Supplementary Data

Table 1 Female Employment in specific Low to Middle-income in countries (LMIC) Garment Factory

Country	Number of garment workers	% of Female workers
Bangladesh	4 mil	90
Sri Lanka	31200	81
India	5.3 mil	38
Nepal	52000	18
Pakistan**	912000	15
Lesotho	40,000	80
Cambodia	700,000	90

*mil= million
** Pakistan data shown here. However, Pakistan related information not discussed in this paper.
Source: (BGMEA, 2015: Hart, 2002 #2514: Kenworthy, 2014 #2513; Bhattacharjee, 2018; M. S. Islam, Rakib, & Adnan, 2016)

Currently Bangladesh garment factories employ about 4 million workers, where 90 % are FGWs. In Table 2 the data evidently signifies that the Bangladeshi FGWs participation in garment factories are the highest amongst all selected LMIC. Other than Bangladesh, all countries in selected LMIC are falling far behind (M. S. Islam et al., 2016). The corresponding author analyze that Cambodia would be in second position; though 90% are FGWs, but they have only 700,000 FGWs (Bhattacharjee, 2018), where Bangladesh has 4 million FGWs and Sri Lanka is third as compared to Bangladesh with 81% FGWs participation.

Table 2 Minimum Wage in Top 10 Apparel-Exporting Countries

Country Minimum Wage (in US$)	Country Minimum Wage (in US$)
1. China $166 *	$166
2. Bangladesh	**$68**
3. Vietnam*	$90
4. Turkey*	$494
5. India	$91
6. Indonesia*	$74
7. Cambodia	$100
8. Malaysia*	$244
9. Mexico*	$127
10. Thailand*	$237
13. Sri Lanka	$66

** China, Turkey, Indonesia, Malaysia, Mexico, Thailand data shown here. However, these countries related information not discussed in this paper.
Source :(ILO, 2014; Khan & Wichterich, 2015)

According to an ILO Report (2014), Bangladesh pays the lowest minimum wage (US$68/month) among the top ten apparel-exporting countries (Table 3). Only Sri Lanka, which ranks 13th among the 25-top apparel-exporting countries, has a lower minimum wage (US$ 66/month) than that of Bangladesh. The strategy of profit maximization through a race to the bottom critically based on the abundant supply of female migrant labor from the countryside, ready to work under exploitative conditions. Garment employers hire especially female workers with little or no education and subject them to practices that construct them as docile and vulnerable labor (ILO, 2014). However, in respect to wage and living standard the garment workers of Bangladesh lag far behind than those of China, Turkey and Vietnam and all others, except Sri Lanka, Yet, RMG industry production is higher (Yunus & Yamagata, 2012).

Appendix 1

	Topic	Summary
1	HIV/AIDS and Women in Worldwide	The preliminary confusion that acquired immune deficiency syndrome (AIDS) was a sickness of men, which can be recognized, possibly to historical misfortune (Oppenheimer, 1988). The AIDS disease first categorized in the United States of America (USA), nevertheless, this deadly disease mainly contracted men (Oppenheimer, 1988). However, from the beginning of the worldwide pandemic, it was visible that women were also susceptible to human immunodeficiency virus (HIV) and AIDS, and, within in a year, there were statistics to recommend that women were no less than as likely to become infected as men (Farmer, Connors, & Simmons, 1996). Clearly, AIDS cases concerning women were not counted for much. A cover story in *Discover,* a popular science magazine, terminated the view of a major epidemic in women in mid 80s. Because the 'rugged vagina' in difference to the 'vulnerable anus', was meant for the wear and tear of birthing and intercourse, it was dubious that women could ever be susceptible to HIV in large numbers in heterosexual intercourse. According to Farmer, *"AIDS is presently and is expected to remain, largely the deadly price one can compensate for anal intercourse"* (Farmer et al., 1996). In 1991, in big cities of USA, AIDS was the leading destroyer of young women (CDC, 2003). It documented that AIDS pose enormous coercions to poor women, but perception arises after the event. Globally, millions of women are ill and complications with this disease. AIDS is already the principal source of death amongst young African American females, who are residing in USA. In Mexico, the female and male proportion of HIV infection increased from 1: 25 in 1984 to 1:4 in 1990. In San Paolo, Brazil zero-prevalence amongst pregnant women has raised in six times in only 3 years (Jonathan Mann, Daniel J. M. Tarantola, & Netter., 1993).
2	HIV/AIDS and Women in LMIC	Correspondingly, distributing trends recorded elsewhere globally, particularly in LMIC, where 98% of all children and 90% of adults contracted with HIV. In several Sub Saharan countries, there are now additional new HIV infections amongst women than men. In 1992, the United Nations Development Program (UNDP) assessed that on single day an extra 3000 women contracted with HIV and 500 HIV infected women die. Moreover, mostly, the age group were from 15-to 35 years old. In 2000, The World Health Organization (WHO) has forecasted that from six and 8 million women will get infected with HIV (GlobalAIDSCoalition, 1995). For some women, HIV is the foremost tragedy on their lives. On top of many others issues, AIDS is just another problem. Indeed, those in the earlier group, HIV infected women is an overall unparalleled disaster; are in the marginal. The women with HIV/AIDS, typically discloses it to be the newest in a series of catastrophes. Anthropologist Martha Ward notes that for these disenfranchised women, AIDS is just an extra challenge they accused for and have to take accountability. They questioned that how they are going to take care of their family. Now they have placed food on the table. They do not think AIDS is a challenge! They got genuine challenges (Kenneth et al., 1993) The vigorous of HIV amongst women and answers to its advance disclose much about the multi-layered relationship between power and/or powerless, and sexuality. Most of the women, who are sexually active expose to biological risk to some degree, nevertheless it is apparent that the AIDS pandemic among women extremely designed with social, not biological appearances (Farmer et al., 1996). Though many people agree that gender and inequality are the sturdiest enablers of risk for exposer to HIV, however, this subject has been ignored in both the social science and biomedical narrative on HIV/AIDS (Farmer et al., 1996).

