

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

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8 **Abstract**

9 HIV/AIDS and its potentially fatal impact on human beings have undoubtedly become an  
10 extremely topical issue now-a-days. To have accomplished the task, this study has used  
11 mainly primary data and information collected from 1596 respondents among Dhaka,  
12 Rajshahi and Chittagong cities with the help of an interview schedule through conducting a  
13 well-designed survey have also been used in this study. It is notable that the sample size for  
14 the survey is categorized into two groups- frequently moving and permanent resident  
15 consisting of 798, 798 respondents respectively. The study reveals that though 99 percent  
16 frequently moving and permanent resident respondents heard the name of HIV/AIDS by  
17 various sources of media but 31 percent frequently moving and 28 percent permanent resident  
18 respondents don't know the fearfulness of HIV/AIDS. Findings also reveal that comparatively  
19 permanent resident respondents (92.4

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21 **Index terms**— HIV/AIDS, fearfulness, frequently moving and permanent resident population.

22 **1 I. INTRODUCTION**

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

## 6 SOURCES OF INFORMATION ABOUT HIV/AIDS:

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

## 61 2 II. Objectives of the Study

62 The present study focus on-? To identify socio-demographic factors related to knowledge about HIV/AIDS ? To  
63 investigate the factor related to knowledge about HIV/AIDS transmission and prevention ? To determine and  
64 compare the levels of knowledge about HIV/AIDS between frequently moving and permanent resident groups of  
65 selective people ? To examine the knowledge of fearfulness about HIV/AIDS

## 66 3 III. Data Sources and Methodology

67 The study is based on the data from a quota sampling of which 50 are of frequently moving and 50 are of permanent  
68 residents for every 100 respondents from three Metropolitan City Corporations namely Dhaka, Rajshahi and  
69 Chittagong. The information is collected on the basis of structured frequently moving (a section of the population  
70 frequently moved in every place) and permanent resident (a section of the population permanently resident in a  
71 place) population. All the respondents were interviewed during 1 st October to 20 th December, 2008.

72 At first, we estimated percentage distribution of both frequently moving and permanent resident respondents  
73 who have or not ever heard the name of HIV/AIDS and their fearfulness. Secondly, to test any association  
74 between different phenomena that could be useful in the cross tabulation analysis by Pearson's chisquare (?)  
75 2 ) statistic is considered. Finally, binary logistic regression was used to estimate the number of determinant  
76 fearfulness about HIV/AIDS.

## 77 4 IV. Results and Discussions a) Socio-economic characteristics 78 of frequently moving and permanent resident respondents

79 Socio-economic and demographic characteristics of the study population are essential for interpretation of  
80 collected data and examination of any cause-effect relationship among different variables. It also helps in  
81 comparing findings with similar characteristics in other independent study findings. It is provide the descriptive  
82 summary of some selected socio-economic and demographic characteristics of the study population from Table 1  
83 we observed that about 39 percent of the respondents in frequently moving category are in age 30-39 years whereas  
84 about 44 percent of the respondents in permanent resident category are in age group 18-29 years. Education is  
85 one of the most important indicators of increasing awareness. Table 1 show that 28 percent frequently moving  
86 respondents and about 31 percent permanent resident respondents have education secondary & higher. The  
87 professional characteristics are the subject matter analysis which influences the socio-economic performance and  
88 identification of issue of HIV/AIDS in Bangladesh. Table 1 presents in frequently moving category respondents  
89 (33.70%) are engaged in rickshaw & auto rickshaw whereas permanent resident category respondents (25.60%)  
90 are engaged in other category work. We also observed that according to frequently moving (about 86%) and  
91 permanent resident (about 74%) respondents, married respondents contain a significantly higher percentage.

