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Keywords: HIV/AIDS, fearfulness, frequently moving and permanent resident population.

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Knowledge of Fearfulness about HIV/AIDS between Frequently Moving and Permanent Resident Population of Three Metropolitan Cities in Bangladesh

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Abstract- HIV/AIDS and its potentially fatal impact on human beings have undoubtedly become an extremely topical issue now-a-days. To have accomplished the task, this study has used mainly primary data and information collected from 1596 respondents among Dhaka, Rajshahi and Chittagong cities with the help of an interview schedule through conducting a well-designed survey have also been used in this study. It is notable that the sample size for the survey is categorized into two groups- frequently moving and permanent resident consisting of 798, 798 respondents respectively. The study reveals that though 99 percent frequently moving and permanent resident respondents heard the name of HIV/AIDS by various sources of media but 31 percent frequently moving and 28 percent permanent resident respondents don't know the fearfulness of HIV/AIDS. Findings also reveal that comparatively permanent resident respondents (92.4%) more educated than frequently moving respondents (about 78%). Electronic media is the most dominate source of hearing about HIV/AIDS for both frequently moving (about 51%) and permanent resident (39%) respondents. In this study it also found that uncontrolled and unsafe sexual relation is the main causes to HIV/AIDS answer by the respondents. Also, they knew only safety highest ways to avoid HIV/AIDS are multiple ways. Further, all the variables (respondent's age, marital status, educational level and occupation) of contingency analysis are significantly associate with HIV/AIDS in both permanent resident and frequently moving. In multivariate logistic analysis we found that in case of frequently moving respondents variables like respondent's age, marital status, educational level and occupation exerts the significant effect on the knowledge about the fearfulness of HIV/AIDS whereas in permanent residents all variables exerts the significant (except in age group) effect on the knowledge about the fearfulness of HIV/AIDS.

Keywords: HIV/AIDS, fearfulness, frequently moving and permanent resident population.

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1. INTRODUCTION

Bangladesh is the seventh most populous country in the world and administratively, Bangladesh is divided into six Metropolitan Cities with a population of about 161.3 million (UNFPA, State of world population, 2008 and Notun Bisso, 2009). Rapid urbanization and industrialization have increased the scope of mobility within the country and job opportunity outside the country as well. During the past two decades, the urban population has grown from 6 million in 1974 to 21million in 1994, and it is expected to grow to over 50 million by 2014. About two million migrant workers live in Middle East and South East Asian Countries (World AIDS Day, 2001). Despite many major achievements in health, a small number of populations in our region continue to slightly die from these murderer AIDS diseases. Meanwhile, Acquired Immune Deficiency Syndrome (AIDS) is caused by the Human Immunodeficiency Virus (HIV). It weakens the immune system and makes the body susceptible to and unable to recover from other opportunistic diseases. Consequently it is one of the main causes of death of human being and world wide wreaking devastation on millions of people's communities. HIV/AIDS is the late clinical stage of infection with the HIV. The virus is generally transmitted through sexual contact, infected women to their unborn children, or through contaminated needles (infections) or blood (Rahman, Mondol & Abedin, 2005). It poses a serious challenge to human kind and at present AIDS/HIV has increasingly become a major public-health concern in many developing countries as well as in Bangladesh. So far the disease has no any reliable antibiotic medicine till today, but a cure for HIV/AIDS infection remains an elusive goal despite the significant impact of current treatments. This is because of the virus' ability to adapt to and resist those treatments, and bypass the immune system's natural defenses (Suhadolnik, Robert J. et al, 2007). It is a threat to social and economic development, to people in the most productive period of

their lives, to family life, to mothers and their children, to entire culture and population.

