Attachment 1. 68 Library (P)

(FACE SHEET) ETHICAL REVIEW COMMITTEE, ICDDR,B. Date 7.5.97

Principal Investigator M. Tajul Islam Trainee Investigator (if any) NONE

Application No. 97-009 Supporting Agency (if Non-ICDDR,B) _____

Title of Study Baseline survey for HIV/AIDS Staff Education Programme

Project status:
(✓) New Study
( ) Continuation with change
( ) No change (do not fill out rest of form)

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

1. Source of Population:
   (a) Ill subjects — Yes (No)
   (b) Non-ill subjects — (Yes) No
   (c) Minors or persons under guardianship — Yes (No)
2. 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)
3. 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)
4. Are subjects clearly informed about:
   (a) Nature and purposes of study — (Yes) No
   (b) Procedures to be followed including alternatives used — Yes No NA
   (c) Physical risks — Yes No NA
   (d) Sensitive questions — Yes No NA
   (e) Benefits to be derived — Yes No NA
   (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 NA
5. Will signed consent form be required:
   (a) From subjects — (Yes) No
   (b) From parent or guardian (if subjects are minors) — Yes No NA
6. Will precautions be taken to protect anonymity of subjects — (Yes) No
7. Check documents being submitted herewith to Committee:
   - NA Umbrella proposal - Initially submit an overview (all other requirements will be submitted with individual studies).
   - ✓ Protocol (Required)
   - ✓ Abstract Summary (Required)
   - NA 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)
   - NA Informed consent form for subjects
   - NA Informed consent form for parent or guardian
   - NA 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.

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

Tajul
Principal Investigator

NA
Trainee

Title page

1. Principal Investigator:	Mohammad Tajul Islam
2. Other investigators:	
a. Advisor:	Andres de Francisco
b. Co-investigators:	Sarah Hawkes Mahidul Islam Md. Golam Motafa
3. Project title:	Baseline survey for HIV/AIDS Staff Education Programme
4. Starting date:	July 15, 1997
5. Date of completion:	November 15, 1997
6. Total budget requested:	US$ 11,954.00
7. Funding source:	Will be submitted to SDC
8. Head of programme:	Prof. Demissie Habte

11. BACKGROUND

HIV/AIDS pandemic is currently a major health problem throughout the would (1). The exact situation of HIV/AIDS in Bangladesh is not known because of lack of reliable information. Bangladesh is surrounded by countries with high prevalence of HIV/AIDS (2-8). Bangladesh is especially at high risk of HIV transmission because of movement of population to and from the neighboring countries, existence of commercial sex workers, prevalence of high risk sexual behavior, practice of unsafe blood transfusion, and use of unsterile syringes for injections (9). Since cure for HIV/AIDS, and an effective vaccine to prevent HIV infection are not likely to be developed in the near future, the only way to control the spread of HIV infection is through awareness and changing behavior.

Many employers in many countries have found that through implementing health promotion programmes at the workplace, health care costs decreased and productivity increased (10). Staff education programme is for providing HIV/AIDS information to all staff of an organization. It is aimed at educating the staff themselves but not enabling them to train others. The objective of staff education programme is to provide reliable information to all the staff to protect their own health and the health of their families. The benefits of staff education are i) awareness about HIV/AIDS and adoption of preventive measures may lead to reducing the risk of HIV infection for the staff and their families, and ii) staff educated on HIV/AIDS may be a source of accurate information for others in reducing the spread of rumour and misinformation.

HIV/AIDS STAFF EDUCATION PROGRAMME

Prevention of HIV infection is seen as a process and not as a series of different actions. Therefore, peer education approach has been chosen as the strategy for HIV/AIDS staff education programme. Main objectives of the staff education programme are to create awareness on HIV/AIDS problem, modes of transmission (including how it is not transmitted), and its prevention.

ACTIVITIES OF STAFF EDUCATION PROGRAMME

Resource persons identified within the Centre include Dr. George Fuchs, Dr. Sarah Hawkes and Dr. Joseph Bogaerts. They will provide technical assistance in HIV/AIDS staff education programme as and when necessary. In addition, CARE-Bangladesh and Swiss Agency for Development and Cooperation (SDC) with their broad experience in different fields of HIV prevention will be the outside partners for the programme.

Selection and training of trainers (TOT) for the peer educators

Overall purpose of the TOT will be to create a core group of trainers who will be able to implement the ICDDR,B peer

educators' training programme.