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## 93 6 Sources of Information about HIV/AIDS:

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

99 frequently moving (about 51%) and permanent resident (39%) respondents. Most of the respondents are known  
100 HIV/AIDS as transmitted diseases and it is transmitted by multiple routes for both frequently moving (about  
101 57%) and permanent resident (about 32%) respondents. Awareness of prevention on HIV/AIDS of frequently  
102 moving and permanent resident population regarding knowledge based about HIV/AIDS prevention. When  
103 respondents were asked how way to avoid AIDS virus, it seems that they want to rely on personal opinion  
104 about way to reducing HIV/AIDS. Table 2 pointed that about 30 percent frequently moving respondents and  
105 22 percent permanent resident respondents mention highest way to reduce HIV/AIDS is multiple way. The  
106 differences of various transmission routes and age are statistically highly significant for both frequently moving  
107 and permanent resident population. Table 3 shows the higher proportion of respondents about 57 percent  
108 frequently moving married believe HIV/AIDS transmission routes by multiple transmitted routes whereas, the  
109 proportion is about 33 percent permanent resident married believes same routes. According to the higher  
110 proportion of widowed frequently moving and permanent resident respondents believes HIV/AIDS transmission  
111 routes misconception routes and its percentage are about 39 and about 14 respectively. It is worth mentioning  
112 that, widow considers as has no spouse are less aware about misconception than married person and the differences  
113 of various transmission routes and marital status are statistically significant for both frequently moving and  
114 permanent resident populations. Education is strongly and positively associated with a correct understanding  
115 of HIV/AIDS transmission. The higher proportion of frequently moving and permanent resident respondents  
116 with educational level no education and its percentage are 43 percent and about 61 percent respectively believes  
117 HIV/AIDS transmission routes misconception transmission routes. According to secondary and higher education,  
118 about 70 percent frequently moving respondents believe the transmitted routes is multiple routes whereas only  
119 about 36 percent permanent resident respondents. It is notable that more educated person more awarded about  
120 HIV/AIDS transmission routes and the differences of transmission routes and education are statistically highly  
121 significant for both types of respondent. From Table 3 we also seen that according to rickshaw puller about 25  
122 percent frequently moving believes HIV/AIDS transmission routes by misconception transmission routes whereas  
123 in K permanent resident the proportion are about only 17 percent. Again, about 59 percent frequently moving  
124 service man believes HIV/AIDS transmission routes are multiple routes whereas 40 percent permanent resident  
125 driver believes the same routes. The differences between transmission routes and occupation are statistically  
126 significant for both frequently moving and permanently resident respondents.

## 127 **7 c) Knowledge of HIV/AIDS Prevention by background char- 128 acteristics**

129 HIV/AIDS of Bangladesh is considered as a "Low Prevalence but High Risk" country. Only prevention measure  
130 can be avoided this risk. However, prevention knowledge is one of the most important elements of social and  
131 economic life. It is also associated with control of HIV/AIDS. The differences of prevention way and among  
132 all variables are statistically significant. Table ?? indicates the proportion of frequently moving respondents  
133 reporting correct prevention knowledge of HIV/AIDS by avoid contaminated syringe and razors at about 22  
134 percent frequently moving in age group 30-39 years while at 27 percent permanent resident in age group 40-  
135 49 years. Again, the higher proportion of frequently moving respondents about 33 percent in age group 30-39  
136 years believe that the prevention way by avoid multiple way while the higher proportion of permanent resident  
137 respondents were 29 percent in age group 40-49. Table ?? also show that the higher proportion of prevention way  
138 were about 29 percent permanent residents widowed believe prevention method blood transfusion whereas 38  
139 percent frequently moving unmarried believe prevention method avoid multiple way. Table ?? shows the higher  
140 proportion respondents of primary incomplete about 36 percent frequently moving believe of prevention methods  
141 by multiple way whereas about 31 percent permanent resident with secondary and higher education. The higher  
142 proportion of respondents, about 36 percent frequently moving who work business believes popular prevention  
143 methods by avoid multiple way while the proportion of 34 percent permanent resident who work driver.