HIV still continues to be a very common complication worldwide. During the twenty-first century, it was the fourth cause of mortality, with more than 5% of deaths all over the world (Murray C.J.L., et al., 2001). In a study, up to 40 million people are estimated to live with HIV in the world. In addition, 25 million deaths have been reported (UNAIDS/WHO, 2006). The level of knowledge of the population is thus an important measure for understanding the magnitude of the challenges by Government and Non-government organizations Bangladesh is passing through a period of demographic transition. The most distinctive demographic change is the shift of population from rural to urban areas, especially in Metropolitan cities (Sultana, R, 2005). The impact of HIV/AIDS in Bangladesh reaches every concern of society. HIV/AIDS also has become national concern in Bangladesh and the government has already developed a national strategy and an operational plan to address the country's needs. Worldwide experience of HIV/AIDS disease has suggested that public knowledge on AIDS is the most fundamental weapon against the AIDS pandemic as long as a vaccine or cure has not been developed (UNAIDS China, 2002). The level of knowledge of the population is thus an important measure for understanding the magnitude of the challenges by Government and Non-government organizations (United Nations, 2002). To meet the targets and goals of AIDS prevention and control, there is a strong need to assess the current levels of specific knowledge about AIDS transmission and prevention by various residence and other key socio-demographic factors. In this context, the study is conduct on knowledge of HIV/AIDS between the frequently moving (a section of the population who is frequently moving in where and there place) and permanent resident (a section of the population permanently resident in a place) population.

II. OBJECTIVES OF THE STUDY

The present study focus on-

- To identify socio-demographic factors related to knowledge about HIV/AIDS
- To investigate the factor related to knowledge about HIV/AIDS transmission and prevention
- To determine and compare the levels of knowledge about HIV/AIDS between frequently moving and permanent resident groups of selective people
- To examine the knowledge of fearfulness about HIV/AIDS

III. DATA SOURCES AND METHODOLOGY

The study is based on the data from a quota sampling of which 50 are of frequently moving and 50 are of permanent residents for every 100 respondents

from three Metropolitan City Corporations namely Dhaka, Rajshahi and Chittagong. The information is collected on the basis of structured frequently moving (a section of the population frequently moved in every place) and permanent resident (a section of the population permanently resident in a place) population. All the respondents were interviewed during 1st October to 20th December, 2008.

At first, we estimated percentage distribution of both frequently moving and permanent resident respondents who have or not ever heard the name of HIV/AIDS and their fearfulness. Secondly, to test any association between different phenomena that could be useful in the cross tabulation analysis by Pearson's chi-square (χ^2) statistic is considered. Finally, binary logistic regression was used to estimate the number of determinant fearfulness about HIV/AIDS.

IV. RESULTS AND DISCUSSIONS

a) Socio-economic characteristics of frequently moving and permanent resident respondents

Socio-economic and demographic characteristics of the study population are essential for interpretation of collected data and examination of any cause-effect relationship among different variables. It also helps in comparing findings with similar characteristics in other independent study findings. It is provide the descriptive summary of some selected socio-economic and demographic characteristics of the study population from Table 1 we observed that about 39 percent of the respondents in frequently moving category are in age 30-39 years whereas about 44 percent of the respondents in permanent resident category are in age group 18-29 years. Education is one of the most important indicators of increasing awareness. Table 1 show that 28 percent frequently moving respondents and about 31 percent permanent resident respondents have education secondary & higher. The professional characteristics are the subject matter analysis which influences the socio-economic performance and identification of issue of HIV/AIDS in Bangladesh. Table 1 presents in frequently moving category respondents (33.70%) are engaged in rickshaw & auto rickshaw whereas permanent resident category respondents (25.60%) are engaged in other category work. We also observed that according to frequently moving (about 86%) and permanent resident (about 74%) respondents, married respondents contain a significantly higher percentage.

Table 1: Selected socio-economic characteristics of frequently moving and permanent resident respondents

Characteristics	Population	
	Frequently Moving (N=798)	Permanent Resident (N=798)
Age Group		
18-29	202 (25.30)	348 (43.60)
30-39	307 (38.50)	332 (41.60)
40-49	139 (17.40)	99 (12.40)
50+	150 (18.80)	19 (2.40)
Education		
No education	178 (22.30)	61 (7.60)
Primary Incomplete	193 (24.20)	180 (22.60)
Primary Complete	108 (13.50)	123 (15.40)
Secondary & Higher	224 (28.10)	246 (30.80)
Graduate & Above	113 (11.90)	188 (23.60)
Occupation		
Rickshaw & Auto Rickshaw	269 (33.70)	174 (21.80)
Service Man	130 (16.30)	176 (22.10)
Business Man	135 (16.90)	179 (22.40)
Driver	82 (10.30)	65 (8.10)
Sex worker	-	-
Others (day labor, farmer, beggar)	182 (22.80)	204 (25.60)
Marital Status		
Single	97 (12.20)	196 (24.60)
Married	683 (85.60)	588 (73.70)
Widow & Widower	18 (2.30)	14 (1.80)

