

## Full Length Research Paper

# Resurging Socio-economic Predicaments of People Living with HIV/AIDS in Some Selected areas of Bole Sub-City, Addis Ababa

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## Abstract

The prevalence of HIV/AIDS is still worrisome in Addis Ababa. The research paper tries to assess the socio-economic status of HIV/AIDS on PLWHA. To achieve these objectives, both primary and secondary data were used. Number of HIV/AIDS and TB cases among street people, students and teachers were assessed. Literatures, documents, other relevant secondary data were collected and thematized. The result showed that stigma and discrimination are the main cause of HIV/AIDS transmission. About 70% of the respondents recognize that now a day stigma and discrimination are the main causes of HIV/AIDS transmission. Most of the professionals (80%) agreed with the argument however one fourth (23.3%) of the society still believe that stigma and discrimination haven't impact on the spread of HIV/AIDS. The most common social impact are stigma and discrimination whereas spending a lot of money for drugs and for getting balanced diet are the key economic problems. HIV/AIDS has a negative impact on PLWHA. Prevalence of HIV/AIDS was higher in people having high income. Alongside with that HIV/AIDS patients had more expenditure than those who are without HIV/AIDS. Almost half (55%) of PLWHA are married. This indicates that having multiple sexual partner and poor condom use are the massive challenges. Hence, it is exposed to do on this that being honest (one to one) is the key measure to reduce HIV transmission. The attempt of the sub-city on HIV/AIDS is not well acknowledged by the society (42%). Only 36.8% of the total respondents accept the activities of the government against HIV/AIDS. Half (50%) of the students, 33% of teachers, 40% of PLWHA and 46.7% of street children disagree that it hasn't a positive outcome on controlling and preventing process. This shows that the majority of the respondents are not well informed about the severity of the disease. Therefore, the concerned bodies, government included, must create awareness about the prevalence and prevention of the virus.

**Key words:** Challenges, Discrimination, PLWA, HIV/AIDS, Prevalence, Stigma

## Introduction

HIV/AIDS is one of the great disasters to bring the highest death of human being. In the world there are three main killer diseases, namely Malaria, HIV/AIDS and Tuberculosis (T.B.). HIV/AIDS has no vaccination and medical treatment; the only measure is protecting oneself from the attack of the Virus. It is obvious that HIV/AIDS is the main problem in the world, especially in developing countries. Backwardness of these countries has contributed to high rate of HIV/AIDS transmission among the productive age group of the population. About 65% of the HIV/AIDS patients in the world are found in Sub Sahara Africa. Ethiopia is also one of the world countries having large number of HIV/AIDS carriers and patients. In Ethiopia there is HIV prevalence of 3.51% in the year 2007. Of these the prevalence of HIV in urban center is greater than the rural area. The Addis Ababa HAPCO (2007), report states that about the HIV prevalence of Ethiopia in 2006(1998/9 E.C.). HIV prevalence in urban center is 10.5% and in rural areas it is estimated to 1.94%, having a mean of 3.51% (MoH, 2007).

When we come to at Addis Ababa level in 2006/7, there are 207,270 people living with HIV/AIDS (15.9 % of the country), and there are also 20,940 people newly infected with HIV (16.2 % of Ethiopia). There are also 23,045 AIDS deaths (17.2 % of the country). HIV prevalence in Addis Ababa is the highest; it is greater than the mean urban center HIV prevalence of Ethiopia, with HIV incidence of 1.4% annually (HAPCO, 2007). There are 158 VCT service center in Addis Ababa. In 2005/2006 the number of people who used VCT service is 94,152 male and 128,493 female, a total of 222,645. In here the number of females is greater than by 34,341 than male who came to VCT service. In 35 centers of PMTCT, there are 27,564 women who used PMTCT service in the year 2005/2006. With in 42 ART center 14,474 people are used ART service in the year 2005/2006. It indicates among the total orphans at Addis Ababa (179,381), 109,130 (60.8 %) are AIDS orphans (MoH, 2007). According to the report of the Ministry of Health of

Ethiopia, HIV patients are high in number in urban areas than rural areas. Addis Ababa is one of the urban areas of Ethiopia having the highest number of carriers. The way of transmission of HIV/AIDS is higher in urban areas than rural areas. HIV/AIDS has a great influence on the growth of economic development of our country.

