FOLLOW UP KABP SURVEY IN RELATION TO HIV/AIDS IN BANGLADESH

JANUARY 2001

CONCERN FOR ENVIRONMENTAL DEVELOPMENT AND RESEARCH (CEDAR)
WITH ASSISTANCE FROM BANGLADESR RESEARCH COUNCIL (BMRC)

Sunday, November 13, 2001

Our Ref.: C/RP/99-03
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Your Ref.: BMRC/UNFPA/CRP/99/181
Date: 30/09/99

To
Dr. Harun-Ar-Rashid
Director
Bangladesh Medical Research Council (BMRC)
Mohakhali, Dhaka-1212

Subject: Submission of Final Report on "Follou-up KABP (Knowledge, Attitude, Belief & Practices) survey in relation to HIV/AIDS in Bangladesh''.

Dear Sir,

Please find herewith the final report on "Follow-up KABP (Knowledge, Attitude, Belief & Practices) survey in relation to HIV/AIDS in Bangladesh'' for your kind information.

Thanking you in anticipation.

Dr. Hasan Mahmud
Principal Investigator
&
Deputy Program Manager
AIDS/STD Program-ESP
Road # 29, House # 408
New DOHS, Mohakhali
Dhaka-1212.

FINAL REPORT

FOLLOW UP KABP SURVEY IN RELEATION TO AIDS IN BANGLADESH

JANUARY 2001

CEDAR- CONCERN FOR ENVIRONMENTAL DEVELOPMENT AND RESEARCH
WITH ASSISTANCE FROM BANGLADESR RESEARCH COUNCIL
(BMRC)

PREFACE

Since the first clinical evidence of AIDS was reported two decades ago, HIV/AIDS has spread to every corner of the world and has by now become a global phenomenon. Recently HIV infections and AIDS have spread at an alarming rate. The virus that causes AIDS (Human Immuno-Deficiency Virus: HIV) has been able to pierce essentially every single border. The piercing is invisible, especially in new of the number of people transmitting or conducting the infection. Still rapidly growing, the epidemic is reversing development gains, robbing millions of their lives, and widening the gap between rich and poor, and undermining social and economic security.

An estimated 36.1 million people are living with HIV in 2000, about 5.3 million people around the world become infected, 600 000 of them children. Since the epidemic began, AIDS has killed a total of 21.8 million people in 2000 alone. AIDS claimed three million lives. So, the world has to pay a terrible human toll in the short of an affordable cure of vaccine, and this toll is certain to rise.

In recent years, when new HIV infection in the developed world has halted, it has turned aggressively toward Asia and eight fold increases in the number of AIDS cases in Asia over the past one year only. Ninety percent of HIV infections are in developing countries. Bangladesh is still a low (0.02%) prevalent country. The conservative society and high family values might be acting as the bearer of spreading HIV/AIDS, but in country, alarming news is that according to WHO's estimation, countries surrounding Bangladesh, i. e. Thailand, Myanmar and India have already been seriously infected, of which India is fast becoming the worst affected nation in Asia. The sprawling sex industries in Thailand and India are also indication of threat to be neighboring countries including Bangladesh.

The very nature of the virus HIV is its invisibility, and both biological and behavioral factors affect the rate of spread through population. The key biological factors include the long asymptomatic period of HIV, the risk of infection per contact by different modes of transmission and cofactors, such as infection with other STDs. In the absence of a vaccine or cure, there are certain preventive measures i. e. creation of awareness about the disease and changes in behavior by preventive measures i. e., creation of awareness about the disease and changes in behavior by enabling individual to reduce the risky behavior that many lead them to HIV infection. These measures should be taken and promoted both a individual and community levels. These activities are going on

in every AIDS affected areas of the world. Bangladesh is no exception to this. But which is important are very conveyed to the target groups and if so, do they have impact on the individual or in the community?

During the STPA (1989), a survey on Knowledge, attitudes, believes and practices in relation to AIDS has been carried out among the different groups of people. Since then, no follow-up KABP survey was carried to look into the changes over time. So, this survey is conducted as a follow-up survey and the finings of this survey cab be compared and would certainly come up with findings that would be utilized further in implementation of different intervention for HIV/AIDS.

I am hopeful that the findings of this survey would reach to a wide audience and help them to develop strategies and preventive measures for different high and low risk behavior groups at risk of contracting HIV/AIDS. Through this survey was funded by Bangladesh Medical Research Council (BMRC), the conclusions, recommendations or judgment made in this report do not reflect the views of the Medical Council or the government they represent.

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ACKNOWLEDGEMENT

The report draws upon the detailed findings of the "Follow-up KABP (Knowledge, attitudes, believes and practices) survey in relation to HIV/AIDS in Bangladesh". The first KABP (Knowledge, attitudes, believes and practices in relation to AIDS in Bangladesh) survey was done in 1989 by the National AIDS Committee to know the state of the art of knowledge concerning people's knowledge and antidotes to sex and their beliefs and practices as a baseline information. Since then, no other such extensive studies were carried out to look at the changes at the state of the art of knowledge about HIV/AIDS among the persons of groups taking high risk behavior.

As no vaccine or cure has yet been developed to combat infection, the only available means is to protect from getting the infection and to prevent further spread of HIV infection by adopting certain measures through creation of awareness on HIV/AIDS among different risk groups.

The STPA (Short Term Plan of Action) has started back in December 1988 with assistance from WHO. And That was the start of the AIDS Prevention activities in Bangladesh. It gradually expends and more prayers have come into action both from NGO & donor level apart from Government and World Health Organization. As a result, the prevention and control activities have geared up and more and more vulnerable high-risk behavior groups have been reached through different Non Government Organization (NGOs).

In this regard, a follow up KABP survey was designed to look into the changes that took place over a decade. To carry out this survey, the Bangladesh Medical Research Council (BMRC) provided financial assistance and Concern for Environmental Development And Research (CEDAR) has provided other supports to conduct the survey.

I am very grateful to Dr. Hasan-Ar-Rashid, Director, Bangladesh Medical Research Council and his colleagues for their cooperation and necessary help to finish the survey. I am indebted and most thanks all the sample population without whom this survey won't be made possible.

I am also grateful to Md. Shafiqul Alam, Executive Director, CEDAR who was always very helpful and gave overall administrative support in conducting the survey. He also worked as the Coordinator of this survey.

This final piece of report of this survey could only be made possible and published due to relentless and untiring efforts of Ms. Iffat Jahan Choudhury & Mr. Tusar Kanti Choudhury who worked as interviewers to collect necessary data from the field level. I like thank them for their patient and hard work.

I also like to express my thanks to Mr. Debnath Ramen Chandra who help in entering and computing the data and express my appreciation to Mr. Tusar Kanti Choudhary who developed the computerized database and did the analysis of the data.

I shall be failing in my duty if I do not mention about the valuable help received from Dr. Ahsanul Kabir (Mamun) and Md. Saiful Islam, whose are the Co Principal Investigator of this survey through out of the whole process of the survey. They acted as the key persons, supervised data collection from the field level and helped in data processing, analytical interpretation, compilation and preparation of the final report of the survey.

Last but not least, I am personally grateful to all the concerned governmental and non-governmental organizations and institutions who helped the data collection from different sample population from different parts of Bangladesh to carry out this survey.

If there are any mistakes of error, which might occur inadvertently, I own all the responsibilities.

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LIST OF PERSONS INVOLVED

In order to carry out the survey, the list of following persons was actively involved:

Dr. Hasan Mahmud:	Principal Investigator
Dr. Md. Ahsanul Kabir:	Co-Principal Investigator
Md. Saiful Islam:	Co-Principal Investigator
Md. Shafiqul Alam:	Coordinator
Mr. Tusar Kanti Choudhury:	Data Analyst
Ms. Iffat Jahan Choudhury:	Survey Supervisor
Mr. Ramen Chandra Debnath:	Survey Supervisor

ACRONYMS AND ABBREBIATIONS

AIDS	Acquired Immune Deficiency Syndrome
BAPCP	Bangladesh AIDS Prevention and Control Program
BCC	Behavior Change Communication
BCCP	Bangladesh Center for Communication Programs
BE	Business Executives
BMRC	Bangladesh Medical Research Council
CEDAR	Concern for Environmental Development And Research
CSWs	Commercial Sex Workers
DGHS	Directorate General of Health Services
ESP	Essential Service Packages
FPHP	Fourth Population and Health Projects
GO	Government Organization
GoB	Government of Bangladesh
GP	General People
GPA	Global Program on AIDS
HIV	Human Immuno-deficiency Virus
ICDDR'B	International Centre for Diarrheal Disease and Research, Bangladesh
IVDUs	Intravenous Drug Users
IEC	Information, Education and Communication
KABP	Knowledge, Attitudes, Believes and Practices
MCH-FP	Maternal Child Health and Family Planning
MOHFW	Ministry of Health and Family Welfare
NAC	National AIDS Committee
NGO	Non-Governmental Organization
PBD	Professional Blood Donor
RTI	Reproductive Tract Infection
RP	Rickshaw Puller
ST	Student
SMx	Syndromic Management
STD	Sexually Transmitted Disease

TAG	Technical Advisory Group
TOT	Training of Trainers
UNICEF	United Nations Children's Fund
UNO	United Nations Organizations
VHSS	Voluntary Health Services Society
WHO	World Health Organization

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SUMMARY

AIDS has emerged as a major health concern since its outbreak. Beside health, the other implication of HIV/AIDS is far-reaching and affects the social fabric of everyday life. Till date no vaccine or cure has yet been developed to combat the infection. The failure to develop in affective vaccine or adequate medical treatment indicates that future research and work must now be directed toward the prevention of HIV. To many the unmanageability of AIDS may be evidence that governmental policy needs drastic public health changes. Since the begin of the epidemic, 36.1 million people are now living with HIV/AIDS till the end of 2000 and the cumulative number of deaths rose to 15 million.

In Bangladesh, the first HIV infection was detected in 1988 and the number of total HIV positive at the end of 2000, it is 157 of which 17 are AIDS cases. Though Bangladesh is surrounded by high prevalent countries and presence rate is till very low. May be Bangladesh is passing the window period and in the absence of strict surveillance fail no measure the magnitude.

Still, we can be optimistic of HIV rate can be contained like the present prevalence (0.2%), we can overcome the major catastrophe of HIV/AIDS. Well understood the magnitude of the problem, Bangladesh did not remain complacent and have responded timely to intervene. Initiatives were taken under STPA (Short Term Plan of Action) funded by WHO/GPA under which sero-prevalence survey, establishment of diagnostic facilities at different levels with development of human resources at the very outset. Besides, a survey on KABP (Knowledge, attitude, belief and practices) was carried out in Bangladesh (n = 2428, Individual interviewed). Over the last two decades, mild to intensive educational campaigns and advocacy program have been launched both by Government of Bangladesh and NGOs. Following the KABP survey in 1989, no such survey was done compare with the previous findings and look into any changes over time. Few KABP studies were done as part of educational dissertation and the target groups used to be single with a small sample size.

This study has been aimed to look into the present studies of knowledge, attitude, belief and practices (KABP) in relation to HIV and what changes has been achieved over decades of AIDS prevention program. The study was carried out among the same groups and locations as it was during the 1st KABP except addition of two more groups and location to compare the changes.

Different data and information that were derived from the survey certainly shows that there are changes in the KABP of people but there are still misconceptions that need to be addressed and focused on the present state of the art of knowledge about HIV/AIDS. These would lead to guidelines so that future strategies can be taken on the basis of the findings for intervention program and complement the GOB's effort to contain AIDS.

OBSERVATION AND ANALYSIS OF DIFFERENT DATA LED TO THE FOLLOWING SPECIFIC FINDINGS:

1. Awareness and AIDS has increased. It is 81.64% of the total sample population. And in 1989, it was only 38%. (Table- 3.1)
2. Awareness of AIDS is related to literacy level (Need to insert).
3. AIDS is not yet considered to be a national health problem (Table: 3.2)
4. Those who have hared of AIDS didn't consider this a threat for the country or individual (Table: 3.4).
5. Majority still think that Sex Workers and Men having sex with men are susceptible to HIV/AIDS (Table : 3-4)
6. There is increase of people's knowledge regarding other risk groups which was previously confined to SW & MSMs. (Table : 3-4-1)
7. There are misconceptions about HIV/AIDS and this are about sharing cups, foods, sharing cloths, mosquito bites.
8. Of different accepted means of transmission of AIDS, sex with AIDS patients, sex workers and baby of infected mother.

INTRODUCTION *(Background introduction, literature review, general objectives, specific objectives, justification and rationale):*

At the fag end of 1970s, unbeknownst to the world, a virus called HIV (Human Immuno-deficiency Virus) gained a foothold and began its onslaught, forever dividing the 20th Century into two eras – before and after AIDS. The AIDS era is likely to be an enduring one, stretching far into the century ahead. There is no foreseeable end in sight. Since after it's inception, the world has seen what appeared at first to be an illness largely confined to homosexual men and drug injectors in developed countries become a pandemic affecting millions of men, women and children on all countries. Though HIV infection starts infecting the people of the developed world and finally it turns it face towards the least developing world i. e., Sub-Saharan Africa, South and South East Asia. In a recent press release from UNAIDS (11/05/99), using UNAIDS estimates WHO ranks the world's major causes of mortality, morbidity and disability are HIV/AIDS.

