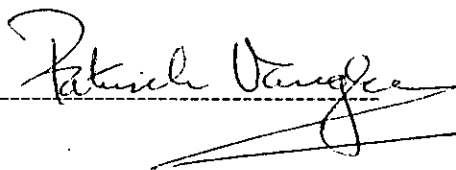


APPLICATION FOR PROJECT GRANT

1. Principal investigator s) CAROL JENKINS
2. Other investigators
3. Title of project CHITTAGONG PORT + the BAY of BENGAL :
4. Starting date Jan 15, 1998
5. Date of completion July 15 (at latest) -
6. Total budget requested \$53,399
7. Funding source FHI (USAID)
8. Head of programme CAROL JENKINS
9. Aims of project
 - (a) General aim To provide formative research and advocacy for HIV/STD prevention projects in Chittagong among the port population
 - (b) Specific aim To conduct advocacy workshops with officials, to conduct interviews with dock workers, sailors, sex workers and rickshaw pullers, to conduct interviews with key informants; to conduct project design workshops following the research with all stakeholders
 - (c) Significance
This addresses one of the nation's highest priority areas for HIV prevention and sets the stage for expansion regionally for the Bay of Bengal.

Signature by Division Director



Principal Investigator: JENKINS, Carol
International Centre for Diarrhoeal Disease Research, Bangladesh

FOR OFFICE USE ONLY

Protocol No: 97-026 Date:

RESEARCH PROTOCOL

RRC Approval: Yes/ No Date:
ERC Approval: Yes/No Date:

1. Title of Project (Do not exceed 60 characters including spaces and unctuation)
A Situational Assessment of the Chittagong Port for HIV/STD Prevention

<p>2a. Name of the Principal Investigator(s) (Last, First, Middle). P.I. :Jenkins, Carol L. Co PI: Hadi Hussain</p>	<p>2b. Position / Title Head, SBSP Chief, Planning, Chittagong Port Authority</p>	<p>2c. Qualifications PhD MSc. D.Phil.</p>
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3. Name of the Division/ Branch / Programme of ICDDR,B under which the study will be carried out.
PHSD, SBSP

Contact Address of the Principal Investigator

4. ICDDR,B, GPO Box 128, Dhaka 1000

4a. Office Location:
SBSP Bldg, near canteen

4b. Fax No: (880-2) -886050

4c. E-mail: cjenkins@icddrb.org; cjenkins@bdmail.net

4d. Phone / Ext: 870021, or 871751- ext 2227

<p>5. Use of Human Subjects Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>5a. Use of Live Animal Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>5b. If Yes, Specify Animal Species</p>
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6. Dates of Proposed Period of Support (Day, Month, Year - DD/MM/YY)

15/ 1/ 98 - 15 /7/ 98

7. Cost Required for the Budget Period
7a. 1st Year (\$): 53,516

7b. Direct Cost (\$) 42,813 **Indirect: (\$)** 10,703
Total Cost (\$) 53,516

8. Approval of the Project by the Division Director of the Applicant

The above-mentioned project has been discussed and reviewed at the Division level as well by the external reviewers.

The protocol has been revised according to the reviewer's comments and is approved.

Name of the Division Director

Signature

Date of Approval

9. Certification by the Principal Investigator

I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

10. Signature of PI

Carol Jenkins

Date: 4-1-98

Principal Investigator: JENKINS, Carol _____

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Principal Investigator: JENKINS, Carol _____

PROJECT SUMMARY: Describe in concise terms, the hypothesis, objectives, and the relevant background of the project. Describe concisely the experimental design and research methods for achieving the objectives. This description will serve as a succinct and precise and accurate description of the proposed research is required. This summary must be understandable and interpretable when removed from the main application. (TYPE TEXT WITHIN THE SPACE PROVIDED).

Principal Investigator : Carol Jenkins

Project Name: A Situational Assessment of the Chittagong Port for HIV/STD Prevention

Total Budget \$53,404 Beginning Date: Jan 15, 1998 Ending Date: July 15 1998

The Bay of Bengal has several ports for international maritime trade in India, and one major port each in Bangladesh, Sri Lanka and Myanmar. During the regional consultation on HIV/AIDS (UNAIDS/SAARC/EU) in Kathmandu in April 1997, the working group on migration targeted the Chittagong Port as an area in need of a situational analysis and intervention. A preliminary assessment of the port has been carried out and forms the basis of this document and the proposed Phase 1 of a larger programme for the Bay of Bengal.

The first step in such a programme of prevention in Bangladesh is described. This proposal provides preliminary information on the structure of the port population in Chittagong, the nature of the industry, health care facilities, current perceptions of vulnerability to sexually transmitted diseases (STDs) and human immunodeficiency virus infection (HIV), condom availability, and behavioural risk factors for men in the maritime industry. It proposes that the first phase include a rapid ethnographic assessment and subsequent series of project design workshops.

After conducting a series of advocacy and awareness-building workshops with key authorities in the port population, it is expected that access to port personnel will be granted to a research team. Local interviewers will be recruited and trained in qualitative research techniques. They will conduct in-depth interviews with 100-200 local sailors (across types and ranks), 100-200 dock workers, 50-60 foreign sailors and fishermen, 100-200 rickshaw pullers, 40 male sex workers and 100-150 female sex workers. Supervisors will interview key informants. In a strictly private and confidential manner, information will be gathered on risk-taking behaviour, attitudes and knowledge regarding safe sex and STD/AIDS. This information will be summarized and presented in a series of workshops with representatives of all stakeholders, including non-government organizations (NGOs) and community-based organizations (CBOs) interested in implementing various components of a maritime intervention project. Targeted behavioural change interventions will be designed in a participatory manner and proposals developed for presentation to donors.

Following completion of this phase, a second phase will include meeting the training needs of implementing agencies and developing collaboration with similar co-partners in several Indian ports, Rangoon (Myanmar) and possibly Colombo (Sri Lanka). Additional funding will be sought for these activities and for a clinical epidemiological study of STDs in the port population.

Principal Investigator: JENKINS, Carol _____

Name	Professional Discipline/ Specialty	Role in the Project
1. Carol Jenkins	Medical Anthropology , Ph.D.	P.I.
2. Hadi Hussain	Statistics, Sociology	Co-P.I.

DESCRIPTION OF THE RESEARCH PROJECT

Overall Aims:

Concisely list in order, in the space provided, the Overall Aims and the Specific Aims of the proposed study. Provide the scientific basis of these aims, critically examining the observations leading to the formulation of the project.

HIV Prevention in the Bay of Bengal

The Port of Chittagong is centrally located within the Bay of Bengal. This proposal represents Phase 1 of a larger programme aimed at linking similar HIV/STD interventions for the maritime and shipping industries and their port populations throughout the Bay. It is clear that even a well-conducted intervention in Bangladesh will not have adequate impact if unlinked to similar interventions at ports throughout the major areas of affinity. India and Myanmar, both with well advanced HIV epidemics, border Bangladesh. Many foreign sailors are of Sri Lankan origin and traffic around the coasts is continual. It is expected that various NGOs in the Indian ports of Calcutta, Bhubaneshwar, Vishakhapatnam, and Chennai, as well as the Myanmar port of Rangoon and Colombo in Sri Lanka will be interested in collaborating. This process will require local donors, training and facilities.

Specific Aims:

Describe the specific aims of the proposed study. State the specific parameters that will be assessed by specific methods (TYPE WITHIN LIMITS).

Objectives (Phase 1)

The objectives of Phase 1 are the following:

- a) to sensitize port agencies to the need of STD/HIV prevention interventions and secure their cooperation in the formative research phase
- b) to conduct qualitative research of risk-taking behaviour, STD experience and recourse to treatment, knowledge of AIDS/STDs, and perceptions of risk
- c) to disseminate findings among stakeholders and potential intervention implementation agencies and help these parties to design interventions
- d) to help agencies, where required, to write proposals for funding from donor agencies

Background of the Project including Preliminary Observations

Describe the relevant background of the proposed study. Discuss the previous related works on the subject by citing specific references. Describe logically how the present research is supported by the relevant background observations including any preliminary results that may be available. Critically analyze available knowledge in the field of the proposed study and discuss the questions and gaps in the knowledge that need to be fulfilled to achieve the proposed goals. If there is no sufficient information on the subject, indicate the need to develop new knowledge. Also include the **significance and rationale** of the proposed work by specifically discussing how these accomplishments will bring benefit to human health in relation to biomedical, social, and environmental perspectives. (DO NOT EXCEED 5 PAGES, USE CONTINUATION SHEETS).

Introduction

Men in the maritime industry, especially sailors, are highly vulnerable to HIV infection due to their frequent travelling, long periods away from spouses, and sub-cultural norms of sexual permissiveness (WHO, 1989). The Bay of Bengal presents a serious challenge to HIV prevention as its perimeter crosses the four national borders of India, Bangladesh, Sri Lanka and Myanmar and has many ports. The centrally located port of Chittagong in Bangladesh is flanked on either side by high HIV prevalence areas in neighboring countries. International trade brings ships from a wide range of nations. Traditional coastal trade routes allow small boats access to the ports of India (as far as Vishakhapatnam) and Myanmar (to Rangoon) outside of the standard international regulations. Numerous fishing trawlers from other nations are present for several months a year in the Bay near Chittagong. There is, yet, little recognition of the vulnerability of men working at the port and on the ships, and their partners. Assumptions of conservative behaviour and the lack of data on the prevalence of sexually transmitted diseases (STDs) and risk behaviours combine to allow some persons of authority to proffer the opinion that HIV cannot be a problem in the area. This opinion is unsupported and hinders the development of preventive programmes.

In 1996, at the request of Mr. A. Farooque, Rotarian and active member of the shipping industry, representatives from the GoB AIDS programmes, UNAIDS, UNDP and UNAIDS held a discussion about the development of a STD/HIV prevention programme for the maritime and inland shipping industries. Although all agreed that this was required and pledged their support, little action subsequently ensued. We can speculate that a complex intervention such as that envisioned required more experience and expertise than was available. Further, it could not begin until all stakeholders become convinced of the need for such action. In order for this to come about, better information on sexual risk-taking behaviours among key groups within the shipping industry is needed. Qualitative formative research and awareness-building workshops for the relevant authorities are necessary in order to develop sound and sustainable programmes of behaviour change toward safer sex norms.

The Chittagong Port Population

The population of the city of Chittagong is estimated at 3.5 million and has been rising rapidly. Opportunities for employment and mercantilism are greater than elsewhere in Bangladesh due to the presence of the port, its great economic impact on the population and the establishment of the largest Export Processing Zone (EPZ) in the country. Some 30 to 50 thousand workers, mostly young women, are estimated to work in the EPZ. Although literacy is relatively high at 57%, poverty is widespread and about 65% of the city populations live in slum areas.

The port population consists of registered and unregistered dock workers, sailors, persons associated with the unions and workers' associations, shipping companies, port authorities, customs and immigration offices, training centers and hostels, the local police, and merchants. Floating or non-brothel based sex workers ply their trade within the area, especially in the residential sections. Only about 2% of a total of about 4620 registered (who tend to be elder men) and 1700 unregistered dockworkers are able to have their wives and families living with them. There are more than 5000 merchant workers responsible for lightering cargo from outer anchorage points and about 2000 'hatch workers', unregistered merchant workers, who do the same. In addition, there are more than 5000 sailors, about half of whom are scheduled to work at any given time. When not working, many return to their homes for half of the year. Housing in the area cannot accommodate all of these men and eight dormitories are available that can accommodate nearly 2000 workers. There is, in addition, a Seamen's Hostel associated with a Seamen's Training Centre, in which 115 men can sleep. This hostel is used mainly for those undergoing training, both pre-professional and in-service. At the dormitories and in the surrounding slum housing, sex workers are regular visitors. There is no information available on the knowledge of AIDS and STDs, risk-taking behaviours, attitudes towards condom use and other pertinent issues among the port sub-groups.

The Power Structure

There are several layers of authority of both formal and informal types, operating at the port. Official authorities include the Chittagong Port Authority, under the Ministry of Shipping, which is a corporate body with an advisory committee composed of persons from various agencies, including the Navy, customs, local government, and the Inland Transport Board. There is a Seaport Immigration Office with the responsibility of issuing daytime passes to foreign sailors. They issue passes to approximately 1000 foreign sailors per month, for periods from 3 to 10 days. The crew list of one ship listed men of eight different nationalities. Several agencies are in charge of the recruitment of men and overseeing their welfare. These include the Mercantile Marine Department, the Government Shipping Office, the Dock Workers Management Board, three dock workers' unions, two seamen's unions, a merchant workers' union, and the stevedores' association. Although power to recruit was once in the hands of 'sharders', who are local leaders, the Dock Workers' Management Board was established to regulate equal opportunity and payment for dock workers, as well as to manage their welfare and training. Each union is aligned to a different political party and 'sharders' still exist, all of which exercises considerable pressure on the power dynamics at the port. These pressures frequently erupt into strikes and the temporary cessation of work at the port.

