OMQ

A research study of

SMC's HIV/AIDS Prevention Positioning Strategy

Submitted to:

SMC, FHI and HDL

Attention:

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September 19, 2001

Center for Social Research

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Sub: A research study of SMC's HIV/AIDS Prevention Positioning Strategy

Dear Sir/Madam:

We are pleased to submit a copy of the proposal on "A research study of SMC's HIV/AIDS Prevention Positioning Strategy" through e-mail.

We take this opportunity to thank you for inviting us to submit the proposal. We assure our full cooperation at all times.

If you have any queries, please let me know.

We look forward to hearing from you soon.

Best regards.

Yours sincerely,

Khalid Hasan
Director

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Chapter 1

INTRODUCTION

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Numerous high-risk populations of HIV/AIDS, such as female sex workers, male sex workers, (MSM) men who have sex with men and (IDUs) injecting drug users etc co-exist in Bangladesh today. To magnify the risks of AIDS even more, it is known that the rate of condom use among these different groups of people is extremely low.

Currently condom use is associated with the prevention of unwanted pregnancies, however, it is imperative that people are made aware of the fact that it is a mode of AIDS prevention also. In light of this, Social Marketing Company (SMC) is on the verge of developing a HIV/AIDS Prevention Positioning Strategy to enlighten people who are ignorant of this and at high risk. This strategy will be conducted among condom users and non-users to determine the reasons of condom use as well as the knowledge and attitudes they hold towards AIDS in general.

At present SMC is the leading market shareholder of condom production and it wishes to decipher if spreading awareness on the prevention of AIDS message will either increase or decrease sales in the long run. The proposed Prevention Positioning Strategy will facilitate the progress of this intervention.

Social Marketing Company (SMC), has undertaken reproductive health prevention program through education and condom promotion among different population segments in Bangladesh who are at a high risk of contracting HIV and others STDs through sexual transmission.

SMC reaches a large population through its various Behavior Change Communication (BCC) programs. Among these programs, STD/AIDS Prevention Program communicates through education and condom promotion by reaching out to specific communities in Bangladesh who are at a higher risk of contracting HIV and other STDs through sexual transmission. A substantial portion of the target population for condom promotion and STD/AIDS education include commercial sex workers ant their potential clients.

Bangladesh has the conditions conducive to rapid, widespread transmission of HIV: transient working populations, intravenous drug users, the wide availability of commercial sex workers, high rates of sexually transmitted infections, and low condom use rates.
The recommended framework to respond to the spread of STI/HIV/AIDS in Bangladesh is based on a low prevalence strategy focusing on high-risk groups. Family Health International (FHI) advocates concentrating resources on high-risk population groups that ultimately protects the whole population and provides for the efficient use of resources in an early intervention setting. The approach focuses on the following four core groups: female

sex workers (FSWs), their clients (the epidemiological "bridge" group to the general population), injecting drug users (IDUs); and men who have sex with men (MSM), including Male Sex Workers (MSW).

Social Marketing Company (SMC) enjoys a 71% condom market share with three brands of condoms in varying stages of their product life cycle and has a widespread sales and distribution network. SMC also has an existing entrée with high risk targets through the Shurrockkha program with the potential to reach a broader target by linking with SMC condom sales and marketing activities (e.g. sales and distribution of condoms through industries where outreach is occurring). Given the affordability and widespread availability of SMC condoms and the apparent use of SMC condoms, anecdotally, Panther and Raja, by high risk HIV groups, there may be an opportunity for SMC to capitalize on the disease prevention market, above and beyond the current outreach initiatives (Shurrockkha).

In this regard, SMC is considering synergistically linking a prevention message with the sales and marketing activities of SMC with a focus on the clients of sex workers (SWs) as a primary target. This strategy would be designed to expand the total market without adversely affecting existing users.

This prevention strategy recommended by FHI marketing partner, Howard Delafield International, supports the focus on the high risk target groups and is designed to promote and appropriately "position" SMC's condom brands to encourage condom use based on the perceived product benefit of effectively preventing STI/HIV/AIDS.

Need for Research

As a result, SMC, requires that market research be conducted among current SMC users as well as non users to determine

- Reasons for condom use (e.g. Protection from pregnancy or disease prevention);
- Knowledge and attitudes towards transmission of hiv/aids;
- Personal risk perception;
- Lifestyle, values and aspirations;
- Perceived product attributes; and
- Desired lifestyle benefits (e.g. Worry free protection).
- Whether or not a disease protection message will serve as either a positive or negative influence in the promotion of condoms
- Profile of current SMC condom users, preferably by brand, in relation to age, marital status, occupation, socio-economic status, and high risk behaviours including visits to sex workers, sex with other men and injection drug use.

MEASURING INDICATORS

Technical aspects of the proposed study -

Following six major indicators should be addressed-

- Knowledge on HIV/AIDS related indicators
- Sexual behavior related indicators

- Urethritis symptoms, Symptoms on STI and treatment related indicators (health seeking behavior)
- Self risk perception related indicator
- Condom use related indicator
- Shurockkha related indicator

With a view to address the above six indicators, following nine measures need to be focussed-

Knowledge Related Indicators

- Proportion of respondents who cite two acceptable ways of preventing Sexually Transmitted Disease (STD).
- Proportion of respondents who know that condom provide protection from STD.
- Proportion of respondents who cite acceptable ways of preventing HIV transmission.
- Proportion of respondents who know that condoms prevents HIV transmission.
- Proportion of respondents who know that condoms prevent HIV transmission.