Appendix 2

	Topic	Summary
1	In Bangladesh, Empowering and Employing Women in the Garments Sector	80 percent of garment workers are women. Female garment workers constitute a highly vulnerable group: young, poor, unskilled, sometimes illiterate, and often single women in a society dominated by strong gender hierarchies. With few support systems in place, the first few months in the city and at the factory are the most hazardous, deterring many women in desperate need of work from making the change (World Bank, 20017).
2	STD in Bangladesh's trucking industry: prevalence and risk factors	A study of 403 Bangladeshi truck drivers and helpers (men who travel on the trucks with the driver) reported that 6.7% tested positive for syphilis. Only 102 cumulative HIV positive cases had been reported to the National AIDS Committee by December 1998; two of those cases were in truck drivers (Dr Nazrul Islam, personal communication, 1999. Potential reasons for the low HIV rates include a low rate of introduction; sexual and drug use patterns that are less conducive to transmission; high rates of male circumcision (the population is 88% Muslim and male Muslims in Bangladesh are all circumcised) which may be protective14–16; and lower STD rates. The finding of the study indicating a high prevalence of HSV-2 and serological syphilis is a concern, especially because the association of these diseases with HIV transmission. Should HIV enter into this low prevalence population it could spread rapidly. The levels of prevalence of disease were HSV-2 (25.8%), serological syphilis (5.7%), gonorrhea (2.1%), chlamydia (0.8%) (Gibney et al., 2002).
4	Expanding HIV/AIDS Prevention in Bangladesh	By definition Bangladesh is a low prevalence country (The last surveillance conducted in 2007 found national prevalence of HIV < 1%), but there is significant level of risky behavior that makes our country vulnerable to HIV/AIDS. Behavioral surveillance reports in Bangladesh reveals significant levels of high-risk behavior, low rates of condom use, large numbers of customers served by the sex workers. The Readymade Garment (RMG) Industry is the large export sector of the Bangladesh, which earning majority portion of

