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Sexually Transmitted Infections and Risk Factors Among Truck Stand Workers in Dhaka, Bangladesh

Nazmul Alam, MPH, MSc^{*,†}, Motiur Rahman, MD, PhD^{*}, Kaniz Gausia, MBBS, MSc^{*}, Md Yunus, MBBS, CHDC^{*}, Nazrul Islam, MSc^{*}, Parwez Chaudhury, MBBS[†], Shirajum Monira, MSc^{*}, Ellen Funkhouser, DrPH[‡], Sten H. Vermund, MD, PhD[§], and Japhet Killewo, MB, ChB, PhD^{*,^}

^{*}ICDDR,B: Centre for Health and Population Research, Bangladesh

[†]Paricharja, Mohammadpur, Dhaka, Bangladesh

[‡]The University of Alabama at Birmingham, Birmingham, Alabama

[§]Vanderbilt University School of Medicine. Nashville, Tennessee

[^]Muhimbili University College of Health Sciences, Dar es Salaam, Tanzania

Abstract

Objective—This study was conducted to determine the prevalence of selected sexually transmitted infections (STIs) and their risk factors among workers in and near a truck stand in Dhaka, Bangladesh.

Study Design—A random sample of 696 men and 206 women were recruited into a cross-sectional study using a census that enumerated transport agents, motor mechanics, laborers, and vendors in Tejgaon truck stand.

Results—The prevalence rates of syphilis (rapid plasma reagin and *Treponema pallidum* hemagglutination), gonorrhea (polymerase chain reaction [PCR]), and chlamydial infections (PCR) among men were 4.1%, 7.7%, and 2.3%, respectively, and among women were 2.9%, 8.3%, and 5.2%. Multivariable analysis revealed that having ≥ 2 sex partners in the last month, never using a condom with sex workers, and ever injecting narcotics were significant predictors of STI among men. Being never married, working as a laborer, older age, and living within the truck stand were significant predictors of practicing high-risk behaviors among men, but none predicted infection with STIs.

Conclusions—Both behavioral and STI data suggest that truck stand workers should be included in the STI/HIV intervention programs.

Long distance truckers and their helpers are considered at especially high risk for contracting sexually transmitted infections (STIs).^{1,2} Their role as a bridge population between high-risk persons and the general population for transmitting STI/HIV has long been recognized.^{3–8} Men and women working in a truck stand as transport agents or other occupations and living in, or in close proximity of, truck stands may be at higher risk for STI/HIV because of possible sexual mixing among truck drivers, sex workers, and those persons working/living in truck stand setting.^{3,9,10}

Bangladesh has a population representing all known risk behaviors that can lead to a large-scale HIV epidemic.^{11,12} According to the 2003 national HIV and syphilis surveillance, HIV circulates at low levels among most of the high-risk groups but is highest among injecting drug users (4%) in central Bangladesh.¹³ Studies conducted among truck drivers and helpers in Bangladesh revealed a high prevalence of sexual risk behaviors and certain STIs; 54% of the 388 truckers in the Tejgaon truck stand, one of the largest truck stands in Bangladesh, had sexual encounters with a commercial sex worker (CSW) in the past year, whereas 50% of the married males in the sample had sex with both a CSW and their wife during the same period.¹⁴ Because truckers in Bangladesh, like in other countries, were found at higher risk for STI/HIV, assessment of STI risk behaviors and infection status in bridging populations with close contacts with truckers remains important to guide targeted STI/HIV prevention intervention.

We investigated the prevalence of selected STIs (syphilis, gonorrhea, chlamydia, and trichomoniasis) and other reproductive tract infections (bacterial vaginosis and candidiasis) and assessed behavioral and sociodemographic predictors of STIs among men and women working closely with truckers as transport agents, motor mechanics, transport laborers, and vendors in a truck stand.