There are in addition 34 registered shipping agents and companies and 12 registered stevedoring and handling (including lighterage) agents. While a large international trade takes place, smaller vessels are utilized to transship goods in a coastal trade that follows the ancient route around the coast across international borders, to Vishakhatpatnam in India and Rangoon in Myanmar. These vessels are also able to enter local river systems for convenient cargo delivery. In addition, foreign fishing trawlers, some of which operate illegally, enter the waters of Bangladesh near Chittagong on a regular basis every year.

Health Care and STDs

The Seamen's Hostel has a dispensary with a female doctor who sees an average of 60 patients per day. She rarely sees patients with STDs. There is a Port Health Office responsible for providing a medical fitness certificate to sailors at first recruitment and at two-yearly intervals thereafter. No VDRL tests are conducted on these men. They also screen incoming ships for emergencies and any quarantine requirements. The Port Health Authority does not provide treatment. There is a Dock Workers' Medical Centre, which presently can only handle outpatients. This is for dock workers only and is staffed by three medical doctors. Examinations and medicines are free. There is a Chittagong Port Hospital for port authority employees and their families, which excludes both dock workers and sailors. Medical personnel working in these facilities do not perceive STDs as a significant health issue, citing instead TB, dysentery and occupational injuries as their major problems. Dock workers themselves express fear that a 'red mark' would be placed on their records and jeopardize their employment if they were to seek treatment for STDs at the Dock Workers' Medical Centre.

The city of Chittagong operates a single hospital, the national government operates seven hospitals, five hospitals are run by NGOs, and there are 26 private and 34 public dispensaries available. NGOs provide services, mainly for family planning. Mamata, an NGO working in the port area on family planning, has recently appointed medical doctors to treat STDs in their clinic. They distribute condoms around the port area, mainly to females, and claim to have distributed 30,000 condoms in the first eight months of 1997. The Marie Stopes Clinic also treats STDs, of females only. Their clients are usually garment and sex workers, about 80% of whom are married. They treated 1362 female STD patients between July and September, 1997. They provide condoms and counseling. It appears that men with STDs make greater use of two government hospitals, the Chittagong Medical College Hospital's Skin/VD Outpatients Department and the Central Skin and Social Hygiene Centre, popularly known as the American Hospital. Both hospitals use a syndromic approach to treating STDs. At the latter, which is in serious disrepair, examination is free, but medicine must be bought. The American Hospital recorded 1372 male and 253 female STD patients between January and September, 1997. Recently, the hospital pharmacist has been designated as STD counselor, although he has no training in this field.

Several union leaders have stated that STDs are a major problem for the port population and that most men wish to keep their infections secret. They either self-treat, go to private clinics, or utilize the traditional medicines of the *kabiraj*. *Kabiraj* practitioners are popular throughout the country and are widely present at the port. One such shop stands at the entrance gate to the dock workers' residential area. They treat STDs and impotency and are especially busy twice a month when the working men receive their salaries. It should be noted here that STDs and sexual dysfunction, such as impotency, are often confounded in the minds of male patients. This confusion is fostered by the advice and teachings offered by the *kabiraj* practitioners.

Preventive sexual health programmes are not yet in place within the Chittagong Port area.

Prevalence of STDs

A clinic-based study published by Islam and Rahman (1992) examined the pattern of STDs presented at the outpatient departments of both the Chittagong Medical College Hospital and the American Hospital between January 1998 and December 1990 (n=610). The proportions of various STDs diagnosed were: gonorrhoea (31%), syphilis (27%), chancroid (19%) and NGU (16%). The sex ratio was 2:1, male to female, and the most affected age group was 16-35 years. The authors

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report that they tested some blood (N=?) for HIV but no positives were found in 1992. In 1996, a study was conducted using discarded serum and sexual history forms from the Chittagong Port Authority Hospital and the Chittagong Medical College, in collaboration with Brown University. The sample consisted of 198 persons, 189 of whom were male of the age range 18-70 and a mean age of 29. No injecting drug use was reported, but 13% of the men reported homosexual contact. Of these persons, 79% had never used a condom. RPR assays for syphilis revealed 4.5% positive and one serum sample was HIV positive, producing a 0.5% HIV seroprevalence rate for that sample (Rich et al, 1997). As this Chittagong sample was not well delineated and sentinel surveillance has not yet begun in Bangladesh, no sound information is available with which to estimate HIV or other STD rates in the port population or other high risk groups.

There does not appear to be any available data on the STD prevalence among female sex workers in Chittagong. Among 296 sex workers at a small brothel in the town of Tangail, near Dhaka, CARE found 18.6% positive by PCR for chlamydia and 20.6% positive (by PCR) for gonorrhoea. (Sarkar, Reza, and Durandin 1996). Among floating sex workers in Dhaka, as expected, rates were higher, with 48.7% positive for chlamydia, 53.9% positive for gonorrhoea, and 5.8% having ulcerative STDs (S. Sarkar, personal communication).

Condom Availability

Condoms are available at family planning clinics both near and away from the port. Other currently possible modes of distribution around the port are private shops and pharmacies. On inspection near the port, three shops did not have condoms. However, when pressured by a claim that our representatives were from the Social Marketing Company, one shopkeeper did reveal the presence of Raja condoms but was very reluctant to sell them. By the dock workers' residential area, one shop claimed to be too moral to sell condoms and one pharmacy displayed Panther condoms openly.

Sexual Risk Factors

About 15 years ago the only registered brothel in Chittagong was closed, but since then, according to informants, the sex trade has expanded and covered the city. Both male and female sex workers can be found with little trouble. Higher class, independent female sex workers (FSW) perform as 'call girls' and frequently serve in hotels. Some hotels apparently maintain an album of photos of women from which a client may choose. It is thought that some hotels maintain some women within them secretly and offer them to clients. Such women are likely to be less financially independent than those labeled 'call girls'. Others operate from rented houses in the residential areas. They are independent and frequently shift their locations. In the slums, FSWs can be found at specific locations. Among these women, a bout of intercourse costs 50 taka. At night in the main part of the city, FSWs are visible both sitting and standing at the railway station, around the stadium and children's park, at bus stands, near the Officers' Club, at cinemas, and along various paths near markets. Male sex workers (MSW), including *hijras*, can be found at the New Market area, around bus stands near the port and in parks. Some union leaders recognized that some men visit MSWs.

A good comparison group of men is rickshaw pullers. Although their travel is far more restricted than that of a sailor, they are more mobile in their daily activities than dock workers. In 1988 it was estimated that Chittagong had 60,000 registered rickshaws and many thousands

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unregistered (Gallagher, 1992). Several studies have asserted that rickshaw pullers are frequent clients of sex workers (NAC, 1990; Mitra et al 1996). They are also reported to be one of the main helpers of street sex workers, acting both as pimps and as conveyers of the women to client venues. They generally have very small incomes and are reported to utilize traditional medicines for their STDs (PIACT, 1997). As a common type of man on the periphery of the sex trade, they are likely to be important participants in the implementation of future HIV prevention projects. The study will include rickshaw pullers in order to illustrate the levels of vulnerability among the common workers of the country and contrast them to the findings on men of the maritime industry, assuming such contrast does exist.

Several dock workers and union men stated that it was not difficult to find illegal drugs, but emphasized that the men mostly used alcohol. For as little as 25-60 taka, pornographic materials are available at small shops. Blue movies are shown at regular cinemas in Chittagong, although this is done under the publicized banner of English language movies. On the ships, blue movies are a favorite pastime. Most of these are of foreign origin.

Other Ports in Bangladesh

There is a second international port in Bangladesh situated at Mongla. There the Banishantra brothel is registered and houses 300-400 FSWs. The Marie Stopes Society operates a clinic at the port. Other river ports, such as Narayanganj and Goalundo, also have registered brothels. Tanbazar, one of two registered brothels at Narayanganj, is the largest in the nation with at least 3000 resident FSWs. During the first-half of 1998, sentinel HIV and behavioural surveillance is planned to take place at the Tanbazar brothel.

Designing an Intervention for the Chittagong Port

In order to design an appropriate intervention, more information concerning all types of sailors, dock workers and the persons who sell them sex is needed. As many of the men of authority in the port area apparently believe that STDs and HIV are not (or will not become) problems for their men, advocacy workshops are required in order to gain their cooperation with and understanding of, the value of formative research. Additional information on non-port population groups, such as rickshaw pullers, may be useful to highlight the nature and distribution of HIV vulnerability.

After results are available, several workshops will be required with representatives of all stakeholders, including sex workers and rickshaw pullers, to design the intervention. As sex workers are very stigmatized, both male and female sex workers and NGOs willing to work with them will be gathered at one workshop and sailors, dock workers and their management personnel will be gathered at another. It is perhaps possible to join rickshaw pullers with the sex workers. It can be anticipated that several NGO-operated clinics would cooperate with these plans and perhaps expand their operations to reach sailors, dock workers, male and female sex workers, and rickshaw pullers.

The eventual intervention is likely to include the following components:

- advocacy workshops with stakeholders (phase 1)
- formative qualitative research (phase 1)
- participatory intervention design workshops (phase 1)
- proposal writing with NGOs and other agencies (phase 1)

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- improved condom availability
- improved utilization of STD services
- dock worker, sailor and sex worker peer education
- development of targeted IEC materials (including the dubbing into Bangla of an AIDS prevention film made available for sailors from the British Red Cross)
- peer education programme for sex workers
- curriculum development for maritime training institutions
- setting up of modes of monitoring and evaluation
- training of implementing agencies in a) behavioural change principles and practice in HIV prevention projects, b) human sexuality and behaviour change, c) monitoring and evaluation, d) training peer educators

The implementing agencies for this intervention are likely to include CBOs, NGOs and possibly the unions. As there is little experience among these groups with behavioural change projects, training will be required. In the second phase, ICDDR, B could conduct the training in Dhaka, under the guidance of the SBS Programme and with the aid of experts from the region.

Research Design and Methods

Describe in detail the methods and procedures that will be used to accomplish the objectives and specific aims of the project. Discuss the alternative methods that are available and justify the use of the method proposed in the study. Justify the scientific validity of the methodological approach (biomedical, social, or environmental) as an investigation tool to achieve the specific aims. Discuss the limitations and difficulties of the proposed procedures and sufficiently justify the use of them. Discuss the ethical issues related to biomedical and social research for employing special procedures, such as invasive procedures in sick children, use of isotopes or any other hazardous materials, or social questionnaires relating to individual privacy. Point out safety procedures to be observed for protection of individuals during any situations or materials that may be injurious to human health. The methodology section should be sufficiently descriptive to allow the reviewers to make valid and unambiguous assessment of the project. (DO NOT EXCEED TEN PAGES, USE CONTINUATION SHEETS).

Methods: Sensitization of Port Agencies

Several one-day workshops will be held in Chittagong with key persons from all agencies associated with the port and its population. The Rotarians of Chittagong have expressed interest in collaborating on a community initiative to help in raising awareness of HIV in the port population. CARE, Bangladesh, which is already working on these issues in Chittagong and elsewhere in Bangladesh, has pledged its collaboration as well (see Appendix A). These workshops will convey the importance of HIV prevention activities in the port and beyond to the entire Bay of Bengal. One objective of these workshops will be to secure full cooperation for the formative research and a commitment to continue learning about the options for HIV prevention from the authorities and stakeholders in the maritime and shipping industries.

Methods: Behavioural Research

During the first phase, for which this proposal is submitted, qualitative social and behavioural research is required in order to understand with some depth the context and meanings of the risk-

taking environment and motivations. Four to five months is required for this step, including recruitment of interviewers, training, fieldwork, transcription, translation, and analysis. Results of such studies are of considerably greater use in developing the final intervention design and the training and IEC materials needed for the larger project than are quantitative surveys. In the second phase, quantitative surveys, of greater value for project monitoring and evaluation, will take place with sailors, dock workers and sex workers following the project design workshops. Future funding will be sought for phase two.

Qualitative research

This will be conducted in Chittagong with eight male (two for dock workers, two for Bangladeshi sailors, one for foreign sailors and fishermen, two for rickshaw pullers, and one for MSWs) and four female interviewers (for FSWs) who will be recruited from the Chittagong university student body or other appropriate sources, such as local NGOs. In this way, local experience in such specialised research will be gained for the future. Recruitment, training, and initial set-up of rented office/house will require four to six weeks. A one-week training will take place in mixed English and Bangla, although training materials will remain in simple English. These persons will be trained in Chittagong. A project house/office will be rented at which supervisors can be based, training can be held, and interviews can take place in private, when no other appropriate space is available to the interviewers. Interviews will be strictly confidential, having no identifying information attached. These will be conducted in Bangla and tape recorded, then translated and typed in simple English for analysis.

The team will spend eight to ten weeks in actual fieldwork, after training, and aim at providing in-depth interviews with 100-200 local sailors (across types and ranks), 100-200 dock workers, 50-60 foreign sailors and fishermen, 100-200 rickshaw pullers, 40 male sex workers and 100-150 female sex workers. In anticipation of difficulty in establishing credibility quickly, special guides will be identified who can help interviewers secure informants as well as troubleshoot when needed. Sex workers will be sampled from those working within one-half hour's transit time from the port, or from sites identified by the men themselves. All types of sex workers accessed by these men will be sought for interviews. Following each interview, informants will be offered condoms and AIDS education. No informants will be paid cash in exchange for information, but their local transport costs will be covered.

