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KABP SURVEYS

A GUIDE TO THEIR IMPLEMENTATION IN THE CARIBBEAN

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AIDS KABP SURVEYS:

A GUIDE TO THEIR IMPLEMENTATION

IN THE CARIBBEAN

CAREC
Caribbean Epidemiology Centre
(Pan American Health Organization/WHO)

USAID
(United States Agency for International Development)

AIDSCOM
(Academy for Educational Development)

AIDSTECH
(Family Health International)

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P R E F A C E

AIDS, a global public health problem of unprecedented proportions is of major concern in the Caribbean, as the number of persons with AIDS continues to increase yearly. The disease has shown a dramatic shift from an initial preponderance among homosexual and bisexual males and is now predominantly occurring in the heterosexual population.

In response to the growing problem, all countries in the English-Speaking Caribbean and Suriname, during 1988-89, prepared comprehensive national AIDS control programmes (NACP). In the absence of a vaccine or an effective therapy, special emphasis in these programmes was placed on AIDS education and information programmes aimed at motivating people to change their behaviour. In order, however, to better plan and implement such programmes, it is important for NACP managers to obtain information on the existing knowledge, attitudes, beliefs and practices (KABP) among populations with respect to AIDS and HIV infection. These KABP surveys when repeated periodically, also assist programme managers in monitoring the impact of the programmes in terms of changes in knowledge and behaviour patterns. The conduct of such household surveys, however, require elaborate planning and organization.

The Caribbean Epidemiology Centre (CAREC) in collaboration with USAID, AIDSCOM and AIDSTECH has developed a guide to assist its 19 member countries in planning and conducting these KABP surveys. This guide, targeted to programmes managers, addresses many issues of importance including sampling technique, sample size determination, data collection and processing etc. Also included is a standardized Caribbean questionnaire which countries may use or choose questions from, according to country specific needs.

Although developed primarily for regional use, AIDS programme managers in countries outside of the Caribbean may find these guidelines equally useful.

Many individuals and organizations, directly or indirectly contributed to the development of the guide. We wish to gratefully acknowledge the support of the World Health Organization in providing global KABP manual, especially the questionnaire and instruction components which have been adapted to the Caribbean situation.

Finally, we commend the spirit of cooperation exhibited by USAID, AIDSCOM and AIDSTECH in assisting CAREC in the development of these guidelines and look forward to their continued cooperation and contributions in the control of HIV infection in the Caribbean.

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I. OVERVIEW

A. STATEMENT OF THE PROBLEM

Acquired Immune Deficiency Syndrome (AIDS) poses a threat to every country in the world. In many it has reached epidemic proportions. There is hardly a country immune from interactions with other societies, hence, no country can afford to ignore the possibility that its population is vulnerable and at risk. Other sexually transmitted diseases (STDs) also present a health problem in many countries and their prevalence and the factors influencing their transmission are related to those of Human Immunodeficiency Virus (HIV). In the English-speaking Caribbean HIV continues to spread and more cases of AIDS among adults, teenagers and infants are reported every month.

It is generally agreed that until a vaccine or biomedically effective therapy for AIDS is discovered, the only practical tool available to stop the spread of HIV infection is behaviour change through information, education and counselling. Educational campaigns aimed at changing or modifying risky behaviours and promoting safer alternatives have gained central importance to national efforts against AIDS. The success of educational initiatives depends on their ability to identify and meet the information needs of various target populations and to address these in ways that are culturally acceptable and individually relevant.

B. KABP SURVEYS

There is a lack of accurate knowledge in the general population regarding AIDS and HIV; disinformation, distortion, myths and inaccurate beliefs surround the issue of HIV transmission and these must be corrected. Systematically collected information on how much different groups in the society know about AIDS and what their main sources of information are is thus necessary for this task.

Certain individuals engage in risky behaviours and these need to be identified so that specific information and educational interventions can be targeted to meet their particular needs.

Groups of individuals might include:

a. young people who need information to define sexuality particularly as it relates to AIDS/HIV;

b. persons with multiple sexual partners;

c. substance abusers;

d. migrant workers, informal commercial importers (higglers) and frequent travelers.