Trainers will be selected from all the divisions. Persons to be selected must be interested in the work of HIV prevention and have sufficient time to execute the requested tasks. The overall criteria for selection are social accessibility and acceptability with preference to those who have some experience in training others. The number of male and female trainers will correspond to the sex distribution amongst the ICDDR,B staff. They will be trained in a TOT for not less than 5 days.

Development of training module and curriculum

Modules for the peer education programme will be developed in Bangla. The module and curriculum will be developed considering the objectives, and in collaboration with CARE-Bangladesh. If needed, external consultant's assistance can be sought. The trained trainers will develop the curriculum and module for the training of peer educators.

Selection and training of peer educators

Peer educators will be selected by the trained trainers from their respective divisions/departments in consultation with the division directors/unit heads. The number of male and female peer educators will correspond to the number of male and female staff member at the Centre (usually 1 peer educator for 30-50 staff). The main criterion for selection of peer educators will be the social accessibility. They should be socially accepted by their peers and above all available for the programme.

The peer educators will be trained for two days (may be in divided sessions) by the trained trainers. Male and female peer educators will be trained separately by male and female trainers, respectively.

Training of the Centre's staff

The general staff will be approached individually (informal education) by the trained peer educators to provide information on HIV/AIDS. Group meetings (formal education) are also possible and will be assisted by the trained trainers.

Supervision and monitoring

The peer educators will keep records of their activities. The trainer(s) who trained them will help in case of questions and will supervise them regularly. At least every 3 months, a short (2-3 hours) meeting will be held to discuss the results. The minutes of the meetings will be sent to the HIV/AIDS training coordinator.

Evaluation

In-training evaluation (TOT and peer educators' training) to assess the participants' retention of knowledge will be done by pre- and post-tests. Post-training follow-up and evaluation will be conducted through the 3 monthly supervision meetings. If needs are identified, refresher training to the trainers/peer educators will be arranged. After one year, the activities will be evaluated externally and the preparation of a new plan of action will follow.

As application of outcome indicators are very difficult in the field of sexual behaviour, therefore, we shall concentrate in output and performance indicators, such as, number of trainers trained, number of peer educators trained and number of activities performed (supervision sessions and number of persons contacted by the peer educators). Through specific activities the performance and quality of work will be evaluated, such as, a) assessment of knowledge on risk factors, and prevention of HIV/AIDS amongst the ICDDR,B staff, and b) demonstration of appropriate application of condom on cucumber, brinjals or any other suitable object.

BASELINE SURVEY

In order to evaluate the impact of the programme, a baseline survey is designed to assess the knowledge of ICDDR,B staff on HIV/AIDS. The information will provide the existing level of knowledge of ICDDR,B staff as well as will help to identify the target group for intervention.

OBJECTIVES

The objectives are to assess the knowledge of ICDDR,B staff on

1. HIV/AIDS situation and its potential threat to spread in Bangladesh
2. modes of transmission of HIV (including how it is not transmitted)
3. risk factors for HIV/AIDS and
4. prevention of HIV/AIDS.

METHODOLOGY

A cross-sectional survey will be conducted to assess the knowledge of ICDDR,B staff on HIV/AIDS.

Study population

The study population comprised of all the ICDDR,B staff, which include staff at Dhaka, Matlab and other project areas. All levels of staff, such as, international, fixed term, short term, contractual staff etc. <u>except the staff on daily wage basis</u> will be included. Staff on daily basis (133 staff) will be excluded

because of very rapid turnover and not having any employee number. Thus, 1,594 staff members (excluding the daily basis staff) of ICDDR,B will be the study population.

Sample size

The sample size as calculated is 350 (taking prevalence of existing knowledge on HIV/AIDS as 50% with an allowable error of 5%). See annex 1 for detail.

Selection of study subjects

All the 1,594 staff members of the Centre will be categorized (stratified) into four groups as follows:

Group I:	GSI, GS2, Health Workers and Community Health Workers
Group II:	GS3, GS4, GS5 and Fellow Nurses
Group III:	GS6, NOA, NOB, Nursing Officers, Fellow Doctors and Research Fellows
Group IV:	All others

Proportion of the staff in different groups i.e. group I to IV will be determined. Total number of study subjects will be distributed according to the proportion of staff in the groups. From each group, calculated number of study subjects will be selected by systematic random sampling using the staff employee number.

