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1 Assessment of Body Mass Index (BMI) and General Health 2 Status of Male Auto-Rickshaw Drivers in Garia, Kolkata

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5

6 **Abstract**

7 Background: In India, auto-rickshaw is one of the main modes of public transport in urban
8 and semi-urban areas; however, auto-rickshaw drivers often suffer from various nutritional
9 deficiencies. Objective: The objective of this work is to assess the body mass index (BMI) and
10 the general health status of the auto-rickshaw drivers of the Garia Southern Avenue
11 auto-rickshaw stand (in Kolkata). Method: To achieve this objective, a cross-sectional study
12 has been undertaken, whereby data have been collected in February-July 2018, regarding
13 duration of work, nature of addiction, ownership pattern, general clinical status, BMI and
14 body fat percentage, of 157 male autorickshaw drivers, attached to the aforesaid stand, and
15 belonging to the age-group of 18-55 years. Subsequently, the binomial test has been conducted
16 at 5

17

18 **Index terms**— auto-rickshaw driver, Kolkata, body mass index, health status, binomial test, cross-sectional
19 study.

20 **1 Introduction**

21 In India, auto-rickshaw is one of the main modes of public transport in urban and semi-urban areas. In Kolkata
22 also, auto-rickshaw services are there. However, auto-rickshaw drivers often suffer from various occupational
23 hazards. Their lifestyle is not quite conducive to health, and they often experience irregularity of meals, among
24 other things (1). Prolonged hours of work often leads to insufficient sleep and less physical activity (2). Besides,
25 often there is a high prevalence of smoking and drinking among the autorickshaw drivers. All these factors may
26 contribute to various health-related problems.

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29 **2 I**

30 The objective of this work is to assess the body mass index (BMI) and the general health status of the auto-
31 rickshaw drivers of the Garia Southern Avenue auto-rickshaw stand (in Kolkata).

32 And, for this assessment, the binomial test has been conducted at 5% level of significance.

33 Before undertaking this study, a brief literature survey has been conducted. It has been found that a number of
34 researchers have worked on the social condition, the economic status, and the health picture of the auto-rickshaw
35 drivers in various cities of India. However, studies on the status of the auto-rickshaw drivers of Kolkata, are
36 comparatively rare, and whatever articles I have come across, on this topic, do not cover the general health
37 status of the auto-rickshaw drivers. As for example, one such work (by Agarwal et al.) focuses on the high
38 prevalence of low back pain among the auto-rickshaw drivers of Kolkata (3). Now, the general health status of
39 the auto-rickshaw drivers of Kolkata, is an important component of medical research, from which one may be
40 able to draw significant and interesting inferences. And, this paper attempts to shed some light on this topic.

8 TABLE-5: BMI AND BODY FAT PERCENTAGE OF THE AUTO-RICKSHAW DRIVERS (N=157)

41 3 II.

42 4 Materials and Methods

43 It is a cross-sectional study conducted between February 2018 and July 2018, on 157 male autorickshaw drivers,
44 belonging to the age-group of 18-55 years; these drivers are attached to the Garia Southern Avenue auto-rickshaw
45 stand. (The necessary research and ethical clearances have been taken from the institution to which I was
46 attached during the study.) Only those auto-rickshaw drivers who are willing to participate, have been included
47 in this study; and before inclusion, the nature and the purpose of the study have been explained to them in
48 detail. In other words, informed consent has been taken from the autorickshaw drivers before including them in
49 the study.

50 The sample size (s) has been calculated according to equation-1: a significant number of auto-rickshaw drivers
51 belong to the relevant category.

52 The formula (4) for obtaining the p-value (p1) is depicted in equation-2: 2 where, n=total number of
53 auto-rickshaw drivers included in the study=157; X=expected number of successes= $n/2=78.5779$; p=observed
54 proportion of success=proportion of autorickshaw drivers, belonging to a particular category; q=observed
55 proportion of failure=proportion of autorickshaw drivers, not belonging to the relevant category.

56 If $p1 < 0.05$, then it can be inferred that a significant number of auto-rickshaw drivers belong to the pertinent
57 category (i.e., the null hypothesis is rejected and the alternative hypothesis is accepted); otherwise, the number of
58 auto-rickshaw drivers, belonging to the relevant category, is not significant (i.e., the null hypothesis is accepted).