## 144 **8 d) Results of Logistic Regression Analysis**

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

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

## 12 VI. ACKNOWLEDGEMENT

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159 significant acquaintance about HIV/AIDS. Again, respondents educational level primary incomplete, primary  
160 complete, secondary & higher secondary, graduate & higher are 7.020, 8.825, 19.325 and 6.914 times more to  
161 have knowledge about fearfulness of HIV/AIDS than that of the respondent no education (reference group)  
162 respectively. Here, the educational level who have experienced in different purpose of life had a highly significant  
163 acquaintance about HIV/AIDS than no education. For respondents occupation, service man, business man, driver  
164 and others are 0.820, 0.701, 0.337 and 0.534 times less to have knowledge about the fearfulness of HIV/AIDS  
165 than that of the respondent of occupation rickshaw & auto rickshaw driver (reference group) respectively. Here,  
166 driver move here and there and consequently have had K significant age group. For marital status married and  
167 widow-widower are 0.927 and 0.317 times less to have knowledge about fearfulness of HIV/AIDS than that of the  
168 respondent with single (reference group) respectively. Here, the widow-widower who have experienced in different  
169 purpose of life had a negative significant acquaintance about HIV/AIDS. Again, respondents educational level  
170 primary incomplete, primary complete, secondary & higher secondary, graduate & higher are 14.115, 19.929,  
171 28.908 and 16.867 times more to have knowledge about fearfulness of HIV/AIDS than that of the respondent no  
172 education (reference group) respectively. Here, the educational level have experienced in different purpose of life  
173 had a highly significant acquaintance about HIV/AIDS. For respondents occupation, service man, business man  
174 and driver are 0.573, 0.914 and 0.645 0 times less times to has knowledge about the fearfulness of HIV/AIDS  
175 than that of the respondent of occupation rickshaw & auto rickshaw driver (reference group) respectively. And  
176 others is 1.234 times more to have knowledge about the fearfulness of HIV/AIDS. Here, the service, move daily  
177 a specific place with respect to discipline for their service and consequently have had a significant acquaintance  
178 about HIV/AIDS. But the business man, driver and others has no such of specific place and they have negative  
179 impact about the fearfulness of HIV/AIDS than that of rickshaw & auto rickshaw driver. V.

## 180 9 Conclusion and Recommendations

181 Knowledge of HIV/AIDS has become the burning question of the day. The knowledge of HIV/AIDS in Bangladesh  
182 has long been a topic of interest to population research because of its apparent direct relationship with lack  
183 of health facilities and indirectly with the poverty. At the significance level among the selected variables we  
184 have seen that the more knowledge gathered on HIV/AIDS in frequently moving respondents than permanent  
185 resident respondent. This study reflect that wide gap exists frequently moving permanent resident respondent  
186 by different sociodemographic; especially education, occupation and media exposure & also followed by way to  
187 prevent of HIV/AIDS between frequently moving and permanent resident. Therefore, both government and  
188 NGO's program should strengthen care and support program may build up knowledge about HIV/AIDS and to  
189 provide the prevention through mass media by creating awareness to all people also.

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## 191 11 Conflict of Interests

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

## 193 12 VI. Acknowledgement

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Year 2017

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

Figure 1: Table 1 :

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<sup>2</sup>Knowledge of Fearfulness about HIV/AIDS between Frequently Moving and Permanent Resident Population  
of Three Metropolitan Cities in Bangladesh

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HIV/AIDS Related Information		Population Frequently Moving (N=798)	Year 2017 Volume XVII Issue III Version I D D D D ) K (
Heard about HIV/AIDS			Permanent Resident (N=798)
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)

[Note: © 2017 Global Journals Inc. (US)]

Figure 2: Table 2 :