Notes: Figure in parenthesis indicate that the percentage distribution, single define never married and (-) not available

Sources of Information about HIV/AIDS: The role of sources information about HIV/AIDS is alarm the public awareness. The public should be reassured that HIV/AIDS is not a dangerous disease as long as the appropriate prevention measures taken. Table 2 shows that 99 percent frequently moving and permanent resident respondents heard the name of HIV/AIDS by various sources of media but 31 percent frequently moving and 28 percent permanent resident respondents don't know the fearfulness of HIV/AIDS. Electronic media is the most dominate source of hearing about HIV/AIDS for both frequently moving (about 51%) and permanent resident (39%) respondents. Most of the respondents

are known HIV/AIDS as transmitted diseases and it is transmitted by multiple routes for both frequently moving (about 57%) and permanent resident (about 32%) respondents. Awareness of prevention on HIV/AIDS of frequently moving and permanent resident population regarding knowledge based about HIV/AIDS prevention. When respondents were asked how way to avoid AIDS virus, it seems that they want to rely on personal opinion about way to reducing HIV/AIDS. Table 2 pointed that about 30 percent frequently moving respondents and 22 percent permanent resident respondents mention highest way to reduce HIV/AIDS is multiple way.

Table 2: Sources of Information about HIV/AIDS

HIV/AIDS Related Information	Population	
	Frequently Moving (N=798)	Permanent Resident (N=798)
Heard about HIV/AIDS		
Yes	790 (99.00)	790 (99.00)
No	8 (1.00)	8 (1.00)
Knowledge about fearfulness of HIV/AIDS		
Yes	550 (68.90)	571 (71.60)
No	248 (31.10)	227 (28.40)
Source of HIV/AIDS media		
Doesn't know	8 (1.00)	8 (1.00)
Electronic media	404 (50.60)	313 (39.20)
Print media	41 (5.10)	44 (5.50)
Counseling	53 (6.60)	46 (5.80)
Institute	62 (7.80)	196 (24.60)
Multiple source	230 (28.80)	191 (23.90)

Transmission Routes		
Doesn't know specific way	12 (1.50)	37 (4.60)
Mosquito bite	20 (2.50)	4 (0.50)
Illegal intercourse	63 (7.90)	251 (31.50)
Blood & vaginal secretion	17 (2.10)	43 (5.40)
Injection	21 (2.60)	11 (1.40)
Free intimacy	28 (3.50)	23 (2.90)
Sex worker	48 (6.00)	53 (6.60)
Mother to child transmission	73 (9.10)	96 (12.00)
Shaking hand	20 (2.50)	6 (0.80)
Sharing food	11 (1.40)	6 (0.80)
Toilet seats	17 (2.10)	9 (1.10)
Hugging	17 (2.10)	6 (0.80)
Multiple routes	451 (56.50)	253 (31.70)
Prevention ways		
Doesn't know specific way	-	-
To obey command of religious belief	86 (10.80)	128 (16.00)
Abstain from sexual relation	12 (1.50)	16 (2.00)
Use condom during intercourse	61 (7.60)	94 (11.80)
Doctor advice	8 (1.00)	41 (5.10)
Avoid multiple sex partner	62 (7.80)	5 (0.60)
Abstain sex from prostitute	25 (3.10)	2 (0.30)
Avoid homo sex	32 (4.00)	12 (1.50)
Avoid contaminated syringe & razors	166 (20.80)	173 (21.70)
Avoid kissing	17 (2.10)	10 (1.30)
Blood transfusion	87 (10.90)	131 (16.40)
Avoid mosquito bites	-	7 (0.90)
Multiple way	242 (30.30)	179 (22.40)

