

Community Condom Outlet The Magical Man to Prevent HIV/AIDS in Bangladesh

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Abstract. *Bangladesh is believed to be a low HIV prevalent country although the potentiality of spreading HIV remains high because of several contributing factors. There is many sex –workers active with highest sexual contacts and partner exchange but low condom use by both sex workers and their clients expedite the prevalence significantly. There is a sizable population of men who have sex with men and hijra –those who usually do not use condom and consequently high rates of sexually transmitted infections (STIs) prevailed in them. Stigma and discrimination against most at risk populations (MARPs) is the biggest hurdle to bring them under prevention services against HIV/AIDS in Bangladesh. Therefore Bangladesh is vulnerable to HIV/STI. Condom outlet is a gypsy platform in where most at risk peoples are getting free access to condom at their will. The paper attempts to identify the underlying role of community condom outlet for the prevention of HIV/STI in Bangladesh. Condom outlets are working as an inseparable volunteer under outreach service of HIV/STI prevention project through diversified role as monitor of peer educators, knowledge store of HIV/STI, conflict solver, shelter of peer, outreach worker as well as project staff to fight against HIV/AIDS in Bangladesh. The theoretical approach and literature review of this study provides an understanding of community condom outlet. The researchers try to answer the questions of who the community condom outlets are, what their lifestyle in preventing HIV / STI and how condom outlet are working with community for preventing HIV and STI. The qualitative research methods have adopted in this study. For the reliability and objectivity of data, cross-checking and triangulation techniques have applied. As this is a paper about the community condom outlet as well as their lifestyle and working nature, it obviously helpful for the development planners and policy makers to take essential steps for the prevention of HIV/STI in Bangladesh as well as rest of the world.*

Key Words: Community Condom outlet, Volunteering, Community Gate keeping Approach.

Introduction: The origin of the word 'condom' is still unknown. Folklore attributes the invention to Dr. Condom or Conton, who was at the court of King Charles II in the 1600's. It is more likely, however, that the name derives from the Latin 'condus', meaning receptacle. It is believed that a form of modern-day condoms was used by the Egyptians as far back as 1,000 B.C. The earliest evidence of condom use in Europe is understood from cave paintings at Combarelles in France dated 100 to 200 AD. The first known published description and trials regarding prophylactic condom use were recorded by the Italian Gabriele Fallopius in the 1500's. He claimed to have invented a sheath made of linen and conducted trials amongst 1,100 men using the condom - none of them became infected with syphilis. The condom, made of animal gut, became well known and garnered popularity in the 1700's. Literature of that time suggests that the condom's contraceptive (rather than just prophylactic) properties had already been realized. By 1766 many shops were producing handbills and advertisements. Documentation also suggests that legendary 18th-century lover Casanova was a regular user of this type of contraception. He referred to condoms as 'Redingote Anglaise' (a long, double-breasted overcoat

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worn by men in the 18th century). The rubber condom was developed shortly after the creation of vulcanized rubber in the 1840's, by Goodyear and Hancock. Vulcanization is the method or process of treating crude rubber with sulfur and subjecting it to intense heat. This process turns the rubber into a strong elastic material. In the 1930's liquid latex manufacturing superseded crepe rubber. It is still the basis for manufacture today¹. This condom is being used as a key tool to prevent HIV/AIDS in world wide through volunteer program. Voluntarism has always been a significant part of the society, cultural heritage and religion in Bangladesh. The establishment of voluntary organization is, however, a fairly recent phenomenon. Voluntarism in Bangladesh is often involved in the provision of welfare, but is often also closely related to the development process of the nation.

As a voluntary organization Light House² selected 65 men as condom outlet who are working as an inseparable volunteer of outreach service in HIV/ STI Prevention Project funded by Family Health International, Bangladesh (FHIB) / USAID.