Sexual Behavior Related Indicators

- Proportion of respondents who report heterosexual inter-courses with a non-regular partner in the last 12 months.
- Proportion of respondents who report condoms use during their last intercourse with a non-regular partners in the last 12 months.

Urethritis Symptoms and Treatment Related Indicators (Health Seeking Behavior).

- Proportion of male respondents who report symptoms of urethritis during the last 12 months.
- Proportion of male respondents who have sought treatment for urethritis from a qualified medical practitioner in the last 12 months.

Appropriate Risk Perception Related Indicators

- Proportion of respondents with risk behavior who perceived appropriately that they are at risk of contracting HIV / AIDS.

Shurockkha Related Indicators:

- Proportion of respondents aware of Shurockkha and its activities

INFORMATION COVERAGE

The areas of covering the information are stated below. These will ensure to gather relevant information to take appropriate decision related to above stated indicators and measures.

Broad Areas of Information

- Determining who the users are of SMC condoms and their level of usage with regard to socio-demographic information, their brand preference, and whether or not they are engaging in high risk behaviours (commercial sex, injection drug use, penetrative sex with men).
- Psychographic aspects of the target audiences (perception of themselves, how they spend leisure time, access to media, key influentials, etc.)
- Target audiences' knowledge and awareness related to transmission of HIV and other STIs; perception of risk; condom use practices and reasons for use or non-use; and treatment practices related STIs.
- Target audience's perception of risk behaviour and who, or what type of person is at risk for acquiring HIV or other STIs.
- Understanding whether or not the respondent perceives anal sex to be high risk behaviour and whether or not there is an understanding between the similarity in the manner of contracting STIs and manner in which one contracts HIV.
- Understanding of the signs and symptoms of STIs.
- Perception of the harmful effects of HIV and other STIs.
- Understand treatment practices, including when treatment is sought whether or not respondent treats himself and what self-treatment regimen includes and the reasons why.
- Understand quality of care perceptions of government clinics, private clinics, and pharmacies.
- Ascertain the aspirations, wants and desires of users (end use benefits such as heightened pleasure, enhanced passion, etc.).
- Identifying positioning concepts upon which to promote the prevention message in relation to lifestyle aspirations.
- Clarify whether or not to directly link SMC brands with a disease prevention message.
- Appeal of current brands to current users and comprehension of existing positioning strategy.
- Shurrockka logo to measure comprehension and appeal.

Detailed Areas of Information

Respondent's Profile

- Personal data

Sexual Behavior Pattern

- Where /how/why sought
- Number of partners
- Coital frequency

Attitude Toward Condom /Condom Use Behavior

- Last use
- Frequency of use
- Use in last intercourse
- Sex without condom refused/sex without condom entertained, with reasons

Condom Obtaining Behavior

- Where/how obtained
- Perception of availability
- Purchase of condom
- Number of condoms gotten free/purchased at a time
- Preferred condom access
- Price paid

Condom Brand Awareness and Preference

- Number of brands recalled/ recognized
- Brand usually used/if used
- Brand preference
- Price paid
- Channels of information for brand preference
- Brand preferred, especially SMC, reasons (any loyalty)

Knowledge Level on STD/ AIDS

- History of illness by symptoms
- Name any STD by recognizing symptoms
- Self-report on ever affected by any such STD symptoms
- Frequency of such occurrence of symptoms
- Measures taken for treatment
- Perception of STD
- If medical treatment sought, then where/who/how far/how long
- Health care practice for disease prevention
- Expenditure on treatment
- Awareness on AIDS
- State modes of transmission of AIDS
- State prevention techniques of AIDS

- Perception of AIDS
- Understanding of risk level

Channels of Information of STD/AIDS

- Where heard/seen
- What heard/seen
- Where would go for more information

Ad on Condom

- Preferred media
- Perception and attitude on condom ad
- Opinion on current ad (in newspaper and other media (Satelite channel)

Psychographics of the Respondents

- Leisure time
- Media habit behavior
- Perception of themselves.

Chapter 2

METHODOLOGY

The methodology of the study includes the sampling design, study areas, respondent criteria, sample size and data collection instruments.

STUDY DESIGN

Target Audience

- Married current users of condoms and specifically, SMC condom brands by age groups based on what we know about risk factors.
- Non-married current users of condoms and specifically, SMC condom brands by age groups based on what we know about risk factors.
- Married and sexually active non-married non-users of condoms and specifically SMC condom brands.

High Risk Behavior Males

The identified group of high-risk males includes:

- Transport workers (Truckers, bus drivers etc.)
- Industrial workers (Factory workers/garments industry etc.)
- Rickshawpullers
- Day laborer/porters (mostly construction workers, popularly known as *"kuli"* or *"din mojur"*)
- Men-in-uniform[1] (e.g. police, BDR, Ansar etc.)
- Port/dock laborers
- Small Traders

Other high risk categories:

- MSM/MSW
- IDU
- Hijras

For the purpose of the current study, a selected high-risk male group would be addressed to indicate their level of knowledge, attitude and practice regarding high-risk behaviors and

[1] It may be mentioned here that to take interview among this group, SMC needs to receive permission from the Home Ministry.)

their consequences. The study will also elicit relevant information regarding why the intended male group behave the way they do and what can be the potential approach for changing their behavior.