Materials and Methods

Study Design, Site, and Population

We conducted a cross-sectional study among adult men aged 15 to 55 years and women aged 15 to 49 years working in the Tejgaon truck stand of Dhaka, the capital city of Bangladesh. The target population included individuals working as transport agents, motor mechanics, laborers, and small vendors in the truck stop for more than 3 months before the time of the study, but excluded truck drivers and their helpers. We identified 1649 men and 423 women working in the truck stand through a 2000 census in this community. A random sample of 839 men and 236 women was selected using probability sampling. Approval of the study was obtained from the ICDDR,B: Centre for Health and Population Research, Bangladesh ethical review committee.

Data Collection

Study interviewers visited the workplaces and/or residences of all selected subjects and invited them to our clinics to participate. Written informed consent was obtained from each enrolled subject. Sociodemographic and behavioral information were collected by same-sex interviewers using semistructured questionnaires. Trained physicians examined the participants and collected the following specimens: blood, urine, and urethral discharge from men; and blood, 2 endocervical swabs, and a posterior vaginal fornix swab from the women. Study subjects with reproductive tract infection (RTI)/STI symptoms were treated initially according to the World Health Organization syndromic management guidelines and, if necessary, additional treatment was provided based on subsequent laboratory findings.

Diagnosis of Sexually Transmitted Infections/Reproductive Tract Infections

At the study clinic, a wet mount of vaginal fluid was prepared and examined microscopically for the presence of motile *Trichomonas vaginalis* and *Candida* hyphae. A smear was also made from vaginal fluid for Gram's staining and bacterial vaginosis (BV) was diagnosed by using Nugent's scoring.¹⁵ A score of 4 to 6 was considered as intermediate and a score of 7 to 10 was considered as BV.

Roche Amplicor specimen collection kit was used to collect endocervical swab specimens and processed as instructed by the manufacturers. *Chlamydia trachomatis* and *Neisseria gonorrhoeae* were diagnosed by a Roche Amplicor diagnostic kit polymerase chain reaction

assay from endocervical swab specimens for women and urine specimens for men. The equivocal tests were repeated as instructed by the manufacturers. All sera were screened for *Treponema pallidum* by rapid plasma reagin test (RPR test, HUMAN, Germany) and by *T. pallidum* hemagglutination test (TPHA test, HUMAN, Germany). Subjects were considered to have active syphilis if both RPR ($\geq 1:8$ dilutions) and TPHA were positive.

Data Analysis

The prevalence rates of STI/RTI were calculated using confirmed laboratory results. Chi-squared test was performed to compare sociodemographic, behavioral, and STI variables across men and women. Odds ratios and 95% confidence intervals were obtained from bivariate and multivariable logistic regression analyses to determine predictors for “high-risk behavior” and “infection with STIs” outcomes. Nine selected risk variables (Table 1) were included in the logistic regression models performed separately for men and women to define the “high-risk behavior.”

Study subjects found positive for at least one of the 3 STIs (syphilis, gonorrhea, chlamydial infection) that were diagnosed in both men and women were considered as having “infection with STIs.” All statistical tests were based on a 2-sided P value, in which $P \leq 0.05$ was considered significant. All data were entered in the Fox-Pro database management program and analyses were done using the SPSS 12.0 for Windows.¹⁶

Results

General Characteristics

A total of 695 men and 206 women were enrolled in the study, which is 83% of the 839 men and 87% of the 236 women approached based on the random sample (Table 1). The mean ages of men and women were 27.6 years (range, 14–55 years) and 28.4 years (range, 15–48 years), respectively. Nearly all of the study subjects were Muslims (97.7%) and over two thirds resided at the truck stand (69.5%). Fifty percent of the men and 80.3% of the women were married, whereas 1.1% of the men and 17.0% of the women were either divorced or widowed. The majority of the men were mechanics (32.2%) or were in small business enterprises (28.8); women were vendors of food and other commodities (94.2%). Nearly one fifth of the men and two thirds of the women had no formal education.