Literature Review: In the study, "Social Support and Sexually Transmitted Disease Related Healthcare Utilization in Sexually Experienced African-American Adolescents³," researchers set out to verify whether African-American adolescents' seeming social support predicted future utilization of STD-related health care. Asymptomatic sexually experienced adolescents who spoke almost daily with their closest friend were more likely to have accessed STD-related health care in the past year. Closeness to female and male parents/guardians and participation in extracurricular activities were not associated with STD-related care utilization within that same period. These findings suggest that friends have an impact on the seeking of confidential healthcare services, such as care for STDs. The study helped the researchers to sketch the traits of condom outlet holders.

The module⁴ outlines the demand, supply and supportive environment components of condom programming. Content of this module covers the following topics: 1.The significance of condom programming in HIV prevention, 2. Essential elements for quality condom procurement and distribution to target groups at risk and vulnerability to HIV infection, 3. Application of a behavior change framework for condom use, 4. UNFPA's roles in condom programming in countries with different levels of obstacles and opportunities, 5. Indicators to monitor an effective condom programme. The documents helped the researchers to know about the condom management system of outlet holders.

In the training manual "*Reduce levels of Stigma and Discrimination related to HIV/AIDS*"⁵ the writers claimed that it is developed on the basis of experience and needs of PLHA and most at risk population (MARF) to reduce the levels of stigma and discrimination related to HIV/AIDS. This document helped the researchers to perceive the reality regarding condom related stigma and discrimination.

The article "*The Male Latex Condom Fact Sheets*" describes the condom programming, condom quality assurance, condom promotion which helped the researchers to sketch the process of condom programming by the community condom outlet⁶.

The article "*Corporate Social responsibility by introducing Condom Call Centre*" stated about the role, objectives, necessity these activities. This has acted as a blueprint to identify the roles of community condom outlet for the researchers⁷.

1 http://www.reslife.net/assets/docs/History_of_the_Condom.doc; accessed on 28.06.2011

2 Light House is a non-profit voluntary development organization based in Northern Bangladesh that works with rural and urban asset less poor, particularly the landless, distressed, school dropouts, child workers, marginalized and high risk groups, and other disadvantaged adults and children. The NGO was founded in 1988 following the devastating floods of that year. During this time a group of young and energetic college students decided to join together and work for the flood victims. This first initiative was concentrated in Kahaloo Thana, Bogra district. Now Light House is working in 33 districts in Bangladesh.

3 Lowery, L. M. et al. (2005). Social Support and Sexually Transmitted Disease Related Healthcare Utilization in Sexually Experienced African-American Adolescents. *Sexually Transmitted Infections*, 81(1): 63-66.

4 www.unfpa.org/aidsworkshop/Docs/Mod3_condomprogramming.doc; accessed on 31.05.11

5 Training Module on "*To Reduce Levels of Stigma and Discrimination Related to HIV/AIDS*" National AIDS/STD Program, Ministry of Health and Family Welfare and Save the Children USA, Funded by the Global Fund, 2010.

6 http://data.unaids.org/Publications/IRC-pub01/JC003-MaleCondom-FactSheets_en.pdf; Accessed on 28.06.2011.

7 http://www.hlfppt.org/pdf/file/csr_ccc.doc, accessed on 28.06.11

The article "*What you should know about: The Male condom*" assisted the researchers to know about the theoretical issues related to condom for comparing it in the field ⁸. . It usually exposed the definition, effectiveness and importance of condom use.