Study Areas

Number of survey sites: Six (by division)

- Dhaka Division
- Chittagong Division
- Khulna Division
- Rajshahi Division
- Barisal Division
- Sylhet Division

Possible Study Areas

Male Risk Categories	Possible Areas/Location
Truckers	Truck Stops at Tejgaon, Mirpur, Mohakhali, Daulatdia, Nagarbari, Jessore, Benapole, Hilli etc.
Industrial Workers	Dhaka, Tongi, Bogra, Khulna, Rajshahi, Chittagong
Rickshawpuller	Dhaka, Chittagong
Hijra	Dhaka
Port/Dock	Chittagong, Khulna, Naranganj, Sadarghat, Mongla etc.
Border Areas Males/traders	Benapole, Hili, Tamabil etc.
Small Traders	Naranganj, Dhaka,
University/ College	Dhaka, Rajshahi, Jahangirnagar, Jagannath, Tejgaon, Kushtia, etc.
IDU	Dhaka, Rajshahi, Narail, Chittagong, Myanmar border areas etc.
MSM/MSW	Dhaka, Sylhet

DATA COLLECTION TECHNIQUE

There would be basically two types of data collection techniques-

- Quantitative
- Qualitative
  - Focus Group Discussion (FGD)
  - In-depth interview (IDI)

Qualitative technique (FGD and in-depth discussion) would be followed among a few respondents to determine the attitudinal and behavioral issues. Qualitative approach provides depth of understanding about respondent responses, whereas the quantitative approach provides a measurement of respondent responses. It will help to evaluate various emerging behavioral concepts relating to the objective of the study.

DATA COLLECTION TOOLS

Initially the questionnaire will be developed in Bangla by the OMQ (if awarded) in consultation with SMC. After approval from SMC, the Bangla version would be translated into English and would be submitted to SMC. And Bangla version would be pre-tested in the study area. Before final printing, the questionnaire would also be approved by SMC. The Agency will also submit the analysis plan to SMC before data entry.

Using both quantitative and qualitative (in-depth and focus group discussion) techniques will collect the data from the basic target group (high-risk group). Besides, especially to evaluate behavioral issues, depth interviews i.e. one-on-one interview technique and FGDs will be used in the survey.

SAMPLE SIZE AND DISTRIBUTION (QUANTITATIVE)

The formula for calculating the sample size

$$n = D\frac{[Z_{1-\alpha}\sqrt{2\bar{P}(1-\bar{P})} + Z_{1-\beta}\sqrt{P_1(1-P_1)+P_2(1-P_2)}]^2}{(P_2-P_1)^2}$$

Where: D= Design effect

P_1 = The estimated proportion at the time of the baseline survey
P_2 = The target proportion at some future date so that (P_2-P_1) is the magnitude of change someone wants to be able to detect
$\bar{P} = (P_1+P_2)/2$
$Z_{1-\alpha}$ = The Z – Score corresponding to desired level of significance
$Z_{1-\beta}$ = The Z – Score corresponding to the desired level of power

Where D=3
P1=0.05
P2=0.1
Z (1-Alpha) = 1.95
Z (1-Beta)=1.64

Key indicator to measure the sample size: Mean condom coverage for last week commercial sex acts;

Assuming the current mean condom coverage rate among these high risk group is 5% and to measure a detectable change from 5% to 10% in any direction after a certain period of time, the sample size stands (using the formula above) at 4310 ~= 4300 (i.e.around 400-500 per target population).

Distributing the sample in equal proportion we would have the required sample size by population and location.

Statistical Validity: Moreover, the sample size considered for each segment is statistically acceptable and the data to be collected from this survey would be adequate and representative. The sample size is calculated based on cluster sampling formula, with design effect = 3 at 95% confidence level.

Rationale of Sample Size:

Recently we have conducted National Behavioral Surveillance Survey on STD/AIDS (BSS 2001) among high-risk groups. The sample size for each high-risk client category was around 550-750.

The sample size for different KAP survey among the high risk groups carried out by SMC were as follows:

- Baseline KAP Survey among Clients and CSWs (1995): 900 (Mitra)
- 1st. Follow-up among Clients and CSWs (1998): 900 (OMQ)
- 2nd. Follow-up among Clients and CSWs (2000): 950 (OMQ)

Therefore, the proposed sample size is will yield statistically precise output.

FIELD TEAM:

The team structure is given below.

Data Collection

Each team = 1 leader + 5 interviewer = 6 person
Number of teams = 4

Items	Total Field Staff
Number of Teams	4
Number of Team Leaders (FC)	4
Number of Interviewers in each team	5
Total number of interviewers in 4 teams (4x5)	20
Number of Quality control officer (QCO)	4
Total number of Field Staff (Quantitative)	4+20+4=28
Moderator & Qualitative (FGD/IDI)	10

TRAINING

Total number for training:

Field staff = 24
QCO = 4
Extra for qualitative = 10
Total trainee = 38

Training will be held in two batches × two groups

Morning shift = 8.00 am – 12:30 p.m. daily = two groups × 19 trainees

Afternoon shift= 13:00 p.m. – 17:50 p.m.. daily = two groups × 19 trainees

Each session will accommodate 19 trainees.
2 × 2 = 4 trainers will conduct the training sessions. Resource/persons will monitor the training sessions.

Duration of training will be 3 days –
– class room lecture
- group discussion
- mock interview
- field trial of 1 day
- review sessions.

The size of 19 trainees per session will ensure the quality of training in the sense that all the participants will get individual attention of the trainers.