As this type of work requires building rapport and trust, interviewers will spend some time in observations, which will be recorded and handed in, while being seen and building rapport. This period will allow adequate mapping of sex-for-sale venues, STD services and condom access sites in the port and surrounding areas.

A total of eight translators and three typists will be required. Three supervisors will be placed in charge of the local interviewers and translators. The interviews will aim at honest, in-depth information covering the current and recently past lives of the men. In addition to basic demographic and work-related information, topics to be covered will include:

- the routes they travel and nature of the work, e.g. size of crew
- the amount of time away from home; where
- attitudes towards self, conceptions related to sexuality
- the frequency of accessing casual +/- or commercial sex preferences; numbers of sexual partners in past year

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- sexual activities on board ships or at docks
- the types of partners; where and how acquired, money spent
- the nature of the sex acts
- level of condom use, skills and knowledge, opinions
- facilitating factors, e.g. peer pressure, pornography, alcohol, drugs
- past and recent experience with STDs (recognition of symptoms, etiological beliefs, treatment, frequency)
- current concepts regarding AIDS and other STDs, including assessment of personal risk
- sources of advice and support

A similar interview will take place with foreign sailors, fishermen and rickshaw pullers, adapted to their particular occupational situations. Interviews with sex workers, both male and female, will cover the following topics:

- educational level, marital status, children, living conditions, family connections, in particular, who they most often turn to for help, advice and support
- past and recent experience with STDs (recognition of symptoms, etiological beliefs, treatment resorts, treatment costs, frequency)
- partners: clients, boyfriends and husbands or other steady partners, their role in sex work, if any
- where and how work carried out
- experience with condoms, knowledge, skills
- number of different types of partners in last month/year
- sexual acts and pricing
- income and expenditures in last week
- perceptions of risk relative to each type of partner
- issues of concern: violence, police, living conditions, confidentiality, hygiene, drugs

Key informant interviews with port authorities, union personnel, medical personnel, men on the periphery of the sex trade, shop keepers (who stock and do not stock condoms) and *kabiraj* practitioners will be conducted by the supervisors. Observations will include a systematic mapping of sex work venues, places where sailors and dock workers are found in groups, places where rickshaw pullers are found in groups, and sites of condom sales. Each supervisor will himself conduct 10 key informant interviews and will locate NGOs operating or interested in operating in the area.

Sampling methods

The principal aim of sampling in qualitative studies such as this is to describe the range of variation in risk-taking behaviours and the contexts in which they take place. There is no real possibility of random sampling and quantitative information, e.g. levels of risk taking, is not

Principal Investigator: JENKINS, Carol _____

required until interventions are designed. Therefore, the sampling of men for interviewing will aim at representing men of all age groups, men of all ranks (captains to deck hands), levels of education, marital statuses, and service duration. Dock workers will be sampled similarly. Crew lists from foreign ships will be examined and, with a sample of 50 to 100 crew lists, the frequencies of men of different nationalities will be counted. Attempts will be made to interview at least 20 men from the most common foreign nationalities, but it is recognized that this may be constrained by the availability of interpreters. English will be used whenever possible. Fishing and coastal trade vessels will be sampled as available.

In order to sample sex workers effectively, first the sites where they can be found within a half-hour rickshaw ride from the port will be mapped. Numbers of sex workers operating at each site will be estimated on repeated occasions. Sex workers will be sampled in a snowball fashion, i.e. making friends with one or two and asking them to help us find additional persons through their own networks. Where necessary, persons of these difficult-to-reach groups working with us in Dhaka may be utilized to help us contact others in their trade in Chittagong. Rickshaw pullers will be accessed at their major parking areas in and around the port.

Facilities Available

Describe the availability of physical facilities at the place where the study will be carried out. For clinical and laboratory-based studies, indicate the provision of hospital and other types of patient's care facilities and adequate laboratory support. Point out the laboratory facilities and major equipment that will be required for the study. For field studies, describe the field area including its size, population, and means of communications. (TYPE WITHIN THE PROVIDED SPACE).

A field office with telephone will be set up in a house in which the field supervisors will be based and interviews can take place in private. Communication with Dhaka will be facilitated by the use of SBS-funded car transport. No other facilities are required.

Data Analysis

Describe plans for data analysis. Indicate whether data will be analyzed by the investigators themselves or by other professionals. Specify what statistical software packages will be used and if the study is blinded, when the code will be opened. For clinical trials, indicate if interim data analysis will be required to monitor further progress of the study. (TYPE WITHIN THE PROVIDED SPACE).

Interviews will be handled as texts covering specific topics. These topics will be gathered together by a textual analysis computer package known as Text Collector and coded for key responses in Foxpro, a mode of analysis found to work well with large bodies of textual data in prior studies (Sex and Reproduction Knowledge and Behaviour Research Team and Jenkins, 1994). Translations will take place in Chittagong, checked by supervisors, and the completed hand-written transcripts sent to Dhaka on a regular basis. In Dhaka they will be typed and coded. A specific data management person, situated in Dhaka, will be needed to help in speeding up this task. Analysis will be on-going as texts are prepared. The PI(s) will compose the report and prepare materials based on the findings to be used in the subsequent design workshops.

Ethical Assurance for Protection of Human Rights

Describe in the space provided the justifications for conducting this research in human subjects. If the study needs observations on sick individuals, provide sufficient reasons for using them. Indicate how subject's rights are protected and if there is any benefit or risk to each subject of the study.

Professional Ethics and Confidentiality

The interviews will each take place only after the respondent is informed of the intimate nature of the interview and gives consent. This will be recorded on the cassette tape as oral testimony. As all participants are adults, their own consent is sufficient. He/she will be told that they can stop the interview at any time. No personal identifying information will be attached to any tape or transcript other than age, rank (where applicable), marital status, level of education and years of service/work. All interviews will be held in a private room in the project office or at a similar space preferred by the informant. All interviews will be taped, and the tapes locked into file cabinets. Tapes will be numbered and coded, with no personal identifying information in sight. After transcription and translation is secure, the tapes will be destroyed. A short counseling session on the nature of HIV, and modes of prevention will be given to each informant following the interview. If requested, referrals to private or public sector providers offering testing and counseling, as well as STD services, will be offered. These sources of help will be identified and visited before interviewing begins.

Interviewers and supervisors will be monitored for their adherence to the principles of confidentiality and professional conduct. Rules will be conveyed during training and issued in writing. Any person breaching these principles will be subject to dismissal, after written warning.

Literature Cited

Identify all cited references to published literature in the text by number in parentheses. List all cited references sequentially as they appear in the text. For unpublished references, provide complete information in the text and do not include them in the list of Literature Cited. There is no page limit for this section, however exercise judgment in assessing the "standard" length.

Gallagher, R. **The Rickshaws of Bangladesh.** The University Press Ltd, Dhaka, 1992.

Islam, AQMS and Raman, MS. Pattern of STDs in Port City of Chittagong. **Bangladesh J. of Dermatology, Venereology and Leprology**, 9 (2), 1992.

Mitra and Associates. HIV/AIDS and Condom Use: Baseline knowledge, Attitude and Practice (KAP) Survey, 1996. Dhaka, 1996

National AIDS Committee, Bangladesh. KABP Survey in relation to AIDS in Bangladesh. National AIDS Committee, 1990.

National Sex and Reproduction Research Team and Jenkins, C. **National Study of Sexual and Reproductive Knowledge and Behaviour in Papua New Guinea.** Papua New Guinea Institute of Medical Research Monograph #10, Goroka, 1994.

PIACT (Program for the Introduction and Adaptation of Contraceptive Technology, Bangladesh). A Rapid Assessment of Health Seeking Behaviour in Relation to Sexually Transmitted Disease. Dhaka, 1997.

Rich, JD, Nizam, R, Das, K, Islam, S, Akhtar, N, Dickinson, B, Flanigan, TP, Mayer, K, and Carpenter, CCJ. HIV and syphilis prevalence in Chittagong, Bangladesh. **AIDS** April 11 (5): 703-4.

Sarkar, S, Reza, S, and Durandin, F. HIV-Related Situation at Tangail Brothel before Intervention, CARE, Dhaka, 1996.

World Health Organization. Report of the Consultation on AIDS and Seafarers, Geneva, W.H.O. in association with International Labour Office, October 1989.

Dissemination and Use of Findings

Describe explicitly the plans for disseminating the accomplished results. Describe what type of publication is anticipated: working papers, internal (institutional) publication, international publications, international conferences and agencies, workshops etc. Mention if the project is linked to the Government of Bangladesh through a training programme.

Intervention Design Workshops

Intervention design workshops will be conducted during the last month of this project. Two will be required with agencies concerned with the male port population, another will be needed for those concerned with sex workers and rickshaw pullers. These one-day workshops will require a venue in Chittagong, such as a conference room in a local hotel. Participants will be made aware of the personal and structural risk factors uncovered in the research. Implementing agencies, such as NGOs, will be helped in designing proposals to be submitted to local funding bodies. This will take place in small group work at the project office. Funding agencies will also be identified and cooperation sought from shipping companies, port authorities, unions and all associations having professional concerns with the port population.

Further Dissemination

The National AIDS Control Programme will receive a copy of the final report as will the port authorities and all legitimate bodies working on HIV prevention. As soon as interventions are in place, this material will be properly published in scientific journals.

Principal Investigator: JENKINS, Carol

Collaborative Arrangements

Describe briefly if this study involves any scientific, administrative, fiscal, or programmatic arrangements with other national or international organizations or individuals. Indicate the nature and extent of collaboration and include a letter of agreement between the applicant or his/her organization and the collaborating organization. (DO NOT EXCEED ONE PAGE)

In Phase 1, the Rotarians of Chittagong will collaborate in organizing the first advocacy/awareness workshops with industry personnel. The commitment of CARE, Bangladesh to helping in this piece of research is written and attached.

Future collaborations with other agencies outside of Bangladesh is envisioned. Communication concerning this has taken place with authorities in UNAIDS and DfID in India. According to our contact, Geeta Sethi, at DfID in Delhi, there is currently some activity around the Calcutta Port, conducted by the Calcutta Port Trust, but it is mainly with the truckers who transport goods arriving at the port. This work is funded by DfID and an NGO called the *Vivekananda Educational Society* is implementing it. Earlier the Port Trust itself contacted the Confederation of Indian Industry (CII) regarding an HIV/AIDS project, but nothing has emerged since those initial discussions. There is some work on HIV/AIDS awareness at the Naval Dockyard, Mumbai, through CII. DfID is addressing sailors in Cochin, Kerala, as clients of sex workers (they say they are the largest group of clients) in Kusmagiri, through the *Indian Medical Association (IMA) Blood Bank*. DfID is also designing a project in Alang, Gujarat, at the ship-breaking yard. It should start sometime next year. However, they know of no work taking place in Vishakhapatnam, Bhubaneshwar or Chennai. The DfID representative has stated "Clearly, this is a priority, and all the ports around the Bay of Bengal, except Chennai, are in areas/states that DfID is working in."

Information from the UNAIDS representative in India, Dr. Connie Davis, indicates that an NGO, *Bhoruka Welfare Trust*, is doing an intervention at the Calcutta Port, but the target group is truckers. Although some seamen use the project clinic, there has been no focus on the merchant marines as such. Project personnel have discussed looking into the issue, but have developed no specific intervention. Regarding Bhubaneshwar, Vishakhapatnam, and Chennai, Shymala Ashok of the NGO, *Society for Development Research and Training*, in Pondicherry, has informed UNAIDS that she tried to get funding for an intervention at Vishakhapatnam about a year ago, but was not successful. Apparently, even Chennai has not developed a specific intervention for seamen.

Dr. Davis states, "The NGOs of India agree that the risk factors are there, but know of no specific study or hard data on HIV prevalence among sailors. Sentinel surveillance data in India is sketchy. There was a site in Vishakhapatnam but it only did one study in 1992/93 and never followed up with another. At that time, the STD clinic had an HIV prevalence of 2.25%. Andaman and Nicobar Islands also had a sentinel surveillance site at Port Blair. During the second round of testing, sometime after 1993, the STD clinic there had an HIV prevalence of 1.33%. At STD sentinel sites in Chennai, HIV prevalence ranges from 2.6 to 7%."

Following phase 1, an initial visit to each major port along the Bay of Bengal beyond Bangladesh will be conducted by the representative of our Indian co-partner, Dr. S. Sundararaman of the *AIDS Research Foundation of India* in Chennai, and the P.I. We will aim at identifying NGO/CBO partners and securing the interest of port authorities and maritime training institutions. Once that is accomplished, we will help them develop generic interventions with site-specific details and link them to donors. It is envisioned that materials and strategies can be shared and that training sessions could include them as well. This will be our aim.

Principal Investigator: JENKINS, Carol _____

Biography of the Investigator

Give biographical data in the following table for key personnel including the Principal Investigator. Use a photocopy of this page for each investigator.