	Topic	Summary
		the foreign currency compare to other export items and employs 40% of the country's industrial workers. Finally it is found that Life Skill Education at workplace should be continued for knowledge retention on HIV and STI (Assignment Point, 2012).
5	Knowledge and awareness about STDs among women in Bangladesh	In Bangladesh, the majority (70.6%) of women have knowledge and awareness about STDs, while 29.4% of them do not have any knowledge or awareness about STDs. Although STDs pose serious risks to health security, there is very little literature quantifying the knowledge and awareness of these diseases and their principal socioeconomic determinants. The aim of this study is to determine the effect of different socio-economic and demographic factors on knowledge and awareness about STDs among women in Bangladesh. Policies concerning the issue of STDs need to be improved and can be emphasized in collaboration with government agencies to ensure the success of these campaigns (Hossain, Mani, Sidik, Shahar, & Islam, 2014).
6	Handgrip strength and nutritional status of female garment workers in Dhaka City	Bangladesh, the Ready Made Garments (RMG) sector plays an important role in our economy with about 2.4 million workers where 85% are women and accounts for 75% of the foreign currency and 25% of GDP of Bangladesh. Report shows poor nutritional status and week physical condition as the main reason of high rate of daily absence leading to substantial production loss in this sector (Seoty, Faruquee, Lahiry, & Chaklader, 2014).
7	Needs Assessment of Garment Workers on Reproductive Health, Sexually Transmitted infections and HIV/AIDS in Chittagong Division	Most of these workers are migrated to urban areas for employment and better living status and the majority of them have come from poor socio-economic background. Available studies on the garment workers indicate that generally the female garment workers are young and unmarried with little education. In some instances, garment workers join in this sector to increase chances for a better marriage. On the other hand, most of the employers also prefer young, unmarried/widow/separated women due to the nature of the manufacturing, their low wages and nimble fingers. Survey result suggests that the average age of male workers is 24 while it is 19 years for female (BDSH, 2011).
8	Cost of health education to increase STD awareness in female garment workers in Bangladesh	This preliminary study reported on the cost-effectiveness of a health education program that successfully improved knowledge and awareness of STDs among female garment factory workers in Dhaka, Bangladesh. No information on any formal health education program on STDs in the female garment workers in Bangladesh is available (Rianon et al., 2009).
9	Prevalence of Sexually Transmitted Diseases and Transmission of HIV in Dhaka, Bangladesh	The prevalence of sexually transmitted diseases (STDs) among patients attending out patient's department of Skin and Venereal diseases of Dhaka Medical College Hospital, Dhaka and Shahid Sohrawardy Hospital, Dhaka was studied. Out of 230 participants, 199 (86.5%) were positive for STDs pathogens studied, among them, 98 (42.6%) were infected with single pathogen and 101 (43.9%) were suffering from multiple infections. The prevalence of N. gonorrhea, C. trachomatis, T. pallidum, and HSV type 2 were 90 (39.1%), 110 (47.8%), 28 (12.2%) and 88 (38.2%) respectively (Shirin, Rahman, Rabbi, Kabir, & Mamun, 2009).
10	Sexual Behavior and Sexually Transmitted Diseases in Street-Based Female Sex Workers in Rajshahi City, Bangladesh	Among these FSWs, 56.7% were infected with two or more pathogens of STDs, with gonorrhea, chlamydia, herpes, syphilis, and trichomoniasis observed and 20.0%, respectively. A prevalence study was conducted on STDs at the Tangail brothel in Bangladesh; it was concluded that women are at a greater risk for sexually transmitted infections (STIs).Truck drivers are a recognized high-risk group for STDs and HIV. Bangladeshi women living adjacent to truck stops are at greater risk for STDs. Low levels of knowledge and little expenditure on health, more children, older age, high-risk sexual behaviors, and lack of condom use during sexual activity, together with the high prevalence of STDs among SFSWs, suggest that they are at greater risk of HIV infection. Moreover, qualitative research is needed to provide insights into their sexual behavior and the contexts in which high-risk behaviors occur. Qualitative research is needed to provide insights into their sexual behavior and the contexts in which high-risk behaviors occur (N. I. Mondal, Hossain, Islam, & Mian, 2008).
11	HIV/AIDS in Bangladesh: a national surveillance	Twelve per cent of patients with STDs had HIV. The HIV cases concentrated in 2 districts, Sylhet (25/72) and Chittagong (20/72), that border India and Myanmar (formerly Burma), respectively. According to the World Health Organization, Bangladesh is one of the pattern III countries for HIV/AIDS epidemic, meaning that the infection has not reached one adult per 1000 in that country. Nevertheless, several factors make Bangladesh clearly at risk of the spread of HIV: (a) physical proximity of the country with India and Myanmar where the prevalence of HIV/AIDS is high; (b) frequent visits of the people of Bangladesh to neighboring countries; (c) the combination of a high rate of illiteracy and poverty, and (d) a high rate of STDs in urban Bangladesh. Possibly, religious and social restrictions in sexual practices and some other factors may impede the rapid spread of the disease in Bangladesh. In fact, data are still scarce to quantify the disease burden precisely in that country (Manirul Islam, Mitra, Mian, & Vermund, 1999).
12	Sexually transmitted diseases: policies and principles for prevention and care	UNAIDS and WHO recommend that every country should have a program for prevention and care of STD which should be integrated or closely coordinated with National AIDS Programs. STD programs should: • deliver primary prevention activities (promotion of safer sexual behavior, condom provision) in conjunction with National AIDS Programs; • promote accessible, acceptable and effective case management of persons with STD through public and private health care systems, including first-level health care, using simple algorithms based on syndromic diagnosis; • include STD prevention and care services in maternal and child health, antenatal and family planning services; • target acceptable and effective STD care services to populations identified as being particularly vulnerable to infection with STDs, including the human immunodeficiency virus (HIV);