Protecting and controlling the spread of HIV transmission is not only the responsibility of the government but also it will be given for NGOs, public organizations and the society as whole. In Ethiopia many local and international NGOs are involved in controlling and preventing of HIV. The government, the non-governmental organizations and private sectors are engaged on protecting the people from they suffer of HIV/AIDS. They have spent a lot of money and use skilled & organized manpower on the controlling way, supporting those people living with the Virus in material and finance aids. But we have seen that the distribution of HIV/AIDS in Ethiopia is in increasing rate. Still HIV/AIDS is the headache of all Ethiopians and Ethiopian government. Despite the fact that several studies had been conducted on HIV/AIDS, information on the socio-economic status of people living with HIV/AIDS remains inadequate. Besides, data on controlling and preventing of HIV/AIDS transmission is not sufficient in Bole Sub-city of Addis Ababa. Apart from that many NGOs are reported to have been involved in counseling service, financial aid, material support, supplying ART freely to those who lives with the virus, yet their impacts on the socio-economic aspects of vulnerable people needs to be researched. Note withstanding NGOs support on the Anti-AIDS Clubs, the Ministry of Health the HAPCO (HIV/AIDS Preventing and Controlling Office) and opening their own offices, which usually focuses only on the prevention of HIV transmission. Unenthusiastically, no information is available on its impact on the other aspects of the disease whatsoever. They also participate in giving loans to ladies, poor and adults (high aged) to improve their lives. On the other hand, a lot of money was spent by NGOs; however, as it seemed, there is no reduction of the spread of HIV/AIDS. So this research was intended to evaluate the socio economic challenges of people living with HIV/AIDS and give a resolving recommendation.

## Material and methods

### Study Area

People living with HIV/AIDS (PLWHA) in Bole sub-city found in Addis Ababa City. The study was designed as the cross sectional survey for the quantitative study which was used to gather the relevant and pertinent information with regard to socio-economic outcomes of People living with HIV/AIDS (PLWHA). Thus, this study is classified as survey research.

### Population and Sampling Procedures

Since the purpose of this study was to explore the socio-economic outcomes of People living with HIV/AIDS (PLWHA) by survey in the perceptions of different professionals, victims and concerned bodies about PLWHA, the target population of this study included which are found in Addis Ababa City(AAC).As per information obtained from the Addis Ababa HIV/AIDS prevention and control organization (AAHAPCO),thereareabout 3 clusters that are created to help address PLWHAs dwelling in the city (See Table 1).Because of the activities performed by all PLWHA are almost similar, from the 12 kebeles, only six of them are selected as feasible ones based on the self set criteria such as convenience, duration of establishment, scope of programs offered and having length of services so that they can representtheremainingothers.Thisfollowedtheprocedureofpurposivesampling.

**Table 1.** Samples size for the Study

Respondents' Category	Street children	Bar ladies	Civic Society	Students	Health Bureau	School leaders	Teachers	Total
Cluster 1	5	9	7	14	7	7	---	35
Cluster 2	3	3	8	6	2	---	4	20
Cluster 3	7	8	15	10	1	3	6	40
<b>TOTAL</b>	15	20	30	30	10	10	10	95

### Data Sources and Type

In order to generate relevant data for this study, both primary and secondary data sources were considered. According to Biggam (2008), primary data is the information that the researcher finds out by him/herself regarding a specific topic. The main advantage with this type of data collection is that it is collected with the researcher's purpose in mind. This means that the information resulting from it is more consistent with the research questions and purpose. The data collected by the researcher is directly linked with this study, thus providing me with important information.

As this study is basically empirical in nature, primary data was gathered from People living with HIV/AIDS (PLWHA) to answer the above questions. Hence, the more emphasize is inclined to the primary data source. The closed ended questionnaires which are designed on an *ordinal scale* of measurement basis were used to collect primary data, so that the variables could be ranked to measure the degree of their strength or the agreement or the disagreement of the respondents with the variables.

Secondary data serves researchers with the opportunity to better understand and explain the research problem (*Ibid.*). Thus, it is very important to start a review of the existing data with a clear mindset of what it is that one wants to accomplish with the study. This will

help the researcher save time and effort because he/she can easily discard data that has no relevance for its own study. This can result in information that can only be used partially for a specific study.