In Caribbean societies there are certain taboo topics (e.g. sexual practices) about which one is not expected to inquire and which are not discussed. Because discussion of these topics usually takes place in private with a doctor, nurse or counsellor, gathering information on these topics in a survey may be difficult and must be performed with sensitivity.

There is a need to ensure that enabling factors exist or are developed so as to encourage desirable behaviour changes (e.g. the use of condoms and the development of social skills to resist external pressures to change, e.g. peer group pressures regarding multiple sex activity). The Knowledge, Attitudes, Beliefs and Practices (KABP) surveys can collect information not only on the prevailing level of people's knowledge and behaviours but also on the existence of enabling factors.

The proposed KABP surveys will provide country-specific and regional information concerning patterns of knowledge, attitudes, beliefs and certain risky behaviours on AIDS/HIV of the general population. The information will be used to:

- o design communication and education campaigns;
- o determine the success of communication campaigns and intervention programmes; and
- o develop health policy guidelines.

Specific areas of misinformation must be identified in each country in the region and corrected through education programmes for the general populations as well as those targeted to identified populations with high risk practices.

C. HYPOTHESES AND THEORETICAL FRAMEWORK

The first KABP survey in each country provides a baseline of information with which to compare results of future KABP surveys. Once this baseline is established, it will be easier to determine whether prevention efforts have been successful over time in increasing the public's knowledge and in leading to necessary changes in behaviour. The initial survey also helps guide the focus and content of information and education campaigns.

Although KABP studies are designed to be mostly descriptive, surveys often have some theoretical or conceptual orientation and often are designed to test certain hypotheses derived either from other observations or a well established conceptual framework.

The primary area of understanding that surveys often address is behaviour change. Behaviour change is a *process*. The nature, length and complexity of that process vary with regard to the behaviour in question, and it is generally acknowledged that deeply rooted behaviours, such as sexual practices, are the most complex and difficult to change. For these behaviours, the change process involves a complex continuum of knowledge, attitudes, beliefs, values, lifestyles, skills and practices as well as numerous outside "environmental" supports. The effect is cumulative and takes place over time.

The exact components of the behaviour change continuum for AIDS prevention have not yet been fully identified. But enough knowledge currently exists to provide a *hypothetical* framework for this continuum. This framework can serve as a point of departure and as a focus for active discussion and refinement.

The Stages in the Continuum

In the Caribbean, health educators recognize a wide variation in the public's awareness of AIDS and response to it. The differences can be described as different stages along a continuum. A brief description of these stages follow:

Unaware

This can be defined as not having "heard of" AIDS or as recognizing the word only, without the ability to identify what AIDS is, or to identify AIDS incorrectly.

Aware

From a measurement standpoint, awareness could be defined as "heard of" the condition and having the ability to identify only the basic characteristics of AIDS, for example:

1) it is a disease,
2) it kills, and
3) it is communicable.

Concerned

The level and nature of concern could be appropriate or inappropriate (i.e. too high among the "worried well", too low among those at high risk). The concern may be for oneself or for others. Concern could escalate into fear or panic, it could derail into denial, and so forth.

Knowledgeable

The target group can possess correct, incorrect or partial knowledge. Our experience has shown that these generally overlap. Some aspects of knowledge may be simple prerequisites, others may be motivating factors, others may be facilitating or enabling factors. For example, a motivating factor might be the interest of a sexual partner to use a condom; an enabling factor could be the availability of condoms.

Knowledge can be grouped in several categories:

- knowledge of the signs and symptoms of AIDS,
- knowledge of transmission routes,
- knowledge of risky behaviours,
- knowledge of preventive risk reduction behaviours, and so forth.

Motivated

This is one of the most controversial stages in the behaviour change continuum; partly because *detecting* the presence or absence of motivation is difficult and partly because determining the *reasons* for its presence or absence is both difficult and extremely complex.

Detecting motivation for change of behaviour can come in the form of stated likelihood, intention or importance measures as well as self-reported early changes in some "approximate" behaviour.

