

Knowledge of Transmission Routes and Prevention way of HIV/AIDS: Bangladesh Context

Prosannajid Sarkar, Golam Mostofa and Mostafizur Rahman
Department of Population Science and Human Resource Development,
University of Rajshahi, Rajshahi-6205, Bangladesh

Abstract: Raising knowledge of transmission and prevention about HIV/AIDS of respondents about the long run effects of these diseases is the principal objectives of reproductive health programs recently executing in the world. This study reveals that permanent resident respondents are more aware than the floating and frequently moving population. It also shows that about 92% floating respondents heard the name of HIV/AIDS by various sources of media on the other hand the same amount (99.00%) frequently moving and permanent resident heard the name of HIV/AIDS by various sources of media. In this study, it also found that uncontrolled and unsafe sexual relation is the main causes to AIDS answer by the respondents. Further, >50% respondents think avoiding way about HIV/AIDS is using condom during intercourse, <15% respondents indicate transmission way is by blood and appreciation of sex.

Key words: HIV/AIDS, transmission routes, prevention way, serious challenge, mortality, Bangladesh

INTRODUCTION

The Human Immunodeficiency Virus (HIV) causes Acquired Immune Deficiency Syndrome (AIDS). It weakens the immune system and makes body susceptible to and unable to recover from other opportunistic diseases of human body. Consequently, it may go off a certain death of human being and worldwide wreaking devastation on millions of people's communities. 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 *et al.*, 2005). HIV/AIDS poses a serious challenge to human kind. At present, it becomes a major public health concern in many developing countries as well as in Bangladesh.

HIV still continues to be a very common complication worldwide. During the 21st century, it was the 4th cause of mortality with >5% of deaths all over the world (Murray *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, 2008). 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. In many countries, AIDS has stalled or reversed decades of human development. The impact of

HIV/AIDS reaches every concern of society in Bangladesh. 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). It is a strongly needed to assess the current level of specific knowledge about HIV/AIDS transmission and prevention by women and other key socio-demographic factors to meet the targets and goals of AIDS prevention and control. In recent years, there has been an increasing incidence of research on the clinical and epidemiological aspects of HIV. A study of Swinne *et al.* (1991) focused on AIDS related infections and they were convinced that the pigeon coops of the city play a part in the contamination of HIV+/AIDS patients.

Epidemiological research mostly focuses on attitudes of people of Iran and Turkish in relation to HIV transmission routes (Nakhaee, 2002; Ayranci, 2005). So far the disease has no any reliable antibiotic medicine till

today. But a cure for HIV 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, 2007).

This study examines comparative study of the factors related to the awareness of HIV/AIDS and other sexual diseases among the 3 target population of 3 selected major metropolitan areas in Bangladesh. Generally, we know that floating population are environmentally, biologically, sociologically and economically more vulnerable to HIV infection than frequently moving and permanent resident population.

Socially floating are vulnerable due to their lesser role in decision making including when where and how to engage in sexual intercourse and whether or not to wear a condom. 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 transmission routes and prevention way of HIV/AIDS among the floating, frequently moving and permanent resident population in the socio-economic development and that contribute significantly to reducing AIDS epidemic trends in Bangladesh.

Objectives of the study: In present study, attempts have been made:

- To investigate the factors related to knowledge about the HIV/AIDS transmission
- To investigate the factors related to knowledge about the HIV/AIDS prevention

MATERIALS AND METHODS

Data sources and methodology: The study is based on the data purposively collected from 3 major Metropolitan city corporations (Dhaka, Rajshahi and Chittagong). The information is collected from floating (a section of the population not permanently resident in a place), frequently moving (a section of the population not permanently resident in a place) and permanent resident (a section of the population permanently resident in a place) population.

All the respondents were interviewed during 1st October-20th December, 2008. Percentage distribution of bivariate form is portrait for analyzing the status of various phenomena are studied in this study.