Notes: Figure in parenthesis indicates percentage and (-) not available

b) Bivariate Analysis

Knowledge of HIV/AIDS Transmission by background characteristics: Bangladesh is highly susceptible to the transmission of epidemic (HIV in Bangladesh, 2002). There is a huge lack of accurate knowledge about the ways in which HIV/AIDS can and cannot be transmitted among many Bangladeshi people. The knowledge of HIV/AIDS transmission among frequently moving and permanent resident respondents by background characteristics such as age, marital status, educational level and employment status are differences which are presented in Table 3. The higher proportion of respondents in age group 30-39 years, 62 percent frequently moving respondents believe that HIV/AIDS can be transmission routes by multiple routes while 42 percent permanent resident in age 50+ years believes same routes. Again, about 23 percent frequently moving population in age group 50+ years and 21 percent permanent resident population in age 40-49 years believe HIV/AIDS misconception transmission routes. The differences of various transmission routes and age are statistically highly significant for both frequently moving and permanent resident population. Table 3 shows the higher proportion of respondents about 57 percent frequently moving married believe HIV/AIDS transmission routes by multiple transmitted routes whereas, the proportion is about 33 percent permanent resident married believes same routes. According to the

higher proportion of widowed frequently moving and permanent resident respondents believes HIV/AIDS transmission routes misconception routes and its percentage are about 39 and about 14 respectively. It is worth mentioning that, widow considers as has no spouse are less aware about misconception than married person and the differences of various transmission routes and marital status are statistically significant for both frequently moving and permanent resident populations. Education is strongly and positively associated with a correct understanding of HIV/AIDS transmission. The higher proportion of frequently moving and permanent resident respondents with educational level no education and its percentage are 43 percent and about 61 percent respectively believes HIV/AIDS transmission routes misconception transmission routes. According to secondary and higher education, about 70 percent frequently moving respondents believe the transmitted routes is multiple routes whereas only about 36 percent permanent resident respondents. It is notable that more educated person more awarded about HIV/AIDS transmission routes and the differences of transmission routes and education are statistically highly significant for both types of respondent. From Table 3 we also seen that according to rickshaw puller about 25 percent frequently moving believes HIV/AIDS transmission routes by misconception transmission routes whereas in

permanent resident the proportion are about only 17 percent. Again, about 59 percent frequently moving service man believes HIV/AIDS transmission routes are multiple routes whereas 40 percent permanent resident

driver believes the same routes. The differences between transmission routes and occupation are statistically significant for both frequently moving and permanently resident respondents.

Table 3: Knowledge of HIV/AIDS Transmission routes: Frequently moving and Permanent resident population

Background characteristics	Transmission routes											
	Frequently Moving (N=798)						Permanent resident (N=798)					
	A	B	C	D	E	F	A	B	C	D	E	F
Age												
18-29	14.90	16.80	1.50	4.00	15.80	47.00	8.90	33.90	7.80	1.10	12.90	35.30
30-39	14.00	14.00	2.30	1.60	5.90	62.20	11.10	39.20	3.30	1.80	12.30	32.20
40-49	12.90	10.10	5.00	2.90	7.20	61.90	21.20	53.50	3.00	0.00	7.10	15.20
50+	22.70	13.30	0.00	2.70	8.70	52.70	10.50	15.80	10.50	5.30	15.80	42.10
	$\chi^2=40.627$; d.f=15; p=0.000						$\chi^2=46.113$; d.f=15; p=0.000					
Marital status												
Unmarried	11.30	18.60	1.00	3.10	12.40	53.60	10.20	38.30	9.20	1.50	10.20	30.60
Married	15.70	13.60	2.30	2.60	8.60	57.10	11.70	38.10	3.90	1.20	12.60	32.50
Widowed	38.90	0.00	0.00	0.00	11.10	50.00	14.30	35.70	14.30	7.10	14.30	14.30
	$\chi^2=14.731$; d.f=10; p=0.142						$\chi^2=15.942$; d.f=10; p=0.101					
Education												
No education	43.30	14.00	0.00	2.20	0.60	39.90	60.70	14.80	6.60	0.00	1.60	16.40
Primary incomplete	10.90	11.40	4.10	2.60	5.70	65.30	9.40	37.20	3.90	2.80	11.10	35.60
Primary complete	15.70	18.50	0.00	1.90	8.30	55.60	8.90	41.50	6.50	0.00	9.80	33.30
Secondary & higher	3.10	14.70	1.80	4.00	6.70	69.60	6.90	43.10	5.70	2.00	6.50	35.80
Graduate & above	3.20	11.60	5.30	1.10	38.90	40.00	4.80	37.80	5.30	0.50	25.00	26.60
	$\chi^2=274.870$; d.f=20; p=0.000						$\chi^2=208.350$; d.f=20; p=0.000					
Occupation												
Rickshaw	24.90	12.60	1.90	1.10	3.30	56.10	16.70	32.20	5.20	2.30	8.60	35.10
Service	5.40	10.80	3.10	2.30	20.00	58.50	4.00	40.90	4.50	1.70	24.40	24.40
Business	8.90	20.00	3.00	1.50	9.60	57.00	8.40	43.00	5.00	0.60	11.20	31.80
Driver	12.20	12.20	2.40	6.10	11.00	56.10	10.80	30.80	12.30	1.50	4.60	40.00
Sex worker	-	-	-	-	-	-	-	-	-	-	-	-
Other	15.90	14.30	1.10	4.40	8.80	55.50	16.20	38.70	4.40	1.00	7.40	32.40
	$\chi^2=71.193$; d.f=20; p=0.000						$\chi^2=67.024$; d.f=20; p=0.000					