Name	Position	Date of Birth
Jenkins, Carol	Head, Social and Behavioural Science Programme	7-3-45

Academic Qualifications (Begin with baccalaureate or other initial professional education)

Institution and Location	Degree	Year	Field of Study
University of Pennsylvania	B.A.	1967	Anthropology
Memphis State University	M.Sc.	1974	Geography
University of Tennessee, Knoxville	Ph.D.	1980	Medical Anthropology, Epidemiology

Research and Professional Experience

Concluding with the present position, list, in chronological order, previous positions held, experience, and honours. Indicate current membership on any professional societies or public committees. List, in, chronological order, the titles, all authors, and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. (DO NOT EXCEED TWO PAGES, USE CONTINUATION SHEETS).

(see attached)

Principal Investigator: JENKINS, Carol _____

International Centre for Diarrhoeal Disease Research, Bangladesh Voluntary Consent Form

Title of the Research Project: Situational Assessment of the Chittagong Port for HIV/STD Prevention

Principal Investigator: Carol Jenkins

Before recruiting into the study, the study subject must be informed about the objectives, procedures, and potential benefits and risks involved in the study. Details of all procedures must be provided including their risks, utility, duration, frequencies, and severity. All questions of the subject must be answered to his/ her satisfaction, indicating that the participation is purely voluntary. For children, consents must be obtained from their parents or legal guardians. The subject must indicate his/ her acceptance of participation by signing or thumb printing on this form.

Given that many informants will be people in stigmatised and illegal positions, it is not feasible to have written consent, but all persons will be asked to record verbally on the tape recording that they have consented to the interview. This will take place at the start of all interviews.

Interviewers will be taught to give a standardized introduction, verbally in Bangla or other appropriate language, to inform the potential interviewee of his/her rights.

It will be as follows:

"We are conducting a study in order to understand how to develop programmes to prevent the spread of AIDS. We need honest answers from people about private aspects of their lives. You can be assured that your name will not be attached to anything and that there will be nothing to identify you on any paper or tape. We will go to a very private place to conduct the interview, if you are willing, and, of course, you can stop at any time, if you wish. We must tape the interview in order to understand your thoughts and statements fully. After we take the information from the tape recording, the tape itself will be destroyed. If you consent, I will again ask you to say so when we start using the cassette recorder."

Principal Investigator: JENKINS, Carol _____

Detailed Budget for New Proposal

Project Title: **Situational Assessment of the Chittagong Port for HIV/STD Prevention**

Name of PI: Carol Jenkins

Protocol Number:

Name of Division: PHSD

Funding Source: Family Health International (USAID) Amount Funded (direct): \$ 42,723
Total: \$53,404 Overhead (%) 25% \$10,681

Starting Date: Jan 15, 1998

Closing Date: July 15, 1998

Strategic Plan Priority Code(s):

Salaries/Personnel	US\$
PI's Base Salary (1 x \$665/m x 6 mos)	3,990
Field supervisor (NOA)(1 x \$632/m x 3 mos)	1,896
Field supervisor (GS5) (1 x \$347/m x 4 mos)	1,388
Field supervisor (GS5) (1 x \$257/m x 6 mos)	1,542
Field supervisor (GS5) (1 x \$257/m x 5 mos)	1,285
Interviewers (GS4, GSC) (12 x \$196/m x 3 mos)	7,056
Translators (GS3,GSC) (6 x \$165/m x 3 mos)	2,970
Data management (GS5,GSC) (1 x \$257/m x 2 mos)	514
Typists (GS2, GSC) (3 x \$134/m x 3 mos)	1,206
Sub-total	21,847
Procurement (Equipment/Supplies)	
Cassette recorders for interviewers & translators (20 x \$50/each)	1,000
Earphones (24 x \$10/each)	240
Cassette tapes (800 x \$1.88/each)	1,504
Furnishing	1,750
Sub-total	4,494
Travel, Transportation and Per Diem	
Airfares Dhaka-Chitt-Dhaka (PI x 6 trips x \$56)	336
Airfares Dhaka-Chitt-Dhaka (2 Dhaka-based supervisors x 4 trips x \$56)	448
Per diem for 2 Dhaka-based supervisors to work in Chittagong (2 x \$22/d x 107 days)	4,708
Per-diem for P.I. (30 days @\$75)	2,250
Local travel	450
Sub-total	8,192

Principal Investigator: JENKINS, Carol _____

Office expenses

Phone, fax	550
House rental (6 mos x \$500)	3,000
Electricity, water, etc.	1,200
Batteries	900
Stationery	500
Sub-total	6,150

Other Direct Costs

Workshop costs

Venue rentals (10 workshops x 1 day x \$75/day)	750
Refreshments (10 workshops x \$50/workshop)	500
Photocopy	125
Stationery	240
Printing transparencies (2 x \$30/each)	60
Color cartridges (2 x \$25)	75
Compensation for guides (3 x 15days/m x 3 mos x \$2.815)	380
Sub-total	2,130

Total **42,813**

+ ICDDR,B overhead (25%) **10,703**

Grand Total **53,516**

Principal Investigator: JENKINS, Carol _____

Budget Justifications

Please provide one page statement justifying the budgeted amount for each major item. Justify use of manpower, major equipment, and laboratory services.

A rental house is needed for the Dhaka-based field supervisors to work in and for the interviewers to use as a base office and a private interviewing space.

Both men and women interviewers will be required. Supervisors are needed to oversee the data collection, organize the field work and conduct key informant interviews. Tape recorders are necessary in order to control the data quality, as note taking is likely to be biased. Translators are required because the interviewers are often unable to translate into English sufficiently well to make clear translations and it takes a great deal of time. Data management of large bodies of qualitative data is tedious and time-consuming and the P.I. will need an assistant in this regard whom she can teach to handle this.

Other Support

Describe sources, amount, duration, and grant number of all other research funding currently granted to PI or under consideration. (DO NOT EXCEED ONE PAGE FOR EACH INVESTIGATOR)

The compensation for the co-PI will be negotiated according to the time to be devoted to this work. This cost will be considered as a consultancy and funded by the Ford Fdtn. Institutional grant to SBSP.

As the SBS Programme has adequate computer capacity, it is unnecessary to obtain more. The SBS Programme will handle all of the data management and report writing using its own equipment, purchased with Ford Foundation funds.

This phase of the overall project has no additional funding sources, but one additional component, the STD study, to be conducted in collaboration with this project, is under negotiation for funding with DiFD.

CHITTAGONG PORT AUTHORITY

BANDAR BHABAN, P. O. BOX NO. 2013. BANDAR
CHITTAGONG-4100, BANGLADESH.

6256
256 PORT B1
.031-710593
K 505011-15
505020-49

FAX TRANSMISSION

Chief planning/98

Date: 4TH JAN 98

Fax # 883116, 886050, 871568, 871688

ATTN: DR. PAROL JENKINS.

Head, Social & Behavioral Science Prog
ICDDR,B, Dhaka.

REF: YOUR FAX DATED JAN 3, 1998

I am expressing my eagerness
to work as a research associate in
HIV related research in Chittagong.

Thank you for your kind cooperation
& hope we may be useful to you

Sincerely yours.

Ghulam Nabi

HADI HUSSAIN BARI
BSC.(HONS), MSc., DPM(UK),
IPFPM(USA)
CHIEF PLANNING

Response to Reviewers' Comments:

Reviewer #1 suggested the inclusion of fishing trawlers. This has been included.

Reviewer #1 queried the quoted VDRL and TPHA proportions in the Tangail brothel study. As these are now published and no clear explanation for the difference in expected direction is mentioned, these have been excluded from the proposal.

Reviewer #2 requested a clearer description of sampling methods. This has been included. He also suggested some preliminary calculations on levels of risk, providing the sampling would not purposely seek high risk persons. As it will not be doing so, these too have been included.

December 4, 1997

To: Research Review Committee
International Centre for Diarrhoeal Disease Research, Bangladesh
Dhaka, Bangladesh

From: Stephen Mills
Epidemiologist and Evaluation Officer
Family Health International
Asia Regional Office
Bangkok, Thailand

Re: Review of the Proposal "Chittagong Port and the Bay of Bengal:
Research and Interventions for STD/HIV Prevention"

I have reviewed the above the proposal and find it an appropriate methodology to obtain valuable information to design interventions for individuals in a high risk environment.

Since sample sizes are over 50 in all groups to be examined, I would suggest that certain quantitative frequencies also be generated to provide some preliminary information on the extent of risk in the groups. These should include, at the very least:

Among men:

- 1) percentage of men who had a non-regular sex partner, including sex workers, in the past year
- 2) median number of non-regular partners

Among sex workers:

- 1) median number of clients in past year

The investigator should also clarify how individuals will be sampled. If sampling is purposive, with a leaning towards individuals who report high-risk sexual behaviors, then the above frequencies are no longer valid, nor are statements in the analysis about the levels of risk behaviors in the examined population groups.

This study is important and the principal investigator has in the proposal adhered to professional scientific standards, including those guaranteeing confidentiality and human rights of the respondents. I support that the Research Review Committee promptly approval this proposal.

REVIEWER # 1

3 December 1997

To: The Research Review Committee
ICDDR, B
Dhaka

I have read the proposal entitled: "Chittagong Port and the Bay of Bengal: Research and Interventions for STD/HIV Prevention" submitted by Dr. Carol Jenkins and have the following comments:

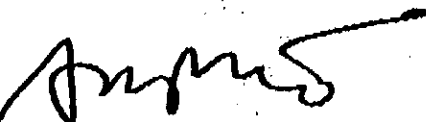
- ñ The proposal describes state-of-the-art methods of qualitative research to answer the fundamental question of interest, namely, are the sexual networks of people who live in and/or transit through Chittagong Port city vulnerable for an epidemic of HIV.
- ñ Because of the prevailing interest in sub-regional HIV transmission links, it is recommended that the study include crew of fishing trawlers who are known to dock at ports or rest stops in Myanmar and possibly as far as Thailand.
- ñ It is not clear what the following sentence from page 5 refers to: "The positivity rates among 466 Tangail FSWs for syphilis by TPHA was 60.1% and 6.8% by VDRL at a dilution ° 1:8 (Sarkar, Reza, and Durandin 1996)." TPHA is normally used to confirm results of the VDRL syphilis diagnostic. Thus, values for TPHA tested sera are necessarily lower than those for VDRL. In addition, a prevalence of 60% is not plausible given other data from similar populations. This sentence should be removed or revised.

In sum, this is a technically sound proposal and the author shows sensitivity for the confidentiality and human rights of the respondents. I would recommend approval of this proposal with the above minor recommendations.

Signed



Anthony Bennett
Deputy Director



CARE Bangladesh
GPO Box 226
66, Road 7A
Dhanmondi
Dhaka-1209
City/City Code 880 2
Phone 81-4195-98
81-4207-09
Fax 81-4183
E-Mail: TCN 1360

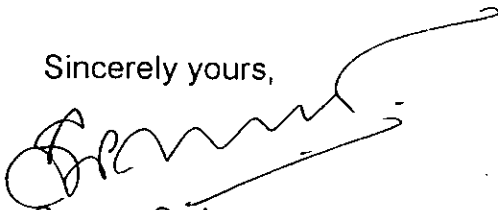
To
The Research Review Committee,
ICDDR,B
Dhaka

12/19/97

Dear members of the committee,

We hereby express our willingness to collaborate with the work designed by Dr. Jenkins to assess HIV risks in port area of Chittagong. We have several programs operating in the Chittagong area that include HIV prevention. We are also working closely with smaller NGOs, such as Ghashful and Mamata on developing their capacity to conduct interventions with sex workers. Dr Carol Jenkins is renowned all over the world for her excellent work in HIV AIDS among vulnerable communities. She is one of the few individuals in Bangladesh who understands prevention of HIV in the epidemiological and behavioral context. We shall feel proud to be associated with her work and would be providing any support needed for her work in Chittagong. We have an office in Chitagong which could be involved for this work apart from our support provided from Dhaka. Kindly let us know if any specific support is needed in Chitagong to support this port study.

Sincerely yours,



Swarup Sarkar
Sector Coordinator
Health and Population

CARE
BANGLADESH

International
Australia
Austria
Canada
Denmark
France
Germany
India
Japan
Korea
Malaysia
Netherlands
New Zealand
Norway
Sweden
Switzerland
Taiwan
Thailand
United Kingdom
United States

CURRICULUM VITAE

CAROL LYNN JENKINS

PRESENT ADDRESS: International Centre for Diarrhoeal Disease Research,
Bangladesh (ICDDR,B), GPO Box 128, Dhaka 1000,
Bangladesh; ph:8802-870021 (off), 871712 (res); Fax:8802-
886050; emails: cjenkins@bdmail.net, cjenkins@icddr.org

PRESENT POSITION: Head, Social and Behavioural Sciences Programme, Public
Health Sciences Division

PAST POSITIONS: Principal Research Fellow, Medical Anthropology (1991-97),
Research Fellow, 1985-1991); Scientific Officer II (1982-
1985), Papua New Guinea Institute of Medical Research,
P.O. Box 60, Goroka, Papua New Guinea

EDUCATION: B.A. (1967) University of Pennsylvania, Anthropology
M.Sc. (1974) Memphis State University, Geography
Ph.D. (1980) University of Tennessee, Knoxville, Medical
Anthropology

DISSERTATION TITLE: Patterns of Protein-Energy Malnutrition among
Preschoolers in Belize.