FIELD WORK

- Field work for quantitative and qualitative will be carried simultaneously
- The team will stay together at a place at night at Thana/District HQ
- The team leader will visit and supervise the team members in the fields regularly
- The team leader will check the filled in schedules of each team on every night
- QCOs will visit the teams and sub-teams at the field

SAMPLING METHODS

Time location cluster sample[2] with fixed number of respondent would be interviewed at different locations. During the time location, the interviewers would select randomly (with equal probability or systematically e.g. every 2nd one) their fixed number of respondents from that particular location. Once a location has been visited it can not the surveyed again.

QUALITATIVE TECHNIQUES

Focus Group Discussion - FGDs:

FGDs would be conducted among each category of respondents (mentioned earlier) in each study areas. Experienced moderators will conduct each session.

In-depth Interview:

In addition to FGDs, depth interview would be conducted among the "men-in-uniform" categories of respondents. Based on our experience, it would be quite tough to carry out quantitative survey among this category. Otherwise, SMC will have to collect permission from Ministry of Homes[3]. Therefore, we are suggesting conducting depth interview.

OVERALL SAMPLE SIZE

[2] In our recent survey (BSS 2001), we followed time location cluster sampling method. This method was used to select respondents of transport workers, CSWs, rickshawpullers, hijras (transgender) etc.
[3] If SMC wants to do quantitative analysis among "men-in-uniform" category of respondents, in consultation with SMC we will finalize the process.

Male Risk Categories	Quantitative	Qualitative
Truckers	400	3 FGDs
Industrial Workers	300	-
Rickshawpuller	500	-
Hijra	-	2 FGD
Port/Dock	300	-
Border Areas Males/traders	-	2 FGDs
Small Traders	300	2 FGDs
University/ College	500	30 In depth
IDU	400	2 FGDs
MSM/MSW	300	2 FGDs
Total	**3000**	**13 FGDs + 30 In-depth**

(Note: Samples covering all the specified areas. The samples would cover both married and non-married condom user and non-users. Details sampling plan would be developed in consultation with SMC/FHI and HDL)

OPERATIONALISATION OF SCOPE OF WORK

The description of work to be accomplished in different stages is narrated below:

Project Launch Meeting:

If the project is awarded to OMQ, we will initiate a meeting with the client on finalization the overall modus operandi. The meeting will lead to discuss about respondents, study areas, questionnaire development etc. The questionnaire development plan design and coding plan and discussion guidelines to be discussed. This meeting shall also review the work plan/time plan and develop a schedule for meeting the stakeholders and issues to be discussed with the stakeholders.

Training of the Field Team:

The OMQ has a group of trained field investigators and supervisors, who worked in related studies, especially Behavioral Surveillance Survey 2001. These investigators and supervisors will be utilized to collect data in the proposed study.

Pre testing of Questionnaire: FGD and IDI guides for respective categories would be developed in consultation with SMC. After developing the draft questionnaire, it would be sent to SMC for their comment. After getting approval from these organizations, the final questionnaire in *Bangla* would be used in the survey. The questionnaire would be **pretested** before final printing. During pretesting the questionnaire, following issues would be taken care of-

- The probing techniques
- The language necessary to administer specific sexual behavior issues (region wise)

- The sequencing of questions
- The technique/method/options for documenting responses
- Providing appropriate skips in the questionnaire, etc.

After streamlining the sample questionnaires, a pre testing exercise shall be conducted for 5-10 respondents in each category of population sub group. Thus we shall administer around 20-30 questionnaires in the pre testing phase. The sites for pre testing of questionnaires shall be selected along with the SMC and other selected partners (if any).

The output of the pre testing exercise shall contribute in

- Streamlining the questionnaire in all respect
- Developing the data structure in agreed software
- Streamlining the data scrutiny, coding, entry and verification process
- Test checking the Analysis and Tabulation by running frequency counts in the SPSS or Stata (or agreed software).

There are a number of ways in which behavior can be measured and thus questionnaire design and selection of the essential indicators should be guided by some common parameters as given below:

- Use of standardized questionnaires that are already field tested in different related studies
- Visualize how much a desired indicator is expected to change over time.
- Preparation of a questionnaire that takes not more than 45 minutes to be administered
- Design questions that are appropriate to the target group characteristics

The purpose of the proposed study, number of the stakeholders involved and the level of funding primarily determine the number of indicators. However, a minimum set of behavioral indicators has been derived from essential behaviors that have a direct bearing on the STD/HIV and condom use. The minimum indicators are:

- Age of first sexual intercourse
- Number and characteristics of the sexual partners particularly non regular ones
- Condom Use (recent and trend in use with different non regular sexual partners both commercial and non commercial)

Other behavioral indicators promoting (drug use and alcohol consumption) or reducing high risk sexual behavior, behavior preceding high risk sexual behavior change (knowledge on HIV prevention, past behavior change, behavior change intent, perceived risk, communication and HIV testing), health seeking behavior related to STDs and exposure to interventions can be the indicators that can be included depending on the broader goals of the SMC project.

Questionnaire designing entails translation of these indicators into questions, which has to be supplemented by information generated through qualitative research and pre-testing of the questionnaire.

The essential research professionals of OMQ keeping in mind the following considerations will carefully study the draft research instruments obtained.