Objectives of the Study: The main objective of the study was to investigate how condom outlet is working as an inseparable part of outreach services in HIV/ STI prevention project. To address this broad objective the researchers have setup some specific objectives, such as

- To know about the community condom outlets and their lifestyle in preventing HIV /STI.
- To know the working approach with community for preventing HIV/STI
- To know about the perceptions of condom outlet regarding the services they carry out voluntarily (working hour, satisfactions, their role, attitude, willingness to work)

Material and Methods: The study areas of this research were Bogra, Rajshahi and Natore districts in Northern Bangladesh. Because, the project is running in these area form its inception November/2005 to till date. 65 condom outlets of HIV / STI Prevention project being implemented by Light House have selected as the study people of this research. The study premeditated to demeanor a rigorous inquiry of selected condom outlets who are working for this project. Other variables that might become significant have taken into consideration. Primary data have collected through the case study, participant observation, in-depth interview and focus group discussion. Secondary data were collected from various journals, articles, websites, books and census report and so on. At the time of data collection code and number has used for each outlet which was very helpful for data processing. Data has processed through statistical method. The researchers have also used MS excel and others supported software's. The analysis of data and information has prepared through table, chart and diagram.

Table 1: In-depth Interview and FGD

Techniques	Bogra	Rajshahi	Natore	Total
In-depth Interview	10	15	10	35
FGD	4	12	4	20

Result and Discussion

Demographic Features: When the researchers have tried to see the age grouping of condom outlets, they found that most of them are adult. Such as:

Table- 2: Age grouping of 65 condom outlets

Age Group	Age	Total	Age Group Total	%
Middle Age	15-19	19	19	29.24
Adult	20-44	17	33	50.76
	45-49	7		
	50-59	7		
Aged	60+	13	13	20
Grand Total			65	100

Source: Field Study -2012

⁸ http://www.hhs.gov/opa/pubs/download_pubs/whatknow_malecondom.pdf; accessed on 28.06.11

Among the study population 50.76 % is adult. Those who are belonging 20-59 year age group considered as adult in this research. The people who are belonging to 15-59 have treated are middle adult (29.24%) members. Among 65 populations 13 persons are aged. From the above data, we can say that, most of the populations of the community are adult and the peoples are very much aware of the prevention of HIV and STI in this locality.

Educational status: Education is one of the important indicators of socio-economic status. The educational status of the 65 condom outlet is low so to say. The researchers have seen that among the 65 peoples 18 are illiterate, 22 persons have passed secondary school certificate examination, and other 25 persons know how to read and write. So we, can, say that the members of the community are not educated.

Religion of the Studied People: Among the total informant's two religious groups are included such as Muslim (54) and Hindu (11). They have been living here as inheritor process. They said that during the early years of the HIV/AIDS virus, many people who worked in HIV/AIDS prevention thought of religion as well as religious leaders and organizations as naturally antagonistic to what they were trying to accomplish. In many minds, the stereotype of a religious leader was that of a conservative moralist who disapproved of any form of sexual behavior outside of marriage (especially male-male sex), as well as what was seen as the "only solution" to HIV infection, i.e., condoms. Today we have convincing examples of so-called faith-based initiatives in which involvement of religious leaders and organizations in HIV/AIDS prevention has had major impact. The role of religious organizations in care and support of those with HIV is well-recognized for the implementation of this project. Because, we are disseminating the simple **ABC approach** to HIV/AIDS/STI prevention to which edge service has long paid (*Abstain, Be faithful, use Condoms if A&B fail*), it is clear that the vast majority of prevention resources have gone to condom promotion, and more recently, to the treatment of the treatable STI/ STDs. Few in public health circles really believed—or even believe nowadays—that programs promoting abstinence, fidelity or monogamy, or even reduction in number of sexual partners, pay off in significant behavioral change⁹.