RESULTS AND DISCUSSION

Knowledge of HIV/AIDS and background characteristics:

Knowledge of HIV/AIDS and background characteristics are highly linked. Table 1 shows the percentage of respondents who have heard the name of HIV/AIDS and indicates that knowledge varies substantially by background characteristics. About 97% floating respondents in age group 30-39 who have heard the name of AIDS whereas the percentage of those not hearing the name of AIDS are low and the differentials is not statistically significant. In both case of frequently moving and permanent resident population almost approximately all percent respondents in all age groups heard the name of HIV/AIDS and the association is highly significantly differ from those not heard the name of AIDS.

Table 1 also shows that married floating respondents who heard the name of AIDS were significantly higher than those not heard whereas in case of frequently moving and permanent resident respondents about 99% have heard the name of HIV/AIDS, respectively and the different with those not heard the name of AIDS is statistically not significant. In both frequently moving and permanent resident respondents knowledge is increasing as educational level increase except in floating respondents under primary educational level. For in this 3 cases, the difference between the respondents heard the name of AIDS and not heard were statistically highly significant.

It may be concluded that more educated person has more knowledge about HIV/AIDS than the illiterate. Again, 100% floating sex worker have known about HIV/AIDS whereas 100% permanent resident service holder respondents known about AIDS. In all occupational categories the percentage of the respondents heard the name of AIDS contain higher percentage than those not heard the name of AIDS and in frequently moving, the relation between occupation and knowledge are statistically highly significant but in both cases (floating and permanent resident) there is no association observed between occupation and knowledge.

Knowledge about routes of HIV/AIDS transmission by background characteristics:

There is a huge lack of accurate knowledge about the ways by which HIV/AIDS can and cannot be transmitted among many Bangladeshi people. The higher proportion of respondents in age group 50+, about 47% floating believe that HIV/AIDS can be transmission routes by misconception transmitted routes while about 23% frequently moving in age 50+ and about 21% permanent resident in age 40-49 believes same

Table 1: Knowledge of AIDS: Floating, frequently moving and permanent resident population

Background characteristics	Have you heard the name of AIDS								
	Floating (N = 300)			Frequently moving (N = 798)			Permanent resident (N = 798)		
	Yes	No	N	Yes	No	N	Yes	No	N
Age									
18-29	94.30	5.70	70	97.00	3.00	202	98.80	1.20	348
30-39	97.40	2.60	76	100.00	0.00	307	97.00	3.00	332
40-49	88.40	11.60	69	99.30	0.70	139	94.70	5.30	99
50+	88.40	11.60	85	99.30	0.70	150	99.00	1.00	19
	$\chi^2 = 7.186$; d.f = 3; p = 0.066			$\chi^2 = 11.273$; d.f = 3; p = 0.010			$\chi^2 = 11.238$; d.f = 3; p = 0.011		
Marital status									
Unmarried	90.00	10.00	40	100.00	0.00	97	100.00	0.00	196
Married	94.40	5.60	215	98.80	1.20	683	98.60	1.40	588
Widowed	80.00	20.00	45	100.00	0.00	18	100.00	0.00	14
	$\chi^2 = 10.295$; d.f = 2; p = 0.006			$\chi^2 = 1.361$; d.f = 2; p = 0.506			$\chi^2 = 2.886$; d.f = 2; p = 0.236		
Education									
No education	85.80	14.20	169	99.40	0.60	178	91.80	8.20	61
Primary incomplete	100.00	0.00	72	99.50	0.50	193	98.90	1.10	180
Primary complete	98.30	1.70	59	94.40	5.60	108	99.20	0.80	123
Secondary and higher	-	-	-	100.00	0.00	224	100.00	0.00	245
Graduate and above	-	-	-	100.00	0.00	95	100.00	0.00	188
	$\chi^2 = 17.567$; d.f = 2; p = 0.000			$\chi^2 = 26.594$; d.f = 4; p = 0.000			$\chi^2 = 36.272$; d.f = 4; p = 0.000		
Occupation									
Rickshaw puller	87.00	13.00	54	99.60	0.40	269	97.70	2.30	174
Service	-	-	-	100.00	0.00	130	100.00	0.00	176
Business	97.30	2.70	37	100.00	0.00	135	100.00	0.00	179
Driver	-	-	-	92.70	7.30	82	98.50	1.50	65
Sex worker	100.00	0.00	18	-	-	-	-	-	-
Other	91.10	8.90	191	99.50	0.50	182	98.50	1.50	204
	$\chi^2 = 4.768$; d.f = 3; p = 0.190			$\chi^2 = 37.083$; d.f = 4; p = 0.000			$\chi^2 = 7.180$; d.f = 4; p = 0.127		