59 If $p < 0.5$ (and consequently, $q > 0.5$), then the value of $p1$ may result in wrong inference with regard to
60 significance. Therefore, in such a situation (where $p < 0.5$ and $q > 0.5$), p and q are both taken as approximately
61 (since n is an odd number) equal to 0.5, only for the sake of calculating $p1 = 2 n! (n?X)! X! p X q (n?X)$

62 p =prevalence of malnutrition among adult Indian males=28.6%; $q=(100-p)=71.4\%$; After calculation, one will
63 get $s=78.41$. Considering a design effect of 2, the final sample size becomes $78.41 X 2=156.82$?157.

64 The sample (of size=157) has been collected on the basis of simple random sampling, from 1128 male auto-
65 rickshaw drivers (belonging to the age-group of 18-55 years), associated with the Garia Southern Avenue auto-
66 rickshaw stand.

67 A pre-designed and pre-tested questionnaire has been used to collect the relevant information from the
68 auto-rickshaw drivers through interview (the questionnaire has been validated by pre-testing it among a few
69 auto-rickshaw drivers belonging to the sample). Besides, the drivers have been subjected to thorough clinical
70 examination.

71 Subsequently, the collected data have been tabulated, the binomial tests have been performed (at 5% level of
72 significance) on them, and the results of the tests have been interpreted.

73 Binomial test is applied when an experiment has two possible outcomes viz., success and failure, and the
74 probability of success is known. A binomial test is conducted to find out whether the observed result differs
75 significantly from the expected one.

76 Here, the null hypothesis is that a significant number of auto-rickshaw drivers do not belong to the pertinent
77 category, and the alternative hypothesis is that The method employed in this work, is shown in fig. -1. d =absolute
78 error=10%.

79 5 III.

80 6 Results

81 The duration of work, nature of addiction, ownership pattern, general clinical status, and BMI and body fat
82 percentage, of the auto-rickshaw drivers, are shown respectively in tables-1, 2, 3, 4 and 5.

83 7 Table-1: Working status of the auto-rickshaw drivers (n=157)

84 In table-1, the results of the binomial tests show that a significant number of auto-rickshaw drivers are working
85 more than 8 hours/day (but not more than 12 hours/day), but the number of auto-rickshaw drivers, working
86 more than 6 days/week (i.e., 7 days/week), is not significant. In table-2, the outcomes of the binomial tests
87 depict that a significant number of auto-rickshaw drivers have the habit of smoking and chewing tobacco, but
88 the number of auto-rickshaw drivers who are addicted to alcohol, is not significant.

89 8 Table-5: BMI and body fat percentage of the auto-rickshaw 90 drivers (n=157)

91 In table-4, according to the outcomes of the binomial tests, a significant number of auto-rickshaw drivers have
92 good appearance, normal angles of mouth, normal tongue colour, normal gum, no fluorosis in teeth, normal hair
93 condition, normal skin appearance, no oedema, and no pallor. the binomial test results, in table-4, also show
94 that the number of autorickshaw drivers, having teeth with caries, is significant.

95 In table-5, as per the results of the binomial tests, a significant number of auto-rickshaw drivers have BMI in
96 or above the normal range (18.50 kg/m^2 - 24.99 kg/m^2), and normal or higher than normal body fat percentage.

97 IV.

98 9 Discussions

99 The following inferences can be drawn from tables-1, 2, 3, 4 and 5:

100 ? A significant number (66.2%) of auto-rickshaw drivers, attached to the Garia Southern Avenue auto-rickshaw stand, work for a long time. ? A significant number of drivers are addicted to tobacco (both smoking (96.2%) and chewing (66.2%) forms), but not alcohol. ? A significant number (63.7%) of drivers own the auto-rickshaw; this fact indicates that the economic condition of a significant number of drivers is not bad (it is a qualitative idea). ? A significant number of drivers enjoy good health (except the occurrence of caries) (as per the general clinical assessment), in spite of having long working hours. This is most probably because of their not-so-bad economic condition which allows them to get sufficient food of acceptable quality. ? A significant number of drivers have normal or higher than normal BMI (80.9%) and body fat percentage (99.4%). Thus, there is a possibility that a significant number of drivers is either overweight/obese currently, or likely to become overweight/obese in the near future. This is most probably because of their not-so-bad economic condition (as stated above), and also the nature of their occupation (which demands the drivers to remain in sitting position for a long time).