	Topic	Summary
		• promote early STD health care-seeking behavior together with education related to sexual behavior (WHO, 1995)
13	On the Fast-Track to end AIDS	The UNAIDS 2016–2021 Strategy is a bold call to action to get on the Fast-Track and reach people being left behind. It is an urgent call to front-load investments. It is a call to reach the 90–90–90 treatment targets, to close the testing gap and to protect the health of the 22 million people living with HIV who are still not accessing treatment. Empowering young people, particularly young women, is of utmost importance to prevent HIV, including by ending gender-based violence and promoting healthy gender norms. Where young people, regardless of where they live or who they are, have the knowledge, skills, services, rights and power to protect themselves from HIV. Where all people have the equal opportunity to grow, develop, flourish, work and enjoy prosperous and fulfilling lives, supported by enabling laws, policies and programs that respect their human rights and address the social determinants of HIV, health and well-being (UNAIDS, 2016).
14	Fact Sheet July 2017 Global HIV Statistics	GLOBAL HIV STATISTICS 19.5 million people were accessing antiretroviral therapy in 2016. 36.7 million [30.8 million– 42.9 million] people globally were living with HIV in 2016. 1.8 million [1.6 million–2.1 million] people became newly infected with HIV in 2016. 1 million [830 000–1.2 million] people died from AIDS-related illnesses in 2016. 76.1 million [65.2 million–88.0 million] people have become infected with HIV since the start of the epidemic. 35.0 million [28.9 million–41.5 million] people have died from AIDS-related illnesses since the start of the epidemic(UNAIDS, 2020)
15	Prevalence of Sexually Transmitted Diseases and Transmission of HIV in Dhaka, Bangladesh Introduction	Socio-demographic data and data regarding high-risk sexual behavior were collected (Shirin et al., 2009).
16	Control of sexually transmitted infections and prevention of HIV transmission: mending a fractured paradigm	STI control can be measured in absolute or relative terms, for example, as elimination of chancroid or 50% reduction of the prevalence of gonorrhea (Steen, Wi, Kamali, & Ndowa, 2009).
17	Treatment for sexually transmitted infections has a role in HIV prevention Introduction	The findings of a WHO/UNAIDS consultation presented at the XVI International AIDS Conference confirm that caring for sexually transmitted infections (STIs) at the right stage of an epidemic and targeting them at key population groups can reduce HIV transmission. The consultation, in mid-July 2006, was held to clarify the importance of treating STIs and the role of STI control programs and services in HIV prevention. The main conclusion drawn by the experts at the meeting is that prompt and appropriate treatment for STIs reduce individual risk of HIV infection and that high-quality STI programs are critical for controlling the HIV epidemic in key populations at higher risk of exposure to HIV. The presence of STIs also increases susceptibility to HIV by recruiting HIV-susceptible inflammatory cells to the genital tract as well as by disrupting mucosal barriers to infection (WHO, 2006).
18	Sexually Transmitted Infections	Despite the availability of several simple, cheap and cost-effective interventions to combat STIs, little progress has been made. An estimated 499 million new cases of curable STIs occurred in 2008, suggesting no improvement over the 2005 estimate of 448 million cases. STIs other than HIV have been overshadowed in recent years by the heightened public-health focus on HIV treatment, despite the strong association between STIs and HIV acquisition (WHO, 2013).
19	Genital Human Papillomavirus Infection among Women in Bangladesh: Findings from a Population-Based Survey	Most common high-risk genotypes were. Urban women working as housemaids or garment workers were at higher risk of any HPV infection compared to housewives. The garment industry accounts for approximately 80% of the country's total exports and roughly 85% of the workers in the garment industry are women. For women, this has led to increased employment and empowerment but also exposure to changing social dynamics and environments that may increase their engagement in intimate relationships and sexual exploitation, thereby increasing their likelihood of HPV infection (Nahar et al., 2014).
20	Planning peer education programs in the workplace.	The program began by informing employers about the potential impact of HIV/AIDS on the private sector. Then AGPCS designed a workshop consisting of 11 two-hour weekly modules to provide up to 30 participants with information on sexually transmitted diseases, AIDS, and related issues. The first business to take advantage of the program was a 7000-employee clothing factory that continues to implement HIV prevention strategies (Hirschmann De Salazar, 1998).
21	Health survey of workers in garment industry as part of preventive-medicine program	A health survey of workers from the International Ladies' Garment Workers' Union, A. F. of L., was conducted in Springfield, Mass., and a surrounding area as part of a preventive medicine program. 81.4% (855 workers) volunteered for the examination and 18.6% refused. 12 cases of syphilis were encountered (Joseph H Kaplan, Nathaniel N Bennett, & Grace Foley, 1951).
22	HIV Awareness of Outgoing Female Migrant Workers of Bangladesh: A Pilot Study	The study methods were approved by the Ministry of Expatriates' Welfare & Overseas Employment. As one of the authors is from Sydney, Australia, methods were also approved by the Ethics Review Committee of the Sydney South West Area Health Service. Variables that were inquired about included demographic information (age, sex, number of members in the family, education level completed, destination etc.), reasons for going, source of migration cost, knowledge about the job to be done abroad (if received job related information and required training), where obtain help if difficulties arise, HIV/AIDS related knowledge (perceived modes and preventive measures, source of knowledge) (M. M. Islam, Conigrave, Miah, & Kalam, 2010).