N = Number of respondents and tables value indicate percentage of with in different background characteristics group and (-) not available

misconception routes. We know that more misconception less aware and less misconception more aware. It may be said that permanent resident respondents are more aware than the floating and frequently moving population. Again from Table 2, it is evident that the higher proportion of respondents about 35% floating in age group 40-49 believe transmission routes by multiple routes whereas, the proportion is about 62% frequently moving in age group 40-49 and 42% permanent resident in age group 50+, respectively believe same routes. For floating respondents the differences of various sources and age groups are statistically not significant but for both frequently moving and permanent resident population it is highly significant.

Table 2 also shows the higher proportion of respondents about 56% floating widowed believe HIV/AIDS transmission routes by misconception transmitted routes whereas the proportion is about 39% frequently moving and only 14% permanent resident, respectively. According to the higher proportion of married floating, frequently moving and permanent resident respondents believes HIV/AIDS transmission routes multiple routes and its percentage are about 33, 57 and about 33, 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 sources and marital status are statistically not significant but for permanent resident population it is significant.

Education is strongly and positively associated with a correct understanding of HIV/AIDS transmission. The higher proportion of floating, frequently moving and permanent resident respondents with educational level no education and its percentage are about 59, 43 and about 61, respectively believe HIV/AIDS transmission routes misconception transmission routes. Again, about 41% floating respondent with up to primary education complete believes the transmitted routes is multiple routes whereas about 70% frequently moving and about 36% permanent resident with educational level secondary and higher secondary. It is notable that more educated person more aware about HIV/AIDS transmission routes and the differences of transmission routes and education are statistically highly significant for all 3 types of respondent. From Table 2, we also seen that 33% floating sex worker believe HIV/AIDS transmission routes are multiple routes whereas about 59% frequently moving service man and 40% permanent resident driver also believe the same. The differences between transmission routes and occupation are statistically significant for floating respondents and highly significant for frequently moving and permanently resident respondents.

Table 2: Knowledge about routes of HIV/AIDS transmission: Floating, frequently moving and permanent resident population