Identifying and quantifying the *reasons* for the presence or absence of motivation involves a complex set of measures. Some of these include:

1) perceived personal susceptibility to AIDS,
2) perceived seriousness of AIDS (nature and degree),
3) feelings of acceptability, possibility or efficacy regarding the new "goal" behaviours,
4) feelings regarding the exchange required -- benefits of adopting the goal behaviour vs. the cost (barriers) of doing so.

Ready to Change

Motivation alone does not necessarily lead to actual behaviour change. As such, there is often a time lag between what can be called "sold in the mind" and the actual goal behaviour itself. The length of this time lag is associated with at least four factors:

1) The individual's disposition: Leader/follower, doer/procrastinator, fatalistic/deterministic, etc;

2) The individual's rank order of priorities at the time;

3) Affordability of the "product"/goal behaviour;

4) Accessibility of the "product"/goal behaviour.

As can be seen, some of these are *internal factors* while others are *external factors*. *Internal factors* related to readiness include:

- self-permission, learning negotiation skills and self-esteem.

External factors include:

- A willing partner, a policy, condoms, and availability.

As a group, these external and internal factors are often called *trigger mechanisms* or *enabling factors*; factors which can help put the target population in a state of preparation for behaviour change.

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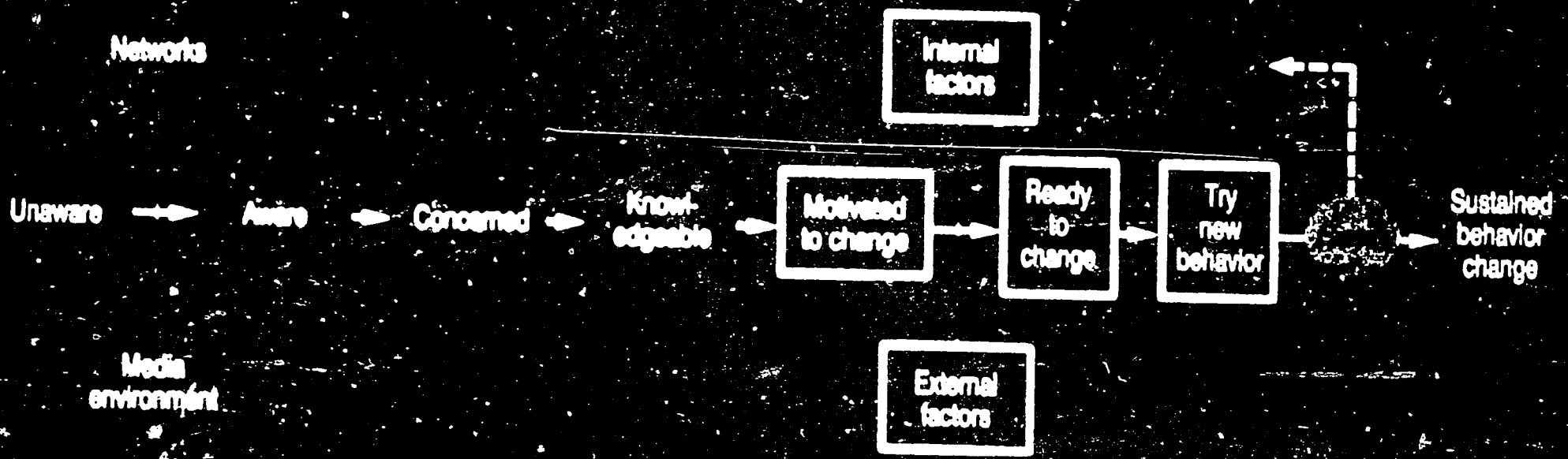
Health Behavior Change Continuum

A Framework for Measurement



Try New Behaviour

At any point some members of the target population will try new behaviours. These may be "approximate" behaviours or the actual goal behaviour itself. While the goal behaviour may be to use condoms correctly during every sexual encounter, an approximate behaviour could be "trying it out" by using a condom with just one partner or just one time.

The trial effort will either be unsuccessful, successful or ambiguous. The new behaviours may be conducted correctly or incorrectly.