- Can the question be shortened by eliminating unnecessary words or by desegregating them into several different questions?
- Does the question contain several different themes that might confuse the respondent? ?
- Does the question contain an implicit assumption that may not be valid?
- Does the terms used in the question are self-explanatory or convey clear message?
- Is the question sensitive and need to be self-administered?
- Does the question pose an unnecessary burden on the respondents to recall several different elements simultaneously before attempting a response?
- Does the question elicit answers that are sufficiently precise to meet the analytical objectives?
- For questions where the need of probing is anticipated, are illustrative probes printed on the questionnaire?
- Where the verbatim recording of all answers to a question is required, is this requirement made clear tot he interviewer by a written instruction?
- When answers are pre-printed on the questionnaire, are they comprehensive and mutually exclusive? Is it made clear to the interviewer whether they should read them out or not?
- Do the questions follow a logical and natural sequence? Are skip and filter instructions clearly displayed?
- Whether proper care has been taken for recording of answers, constructions of coding categories and are documented in a computer readable medium.

Administer Survey:

OMQ will administer the survey to respondents according to the sampling plan discussed above. We will keep track of the number of the following types of individuals

- Respondents approached but not meeting sampling criteria (in-eligible)
- Respondents meeting criteria but refusing to participate (refusals)
- Respondents completing questionnaire.

Considering the sensitivity of the information required, special attention will be given to minimize the reluctance of the respondents to talk about their experience or behavior which may be embarrassing or socially disapproved. The following approach will be followed to minimize the reluctance of the respondents.

- Establishing proper rapport with the respondents and gaining their trust on the interviewers.
- Minimizing social distance between the interviewers and the respondents.
- The interviews will be conducted in privacy. As the individuals feel more free to talk on sexual behavior when interviewed away from the domestic settings, questionnaires will be administered at isolated places and if required away from home.
- If required repeated visits will be planned to some of the respondents to break down the barriers.
- Each interviewer will make at least three attempts to call each assigned respondent before he/she is considered unavailable.

Success in attaining desired sample size depends not only on the ratio of observed to expected eligible respondents, but also motivation of the respondents to participate in the interviews. To encourage motivation, assurance may be given that the project authority will take care of their problems.

Interviewing Technique

Data collection technique would be both quantitative and in-depth in nature. Quantitative data will be used to determine the knowledge and attitude towards STD/AIDS and its prevention. This will help develop the educational and promotional materials.

Because the objective of this study emphasizes the extent and complexity of sexual behavior, both quantitative and qualitative methods would be used for data collection. In-depth interviews would be conducted using systematic, reasonably detailed open-ended questions. Questions and probes would be mostly discussion oriented so that the respondents feel easy to respond all behavioral queries. Though the behavioral issues will be expressed in qualitative way, some findings would be quantifiable.

DATA ENTRY, ANALYSIS & REPORTING:

OMQ will devise a coding scheme for closed and open-ended questions and enter survey data according to professionally accepted procedures that include coding checks and / or double coding.

We will provide analysis of the survey data according to an agreed upon format with SMC.

Quality Control of Data

For proper monitoring of fieldwork and ensuring the quality of data, collected emphasis will be given on the following aspects.

- Each interviewer will be instructed not to administer more than five-six calls per day.

- All the filled in questionnaires will be scrutinized by the supervisor/field executive before leaving the sample site and if need be the interviewer will be sent back to the respondent for clarifications.
- The supervisor will observe one to two interviews every day to verify the accuracy of the method of asking questions, recording answers and following skip instructions.
- Back checks by the supervisors on a daily basis (at least one questionnaire per interviewer to verify the accuracy of the information collected.)
- Generating field check tables every day
- Visit of concerned professionals for monitoring fieldwork and providing technical guidance to field staff.

Data Analysis (Quantitative)

Data processing involved the following stages under the guidance of the EDP Manager, who will work in close co-ordination with the Project Manager, Consultants & Assistant Project Manager (Research & Analysis) :

- Questionnaire registration and editing.
- Edit verification.
- Listing of open-ended responses and classification.
- Coding and code transfer.
- Verification of coding and code transfer.
- Development of data entry structure.
- Data entry and entry verification.
- Development of analysis plan and approval of SMC.
- Program development as per the analysis plan.
- Program running and report generation.
- Carrying out required statistical tests.

Data Processing

- All the questionnaires received at the head quarters will be re-edited by specially trained office editors. The office editors will check the schedules with respect to consistency of responses on certain essential information items, skip sequences, circles response codes and information recorded in the filtered questionnaire.
- Appropriate codes will be assigned to the edited schedules by a team of coder specially trained for the purpose, under the supervision of concerned professionals.
- The data entry operations will be carried out using in-house computers under the overall supervision and guidance of a senior programmer.

- Range structure and consistency checks will be pre programmed so that the entry of any erroneous value is immediately detected
- Computer based checks will be done to clean the data and remove inconsistencies using the data entry and editing software known as SPSS or STATA (or agreed software).
- The analysis of data will be carried as per the analysis plan approved by SMC using the latest versions of SPSS or STATA (or agreed software).