Background characteristics	Transmission routes						N
	A	B	C	D	E	F	
Floating (N = 300)							
Age							
18-29	38.60	20.00	2.90	1.40	7.10	30.00	70
30-39	31.60	18.40	1.30	9.20	5.30	34.20	76
40-49	43.50	7.20	1.40	7.20	5.80	34.80	69
50+	47.10	18.80	3.50	4.70	4.70	21.20	85
$\chi^2=16.365$; d.f= 15; p = 0.358							
Marital status							
Unmarried	40.00	17.50	0.00	5.00	10.00	27.50	40
Married	37.20	16.70	2.30	5.60	5.60	32.60	215
Widowed	55.60	13.30	4.40	6.70	2.20	17.80	45
$\chi^2 = 10.400$; d.f= 10; p = 0.406							
Education							
No education	58.60	18.30	0.60	4.70	0.60	17.20	169
Primary incomplete	15.30	11.10	6.90	5.60	11.10	50.00	72
Primary complete	18.60	16.90	1.70	8.50	13.60	40.70	59
Secondary and higher	-	-	-	-	-	-	-
Graduate and above	-	-	-	-	-	-	-
$\chi^2 = 82.905$; d.f= 10; p = 0.000							
Occupation							
Rickshaw	50.00	22.20	1.90	5.60	3.70	16.70	54
Service	-	-	-	-	-	-	-
Business	27.00	21.60	8.10	8.10	5.40	29.70	37
Driver	-	-	-	-	-	-	-
Sex worker	27.80	16.70	0.00	0.00	22.20	33.30	18
Other	41.40	13.60	1.60	5.80	4.70	33.00	191
$\chi^2 = 27.178$; d.f= 15; p = 0.027							
Frequently moving (N = 798)							
Age							
18-29	14.90	16.80	1.50	4.00	15.80	47.00	202
30-39	14.00	14.00	2.30	1.60	5.90	62.20	307
40-49	12.90	10.10	5.00	2.90	7.20	61.90	139
+50	22.70	13.30	0.00	2.70	8.70	52.70	150
$\chi^2 = 40.627$; d.f= 15; p = 0.000							
Marital status							
Unmarried	11.30	18.60	1.00	3.10	12.40	53.60	97
Married	15.70	13.60	2.30	2.60	8.60	57.10	683
Widowed	38.90	0.00	0.00	0.00	11.10	50.00	18
$\chi^2 = 14.731$; d.f= 10; p = 0.142							
Education							
No education	43.30	14.00	0.00	2.20	0.60	39.90	0178
Primary incomplete	10.90	11.40	4.10	2.60	5.70	65.30	193
Secondary and higher	3.10	14.70	1.80	4.00	6.70	69.60	224
Graduate and above	3.20	11.60	5.30	1.10	38.90	40.00	95
$\chi^2 = 274.870$; d.f= 20; p = 0.000							
Occupation							
Rickshaw	24.90	12.60	1.90	1.10	3.30	56.10	269
Service	5.40	10.80	3.10	2.30	20.00	58.50	130
Business	8.90	20.00	3.00	1.50	9.60	57.00	135
Driver	12.20	12.20	2.40	6.10	11.00	56.10	82
Sex worker	-	-	-	-	-	-	-
Other	15.90	14.30	1.10	4.40	8.80	55.50	182
$\chi^2 = 71.193$; d.f= 20; p = 0.000							
Permanent resident (N = 798)							
Age							
18-29	8.90	33.90	7.80	1.10	12.90	35.30	348
30.39	11.10	39.20	3.30	1.80	12.30	32.20	332
40.49	21.20	53.50	3.00	0.00	7.10	15.20	99
50+	10.50	15.80	10.50	5.30	15.80	42.10	19
$\chi^2 = 46.113$; d.f= 15; p = 0.000							
Marital status							
Unmarried	10.20	38.30	9.20	1.50	10.20	30.60	196
Married	11.70	38.10	3.90	1.20	12.60	32.50	588
Permanent resident (N = 798)							
Widowed	14.30	35.70	14.30	7.10	14.30	14.30	14
$\chi^2 = 15.942$; d.f= 10; p = 0.101							

Table 2: Continue

Background characteristics	Transmission routes						N
	A	B	C	D	E	F	
Education							
No educatin	60.70	14.80	6.60	0.00	1.60	16.40	61
Primary incomplete	9.40	37.20	3.90	2.80	11.10	35.60	180
Primary complete	8.90	41.50	6.50	0.00	9.80	33.30	123
Secondary and higher	6.90	43.10	5.70	2.00	6.50	35.80	246
Graduate and above	4.80	37.80	5.30	0.50	25.00	26.60	188
$\chi^2 = 208.350$; d.f = 20; p = 0.000							
Occupation							
Rickshaw	16.70	32.20	5.20	2.30	8.60	35.10	174
Service	4.00	40.90	4.50	1.70	24.40	24.40	176
Business	8.40	43.00	5.00	0.60	11.20	31.80	179
Driver	10.80	30.80	12.30	1.50	4.60	40.00	65
Sex worker	-	-	-	-	-	-	-
Other	16.20	38.70	4.40	1.00	7.40	32.40	204
$\chi^2 = 67.024$; d.f = 20; p = 0.000							