The secondary data of this study is compiled from many sources like e-sources, library books, and journals/ articles. This data is used to get better insight on the research topic, to establish the viable platform for the theoretical framework constituting the bases of this research, and to design the sample frame and questionnaire for retrieving the primary data. Another advantage of using secondary data is its comparability character. I used it to validate and compare the data get through questionnaire to existing literature and articles.

### **Method of Data Analysis**

The data gathered was also analyzed through the mean scores tested by high level statistical analyses, using SPSS. It enables to test data on the 'statistical significance of a relationship', by examining the ratio of between-group variance/within-group variance. Percentile was used to differentiate the responses responded by different groups and it enables the researcher to know how the level of administering reinforcement and/or punishment was made by school leaders.

### **Results and discussion**

#### **Socio – Economic Status of PLWHA**

Three fourth (75%) of the respondents have their own work in order to get their own income. This shows that most of PLWHA were not dependent on others. They can lead and live their own life. But their monthly expenditure increases because of they spent more for taking care for themselves and for buying balanced diet which is very important for their future life. So living with HIV/AIDS increases the expenditure of someone from the previous time. To improve the living standard of PLWHA is the major factor for the controlling and preventing of HIV/AIDS transmission. PLWHA spent money for taking care and for buying balanced diet; particularly PLWHA from the low income needs support and aid to improve their life. So the government and other NGO's must involve themselves in order to improve the living standard of peoples who lives with the virus. This argument is highly correlated with the suggested hypothesis.

#### **Prevalence of HIV/AIDS**

In 2006/1999 E.C. / there are 207,270 HIV positive people in A.A. It accounts that 6.37% of the country. Newly infected people with HIV/AIDS are 128,922 in Ethiopia and 20,940 (6.12%) at Addis Ababa. HIV/AIDS also increases from time to time. About 13,124 and 23,045 AIDS death are recorded in the year 2006 at Ethiopia and Addis Ababa respectively. In 2006, in Ethiopia, it was estimated that the total of 1,320,000 people were living with HIV/AIDS. Of the total 634,000 were living in rural areas and 686,000 in urban areas. In the age group 15 – 24 years, there were more women living with HIV/AIDS than men; in 30 and above years there were more men living with HIV/AIDS than women (HAPCO, 2007). The estimated HIV incidence in Ethiopia increased from year to year until 1992. Especially in urban centers HIV incidence increased in high rate than rural areas. But after 1992 it barely decreased. HIV incidence was 2.5% in 1992 whereas it is estimated and projected as 1.4% in 2006 in Ethiopia. In 2006, in Ethiopia, there is 3% among males and 4% among females HIV prevalence. The National HAPCO (2006) clearly argues that:-

*The national prevalence in 2006 is estimated to be 3.5%; 3% among males and 4% among females. Of the estimated 1.32 million PLWHA in 2006, 730,000 (55%) were females. Females also accounted for 54.5% of AIDS death and 53.2 % of new infections. When the data on PLWHA in Hayat Hospital was scrutinized, (positive result on males is 13 and 10 on females in the year 2006/2007. But when we look in the country level the opposite is true. 590,000 males and 730,000 females were the number of PLWHA in Ethiopia in the year 2006. (HAPCO & MOH, 2006). It is also true at Addis Ababa level. There are 23,000 more females PLWHA (115,000) males PLWHA (92,000) (MOH & National HAPCO, 2006, pamphlet). Table 1 shows all age groups and children (0 – 14 years) of HIV prevalence, HIV positive, incidence and newly infection of 2005. Addis Ababa is the highest home having the greatest Adult HIV prevalence (11.72%). From these females (13.2%) are much greater than males (10.2%). In most cases, for instance in Adult HIV prevalence, HIV positive population, new HIV infections, new AIDS cases and Annual AIDS death the number of females is greater than the number of males. in Addis Ababa and in Ethiopia. From annual AIDS death of children aged 0 – 14 years A.A. contributes 8.75% and in adults it takes 17.16% of the total share. HIV incidence at A.A. is 5 times greater than that of the country. And in part of new HIV infections 16.43% is found in Addis Ababa. Not only this but also HIV positive population from 1.3 million; 207,270(15.7%) is the share of A.A. In general in different cases related to HIV/AIDS, the share of A.A. is the greatest. The recent information (data) recognizes that the number of PLWHA in urban centers is greater than that of the rural areas. The annual HIV/AIDS incidence and new HIV infections in rural areas are greater number is found in rural areas than urban centers (AA HAPCCO, 2007).*