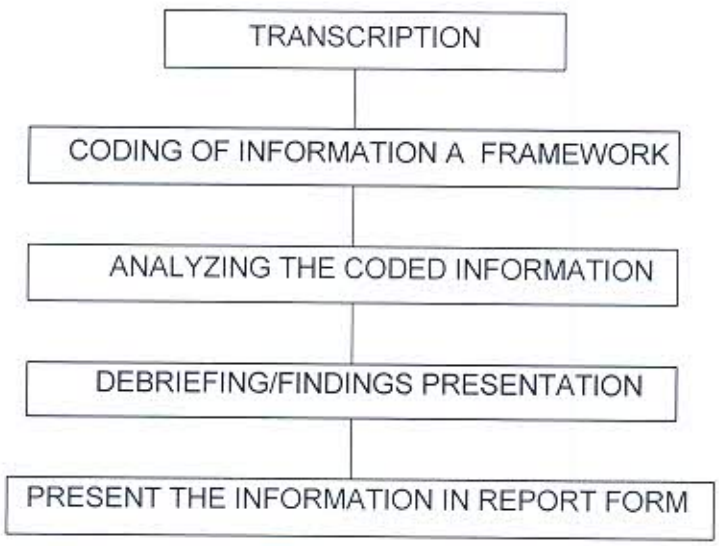
Statistical Analysis

The most recommended method of analysis of the data collected are as follows:

- Chi - square test for trend
- Chi Square test of the difference between two proportions
- Logistic regression using time one as on the base line (if required)
- Triangulation of behavioral and biological trends with qualitative data to add context and depth

Qualitative Analysis

The analysis process of focus group discussion and depth interviews will follow the following flow-chart:



Data Reliability and Validity

The attempts to quantify sexual behavior trends over a period and the issue of validity and reliability of data poses important concerns, as sexual behavior cannot be directly observed. Multi method triangulation is the most popular method of assessing data reliability and validity primarily achieved by applying techniques like in-depth interviews, focus group discussions, semi structured information gathering through mapping exercises etc.

Ethical Issues to be considered while undertaking a study on Sexual Behavior

An epidemic educing from sexually transmitted diseases threatening the global society, cutting across class, social groups, and gender poses a threat much beyond the confines of safe health of the community. In the absence of a curative vaccine, preventive measures recommended to check the epidemic revolves around change in sexual behavior at the community level with particular reference to risk groups. The issue of sexual behavior carries varying degree of sensitivity across different socio-cultural regions and the value system characterizing those regions. The values governing the society, family and dyads in every socio-cultural region is the edifice on which human ethics are constructed.

It is therefore, imperative to understand the ethical framework in which intervention strategies to control AIDS is to be addressed. In situations or countries where rapid social change, corresponding to current trends in globalization, shock waves are tormenting traditional family and social structures affecting fertility, gender roles and household patterns, Paradoxically AIDS in most of these societies is considered alien despite existence of the genesis of the epidemic in such societies.

The evolution of human society is characterized by unique cultures embedded in social ethics, which is the culmination of the evolution of the value system. Human relationships in a society or "Social contracts" are based on the social ethics. The ethical guidelines to study human behavior with particular reference to sexual behavior may be formulated based on 5 such identified "Social Contracts", namely,

- Relationship between men and women
- Relationship between individual communities
- Relationship between communities and governments
- Relationship between infected and uninfected
- Relationship between successive generations

"In each of these relationships, power imbalances, lack of confidence, trust and faith, and a failure to address problems equally and honestly contribute to the spread of the epidemic. At the same time, problems and pressures within the relationships will be magnified and stretched to breaking point by the high HIV prevalence rates and widespread pressure of the virus" (Reid 1993).

The formulation of the ethical guidelines should also take into account socio-economic aspects such as poverty and gender relationships to reflect on the disadvantaged economic or reproductive status of individuals in society; besides human behavior, societal crisis (e.g. abuses) often leaves behind the victims tormented psychologically apart from health hazards.

Action: Considering the ethical importance, we will never ask their names and address.

Informed Consent

In order to protect the right of the respondents, prior to approaching them for the detailed interview their consent to participate in the interviews will be obtained after providing them

full and correct information regarding the purpose of the study, nature of information required, benefits of the study, confidentiality to be maintained and freedom to be exercised by the respondents during the interviews.

A consent form covering the following aspects will be used as an instrument to communicate necessary information to the respondents.

- Aims and objectives of Healthy Highway Project
- Purpose of the study
- Type and nature of information required
- Benefits of the study (the study may not directly benefit the individual respondents but it will benefit the community as a whole)
- Freedom to participate in the interview (Participation is voluntary and the respondent may cancel the interview at any time or refuse to answer any specific question).
- Confidentiality of the information provided.

Confidentiality and Privacy

The respondents will be informed clearly that the information they provide during the interviews will be kept strictly confidential. Only the interviewer and the researcher will have access to the questionnaires and this information will be destroyed on completion of the study. The name and address of the respondents will not be recorded any where in the questionnaire. However, incase personal identifiable information has to be maintained for some time, simple procedure will be used assigning code numbers. In such cases the respondents need to be informed for how long personal identifiable data will be maintained and when and how they will be destroyed after it is no longer needed.

Furthermore, privacy during the interview process will be safeguarded. The interview will be held under conditions wherein the respondents will be most comfortable in responding. Also their identity will not be linked to the study and anonymity will be maintained if specified by the respondent.

Action: All documents, questionnaire, tapes etc. would be kept under lock & key in a separate room at OMQ.

Chapter 3

QUALITY CONTROL MECHANISM

FIELD STAFF

Trained and experienced Field Investigators (FI) would be deployed to collect data. Almost all the FIs will be graduate or above. For each 5 FIs, we have 1 Field Supervisors to ensure quality of the data.

TRAINING OF FIELD STAFF

Training of field staff would be carried out in different phases-

- Central briefing of the Field Team on the modus operandi and questionnaire enumeration, by the Project manager.
- On-field test interviews by both data collectors and supervisors, under the supervision of the Field Controllers.
- Thorough scrutiny of filled-in questionnaires (test interview) and debriefing.
- SMC representative may attend briefing sessions and participate in any stage of the study.

