countries like Bangladesh and it is going to be an epidemic among vulnerable groups in high risk [6]. While there is a topographic distribution of HIV in Bangladesh, more people are affected in the industrial areas [7, 8]. Religions and custom barriers to having sex before marriage has caused a

raised high demand of commercial sex [9]. Furthermore, using a condom to protect the HIV contamination is not common, causing an increase of risk of occurring HIV in the mass population [10]. According to a study, about 50%-70% of clients of female sex workers are either married or have another female partner [11] creating a larger sexual network with increasing vulnerability of the HIV/STDs [12-15]. Scanty sexual knowledge, level of education, sex relation with more than one partner is still dominant factors linked to spreading the STDs [16-20]. Several studies have been conducted to identify the knowledge and attitude towards HIV/AIDS and condom using behavior in the mass people in different conditions [21-24], however, there is inadequate focus concerning male clients of female sex workers who are playing one of key role in transmission of disease [25-28]. A wide range of diversity of the male client across the country

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made harder to recognize this issues adequately [29-31].

Therefore, this study was mused upon condom using behaviour of the sex-buying men in Bangladesh and also to explore their knowledge about STDs/AIDS which is a global health headache now-a-days to the health and nutritional epidemiologists.

2. Framework

The study was a descriptive cross-sectional study conducted at purposively selected Tangail, Dhaka, Manikganj and Mymensingh districts in Bangladesh. There were taken a sum of 205 sex-buyers using in vogue purposive sampling method for continuation of the study in full swing. A well-structured questionnaire was developed containing both the open and closed ended query to collect data interviewing the respondents in the study areas. The gained collected data was checked far away from the sample areas. The questionnaire was formed in order to gain the relevant information considering the dependent variables i.e., age group, level of education, residency, occupation, socio-economic contour and independent variable i.e., number of partners chosen during March 2012 to February 2013. The respondents were asked their sex habit to practice paid sex to meet the more significant biological need in their ongoing life style.

The questionnaire was checked daily closing the field work, rechecked again after collecting all data and coded before entrancing into the computer technology. The data was edited if seeing any discrepancy (wrong entry, doubt entry etc.) and the data was processed to undergo statistical analysis using SPSS 16 windows program. Microsoft Word and Microsoft Excel were taken into consideration to focus the results using tabular and chart icon.

3. Results

The study presented that, male sex buyers of 20-24 years of ages were the highest proportions of condom use during their last paid sex session. Proportions of urban males (condom users) are more than rural males during sex buying episodes (53.66% vs. 46.34%). Secondary educated males (46.34%); employed men (87.80%) demonstrate highest proportions of condom useduring their paid sex. Males belonging to richer (24.87%) and richest (26.83%) economic echelon, with high standard of living (47.80%) dominate condom use during paid sex. Men with single partner (56.09%) used more condom than their peers with no partner (38.54%) or multiple partners (5.37%). Smokers (70.73%) and alcoholic takers (63.41%) used more condom than non-smokers and non-alcoholic males during paid sex (Table 1).

Table 1. Socio-demographic characteristics of respondents (N= 205).

Parameters	Use condom for last paid sex	
	Frequency	Percentage
Age (years)		
15-19	25	12.2
20-24	62	30.24
25-29	31	15.12
30-34	30	14.63
35-39	25	12.2
40-44	13	6.34
45-49	11	5.36
50-54	8	3.9
Residence facilities		
Rural	95	46.34
Urban	110	53.66
Level of education		
Illiterate	38	18.54
Primary	40	19.51
Secondary	95	46.34
Higher Secondary	32	15.61
Employing status		
Not employed	25	12.19
Employed	180	87.80
Economic status		
Poor	27	13.17
Poorer	33	16.09
Middle	39	19.02
Richer	51	24.87
Richest	55	26.83
Standard of living		
Low	42	20.49
Middle	65	31.71
High	98	47.80
Number of partners		
No	79	38.54
One	115	56.09
More than one	11	5.37
Smoking behavior		
Yes	145	70.73
No	60	29.27
Alcohol consuming practices		
Yes	130	63.41
No	75	36.59

Table 2. Sexual knowledge and attitudes of respondents.