Method of data collection

Data will be collected by a set of questionnaire (annex 2). The questionnaire will be developed and submitted to the Family Planning and Reproductive Health Scientific Working Group for review and approval. Once approved, it will be pre-tested (in an organization near ICDDR,B, e.g. NIPORT, IPH etc.) and modified as necessary before final data collection. Data will be collected by trained data collectors (will be trained for a full day). Selected staff will be approached individually by the trained data collectors to fill up the questionnaire. Data will be anonymous and confidentiality will be maintained (only age, sex, education and level of staff will be known). Data collected, will be checked for consistency. Data will be cleaned for out-of-range errors and entered into microcomputer using SPSS PC+/Fox Pro programme for analysis.

Staff required for the survey are

1. Research Associate: one
2. Computer Programmer: one
3. Secretary: one
4. Data collector: 20
5. Data entry personnel: 2

Orientation to the data collectors

Data collectors will be given a full day orientation focusing on background of the project and its activities, sampling techniques and selection of subjects, possible problems on data collection, method of data collection and discussion on questionnaire, communication skills, HIV/AIDS problem (globally and in Bangladesh), modes of transmission and prevention of HIV/AIDS.

Method of data analysis

Frequency and proportion (including 95% CI) of each items of the questionnaire will be determined to assess the level of knowledge. Distribution of knowledge according to sex and level of employment will also be determined to identify the target group.

OUTPUT

This survey will be the first serious attempt to find out knowledge and attitude of ICDDR,B staff towards issues related to HIV/AIDS. It is envisaged that the knowledge of the staff in this institution will change over time, either due to the future planned training programme or to exposure to general information. Either way, an important research component of this exercise will be to establish the likely contribution of an educational interventions on knowledge by comparing a subsequent survey with this baseline survey. This exercise will indicate ways to approach HIV/AIDS education in health institution in Bangladesh, and will provide timely information of the situation in this institution.

BIBLIOGRAPHY

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2. Anthony B, Mertens TE, Lal S. Estimation of adult HIV prevalence as of the end of 1994 in India. Ind J of Public Health 1995; 39(3): 79-85

3. Pal NK, Chakraborty MS, Das A, Khodakevich L, Jana S, chakraborty AK. Community based survey of STD/HIV infection among commercial sex workers in Calcutta (India). Part IV: Sexually transmitted diseases and related risk factors. J Commun Dis 1994; 26(4): 197-202

4. Solomon S, Anuradha S, Ganapathy M, Jagadeeswari. Sentinel surveillance of HIV-1 infection in Tamilnadu, India. Inl J STD/AIDS 1994; 5(6): 445-6

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7. Bhushan N, Pulimood BR, Babu PG, John TJ. Rising trend in the prevalence of HIV infection among blood donors. Indian J Med Res 1994; 99: 195-7

8. Hanenberg RS, Rajanapithayakorn W, Kunasol P, Sokal DC. Impact of Thailand's HIV control programme as indicated by the decline of sexually transmitted diseases. Lancet 1994; 344: 234-45