THOROUGH BACK-CHECKS & EDITING

	SUPERVISOR	FIELD CONTROLLER	Field MANAGERS
Back Check	15%	5%	3%
Scrutiny/Editing	100%	10%	5%

Documentation & Quality Auditing

OMQ believes that proper documentation in all the stages of research is a pre-condition of quality output. We ensure mandatory documentation of job checklist and responsibilities performed by the assigned persons concerned in different stages.

OMQ has employed a permanent Quality Auditor-QA, who works independent of Field Operations Team, and reports directly to the Management. On top of the above measures, he would back-check and some times spot-check field work of data collectors, supervisors and field controllers. In addition to QA, the principal investigator and other senior researchers will visit data collection areas and monitor quality.

Chapter 4

REPORT

REPORTING

- OMQ will make an oral presentation of the findings to SMC (if required);
- A copy of the draft report would be submitted to SMC for review and comments.
- Final report (ten copies) would be prepared and submitted only after reviewing the draft report by SMC. All data will also be submitted on computer diskettes and CDs.

TIME REQUIRED

Based on our experience in conducting similar kind of studies, we believe, a total of minimum 12-16 weeks would be required to conduct this study as well as maintaining "quality" at all the stages. Therefore, the entire research project including planning, preparations, data collection, data processing and report writing would require max 100 working days from the date of awarding the research task.

WORK PLAN

S.No.	Research Tasks	Time
I	**Preparatory Phase**	1 Week
a)	**Desk Review** The relevant research materials, reports and related documents, information about project components and data available at central level will be reviewed to gain insights into the project implementation procedures and strategies followed.	
b)	**Development of Research Instruments** Based on the review of relevant reports and data available at central level, the guidelines for in-depth discussions and FGDs will be prepared. These guidelines and checklists will be discussed and finalized in consultation with concerned SMC/FHI officials.	2 week (Parallel activity)
c)	**Recruitment of Staff** We propose to raise four teams one each in North, South, East and Central Bangladesh. In each team experienced social researchers will be attached.	Parallel Activity
d)	**Orientation Meeting of Professionals and Client** After the finalization of guidelines, a meeting of OMQ professionals and client will be held in Dhaka before launching the fieldwork. The meeting is essential to maintain a common	2 days

S.No.	Research Tasks	Time
	understanding between OMQ professionals. It is proposed to make 4 teams to complete the work in a stipulated time period.	
II a)	**FIELD WORK** **Operational Aspects of Field Work** During the field work, in-depth discussions and FGDs will be held with officials and records will be reviewed. All the in-depth/FGDs discussions will be tape recorded (if possible).	5 weeks
III	**Data Analysis** The recorded in-depth discussion/FGDs will be transcribed. The professionals who would visit the field will do the content analysis of the interviews.	3 Weeks
IV	**Preparation of Report** The draft report will be prepared based on the approved chapter plan. The final report will be submitted within 2 week after receiving the comments on the draft report.	3 Weeks

ACTIVITY WISE TIME PLAN

The study will be completed in a period of 12 weeks. The activity wise time plan is as follows :

S.No.	Activities	Weeks											
1	**Preparatory Phase**												
		1	2	3	4	5	6	7	8	9	10	11	12-16
	Desk Review												
	Development of research instruments												
	Recruitment of Staff												
	Orientation Meeting of Professionals												
II	**Field Work**												
III	**Data Analysis**												
IV	**Reports Working**												

(Note: There would be some overlapping job. We expect to complete the job within max 16 weeks.)

RESEARCH TEAM

A team of professional researchers with adequate managerial and survey research capabilities and experience will manage the proposed research project. An expatriate research expert and a Medical Consultant will assist the proposed Project Manager. Some medical/health issues related to STD/AIDS may emerge (during briefing and data collection) which will be resolved and answered by our Medical Consultant.

The key personnel are:

Name & Proposed Position	Qualification	Position Category	Similar Experience
Khalid Hasan Project Chief	MBA	Senior	Involved with a number of studies on similar problems (Please see CV)
Dr. Ashish Panigrahi Expatriate Specialist	M.Phil; Ph.D	Senior	Health & FP International Expert
Dr. Nilufar Begum Co-PI	MBBS, MPH	Mid	Worked for ICDDRB, CARE, MOHFW etc.
Farida Yasmin Research Coordinator	MSS	Mid	Worked in BSS project (CV attached)
Syed Faruqui Sr. Researcher	MBA	Mid-level	Worked in projects of SMC, CARE, UNICEF etc.
Dr. Anwar Ibrahim Medical Consultant	MBBS, PGT (India)	Mid-level	Involved with the previous studies for SMC
Suvra Kundu EDP Manager	MSc in Computer	Mid-level	Vast Experience in Computer
Abdur Razzaque Field Manager	MSS	Mid-Level	10 years experience, worked for FHI, SMC, UNICEF etc. projects.
Mohon Sheikh Qualitative Researcher	MSS	Mid-Level	Worked in BSS 2001 and other related studies
Nirmal Kumar Dey Field Executive	MA	Junior	10 years experience (FHI, SMC, PIACT, ICDDRB)
Abdur Razzaque Field Manager	MSS	Mid-Level	10 years experience, worked for FHI, SMC, UNICEF etc. projects.
Abdul Momen Field Executive	M.Com	Junior	10 years experience

This team has worked in other studies on STD/AIDS for SMC, FHI, Marie Stopes etc.