Prevalence of Sexually Transmitted Infections and Respiratory Tract Infections

We diagnosed gonorrhea in 7.7% of men and 8.3% of women, chlamydial infection in 2.3% of men and 5.2% of women, and syphilis in 4.1% of men and 2.9% of women (Table 1). Among the enrolled women, 4.6%, 20.1%, and 3.1% had trichomoniasis, BV, and candidiasis, respectively. Coinfection with syphilis and gonorrhea was found in 3 men, syphilis and chlamydia in one woman, and gonorrhea and chlamydia in 2 men and in 3 women.

Risk Factor for ‘High-Risk Behavior’ and Sexually Transmitted Infections

Four of 9 risk behaviors listed in Table 1 were found to be significantly associated with having STIs in men: having 3 or more sex partners in last month (odds ratio [OR] = 2.6; 95% confidence interval [CI] = 1.7–5.7), not using a condom in the last sex with secondary partners (OR = 2.7; 95% CI = 1.5–5.1), never using condoms with sex workers (OR = 2.0; 95% CI = 1.1–3.8), and ever injecting narcotics (OR = 3.4; 95% CI = 1.1–10.9). “High-risk behavior” for men was defined if someone reported any one of these 4 activities and was used as an outcome variable in multiple logistic regression models to identify sociodemographic predictors of these behaviors. For women, only the risk behavior “exchanged money for sex” was found to be significantly associated for having STIs (OR = 7.0; 95% CI = 1.3–36.6). (These 6 women did

not self-identify as “sex workers,” although they may have been.) Subsequent analysis was not performed for women to predict sociodemographic predictors of this behavior because of very few numbers. Multiple logistic regression models for assessing the determinants of “high-risk behavior” and “infection with STIs” for men are shown in Table 2 and Table 3. Men living within the truck stand, never married, working as laborers, age ≥ 25 years old were found to be significantly associated as predictors for “high-risk behavior” (Table 2). Engaging in high-risk behavior was found to be the only significant independent predictor of “infection with STIs” (OR = 4.9; 95% CI = 2.2–10.9) (Table 3).

Discussion

This population-based study demonstrated that people working as transport agents, motor mechanics, laborers, and vendors in the Tejgaon truck stand in Dhaka city had a moderately high prevalence of syphilis, gonorrhea, and chlamydial infections. These rates were considerably higher than those reported in the general population of Bangladesh^{17,18} but were lower compared with high-risk groups such as sex workers and injecting drug users.^{19–22} Sexual and other risky behaviors related to STI/HIV infection were also high in this population and found consistent with other studies. A Kenyan study reported that 78% of the adolescent girls and 59% of the boys living in close proximity to a truck stand exchanged money or gifts for sex, often with truck drivers.¹⁰ Another African study reported that 57% of the truck company workers (transport agents) reported sexual contacts with female sex workers (FSWs) and 37.7% of them had at least one STI.⁹ A study among truck drivers and helpers in Bangladesh reported that 54% of them had sexual relation with FSWs in the past year and had a higher prevalence of herpes simplex virus type 2 (25.8%) and serologic syphilis (5.7%).¹⁴

The prevalence of syphilis among men was 4.1%, being only slightly lower to that found among truckers (5.4%) in an earlier study in the Dhaka city¹⁴; however, the prevalence rates of gonorrhea and chlamydial infection in this study were found to be higher. Both studies used nucleic acid amplification tests in diagnosing *Neisseria gonorrhoeae* and *Chlamydia trachomatis*. The prevalence of chlamydial infections among women in this study was found to be higher than among men, whereas high-risk behaviors were more common among men than women. Previous studies conducted in the same area also showed much higher STI prevalence (6.2% for gonorrhea and 3.4% chlamydial infection) among women living near the truck stand²³ compared with male truckers (2.1% for gonorrhea and 0.8% for chlamydial infection).¹⁴ Findings of significantly lower risk behaviors among women may be the result of possible underreporting by women attributable to religious and cultural sanctions against premarital and extramarital sex, a perceived lack of confidentiality in the data collection process, and/or poor healthcare access.^{18,24} It is likely that Bangladeshi women in the truck stands are put at risk by their primary partner’s risk-taking behaviors as reported in other settings, including in India.^{25,26}