Dr. Peter Piot, Executive Director of UNAIDS said that "AIDS has been with us for just 20 years and already it is killing more people then any other infectious disease. It is the most formidable pathogen to confront modern medicine, with potential to undermine this century's massive improvements of health and well being of people around the world" These words echoed the concern of Executive Director of UNAIDS, and control of this needs coordinated effort.

HIV has posed a global threat and its rapid spread in these regions in recent years highlights its importance in South Asian and South East regions. All neighboring countries of Bangladesh have high prevalence rate of HIV. This is particularly true for India, which presently has the largest number of HIV infected people in the world. The number of AIDS causes in India, Myanmar and Thailand are also very high. The UNAIDS estimate of new infections per year is worse for Asia than Africa. In all these countries regular monitoring for prevalence rates by sentinel surveillance has been established.

Situation of HIV/AIDS in Bangladesh

Bangladesh is not immune of AIDS, but AIDS is not yet a priority health problem. In Bangladesh, like other Asian countries, the situation is usually assessed based upon relatively limited testing; low rates of HIV detection in most population, and low number of reported HIV and AIDS. This limits our knowledge of situation, and makes any estimates of total prevalence of incidence quite

speculative. However, most appear to have high levels of other STDs in their populations implying a strong potential for extensive HIV spread. Bangladesh Health sector has been passing through the process of health sectoral reform which would anticipate to being positive changes in the HIV prevention strategies and prevention activities. Some structural changes that had took place with its hierarchy ate attached an annexure. That would also reflect the government reflection on the control of HIV/AIDS program in Bangladesh.

The Epidemic in Bangladesh

Sero-epidemiological survey carried out so far in Bangladesh clearly indicates that an epidemic has already started in this country. As Bangladesh is in the early phase of AIDS epidemic, like other countries, the activities pertaining to HIV/AIDS prevention, there would be certain degree of lack of coordination between different CBOs, NGOs with GOB. But, as Bangladesh has already formulated the **National Policy on HIV/AIDS and STD related issues,** it is expected that there would be better coordination and effective preventive measures as the policy would act as guidelines. It was 1997 that the first phase of National sentinel surveillance for HIV and Syphilis has started and Bangladesh is carrying out second generation surveillance which looked into the sero prevalence cum behavior surveillance among the same high risk behavior group. It tried to look into the sero prevalence among the said risk behavior groups and at the same time, correlating and linking with the risky behaviors those are been taken by the groups by and large. Fortunately the county is still a low prevalence area (0.2%), but this situation could rapidly change unless preventive measures are put in place. As shown by the behavioral surveillance, behavior conducive with acquiring STDs including HIV is common among some communities in Bangladesh. And this is substantiated by the very high prevalence rates of syphilis among these communities. Also, in some groups, particularly IDU, HIV infection is already present at rates that may increase rapidly in the next few years as has occurred in other places such as Manipur. In Manipur, during the first year of surveillance in 1989, the prevalence of HIV in IDU was 8% this increased to 60% in 1990 and to 89% in 1994.

While sero-prevalence survey only reveals the prevalence of the infection and monitor trends in the infection, it would not reflect on the behavioral aspect. So behavioral survey and other operational research need to be coordinated to identify the risks and intervene rightly. In 1989, the first KABP survey was carried out in Bangladesh (n= 2428 Individual Interviewed). During the past ten years, intensive educational campaigns have been launched. Small scale knowledge, Attitude, Belief and

Practices were carried out but not compared with the first one. It was not possible also as these surveys were sporadic and the target group were not consistent with the first one.

This has become essential to see whether different intervention and campaign program has been able to create significant amount of change in their knowledge attitude belief and practices in relation to HIV/AIDS. This sort of survey could also serve as a mean to evaluate different intervention program being implemented by GoB and non-governmental organizations (NGOs) for containing HIV/AIDS in Bangladesh.

The high prevalence rates for syphilis among sex workers and the relatively high HIV prevalence rate in IDU suggests that Bangladesh is at the beginning of an HIV epidemic which has the potential of spreading rapidly. Interventions at this stage are certain to have a beneficial effect by limiting the epidemic.

But, the HIV epidemic has already started in a core group likewise the neighboring countries e. g., India, Myanmar and at a close of proximity; the countries are Thailand, Vietnam & Laos. Though all the contributing factors are prevailing in our society, we appear to be lucky that HIV is still very low. This can be explained as either the country is in the window period or passing a missed opportunity where the HIV infection remains unexplored.

Literature Review:

If we look at the different literature so far been carried out in Bangladesh:
Khanom et. al., in 1987 conducted a KABP survey (N=168) to assess the knowledge and opinion on AIDS of the member of the Metropolitan Chamber of Commerce and Industries, Dhaka. The sample comprised of upper socio-economic class and their educational level ate least graduates and above. But their knowledge on AIDS was very poor and 61% knew nothing about HIV and its preventive measures of AIDS. 63% had no knowledge about the cause of AIDS. 34.5% mentioned of condoms during the sex and 50.6% abstaining from homosexuality. About the high-risk group, 5.4% mentioned sexually active homosexuals, 29.2% IV drug abusers, 20% blood transfusion recipients and 12% prostitutes.

Saidur Rahman in his study found that the knowledge about AIDS among non-medical personnel in Mohakhali Health Complex was somewhat vague. A total of 293 were interviewed of which 52 were female.

64% had hared about AIDS but their knowledge regarding the cause, mode of spread and prevention of disease was vague, Only 5.9% of the respondents had correct knowledge about the transmission and their knowledge about other aspect s were found very little.

National AIDS committee (NAC) conducted the 1st population based KABP study among seven groups (both high and low risk level groups) found that 85% could well mention about STDs and it's mode of transmission and through whom. But knowledge about AIDS showed that 61% never hared of AIDS which correlates with Khanom et. al., study. Well over 90% of prostitutes, rickshaw pullers and professional blood donors never hared of AIDS. On the other hand, those who knew about AIDS, only 2% mentioned as a health problem for Bangladesh and 24% for global. Even of these who mentioned they knew about AIDS, it was very little or insignificant. the prevailing misconception about AIDS was brought out thought the study. 10-25% said that shaking hands, sharing utensils and clothing transmits AIDS. 5% mentioned insect bites can transmit AIDS. 74% and 75% of respondents were against pre-marital and extra-marital sex respectively and only 13% were in favor pre-marital sex. Though these figures strongly suggest the rigid attitudes, social and religious dogma and norms but on the other sides of the coin, it has been found that the association between extra-marital sex and emigrant work is great. And so far HIV infections have been reported officially; more than 85% of all HIV positive are non-resident Bangladeshis.

Julia Ahmed and Sarah Hawkes in an attempt to explore knowledge, attitudes, beliefs and practices survey among commercial sex workers residing is Taan Bazar Brothel among 364 respondents. The survey looked into the reproductive and sexual health care seeking behaviors, their unmet needs in terms of family planning, menstrual regulation services and access to quality RTIs/STIs, health education and counseling services. Sarker S et. al., did a cross-sectional study among the commercial sex workers (N= 300) in a Brothel of Bangladesh. It tried to look for knowledge about STD/HIV, risk perception for STD, intent, self-reported behavior for trail the practices for using condom. It was found that 66.9% and 87.5% of CSWs knew respectively about gonorrhea and syphilis as STDs. 36% knew about the protective role of condom in preventing STDs, 28% had

intent to use condom while 3.4% actually used condom more than 50% occasions during the last 24 hours.

So from the above scenario, the level of knowledge about HIV/AIDS among general people, target groups were very low except a few areas where intensive health education and campaign program in action. To measure that, this KABP survey would obviously able to measure the state of the art of the knowledge and act accordingly.

General Objective:

To assess the state of the art of knowledge on HIV/AIDS in different risk of behavior groups, identify the present behavior practices and study the socio-economic and demographic factors associated with the level of knowledge, attitudes, beliefs and practices.

Specific Objectives:

The specific objectives of the KABP survey were:

a. to determine the knowledge, attitudes, beliefs and practices in relation to AIDS in Bangladesh.
b. analysis of the present status of HIV infection and degree of awareness of AIDS in Bangladesh.
c. to compare the findings of the present study with those of 1st KABP study done in 1989 by NAC.
d. to recommend future guidelines and recommendations for HIV/AIDS prevention strategies.

Ultimate Goal:

To use the information, which will be obtained from the study, would complement and help to take strategies for imparting HIV/AIDS education, awareness creation and findings channel of information dissemination.

Rationale:

The first KABP (Knowledge, Attitudes, Beliefs and Practices) was done in 1989 by the National AIDS Committee (NAC, Bangladesh) under Short Term Plan of Action (STPA-1988-1989). The education of such survey was very essential for designing, developing and implementation of effective intervention program based on the findings of the study. Because, it provided base line information and situation analysis of the state of the art of knowledge on HIV/AIDS of different high and low risk behavior groups, identify group specific high risk behavior, find out the misconceptions in relation to HIV/AIDS. And with the completion of the first KABP, the purpose was effectively done.

The HIV/AIDS prevention and control program literally started back in December 1988 and was initiated by the Government of Bangladesh. The first HIV positive was detected in 1989 and the first AIDS cause are detected in 1990. Subsequently, well over 200 NGOs are currently working on HIV/AIDS and STDs prevention and control program. In different high and low risk behavior groups at different vulnerable location being funded by different donors and international agencies. It's nearly a decade that HIV/AIDS prevention activities have begun in Bangladesh. But, till date no follow-up KABP survey on a large scale was done to see whether different intervention and campaign program among different high and low risk groups has been able to create a significant amount of change in their knowledge, attitude, belief and practices in relation to HIV/AIDS this survey would indirectly serve as a mean to evaluate different prevention and control program for AIDS awareness and the impact of these programs on different groups.

In Bangladesh, the preconditions for rapid spread of HIV does exist i. e., substantial number of prostitutes, high rates of genital ulcer diseases, STDs and concurrent high prevalence of TB infection make Bangladesh a fertile ground for rapid spread of HIV/AIDS to contain the out break of AIDS, health education and counseling coupled with behavior change intervention among different risk talking groups could bring into control. Information, education and communication remain key to play significant role in alleviating awareness among general people and to measured that KABP survey has found to be an unique tell to assess. So, it was essential to do a follow-up KABP survey and the target groups remained same except two additional groups the details of the study are elaborated in the methodology.

METHODOLOGY:

The following methodological action was apply to carry out the survey

a) Adapting the questionnaire of the first KABP study by NAC and was modified for data collection and pre tasted;
b) Supervisors and Interviewers guideline prepared;
c) Training of the supervisors and interviewers were conducted;
d) Identification of sampling site;
e) Selection of target groups;
f) Sampling of target group;
g) Date entry and analysis for the data;
    - Questionnaire was developing using Visual Basic 5.0
    - Data were entered and cleaned;
    - Data are analyzed using SPSS/PC+
h) Report writing;

Type of study: Cross-sectional population-based

Questionnaire development:

As questionnaire would be the only tool for this study, the maximum efforts were given in redesigning the questionnaire to meet the objects. As this was a follow-up survey, the questionnaire of the KABP survey was adapted and necessary changes and addition were done. After adaptation and modification, the questionnaire was pre-tasted for final field survey.

Site/Locations: Six divisional (administrative) headquarters i. e., Dhaka, Khulna, Sylhet, Chittagong, Barisal Rajshahi.

Target groups:

i) Commercial sex workers
ii) Professional blood donors
iii) STD clinic patients
iv) Students
v) Rickshaw pullers/truck divers
vi) General population
vii) IVDUs
viii) Business Executive
ix) Garments worker
x) Men having sex with men
xi) Hijra

Tools of survey : Structured questionnaire (Attached in Annexure)
One to one interview

We profoundly acknowledge the effort of NAC, their research team and WHO Consultant who had made excellent work in developing the KABP questionnaire back in 1989 to conduct the KABP survey. We have adapted the questionnaire with slight modification for conducting the 2nd round KABP survey.

Sampling:

A purposive random sampling was done with a total sample size of 1200, i. e., 200 from each site. 200 more sample were supposed to collect as extras as data cleaning process would deduct those questionnaires, which were not complete because a good number of interviewee exited the survey. The reason was every sample was told about the objective of the survey and with their voluntary consent, interview was taken. Some samples refused to continue the interview as the questionnaire had numbers of personal questions. Though the sample was not estimated or weighted against population size of the country and might not represent the whole country, but as the purpose of the survey was to see the changes of the state of the art of knowledge on HIV/AIDS and to measure the impact of ongoing AIDS prevention program, the total sample number were reduced

Distribution of sample size by division:

Name of Division	No. of Sample
Dhaka	300
Chittagong	200
Rajshahi	150
Khulna	150
Barisal	50
Sylhet	50
Total :	**1400**

Quality Control:

Proper monitoring and supervision of interviewers, interviewing techniques were strictly maintained with further crosscheck of 10% of the total sample by the supervisor.