KEY DELIVERABLES

- Report on in-depth discussions with target beneficiaries and development of behavioral indicators based on who specifications
- Report on Pre-testing of Questionnaires
- Training Manual
- Final Documentation on Survey Instruments
- 1st Draft of Survey
- Final Report

Chapter 5

RESEARCH EXPERIENCE

BEHAVIORAL SURVEILLANCE SURVEY - BSS

In Bangladesh:

Currently OMQ conducting National Behavioral Surveillance Survey, in collaboration with MOHFW & FHI, covering following segments:

- Brothel Based Sex Workers
- Street Based Sex Workers
- Injecting Drug Users (IDU)
- Male Sex With Male (MSM)
- Male Sex Worker (MSW)
- Truckers
- Hijras
- Richshawpullers

In India:

- BSS in West Bengal 1998
- BSS in Tamil Nadu 1999
- BSS in Maharashtra, Mumbai 2001

In Nepal

- KAP Study on Condoms (FHI)
- Pre-testing of First Generation Communication Strategy for Condoms (FHI)
- Pre-testing of Second Generation Communication Strategy for Condoms (FHI)

RESEARCH EXPERIENCE ON HIV/AIDS IN BANGLADESH

Major studies related to sexual behavior and HIV/AIDS recently conducted by ORG-MARG QUEST (OMQ), Bangladesh are:

NAME OF THE PROJECT HANDLED	CLIENT
National Behavioral Surveillance Survey (Ongoing)	Family Health International/USAID
Situation Analysis of Hotel and Alternate Sex Venue (Ongoing)	Family Health International/USAID
KAP Study among Sex Workers and Clients, 2000	Social Marketing Company (USAID funded)
Street based sex workers & their clients	WHC
National IEC Study 1998 (covered CSW)	BCCP/ Johns Hopkins University; (USAID funded)
Study on Male Clinics (and also adolescent sexual behavior)	Marie Stopes Clinic Society
KAP Study on HIV/AIDS among Truckers, 1998	Social Marketing Company (USAID funded)
HIV/AIDS and Condom Use: Knowledge Attitude and Practice (KAP) Survey,1997	SMC (USAID funded)
STD/AIDS and Condom Use among Transport Workers and Border Check-Post Communities: Baseline Survey	Social Marketing Company/Population Services International; USA
KAP Survey among Commercial Sex Workers (Follow-up Survey) 1999	Social Marketing Company (USAID funded)
Heterosexual Behavior of Students And Truckers	Presented in the Population Association of America meeting in 1998

Experience in carrying out research/activities in the health and population sector:

Please attached Company Profile

COST ESTIMATE					
SMC HIV/AIDS/STI Prevention Positioning Strategy					
Submitted to: SMC/FHI/HDL					
	# of persons	Time (day)	Rate/Day	Total Cost	
SALARIES					
Items/Designation					
Senior-level managers					
Project Head	1	20	2500	50000	
Research Advisor	1	5	5000	25000	
SUB-TOTAL				***75000***	***75000***
Mid level manager					
Co PI	1	30	2000	60000	
Research Coordinator	1	30	2000	60000	
Sr. Field Manager	1	30	1000	30000	
EDP Manager	1	15	1000	15000	
Field Quality Auditor	1	10	900	9000	
SUB-TOTAL				***174000***	***174000***
Junior level manager					
Field Executives	4	30	500	60000	
Secretary	1	10	700	7000	
Admin.	1	10	700	7000	
SUB-TOTAL				***74000***	***74000***
TRAVEL & PER DIEM					
Items/Designation					
Senior-level managers					
Principal Investigator/Co PI	1	5	2500	12500	
SUB-TOTAL				***12500***	***12500***
Mid level manager					
Research Coordinator	1	5	1000	5000	
Sr. Field Manager	1	6	850	5100	
SUB-TOTAL				***10100***	***10100***
Junior level manager					
Field Executives (Supervisor)	4	30	500	60000	
SUB-TOTAL				***60000***	***60000***
TRAINING					
Field Executives (Supervisor)	4	3	300	3600	
Field Investigators	20	3	300	18000	
Coder/Editor	5	3	300	4500	
SUB-TOTAL				***26100***	***26100***

OTHER DIRECT COST					
For Survey					
Field Executives (Supervisor)	4	30	500	60000	
Field Investigators	20	30	300	180000	
Conveyance					
Field Executives (Supervisor)	4	1	2000	8000	
Field Investigators	20	1	2000	40000	
For FGD/In-depth					
Field Investigators	10	10	300	30000	
Moderator	2	10	1500	30000	
Transcription & Analysis	3	10	500	15000	
Editing/Coding:					
Coder	5	10	300	15000	
Editor	1	10	300	3000	
Data Processing:					
Entry Operator	10	10	250	25000	
Entry Supervisor	1	10	300	3000	
Editor	1	10	150	1500	
Computer Time	5	10	150	7500	
SUB-TOTAL				***418000***	***418000***
GENERAL & OFFICE SUPPLIES					
Printing & Stationery				5000	
Reporting & Presentation				50000	
Misc.				5000	
SUB-TOTAL				***60000***	***60000***
TOTAL					***909,700.00***
Agency fees 15%					*136,455.00*
GRAND TOTAL					***1,046,155.00***
Note: VAT: 5.2% would be charged, if applicable					
Terms of payment:					
50% with the Task Order					
25% after submission of draft report					
25% after submission of the final report					
or mutually agreed terms					