One of the most significant risk factors for STIs found in this population was unprotected sexual intercourse with sex workers; 41.3% of men never used condoms during sex with sex workers. A study among truckers in Bangladesh indicated that 54% of the study subjects had sex with a sex worker in the past year and 50% of the truckers were married (24% ever used condoms with FSWs) and had sex with their wives concurrently.¹⁴ Although STD/AIDS awareness programs are now promulgated in Bangladesh only for most high-risk groups, condom use levels have not increased.²¹ Operations research should be conducted to identify the limitations of existing risk reduction interventions strategies. Our study has shown that living within the truck stand was a significant predictor of high-risk behaviors. We speculate that this workplace and unstable living arrangement in and near the truck stand diminishes social taboos against high-risk behaviors.

A limitation of this study is that we did not screen for HIV, primarily because the previous national HIV sentinel surveillance did not find any HIV infection among truckers in Bangladesh.¹³ We did not also screen for herpes simplex virus type 2, one of the most important STIs associated with HIV infection. This study had good participation rates (83% among men and 87% among women), but we could not characterize risk behaviors and STI status of non-participants. Although there are limitations of survey on sexual behavior,²⁴ our confidential interviews by same-sex interviewers may have minimized possible “social desirability” bias. Another study strength is that the sampling for this study was done based on an initial census of potential study subjects.

Ancillary workers linked to the trucking industry are often over-looked by STI/HIV programs because their risk behaviors are not well documented. We recommend that STI/HIV intervention programs should engage “bridging populations” like truck stand workers who interact closely with truckers, helpers, and each other.

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TABLE 1

Demographic Data, Risk Behaviors, and Sexually Transmitted Infection Among Individuals Working in the Tejgaon Truck Stand of Dhaka, Bangladesh

Characteristics	All (%) (n = 901)	Men (%) (n = 695)	Women (%) (n = 206)	P Value [*]
Demographics				
Age				
<25 y	320 (35.5)	258 (37.1)	62 (30.1)	0.18
25–34 y	357 (39.6)	268 (38.6)	89 (43.2)	
35+ y	224 (24.9)	169 (24.3)	55 (26.7)	
Occupation				
Transport agent	123 (13.7)	123 (17.7)	0 (0)	0.0001
Hawker/shopkeeper	394 (43.7)	200 (28.8)	194 (94.2)	
Motor mechanics	224 (24.9)	224 (32.2)	0 (0)	
Laborers	160 (17.8)	148 (21.3)	12 (5.8)	
Any formal education	631 (70.0)	545 (78.4)	86 (41.7)	0.0001
Never married	348 (38.6)	341 (49.1)	7 (3.4)	0.0001
Place of residence within the truck stand	626 (69.5)	494 (71.1)	132 (64.1)	0.06
Risk behaviors	(n = 750) [†]	(n = 551)	(n = 199)	
≥2 sex partners ever	306 (40.8)	282 (51.2)	24 (12.1)	<0.0001
≥2 sex partner last month	37 (4.9)	37 (6.7)	0 (0)	<0.0001
Ever had sex with CSWs	261 (29.0)	261 (47.4)	NA	<0.0001
Last sex partner was secondary	225 (25.0)	220 (39.9)	5 (2.5)	
Never used condom with CSWs	228 (30.4)	228 (41.4)	NA	
Did not use condom in last sex with secondary partner	59 (34.5)	250 (45.4)	9 (4.5)	<0.0001
Same-sex relationship ever	22 (2.9)	22 (4.0)	0 (0)	0.004
Ever exchanged money for sex	319 (42.5)	313 (56.8)	6 (3.0)	<0.0001
Ever used injection narcotics	13 (1.7)	13 (2.4)	0 (0)	0.03
Sexually transmitted infections	(n = 901)	(n = 695)	(n = 206)	
Syphilis	34 (3.8)	28 (4.1)	6 (2.9)	0.54
Gonorrhea	69 (7.9)	53 (7.7)	16 (8.3)	0.76
Chlamydial infection	26 (3.0)	16 (2.3)	10 (5.2)	0.05
Any of the above sexually transmitted infections	120 (13.3)	92 (13.2)	28 (13.6)	0.49

* P for Pearson chi-square of 2-sided value, men vs. women.