The Daily Life of Condom outlet: The distinctive home in Bangladesh, particularly in the study area, includes several generations of extended family. Most marriages are prearranged by parents or other relatives, but increasing numbers of educated men and women choose their own partners. Custom and religion among Muslims require that a dowry be offered by the husband to the wife, but it is usually claimed only in the event of separation or at the husband's death. Divorce is permissible among Muslims, and Muslim law (Sharīah) permits limited polygyny, although it is not widespread. Hindus may obtain a separation by application to a court of law. The main festivals in the study people are religious. The two most important are Eīd al-Fīr, which comes at the end of Ramadan, the Muslim month of fasting, and Eīd al-Aḡḡā, or the festival of sacrifice, which falls on the 10th day of the last month of the Islamic calendar. On both occasions families and friends exchange visits. White rice, pulses, and fish continue to constitute the staple diet of the people. Meat, including goat and beef, also are eaten, especially in the occasions. At weddings and other festive occasions, seasoned rice (*pilan*) accompanies highly spiced meat dishes and curries. The *lungi* (a length of cloth wrapped around the lower half of the body, comparable to the Malaysian sarong) with a short vest is the most common form of male attire in the area and in the less-wealthy sections of urban settlements. The sari is common among women, but girls and younger women, especially adolescents, prefer the *shalwar kamiz*, a combination of calf-length shirt and baggy silk or cotton trousers gathered at the ankles.

We will learn more about the lifestyle of community condom outlet from the few case studies. It will help us to understand their roll in preventing HIV/AIDS in Bangladesh.

Case study-1 (Bogra)

I am Farhad Ali. I run a petty shop call Shazib Store at Matidali Biman More, Bogra. My brother and sons are fisher men. They help to run the shop when are in shore. I sell a lot of things needed for the families in that area. One day Mr. Aziz asked me to distribute condoms which I immediately refused along with my family members saying that it is against our religious belief and my community members would contempt me and my family. Then after that he invited me for a training programme exclusively for the people like us. Mrs.Saleha Begum, Training Officer from Light House conducted

9 Edward C. Green, Ph.D. The Impact of Religious Organizations in Promoting HIV/AIDS prevention, www.siteresources.worldbank.org/.../ImpactofReligiousOrganizationsinHI; accessed on 27.11.12

the training and spoke about the spread of HIV and need for condom availability with in the target area for easy accessibility for those in need. She also clarified all the doubts, hesitations and questions from the participants. Her talk was thought provoking and I realized that just by distributing condoms we can contribute to prevent HIV/AIDS. So, I was convinced of my role to distribute condoms to prevent HIV and save many lives in my neighborhood. I convinced my family that our small shop would distribute condoms. Whatever information I learnt in the training I transferred to community people. Then we discussed that there is nothing against religious faith in distributing condoms. We are only saving lives which are a virtue. Firstly I distributed condoms by talking prominently with the people who are engaged in these activities. To my surprise many MSM, Hijra, and female come and taken condoms boldly. My family and others also changed their attitude. Now, I'm distributing around 800/1000 pieces condom per month. We are happy to contribute our part for HIV prevention.

Case study-2 (Rajshahi)

My name is Kanith Das and aged 56. I live at Railway colony in Rajshahi. I have two children and my wife is a construction labour. When I was suffering from STD, Light House staff Mr. Golam Mostofa talked about HIV and told the importance of taking HIV test during STD. Next day, I went Modhumita clinic and took the HIV test and was found negative but shipiliies . Immediately Light House Counselor motivates my wife to take HIV test and she was also found shipiliies Positive. Both of us very upset. We were worried about the child in the womb. But soon this counselors clarified that child in the womb can be saved from STD/ HIV. Soon through the counselors I learnt to take care of myself and my family. My wife and I attended the monthly support meeting at Light House for its beneficiaries. We learnt a lot of things each month such as nutrition for sex workers, MSM, Hijras and preparation of nutritious food, health and hygiene, safe drinking water, safe sex, clean environment, home based care and other useful information to save life. We both of us follow the new information learnt. My wife has prepared food time table the balanced food which includes a lot proteins, vitamins and minerals. We regularly include a fruit and greens in our daily diet. Within few weeks we were able to sense a lot difference in our health. . We periodically meet the counselors if we face moments of despair. They help us to take the right decision and clarify our doubts and queries from time to time. We are managing HIV and are attempting to live a life of hope for the sake of our children. We are distributing condoms among the beneficiaries of the project.