Data Analysis:

Data were entered into the computer in a structured questionnaire programmed in Visual Basic (Version 5.0). Then, all the data were cleaned using Microsoft Excel. Finally, data were analyzed using SPSS/PC+ (version 7.0). A data analyst who had previous exposure in manipulating large number of social data analyzed the data. For assessing degree of association, multi varieties analysis and cross-tabulation were also done.

Table: i Listen to radios

Value label	Frequency	Percent
Everyday	73	9.1
Most days	106	13.2
Seldom	506	62.9
Never	120	14.9

Table: ii Watch Television

Value label	Frequency	Percent
Everyday	198	24.6
Most days	231	28.7
Seldom or Never	376	53.3

Table: iii Watch Cinema

Value label	Frequency	Percent
Everyday	152	18.9
Seldom	493	61.2
No or Others	160	19.9

Table: iv Misconception about the transmission of HIV/AIDS

Myths	%
Sharing of toilet	15.4
Shaking hands with someone	2.6
Kissing STD patient	19.1
By eating and drinking	11.1

Table: v Know the transmission of STDs

Mode of transmission	%
Sex with STD patient	77.8
Sex with prostitute	84.3
sex with many partners	55.9
Infected blood transfusion	35.2

Table: vi Knew STD & other related information from the sources

Sources	STD	Other health related information
Cinema	1.6	2.5
Radio	11.3	64.6
Television	28.1	73.9
Newspaper	33.8	37.6
Books/Magazine	49.2	29.7
From doctor	43.5	60.2
From Friends	54.4	37.8
From family members	4.5	19.5
From teachers	1.2	5.6
Religious leaders	.6	1.9
NGO	13.9	22.6
From poster/leaflets/handbills	20	21.5
Other sources/faith healer, traditional healer, homeopaths etc	7.8	1.6

Table: vii Want to know information from the sources as wished by respondents

Sources	Percent
Cinema	7.2
Radio	30.7
Television	66.8
Newspaper	42
Books/Magazine	43.2
From doctor	57.5
From Friends	30.2
From family members	5.1
From teachers	6.6
Religious leaders	5
NGO	43.9
From poster/leaflets/handbills	22.4
Other sources/faith healer, traditional healer, homeopaths etc	2.1

RESULTS AND DISCUSSIONS:

The survey was conducted among the cross section of people with representation from different high risk behavior groups along with the bridging population so that it would reflect on the present state of the art of the knowledge. 71% of the sample is male, 27% are female and 3.2% are hermaphrodites. 81% of the sample falls in the age group range between 15 to 34 years. 85% of the respondents are Muslims, 13% Hindu and rest is the remaining. Around 50% of the samples are unmarried or single.

Mean actual age of first sexual intercourse is 13.44 years (Sdv±9.01). Regarding sex education before the sexual debut, 67% of the respondents opined that would obviously benefit them and 20% didn't know what to do.

The family planning method has been found to be well acceptable among the respondents and this 93.5%.

43% mentioned of AIDS as a health problem while 28.1% didn't mention AIDS ias a disease & 4.8% couldn't mention any health problem. 62.6% mentioned AIDS as a health problem globally 18.9% didn't mention AIDS as a global health problem.

Table: viii Source of STD related information:

Sources	Percent
Parents	2.9
Teachers	4
Doctor	63.2
Spouse	65.2
Religious leaders	3.0
Friends	44.6
Brothers/Sisters	.9
Books	29.4
Radio	18.4
TV	26.8
Magazines	46.7
Others	4.8

Regarding homosexuality, 80% knew of it while 20% are not aware of it % 57% know of heterosexuality while a significant number never heard of the terminology or the fact of heterosexuality. Sex only between spouses is regard as healthy by 34.3%, legal 76.1% % socially expectable in 74% of all the respondents.

Table: ix Certain conditions when sex outside marriage can take place:

Conditions	Percent
Never	48.6
When wife is menstruating	3.2
During Pregnancy	18.5
Spouse too tired	7
Spouse not interested	14.3
Spouse away	40.2
Just for a change	22.5
When spouse is ill	24
Other causes not mentioned	14.7

Table: x Conditions when going to brothel ate justified

Conditions	Percent
Under no conditions	53.8
When wife is menstruating	2.0
During Pregnancy	18.8
Spouse too tired	8.3
Spouse not interested	16.8
Spouse away	41.4
Just for a change	23.7
When spouse is ill	24.5
Other causes not mentioned	14.7

When the interviewee is responding the above conditions, 76% wanted to use condom when 23.3% are indifferent or didn't know.

It has been revealed from the current survey that significant number of people becomes aware of HIV/AIDS and their level of consciousness rose to a point, which might help them to keep them away from the infection. Where condom use rate is till very low among different high-risk groups, general people start using condom, which is thought for the low level of HIV infection in Bangladesh. But this dose not out rule of possibility of outbreak of HIV/AIDS in near future.

The implementing authorities have to be more cautious and sustain the ongoing intervention and advocacy program which would therefore try to keep the level of infection at a much lower level.

RECOMMENDATION:

1. Comprehensive intervention program needs to be initiated among the low risk behavior group.
2. Advocacy at a larger level should be initiated.
3. Operational research needs to be performed beside the ongoing sentinel surveillance to find out the focus of possible spread of infection.

LIST OF CROSS TABLE

Table 1: Sample size of the risk behavior groups

Sl. No	Respondent type	Sample size N	Percentage %
1.	Sex Workers (SW)	45	4.61
2.	Transport Workers (TW)	129	13.29
3.	Professional blood donors (PBD)	62	6.39
4.	Sexually transmitted disease patient (STD)	76	7.83
5.	Students (ST)	177	18.24
6.	Business Executive (BE)	17	1.75
7.	Intravenous Drug users (IVDUs)	74	7.62
8.	General Population (GP)	259	26.7
9.	Men having sex with men (MSM)	47	4.84
10.	Garment Workers (GW)	70	7.21
11.	Hijra (HR)	14	7.68
Total		970	106.16

Table 2: Various Characteristics of the Sample Groups

		Respondent Type										
		SW	TW	PBD	STD	ST	BE	IVDUs	GP	MSM	GW	HR
Sex	Male	0	129	62	56	115	16	67	170	32	37	0
	Female	45	0	0	20	61	1	5	89	1	33	0
	Eunuch	0	0	0	0	1	0	2	0	14	0	14
Age	15-24 Yrs	11	28	32	19	130	0	17	45	29	22	4
	25-34 Yrs	30	64	25	37	45	6	40	145	18	39	8
	35-44 Yrs	4	32	5	15	1	9	17	60	0	9	2
	45-64 Yrs	0	5	0	5	1	2	0	9	0	0	0
Education level	Illiterate	14	25	17	23	0	0	7	8	13	0	11
	Madrasa upto 10 yrs	0	0	0	0	0	0	0	1	0	0	0
	No school	3	23	5	6	0	0	9	9	5	8	2
	Primary	8	54	32	23	0	0	28	35	10	26	0
	Secondary	7	21	8	13	11	0	13	41	14	21	1
	Higher Secondary	8	5	0	7	55	1	5	29	3	12	0
	Graduate	5	1	0	4	69	5	10	65	1	3	0
	Post-Graduate	0	0	0	0	42	11	2	71	1	0	0
Religion	Islam	34	119	58	51	137	16	60	224	44	66	12
	Hindu	10	10	4	18	34	1	10	65	1	3	0
	Buddhist	0	0	0	0	3	0	0	1	0	0	0
	Christian	1	0	0	7	2	0	4	6	0	1	0
	Others	0	0	0	0	1	0	0	0	0	0	0
Marital Status	Unmarried	7	51	30	20	162	4	37	101	37	35	14
	Married	12	76	13	48	15	13	18	156	7	25	0
	Separated	10	2	17	1	0	0	15	2	3	2	0
	Divorced	16	0	2	2	0	0	4	0	0	6	0
	Widowed	0	0	0	5	0	0	0	0	0	2	0

Table 3: Communication of AIDS Information

A.		Respondent Type										
		SW	TW	PBD	STD	ST	BE	IVDUs	GP	MSM	GW	Hijra
Heard of AIDS	Yes	33	89	47	57	176	17	48	244	39	40	2
	No	12	40	15	19	1	0	26	15	8	30	12

Table 3.1: Communication of AIDS Information

B. Extent of AIDS Information	Respondent Type										
	SW	TW	PBD	STD	ST	BE	IVDUs	GP	MSM	GW	Hijra
A great deal	3	3	0	2	18	0	2	17	1	0	0
A moderate amount	2	11	0	6	64	9	8	83	10	6	0
Just a little	18	41	13	19	85	7	25	104	29	15	1
Nothing	8	32	34	28	8	1	12	39	0	15	1

Table 3.2: Opinion on AIDS as a health problem in Bangladesh

Indicator		Respondent Type										
		SW	TW	PBD	STD	ST	BE	IVDUs	GP	MSM	GW	HR
AIDS Mentioned	No	33	86	53	59	60	5	52	122	8	38	14
	Yes	12	43	9	17	117	12	22	137	39	32	0
AIDS not Mentioned	No	18	84	55	68	156	12	39	213	40	39	7
	Yes	27	45	7	8	21	5	35	46	7	31	7
Doesn't know any health problem	No	45	126	44	52	174	17	71	249	47	69	11
	Yes	0	3	18	24	3	0	3	10	0	1	3
Any other	No	23	60	28	31	102	16	40	110	19	61	5
	Yes	22	69	34	45	75	1	34	149	28	9	9

Table 3.2.1: Knowledge about type of people susceptible to AIDS

Indicator		Respondent Type										
		SW	TW	PBD	STD	ST	BE	IVDUs	GP	MSM	GW	HR
		Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count
Frequent Travelers	No	15	71	38	32	110	2	32	162	24	26	1
	Yes	16	16	9	23	65	15	15	81	16	10	1
SW	No	9	16	18	14	21	1	8	16	0	12	0
	Yes	22	71	29	41	154	16	39	227	40	24	2
PBD	No	25	67	46	46	94	2	27	165	25	23	2
	Yes	6	20	1	9	81	15	20	78	15	13	0
IDU	No	23	56	44	52	102	12	33	168	21	21	2
	Yes	8	31	3	3	73	5	14	75	19	5	0
MSM	No	13	52	28	28	67	1	20	109	5	22	1
	Yes	18	35	19	27	108	16	27	134	35	14	1
Health Worker	No	29	86	41	54	168	17	45	228	30	35	2
	Yes	2	1	6	1	7	0	2	15	10	1	0
Baby from infected mother	No	44	43	45	38	60	1	25	96	9	21	1
	Yes	20	44	2	17	115	16	22	147	31	15	1
Any other	No	28	81	44	55	171	17	47	224	38	36	2
	Yes	3	6	3	0	4	0	0	19	2	0	0

Table 3.3: Opinion on AIDS as a health problem in the world

Indicator		Respondent Type										
		SW	TW	PBD	STD	ST	BE	IVDUs	GP	MSM	GW	HR
AIDS Mentioned	No	27	82	36	47	9	1	43	48	8	34	13
	Yes	18	47	26	29	168	16	31	211	39	36	1
AIDS not Mentioned	No	27	86	58	72	172	16	43	244	42	43	9
	Yes	18	43	4	4	5	1	31	15	5	27	5
Doesn't know any health problem	No	44	123	51	61	176	17	72	249	47	69	10
	Yes	1	6	11	15	1	0	2	10	0	1	4
Any other	No	25	70	39	32	136	16	43	181	26	63	4
	Yes	20	59	23	44	41	1	31	78	21	7	10

Table 3.4: Knowledge about AIDS

Indicator		Respondent Type										
		SW	TW	PBD	STD	ST	BE	IVDUs	GP	MSM	GW	HR
		Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count
Whether Know who are susceptible to AIDS	Yes	28	74	30	41	156	16	43	230	40	23	2
	No	3	13	16	13	18	1	4	12	0	13	0