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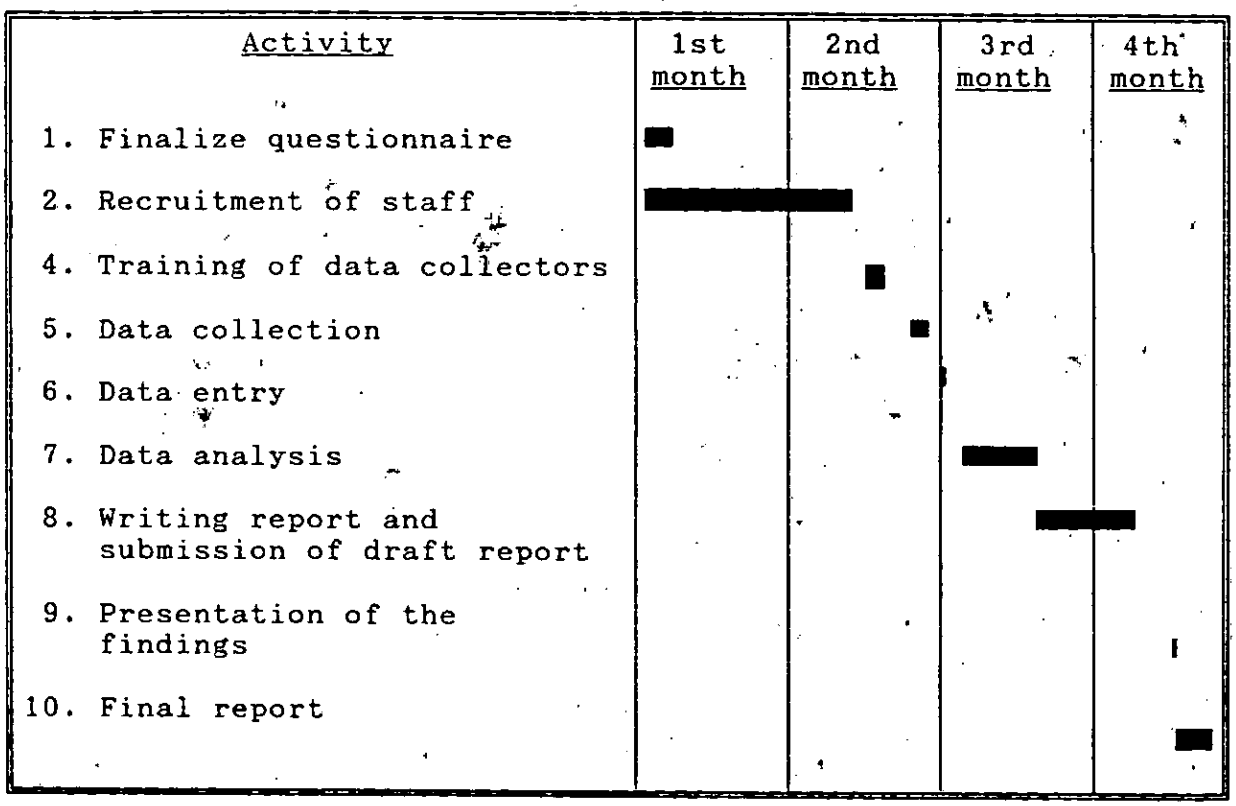
10. ICDDR,B, AIDSCAP. Get Ready, Get Set, act!! A manual on how to initiate and implement a HIV/AIDS education programme in the workplace. Dhaka, 1994.

12. PUBLICATIONS OF PRINCIPAL INVESTIGATOR

1. Risk factors for persistent diarrhoea. Thai J epidemiol 1994;3(2): 35-44

2. Baseline Survey for Community Education on Maternal and Neonatal Health Care. NIPORT 1993

13. FLOW CHART



14. ITEMIZED SPECIFIC TASKS FOR EACH LISTED INVESTIGATOR

a. Principal Investigator:	Writing proposal, overall implementation and supervision of the project. Training of data collectors, data analysis and writing report.
b. Advisor:	Technical support and guidance for the project.
c. Co-investigators:	
Sarah Hawkes:	Technical support.
Mahidul Islam:	Training of data collectors, supervision of data collection, data analysis and writing report.
Md. Golam Motafa:	Training of data collectors, supervision of data collection, data entry and analysis.

15. BUDGET

1. Personnel services:		US$
1.1. Research Associate: @ 876/month X 3 months		2,442.00
1.2. Computer Programmer: @ 482/month X 2 months		964.00
1.3. Secretary: @ 373/month X 3 months		1,119.00
1.4. Data Collectors: @ 10/day X 5 days X 20 persons		1,000.00
1.5. Data entry personnel: @ 10/day X 5 days X 2 persons		100.00
2. Stationery & photocopy:		1,000.00
3. Training for data collectors:		200.00
4. Travel (for data collection and others):		800.00
5. Hiring of computer & printer for 3 months/purchase of one computer		1,500.00
Total operating cost:	US$	9,125.00
6. Overhead/administrative cost (31% of the operating cost):		2,829.00
Total cost:	US$	11,954.00

(US$ Eleven thousand nine hundred and fifty four only).

16. JUSTIFICATION OF BUYING A COMPUTER

The project will generate a good amount of data and a computer will be required for data analysis. Computers at Training and Education Department are fully occupied and cannot be spared for this purpose. Hiring a computer and printer for 3 months will cost about US$ 1,500. We can buy a computer with that amount which will be a capital asset for this Centre.

OK
5/5/97

Calculation of sample size

Sample size is calculated according to the following formula:

$$\text{Sample size, } n_0 = \frac{Z_\alpha^2 \, pq}{d^2}$$

where, Z_α = standard normal variate i.e. 1.96 at 95% confidence limit

p = prevalence of existing knowledge on HIV/AIDS. We assume the level of existing knowledge on HIV/AIDS amongst the ICDDR,B staff as 50% to get the maximum sample size.

q = $(1-p)$ i.e. 0.5

d = allowable error, taken as 5% i.e. 0.05

Therefore, the calculated sample size is 385. The final estimated sample size, using the formula for population correction (as stated below), becomes 341 ≈ 350 (including 10% non-response rate).