TOPICAL RESEARCH INTERESTS:

Reproductive Health
HIV/AIDS, STDs
Behavioural Epidemiology
Applied Anthropology
Growth, Nutrition and Foodways

GEOGRAPHICAL AREAS:

South Asia, SE. Asia
Papua New Guinea
Pacific Islands
Africa
Caribbean

TEACHING POSITIONS:

1990 Visiting Assoc. Professor, Univ of Pennsylvania (Spring)
1990 Visiting Assoc. Professor, Temple University (Spring)
1980-82 Assistant Professor, Illinois State University
1980 Instructor, University of Tennessee, Knoxville
1978-80 Graduate Assistant, Univ of Tennessee, Knoxville
1978 Visiting Instructor, Memphis State University
1975-78 Instructor, Memphis State University (Summers)
1973-77 Coordinator, Anthropology Program: Instructor, Geography and
Anthropology, Shelby State Comm. College, Memphis

INTERNATIONAL EDITORIAL BOARD MEMBERSHIPS

Venereology (Australia)
American Journal of Human Biology
Culture, Health and Sexuality

ACADEMIC AFFILIATIONS

Adjunct Associate Professor, Emory University, Dept of Anthropology (1994-)
Adjunct Associate Professor, Tropical Health Program, University of Queensland
Medical Faculty (1997-)

GRANTS: (in US\$)

1981 Illinois State University Summer Research Grant, Ethnomusic Collection in Belize (\$2000)

1981 Illinois State University, Departmental Faculty Award, Medicinal Botany in Belize (\$2300)

1982 National Endowment for the Arts, Folk Arts Program, National Tour of Garifuna Folk Dance Ensemble (\$30,000 Matching Grant)

1983 UNICEF, Evaluation of Traditional Midwifery Practices in Papua New Guinea (\$7000)

1983-84 National Geographic Society Committee for Research and Exploration, Nutritional Adaptation of Foragers, Western Schrader Mountains, Papua New Guinea (\$3500)

1983-84 Papua New Guinea Medical Research Advisory Committee Award, Breastfeeding and Post-partum Amenorrhea among the Amele of Madang Province. (\$3600)

1984-85 WHO, Nutrition Education among the Gainj, Papua New Guinea, with Peter Heywood. (\$17,000)

1984-85 National Planning Office, Papua New Guinea, Water and Health in the Rural Lowlands, Madang Province. (\$10,000)

1984-85 National Planning Office, Lesser Developed Areas Fund, Papua New Guinea, The Effects of Social Change on the Growth and Development of the Bundi People of the Bismarck Range. (\$5000)

1985-86 National Geographic Society Committee for Research and Exploration, Cultural History and Adaptation among the Hagahai, Western Schrader Mountains, Papua New Guinea. (\$14,092)

1986-87 WHO. Evaluation of Traditional Medicine in the North Solomons Province, Papua New Guinea. (\$3000)

1987-88 Save the Children Fund, London, Hagahai Immunization Campaign Funding. (\$2500)

1987-88 L.S.B. Leakey Foundation, Foragers of the Upper Yuat. (\$5000)

1987-89 Rotary International, Rotary Club of Goroka, Lions Club of Goroka, Apex Club of Goroka, Lioness Club of Goroka, Funding for Hagahai and Pinai Immunization Campaigns. (\$12,500)

1987-88 WHO, Diarrheal Disease Control Program, Diarrheal Diseases in the Eastern Highlands of Papua New Guinea: A Study into Related Beliefs and Behavioral Aspects of Transmission, with Peter Howard (\$40,000)

- 1987-89 National Geographic Society Committee for Research and Exploration, Biocultural Adaptations for Survival among the Hagahai. (\$26,000)
- 1989-90 HEALTHCOM (USAID), Nutrition Education in the Schrader Range, Madang Province, Papua New Guinea (\$45,000)
- 1990 American Philosophical Society, Archival Research Support, Health Conditions in the Early Post-Contact Period, Papua New Guinea. (\$3000)
- 1990-91 UNICEF, Support of Immunization and Nutrition Program among the Hagahai (\$13,300)
- 1991 SOMARC, The Futures Group (USAID), Contraceptive Knowledge and Behavior in Papua New Guinea (\$40,800).
- 1990-91 World Health Organization, STD/AIDS Unit, PNG; Prevention of HIV Transmission in Traditional Male Initiations, North Coast, PNG. (\$5000)
- 1991-93 National Geographic Society Committee for Research and Exploration; The Hagahai: A Decade After Contact (\$37,210)
- 1991-93 WHO, Tropical Disease Research: Distribution of Treated Bednets through the Private Sector: Pilot Project in Papua New Guinea (\$54,494)
- 1991-93 International Center for Research on Women/USAID. Women and the Risk of AIDS in Papua New Guinea. (\$65,000)
- 1991-92 USAID/Child Survival Support Project. Reproductive Knowledge and Behavior in Papua New Guinea. (\$37,000)
- 1992 South Pacific Commission, Supplemental funding for National Sex and Reproduction Study. (\$5000)
- 1993-95 John D. and Catherine MacArthur Foundation, World Environment and Resources Fund, Deforestation and Health in Papua New Guinea. (\$223,000)
- 1993-94 Save the Children, New Zealand. Support of Health Provision among the Hagahai. (\$6800)
- 1993-94 AIDAB Small Grants Programme. Publication costs for monograph, Sex and Reproductive Knowledge and Behaviour in Papua New Guinea and 32 page discussion paper (Lik Lik Buk Bilong Pasim Sik AIDS) for communities. (\$12,000)
- 1993-94 The World Bank, Fertility and Infertility in Communities affected by Logging. (\$23,000)
- 1994 UNFPA, Acceptability Study of the Female Condom in Papua New Guinea. (\$23,000)
- 1994 PNG Dept. of Provincial Affairs and Village Services. Training and Coordination of the National AIDS Awareness Trainer-of-Trainers Program (\$125,000)
- 1994 SOMARC, Social Marketing of Condoms and Birth Control Pills; with Travis Jenkins, creation and production of 7 radio spots. (\$16,000)
- 1994-95 Global Programme on AIDS, WHO. Urbanization, Youth and Sexuality in Papua New Guinea. (\$46,040)

1994 AIDSCAP/Family Health International, Ethnographic Assessment of PNG Transport Industry for HIV Prevention Strategy. (\$33,106)

1994 Global Programme on AIDS, WHO, Situational Assessment of Sex Workers in Urban Papua New Guinea. (\$17,969)

1994 AIDSCAP/Family Health International. Melanesian Pidgin comic book development for HIV/AIDS prevention (with Biliso Osake) (\$14,700)

1995-98 AusAID, Intervention to Prevent STD/AIDS among Transport and Commercial Sex Workers, Urban PNG. (\$768,000)

1995 WHO, Western Pacific Region, Outreach for HIV Prevention, Highlands Highway (\$7000)

1995-98 John D. and Catherine MacArthur Foundation, World Environment and Resources Fund, Biodiversity Conservation and Ecotourism among the Hagahai (\$93,000)

1996-97 UNAIDS, Preventing HIV Transmission among Commercial Sex Workers and Police in Port Moresby (\$64,800)

1997-98 UNAIDS, Serological and Behavioural Sentinel Surveillance for HIV in Bangladesh, with J. Bogaerts and T. Azim, for the Government of Bangladesh, (\$177,000)

1998 FHI/USAID, Situational Assessment of the Chittagong Port for HIV Prevention (\$54,000)

CONSULTANCIES AND PROFESSIONAL ACTIVITIES:

1977 Consultant, Jamestown Community Health Project, Tipton County, TN (with Dept. of Community Medicine, Vanderbilt Univ. and Meharry Medical School)

1985 Guest Editor, Social Science and Medicine, Special Issue, Papua New Guinea Medical Journal, September, V. 28

1985-87 Assistant Editor, Papua New Guinea Medical Journal

1986 Consultant, Community Participation in Rural Water Supply Projects in Papua New Guinea, World Health Organization. (6 months)

1987-95 Consultant, Trainer in Community Health and Nutrition, U.S. Peace Corps, Papua New Guinea

1989 Invited participant, Fifth Australian Arbovirus Symposium, Brisbane, August 28-Sept. 1

1989 Consultant, Child Survival Project, Papua New Guinea, Project Design, U.S. Agency for International Development

1989 Consultant, Child Survival Project, Project Defense, Washington, DC, U.S. Agency for International Development

1989 Consultant, Health Sector Financing Study, Asian Development Bank
1989 Consultant, USAID Child Survival Project, Papua New Guinea, Preparation of Technical Proposal, John Snow Inc. (successful bid)

- 1990 Invited speaker, Dept. of Anthropology, University of Tennessee, Knoxville
- 1990 Consultant, Evaluation of Madang Province Nutrition Education Project in Papua New Guinea, HEALTHCOM, Academy for Educational Development
- 1990 Invited speaker, PARRS Seminars on Biology, Behavior and Health (Mellon Fdn.), University of Pennsylvania
- 1990 Organizer and Chair, Symposium on Contemporary Biology of Papua New Guinean Populations, 59th Annual Meetings, American Assn. Physical Anthropologists, Miami, FLA, April
- 1990 Technical Advisor, Forest Fringe Malaria Meeting, TDR/SER, World Health Organization, Chiang Mai, Thailand, May
- 1990 Invited speaker, Johns Hopkins School of Public Health, International Human Nutrition Program, Baltimore, MD.
- 1990 Invited participant, FIELDLINCS Meeting, Tropical Disease Research, World Health Organization, Brisbane, Australia, Sept
- 1991 Coordinator, National Workshop on Trained Village Birth Attendants, Child Survival/USAID, March
- 1991 Invited participant, Workshop on the Measurement of Hygiene-Related Behaviour, London School of Hygiene and Tropical Medicine, Oxford, April 6-12
- 1991 Invited participant: 20th Congress Pacific Science Ass, Honolulu, May 27-June 2
- 1991 Technical Advisor, Swiss Tropical Institute/W.H.O., Geneva. Social and economic impact of lymphatic filariasis, Oct 8-14
- 1991 Invited speaker, Bishop Museum Conference, "The Challenge of Change", on conservation in Papua New Guinea, Honolulu, June 3
- 1991 Invited participant, Carnegie-Rockefeller International Forum on Health-related Social Sciences. New York City, 19-22 August
- 1992 Technical Advisor, Swiss Tropical Institute/ WHO, Orissa, India. International collaborative study of the social and economic impact of filariasis, Feb 2-10
- 1992 Invited participant, PNG National Nutrition Policy Workshop, Madang, March 17-22
- 1992 Consultant, WHO, Luzon, Philippines. Maternal perception of malaria, April 10-20
- 1992 Consultant, Child Survival Support Project/JSI-USAID. Establishing a Research Agenda
- 1992-6 Standing Member, National AIDS Research Committee, Papua New Guinea
- 1992 Coordinator, Strategic Planning Seminar on AIDS Prevention, USAID/W.H.O., Port Moresby, 3-4, Nov
- 1992 Invited delegate, 2nd Congress of the Society for AIDS in Asia and the Pacific, New Delhi, Nov 8-12

- 1992 Technical Advisor, Swiss Tropical Institute/WHO, Workshop on ethnographic methods in the study of the social and economic impact of filariasis. 14-30 Nov, Pondicherry, India
- 1992 Consultant, Analyst, Nutritional Assessment of Small-holder Marketing and Food Production Systems Project Communities, Papua New Guinea
- 1993 Invited delegate, IXth International Conference on AIDS, Berlin, June 7-11; also invited speaker 2 WHO-sponsored roundtables
- 1993 Invited participant, Global Programme on AIDS, WHO, Geneva: Protocols for the study of youth and sexuality, June 20-22
- 1993 Technical Advisor, WHO, Qualitative data analysis in the study of the social and economic impact of filariasis, Manila, Aug 30-Sept 4
- 1993 Invited participant, Women and AIDS, Research and Policy Meeting, International Center for Research on Women/USAID, Washington, DC, Sept 28-29
- 1993 Technical Advisor, Swiss Tropical Institute/WHO, Workshop on quantitative methods in the study of the social and economic impact of filariasis, Madras, Oct 24-30
- 1993 Invited participant, Social Science Research Council, Committee on Culture, Health and Human Development, Local Biology Conference, Palo Alto, CA., Oct 1-2.
- 1993 Consultant, AIDSCAP (USAID), Assessment of STD/AIDS prevention needs in PNG, Nov 13-Dec 2.
- 1994-96 Standing Member, National Population and Family Planning Research Committee (PNG)
- 1994 Sponsored participant, Tenth International Conference on AIDS, Yokohama, Japan, August 6-12
- 1994 Invited participant, AIDS and Reproductive Health Network, Workshop on Concepts and Methods in Sexual Behavior Research, Hong Kong, August 14-20
- 1994 Consultant, AIDSCAP/Family Health International, AIDS and the Maritime Industry, Bangkok, Aug 22-25
- 1994 Guest speaker, Anthropology Dept., Emory University, Atlanta, Oct
- 1994 Invited participant, Social Science Research Council, Workshop on Ethnopediatrics, Child Growth and Child Survival, Atlanta, Oct
- 1995 Consultant, WHO, Project Design for Improving Primary Health Care in Rural Vietnam, Feb 1-March 1
- 1995 Consultant, International Center for Research on Women, Editor, AIDS prevention among Chiang Mai garment workers, March 2-6
- 1995 Consultant, SAGRIC, Proposal Writing, AusAID HIV/AIDS and Sexual Health Project, PNG, March 7-8
- 1995 Technical Advisor, Swiss Tropical Institute/WHO, Socioeconomic aspects of filariasis, Madras, April

1995 Technical Advisor, Global Programme on AIDS, WHO, Geneva. Youth and Sexuality Studies, June

1995 Consultant, UNICEF, Evaluation of Village Birth Attendant Project, Trobriand Islands, 10-21 July

1995 Sponsored participant, Third Asian and Pacific AIDS Conference, Chiang Mai, 16-22

1995 Rapporteur, Third Global Forum on Water Supply and Sanitation, Barbados, Oct 30-Nov 3

1995 Consultant, South Pacific Commission, HIV Prevention among Youth in Marshall Islands, Fiji, Western Samoa; baseline surveys, Nov-Dec.