Table 3.4.1: Knowledge about means of transmission of HIV and AIDS

Indicator		Respondent Type										
		SW	TW	PBD	STD	ST	BE	IVDUs	GP	MSM	GW	HR
		Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count
Ear/nose piercing	No	24	60	38	46	153	17	37	212	34	32	1
	Yes	7	27	9	9	22	0	10	31	6	4	1
Shaking Hands	No	29	82	45	52	175	17	42	239	36	34	1
	Yes	2	5	2	3	0	0	5	4	4	2	1
Sharing foods, cups	No	19	66	41	52	156	5	36	212	38	29	2
	Yes	12	21	6	3	19	12	11	31	2	7	0
Sharing cloths	No	21	69	38	49	167	12	37	224	36	28	1
	Yes	10	18	9	6	8	5	10	19	4	8	1
Bites of Mosquito	No	17	59	23	27	135	13	34	169	31	25	2
	Yes	14	28	24	28	40	4	13	74	9	11	0
Infected needles	No	20	61	30	27	68	3	23	89	5	23	1
	Yes	11	26	17	28	107	14	24	154	35	13	1
Infected Blood	No	17	63	38	25	51	5	16	102	8	21	1
	Yes	14	24	9	30	124	12	31	141	32	15	1
Having sex with AIDS patients	No	2	23	34	23	14	0	14	40	4	16	0
	Yes	29	64	13	32	161	17	33	203	36	20	2
Having sex with SWs	No	9	12	19	10	20	1	8	30	4	6	0
	Yes	22	75	28	45	155	16	39	213	36	30	2
Having sex with many	No	11	42	26	24	43	4	19	75	6	14	1
	Yes	20	45	21	31	132	13	28	168	34	22	1
baby from an infected mother	No	10	43	44	41	52	1	27	98	10	19	1
	Yes	21	44	3	14	123	16	20	145	30	17	1
Any other	No	30	81	30	47	162	17	43	224	35	32	2
	Yes	1	6	17	8	13	0	4	19	5	4	0

Table 3.4.2: Knowledge about AIDS

		Respondent Type										
		SW Count	TW Count	PBD Count	STD Count	ST Count	BE Count	IVDUs Count	GP Count	MSM Count	GW Count	HR Count
	Prevention with vaccination	2	4	2	2	12	0	6	8	2	3	2
Knowledge about prevention and cure of AIDS	Is curable with drugs	9	18	3	5	4	0	7	14	4	3	0
	Incurable & fatal	14	29	10	13	123	17	26	156	30	20	0
	Don't know	6	36	32	35	36	0	8	65	2	10	0
Whether AIDS may be there without symptom	Yes	8	19	2	17	86	4	10	102	22	9	0
	No	11	27	3	7	43	1	18	48	4	8	0
	Don't know	12	41	42	31	46	12	19	93	14	19	2
Whether AIDS can transmit from an AIDS patient without symptom	Yes	16	33	15	25	153	16	28	188	38	19	0
	No	5	6	0	5	9	0	4	10	0	1	0
	Don't know	10	48	31	25	13	1	15	44	2	16	2

Table 3.5: Opinion on mode of transmission of sexual diseases

Indicator		Respondent Type										
		SW Count	TW Count	PBD Count	STD Count	ST Count	BE Count	IVDUs Count	GP Count	MSM Count	GW Count	HR Count
Through Intercourse	Yes	45	120	38	52	170	16	67	235	44	62	9
	No	0	3	1	2	2	0	3	0	1	0	2
	Don't know	0	5	23	22	4	0	4	22	2	8	3
Sharing Toilet	No	39	112	53	67	154	17	65	206	46	61	12
	Yes	6	17	9	9	23	0	9	53	1	9	2
Shake hands with STD patient	No	43	125	62	75	173	17	71	256	43	67	14
	Yes	2	4	0	1	4	0	3	3	4	3	0
Kissing STD patient	No	26	110	59	66	159	12	52	226	35	50	8
	Yes	19	19	3	10	18	5	22	33	12	20	6
Sex with STD patient	No	0	22	37	33	42	0	16	62	3	20	3
	Yes	45	107	25	43	135	17	58	197	44	50	11
Intercourse with many people	No	19	16	29	21	13	0	9	38	2	9	4
	Yes	26	113	33	55	164	17	65	221	45	61	10
Eat & drink from common plates	No	22	59	51	39	51	3	34	111	8	27	14
	Yes	23	70	11	37	126	14	40	148	39	43	0
Injecting addictive drugs	No	39	115	62	75	170	6	59	242	41	47	14
	Yes	6	14	0	1	7	11	15	17	6	23	0
Injecting addictive drugs	No	38	119	62	69	113	4	58	209	37	61	13
	Yes	7	10	0	7	64	13	16	50	10	9	1
Infected blood transfusion	No	31	105	62	70	81	2	46	150	33	39	13
	Yes	14	24	0	6	96	15	28	109	14	31	1
Any other	No	42	107	34	62	169	17	61	228	47	61	12
	Yes	3	22	28	14	8	0	13	31	0	9	2

Table 3.6.1: Status of belief and attitude regarding sex

		Group response in percent										
		SW	TW	PBD	STD	ST	BE	IVDUs	GP	MSM	GW	HR
		Row%	Row%	Row%	Row%	Row%	Row%	Row%	Row%	Row%	Row%	Row%
Whether pre-intercourse sex education is helpful	Yes	5.4	11.9	6.3	7.9	16.8	2.3	7.2	28.1	7	6.5	0.9
	No	7.5	25.5	2.8	15.1	1.9	1.9	12.3	20.8	4.7	3.8	3.8
	Don't know	4.5	12.8	15	11.3	6.8	6.8	12	26.3	0	9	1.5

Table 3.6.2: Opinion on marital sex

		Group response in percent										
		SW	TW	PBD	STD	ST	BE	IVDUs	GP	MSM	GW	HR
		Row%	Row%	Row%	Row%	Row%	Row%	Row%	Row%	Row%	Row%	Row%
Healthy	No	26	20.7	12.1	6.5	8.4	7	8.4	4.7	3.6	1.2	1.2
	Yes	28	13.4	15.5	10.4	6.1	7.6	2.4	5.2	6.7	2.7	1.8
Legal	No	24.7	23.5	11.4	10.2	2.7	4.7	12.2	5.9	4.7	0	0
	Yes	27.4	16.4	14	7	9.4	8.1	4.3	4.5	4.6	2.4	2
Socially excitable	No	30.3	18.4	12.6	10.1	7.2	5.1	6.5	6.5	2.5	0.4	0.4
	Yes	25.3	18.2	13.6	6.9	7.8	8.1	6.3	4.2	5.5	2.3	1.9
Any other	No	27.1	18.5	13	7.9	7.5	7.2	6.2	4.8	4.5	1.8	1.5
	Yes	5.3	5.3	26.3	5.3	15.8	10.5	15.8	5.3	10.5	0	0

Table 3.6.3 Opinion on extra marital sex

		Group response in percent										
		SW	TW	PBD	STD	ST	BE	IVDUs	GP	MSM	GW	HR
		Row%	Row%	Row%	Row%	Row%	Row%	Row%	Row%	Row%	Row%	Row%
No	No	8.7	16.9	10.1	10.1	13	1.6	11.1	15.3	5.8	5.6	1.9
	Yes	0.6	9.7	2.7	5.6	23.5	1.9	4.1	38.1	3.9	8.9	1
Yes wife's menstrual period	No	4.1	13.7	5.1	8.1	18.4	1.8	7.9	27.5	4.6	7.4	1.5
	Yes	21.4	0	50	0	14.3	0	0	0	14.3	0	0
During pregnancy	No	3.3	13.7	3.3	6.7	21.1	2.1	6.9	29.3	4.5	7.9	1.1
	Yes	10.9	11.4	20.6	13.1	5.1	0	10.9	14.9	6.3	4	2.9
Spouse too tired	No	3.7	13.3	6.5	8.1	19	1.9	6.4	27.5	4.7	7.5	1.3
	Yes	18	13.1	4.9	3.3	6.6	0	26.2	14.8	6.6	3.3	3.3
Spouse not interested	No	2.9	12.8	6.5	8.6	19.8	1.9	5.5	29.1	4.6	7.3	1.1
	Yes	16.7	16.7	5.8	2.5	7.5	0.8	22.5	10	6.7	6.7	4.2
When spouse in away	No	1.8	10.1	3.5	5	24.1	2	4.1	33.5	5.9	9.1	1
	Yes	9.3	18.7	11.3	12.6	8.5	1.4	13.5	15.4	3	4.1	2.2
Just to have a change	No	2.6	12.4	3.8	7.6	20.4	2.2	7.2	30.9	3.8	8	1.1
	Yes	12	16.7	15.8	8.6	10.5	0	9.1	11.5	8.6	4.3	2.9
Spouse's Illness	No	2.1	11.3	7.5	8.7	20.9	1.2	4	31.4	4.7	7.4	0.8
	Yes	13.7	20.4	2.4	4.7	8.5	3.8	20.9	10	5.2	6.6	3.8
Any other	No	4.3	13.4	6.5	8.1	18	1.7	7.6	27.2	4.8	7	1.4
	Yes	12.5	10	5	2.5	25	2.5	7.5	15	5	12.5	2.5

Table 3.6.4: Status of belief and attitude regarding sex

		Group response in percent										
		SW Row%	TW Row%	PBD Row%	STD Row%	ST Row%	BE Row%	IVDUs Row%	GP Row%	MSM Row%	GW Row%	HR Row%
Opinion on premarital sex	Acceptable	7.9	12	10.1	8.9	15.6	1.9	11.8	17.5	9.8	2.9	1.7
	Not acceptable	1.7	14.5	3.1	7.6	20.5	1.4	4.5	34.7	1.2	9.7	1.2
	Any other	8.8	8.8	11.8	0	14.7	5.9	5.9	17.6	0	23.5	2.9
Opinion on extra marital sex	Acceptable	14.8	11.4	8.5	10.8	11.9	0	14.2	9.1	16.5	6	2.3
	Not acceptable	1.4	14.2	5.5	7.7	19.8	2	5.8	31.8	2.4	8.1	1.2
	Any other	15.1	7.5	11.3	0	18.9	3.8	11.3	13.2	0	17	1.9
Opinion on birth control	Acceptable	4.9	12.9	6.5	8.4	18.4	1.9	6.9	27.6	4.9	7	6
	Not acceptable	2.4	22	2.4	2.4	14.6	0	12.2	12.2	7.3	4.9	19.5
	Any other	0	12.5	12.5	0	12.5	0	29.2	8.3	0	20.8	4.2

Table 3.7.1: Behavior and practices about condom

		Respondent Type										
		SW	TW	PBD	STD	ST	BE	IVDUs	GP	MSM	GW	HR
Ever heard of condoms	No	0	0	0	0	2	0	0	1	0	0	0
	Yes heard	1	5	0	1	36	2	1	22	22	17	1
	Yes seen	44	119	62	75	138	15	73	233	43	53	13
Ever used condoms	No	2	50	31	39	124	2	30	106	7	36	14
	Yes	43	74	31	37	44	15	43	148	38	34	0
	Any other	0	0	0	0	0	0	1	0	0	0	0

Table 3.7.2: Behavior and practices about condom

Indicator		Respondent Type										
		SW	TW	PBD	STD	ST	BE	IVDUs	GP	MSM	GW	HR
Health care	No	38	118	57	64	134	13	68	215	37	62	14
	Yes	7	11	5	12	43	4	6	44	10	8	0
Chemise/Pharmacist	No	8	15	2	9	23	0	9	18	5	2	11
	Yes	37	114	80	67	154	17	65	241	42	68	3
Hospital	No	45	126	62	76	164	17	72	249	41	68	14
	Yes	0	3	0	0	13	0	2	10	6	2	0
FP Clinic	No	24	113	53	62	125	11	64	164	37	58	13
	Yes	21	16	9	14	52	6	10	95	10	12	1
Community-based distribution	No	43	128	60	76	173	15	72	243	38	66	14
	Yes	2	1	2	0	4	2	2	16	9	4	0
Other	No	41	103	59	74	174	17	63	244	39	63	7
	Yes	4	26	3	2	3	0	11	15	8	7	7