Notes: A = misconception transmitted routes; B = sexual relation; C = blood and vaginal secretion; D = injection; E = mother to child transmission; F = multiple routes, (-) denote not available and tables value indicate percentage of with in different background characteristics group.

c) Knowledge of HIV/AIDS Prevention by background characteristics

HIV/AIDS of Bangladesh is considered as a "Low Prevalence but High Risk" country. Only prevention measure can be avoided this risk. However, prevention knowledge is one of the most important elements of social and economic life. It is also associated with control of HIV/AIDS. The differences of prevention way and among all variables are statistically significant. Table 4 indicates the proportion of frequently moving respondents reporting correct prevention knowledge of HIV/AIDS by avoid contaminated syringe and razors at about 22 percent frequently moving in age group 30-39 years while at 27 percent permanent resident in age group 40-49 years. Again, the higher proportion of frequently moving respondents about 33 percent in age group 30-39 years believe that the prevention way by avoid multiple way while the higher proportion of permanent resident respondents were 29 percent in age group 40-49. Table 4 also show that the

higher proportion of prevention way were about 29 percent permanent residents widowed believe prevention method blood transfusion whereas 38 percent frequently moving unmarried believe prevention method avoid multiple way. Table 4 shows the higher proportion respondents of primary incomplete about 36 percent frequently moving believe of prevention methods by multiple way whereas about 31 percent permanent resident with secondary and higher education. The higher proportion of respondents, about 36 percent frequently moving who work business believes popular prevention methods by avoid multiple way while the proportion of 34 percent permanent resident who work driver.

Table 4: Knowledge of prevention way about HIV/AIDS by Frequently moving and permanent resident population