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

Table 3: Knowledge about prevention way of HIV/AIDS by floating population

Background characteristics	Prevention way floating (N = 300)							N
	A	B	C	D	E	F	G	
Age								
18-29	4.30	40.00	15.70	11.40	8.60	4.30	15.70	70
30-39	10.50	32.90	21.10	14.50	7.90	1.30	11.80	76
40-49	13.00	30.40	14.50	20.30	2.90	2.90	15.90	69
50+	14.10	27.10	21.20	17.60	4.70	0.00	15.30	85
$\chi^2 = 16.657$; d.f = 18; p = 0.547								
Marital status								
Unmarried	2.50	30.00	12.50	15.00	10.00	10.00	20.00	40
Married	11.60	35.30	18.60	15.80	5.10	0.00	13.50	215
Widowed	13.30	20.00	22.20	17.80	6.70	4.40	15.60	45
$\chi^2 = 27.845$; d.f = 12; p = 0.006								
Education								
No education	13.00	29.00	20.70	16.00	5.30	3.00	13.00	169
Primary incomplete	5.60	37.50	16.70	16.70	8.30	0.00	15.30	72
Primary complete	10.20	35.60	13.60	15.30	5.10	1.70	18.60	59
Secondary and higher	-	-	-	-	-	-	-	-
Graduate and above	-	-	-	-	-	-	-	-
$\chi^2 = 9.504$; d.f = 12; p = 0.659								
Occupation								
Rickshaw	1.90	40.70	13.00	16.70	1.90	3.70	22.20	54
Service	-	-	-	-	-	-	-	-
Business	13.50	24.30	16.20	29.70	13.50	0.00	2.70	37
Driver	-	-	-	-	-	-	-	-
Sex worker	27.80	16.70	5.60	22.20	5.60	0.00	22.20	18
Other	11.00	33.00	21.50	12.60	5.80	2.10	14.10	191
$\chi^2 = 35.661$; d.f = 18; p = 0.008								

A = not prevention; B = avoid unsafe sexual relation; C = use condom during intercourse; D = advice; E = contaminated syringe and razors; F = blood transfusion; G = multiple way; N = total number of population; (-) = not available

Knowledge of prevention way about HIV/AIDS by background characteristics: Prevention is better than cure. Prevention knowledge is one of the most important elements of social and economic life. It is also associated with control of HIV/AIDS. Table 3-5 shows the proportion of respondents reporting correct knowledge of sexual prevention of HIV/AIDS by using a condom during every act of sexual intercourse at about 21% floating in age group 50+ differed about 12% in frequently moving in age group 40-49 and 21% permanent resident in age group

50+ years. Again, the higher proportion of floating respondents about 40% in age group 18-29 years believe that the prevention way by avoid unsafe sexual relation and the higher proportion of frequently moving respondents about 33% in age group 30-39 years and 29% permanent resident respondents in age group 40-49 believe that the prevention way by multiple way. Though, the difference between age and prevention way is not significant for floating respondents but highly significant for both frequently moving and permanent

Table 4: Knowledge about prevention way of HIV/AIDS by frequently moving population