LIST OF FIGURES

Fig: 1

Chart Shows Sample Population

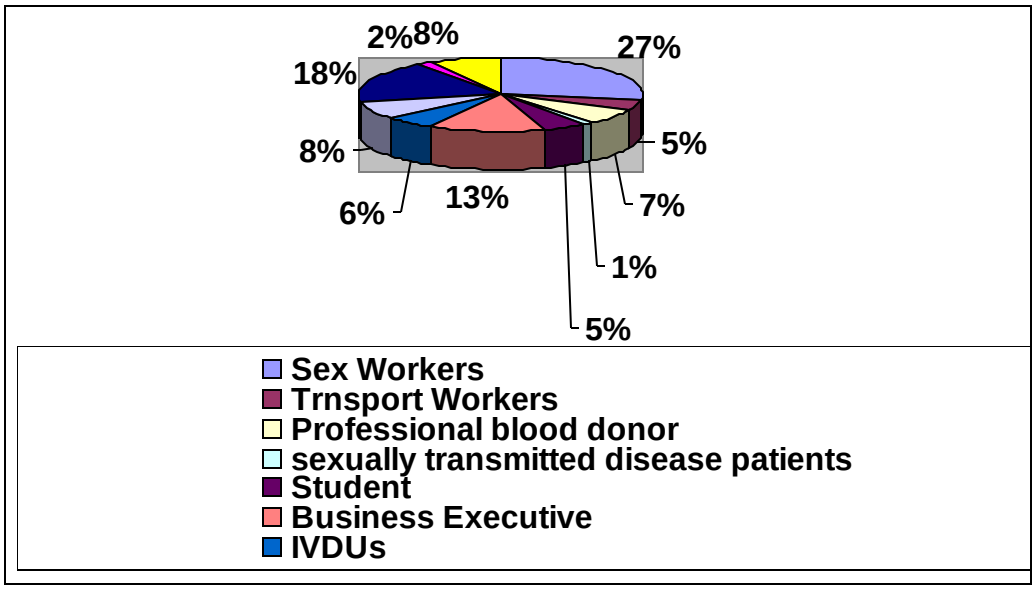


Fig: 2
Familiarity with AIDS

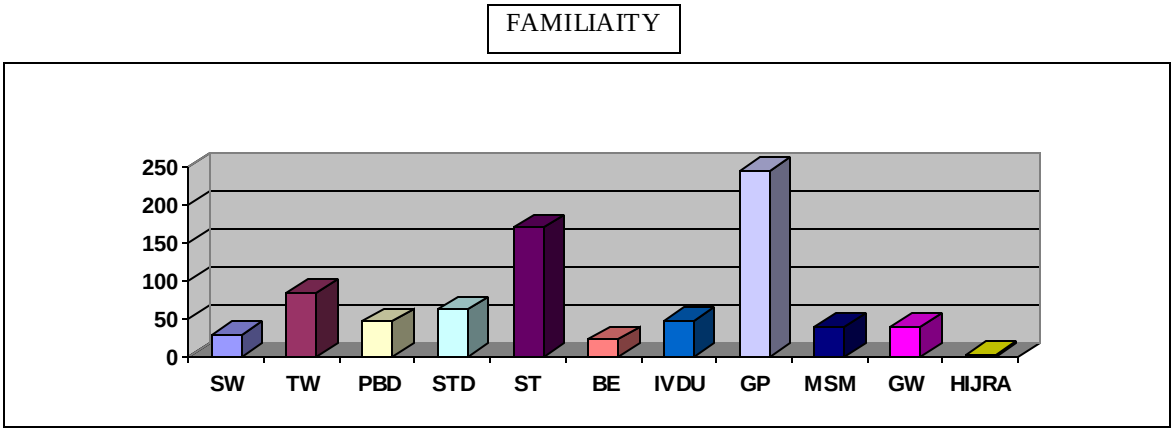


Fig: 3
Frequency Of Samples By Age Groups

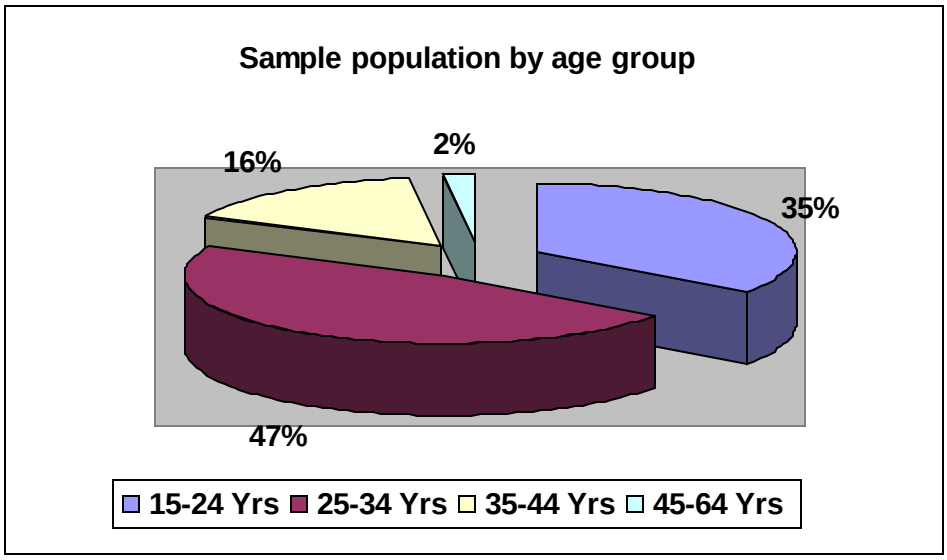
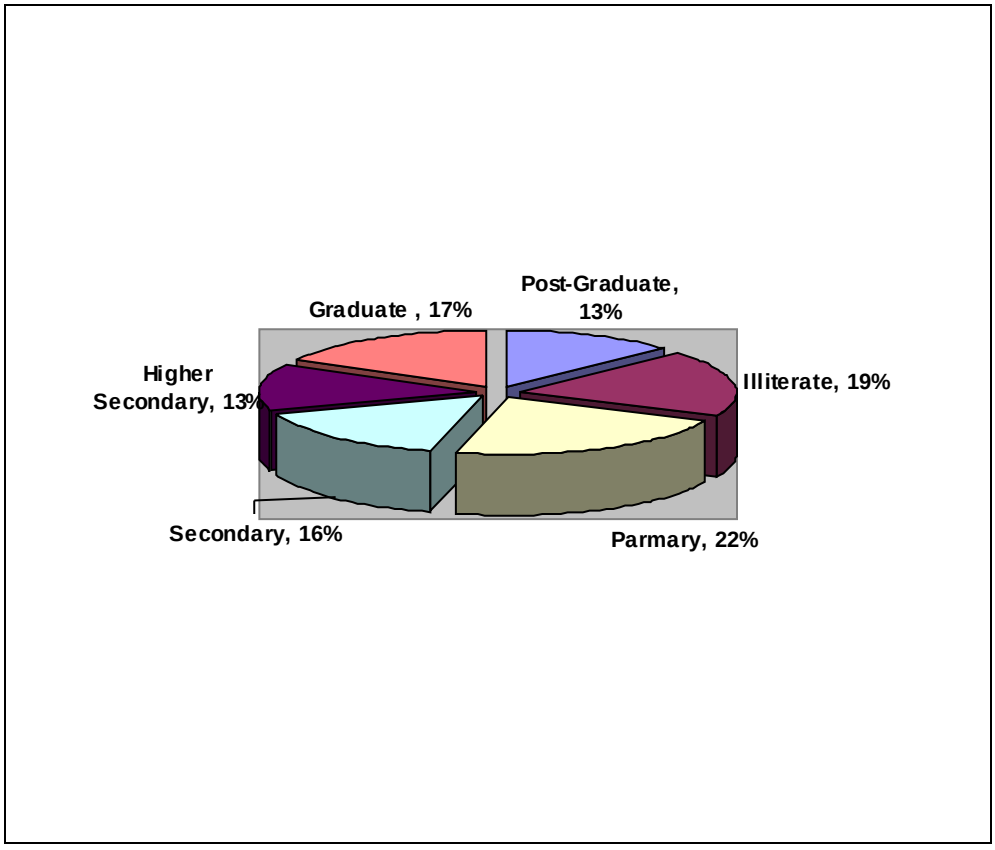


Fig: 4



Literacy Level

Fig.: 5
Familiarity with HIV/AIDS and level of Literacy

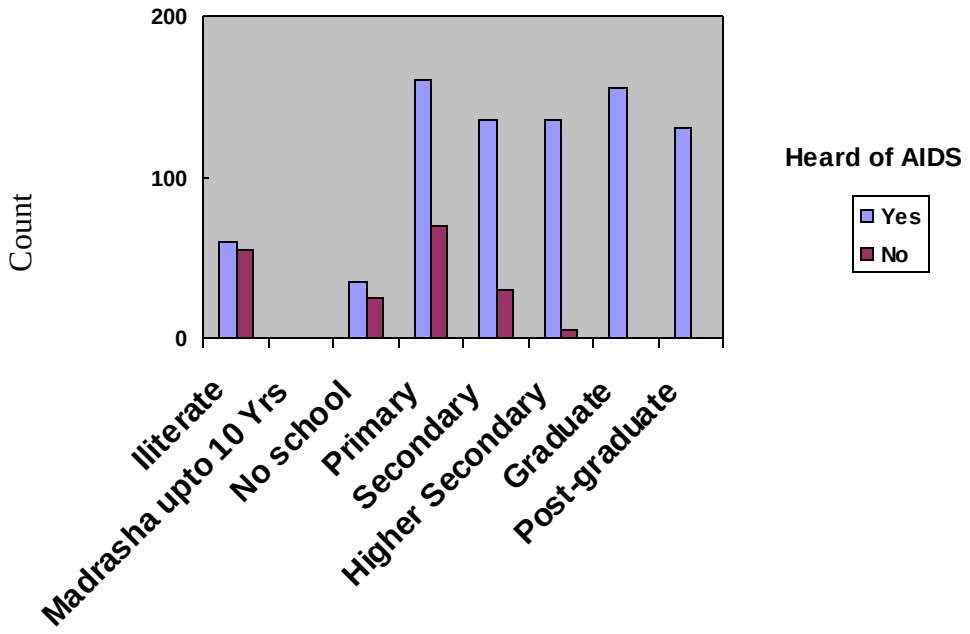
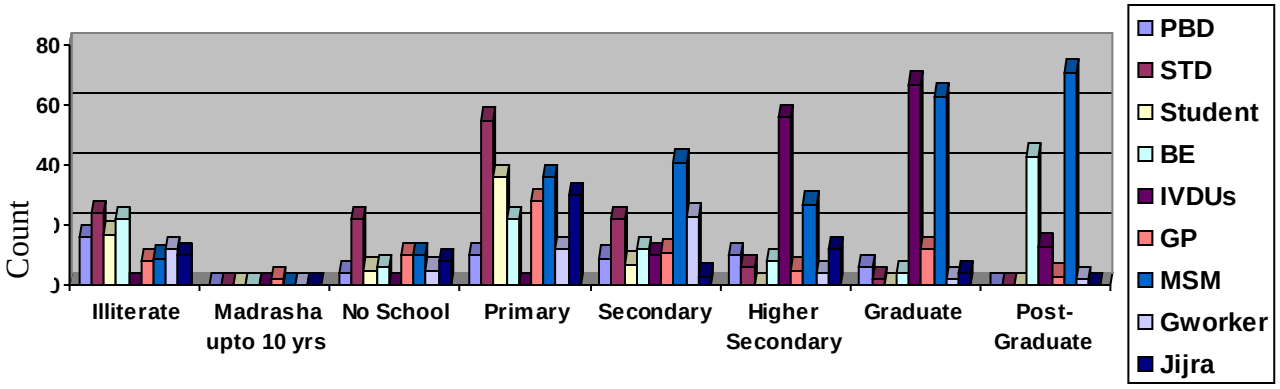


Fig.: 5.1

Education Level



Annexure - 1

INDIVIDUAL QUESTIONNAIRE
(For adults aged 15-64 Years)

fwgKv I cwiwPwZ

Awg wmWvi Ges evsjv‡`k †gwW‡Kj M‡elYv I wPwKrmv cwil` (weGgAviwm) Gi GKwU †hŠ_ cK‡í KvR KiwQ| GBWm bvgK †ivM hv‡Z bv nq †m e¨vcv‡I gvbyl‡K wKfv‡e mvnvh¨ Kiv hvq Avgiv Zv Rvbvi †Póv KiwQ| G e¨vcv‡I Avcbv‡K wKQyGKvš e¨w³MZ ck wRÁvmv Kiv c‡qvRb| Avcwb Avgv‡K hv ej‡eb Zv †Kejgv‡Î GB Rix‡ci Kv‡R e¨eüZ n‡e, Ab¨ †Kvb Kv‡R bq| Avcbvi bvg ev wVKvbv KL‡bvB †jLv n‡ebv| mv¶vZKvi ïi“ Kivi c‡I Avcwb th †Kvb mg‡q, †Kvb KviY QvovB mv¶vZKvi c`vb eÜ K‡I w`‡Z cv‡ib| Avcwb Avgv‡K hv ej‡eb Zv K‡Vvi fv‡e †Mvcb ivLv n‡e| KviY Avgiv AvšwiKfv‡e evsjv‡`‡ki mKj RbMY‡K mvnvh¨ Ki‡Z PvB hv‡Z Zv‡`I GBWm bv nq, Avcwb hw` mv¶vZKvi w`‡Z ivRx _v‡Kb, Zvn‡j m¤úy mZ¨ K_v ejv AZ¨š¿i“Zç¥| Avgiv wK Zvn‡j ïi“ Ki‡Z cwi|

Sample No. ☐☐☐☐

Q001 Place name

Q002 Type of respondent:

- Q002.1 Prostitute
- Q002.2 Rickshaw puller (RP)
- Q002.3 Professional blood donor (PBD)
- Q002.4 S.T.D clinic patient (STD)
- Q002.5 Student (St.)
- Q002.6 Business Executive (Traveling Abroad) (BE)
- Q002.7 Inter venous drug users (IVDUs)
- Q002.8 General population (GP)
- Q002.9 Garments Workers (GW)
- Q002.10 Men Having Sex with Men (MSM)
- Q002.11 Hijra(HR)

Q003 Result Codes (To be filled by quality Controller-cum -supervisory staff after checking the filled in questionnaire each day).