Parameters	Used condom for last paid sex	
	Frequency	Percentage
Know about STDs		
Yes	183	89.27
No	22	10.73
Know about AIDS		
Yes	180	87.80
No	25	12.2
Reduce risk of getting AIDS not having sex at all		
Yes	156	76.09
No	49	23.90
Reduce risks of AIDS by using condoms during sex		
Yes	152	74.15
No	53	25.85
Partner ask for using condom		
Yes	175	85.37
No	30	14.63

The knowledge and attitude about sexual affairs of the respondents were explored in this study. About 89.27% respondents knew about STDs and 74.15% believe that risk

of AIDS can be reducing by using condom. About 85.37% respondents accept partners' autonomy to ask to use condom during their personal sex practices (Table 2).

4. Discussion

The study was piloted at the densely populated four selected districts in Bangladesh. These areas were taken to make the reporting of sexual knowledge, attitude and practices of sex-buying men in Bangladesh as a whole to explore the overall situation in this connection to direct to take ideas to solve the health related illness due to paid sex across the country. The conducted study have reviewed 205 sex-buying men with having paid sex experience with female partners in the last twelve months in various demographic settlement of Bangladesh, a developing country in the earth. The proportion of sex-buying practices vary to country to country and level of socio-economic and educational performance of the people in the world and they have to face various diseases in various health and nutritional condition [32-34].

Spain has reported the highest rate in Europe with 39%, whereas Asian countries considerably increased in sex-buying, 73% of Thai men are sex-buyers [35] because different methodologies have been adopted to estimate the prevalence of paid sex in different regions [12]. This study showed that the involvement of middle aged men paying for sex caused a higher risk of contamination with the HIV/AIDS. A study in India showed that commercial sex in the southern part of India comprises of some \$8.7 billion per year [6, 36] which increases the risk of the HIV infection without proper condom use and eventually leads to poverty, deprivation in health and hygiene facilities and economic instability [25, 37-40]. Another study mentioned using condoms is very low in Bangladesh compared to European countries with a higher level of condom use for protection [41, 42]. Social workers are trying to get condoms more widely used, but sex workers are in a fear of losing their customers if they insist [43] since it is perceived to interfere with the clients' sexual acceptability and pleasure [44] and the taboo for such "condom non-pleasure myth" should be postponed.

Another concern may be the quality of condom. The low-cost/freely available government sponsored condoms may be thick, unpleasant and not thin enough for sexual pleasure. Another study for 'condom non-pleasure myth' could be interesting to explore the actual reason. In a Dutch study many clients reported that consistent condom use did not view safer sex as an intrinsic choice, but rather as something forced on them by the sex worker. A study in Pune in India included over 400 women at STDs clinics, 93% were married and 91% had never sex with anyone else except their

husband, but all of them were infected, 13.6% were HIV positive [45] while the present study showed that male has a higher level of knowledge about AIDS and STDs, moreover the majority of them had attitude towards using condom. They were aware of condoms could reduce the chance of transmitting AIDS in around 74.15% cases. Although a study conducted in India mentioned that HIV prevalence was highest among women whose husbands were travelling because of their employment in the transport industry [46]. Like in many other countries, the unequal power relationship between men and women in Bangladesh, there is lower level of education and status of women and risky behaviour of the male partners consequently leads to difficulties to achieve safe sex, within marriage or in commercial sex [47, 48]. Another study illustrated that if women were trying to gain knowledge about safe sex from partners, parents, teachers and peers on purchasing condoms they are treated as promiscuous [13]. On the contrary, efforts have been made to support women to take more control over their reproductive health status, promoting a community-oriented approach to the HIV/AIDS interventions [49, 50] taking multi-level approach including individual, community and societal interventions [51] to the using models to work in specific risky situations [52]. The successes of Senegal, Thailand and Uganda to reduce the HIV/AIDS transmission rates can also be used to determine and analyze factors that work [53, 54]. A more effective result could be explored through visiting sex-selling areas where the sex-buying men are higher in number and are more likely to response to the related issues [55, 56]. To explore the overall evaluation in this issue is harder enough and therefore the spatial microsimulation modelling [57-59] can bear fruit in designing preferable policies to see the governments and NGOs about environmental and spatial effects [60-62] across different sites in the country.

5. Conclusion

Sex need is going to be a basic right in the developed countries and people of the poor and developing countries are the different STDs sufferers for their inadequate reproductive health knowledge due to the inadequate interventions taken by the government and the NGOs to educate them properly to create awareness about STDs. So, the policy makers of the country should come up with proper solvable views to curb the AIDS/ STDs relating existing health horrors. Microsimulation modelling techniques should be implemented in a further study for designing policies, analyzing and checking spatial effect to shirk the illness caused due to the STDs in different proportion in different demographic sites in the country.

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