3

Background characteristics	A	Frequently Moving (N=798)					Transmission routes F	A	Permanent re
		B	C	D	E				
Age									
18-29	14.90	16.80	1.50	4.00	15.80	47.00	8.90	33.90	7.
30-39	14.00	14.00	2.30	1.60	5.90	62.20	11.10	39.20	3.
40-49	12.90	10.10	5.00	2.90	7.20	61.90	21.20	53.50	3.
50+	22.70	13.30	0.00	2.70	8.70	52.70	10.50	15.80	10.
	? 2 =40.627;		d.f=15; p=0.000					? 2 =46.113;	
Marital status									
Unmarried	11.30	18.60	1.00	3.10	12.40	53.60	10.20	38.30	9.
Married	15.70	13.60	2.30	2.60	8.60	57.10	11.70	38.10	3.
Widowed	38.90	0.00	0.00	0.00	11.10	50.00	14.30	35.70	14.
	? 2 =14.731 ;		d.f=10; p=0.142					? 2 =15.942;	
Education									
No education	43.30	14.00	0.00	2.20	0.60	39.90	60.70	14.80	6.
Primary incomplete	10.90	11.40	4.10	2.60	5.70	65.30	9.40	37.20	3.
Primary complete	15.70	18.50	0.00	1.90	8.30	55.60	8.90	41.50	6.
Secondary & higher	3.10	14.70	1.80	4.00	6.70	69.60	6.90	43.10	5.
Graduate & above	3.20	11.60	5.30	1.10	38.90	40.00	4.80	37.80	5.
	? 2 =274.870;		d.f=20; p=0.000					? 2 =208.350;	
Occupation									
Rickshaw	24.90	12.60	1.90	1.10	3.30	56.10	16.70	32.20	5.
Service	5.40	10.80	3.10	2.30	20.00	58.50	4.00	40.90	4.
Business	8.90	20.00	3.00	1.50	9.60	57.00	8.40	43.00	5.
Driver	12.20	12.20	2.40	6.10	11.00	56.10	10.80	30.80	12.
Sex worker	-	-	-	-	-	-	-	-	-
Other	15.90	14.30	1.10	4.40	8.80	55.50	16.20	38.70	4.
	? 2 =71.193;		d.f=20; p=0.000					? 2 =67.024;	

[Note: 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.]

Figure 3: Table 3 :

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Background Charac- teristics	B Frequently Moving (N=798)					C D E		F prevention way			G A	
Age												
18-29	0.50	12.90		5.90				12.90	19.80	16.30	31.70	
30-39	2.60	19.90		6.80				6.80	21.80	40	32.60	
40-49	4.30	12.90	12.20	19.40	21.60				7.20		22.30	
50+	1.30	17.30		7.30				13.30	19.30	10.00	31.30	
				?	2 = 41.951;			d.f=8; p=0.001			?	2 = 28.589;
Marital status												
Unmarried	1.00		9.30	7.20				8.20	17.50	18.60	38.10	
Married	2.20	17.40		7.80				12.20	20.90	10.00	29.60	
Year 2011	5.60	16.70	?	2 = 17.900;	5.60	1.70	11.20	9.00	16.70	33.30	d.f=12; p=0.119	
Educa- tion	No											
educa- tion												
Primary	3.60		9.80	5.70				11.40	18.10	15.50	35.80	
incom- plete												
Primary	0.00	27.80		1.90				6.50	20.40	11.10	32.40	
complete												
Secondary & higher	3.10	18.30	12.10	11.20	15.20				7.60		32.60	
Graduate	0.00	22.10	?	2 = 83.241;	5.30	2.60	16.00	7.10	5.40	13.10	6.20	
& above												
Occu- pation												
Rick- shaw												
Service												
Business												
Driver												
Sex												
worker												
Other												

5

Name of Independent variables	Frequently moving		Permanent resident	
	B	Odds Ratios	B	Odds Ratios
<b>Age</b>				
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
<b>Marital status</b>				
Single(Ref.)				
Married	-0.917 ***	0.400	-0.076	0.927
Widow & widower	-1.479 ***	0.228	-1.147 ***	0.317
<b>Education</b>				
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
<b>Occupation</b>				
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

Figure 5: Table 5 :

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195 Acknowledged to my beloved daughter Aradhyajid Sarkar.