Volunteering and Condom outlet: Volunteering is self motivated initiatives by an individual or group to do anything for the benefit of others without any direct benefits for him / her. Similarly, condom-outlet is that man who is working as volunteer under outreach service in HIV/STI Prevention Project with the most at risk peoples by disseminating appropriate message on STI, HIV and AIDS with strategic behavioral communication (SBC) materials like– condom, lubricant during the absence of peer educators.

Condom outlet, HIV and STI Prevention Project: Since its inception November/05 the outreach service of this project is carrying out through condom outlets as well as peer educators fewer than 4 integrated health centers (IHC'S) in Bogra , Natore , Rajshahi . At present 65 condom outlet holders are working with this project. The below table shows the distribution

Table-3: Number of condom outlets based on intervention and location

Intervention	Location	Number of community condom outlets
Male Prostitute	Bogra,Rajshahi, Natroe	40
TG (Transgender)	Rajshahi	6
Female Prostitute	Bogra Sadar	19

Source: Field Study -2012

Aim of the Project to Prevent HIV and STI through Condom outlet: Dictionary definition of outreach is ‘The extending of services beyond current or usual limits’. We know that, the sex workers are most vulnerable for HIV & STI, because of their risk behaviors. So, by considering the definition of outreach service and risk behaviors of the sex workers the ultimate aim of this project is to reduce risk behaviors of this most at risk group through condom outlet who is working as volunteer with this group during the absence of peer educators.

Selection Criteria of Condom outlet of this Project: The selection method of condom outlet of this project is simple random sampling. The people who have shown great interest to work with this group and have acute obligation to do something for this vulnerable group selected as condom outlet. Snowball sampling (Identifies cases of interest from people who know people, who know what cases is information rich) is also used to select condom outlet. Actually, those people who are small shopkeepers, rickshaws maker, retailer of medicine, tea stall owner, of the respective cursing spots selected as condom outlet. Willingness to work as a condom outlet is also one of the most important criterion as a condom outlet.

Condom Availability and Accessibility: With technical assistance from AIDSCAP, the SMC launched a new initiative called *Shurokha* to promote condoms for the prevention of HIV/AIDS among male and female CSWs and their clients. AIDSCAP's primary role was to provide technical assistance in the design of the intervention (target groups, sites, methods) and in pre-testing BCC materials for condom promotion. Moreover, condom packaging now includes STI/HIV/AIDS protection messages in addition to standard messages about contraception¹⁰. As a partner of this group, Light House easily distributed condoms to its listed community condom outlet for the project beneficiaries. The below chart will clear show the availability and accessibility of condom for the project beneficiaries.