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23	Planning peer education programs in the workplace	The Guatemalan Association for the Prevention and Control of AIDS (AGPCS) developed a program to train private sector employees in peer health education. The program began by informing employers about the potential impact of HIV/AIDS on the private sector. Then AGPCS designed a workshop consisting of 11 two-hour weekly modules to provide up to 30 participants with information on sexually transmitted diseases, AIDS, and related issues. The first business to take advantage of the program was a 7000-employee clothing factory that continues to implement HIV prevention strategies. The training has helped companies develop work-place AIDS policies, and the AGPCS project has become sustainable (Hirschmann De Salazar, 1998).
26	Health survey of workers in garment industry as part of preventive-medicine program	A health survey of workers from the International Ladies' Garment Workers' Union, A. F. of L., was conducted in Springfield, Mass., and a surrounding area as part of a preventive medicine program. 81.4% (855 workers) volunteered for the examination and 18.6% refused (J. H. Kaplan, N. N. Bennett, & G. Foley, 1951).
27	Study of sexual behavior and prevalence of STIs/RTIs and HIV among female workers of textile industries in Surat city, Gujarat, India	Surat city is vulnerable to transmission of sexually transmitted infections (STIs)/HIV due to its huge migratory population in diamond and textile industries. Females working in textile industries were not receiving focused intervention although they were at high risk of acquiring STIs/HIV. Overall prevalence of various STIs/RTIs (reproductive tract infections) was 16.73%, whereas HIV positivity was 1.17%. Bacterial vaginosis and candidiasis were the most common infections. Conclusion: Groups such as female textile workers need to be taken care of especially to enhance the HIV prevention and control activities in Surat city, which would help in breaking the chain of transmission (Desai, Kosambiya, Mulla, Verma, & Patel, 2013).
28	Life in the big city: The multiple vulnerabilities of migrant Cambodian garment factory workers to HIV Conceptual Framework Migration	Cambodia has one of the highest prevalence rates of HIV in Asia; an increasing number of HIV positive Cambodians are women. Interviews with migrant garment factory workers and key informants, and focus group with health care providers confirmed that poverty was the primary motivator for migration. Women and key informants reported awareness that some migrants had sexual relationships with local men or engaged in sex work to supplement their income. Factory restrictions limited women's ability to access health care services and health education programs. Key themes of the research were economic, social and occupational vulnerabilities of these migrant workers placed them in a context of increased risk of acquiring HIV. Interventions to reduce the risk of HIV infection for migrant Cambodian garment factory workers should address these themes. The purpose of this study is to understand the multiple contextual factors of migrant garment factory workers' lives which put them at risk of HIV infection. This understanding is key to future program development and effective policies directed towards HIV prevention for this population of women. It has been well documented that the context of women's lives has an enormous impact on their vulnerability to HIV. Historically, however, approaches to sexual and HIV research which have relied on surveys and focused on behavioral risks have been inadequate to explore the wider social, cultural, economic and political factors which can shape sexual experiences and HIV risk (G. Webber et al., 2010).
29	More than just talk: the framing of transactional sex and its implications for vulnerability to HIV in Lesotho, Madagascar and South Africa	A 2009 study found 41% HIV prevalence among workers in the apparel sector (44.2% among women and 35.6% among men). The practice of multiple and concurrent partnerships in Lesotho is also very high, exacerbating vulnerabilities to HIV. South Africa : The HIV adult prevalence rate is the third highest in the world at 23.2% [39], and, following the trend of the region, women have a significantly higher rate of infection than men (Stoebenau et al., 2011).
30	Awareness and high-risk behavior related to HIV/AIDS among garment workers in Bangalore, India	To evaluate awareness and attitude regarding HIV/AIDS and high-risk behavior related to HIV infection, among garment workers. The in-depth interview revealed that 10.93% of the males and 3.29% of the females had sexual encounter. The mean age of sexual debut was 22 years for men and 19 for women. Practices like non usage of condoms and multiple sex partners were also found among study population. Conclusions: The knowledge about causation and prevention is very poor, especially among women. The proper awareness and counseling will reduce the high risk behaviors and help these young people to have a healthy lifestyle (Saraswathi, Jagadish, Divakar, & Kishore, 2013).
31	Study of sexual behavior and prevalence of STIs/RTIs and HIV among female workers of textile industries in Surat city, Gujarat, India.	Surat city is vulnerable to transmission of sexually transmitted infections (STIs)/HIV due to its huge migratory population in diamond and textile industries. Females working in textile industries were not receiving focused intervention although they were at high risk of acquiring STIs/HIV. Overall prevalence of various STIs/RTIs (reproductive tract infections) was 16.73%, whereas HIV positivity was 1.17%. Bacterial vaginosis and candidiasis were the most common infections (Desai et al., 2013).
32	HIV / AIDS and manufacturing in Abidjan	Abidjan is the major industrial and commercial capital of West Africa. Since 1989 in Abidjan, AIDS has been the leading cause of death among adult men and the second among women. The indirect and direct costs of HIV/AIDS were identified and assessed in 1995 and 1996 in a food processing company of 275 employees, a textile company of 1150, and a packaging company of 83. The necessary data were collected with the assistance of company doctors, directors, managers, and workers. Total costs incurred are calculated on the basis of the number of employees infected by HIV and notified as such by company doctors. Analysis of the costs found that HIV/AIDS impacts in different ways upon the various plants and the share of those items incurring the highest costs varies among plants. Sickness rather than the death of employee's costs all of the firms the most. The companies have responded in various creative ways (Aventin & Huard, 1997).
33	Trends and determinants of	In this study, we aimed to explore the extent of HIV knowledge in relation to the socio-demographic variables such as age, region, area of residence i.e., urban or rural, wealth index and education, and investigate the factors influencing the level of HIV knowledge among Bangladeshi women. Little over half the respondents had good knowledge regarding