196 [Sultana ()] *Awareness of HIV/AIDS among the Urban Poor: A case Study in Dhaka City*, research fellow,  
197 social science research council, ministry of planning, R Sultana . <http://www.bssrcbd.org.html> 2005.

198 [Fox ()] J Fox . [http://db.jhuccp.org/ics-pd/exec/icswppro.dll?BU=http://db.jhuccp.org/ics-pd/exec/icswppro.dll&QF0=DocNo&QI0=200970&TN=Popline&AC=QBE\\_QUERY&MR=30%25DL=1&&RL=1&&RF=LongRecordDisplay&DF=LongRecordDisplay](http://db.jhuccp.org/ics-pd/exec/icswppro.dll?BU=http://db.jhuccp.org/ics-pd/exec/icswppro.dll&QF0=DocNo&QI0=200970&TN=Popline&AC=QBE_QUERY&MR=30%25DL=1&&RL=1&&RF=LongRecordDisplay&DF=LongRecordDisplay) Wiley Series in Probability and  
200 Mathematical Statistics, (New York) 1984. John Wiley and Sons. (Linear Statistical Models and Related  
201 Methods)

202 [Murray et al. ()] *Global burden of disease 2000 project: Aims, methods, and data sources. Global Programme on  
204 Evidence for Health Policy Discussion paper no. 36. World Health Organization, C J L Murray , A D Lopez  
205 , C D Mathers . 2001. 2001. Geneva, Switzerland.*

206 [Hiv In ()] *HIV in Bangladesh: Is Time Running Out? Background document for the dissemination of the Fourth  
207 round, 2002 of national HIV and behavioural surveillance, National AIDS/STD Programme, Directorate  
208 General of Health Services, Ministry of Health and Family Welfare, Bangladesh Hiv In . 2003. Bangladesh.*

209 [HIV/AIDS Awareness and Behaviour United Nations ()] 'HIV/AIDS Awareness and Behaviour'. *United Nations*  
210 2002. (United Nations Publication, Sales No. E.02.XXX)

211 [Unaids/Who (2002)] 'HIV/AIDS. China's Titanic Peril'. Unaids/Who . [http://data.unaids.org/pub/epireport/2006/2006\\_epiupdate\\_en.pdf9](http://data.unaids.org/pub/epireport/2006/2006_epiupdate_en.pdf9) Available online, (Beijing, UNAIDS China Office) 2006.  
212 2006. 2002. June. (UNAIDS China)

213 [Rahman et al. (2005)] *Knowledge of AIDS among Women in Bangladesh: A Multivariate Analysis. Paper  
215 presented at the National Seminar, M Rahman , D Mondol , S Abedin . 2005. December, 2005. Bangladesh.  
216 Organized by Department of Population Science and Human Resource Development, University of Rajshahi*

217 [World and Day ()] 'Live and Let Live'. Aids World , Day . *Sustainable Development Networking Programme  
218 2001. (SDNP)*

219 [Suhadolnik (2007)] 'PhD, principal investigator and professor of biochemistry at Temple University School of  
220 Medicine'. R J Suhadolnik . <http://www.aegis.com/pubs/aidswkly/2007/AW070207.html> AIDS  
221 Research and Human Retroviruses 2007. Jan. 2007, 15 Oct. 2007. 31. (New Compound Shows Promise in  
222 Halting HIV Spread)

223 [Bisso ()] *Professor's Prokasshon, Published by Mohammad Jashim Uddin. 37/1, Banglabazar, Dhaka, Notun  
224 Bisso . 2009. p. 4. (Subject wary Bangladesh)*

225 [Reaching Common Ground: Culture, Gender and Human Rights UNFPA ()] 'Reaching Common Ground:  
226 Culture, Gender and Human Rights'. *UNFPA* 2008. (State of world population)