Assess

This is a critical personal judgement which influences whether the new behaviour tried will be accepted or rejected, whether movement will continue toward sustained behaviour change, revert back to an earlier stage, or spinoff into feelings of depression, being overwhelmed, complacency or some other state. The key to the assessment process is the target population's evaluation of the trial behaviour as rewarding, unrewarding or punishing, as meeting or falling short of expectations, as satisfactorily meeting needs or not meeting them, either partly or completely.

Sustained Behaviour Change

Maintaining a behaviour change, particularly over a long period of time, is clearly complex and involves the continuation of, as well as changes in, a variety of factors -- both internal and external.

Using the terms of reference from the behaviour change continuum, possible hypotheses to test in KABP surveys might include:

1. Adoption of behaviour changes leading to risk reduction will be more likely to occur when:

    - o individuals have an accurate perception of their own risk of contracting HIV;
    - o individuals have an appropriate level of concern regarding the risk of HIV;
    - o individuals have positive attitudes regarding optimal "safer" practices;
    - o individuals acquire detailed and accurate information on AIDS/HIV;
    - o individuals perceive that they are in control of their own lives;
    - o individuals have more formal education and better access to information;
    - o individuals have friends who have HIV infection or AIDS; and
    - o individuals have friends who have changed behaviour.

2. Tolerance and understanding of people with HIV infection or AIDS is more likely to occur for individuals who have more detailed and accurate information.

3. Socio-cultural factors. religious and social organizations may present barriers to the communication of knowledge and changes in attitude.

D. GOALS AND OBJECTIVES

Major goals of a KABP survey in the Caribbean are:

- To develop a body of descriptive country-specific and Caribbean regional information concerning patterns of knowledge, attitudes, beliefs on AIDS/HIV infection and certain risk practices of the general population.

- To establish an information base which will assist in planning communication strategies, their content and the most acceptable methods of reaching the various segments of the population (target groups) perceived to be at risk of HIV infection prior to the implementation of communication campaigns.

- To establish a baseline of information against which future studies can be compared to track changes in knowledge, attitudes and practices regarding AIDS/HIV and other STDs and to evaluate interventions such as:

    - information/educational interventions for general audiences

    - other interventions of the national AIDS control programme directed at specific target groups at particular risk of HIV infection.

- To provide a baseline of information for the development of health policy guidelines for risk reduction, control and prevention of HIV infection, and for the care and treatment of those infected with HIV.

- To collect data which will allow comparison of knowledge attitudes, beliefs and practices concerning AIDS/HIV among the Caribbean countries.

The specific KABP survey objectives are:

- To determine the knowledge, attitudes, beliefs and practices of the respondents with respect to HIV infection, AIDS, STDs, safer sex practices, and condoms as a method of risk reduction.

- To determine awareness and concern about high-risk behaviour and prevalence of specific high-risk behaviours.

- To identify credible sources and methods of providing AIDS/STD education.

- To identify community resources that can lead to risk reduction.

- To analyze the relationship between demographic and psychographic factors relating to beliefs and attitudes concerning AIDS/HIV and STD.

E. RESEARCH DESIGN

The value of a survey is related to the amount of effort put into its design and implementation. The survey design should maximize the reliability and validity of results. The design portion of the research process in KABP studies should be given adequate consideration and time in order to ensure that the objectives of the study are met within acceptable scientific limits.

The study design should also provide a suitable basis for the appr esting of hypotheses and allow for comparability between similar studies conducted at different times or in different locations.

The sample survey is the most widely used method capable of providing estimates of knowledge, attitudes, beliefs and practices which may be comparable from one time period to another or between countries. The essence of this technique consists of selecting a random sample of a population and assessing their knowledge of, attitudes to, beliefs regarding and practices which can extrapolated to the population from which the sample has been drawn.

The main advantages of survey methodology are:

- its capability to cover a wide variety of issues operationally defined and worded as precise questions;
- its relative objectivity in eliciting, recording, coding and quantifying responses;
- its facilitation of the use of a randomly selected sample that can be shown to be representative of the target population;
- it is not solely dependent on high level technical or experienced individuals for data collection;
- it extends the possibility of using this same standard methodology across different times and sites or countries;
- its findings are amenable to quantification and scaling;
- its ease of communication of the findings in the form of sample summary tables;
- its possibility for subjecting both the process of data collection and findings to scientific tests of reliability and validity;
- its relative cost-effectiveness in terms of time and resources needed for producing population-based information.