#### **Outcomes of HIV/AIDS**

##### **Death**

The death of human being with HIV/AIDS is much greater than any other epidemic disease. It distributes or spreads throughout the world. But the other epidemic diseases are not distributed all over the world like it. Because, for example, Malaria wants swampy area to distribute but HIV/AIDS haven't any requirement to distribute over the world. There are 2.9 million estimated adult and child death during 2006 in the world. From these 380,000 are children under 15 years (13.1%) (HAPCO, 2007). AIDS death in cause of Ethiopia

and Addis Ababa in the year 2006 is 134,124 and 23,045 respectively. The number of AIDS death is estimated about 134,000 annually in Ethiopia. AIDS death increases from time to time, especially in rural areas it increases in a rapid rate. If the situation continue like this one, AIDS death in rural areas will exceed than AIDS death in urban centers at 2007/2008 (HAPCO, 2007).

### Economic Impact

HIV/AIDS has a negative impact upon the economy of a certain country, because, more money was spent on HIV/AIDS. Most hospitals and clinics give care and treatment for the infected people. The working age peoples were also died by the epidemic. All this situations have an influence on the development of our country. on the other hand the epidemic has also a direct influence on the economy of individuals, especially when the family has an infected person with in it they may spent a lot of money to take care of that person.

### Social Impact

When PLWHA may disclose them to the society, different social impacts were happened. The most social impacts on PLWHA are stigma discrimination.

### Psychological Impact

Social and economic problems are related to HIV/AIDS which leads to the psychological impact on individuals. In most cases the social and economical impacts on individuals (PLWHA) may have a consequence of psychological problems; especially those who live with HIV/AIDS may develop hopeless. When they feel hopeless they may stop, they don't have care about themselves. Their future life seems to like dark. Lastly sometimes, they may take measure which is called Suicide. But living with the virus doesn't mean death. Therefore they can live and alive with the virus and with the community.

### Accelerates Other Epidemic Diseases

The fast rate of HIV/AIDS transmission can accelerate other epidemic disease to distribute. For example TB and syphilis have a direct relationship with HIV/AIDS transmission. A person who, lives with the Virus, has a great opportunity to be infected by TB and syphilis. So HIV/AIDS increases the number of TB and syphilis patients. UNAIDS (2006), report states that *HIV/AIDS accounted for about 32% of the estimated 141,000 total TB cases in 2005. The effect of HIV/AIDS on TB is expected to continue from 2005 to 2010. The estimated number of TB cases and the line denotes the proportion of TB cases due to AIDS per 100 TB cases.*

### Decrease Total Population Size

As we have said HIV/AIDS is one of killer disease in the Addis Ababa, Ethiopia, Africa and the world. It has a negative impact over population size. When a large number of populations died with HIV/AIDS it means that there is a decrease in number of population. A decrease in population size leads to a reduction of the productive age group. WHO/UNAIDS (2006), said that "... the cumulative number of AIDS death was 1,267,000 by the year 2005 and is projected to reach 1.9 million death by 2010 if present trends continue."

### Death on Young Adult Age (15 – 49 years)

According to HAPCO & MOH (2016), Adult (15 – 49 years) death due to AIDS progressively increased up to 2015 when they accounted for 35% of young adult death and are expected to dramatically decline up to 2009, before rising again 2010 as people on ART start dying. The main reason for the decline is the anticipated universal ART coverage as per the MOH's plan. As shown in Table 2, HIV prevalence is resurging very highly again (Table 2).