Background characteristics	Prevention way							N
	A	B	C	D	E	F	G	
Frequently moving population (N = 798)								
Age								
18-29	0.50	12.90	5.90	12.90	19.80	16.30	31.70	202
30-39	2.60	19.90	6.80	6.80	21.80	9.40	32.60	307
40-49	4.30	12.90	12.20	19.40	21.60	7.20	22.30	139
50+	1.30	17.30	7.30	13.30	19.30	10.00	31.30	150
$\chi^2 = 41.951$; d.f = 8; p = 0.001								
Marital status								
Unmarried	1.00	9.30	7.20	8.20	17.50	18.60	38.10	97
Married	2.20	17.40	7.80	12.20	20.90	10.00	29.60	683
Widowed	5.60	16.70	5.60	16.70	33.30	5.60	16.70	18
$\chi^2 = 17.900$; d.f = 12; p = 0.119								
Education								
No education	1.70	11.20	9.00	19.10	21.90	10.70	26.40	178
Primary incomplete	3.60	9.80	5.70	11.40	18.10	15.50	35.80	193
Primary complete	0.00	27.80	1.90	6.50	20.40	11.10	32.40	108
Secondary and higher	3.10	18.30	12.10	11.20	15.20	7.60	32.60	224
Graduate and above	0.00	22.10	5.30	6.30	37.90	9.50	18.90	95
$\chi^2 = 83.241$; d.f = 24; p = 0.000								
Occupation								
Rickshaw	2.60	16.00	7.10	16.00	17.50	10.80	30.10	269
Service	5.40	13.10	6.20	5.40	30.80	12.30	26.90	130
Business	1.50	23.70	8.10	4.40	22.20	3.70	36.30	135
Driver	0.00	13.40	15.90	12.20	15.90	19.50	23.20	82
Sex worker	-	-	-	-	-	-	-	-
Other	0.50	15.40	5.50	15.40	19.80	11.50	31.90	182
$\chi^2 = 67.095$; d.f = 24; p = 0.000								

A = not prevention; B = avoid unsafe sexual relation; C = use condom during intercourse; D = advice; E = contaminated syringe and razors; F = blood transfusion; G = multiple way; N = total number of population; (-) = not available

Table 5: Knowledge about prevention way of HIV/AIDS by permanent resident population

Background characteristics	Prevention way							N
	A	B	C	D	E	F	G	
Permanent resident population (N = 798)								
Age								
18-29	1.10	3.40	11.50	23.30	20.40	19.30	21.00	348
30-39	2.10	6.00	12.70	21.70	21.40	13.90	22.30	332
40-49	6.10	3.00	8.10	12.10	27.30	14.10	29.30	99
50+	0.00	0.00	21.10	21.10	21.10	21.10	15.80	19
$\chi^2 = 28.589$; d.f = 18; p = 0.054								
Marital status								
Unmarried	2.00	4.60	9.70	26.00	18.40	19.90	19.40	196
Married	1.70	4.40	12.80	19.40	22.80	15.00	24.00	588
Widowed	21.40	0.00	0.00	28.60	21.40	28.60	0.00	14
$\chi^2 = 41.261$; d.f = 12; p = 0.000								
Education								
No education	3.30	3.30	23.00	23.00	19.70	9.80	18.00	61
Primary incomplete	3.90	4.40	15.00	21.70	22.20	15.00	17.80	180
Primary complete	0.80	3.30	13.80	28.50	17.90	17.10	18.70	123
Secondary and higher	1.20	5.70	11.00	14.60	20.30	16.70	30.50	246
Graduate and above	2.10	3.70	4.80	23.90	26.10	19.10	20.20	188
$\chi^2 = 47.997$; d.f = 24; p = 0.003								
Occupation								
Rickshaw	1.10	5.70	16.10	25.30	19.00	15.50	17.20	174
Service	1.70	3.40	5.70	23.30	27.80	18.80	19.30	176
Business	1.70	5.60	10.60	17.90	19.00	15.10	30.20	179
Driver	3.10	3.10	10.80	20.00	12.30	16.90	33.80	65
Sex worker	-	-	-	-	-	-	-	-
Other	3.40	3.40	14.70	19.10	24.00	16.20	19.10	204
$\chi^2 = 39.266$; d.f = 24; p = 0.026								

A = not prevention; B = avoid unsafe sexual relation; C = use condom during intercourse; D = advice; E = contaminated syringe and razors; F = blood transfusion; G = multiple way; N = total number of population; (-) = not available

resident respondents. Table 3-5 also shows that the higher proportion of respondents about 29% permanent residents widowed believe prevention method is blood transfusion and 35% floating married believe prevention method is avoids unsafe sexual relation and the differences are statistically highly significant whereas about 38% frequently moving unmarried respondents believe prevention method is multiple way and the differences is not statistically significant. Knowledge of prevention method rises from a clear minority to a clear majority with increasing education. Table 3-5 shows the higher proportion of primary incomplete about 38% floating respondents believe prevention methods by avoid unsafe sexual relation and the differences is not statistically significant while about 36% frequently moving with primary incomplete education and about 31% permanent resident with secondary and higher education believe prevention methods by multiple way and the differences are statistically significant.