$$\text{Final sample size, } n = \frac{n_0}{1 + \frac{n_0}{N}}$$

Where, n_0 = Sample size, i.e. 385

N = Total study population, i.e. 1,594

QUESTIONNAIRE

A. General Information:

1. Age (in years): _____

2. Sex: 1. Male 2. Female

3. Education (highest degree): .....

4. Job level (e.g., GSI, GSII, NOA etc.) _____

B. Knowledge on HIV/AIDS

1. Have you hard about a disease called AIDS?

   1. Yes 2. No (if no, stop interview)

2. If yes, from where?

   1. Radio/television 2. Posters/Leaflets
   3. Newspaper/Magazine 4. Friends
   5. Others (specify) _____

3. AIDS is caused by

   1. Bad air 2. Bad water 3. Virus 4. Bad habits
   5. Bacteria 6. Others (specify) _____

4. Is there any chance that HIV may spread in Bangladesh?

   1. No (skip Q. 5) 2. Yes (skip Q. 6)
   3. Don't know (skip Q 5 & 6)

5. If yes, why are there chances that the HIV may spread in Bangladesh (multiple response possible)?

   1. Availability of commercial sex workers
   2. Many people are working abroad
   3. Blood transfusion practices are not safe
   4. Bangladesh is surrounded by the countries where HIV prevalence is high
   5. Many tourists are coming to Bangladesh
   6. Wide spread use of unsterile syringe in the country
   7. Practice of extra or premarital sex is not uncommon
   8. Others (specify) _____

6. If no, why not (multiple response possible)?

1. Strong religious belief
2. Very conservative society
3. Extra or premarital practices are not common
4. There is no HIV/AIDS cases in Bangladesh
5. Others (specify) _____

7. How can one know that she/he has been infected with HIV?

1. Blood test 2. Urine test 3. Stool test
4. Saliva test 4. Others (specify) _____

8. What is the consequence if a person gets AIDS?

1. There is treatment to cure the disease
2. He/she will definitely die
3. Don't know
4. Others (specify) _____

9. Following are some of the statements about <u>how HIV is transmitted</u> from one person to another. please tick the box as you think.

	True	Not true	Don't know
a. By hand shaking with a person having AIDS	....	....	....
b. By social kissing	....	....	....
c. By blood/blood component transfusion	....	....	....
d. By contaminated clothes	....	....	....
e. By unprotected sexual intercourse	....	....	....
f. Through drinking water	....	....	....
g. Sharing food with a person who has AIDS	....	....	....
h. Sharing room, toilet, utensils with an AIDS patient	....	....	....
j. Through sharing of unsterile needles	....	....	....
k. Through breast milk	....	....	....
l. From mother to baby during pregnancy or child birth	....	....	....

m. Through needle stick to the health care workers ....

n. By mosquito and other similar insect bites ....

10. Following are some statements about protection against HIV/AIDS. For each statement, please tick the box as you think.

People can protect themselves from HIV infection by .....

	True	Not true	Don't know
a. having a good diet	....	....	....
b. staying with one faithful partner	....	....	....
c. avoid using public toilets	....	....	....
d. using condoms during sexual intercourse	....	....	....
e. making sure that injections are performed with a clean sterile needle	....	....	....
f. avoiding blood transfusion not screened for HIV	....	....	....

11. Do you think that a person infected with HIV always shows symptoms?

1. Always shows symptoms 2. Can look healthy
3. Don't know

12. HIV can be transmitted from one person to another

1. Only when the patient develops AIDS or symptoms
2. Only when the person is HIV positive i.e. after seroconversion
3. Any time of the disease process i.e. from getting the infection (even before seroconversion) to the development of AIDS
4. Others (specify) _____

13. Should persons with HIV who work with other people, such as, in factory or an office, be allowed to continue their work?

1. Allowed 2. Not allowed 3. Don't know

14. Which of the following micro-organisms can be transmitted through blood in health care setting

1. Hepatitis B	2. Hepatitis A
3. Hepatitis C	4. HIV
5. Syphilis (T. palidum)	6. Malarial parasites
7. Rotavirus	8. Tuberculosis

15. Which of the following body fluids should be considered hazardous?

1. Breast milk	2. Saliva
3. Nasal secretion	4. Urine
5. Tears	6. Faeces
7. Amniotic fluid	8. Semen

16. Which one of the following is the most simple, inexpensive and effective method for prevention of cross infection?

1. Wearing gloves	2. Hand washing
3. Wearing gloves and gown	