	Topic	Summary
	HIV/AIDS knowledge among women in Bangladesh	HIV transmission risks. Level of HIV knowledge among Bangladeshi women is quite low, and the limiting factors are rooted in various demographic and household characteristics. Education and sex of the household head have been found to be significantly correlated with the level of HIV knowledge and propound sound grounds for their incorporation in the future HIV prevention strategies. Education of women may also have wider ramifications allowing reduction in gender inequality, which in turn favors higher knowledge about HIV. About two-third women knew that condoms could help prevent sexual transmission of HIV (Yaya, Bishwajit, Danhoundo, Shah, & Ekholuenetale, 2016).
34	Prevalence and risk factors of depression among garment workers in Bangladesh	Depression is a growing health issue in both developed and developing countries. General unawareness at the population level, lack of training among health care providers and scarcity of resources including treatment opportunities may conceal the real burden of depression in developing countries, and more epidemiological studies on its prevalence and risk factors are critically needed (Fitch et al., 2017).
35	Social determinants of awareness and behavior regarding STDs and HIV/AIDS among ever married women in Bangladesh Knowledge and Behavior	28.6% of examined ever married women have never heard of STDs or HIV/AIDS nor any of their prevention methods. Also, only 15.6% of reported women were the decision makers regarding the use of contraception during sexual intercourse, and 91.3% of women had the capacity to refuse sexual contact with their STD-infected husband/partner. The findings suggest that there was no improvement in the level of knowledge and awareness of STDs and HIV/AIDS among women during the period 2007–2011, when a similar study was conducted. 12.7%, 24.3%, and 34.3% women had poor, moderate and higher knowledge and awareness about STDs and HIV/AIDS, respectively. Women at a level of education below secondary also had less comprehensive knowledge and awareness than highly educated women. Moreover, women living in an urban residence were more likely to make the decision of using contraception and more likely to refuse sexual contact with an STD-infected husband/partner than their rural counterparts. Formally unemployed women were less likely to refuse sexual intercourse with an STD-infected husband than employed women. Social determinants such as education, wealth and media exposure determine the level of knowledge and awareness and affect the behavior of women concerning STDs and HIV/AIDS (Rana, 2016).
36	Level of Awareness about HIV/AIDS among Ever Married Women in Bangladesh	Ever married women are more vulnerable group to sexually transmitted diseases (STDs), HIV/AIDS infection, and unplanned pregnancies. The aim to determine the affecting factors influenced knowledge and awareness about HIV/AIDS regarding its prevention and control. Marriage in the older age (>18 years), education, and mass media campaigns are strongly suggested for increasing knowledge and awareness to be controlled the spread of HIV/AIDS as well as STDs among ever married women in Bangladesh. Most of the people who are engaged in high risk behaviors do not know how HIV is transmitted and are not aware that their behavior puts them at risk (M. N. I. Mondal, Rahman, Rahman, & Akter, 2012).
37	Knowledge, attitude and practices of Egyptian industrial and tourist workers towards HIV/AIDS	This study explored knowledge, attitudes and practices towards HIV/AIDS infection among 1256 Egyptian industrial and tourism workers aged 16–40 years. Compared with industrial workers, tourism workers had a significantly better perception of the magnitude of the HIV/AIDS problem worldwide as well as in Egypt and of the likelihood of the problem worsening. Knowledge of tourism workers was also significantly better about causative agent of AIDS and methods of transmission. Both groups had negative attitudes towards patients living with HIV/AIDS concerning their right to confidentiality and to work. Both groups had a positive attitude towards behavior change for protection from HIV/AIDS, principally via avoidance of extramarital sexual relations and adherence to religious beliefs. Use of condoms as a way to avoid HIV/AIDS was reported by only 0.4% of workers (El Sayyed, Kabbash, & El Gueniedy, 2008).
38	Knowledge and views regarding condom use among female garment factory workers in Cambodia.	Cambodia is experiencing a generalized HIV epidemic; there is evidence some populations within Cambodia are particularly vulnerable to infection. A mixed methods study was conducted in 2006 on the vulnerability to contract HIV of rural-to-urban migrant Cambodian garment factory workers. This paper reports the views of these female migrant workers regarding the use of condoms in their sexual relationships. Semi-structured interviews were conducted among 20 workers about their knowledge and experiences regarding condom use. Both married and single women were knowledgeable about HIV transmission, but there was a spectrum of perspectives about condom use with their current or future partners. Some women insisted partners use condoms, while others did not expect partner compliance, and a third group avoided discussing condom use with their partners. HIV prevention programs should include male partners. For many of these migrant women, interventions focusing on education about HIV transmission and condom negotiation skills are insufficient since implementation requires male cooperation (G. C. Webber et al., 2010).
39	Interplay between economic empowerment and sexual behavior and practices of migrant workers within the context of HIV and AIDS in the Lesotho textile industry	The history of HIV and AIDS dates back to 1986, when the first case was reported in Lesotho. Since then, the pandemic has continued to take its toll on the country, with an adult prevalence rate of 23.2%, the third highest in the world after Botswana and Swaziland. The textile industry has a workforce of approximately 80,000 and is the largest employer of labor in the economy. While serving as a pro-poor growth initiative, most of the employment provided by the textile industry takes the form of unskilled and semi-skilled low paying jobs. In 2007 the industry employed approximately 47,040 workers, of whom 16,000 were HIV positive. The industry employs approximately 86% of the women in Lesotho and is the largest textile industry in Africa (Tanga & Tangwe, 2014).
40	Awareness and High-Risk Behavior Related to HIV/ AIDS among Garment Workers in Bangalore, India	HIV/AIDS has become a major public health problem in India. There are 2.5 million people living with HIV/AIDS in India making it the third country having the highest prevalence. HIV prevalence among young people aged 15-24 years in India is 0.1%.HIV/AIDS more than being a biomedical phenomenon. Garment industry is one of the fastest growing industries attracting adolescents and young adults as it does not require any qualification. In Bangalore alone, which is the capital of a southern state of India, there are 500,000 workers, among whom majority are women and migrant laborers. Since many risk behaviors, associated with the transmission of HIV, are adopted in young age. Hence both governments as well as NGOs have failed to conduct HIV/AIDS awareness programs in these industries. This has created a situation where in many adolescents and young adults working in these industries lack proper knowledge about causation and prevention of HIV/AIDS, and also risky behavior associated with it. Hence this study was conducted with an objective to evaluate awareness and attitude regarding HIV/AIDS and high risk behavior related to HIV infection, among garment workers (Saraswathi et al., 2013).