Background Characteristics	prevention way													
	Frequently Moving (N=798)							Permanent resident (N=798)						
	A	B	C	D	E	F	G	A	B	C	D	E	F	G
Age														
18-29	0.50	12.90	5.90	12.90	19.80	16.30	31.70	1.10	3.40	11.50	23.30	20.40	19.30	21.00
30-39	2.60	19.90	6.80	6.80	21.80	9.40	32.60	2.10	6.00	12.70	21.70	21.40	13.90	22.30
40-49	4.30	12.90	12.20	19.40	21.60	7.20	22.30	6.10	3.00	8.10	12.10	27.30	14.10	29.30
50+	1.30	17.30	7.30	13.30	19.30	10.00	31.30	0.00	0.00	21.10	21.10	21.10	21.10	15.80
	$\chi^2=41.951$; d.f=8; p=0.001							$\chi^2=28.589$; d.f=18; p=0.054						
Marital status														
Unmarried	1.00	9.30	7.20	8.20	17.50	18.60	38.10	2.00	4.60	9.70	26.00	18.40	19.90	19.40
Married	2.20	17.40	7.80	12.20	20.90	10.00	29.60	1.70	4.40	12.80	19.40	22.80	15.00	24.00
Widowed	5.60	16.70	5.60	16.70	33.30	5.60	16.70	21.40	0.00	0.00	28.60	21.40	28.60	0.00
	$\chi^2=17.900$; d.f=12; p=0.119							$\chi^2=41.261$; d.f=12; p=0.000						
Education														
No education	1.70	11.20	9.00	19.10	21.90	10.70	26.40	3.30	3.30	23.00	23.00	19.70	9.80	18.00
Primary incomplete	3.60	9.80	5.70	11.40	18.10	15.50	35.80	3.90	4.40	15.00	21.70	22.20	15.00	17.80
Primary complete	0.00	27.80	1.90	6.50	20.40	11.10	32.40	0.80	3.30	13.80	28.50	17.90	17.10	18.70
Secondary & higher	3.10	18.30	12.10	11.20	15.20	7.60	32.60	1.20	5.70	11.00	14.60	20.30	16.70	30.50
Graduate & above	0.00	22.10	5.30	6.30	37.90	9.50	18.90	2.10	3.70	4.80	23.90	26.10	19.10	20.20
	$\chi^2=83.241$; d.f=24; p=0.000							$\chi^2=47.997$; d.f=24; p=0.003						
Occupation														
Rickshaw	2.60	16.00	7.10	16.00	17.50	10.80	30.10	1.10	5.70	16.10	25.30	19.00	15.50	17.20
Service	5.40	13.10	6.20	5.40	30.80	12.30	26.90	1.70	3.40	5.70	23.30	27.80	18.80	19.30
Business	1.50	23.70	8.10	4.40	22.20	3.70	36.30	1.70	5.60	10.60	17.90	19.00	15.10	30.20
Driver	0.00	13.40	15.90	12.20	15.90	19.50	23.20	3.10	3.10	10.80	20.00	12.30	16.90	33.80
Sex worker	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	0.50	15.40	5.50	15.40	19.80	11.50	31.90	3.40	3.40	14.70	19.10	24.00	16.20	19.10
	$\chi^2=67.095$; d.f=24; p=0.000							$\chi^2=39.266$; d.f=24; p=0.026						

Notes: A= not prevention; B= avoid unsafe sexual relation; C= use condom during intercourse; D= advice; E= contaminated syringe & razors; F= blood transfusion; G= multiple way; (-) = not available.

d) Results of Logistic Regression Analysis

Multiple logistic regression analysis is conducted to assess the knowledge of fearfulness about HIV/AIDS as dependent variable (0= if he/she doesn't know the fearfulness about HIV/AIDS and 1= if he/she know the fearfulness about HIV/AIDS) by some selected characteristics for both floating and permanent resident respondents. There are many potential independent variables. Of all the potential independent variables we consider only those of the variables which give significant result in empirical study and that are also suitable for theoretical purpose. Here the independent variables are age, marital status, educational qualification and occupation of the respondents.

For frequently moving resident, 30-39 years, 40-49 and 50+ years age group are 2.693, 1.311 and 2.767 times more to have knowledge about fearfulness of HIV/AIDS than that of the respondent of 18-29 years age group (reference group) respectively. Here, the middle age group (40-49 years) who are less than old in age and less awarded about the fearfulness of HIV/AIDS. Consequently they have negative significant impact on the fearfulness of HIV/AIDS. For marital status married and widow-widower are 0.400, 0.228 times less to have knowledge about fearfulness of HIV/AIDS than that of the respondent with single (reference group) respectively. Here, the marital status married and

widow-widower who have experienced in different purpose of life had a significant acquaintance about HIV/AIDS. Again, respondents educational level primary incomplete, primary complete, secondary & higher secondary, graduate & higher are 7.020, 8.825, 19.325 and 6.914 times more to have knowledge about fearfulness of HIV/AIDS than that of the respondent no education (reference group) respectively. Here, the educational level who have experienced in different purpose of life had a highly significant acquaintance about HIV/AIDS than no education. For respondents occupation, service man, business man, driver and others are 0.820, 0.701, 0.337 and 0.534 times less to have knowledge about the fearfulness of HIV/AIDS than that of the respondent of occupation rickshaw & auto rickshaw driver (reference group) respectively. Here, driver move here and there and consequently have had a significant acquaintance about HIV/AIDS. But the service man and business man have not such of opportunity and they have negative impact about the fearfulness of HIV/AIDS than that of rickshaw & auto rickshaw driver.