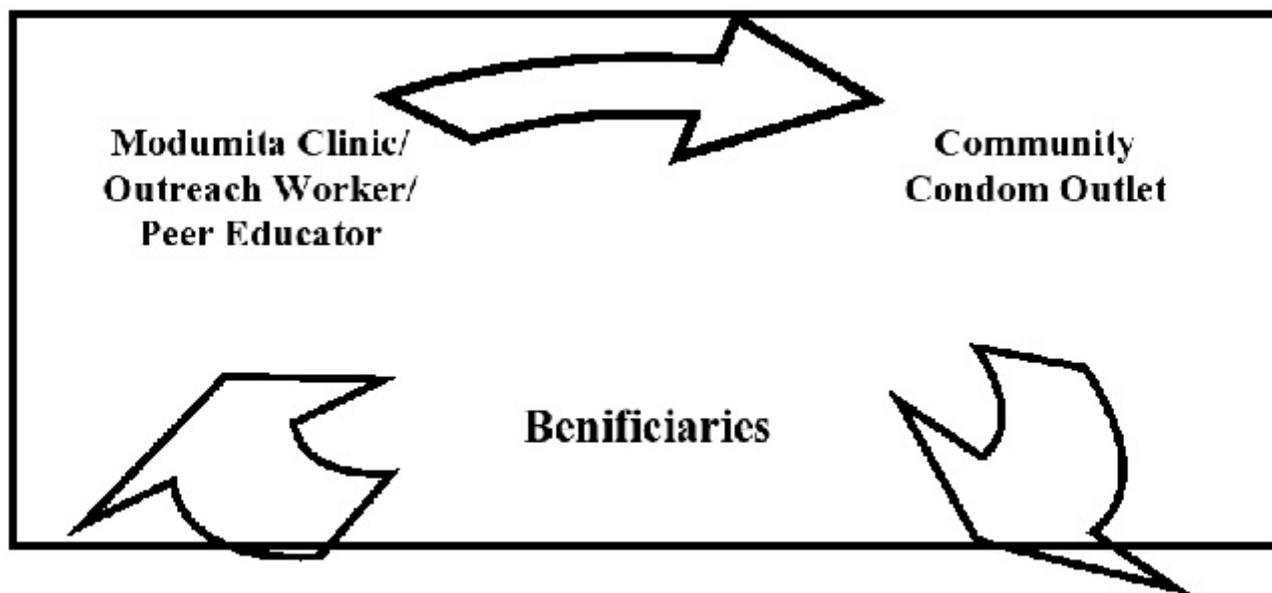


Figure 1: *Condom availability and accessibility*

To monitor the smooth distribution of condoms among beneficiaries Light House used four tier condom register namely: Central Stock Register; Outreach Condom Register; Peer Educators Condom Register; Condom

10 http://www.aed.org/en/HIVAIDS/pub/Archive/aidsreports/aidsfinalvol2/FHI_AIDSCAP_Fnl_Rprt_Vol2_Asia_Assoc_Countries.htm Accessed on 25.06.11

outlet Register.

The process helped the project to check the validity and reliability of information regarding condom promotion in the target community. It is worth mentioning here that, all the beneficiaries have an equal access to Modhumita clinic directly for their amenities like-

1. STI Service
2. VCT Services
3. Counseling Services
4. Free Condom distribution
5. General Health Services
6. Sleeping, Gaming, Bathing and Watching TV and so on.

The Diversified Role of Condom outlet Holders:

The condom outlet holders are actually doing a variety of activities. They are taking part as monitor of peer educators, knowledge store of HIV/STI, conflict solver, shelter of peer, peer educators as well as project staff.

Monitor of Peer Educator :

Condom outlet holders are monitor of peer educators. All the peer educators have to engage in their field work before mandatory consult with the condom outlet holders. The condom outlet holders know the ins and outs of peer educator's works – when they enter into the field, When they leave field, Where they are working and so on. The project staffs including outreach workers gather information about peer educators during their field visits from condom outlet

Knowledge Store of HIV/AIDS / STI :

The condom outlet holders are working as a knowledge store of HIV/AIDS / STI. All the people know them as volunteer of this project. They are disseminating information on the basic issues on STI / HIV / AIDS among the people who are involved in most at risk behaviors both the sex workers and clients which they've learned from the basic training of this project. They are constantly distributing safer sex kits like – condom and lubricant to this group with the absence of peer educators. They also provide various constructive suggestions in monthly / weekly meeting with the project staff which is very helpful to strengthen the outreach service of this project.

Conflict Solver :

The way a society is organized can create both the root causes of conflict and the conditions in which it's likely to occur. Any society which is organized so that some people are treated unequally and unjustly is likely to erupt into conflict, especially if its leaders don't represent all the members of that society. If an unequal and unjust society is reformed, then conflicts will be rare¹¹.

The Community condom outlets are working as conflict solver. When peer educators are involved in any conflict with muscle men, peer and other hassle group, then, condom outlet holders play a vital role to resolve the conflict. They have identified below underlying causes of conflict among this community.

- Conflicts arise when they are competing for the same resources (such as territory, jobs and income, housing) when they aren't fairly distributed or when there aren't enough to go round.
- Conflicts arise when they are unhappy with how they are governed the existing society to fulfill their basic needs.
- In the same way community differences cause conflict. Their individual community gives them a sense of identity and belonging, and it is threats to this sense which can cause violent responses, just as individuals may lash out with angry words or gestures when they feel threatened.