**Table 2.** Major HIV/AIDS indicators at Addis Ababa, 2015.

Case	Addis Ababa level			Ethiopia level		
	Male	Female	Total	Male	Female	Total
<b>All Age Group</b>						
Adult HIV prevalence	10.2	13.2	11.7	3.0	4.0	3.5
HIV positive pop.	92,000	115,000	207,000	590,000	730,000	1,320,000
Annual HIV positive birth	---	---	2000	---	---	30,000
New HIV infections	9,200	12,000	21,200	60,000	69,000	129,000
Adult HIV incidence	---	---	1.4	---	---	0.26
New Aids case	10,000	12,000	22,000	75,000	62,000	137,000
Annual AIDS death	10,000	13,000	23,000	61,000	73,000	134,000
<b>Children ( 0 – 14 years )</b>						
HIV positive pop.	6,900	6,900	14,000	68,000	67,000	135,000
New HIV infection	1,000	1,000	2,000	15,000	15,000	30,000
New AIDS case	900	900	1,800	11,000	11,000	22,000
Annual AIDS death	900	900	1,800	11,000	10,000	21,000

Source: MOH & National HAPCO, 2006.

**A decrease in life expectancy**

Federal HAPCO & MOH (2006), state that; "... the estimated differences on LE for persons with and without HIV/AIDS for the years 2000 to 2010 is different. HIV/AIDS likely reduced LE by five years in 2005. The reduction in LE due to HIV/AIDS, however, is projected to decline during 2005 – 2010 because of the Anticipated universal ART coverage as per the WHO's plan."

**Increase in number of orphans**

The number of children who lost one or both of their parents increases from time to time. The main cause for this increment is HIV/AIDS. When HIV/AIDS increases the number of orphans also increases. This means that HIV/AIDS and orphans have direct relationship. For example according to the report of Addis Ababa HAPCO (2007), the total number of orphans is 179,381 out of this 109,130 (60.8%) are AIDS orphans at Addis Ababa (AAHAPCO, 2007).

**Impact of the Government Interventions on HIV/AIDS Prevention and Control**

The effort of the concerned government body was not fully acknowledged by the community. About 40 people (42.1%) disagree with the argument that it has a significance role against HIV/AIDS transmission. But 35 (36.8%) of the respondents are the only who think that this Ceremony has its own role in order to reduce the transmission of HIV/AIDS. The above two sentences tell us that it is expected from the government and the Council to give awareness about the aim the objectives of the NEMCC on HIV/AIDS, because peoples participation has a great role on the preventing and controlling methods. So the government must do something more than this on awareness creation about the aim of HAPCO. On the other hand it indicates that the society by itself has awareness about the transmission of HIV/AIDS however bringing behavioral change is the basic problem of the society. Without taking care to oneself, awareness by itself doesn't mean anything.

**Table 3.** Degree of stigma and discrimination, the significant role of HAPCO against HIV

ITEM	Response	Respondents															
		Total		Street ch.		PLWHA		Society		Profess.		Heal. Pro		Merchant s		Teachers	
		%	F	%	F	%	F	%	F	%	F	%	F	%	F	%	F
<b>Stigma and discrimination are the main cause of HIV/AIDS transmission</b>	A	70.5	67	73.3	1	80	16	53.3	16	80	24	80	8	100	10	60	6
	N	15.8	15	20	3	5	1	23.3	7	13	4	20	2	---	---	20	2
	D	13.7	13	6.7	1	15	3	23.3	7	6.7	2	---	---	---	---	20	2
	T	100	95	100	5	10	20	99.9	30	100	30	100	10	100	10	100	10
<b>The New Ethiopian Millennium Ceremony Council has a significant role against HIV transmission</b>	A	36.8	35	33.3	5	45	9	23.3	7	46.7	14	70	7	70	7	---	---
	N	21.1	20	20	3	15	3	26.7	8	20	6	20	2	---	---	40	4
	D	42.1	40	46.7	7	40	8	50	15	33.3	10	10	1	30	3	60	6
	T	100	95	100	5	10	20	100	30	100	30	100	10	100	10	100	10

(Key: A=Agree, N=Neutral, D= Disagree, T=Total)

Merchants and health professions (70% each) agree on the aim of NEMCC particularly, but teachers disagree (60%) on the argument. The rest of respondents are in the middle, mean almost half of them agree and half are not. The hypothesis is not correlated to that of the response, because 42.1% of the respondents disagree on the argument that the role of NEMCC has an important effect against HIV/AIDS. So the government with collaboration with other organizations must give high attention to the community to bring them to do jointly for the future. Awareness creation is the most important instrument to enhance the community participation on this issue like "Two trees for two thousand".