The disadvantages include:

- o it is less suited for explaining the social or cultural determinants of attitudes or beliefs;
- o it cannot be used to explore issues in great depth;
- o it is insensitive to certain undercurrents and nuances in discourse that may be essential for understanding local norms and values;
- o cross-sectional surveys should not be used to infer causality.

A structured interview is a valuable tool but is not the most suitable means of obtaining all the necessary information about a population under study. It is often preferable to seek mainly quantitative data from the general interview/questionnaire and to supplement this with qualitative information obtained by other means.

Qualitative information can be obtained by the more informal structure provided by a focus-group enquiry where opinions can be expressed with more freedom and at greater length than is possible in the context of a questionnaire/interview in a population-based survey.

Another possible method of obtaining more information from the population is the use of an additional questionnaire, administered to a sub-sample of the main study, which is designed to elicit information in greater detail and/or address sensitive matters.

The table below illustrates some of the applications and limitations of qualitative vs. quantitative research.

DISTINCTIONS BETWEEN QUALITATIVE AND QUANTITATIVE RESEARCH[1]

INTERRELATED

QUALITATIVE	QUANTITATIVE
Provides depth of understanding	Measures level of occurrence
Asks "Why?"	Asks "How many?" "How often?"
Studies motivations	Studies actions
Is subjective	Is objective
Enables discovery	Provides proof
Is exploratory	Is definitive
Allows insights into behaviour, trends, and so on	Measures level of actions, trends, and so on
Interprets	Describes

[1]Debus, Mary, Handbook for Excellence in Focus Group Research, Academy for Educational Development, Washington, D.C., 1989, p.5. (See resources section.)

The following project components must be carefully considered to complete a successful KABP survey:

1. **Planning**

To implement the project there must be a workplan. This takes the form of a detailed time table of activities (see attached Workplan). It should include all activities to be carried out, their timing, expected duration, and persons or groups responsible for them. Some considerations which must be taken into account when developing the workplan include:

- o An assessment of local capabilities and resources to determine need for outside technical assistance, for example from CAREC, or from the private sector.
- o Budget preparation must be as detailed as possible.
- o The time schedule for the field work and the number of interviewers needed must be precise and determined at project initiation.

Background research should be conducted prior to survey design in order to determine what factors may influence successful implementation and use of research findings. Some things to consider include:

Local Government Administrative Structure

Is the Ministry of Health adequately staffed to undertake the survey and analyse results? If not, what collaborator can be identified? Is there a role for the private sector, such as a marketing research firm?

Health Services Infrastructure

Are there adequate resources available to respond to a public demand for services? Where will people go for more information? Are there educational materials available for distribution? Can information be broadcast on the radio or TV? Will AIDS/HIV information services overtax the system? What alternatives exist? Are there private sector clinics or medical services that will absorb some of the impact? Do health care providers need additional training?

STD/AIDS/HIV Services

Are clinics and/or services in existence for counselling/treatment of STD/AIDS/HIV? If yes, will they be prepared to respond to increased demand for information and services? If not, are such services contemplated? How soon? In their absence, where can individuals go for information, counselling or treatment?

Availability of Condoms

Are condoms readily available? Is supply adequate? Where are they available?

Secular Infrastructure

Are there any organized religious groups or affiliations that may help or hinder efforts to implement an AIDS Education Programme? It is very important to identify potential opposition early, so that every effort can be made during the planning process to avoid confrontation.

Voluntary Service Organizations

These organizations are extremely valuable entities in the fight against AIDS/HIV transmission. Which ones exist? Are they currently providing services related to AIDS/HIV? Are they interested and able to do so? What help will they need? How can lessons learned in other areas (for example, Family Planning) help with the design and implementation of new programmes?

Channels of Communication

Channels of communication must be identified. These include such "formal" channels as T.V., radio, newspapers, magazines and cinema as well as informal information networks such as health care providers, traditional healers and interpersonal networks. In short, how do people receive information most effectively? What is the ideal mix?