They said that *Understanding conflict* is important before you can deal with it effectively. Because, conflict evolves through stages, involves an observable process and have a number of common characteristics. Recognizing and

11 http://www.ppu.org.uk/learn/conflict/st_conflict1.html, accessed on 28.11.12

understanding what may be happening is the first step in resolving the situation effectively. Some conflicts can be avoided entirely, or at least kept from escalating, if you understand what are happening, your style and attitudes about conflict and its causes. But we usually applied below ways¹² to resolve conflict.

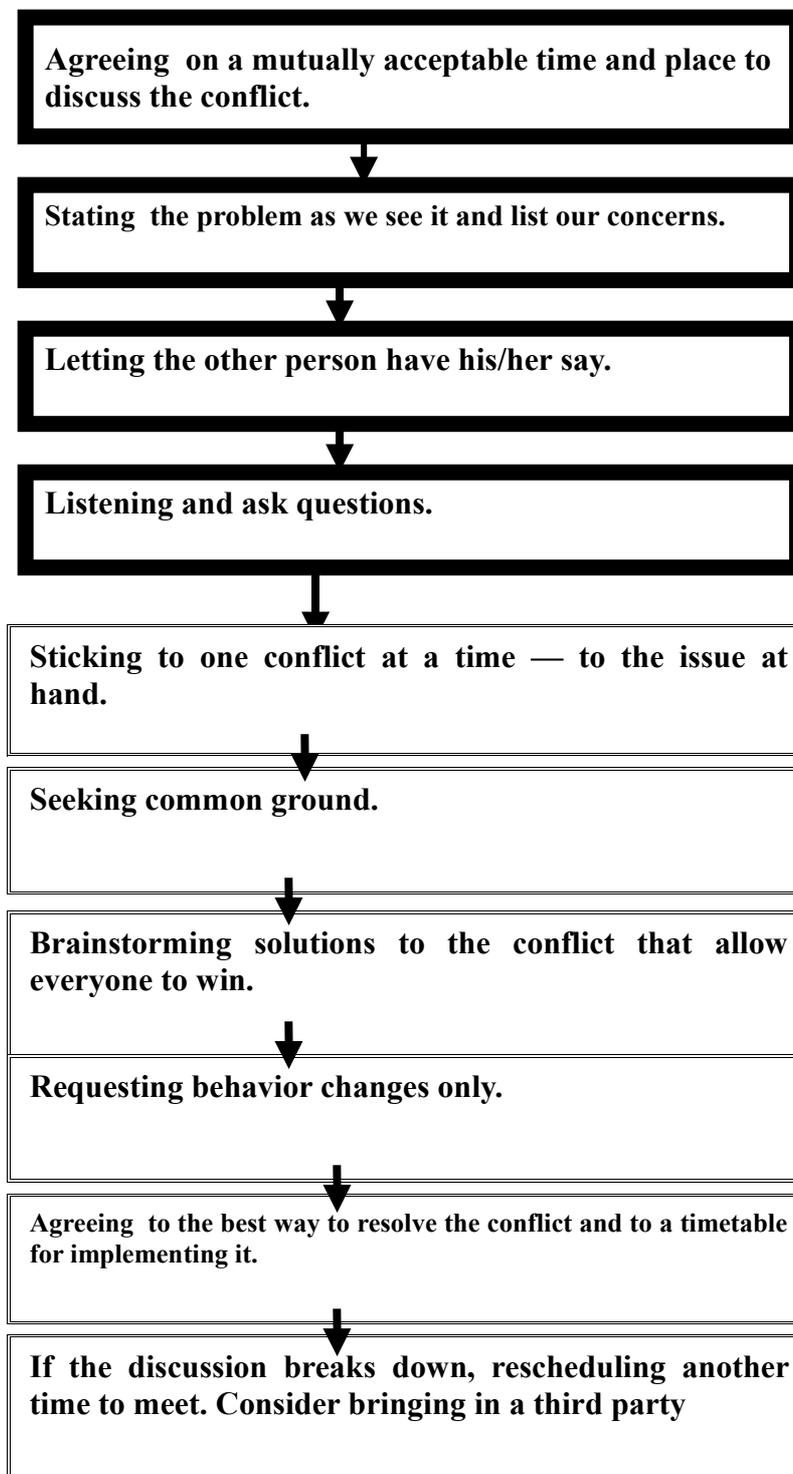


Figure 2: *Process of Conflict Solving*

12 http://www.wittcom.com/how_to_resolve_conflict.htm, accessed on 28.11.12

Shelter of Peer, Peer Educators as well as Project Staff: The condom outlet holders have a most important role in this project. They are working as a shelter of peer , peer educators and project staff also .When peer educators are together for discussing their interest , they have to suffered by the general public through teasing , beating , hijacking on their way . Then condom outlet holders save them from this type of hassle. Based on the situation they have been working as mentor for both the most at risk people as well as general people to build a congenial environment in the society. On the other hand, when female staffs of the project are going to work in the field they've to face same kind of hassle, but, the condom outlet holders play a vital role by saving this staff from this hassle by applying *community gate keeping approach*. It is nothing but process of culling and crafting countless bits of project information into the limited number of messages that reach people everyday, and it is the center of the condom outlet's role in modern community life. [...] This process determines not only which information is selected, but also what the content and nature of the messages, such as message, will be. The community condom outlet's decides what information should move to whom or individual and what information should not. Here, they are the decision makers who letting the whole community system. The condom outlet's is having its own influence like social, cultural, ethical and political. Based on personal or social influences they let the information to the peoples, community or group in which all the stakeholders of this project can enjoy the results smoothly. Through this process the unwanted, sensible and controversial information's are removed by them which help to control the society or a group and letting them in a right path.