**Conclusions**

From the preceding chapters, we can understand that stigma and discrimination are among the main causes of HIV/AIDS transmission, the activities of NGOs are not sufficient enough and accepted by the society that they were working on their target; and the expenditure of PLWHA increases comparing with the previous one. This one is due to the increasing rate of their expense for buying drugs, balanced diet and for taking care for themselves. Street children and FSW are more exposed to HIV/AIDS than the other part of the society. The main cause and ways of HIV/AIDS are already known by the community. Almost more than 73% of the

society has awareness about the ways and causes of HIV/AIDS transmission (table 4.4). But the transmission is at increasing rate. The absence of behavioral change is the main reason that the respondents raise for the wide spread of the epidemic all over the country.

Fighting against HIV/AIDS is not only the responsibility of the government but also NGOs, public and private institutions and the community as a whole must be included. These works need integrated and practical implementation of policies and rules as well as actions which have been made by the indicated organizations. But some part of the society thinks that fighting against HIV/AIDS transmission and taking actions in order to reduce the impact of HIV/AIDS are vested only to the government. Each and every person must understand that without the active participation of the community nothing will be succeeded. So all the Ethiopians must stand now and contribute our share which is expected from us as a citizen. The aim and objectives of the health office is not yet fully acknowledged by the community. The Council, the government and the Mass Media haven't wide coverage to announce the aims and goals of the health office, that is why the response of the community reflects that; they don't belief on the argument that health office has a significance role on the controlling and preventing of HIV/AIDS transmission. So in order to do a significant role against HIV/AIDS the government and the Council must use Mass Medias, newspaper and magazines to create awareness upon the society.

Although the current HIV/AIDS surveillance estimates indicate some encouraging signs in that the epidemic is stabilizing, the observed changes are not sufficient enough compared to the desired goals of the response against the epidemic. There are advances in the availability, accessibility and utilization of HIV/AIDS prevention, care support and treatment services, but still there is the need to improve the above facilities in order to reduce the epidemic transmission.

### Recommendations

To unravel the existing harms related to HIV/AIDS transmission and its miserable impact upon the society, unflagging awareness creation effort must be initiated to the most vulnerable segment of the society. More attention shall be given to street children other than financial and material support. The three basic measures of controlling and preventing methods-Abstinence, Be faithful and proper use of condom must be advocated. Bar ladies and street girls must be counseled about the epidemic. The aim of aid and support should be geared towards bringing permanent shift of their work. There should be awareness creation on the usefulness and harmfulness of being honest to married PLWAs. Avoiding or reducing the degree of stigma and discrimination is one of the controlling and preventing method of HIV/AIDS transmission. The government and NGOs should give financial and material support for PLWHA and should facilitate the conditions to have their own work. NGOs, who engaged on HIV/AIDS must prepare their magazines and newspapers in order to show how much their work is effective. The government and the NGOs should create awareness about its aim and goals. To reduce the degree of the exposure of females to HIV/AIDS the researchers should investigate new discoveries. Enhancing the VCT program through the sub-city has a positive impact to reduce HIV/AIDS transmission. The society needs to be educated about their responsibilities for fighting against HIV/AIDS. Sufficient and free supply of ART service must be encouraged by the responsible bodies.

### References

- A.A., HAPCO (2007). Summary of AIDS epidemic 2006/2007, Addis Ababa, Ethiopia  
 AIDS Resource Center (2004). Living with HIV/AIDS. 1<sup>st</sup> Edition, December 2004, Addis Ababa  
 Biggam, J. (2008), Succeeding with your Master's Dissertation: A step-by-step handbook. London: McGraw Hill.  
 CSA (1999). Results at country level. The 1994 population and housing Census of Ethiopia. Vol. 2, Analytical report, June 1999, Addis Ababa  
 Federal MOH/National HAPCO (2006) AIDS in Ethiopia, 6<sup>th</sup> Report, 2006, Addis Ababa  
 MOH/HAPCO (2006) AIDS in Ethiopia, 5<sup>th</sup> report, December 2006  
 UNAIDS/WHO (2004). Report on the global HIV/AIDS epidemic, June 2004  
 UNAIDS/WHO(2006), Report on the global HIV/AIDS epidemic, December 2006