111 Hence, this study shows that a significant number of auto-rickshaw drivers, attached to the Garia Southern Avenue auto-rickshaw stand, have not-verybad economic condition, and enjoy good health (except the occurrence of caries), despite long hours of work, and addiction to tobacco; and, a significant majority of them are either overweight/obese currently, or likely to become overweight/obese in the near future. Now, it will be prudent to take a look at the findings of some of the other researchers working on auto-rickshaw drivers.

116 Yesurajan et al. found that smoking, alcohol abuse, and obesity are some of the common health risk factors of the auto-rickshaw drivers of Madurai (5); in the current study, however, alcohol abuse is not a problem for a significant number of drivers (only 14.6% have been found to consume alcohol).

119 Gupta et al. undertook a study on the autorickshaw drivers of Mumbai, and found that only 15% of the study population are smokers (6); in contrast, I have found that a significant number (96.2%) of auto-rickshaw drivers are addicted to smoking.

122 Chougule et al. worked on the auto-rickshaw drivers of Kolhapur, and found that most of them enjoy good health (7); this finding is similar to what I have observed in the current work.

124 The study of Debbarma et al. on the autorickshaw drivers of Agartala, shows that majority of the study population (73.81%) were suffering from caries (8); I have also found that a significant number (63.1%) of auto-rickshaw drivers have teeth with caries.

127 Jain et al. conducted research on the autorickshaw drivers of Gwalior, and found that among the study population, prevalence of overweight was 26 % and central obesity was 6% (9); on the contrary, in the current study, the results indicate that a significant number of drivers are either overweight/obese currently, or likely to become overweight/obese in the near future.

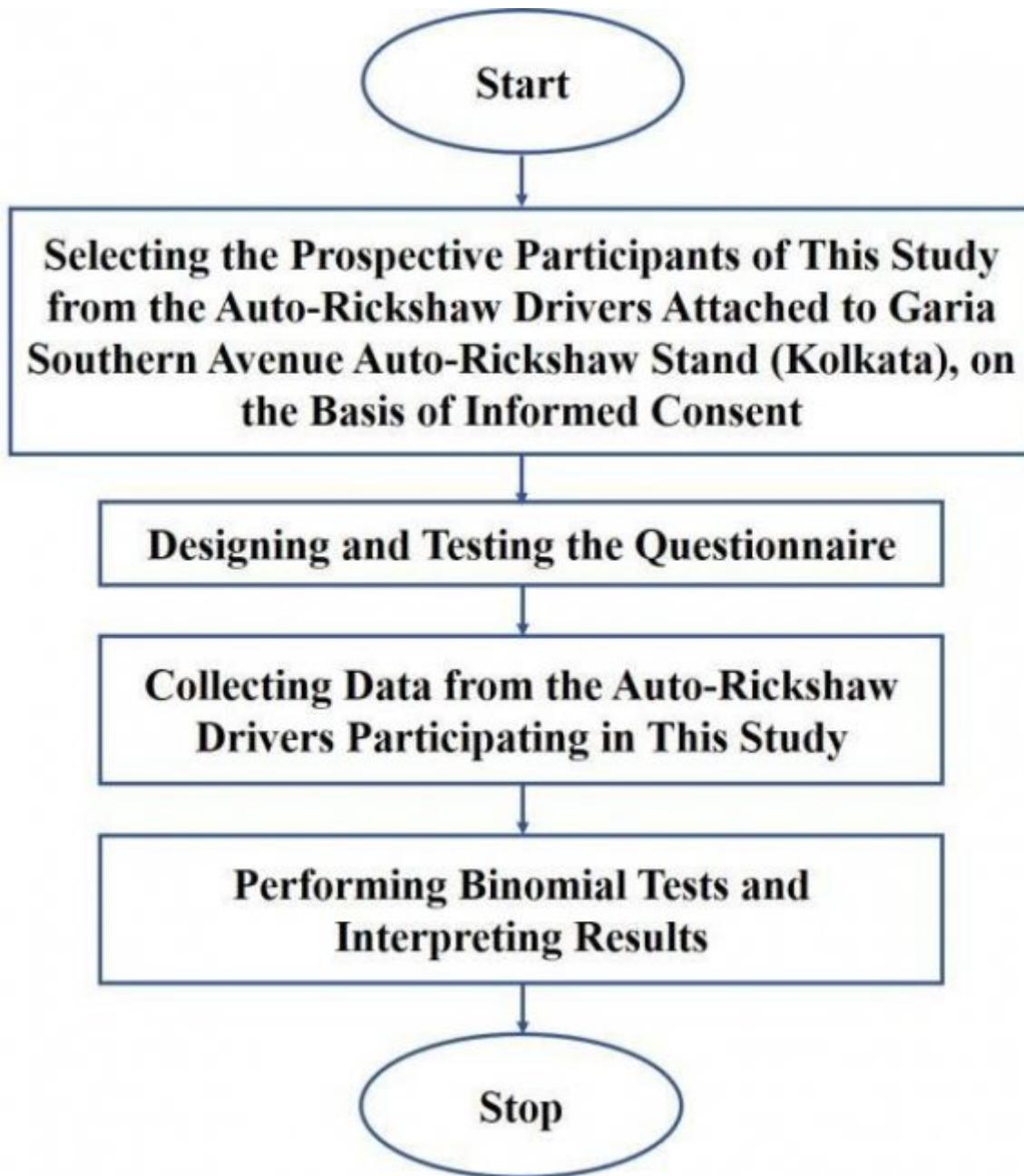
131 V.