Q003.1 Questionnaire completed ☐

Q003.2 Questionnaire partially completed ☐

SECTION: INDIVIDUAL CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q004	fl¦o/ j¢qm¡/ ¢qSl¡	1 Male 2 Female 3 Eunuch	
Q005	B fe¡l hup La?	1 15 to 24 yrs. 2 25 to 34 yrs. 3 35 to 44 yrs. 4 45 to 64 yrs.	
Q006	আপনি কতদূর লেখাপড়া করেছেন ?	1 Illiterate..... 2 No School 3 Primary 4 Secondary 5 Higher Secondary 6 Graduate 7 Post- Graduate 8 Madrasa up to 5 yrs. 9 Madrasa up to 6-9 yrs. 10 Madrasa up to 10 yrs.	Q009
Q007	আপনি কি কখনো লেখাপড়া করেছেন ? (PROBE)	1 Everyday 2 Most days 3 Occasionally - can read with difficulty 4 Not at all	
Q008	B fe¡l haj¡e ®fn¡ ¢L ?	1 No gainful employment (NGE) 2 Salaried non-executives (SNE) 3 Salaried executive (SE) 4 Daily Wage Earner (Dwe) 5 Small Business (SB) 6 Big Business (BB) 7 Pofessional (Prof.) 8 Others (Please specify)	
Q009	B fe¡l S¡jÙ¡e ®Lb¡u ?	1 Village 2 Small Town 3 Big Town 4 City 5 Outside Bangladesh	
Q010	haj¡e ¢WL¡e¡u B f¢e La¢ce k¡hv h¡p করছেন ?	1 Less than 6 months 2 6 months to 1 yr. 3 1 yr. to 5 yrs. 4 5 yrs. to 10 yrs. 5 10 yrs. to 20 yrs. 6 Above 20 yrs.	
Q011	বর্তমান ঠিকানায় আপনি কার সাথে থাকেন ?	1 Alone 2 With spouse and family 3 With relatives 4 Any other (Please specify)	

Q012	আপনি কি কখনো রেডিও শোনেন? (PROBE)	1 Every day 2 Most days 3 Seldom 4 Never	
Q013	আপনি কি কখনো টেলিভিশন দেখেন ? (PROBE)	1 Every day 2 Most days 3 Seldom 4 Never	
Q014	আপনি কি কখনো সিনেমা দেখেন ? (PROBE)	1 Yes regularly 2 Seldom 3 No 4 Any other	

SECTION: RELIGION, MARRIAGE AND FAMILY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q015	B fe¡l dj ¢L ?	1 Islam 2 Hindu 3 Buddhist 4 Christian 5 Others	
Q016	B fe¡l haj¡e °hh¡qL AhÙ¡ ¢L ?	1 Unmarried..... 2 Married 3 Separated 4 Divorced 5 Widowed 6 Any other (Please specify)	Q020
Q017	আপনার কয়জন জীবিত ছেলে ও মেয়ে আছে ?	1 No. Of living sons. ☐☐ 2 No. Of living Daughter ☐☐	
Q018	আপনি কি আপনার স্বামী/স্ত্রীর সাথে যৌন মিলনে সুখী ?	1 Yes 2 No 3 No response	
Q019	বিয়ের পুর্বে যৌন মিলন সম্পর্কে আপনার ja¡ja ¢L ?	1 Acceptable 2 Not acceptable 3 Any other	
Q020	পরকীয়া যৌন মিলন সম্পর্কে আপনার ja¡ja ¢L?	1 Acceptable 2 Not acceptable 3 Any other	
Q021	জন্মনিয়ন্ত্রন পদ্ধতির ব্যবহার সম্পর্কে B fe¡l ja¡ja ¢L ?	1 Acceptable 2 Not acceptable 3 Any other	

Q022	আপনি কি এমন কাউকে জানেন জিনি বিয়ের আগে যৌন চর্চায় লিপ্ত ছিলেন ?	1 No 2 Yes one person 3 Two persons 4 3 or more 5 Any other (Please specify)	Actual number in responding group RP | PBD | STD | St | GP
Q023	আপনি কি এমন কাউকে জানেন যিনি বিয়ের পরেও পরকীয়া যৌন চর্চায় লিপ্ত আছেন ?	1 No 2 Yes one person 3 Two persons 4 3 or more 5 Any other (Please specify)	Actual number in responding group RP | PBD | STD | St | GP

SECTION: AWARENESS OF AIDS AND SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q 024	আমাদের দেশে বর্তমানে কোন কোন রোগকে মারাত্মক সমস্যা বলে মনে করেন ?	1.AIDS mentioned 2. AIDS not mentioned 3. Doesn't know of any health problems 4. Any other	
Q 025	বর্তমান বিশ্বে কোন কোন রোগগুলোকে আনি মারাত্মক সমস্যা বলে মনে করেন?	1. AIDS mentioned 2. AIDS not mentioned 3. Doesn't know of any health problem 4.Any other	
Q 026	আপনি কি মনে করেন, যৌন মিলনের মাধ্যমে রোগ ছড়াতে পারে? (PROBE Example e.g. Syphilis Gonorrhea)	1. Yes 2. No 3. Don't know	
Q 027	কি কি কারণে যৌন রোগ হতে পারে বলে আপনি মনে করেন?	1. Sharing a Toilet 2. Shaking hands with S.T.D patients 3. Kissing S.T.D. patients 4. Sex with STD patients 5. Sex with prostitutes 6. Sexual intercourse with many people 7. Eating and drinking from common plates and glasses 8. Injecting addictive dugs 9. Injected blood transfusion 10. Any other	
Q 028	আপনার জানামতে এই লোকালয়ে যৌন রোগে আক্রান্ত কোন রোগী আছে কি ?	1. No 2. Yes one person 3.Yes two person 4. Yes three person 5. Any other	

Q 029	কোথা থেকে আপনি যৌন রোগ/স্বাস্থ্য, পাhjl পরিকল্পনা বা টিকাদান সম্পর্কে বেশী জেনেছেন বলে মনে করেন?	a) STD 1. Cinema 2. Radio 3. Television 4. Newspapers 5. Magazines/Books 6. Health workers/Doctors 7. Friends 8. Family members 9. Teachers 10. Religious leader 11. Non-Government Organization(NGO) 12. Posters/Handbills 13. Any other	b) Health Topics 1 2 3 4 5 6 7 8 9 10 11 12 13	
Q 030	আপনি কি কখনও এইড্স রোগ সম্পর্কে শুনেছেন?	1. Yes 2. No----------		Q 049
Q 031	এইড্স সম্পর্কে আপনি কতটুকু জানেন?	1. A great deal 2. A moderate amount 3. Just a little 4. Nothing		

SECTIONS: KNOWLEDGE OF HIV AND AIDS

NO.	QUESTIONS AND FILTES	CODING CATEGOIES	SKIP TO
Q 032	এইড্স ভাইরাসের আক্রমণ প্রতিরোধ বা চিকিৎসা সম্পর্কে আপনি কি মনে করেন?	1 Prevented with vaccination 2 Is curable with drugs 3 Is incurable and fatal 4 Don't know	
Q 033	B fle fL মনে করেন এইড্স আক্রান্ত রোগী কোন লক্ষণ ছাড়াই থাকতে পারে ?	1 Yes 2 No 3 Don't know	
Q 034	আপনি কি মনে করেন যার এইড্স রোগ আছে fL¿ flje mrZ eC-তার কাছ থেকেও কারো এই রোগ হতে পারে?	1 Yes 2 No 3 Don't know	
Q 035	আপনি কি জানেন, এইড্স রোগ কাদের হa পারে ?	1 Yes 2 No.....	Q 038

Q 036	কোন ধরনের লোকের এইড্স হতে পারে?	1 Frequent travelers outside Bangladesh 2 Prostitutes 3 Professional blood donors 4 Dug abusers 5 Homo-sexual 6 Health workers 7 Baby (Born or Unborn of an infected mother) 8 Any other(specify)	Q 039
Q 037	আপনি কি জানেন, এইড্স আক্রান্ত মা-l LiR থেকে তার গর্ভজাত সন্তানও এইড্স আক্রান্ত হতে পারে?	1 Yes 2 No 3 Don't Know	
Q038	এইড্স রোগীর কাছ থেকে সুস্থ মানুষের দেহে HCXp (i¡Cl¡p)¢Li¡বে ছড়ায় ?	1. By ear/nose piercing tattooing with infected needles 2. By shaking hands with AIDS patients 3. By sharing foods and cups with AIDS patient 4. By Sharing clothing with AIDS patient 5. Through the bites of mosquito or other blood sucking insects 6. Through infected needles 7. Through infected blood transfusion 8. By having sex with AIDS patients 9. By having sex with prostitutes 10. By having sex with many people 11. Baby (born or unborn of an infected mother. 12. Any other. 13.	
Q039	এইড্স রোগ সম্পর্কে কোন কোন উৎস থেকে আপনি বেশী শুনেছেe?	1 Cinema 2 Radio 3 Television 4 Newspapers 5 Magazines/Books 6 Health workers/Doctors 7 Friends 8 Family members 9 Teachers 10 Religious leader 11 Non-Government Organization(NGO) 12 Posters/Handbills 13 Any other	
Q040	B fle ¢L LMeJ HCXp pÇপর্কে অন্যদের সঙ্গে আলোচনা করেছেন ?	1 Never 2 Once or twice 3 Frequently 4 Not sure 5 Don't know	

Q041	আপনি কি মনে করেন যে, এইড্স আক্রান্ত রোগী সেরে উঠতে পারে?	1 Yes 2 No 3 Don't Know	
Q042	এইড্স রোগকে আমাদের সমাজের জন্য কতটা ঝুঁকিপূর্ণ মনে করেন।	1 No threat at all 2 Some threat 3 Serious threat 4 Don't know	
Q043	এইড্স আপনার নিজের জন্য কতটুকু ঝুঁকিপূর্ণ ?	1 Not likely at all 2 Some what likely 3 Very likely 4 Don't know	
Q044	এইড্স থেকে রক্ষা পাওয়ার জন্য কি কি করার জন্য আপনি উপদেশ দেবেন ?	1 Sex only with spouse 2 Limit sexual partners 3 Always use condoms 4 Avoid homosexual contact 5 As far as possible Avoid injections/blood transfusion 6 Avoid visiting prostitutes 7 Any other(Specify)	

SECTION: PERSONAL AND STATE RESPONSIBILITY

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q045	আমাদের দেশে এইড্স সংক্রমন রোধের জন্য সরকারের পক্ষে কি কি পদক্ষেপ নেয়া উচিৎ বলে আপনি মনে করেন ?	1 Create awareness of condom use 2 Blood screening of foreigners/local frequent trailers to give AIDS free certificate 3 Raids on illegal prostitutes 4 Legalize prostitutes 5 To give AIDS free certificate to the professional blood donors 6 Medical check-up and AIDS certificate for prostitutes 7 Media coverage for AIDS 8 Health Education on AIDS prevention 9 Others (Specify)	
Q046	এইড্স নির্ণয়ের জন্য রক্ত পরীক্ষার ব্যাপারে আপনি ডাক্তারকে সহযোগীতা করেবন ?	1 Yes 2 No---------- 3 Indifferent	Q049
Q047	পরীক্ষা ফল কি হলো, তা কি জানতে আপনি BNqi ?	1 Yes 2 No 3 Indifferent	
Q048	HCXp pম্পর্কে কিছু তথ্য জানতে কি আপনি ইচ্ছুক ?	1 Yes 2 No---------- 3 Don't know	Q051

Q049	এই সকল তথ্য আপনি কোন কোন উৎস থেকে জানতে আগ্রহী?	1 Cinema 2 Radio 3 Television 4 Newspapers 5 Magazines/Books 6 Health workers/Doctors 7 Friends 8 Family members 9 Teachers 10 Religious leader 11 Non-Government Organization(NGO) 12 Posters/Handbills 13 Any other	

SECTION: BELIEFS, ATTITUDES, BEHAVIOUR AND PRACTICES (SAFE SEX ANDUSEOFCONDOMS)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q050	আপনি কি কখনও যৌন সঙ্গম করেছেন ?	1 Yes 2 No----------	 Q053
Q051	কত বছর বয়সে আপনি প্রথম যৌন সঙ্গম করেছেন ?	Actual age in years ☐☐	
Q052	আপনি কি মনে করেন প্রথম যৌন মিলনের পূর্বে ®k‡e ‡nr¡ pq¡uL ?	1 Yes 2 No 3 Don't know	
Q053	®k‡e pÇf‡La ‡hou Sje¡l Se‡ ®L¡e ®L¡e উৎস আপনি বেশী গ্রহণযোগ্য মনে করেন ?	1 Parents 2 Teacher 3 Doctors/Health workers 4 Husbands/wife 5 Religious leader 6 Friends 7 Brothers/Sisters 8 Books 9 Radio 10 T.V 11 Magazines 12 Any other (Please specify)	
Q054	B f‡e ‡L LMeJ LeXj HI Lb¡ শুনেছেন/দেখেছেন ?	1 No---------- 2 Yes heard 3 Yes seen 4 Any other	Q057
Q055	আপনি কি কখনও কনডম ব্যবহার করেছেন ?	1 No 2 Yes 3 Don't know 4 Any other	
Q056	আপনি কি সমকামীতার কথা শুনেছেন ?	1 No---------- 2 Yes 3 Don't know 4 Any other	Q059