	Topic	Summary
41	Knowledge and Views Regarding Condom Use Among Female Garment Factory Workers in Cambodia	Cambodia is experiencing a generalized HIV epidemic; there is evidence some populations within Cambodia are particularly vulnerable to infection. A mixed methods study was conducted in 2006 on the vulnerability to contract HIV of rural-to-urban migrant Cambodian garment factory workers. This paper reports the views of these female migrant workers regarding the use of condoms in their sexual relationships. Semi-structured interviews were conducted among 20 workers about their knowledge and experiences regarding condom use. Both married and single women were knowledgeable about HIV transmission, but there was a spectrum of perspectives about condom use with their current or future partners. Some women insisted partners use condoms, while others did not expect partner compliance, and a third group avoided discussing condom use with their partners. HIV prevention programs should include male partners. For many of these migrant women, interventions focusing on education about HIV transmission and condom negotiation skills are insufficient since implementation requires male cooperation (G. C. Webber et al., 2010).
42	Assessing the Factors Associated with Sexual Harassment Among Young Female Migrant Workers in Nepal Behavior	This article explores the extent of, and factors associated with, sexual harassment of young female migrant workers in the carpet and garment factories in Kathmandu Valley. Information is drawn from a survey of 550 female workers aged 14 to 19 and 12 in-depth case histories. Bivariate and multivariate techniques were applied to identify the factors associated with harassment. The survey found that 1 in 10 young women had experienced sexual harassment or coercion. Those who were exposed to pornographic movies were more likely than those with no exposure to any kind of movies to report sexual harassment. Perpetrators included coworkers, boyfriends, employers, and relatives. Case histories revealed that the inability of young women to communicate effectively with their peers and sex partners, lack of self-esteem, job insecurity, and other socioeconomic problems made them vulnerable to these abuses. The results suggest the need for advocacy and a range of factory-based interventions (Mahesh Puri & Cleland, 2007).
43	Sexual behavior and perceived risk of HIV/AIDS among young migrant factory workers in Nepal	To analyze the sexual behavior, perceived risk of contracting STIs and HIV/AIDS, and protective behaviors of migrant workers aged 14–19 years in carpet and garment factories in the Kathmandu Valley, Nepal (M. Puri & Cleland, 2006).
44	Correlation between Knowledge, Attitude and Practices on HIV and AIDS: Cases from the Kathmandu Valley	The study was conducted among the 404 respondents; selected from the transport workers, garment factory workers, brick factory workers and health workers. Data showed that safer sex practices was low than the level of knowledge. The educational status of respondents shows the positive association with attitude towards the necessary to have knowledge of HIV and AIDS (Karki, 2014)
45	Effects of A Community-Based HIV Risk Reduction Intervention Among HIV-Positive Individuals: Results of A Quasi-Experimental Study in Nepal	Unsafe sex among HIV-positive individuals can adversely affect their own health as well as others. It increases risk of contracting other sexually transmitted infections (STIs), which can exacerbate HIV disease progression. It also increases risk of contracting multiple strains or subtypes of HIV, which can complicate antiretroviral therapy, exacerbate disease progression, and/or increase viral load. Moreover, when HIV-positive individuals practice unsafe sexual behaviors, they are also likely to contribute to the spread of the virus. Engaging in unsafe sex, however, is common among HIV-positive individuals, even after knowing their HIV-positive status. Depending on the specific sex act, 10 to 60% of HIV-positive individuals engage in unsafe sexual behaviors (Poudel, Buchanan, & Poudel-Tandukar, 2015).
46	Heterosexual transmission of HIV-1 among employees and their spouses at two large businesses in Zaire.	During 1987 and 1988, AIDS was the most common cause of death among recently employed workers, accounting for 20 and 24% of all deaths at the textile factory and the commercial bank, respectively. The HIV-1 zero-prevalence rate was higher among female workers (7.7%) than among the spouses of male workers. In multivariate analysis of the wives of workers, having an HIV-1-seropositive spouse, receipt of a blood transfusion, or a history of genital ulcer disease were independently associated with HIV-1 infection (Ryder et al., 1990).
47	Prevalence and incidence of HIV-1 infection among employees of a large textile business and their wives in Kinshasa, 1991-1996	The Democratic Republic of Congo has been experiencing a critical economic situation for several years, resulting in a favorable context for the spread of HIV-infection. A study was performed in a large textile factory in Kinshasa, to determine prevalence and incidence of HIV-infection among employees and their wives. (Mayala et al., 2001)
48	Female Garment Factory Workers in Cambodia: Migration, Sex Work and HIV/AIDS	Female garment factory workers in Cambodia are more exposed to HIV/AIDS than previously thought. Although HIV/AIDS epidemics are fast spreading in Cambodia, relatively little is known about the sexual health of women other than those perceived as commercial sex workers or married women of reproductive age. Low socioeconomic status (low education, meager factory wage and high dependency rate at their rural households) and obligations as daughters to provide for the family mainly determine their entry into sex work. This paper demonstrates the complex interrelationships between powers, cultural definitions of intimacy and economic dependency, which structure sexual relationships and the risk of HIV/AIDS (Nishigaya, 2002).
49	Impact of a workplace intervention on attitudes and practices	We evaluated the intervention using a quasi-experimental design in which one factory served as the intervention site and a second as a delayed control. In conclusion, our study offers compelling evidence on the effectiveness of workplace based interventions in advancing gender equity (Krishnan, Gambhir, Luecke, & Jagannathan, 2016).