132 10 Conclusions

133 This study has attempted to assess the BMI and the general health status of the auto-rickshaw drivers, attached to the Garia tests conducted on these data, it can be concluded that a significant number of auto-rickshaw drivers enjoy notso-bad economic condition, and good health, in spite of having long working hours, and being addicted to tobacco; however, there is a probability that they are either overweight/obese currently, or likely to become overweight/obese in the near future.

138 A plus point of this study is that it has been able to draw the above conclusions without performing any expensive and/or complicated medical examination.

140 However, if data regarding the respiratory system, the musculo-skeletal system, and some general health parameters like blood pressure and blood sugar level, of the auto-rickshaw drivers, were also collected and analysed, a more or less comprehensive idea regarding the health status of the drivers could have been obtained. 141 Also, if auto-rickshaw drivers from other auto-rickshaw stands were also included in the study, it would have yielded a more general picture regarding the health status (of the auto-rickshaw drivers of Kolkata). If possible, 142 these assignments can be taken up in future.



1

Figure 1: Fig.- 1 :

Addiction type	Yes	No	p1
Smoking	151 (96.2%)	6 (3.8%)	0
Chewing of tobacco	104 (66.2%)	53 (33.8%)	2.9429×10^{-5}
Consumption of alcohol	23 (14.6%)	134 (85.4%)	0.1274
	79 (50.3%) (for calculating p1)	78 (49.7%) (for calculating p1)	

Figure 2: Table - 2

Duration of work	Yes	No	p1
Working more than 6 days/week	87 (55.4%)	70 (44.6%)	0.0563
Working more than 8 hours/day (but not more than 12 hours/day)	104 (66.2%)	53 (33.8%)	2.9429X10 ⁻⁵
Ownership	Yes	No	p1
Owner of the auto-rickshaw	100 (63.7%)	57 (36.3%)	3.6747X10 ⁻⁴

In table-3, the binomial test result shows that a significant number of auto-rickshaw drivers own the auto-rickshaw.

Table-4: General clinical assessment of the auto-rickshaw drivers (n=157)

Criterion	Yes	No	p1
Good appearance	157 (100%)	0 (0%)	0
Normal angles of mouth (i.e., no ulcer at the angles of the mouth)	157 (100%)	0 (0%)	0
Normal tongue colour	136 (86.6%)	21 (13.4%)	2.2058X10 ⁻²⁷
Normal gum	146 (93.0%)	11 (7.0%)	6.2128X10 ⁻⁴⁷
Absence of fluorosis in teeth	157 (100%)	0 (0%)	0
Teeth with caries	99 (63.1%)	58 (36.9%)	6.2498X10 ⁻⁴
Normal hair condition	157 (100%)	0 (0%)	0
Normal skin appearance	143 (91.1%)	14 (8.9%)	1.6591X10 ^{39 -}
Absence of oedema	157 (100%)	0 (0%)	0
Absence of pallor	136 (86.6%)	21 (13.4%)	2.2058X10 ⁻²⁷

Figure 3: Table - 3

Status	Yes	No	p1
BMI (in kg/m ²) in or above normal range (18.50-24.99)	127 (80.9%)	30 (19.1%)	1.0328X10 ⁻¹⁷
Normal or higher than normal body fat percentage (body fat percentage data have been collected using body fat analyser)	156 (99.4%)	1 (0.6%)	0

Figure 4:

10 CONCLUSIONS

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