1996 Task Force Member, Tropical Disease Research, WHO, Household and community-based management of malaria in Africa, Geneva, Mar 11-15

1996 Invited participant, conferences entitled "Reconceiving Sexuality: International Perspectives on Gender, Sexuality and Sexual Health" and "Shifting Paradigms in Sex Research", Rio de Janeiro, April 14-19, 20-22

1996 Invited participant, The Kinsey Institute for Research in Sex, Gender and Reproduction, Indiana University, conference entitled "Researching Sexual Behaviour: Methodological Issues", April 25-28

1996 Selected member, International Scientific Committee, XIth International Conference on AIDS, Vancouver, July

1996 Keynote Speaker, National HIV/AIDS Conference of Australia, La Trobe University, National Centre in HIV Social Research, Melbourne, June 14-18

1996 Guest Speaker, Development and AIDS in PNG, National Centre for Development Studies, ANU, Canberra

1996 Consultant: The World Bank, Poverty, Nutrition and Health Care: A Case Study in Four Communities in Papua New Guinea, Jan-June

1996 Consultant, GRM Internat'l., Proposal writing, PNG Maternal and Child Health Project, AusAID, Aug

1996 Consultant, WHO/Tropical Disease Research. Focused ethnographic study of malaria in the Tigray Region of Ethiopia, May, Oct

1996 Invited participant, South Pacific Commission, Workshop on Strategic Planning for STD/AIDS Prevention in the Island Nations of the Pacific, Noumea, Sept. 25-27

1996 Rapporteur, WHO Core Working Group on the Promotion of Sanitation, Hanoi, Nov.

1997 Consultant, WHO/TDR. Review of rapid ethnographic studies on malaria case management at home and in the community in Africa; intervention development in Zambia, Kenya, and Malawi; production of manual (Feb-Dec)

1997 Consultant, Adolescent Health, WHO. Qualitative research methods in the assessment of adolescent reproductive health (May)

1997 Consultant, Rural Environmental Health, WHO. Production of paper 'Changing Hygiene Behaviour: Lessons from Other Sectors' (May) for Promotion of Sanitation package

1997 Consultant, UNAIDS. Best practices in female sex worker HIV prevention projects, session at 4th Int'l. Congress on AIDS in Asia and the Pacific, Manila; produce 5 case studies and technical document.

1997 Consultant Trainer, CARE, Bangladesh, Workshop on Behaviour Change Strategies for Commercial Sex Workers (Sept.21-15)

1997-98 Member, UNAIDS Technical Working Group, Bangladesh

1997-98 Member, International Scientific Committee, Track D, 12th World AIDS Conference, Geneva

1998 Member, International Advisory Committee, Health and Population Programme, CARE, Bangladesh

PUBLICATIONS:

1976 Jenkins, C. The effects of the welfare system on family life. In: **The Abundant Life: A Report to the Tennessee Commission for the Humanities, Nashville, TN**, pp.1-70.

1977 Jenkins, C. The importance of the right to work. In: **Human Labor and Dignity**, ed. Judy Alexander, Tennessee Humanities Commission, Nashville, TN, pp.1-60.

1978 Jenkins, C. Infant mortality and family structure among Blacks in Memphis. **Tennessee Anthropologist**, II (1): 70-78.

1979 Jenkins, C. Ethnicity and community development in Memphis: A case study. In: **Urban Anthropology in Tennessee**, ed. Billye Fogelman, Tennessee Anthropological Association Miscellaneous Paper No. 4, pp.12-21.

1980 Jenkins, C. Geophagy in Fayette County, Tennessee, A Symbolic Interpretation. **Tennessee Anthropologist**, V (1): 73-91.

1980 Jenkins, C. The power of choice and the problem of malnutrition. Viewpoint, **Agenda** (U.S. Agency for International Development), October, p.24.

1981 Jenkins, C. Patterns of growth and malnutrition among preschoolers in Belize. **Amer J of Physical Anthropology**, 56:169-178.

1982 Jenkins C. and T. Jenkins. Garifuna musical style and culture history. **Belizean Studies**, 10 (4): 17-24.

1982 Jenkins, C. A report on contemporary Belizean foodways. **Belizean Studies**, 10 (4): 2-9.

1982 Jenkins, C. Factors in the etiology of poor growth in Belize. **Cajanus, Caribbean Food and Nutrition Institute Quarterly**, 15(3): 172-184.

1983 Jenkins, C. Ritual and resource flow: The Garifuna dugu. **American Ethnologist**, 10 (3): 429-442.

1984 Jenkins, C. Nutrition and growth in early childhood among the Garifuna and Creole of Belize. In: **Black Caribs: A Case Study in Biocultural Adaptation**, ed. Crawford, M., Plenum Press, N.Y. pp.135-147.

1984 Jenkins, C. and P. Heywood. A method of eliciting beliefs about food and child feeding in Papua New Guinea: the MACHIK interview. **Papua New Guinea Med J**, 27 (1): 11-15.

1984 Jenkins, C. Indigenous childbirth practices: Information gathering with the MACHIK interview, Part II. **Papua New Guinea Med J**, 27 (2): 61-64.

1984 Jenkins, C., A. Orr-Ewing and P. Heywood. Cultural aspects of growth and nutrition in early childhood among the Amele of Papua New Guinea. **Ecology of Food and Nutrition** 14: 261-275. Also reprinted in: **Infant Care and Feeding in the South Pacific**, ed. L. Marshall, Gordon and Breach, London, 1985, pp. 29-50.

1984 Jenkins, C. The Role of traditional medical practice in Papua New Guinea. Editorial, **Papua New Guinea Med J**, 27-(3-4): 4-5.

1984 Weegels, P., C. Jenkins and P. Heywood. Consumption of betel nut and its possible contribution to protein and energy intakes. **Papua New Guinea Med J**, 27 (1): 37-39.

1985 Jenkins, C. and P. Heywood. Ethnopediatrics and fertility among the Amele of lowland Papua New Guinea. In: **Breastfeeding, Child Health and Child-spacing: Cross-cultural Perspectives**, eds. V. Hull and M. Simpson. Croom Helm Ltd., Kent. pp. 11-34.

1985 Jenkins, C. Beliefs and behaviors concerning water in Papua New Guinea, pp.61-65; The Amele and Bundi water projects in Madang Province, pp.83-84. In: **Village Water Supplies in Papua New Guinea**, eds. D.E. Smith and M.P. Alpers, Papua New Guinea Institute of Medical Research Monograph No. 8, Papua New Guinea Institute of Medical Research, Goroka.

1986 Thomason, J., C. Jenkins and P. Heywood. Child feeding practices amongst the Au of the West Sepik, Papua New Guinea. **Journal of Tropical Pediatrics** 32: 90-92.

1987 Jenkins, C., Heywood, P and Zemel, B. Secular change in growth in Bundi. In: **Rural Health Services in Papua New Guinea**, eds., Heywood, P. and Hudson, B. Papua New Guinea Dept. of Health Monograph No. 5, Port Moresby, pp. 77-80.

1987 Jenkins, C. Medical anthropology in the Western Schrader range, Papua New Guinea. **National Geographic Research** 3: 412-430.

1988 Jenkins, C. Invited comments on Dennett and Connell's 'Acculturation and health in the Highlands of Papua New Guinea'. **Current Anthropology** 29(2): 284.

1988 Jenkins, C. Health in the early contact period: A contemporary example from Papua New Guinea. **Social Science and Medicine** 26(10): 997-1006.

1988 Jenkins, C. Foodways in Papua New Guinea: Philosophy and practice. **Papua New Guinea Med J** 31 (2): 125-132.

1988 Jenkins, C. The Hagahai: Isolation and health status in Papua New Guinea. **Cultural Survival Quarterly** 12(1): 5-7.

1988 Jenkins, C. Update: The so-called Miyamiya peoples of the Schrader Range. **Research in Melanesia**. Vol 11/12 (1987/88): 34-36.

1989 Jenkins, C. Book review: "Children in the Field". **American Ethnologist** 17: 152.

1989 Jenkins, C. The Amele and Dr. Braun: A history of early experience with western medicine in Papua New Guinea. In: **A Continuing Trial of Treatment: Medical Pluralism in Papua New Guinea**, eds. S. Frankel and G. Lewis. Kluwer, Boston. pp.181-198.

1989 Bhatia, K., C. Jenkins, M. Prasad, G. Koki and J. Lombange. Immunogenetic studies of two recently contacted populations from Papua New Guinea. **Human Biology** 61: 45-64.

1989 Jenkins, C., Montgomery, J. and Michael, A. Penicillin resistant *S. pneumoniae* in children in remote areas of the fringe highlands of Papua New Guinea. **Papua New Guinea Med J** 32:185-188.

1989 Jenkins, C., Dimitrakakis, M., Cook, I., Sanders, R., and Stallman, N. Culture change and epidemiological patterns among the Hagahai, Papua New Guinea. **Human Ecology** 17(1): 27-57.

1989 Zemel, B. and Jenkins, C. Dietary change and adolescent growth among the Bundi (Gende-speaking) people of Papua New Guinea. **American J of Human Biology** 1: 709-718.

1990 Jenkins, C. Community participation in the control of vector-borne diseases: Examples from Papua New Guinea. In: **Arbovirus Research in Australia**, eds. M.F.Uren, J. Blok, and L.H. Manderson. Proceedings Fifth Symposium, Brisbane, August 28-Sept.1. CSIRO/ QIMR/Univ.Queensland. pp. 256-258.

1990 Jazwinska, E.C., Bhatia, K., Jenkins, C., and Serjeantson, S.W. HLA class II RFLP-typing in tinea imbricata patients from Papua New Guinea. **Tissue Antigens** 35: 99-100.

1990 Yanagihara, R., Jenkins, C., Alexander, S., Mora, and Garruto, R. Human T lymphotropic virus type-I infection in Papua New Guinea: High prevalence among the Hagahai confirmed by western analysis. **J of Infectious Diseases** 162: 649-654.

1990 Yanagihara, R., Garruto, R., Miller, M., Leon-Monzon, M. Libeski, P., Gajdusek, D.C., Jenkins, C., Sanders, R., and Alpers, M. Isolation of HTLV-I from members of a remote tribe in New Guinea. **New England J of Medicine** 323(14): 993.

1991 Yanagihara, R., Jenkins, C., Ajdukiewicz, A. and Lal, R. Serological discrimination of HTLVI and II infection in Melanesia. **Lancet** 337: 617-618.

1991 Yanagihara, R., Nerurkar, VR, Garruto, R., Miller, M., Leon-Monzon, ME., Jenkins, C., Sanders, R., Liberski, P., Alpers, M. and Gajdusek, DC. Characterization of a variant of human T-lymphotropic virus type I isolated from a healthy member of a remote, recently contacted group in Papua New Guinea. **Proc. National Academy of Sciences USA** 88: 1446-1450.

1991 Gessain, A., Yanagihara, R., Franchini, G., Garruto, R., Jenkins, C., Ajdukiewicz, A., Gallo, R., and Gajdusek, D.C. Highly divergent molecular variants of human T-lymphotropic virus type I from isolated populations in Papua New Guinea and the Solomon Islands. **Proc. National Academy Sciences USA** 88: 7694-7698.

1992 Jenkins C. Health and environmental change in Papua New Guinea. Editorial. **Papua New Guinea Med J** 34(4): 231-233.

1992 Jenkins, C. Environmental change and human health in Papua New Guinea. In: **Conservation and Environment in Papua New Guinea: Establishing Research Priorities**, eds. M. Pearl, B. Beehler, A. Allison and M. Taylor. Govt. of Papua New Guinea/Wildlife Conservation International, Washington, DC. pp. 75-82.

1992 Heywood, P. and C. Jenkins. Nutrition in Papua New Guinea. In: **Human Biology in Papua New Guinea: The Small Cosmos**, eds. R. Attenborough and M. Alpers, Oxford Univ Press, Oxford., pp. 249-267.

1992 Jenkins, C. Medical anthropology in Papua New Guinea: A challenge. In: **Human Biology in Papua New Guinea: The Small Cosmos**, eds. R. Attenborough and M. Alpers, Oxford Univ Press, Oxford., pp. 387-398.