	Topic	Summary
	related to gender equity in Bengaluru, India	
50	A Manufacture(RED) Ethics: Labor, HIV, and the Body in Lesotho's "Sweat-free" Garment Industry	Employing mostly women and producing for major U.S. labels, Lesotho's primarily foreign-owned garment industry undertook efforts to become "sweat-free" in 2006; simultaneously, it also began producing for the Product (RED) campaign. This article explores the parameters and ethical challenges of an industry-wide, public–private partnership providing HIV prevention and treatment services in this industry. Here, HIV services are intimately bound up in emerging patterns of humanitarian consumption and the production of an ethical industry. Within this ethical production zone, all is not what it seems: Labor violations persist, workers confront occupational hazards, and an elaborate theatrics of ethical practice plays out on the factory floor during routine inspections (Kenworthy, 2014).
51	Assessing HIV Risk in Workplaces for Prioritizing HIV Preventive Interventions in Karnataka State, India	The highest risk sectors were found to be mining, garment/ textile, sugar, construction/infrastructure, and fishing industries. Workers in all sectors had at best partial knowledge about HIV/AIDS, coupled with common misconceptions about HIV transmission. There is tremendous scope for HIV preventive interventions in workplaces in India. Given the variation in HIV risk across economic sectors and limited available resources, there will be increased pressure to prioritize intervention efforts towards high-risk sectors. This study offers a model for rapidly assessing the risk level of economic sectors for HIV intervention programs (Halli et al., 2009).
52	The family is only one part . . . ': understanding the role of family in young Thai women's sexual decision making	Qualitative thematic and framework-analysis techniques were used to explore participants' narratives. Findings suggest that young Thai women's sexual decisions are complex and take place under a wide range of personal, familial and social influences. Parents were perceived as a barrier to parent-child communication about sex and HIV. Young women regarded mothers as more supportive and receptive than fathers when discussing sensitive topics. Young Thai women described a tension between having a strong sense of self and modern sexual norms versus traditionally conservative relational orientations. Future HIV interventions could benefit by developing strategies to consider barriers to parent-child communication, strengthening family relationships and addressing the coexistence of conflicting sexual norms in the Thai context (Bangpan & Operario, 2014)
53	Influence of socio-demographic factors on awareness of HIV/AIDS among Bangladeshi garment workers	Even being a risk group the garment workers not much aware of HIV/AIDS. The level of awareness increased with age and literacy, which shows the window of opportunity for the policymakers that educational intervention program, may be effective for them (Hasan, Hassan, Khan, Nuzhat, & Hassan, 2013).
54	The awareness levels on HIV/AIDS among garment women workers in Bangladesh	Abstract: The study aims to know the degree of awareness on HIV/AIDS among women workers working in garment industries of Bangladesh. The study was developed from data of secondary sources. The married, educated, older lady artisans and also who were contacted with media had good percentage of alertness on the epidemics of HIV than others. But they carried an unclear and hazy picture of AIDS inside them. Respecting means of transference, signs of HIV/AIDS, risk groups, mastery of prevention-their judgements were so diversified. Using contraceptives, joining in workshops connected with HIV, the rate was not competent. Of all the informants relevant to HIV/AIDS, hearing from radio/TV ranked the top. An effective, constructive and useful step should be taken by different government and non-government organizations to make the women wear employee having a clear and right conception to defense themselves from this trans missive and deathly disease (Sharmin, MohdIsa, & Manan, 2014).
55	Determinants of HIV/AIDS Awareness among Garments Workers in Dhaka City, Bangladesh	The main purpose of this study is to find the awareness level as well as the determinants of awareness on HIV/AIDS among the garment's workers in Dhaka City, Bangladesh. The results revealed that the majority of the garments workers (63.5%) are very young (18 - 27 years), almost all (97.5%) are literate and most of them (57.0%) used contraceptives. Importantly, most of the respondents (64.0%) had not participated in any type of seminar or workshop related to HIV/AIDS, though al-most all the respondents (84.5%) know HIV is a dangerous and life-threatening disease. The logistic regression model identified that respondents' education, contraceptive usage, mass media and HIV workshops have statistically significant positive effects on HIV/AIDS awareness. Various media campaigns are strongly suggested to be increased knowledge and awareness to control the spread of HIV as well as STDs among garments workers in Bangladesh (Mondal Islam et al., 2012).

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