[†] Those who reported ever having had sex.

CSW indicates commercial sex worker; NA = not applicable.

TABLE 2

Multiple Logistic Regression Analysis of Demographic Risk Factors Predicting 'High-Risk Behaviors' Among Men (n = 695)

Risk Characteristics	Number (%)	Unadjusted Odds Ratio (95% confidence interval)	Adjusted Odds Ratio* (95% confidence interval)	P Value
Occupation				
Transport agent	47 (38.2)	1	1	0.26
Hawker/shopkeeper	88 (44.0)	0.8 (0.5–1.3)	1.3 (0.8–2.1)	0.35
Mechanics technician	94 (42.0)	0.4 (0.3–0.6)	1.3 (0.8–2.1)	0.04
Laborer	74 (50.0)	1.1 (0.7–1.6)	1.7 (1.0–2.8)	0.71
Educational				
Some formal education	236 (43.3)	1	1	
No formal education	67 (44.7)	1.6 (1.2–2.2)	1.1 (0.8–1.6)	
Age				
<25 y	99 (38.4)	1	1	0.006
25–34 y	123 (45.9)	1.0 (0.7–1.4)	1.9 (1.8–2.8)	0.003
>35 y	81 (47.9)	1.2 (0.9–1.7)	2.5 (1.4–4.4)	0.03
Marital status				
Ever married	154 (43.5)	1	1	0.006
Never married	149 (43.7)	2.3 (1.8–3.1)	1.7 (1.1–2.6)	
Place of residence				
Outside truck stand	71 (43.6)	1	1	
Within truck stand	232 (47.0)	1.6 (1.2–2.1)	1.6 (1.1–2.3)	

* Adjusted for variables in the list.

TABLE 3

Multiple Logistic Regression Analysis of Demographic and Behavioral Risk Factors for Infection With One or More Sexually Transmitted Infections (syphilis, gonorrhea, or chlamydial infection) Among Men (n = 695)

Risk Characteristics	Number (%)	Unadjusted Odds Ratio (95% confidence interval)	Adjusted Odds Ratio* (95% confidence interval)	P Value
Occupation				
Transport agent	15 (12.2)	1	1	0.33
Hawker/shopkeeper	31 (15.5)	0.9 (0.5–1.9)	1.4 (0.7–2.8)	0.71
Mechanics technician	26 (11.6)	1.1 (0.7–1.9)	0.9 (0.4–1.8)	0.84
Laborers	20 (13.5)	0.9 (0.5–1.6)	1.1 (0.5–2.2)	0.71
Educational				
Some formal education	71 (13.0)	1	1	
No formal education	21 (14.0)	1.1 (0.7–1.6)	1.1 (0.6–1.9)	
Age				
<25 y	38 (14.7)	1	1	0.11
25–34 y	29 (10.8)	0.9 (0.5–1.)	0.6 (0.3–1.1)	0.81
>35 y	25 (14.8)	0.8 (0.5–1.4)	0.9 (0.4–2.1)	0.93
Marital status				
Ever married	46 (13.0)	1	1	0.48
Never married	46 (13.5)	1.0 (0.7–1.5)	1.0 (0.5–1.9)	
Place of residence				
Outside truck stand	23 (11.4)	1	1	
Within truck stand	69 (14.0)	1.3 (0.8–1.0)	1.2 (0.7–2.0)	
Sexual behavior [†]				
Low risk	44 (11.2)	1	1	0.40
Moderate risk	36 (13.4)	1.2 (0.8–2.0)	1.2 (0.7–1.9)	<0.0001
High risk	12 (35.3)	4.3 (2.0–9.3)	4.9 (2.2–10.9)	

* Adjusted for variables in the list.

[†] Low risk: reported none of the 4 risk behaviors, moderate risk: one or 2 high risk behaviors, high risk: 3 or 4 risk behaviors.