Constraints of Condom outlet Activities: AIDS-related stigma and discrimination refers to prejudice, negative attitudes, abuse and maltreatment directed at people living with as well as working with HIV / AIDS. The consequences of stigma and discrimination are wide-ranging: being shunned by family, peers and the wider community, poor treatment in healthcare and education settings, an erosion of rights, psychological damage, and a negative effect on the success of HIV testing and treatment.

According to condom outlet holders they have to face various bad comments from mass people. Some peoples hate them, because they've to work most loathed groups of the society. On the other hand, peers were gathered to take safer sex kits during the pick hour. They have identified some possible consequences of HIV-related stigma¹³, such as

- Loss of income/livelihood
- Loss of marriage & childbearing options
- Poor care within the health sector
- Withdrawal of care giving in the home
- Loss of hope & feelings of worthlessness
- Loss of reputation

Community level stigma and discrimination towards people working with HIV project is found all over the world. A community's reaction to somebody working with HIV/ AIDS project can have a huge effect on that person's life. If the reaction is hostile a person may be discriminated against and may be forced to leave their home, or change their daily activities such as shopping, schooling and so on. Though they've to face few problems but they are prepared themselves to work against STI / HIV / AIDS.

Conclusion:

" *The sex workers aren't acceptable in our social and cultural heritage and it is so difficult to work with this group*" – there is no doubt about this comment. But, Light House has already established a ground field for safer sex practice by the condom outlet holders under outreach service of HIV / STI prevention project. They are working as an inseparable volunteer under outreach service of this project through diversified role like monitor of peer educators, knowledge store of HIV/STI, conflict solver, shelter of peer, peer educators as well as project staff to fight against HIV/AIDS in Bangladesh.

13 ICRW (2005), 'HIV-related stigma across contexts: common at its core, <http://www.avert.org/hiv-aids-stigma.htm>, accessed on 29.12.12

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