Q057	আপনি কি কোন সমকামীকে জানেন ?	1 No 2 Yes 3 One person 4 Two persons 5 Three more 6 Any other	
Q058	আপনি উভকামীতা সম্পর্কে জানেন ? (Please explain)	1 No---------- 2 Yes	Q061
Q059	আপনি কি কোন উভকামীকে জানেন ?	1 No 2 Yes one 3 Yes two 4 Yes three and more 5 Any other	
Q060	পায়ু সঙ্গম সম্পর্কে আপনার মতামত কি ?	1 Acceptable 2 Not acceptable 3 Any other	
Q061	মুখে সঙ্গম (ওর‍্যাল সেক্স) সম্পর্কে আপনি কি মনে করেন ?	1 Acceptable 2 Not acceptable 3 Any other	
Q062	কেবল মাত্র স্বামী/স্ত্রীর সঙ্গে যৌন মিলন সম্পর্কে B fe¡l ja¡ja ¢L ?	1 Healthy 2 Legal 3 Socially acceptable 4 Any other	
Q063	B f¢e ¢L ®Lje AhÙju ü¡j¢/Ù¨ h£a¢a Ae£ কারোসাথে যৌন মিলনকে গ্রহনযোগ্য মনে করেন ? (If yes PROBE)	1 No---------- 2 Yes during wife's menstrual period 3 During pregnancy 4 Spouse too tired 5 Spouse not interested 6 When spouse is away 7 Just to have a change 8 Spouse's illness 9 Any other (Please specify)	Q066
Q064	কোন অবস্থায় আপনি পতিতালয় গিয়ে যৌন মিলনেও যুক্তিযুক্ত মনে করেন ? (If yes PROBE)	1 Under no circumstances 2 Yes during wife's menstrual period 3 During pregnancy 4 Spouse too tired 5 Spouse not interested 6 When spouse is away 7 Just to have a change 8 Spouse's illness 9 Any other (Please specify)	
Q065	এইসব ক্ষেত্রে আপনি কি কনডম ব্যবহারে f r f¡¢a ? (Please PROBE)	1 No 2 Yes 3 Don't know	
Q066	কনডম পেতে হলে আপনি কোথায় যাবেন ?	1 Health Centre 2 Chemist/Pharmacist/ Medicine shop 3 Hospital 4 Family Planning clinic 5 Community based distribution 6 Other (Specify)	

People say many things about condoms. I am going to read some of the things they say. Please listen carefully and tell me whether you agree or disagree with each of the statements I read out (Read out each and ask do you agree or disagree),

		Agree	Disagree	Don't know
Q067	কনডম ব্যবহারে যৌন সুখ কমে ।	1	2	3
Q068	কনডম স্বামী/স্ত্রীর কাছে পছন্দ নহে ।	1	2	3
Q069	সঠিকভাবে কনডম ব্যবহার করলে গর্ভধারণ প্রতিরোধ সম্ভব ।	1	2	3
Q070	কনডম ব্যবহারে যৌe ®l¡N qu e¡ z	1	2	3
Q071	কেবল স্বামীর/স্ত্রীর সঙ্গে যৌন মিলনেই কনডম ব্যবহার বাধ্যনীয় ।	1	2	3
Q072	LeXj hÉhq¡l pqS z	1	2	3
Q073	বাড়ীতে কনডম রাখা বা ব্যবহৃত কনডম ফেলা একটি সমস্যা।	1	2	3
Q074	ব্যবহারের সময় নিম্নমানের কনডম ছিঁড়ে যায় ।	1	2	3
Q075	পতিতালয়ে যৌন মিলনের জন্য কনডম ব্যবহার করা উচিত ।	1	2	3
Q076	কনডম সহজে পাওয়া যায় না ।	1	2	3

SECTION: INJECTION AND BLOOD TRANSFUSION PRACTICES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q077	গত এক বছরের মধ্যে আপনি কোন ইঞ্জেকশান নিয়েছেন?	1 Yes 2 No.....	Q082
Q078	কি কারণে নিয়েছেন ?	1 Cure an illness 2 Prevent illness 3 Overcome weakness 4 Contraceptive 5 Others (Specify)	

For each injection in the last 12 months Q080 and Q081. If more than 9, ask about the most recent 9.

		Injecting Number : 1 2 3 4 5 6 7 8 9
Q079	ঐ ইঞ্জেকশান নেবার জন্য কোন ডাক্তার আপনাকে বলেছিল কি ?	Yes No
Q080	কে ইঞ্জেকশান দিয়েছিল ?	
	(1) f¡n Ll¡ X¡Š²l	1 2 3 4 5 6 7 8 9
	(২) ডাক্তারের সহকারী	1 2 3 4 5 6 7 8 9
	(3) e¡p/d¡œ£	1 2 3 4 5 6 7 8 9
	(4) LÇf¡Eä¡l	1 2 3 4 5 6 7 8 9
	(৫) হাতুড়ে চিকিৎসক	1 2 3 4 5 6 7 8 9
	(৬) নিজে	1 2 3 4 5 6 7 8 9
	(7) Aeé ®LE	1 2 3 4 5 6 7 8 9

Q081	খোদা না করুন, অসুখ হলে ঔষধ সেবনে কোনটি আপনি বেশী পছন্দ করবেন?	1 Mixture/Syrup 2 Pill 3 Injection 4 No Particular preference 5 Any other	
Q082	B f‡e ‡L LMe ও রক্ত নিয়েছেন ?	1 No 2 Yes one bottle 3 Yes two bottles 4 Yes three bottles 5 Yes four or more bottles 6 Any other (Please specify)	
Q083	আপনি কি কখনও রক্তদান করেছেন ?	1 No 2 Yes once 3 Yes twice 4 Yes four and more times 5 Other (Please specify) 6 I am a professional blood donor	

SECTION: DRUG ABUSE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q084	আপনার জানামতে এই এলাকায় নেশার ঔষধ (আফিম, মরফেন, হিরোয়িন, প্যাথেড্রিন বা অন্য ‡LR) ‡eu -- এমন কেউ আছে কি ?	1 No..... 2 Yes 1 person 3 Yes 2 persons 4 Yes 3 persons 5 Yes more than 3 persons	Q.087
Q085	তাদের মধ্যে কেউ কি ইনজেকশন নেয় ?	1 Yes 2 No 3 Don't know	
Q086	আপনিকি কখনো নেশা ঔষধ (আফিম, মরফেন, হিরোয়িন, প্যাথেড্রিন বা অন্য কিছু) নিয়েছেন ?	1 Yes 2 No.....	Q089
Q087	শেষ কবে ইনজেকশন নিয়েছেন ?	1 Today 2 Days ago or 3 Weeks ago or 4 Months ago 5 Not Injecting	
Q088	আপনি কি এমন কাউকে জানেন, যিনি নেশার ঔষধ নেয় এমন কারো সাথে যৌন মিলনে অভ্যস্থ ?	1 No 2 Yes 1 person 3 Yes 2 persons 4 Yes 3 persons 5 Yes more than 3 persons	

SECTION: DRINKING HABITS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q089	আপনি কি কাউকে জানেন যে মদ পান করে ?	1 Yes 2 No	
Q090	আপনি কি মদ পান করেন ?	1 Yes always 2 Yes sometimes 3 Never 4 Any other	
Q091	pj¡‹Sক দৃষ্টিকোন থেকে মদ পান সম্পর্কে B fe¡l ja¡ja ‹L ?	1 Acceptable 2 Not Acceptable 3 Any other	

SECTION: LOCUS OF CONTROL

I am now going to read out certain statements that people like you have made regarding certain health problems and daily living. Please listen carefully and tell me whether you agree or disagree with each statement I read.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
		AGREE	DISAGREE	UNCERTAIN
Q092	ভাগ্যে থাকলে আমি সুস্থ থাকবো ।	1	2	3
Q093	নিজের দোষে নিজের অসুখ হয় ।	1	2	3
Q094	B j¡l অনেক সময় আছে, কিভাবে কাটাবো জানি না ।	1	2	3
Q095	যৌন মিলনই এরমাত্র উপভোগ্য বিষয় ।	1	2	3
Q096	অসুখ হতে কত শীঘ্র ভালো হব, তা নির্ভর করে ভাগ্যের উপর ।	1	2	3
Q097	নিজের যত্ন নিলে অসুখ কিসুখ হয় না।	1	2	3
Q098	ভবিষ্যতের কথা চিন্তা করে আমি পরিকল্পনা করি ।	1	2	3
Q099	মানুষকে মরতেই হবে, তাই অসুখ হলে ঘাবরাবার কি আছে।	1	2	3
Q100	আমার দৈনন্দিন জীবনে কোন কিছু ভালো ঘটলে, আমি মনে করি সেটা আমার পরিশ্রম ও পরিকল্পনার ফলেই ।	1	2	3
Q101	সাস্থ্য সম্পর্কে ডাক্তার যা বলেন আমি তা বিশ্বাস করি না ।	1	2	3
Q102		1	2	3
Q103	যে সকল কাজ/খাদ্য স্বাস্থের জন্য ক্ষতিকর, সচরাচর সেগুলো থেকে আমি দূরে থাকতে পারি ।	1	2	3

Note : Stop interview if respondent is a rickshaw puller (P), Student (St.),Business Executive (BE)or from general population.

Continue if respondent is a prostitute (P), Professional Blood Donor (PBD) and a STD Clinic Patient.

SECTION: SPECIFIC TARGET GROUP QUESTIONS

Only for three target groups skip for all others.
Allowing code: 1. Prostitute 2. Professional blood donor 3. STD Clinic patient

PROSTITUTE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q104	কি ধরনের লোক আপনার কাছে আসে?	1 Students 2 Rickshaw pullers 3 Truck drivers 4 Tourists/foreigner 5 Businessmen 6 Any other	
Q105	গত এরমাসে কতজন বিদেশী পর্যটক আপনার কাছে এসেছে ?	Give actual No. ☐☐ None.....	Q108
Q106	শেষবার কলন একজন বিদেশী/পর্যটক আপনার কাছে এসেছিল ?	1 Never 2 Three months back 3 Six months back 4 One year back	
Q107	আপনি বা আপনার খদ্দেরেরা কি কনডম ব্যবহার করেন ?	1 No never 2 Yes some of them 3 Yes most of them 4 Yes always 5 Any other	

PROFESSIONAL BLOOD DONOR

Q108	আপনি সাধারণতঃ কোথায় রক্ত দান করেন ?	1 Government Hospital 2 Private Clinic 3 Any other (Please Specify)	
Q109	কতদিন পরপর আপনি রক্ত দান করেন?	1 Weekly 2 Monthly 3 Bi-monthly 4 Twice a year 5 Yearly 6 Any other	

PATIENT FROM STD (VD) CLINIC

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q110	আপনার যৌনরোগ হয়ে থাকলে শেষবার কে তার চিকিৎসা করেছিল?	1 Did not have 2 Had and got treated by faith healer 3 Got treated by Medical Doctor 4 Did not treat 5 Any other	
Q111	বর্তমান যৌনরোগে কতদিন যাবৎ আপনি ভুগছেন ?	1 One month or less 2 Two to five months 3 Six months 4 One year 5 Any other	

Garment's Worker

Men Having Sex with Men (MSM)

Date of Interview:

Interviewer's Signature

Supervisor's Signature

Annexure – II

CHECKLIST FOR INTERVIEWER

Follow up KABP Survey in Relation to HIV/AIDS in Bangladesh in different High and Low Risk Groups