For permanent resident, 30-39 years, 40-49 and 50+ years age group are 0.259, 0.235 and 0.369 times less to have knowledge about fearfulness of HIV/AIDS than that of the respondent of 18-29 years age group (reference group) respectively. Here, there is no

significant age group. For marital status married and widow-widower are 0.927 and 0.317 times less to have knowledge about fearfulness of HIV/AIDS than that of the respondent with single (reference group) respectively. Here, the widow-widower who have experienced in different purpose of life had a negative significant acquaintance about HIV/AIDS. Again, respondents educational level primary incomplete, primary complete, secondary & higher secondary, graduate & higher are 14.115, 19.929, 28.908 and 16.867 times more to have knowledge about fearfulness of HIV/AIDS than that of the respondent no education (reference group) respectively. Here, the educational level have experienced in different purpose of life had a highly significant acquaintance about HIV/AIDS. For

respondents occupation, service man, business man and driver are 0.573, 0.914 and 0.645 0 times less times to has knowledge about the fearfulness of HIV/AIDS than that of the respondent of occupation rickshaw & auto rickshaw driver (reference group) respectively. And others is 1.234 times more to have knowledge about the fearfulness of HIV/AIDS. Here, the service, move daily a specific place with respect to discipline for their service and consequently have had a significant acquaintance about HIV/AIDS. But the business man, driver and others has no such of specific place and they have negative impact about the fearfulness of HIV/AIDS than that of rickshaw & auto rickshaw driver.

Table 5: Results of Logistic Regression Analysis of Knowledge of fearfulness about HIV/AIDS for frequently moving and permanent resident

Name of Independent variables	Frequently moving		Permanent resident	
	B	Odds Ratios	B	Odds Ratios
Age				
18-29 (Ref.)				
30-39	0.990***	2.693	0.224	0.259
40-49	0.271	1.311	0.354	0.235
50+	1.018***	2.767	-0.55	0.369
Marital status				
Single(Ref.)				
Married	-0.917***	0.400	-0.076	0.927
Widow & widower	-1.479***	0.228	-1.147***	0.317
Education				
No education (Ref.)				
Primary incomplete	1.949***	7.020	2.647***	14.115
Primary complete	2.178***	8.825	2.993***	19.929
Secondary & higher secondary	2.961***	19.325	3.364***	28.908
Graduate & higher	1.934***	6.914	2.825***	16.867
Occupation				
Rickshaw & auto rickshaw (Ref.)				
Service	-0.198	0.820	-0.557*	0.573
Business	-0.356	0.701	-0.089	0.914
Driver	-1.087***	0.337	-0.438	0.645
Sex worker				
Others	-0.628***	0.534	0.210	1.234

Notes: (Ref.) denotes Reference category, *** denotes 1% level of significance, ** denotes 5% level of significance, * denotes 10% level of significance B denotes estimate regression coefficient and others: day labor, farmer and beggar.

V. CONCLUSION AND RECOMMENDATIONS

Knowledge of HIV/AIDS has become the burning question of the day. The knowledge of HIV/AIDS in Bangladesh has long been a topic of interest to population research because of its apparent direct relationship with lack of health facilities and indirectly with the poverty. At the significance level among the selected variables we have seen that the more knowledge gathered on HIV/AIDS in frequently moving respondents than permanent resident respondent. This

study reflect that wide gap exists frequently moving-permanent resident respondent by different socio-demographic; especially education, occupation and media exposure & also followed by way to prevent of HIV/AIDS between frequently moving and permanent resident. Therefore, both government and NGO's program should strengthen care and support program may build up knowledge about HIV/AIDS and to provide the prevention through mass media by creating awareness to all people also.

Conflict of Interests

The author declares that there is no conflict of interests regarding the publication of this paper.

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