1992 Jenkins, C. Issues in the promotion of improved health and nutrition in Papua New Guinea. In: **Papua New Guinea National Nutrition Policy Workshop**. Institute of National Affairs, Discussion Paper No.54. Port Moresby. pp. 177-186

1992 Nerurkar, V., Miller, M., Leon-Monzon, M., Ajdukiewicz, A., Jenkins, C., Sanders, R., Godec, M., Garruto, R. and Yanagihara, R. Failure to isolate human T cell lymphotropic virus type I and to detect variant-specific genomic sequences by polymerase chain reaction in Melanesians with indeterminate Western immunoblot. **J General Virology** 73: 1805-1810.

1992 Jenkins, C. and Howard, P. The use of ethnography and structured observations in the study of risk factors for transmission of diarrhea in Papua New Guinea. **Medical Anthropology** 15(1): 1-17.

1993 Worthman, C., Jenkins, C, Stallings, J and Lai, D. Attenuation of nursing-related ovarian suppression and high fertility in well-nourished, intensively breastfeeding Amele women of lowland Papua New Guinea. **J Biosocial Science** 25: 425-443.

1993 Zemel, B., Worthman, C. and Jenkins, C. Differences in endocrine status associated with urban-rural patterns of growth and maturation in Bundi (Gende-speaking) adolescents of Papua New Guinea. In: **Urban Health and Ecology in the Third World**, eds. Schell, LM, Smith MT and Bilsborough, A., Society for the Study of Human Biology Symposium No. 32. Cambridge Univ. Press, Cambridge. pp.38-60.

1993 Jenkins, C. and Milton, K. Food and survival among the Hagahai. In: **Tropical Forest, People and Food: Biocultural Interactions and Applications to Development**, eds. C. M. Hladik, A. Hladik, O.F. Linares, H. Pagezy, A. Semple and M. Hadley. Man and the Biosphere Series Vol. 13, UNESCO/ The Parthenon Publ. Group, Paris, pp. 281-294.

1993 Jenkins C. Fertility and infertility in Papua New Guinea. **American J Human Biology** 5(1): 75-83.

1993 Jenkins, C and Pataki-Schweizer, K. Knowledge of AIDS in Papua New Guinea. **Papua New Guinea Med J** 36(3): 192-204.

1993 Jenkins, C. Disease and demographic change in Papua New Guinea. In: **Population, Family Health and Development**, ed. T. Taufa and C. Bass. Papers from the 19th Waigani Seminar. Vol. 1. Port Moresby: University of Papua New Guinea Press, pp. 86-93.

1993 Desowitz, R, Jenkins, C, and Anian, G. Bancroftian filariasis in an isolated hunter-gatherer shifting horticulturist group of Papua New Guinea. **Bulletin of the W.H.O.** 71(1): 55-58.

1993 Jenkins, C. Fear of AIDS-the second outbreak in Papua New Guinea (June 2); AIDS and the economy of Papua New Guinea (June 9); A national AIDS prevention programme for Papua New Guinea (June 6). **The Post Courier**: 11

1993 Jenkins, C. AIDS in Papua New Guinea: The real issues. **Papua New Guinea Times**, April 8, p.4.

1993 Jenkins, C. Condom backlash hits Papua New Guinea; An epidemic with a future?: AIDS in Papua New Guinea; **World AIDS** 29 (Sept): 1-2.

1993 Jenkins, C. Culture and sexuality: Papua New Guinea and the rest of the world. Editorial, **Venereology** 6(3): 55.

1994 Malau, C., O'Leary, M., Jenkins, C. and Faraclas, N. HIV/AIDS prevention and control in Papua New Guinea. **Current Opinion in Infectious Diseases. AIDS in Asia and the Pacific**, ed. Kaldor, JM. 7: S117-S124.

1994 The National Sex and Reproduction Research Team and C. Jenkins. **Sexual and Reproductive Knowledge and Behaviour in Papua New Guinea**. Papua New Guinea Institute of Medical Research Monograph No. 10. Goroka: PNG Institute of Medical Research.

1994 Jenkins, C. Methodological issues in the measurement of hygiene and sanitation-related behaviour: Lessons from Papua New Guinea. In: **Studying Hygiene Behaviour - Methods, Issues and Experiences**, eds. Cairncross, S. and Kochar V. Sage Publications, New Delhi. pp.300-306.

1994 Jenkins, C. Belizean and Garifuna Dance, In: **International Encyclopedia of Dance**, Oxford University Press, New York.

1994 Sekhran, N. and Jenkins, C. Human health and ecological loss. In: eds. Sekhran, N. and Miller, S. **Papua New Guinea Country Study on Biological Diversity. A Report to the United Nations Environment Program**, Waigani, Papua New Guinea, Dept. of Environment and Conservation, Conservation Resource Centre; and Nairobi, Kenya, Africa Centre for Resources and Environment (ACRE), pp. 305-308.

1995 **Women and the Risk of AIDS: A Study of Sexual and Reproductive Knowledge and Behavior in Papua New Guinea**. Research Report Series No. 10. International Center for Research on Women: Washington, DC.

1996 Jenkins, C. Changing hygiene behaviour in Papua New Guinea. **Papua New Guinea Med J** 38(2): 320-324.

1996 Jenkins, C. Growth and weaning in Papua New Guinea, In: **Cambridge Encyclopedia of Growth and Development**, eds. SJ Ulijaszek, FE Johnston, and MA Preece (in press)

1996 Jenkins, C. Book review. Gender and Fertility in Melanesia, **Current Anthropology**, 38:

1996 Jenkins, C. The homosexual context of heterosexual practice in Papua New Guinea. In: **Bisexualities and AIDS. International Perspectives, Social Aspects of AIDS Series**. ed. Aggleton, P., London, Taylor & Francis Pubs., London, pp. 191-206.

1997 Jenkins, C. **Youth in Danger: AIDS and STDs among Young People in Papua New Guinea**. UNFPA, Port Moresby.

1997 Jenkins, C. and Passey, M. Sexually transmitted diseases in Papua New Guinea. In: **Sexually Transmitted Diseases in Asia and the Pacific**, eds. Brown, T., Chan, R., Mugrditchian, D., Mulhall, B., Plummer, D. and Sittitrai, W. East-West Center/Venereology/Thai Red Cross Society (in press)

1997 Jenkins, C. Qualitative Methods in Sex Research in Papua New Guinea. In: Bancroft, J, ed. **Researching Sexual Behavior: Methodological Issues**, Proceedings of the Kinsey Institute meeting, May 26-28, 1997, Indiana University, (in press)

1997 Anang, J. and Jenkins, C. Encouraging safer sex among police, security men and sex workers in Port Moresby, Papua New Guinea. **Proceedings of the 4th International Congress on AIDS in Asia and the Pacific**, Manila, Oct. 1997. Abstr. # A (O) 045, p. 25.

1997 Jenkins, C. Youth, sexuality and STD/HIV risk in the Pacific: Results of studies in four island nations. Abstr. # A (O) 084, p. 44. **Proceedings of the 4th International Congress on AIDS in Asia and the Pacific**, Manila, Oct. 1997.

1997 Bhende, A. and Jenkins, C. Sexual Cultures in Asia and the Pacific, **AIDS Special Edition for 1998**, (in press)

1997 Jenkins, C and Gomes, M. The management of malaria in young African children: Findings from focussed ethnographic studies. **Health Transition Review** (submitted)

RECORDINGS, ARCHIVED COLLECTIONS, UNPUBLISHED DOCUMENTS AND SELECTED MEDIA COVERAGE:

1982 Jenkins, C and T. Jenkins. *Traditional Music of the Garifuna (Black Carib) of Belize*. 12" record album with 12 page booklet. **Ethnic Folkways Records FE 4031**.

1982 Jenkins, C. and T. Jenkins. *Dabuyabarugu: Inside the Temple, Sacred Music of the Garifuna of Belize*. 12" record album with 12 page booklet. **Ethnic Folkways Records FE 4032**.

1982 Jenkins, C. and T. Jenkins. Traditional Music of the Garifuna (Black Carib) of Belize, consisting of 28 7" reel-to-reel stereo tapes and 96 pages of annotation, on deposit at National Library of Congress American Folklife Center, Washington, DC and the Archives of Traditional Music, Indiana University.

1982 Jenkins, C. Medicinal Plants of the Garifuna of Belize, collection on deposit, Missouri Botanical Gardens, St. Louis.

1983 Jenkins, C. Inggum Gende: The Bundi Hearth. PNGIMR.

- 1984 Jenkins, C. and Wells, M. Village Midwifery in Papua New Guinea. UNICEF, Manila, 56 pp.
- 1986 Film on malaria in Papua New Guinea, *A Long Night with Lethal Guests*, Film Australia, aired Dec.27, ABC-TV. 56 min.
- 1986 Film on the Hagahai, *Health on the Fringe: The Hagahai of Papua New Guinea*, Film Australia/Institute of PNG Studies. 53 min.
- 1986 Jenkins, C. IFAD Artisanal Fisheries Project Document: Nutritional Assessment of Project Communities, Milne Bay and Gulf Provinces, Papua New Guinea. Department of Primary Industries, Division of Fisheries, Port Moresby, 132 pp.
- 1987 National Geographic Explorer, *Out of the Stone Age*, aired Feb 21, 1988, 28 mins.; also National Geographic Special, *100 Years of National Geographic*.
- 1987 Community Participation in Rural Water Supply and Sanitation. Report to W.H.O. 102pp.
- 1988 Jenkins, C. and G. Kemelfield. Evaluation of Traditional Medicine in the North Solomons Province, Papua New Guinea. Western Pacific Regional Office, World Health Organization, Manila. 108 pp.
- 1990 Film on the origin of animal husbandry (Hagahai), *Partners for Life- Life Sense*; BBC Natural History Unit: 28 min.
- 1991 Jenkins, C. and Pataki-Schweizer, K. Papua New Guinea Contraceptive Knowledge, Attitude and Usage Study Baseline, 1991. SOMARC/The Futures Group, Washington, DC.
- 1992 Film, *Hagahai, The People*, EM-TV and the Communication Institute, Papua New Guinea; televised Dec. 24.
- 1993 Smithsonian Institute, Endangered Music of Rain Forests Project, *The Spirit Cries*, CD produced by Micky Hart using archived Garifuna recordings.
- 1993 Aubeil, J. and Jenkins, C. A Strategy for a Community-based Hygiene Education and Sanitation Project: Proposal for the Eastern Highlands Province, Papua New Guinea. WASH Field Report No. 399, May, 1993.
- 1993 Article on deforestation and health project by Ann Gibbons: *Where are "New" Diseases Born?*, **Science** (Aug 6) 261: 680-1.
- 1993 Assessment of the STD/AIDS Situation in Papua New Guinea and Proposed AIDSCAP Activities. D. Mugrditchian and C. Jenkins, Nov 14-Dec 4. AIDSCAP Report.
- 1994 TV documentary on deforestation and health project, *The Danger Zone*; CBS 48 Hours, aired May 19.
- 1994 Social Marketing for AIDS Prevention in Papua New Guinea. Discussion Paper, GPA, WHO, Sept., 10pp.
- 1994 Situational Assessment of Commercial Sex Workers in Urban Papua New Guinea, Prevention Research Unit/GPA, WHO), Sept, 23pp

- 1994 Behavioural Risk Assessment for HIV/AIDS among Workers in the Transport Industry, Papua New Guinea, AIDSCAP (FHI), Bangkok, Sept, 19 pp.
- 1995 A Study of the Acceptability of the Female Condom in Urban Papua New Guinea, UNFPA, Port Moresby, May, 22 pp.
- 1996 Baseline Surveys for Youth Peer Education Project, South Pacific Commission, report submitted to the South Pacific Comm., Suva, Fiji, June
- 1996 Final Report: Poverty, Nutrition and Health Care: A Case Study in Four Communities in Papua New Guinea, 53 pp., report submitted to The World Bank, June
- 1996 Final Report: Youth, Urbanization and Sexuality in Papua New Guinea, 52 pp, submitted to SSB/GPA/WHO.
- 1996 Rapid Ethnographic Assessment of Malaria in the Tigray region, Ethiopia, 20 pp. submitted to TDR/WHO, Geneva
- 1997 Baseline survey for Youth Peer Education Project, Eastern Highlands, PNG

PAPERS PRESENTED AT PROFESSIONAL MEETINGS:

- 1978 Family Structure and Infant Mortality in an Urban Community, Tennessee Anthropological Assn. Meetings, Chattanooga, TN.
- 1980 Ethnic Differences in the Patterning of Malnutrition among the Peoples of Belize", American Assn. of Physical Anthropologists Meetings, Niagara Falls, N.Y.
- 1980 Malnutrition and Spirits: Umeo among the Garifuna of Belize, American Anthropological Assn. Meetings, Washington, D.C.
- 1981 Ritual and Resource Flow among the Garifuna of Belize, American Ethnology Society Meetings, Washington, D.C.
- 1981 Infant Feeding Regime, Growth and Illness Frequency among Belizean Children, American Assn. of Physical Anthro. Meetings, Detroit, MI.
- 1981 Garifuna Musical Style and Culture: A Cantometric Analysis, Southern Anthropology Society Meetings, Fort Worth, TX.
- 1981 Medical and Nutritional Anthropology in Belize, Committee for Anthropology in the Development of Belize, American Anthro. Assn. Meetings, Los Angeles, CA.
- 1983 Feeding Practices and Growth in Early Childhood among the Amele People of Madang, Papua New Guinea, Annual Meeting of the Assn. for Social Anthropology in Oceania, New Harmony, IN., Mar.
- 1983 Growth and Infant Feeding in Lowland and Highland Madang Province: The Amele and the Gainj, 19th Annual Symposium of the Papua New Guinea Medical Society, Lae, Sept.
- 1983 Traditional Food Concepts and their Influence on Growth in Early Childhood, PNG Food and Nutrition Conference, Goroka, Nov.
- 1984 Nutrition and Birth Intervals in Madang Province, 20th Annual Symposium of the Papua New Guinea Medical Society, Goroka, Aug.