SL NO	Type/Group Code	Place	Sex	Date
1				
2				
3				
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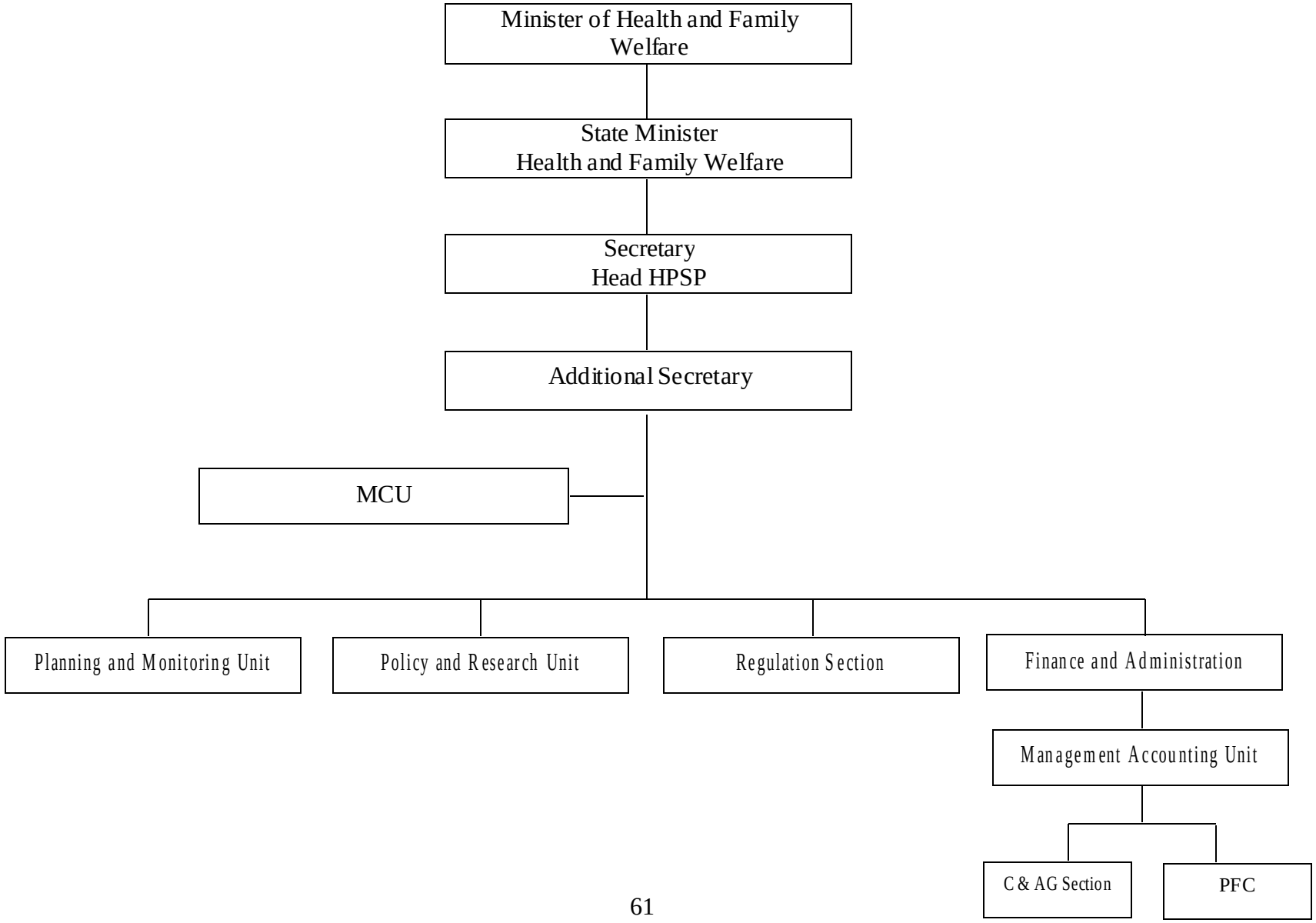
30				

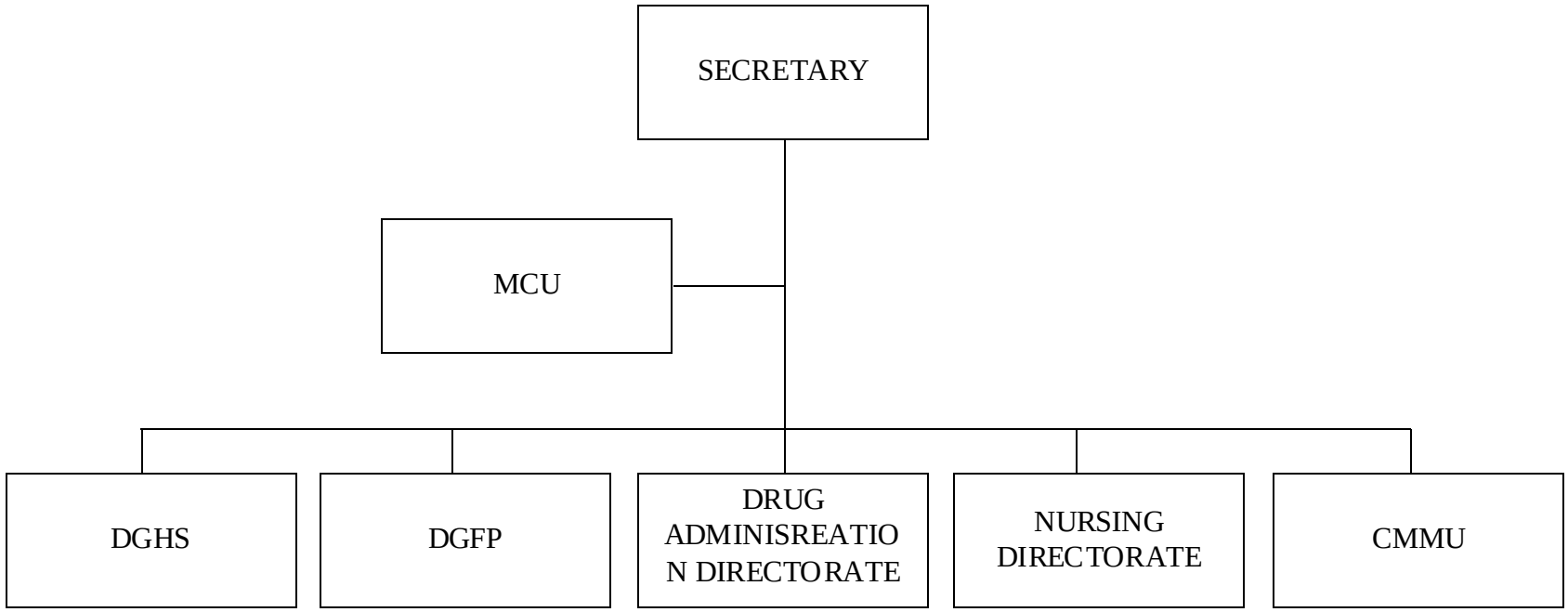
Annexure III

LIST OF ORGANOGRAM OF THE GOB BODIES INVOLVED IN HEALTH SECTOR

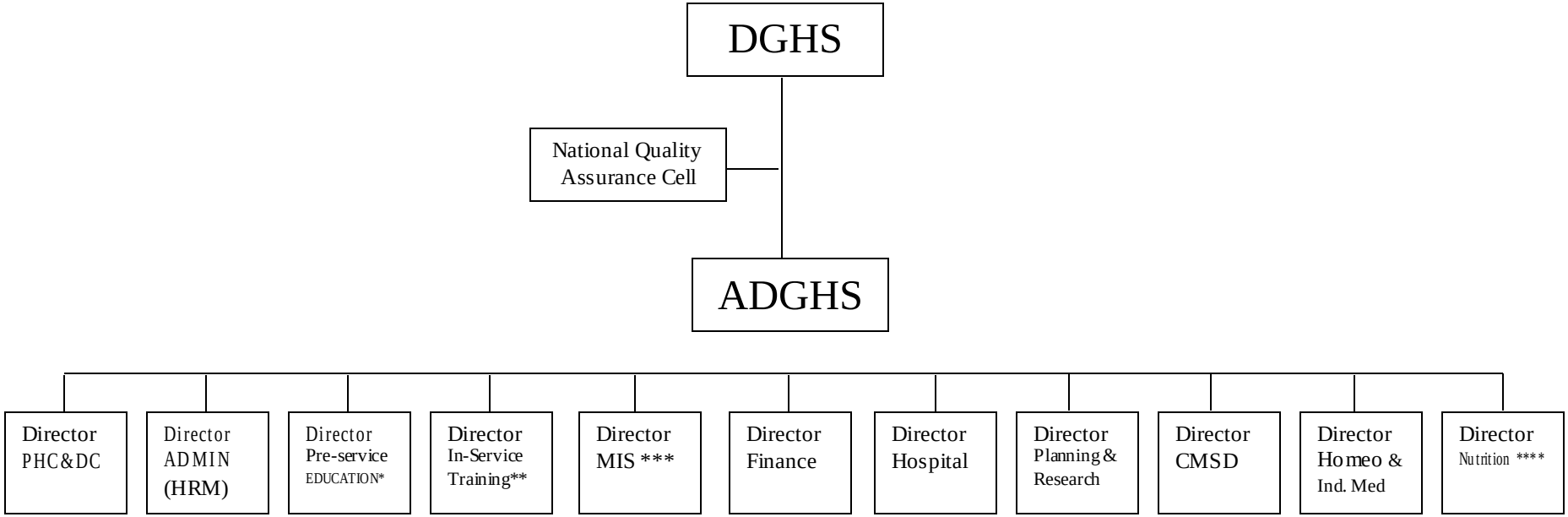
Management of HPSP



Proposed Programme Structure of the HPSP



Directorate General of Health Services



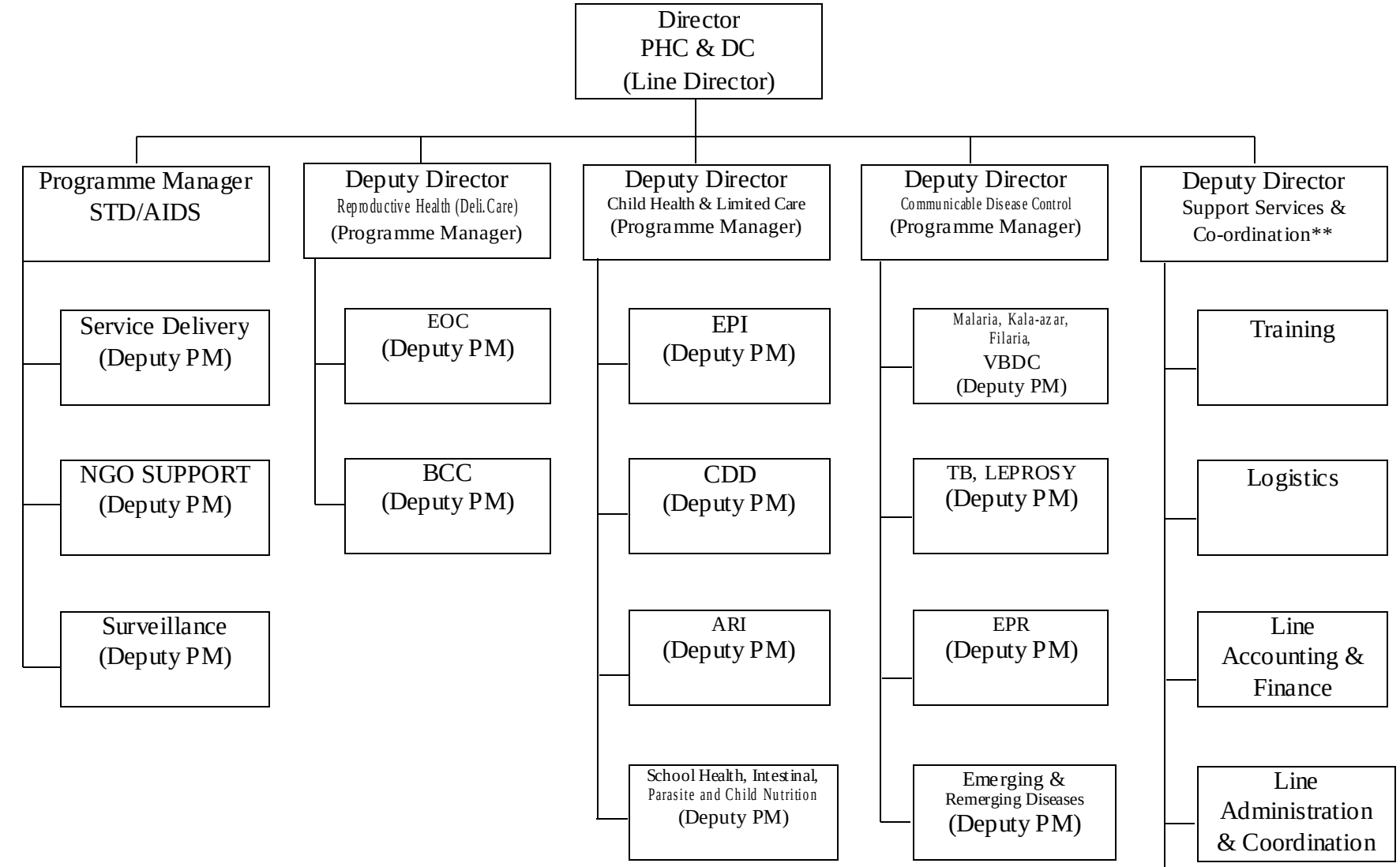
Existing Director ME& HMPD

To be decided

The existing EPI Director (non-cadre post) post can be renamed and re-designed

The existing MBDC Director (non-cadre post) post can be renamed with re-designed functions.

Essential Services Package – DGHS



* To be created to the existing Deputy Director TB/Leprosy post can be re-designated

** Existing Deputy Director, EPI post can be re-designated or to be created.