The higher proportion of respondents, about 41% floating rickshaw puller believe popular prevention method by avoid unsafe sexual relation while the proportion of both about 36% frequently moving business man and 34% permanent resident driver man believe popular prevention method are multiple way. The differences in 3 cases for the prevention of HIV/AIDS and occupation are statistically highly significant.

CONCLUSION

Perfect knowledge of HIV/AIDS transmission and prevention way has become the burning issue of the day. This knowledge 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. The study included a section of questions on AIDS in order to assess the knowledge of transmission mechanisms and prevention way of infection with the HIV/AIDS virus by background characteristics. The result shows that >50% respondents think avoiding way about HIV/AIDS is using condom during intercourse and >15% respondents indicate transmission way is by blood and appreciation of sex.

RECOMMENDATIONS

To reduce the risk of HIV/AIDS spreading in the future to the general population, there is a strong need to provide full and specific knowledge to the general public, especially the floating population. This study is also highlighted that the salient feature questions of background characteristics is multiple answer. The multiple question are choice multiple person for this reasons it's highly linkage. Hearing about HIV/AIDS has a statistically significant positive influence on perfect

knowledge of AIDS transmission and prevention, net of educational and occupational effects. This indicates that various socio-economic and demographic factors have played a crucial role in influencing HIV/AIDS of Bangladesh. Though, it is difficult in poor setting Bangladesh, the regarding authority should take proper steps in improving the situation of education in floating areas as well as throughout the country. However, there is a real needs sufficient funding resources and manpower to advocate and implement the campaigns and need for more in depth studies on this regard. Thus, necessary action in called for to reduce future level of HIV/AIDS in the country in order to achieve better living conditions in future.

REFERENCES

- Ayranci, U., 2005. AIDS knowledge and attitudes in a Turkish population: An epidemiological study. *BMC Public Health*, 5: 95-95.
- Murray, C.J.L, A.D. Lopez, C.D. Mathers and C. Stein, 2001. The Global burden of disease 2000 project: Aims, methods, and data sources. Global Programme on Evidence for Health Policy Discussion Paper No. 36, World Health Organization, Geneva, Switzerland.
- Nakhaee, F.H., 2002. Prisoners' knowledge of HIV/AIDS and its prevention in kerman, Islamic Republic of Iran. *East Mediterr Health J.*, 8: 725-731.
- Rahman, M., D. Mondol and S. Abedin, 2005. Knowledge of AIDS among women in Bangladesh a multivariate analysis. Proceedings of the National Seminar, Organized by Department of Population Science and Human Resource Development, University of Rajshahi, Bangladesh.
- Suhadolnik, R.J., 2007. AIDS research: New compound shows promise in halting HIV spread. <http://www.newsrx.com/newsletters/AIDS-Weekly/2007-02-19/2021920071AW.html>.
- Swinne, D., M. Deppner, S. Maniratunga, R. Laroche, J.J. Floch and P. Kadende, 1991. AIDS-associated cryptococcosis in bujumbura, burundi: An epidemiological study. *J. Med. Vet. Mycol.*, 29: 25-30.
- UNAIDS China, 2002. HIV/AIDS: China's Titanic Peril. 2001 Update of the AIDS Situation and Needs Assessment Report. (Beijing, UNAIDS China Office), June.
- UNAIDS/WHO, 2008. Core slides: Global summary of the HIV and AIDS epidemic 2007. http://data.unaids.org/pub/globalreport/2008/2008_globalreport_core_e.n.ppt.
- United Nations, 2002. HIV/AIDS Awareness and Behaviour. United Nations Publication, USA., pp: 29.