1985 Biocultural Interactions in Growth Retardation among Children in Papua New Guinea, 54th Annual Meeting, American Assn. of Physical Anthropologists, Knoxville, TN, April.

1986 Health Status in a Contemporary Isolated Population: the Hagahai of the Western Schrader Mountains, 22nd Annual Symposium, Papua New Guinea Medical Society, Port Moresby, Sept.

1986 Isolation and Health in the Twentieth Century: the Hagahai of Papua New Guinea, 85th Annual Meetings, American Anthropology Assn., Philadelphia, PA, Dec.

1987 Health in the Early Contact Period: A Contemporary Example from Papua New Guinea, Annual Meeting, Assn. for Social Anthropology in Oceania, Monterrey, CA, Feb (in absentia).

1987 Androgens and their Relationship to Growth Status in Bundi (Gende-speaking) Adolescents of Papua New Guinea, B. Zemel, C. Jenkins and C. Worthman, 56th Annual Meeting, American Assn. of Physical Anthropologists, April.

1987 Seroepidemiology of Human T-Cell Lymphotropic Virus Type I (HTLV-I) Antibody in Populations of the Western Pacific, D.M. Asher, J. Goudsmit, R. Garruto, C. Mora, R. Yanagihara, C. Jenkins, K.L. Pomeroy, H. Askins and D.C. Gajdusek, VIIIth International Congress of Virology, Jan; 16th Congress of the Pacific Science Assn., Seoul, Aug.

1987 Secular Change in Growth in Bundi (with P. Heywood and B. Zemel), 23rd Annual Symposium of Papua New Guinea Medical Society, Madang, Sept.

1988 Foodways and Health: Consequences of Dietary Change in Papua New Guinea, P. Heywood and C. Jenkins, Annual Meeting, Assn. for Social Anthropology in Oceania, Savannah, GA, Feb.

1988 So You Want To Be A Snake: Training for Sorcery in Bagasin, Annual Meeting of the Assn. for Social Anthropology in Oceania, Savannah, GA, Feb. (in absentia)

1988 Dietary Change and Adolescent Growth among the Bundi (Gende-speaking) People of Papua New Guinea, B. Zemel and C. Jenkins, Human Biology Council Symposium, 57th Annual Meeting of the American Assn. of Physical Anthropologists, Kansas City, MO. March.

1988 Culture Change and Epidemiological Patterns among the Hagahai, Papua New Guinea, XII International Congress of Anthropological and Ethnological Sciences, Zagreb, July 24-31.

1989 Knowing the Force: Sorcery and Religion among the Amele. Annual Meeting, Assn. for Social Anthropology in Oceania, San Antonio, Feb.

1989 Seroepidemiological Evidence of Human T-Cell Lymphotropic Virus Type 1 (HTLV-I) Infection among the Hagahai of Papua New Guinea. R. Yanagihara, C. Jenkins, C. Mora, R. Garruto, D.C. Gajdusek. Amer Soc of Trop Med and Hyg Meetings, Dec., Hawaii.

1989 Community Participation in the Control of Vector Borne Diseases: Examples from Papua New Guinea. Fifth Australian Arbovirus Symposium, Brisbane, August 28-Sept. 1.

1989 Behavioral Risk Factors for Diarrhea in the Asaro Valley (C. Jenkins, P. Howard and G. Saleu), 25th Annual Symposium of the Papua New Guinea Medical Society, Port Moresby, September 8-9 .

1989 Nutrition Education among the Gainj of Papua New Guinea, 88th Annual Meetings of the American Anthropological Society, Washington, D.C., November.

1990 Breastfeeding Patterns and Reproductive Function among Lowland Amele Women of Papua New Guinea (C. Worthman, C. Jenkins and J. Stalling). 59th Annual Meetings of the American Assn. of Physical Anthropologists, Miami, Fla., April.

1990 Ancient Diversity and Contemporary Change in the Growth Patterns of Papua New Guinea Children (with B. Zemel). 59th Annual Meetings of the American Association of Physical Anthropologists, Miami, Fla., April.

1990 Biocultural Studies of the Peoples of the Northern Fringe Highlands, (with M. Prasad, T. Smith, G. Koki, G. Anian, K. Bhatia, D.Lai), 26th Annual Symposium, Papua New Guinea Medical Society, Sept 6, Goroka.

1990 Reproductive Endocrine Levels and Lactational Amenorrhea in Well-Nourished Papua New Guinean Women, (with C. Worthman, J. Stallings, and D. Lai) 26th Annual Symposium of the Papua New Guinea Medical Society, Sept., Goroka.

1990 Malaria in the Fringe Highlands, Papua New Guinea (with G. Anian, K. Bhatia, and G. Crane). Australian Tropical Health and Nutrition Conference, Brisbane, Oct 4-7.

1990 Differences in Endocrine Status Associated with Urban-Rural Patterns of Growth and Maturation in Bundi (Gende-speaking) Adolescents of Papua New Guinea. (with B. Zemel and C. Worthman). Society for the Study of Human Biology: Urban Health and Ecology in the Third World. Sept 25-27, University of Durham, U.K.

1991 The Epidemiology of Malaria in the Fringe Highlands of Papua New Guinea (with G. Anian); Disease and Demographic Transitions in Papua New Guinea. 20th Congress of the Pacific Science Assn., May 27-June 2, Honolulu.

1991 Reconstructing Demographic Change among Populations of the North Coast and Fringe Highlands in Papua New Guinea. Waigani Seminar, Univ. of Papua New Guinea, June 16-21, Port Moresby.

1991 Food Resources and Survival among the Hagahai of Papua New Guinea. (with K. Milton). UNESCO Symposium on Food and Nutrition in the Tropical Forest: Biocultural Interactions and Applications to Development. Paris, 9-12 Sept.

1992 The Risk of AIDS in Papua New Guinea. Paper presented at Second Conference on AIDS in Asia and the Pacific, New Delhi, Nov.8-12. (Abstr)

1993 Sex and Society in Papua New Guinea, paper presented at IXth International Conference on AIDS, Berlin, June 7-11. (Abstr.)

1993 Developmental Effects of Sex-Differentiated Parental Care among Hagahai Foragers. (Worthman, C., Jenkins, C. and Stallings, J.) 62nd Annual Meetings of the American Association of Physical Anthropologists (Abst)

A-040691

1993 Blood Spot Hormone Assays in the Comparative Study of Child Development. (J. Stallings, C. Worthman, and C. Jenkins). 62nd Annual Meetings of the American Association of Physical Anthropologists (Abst)

1994 Sex as Work in Papua New Guinea. (Poster) Xth International Conference on AIDS, Yokohama, Aug 6-12. (Abstract Book 2, p.325)

1994 Knowledge vs. Behaviour Change: Preventing AIDS Transmission in PNG. 30th Annual Symposium of the Medical Society of Papua New Guinea, Sept 7-10, Mt. Hagen, (Abst.)

1995 Urbanization, Youth and Sexuality: Insights for an AIDS Campaign for Young People in Papua New Guinea. 31st Annual Symposium of the Medical Society of Papua New Guinea, Sept 20-24, Port Moresby, (Abst.)

1995 Acceptability of the Female Condom in Papua New Guinea, State of AIDS Research in Papua New Guinea (papers), HIV Risk among Transport Workers in Papua New Guinea, Youth and Sexuality in Papua New Guinea (posters), presented at the Third Asian and Pacific AIDS Conference, Chiang Mai, 16-22 Sept.

1995 Monitoring Change in the Rain Forest: Logging, Human Behavior and Disease Patterns. Presented at 95th Annual Meeting of the American Anthropological Association, Washington, DC, Nov. (Abst)

1996 Sexual Networks and Sexual Cultures in Papua New Guinea, paper presented at the conference entitled "Reconceiving Sexuality: International Perspectives on Gender, Sexuality and Sexual Health", Rio de Janeiro, April 14-19

1996 The Risks and Consequences of HIV in Rural PNG, presented at 32nd Annual Medical Symposium, PNG Medical Society, Madang, Sept 2-6 (Abst)

1996 Accessing Health Care in PNG: Consumers' Perspectives (S. Youifa, M. Lameki, C. Jenkins), presented at 32nd Annual Medical Symposium, PNG Medical Society, Madang, Sept 2-6 (Abst)

FOREIGN LANGUAGE SKILLS:

Mother tongue: English

Reading: Spanish, Russian

Reading, Speaking: Melanesian Pidgin

Learning: Bangla

PROFESSIONAL MEMBERSHIPS:

American Anthropological Association

New York Academy of Sciences

Council on Nutritional Anthropology

Society for Medical Anthropology

Papua New Guinea Medical Society

Association for Social Anthropology in Oceania

AIDS and Anthropology Research Group

Women's Caucus on AIDS, International AIDS Society

Australian Society for HIV Medicine

Australian Society of Venereology

Principal Investigator: JENKINS, Carol _____

Check List

After completing the protocol, please check that the following selected items have been included.

- 1. Face Sheet Included ✓
- 2. Approval of the Division Director on Face Sheet ✓
- 3. Certification and Signature of PI on Face Sheet, #9 and #10
Attached letter from co-PI X
- 4. Table of Contents ✓
- 5. Project Summary ✓
- 6. Literature Cited ✓
- 7. Biography of Investigator ✓
- 8. Ethical Assurance ✓
- 9. Consent Forms ✓
- 10. Detailed Budget ✓

Principal Investigator CAROL JENKINS

Trainee Investigator (if any) _____

Application No. 97-026 (Revised)

Supporting Agency (if Non-ICDDR,B) FHI(USAID)

Title of Study Chittagong Port and the Bay

Project status:

Bengal: Research for Interventions in
STD/HIV Prevention

- () New Study
- () Continuation with change
- () No change (do not fill out rest of form)

DMONO

Circle the appropriate answer to each of the following (If Not Applicable write NA).

- Source of Population:
- (a) Ill subjects Yes No
 - (b) Non-ill subjects Yes No
 - (c) Minors or persons under guardianship Yes No
- Does the study involve:
- (a) Physical risks to the subjects Yes No
 - (b) Social Risks Yes No
 - (c) Psychological risks to subjects Yes No
 - (d) Discomfort to subjects Yes No
 - (e) Invasion of privacy Yes No
 - (f) Disclosure of information damaging to subject or others Yes No
- Does the study involve:
- (a) Use of records, (hospital, medical, death, birth or other) Yes No
 - (b) Use of fetal tissue or abortus Yes No
 - (c) Use of organs or body fluids Yes No
- Are subjects clearly informed about:
- (a) Nature and purposes of study Yes No
 - (b) Procedures to be followed including alternatives used Yes No
 - (c) Physical risks Yes No
 - (d) Sensitive questions Yes No
 - (e) Benefits to be derived Yes No
 - (f) Right to refuse to participate or to withdraw from study Yes No
 - (g) Confidential handling of data Yes No
 - (h) Compensation &/or treatment where there are risks or privacy is involved in any particular procedure Yes No

- 5. Will signed consent form be required:
 - (a) From subjects ^{Recorded} Yes No
 - (b) From parent or guardian ^{verbal consent} Yes No
 - 6. Will precautions be taken to protect anonymity of subjects Yes No
 - 7. Check documents being submitted herewith to Committee:
 - N/A Umbrella proposal - Initially submit an overview (all other requirements will be submitted with individual studies).
 - Protocol (Required)
 - Abstract Summary (Required)
 - Statement given or read to subjects on nature of study, risks, types of questions to be asked, and right to refuse to participate or withdraw (Required)
 - N/A Informed consent form for subjects
 - N/A Informed consent form for parent or guardian
 - Procedure for maintaining confidentiality
 - Questionnaire or interview schedule *
- * If the final instrument is not completed prior to review, the following information should be included in the abstract summary:
1. A description of the areas to be covered in the questionnaire or interview which could be considered either sensitive or which would constitute an invasion of privacy.
 2. Examples of the type of specific questions to be asked in the sensitive areas.
 3. An indication as to when the questionnaire will be presented to the Cttee. for review.

I agree to obtain approval of the Ethical Review Committee for any changes involving the rights and welfare of subjects before making such change.

Carol Jenkins
Principal Investigator

Trainee