Medium and Long Term Plans

Plans for AIDS/HIV prevention must be carefully studied and understood. How does this KABP survey fit into the national plans for AIDS control? What will it contribute?

2. Questionnaire/Instruction Manual

A standard survey instrument and instruction manual have been designed by CAREC. While it is understood that pretesting and local adaptation of the instrument will take place, it is designed in such a way that core KABP information can be obtained in an efficient and useful manner. Some considerations to take into account in adopting the instrument for local use are presented in a later section, as is the actual questionnaire.

3. Sampling

Two important rules to remember about sampling are:

- The population to be studied and sampled must be defined with precision.
- The sampling procedure should be carefully documented so that comparable surveys can be undertaken at later dates.

Further details about sampling are provided in Section II.

4. Data Collection

For planning purposes, the following data collection considerations must be taken into account:

- The format of the KABP survey will be a face-to-face structured interview. The face-to-face interview requires the training and utilization of field staff to supervise and carry out the survey.
- The number of interviewers needed depends on sample size, the time available for fieldwork, and the location of selected households.
- Interviewer training should include explanations of questions, interviewing techniques, the need for confidentiality and privacy, respondent selection, liaison with supervisors, roles of supervisors, reporting of problems and practice interviewing. (See Training Section.)
- A system must be developed to check the quality of field work. The system may include review of completed questionnaires, listening to random interviews, and occasional re-interviews by supervisors.
- A checklist of all items interviewers require before going into the field is necessary to ensure they go well equipped. These include an adequate amount of questionnaires, instruction manual, location map, pen, pencil, brief case, identification card, etc.
- Respondent cooperation should not be taken for granted. Every effort should be made to ensure cooperation and that the respondent understands the reasons for carrying out the survey.
- Depending on conditions, one supervisor can usually manage a team of four to six interviewers.

5. Data Processing

While a certain amount of document review is done in the field by the supervisor, the greater portion of this is done in the office. The first step is the manual edit, during which the questionnaires are checked for completion and errors.

Coding consists of transferring the marked code into the appropriate code lines. The coding of open-ended questions must also be done.

- The data processing specialist must be aware of the range and consistency checks that will be required. (See section on Data Processing.)
- A preliminary analysis plan must be produced before data processing begins. Frequency tables for all variables should be compiled and examined for possible errors. After errors have been corrected, the analysis of the data may begin.

6. Data Analysis

- o Once the data are clean, frequencies or marginals should be seen for all variables that may be analyzed to be used as is and as a reference.

- o Cross-tabulations and three-way cross-tabulations are run according to the preliminary analysis and table shells completed. Be prepared not only to discard some early ideas because the number of respondents is too small to analyze, but also to entertain new ideas as the data become familiar.

It is possible to cross every variable with every other variable but clearly some of this information would be useless or nonsensical. Be selective about the analyses performed. A group of independent variables of great importance will emerge, and this "banner" of variables will be used repeatedly. However, analysis is a creative process and analysts need not limit themselves to a banner of socio-demographic variables.

7. Report Writing

- o Reports should be clear and concise and should provide an overview of key findings for programme implementation and policy.

- o Where appropriate the narrative should be supplemented by graphs and charts.

- o Chapters and sections should be arranged logically with some means of cross referencing of sections, tables and diagrams.

- o The amount of text and discussions should be balanced against the tables, diagrams and data.

- o The writer should ensure that technical terms and unfamiliar expressions are explained in the text, in a footnote or defined in a glossary.

See section on Report Writing for further information.

F. EVALUATION AND USE OF THE DATA

After conducting the survey, survey coordinators should evaluate the undertaking in three ways:

Outcome: Did the study meet with its objectives and goals?

Process: How did implementation of the survey reflect proposed activities in the workplan? What procedures worked well? which didn't?

Structure (Logistics): Was adequate attention paid to logistics and venues for implementation of the survey?

A careful look at each of these considerations will allow for refinement and greater applicability of future survey content, implementation and work flow.

Use of the data will reflect the stated goals and objectives of the survey. Some possible uses include:

Design of Communications Programmes

Results of KABP surveys will allow programme managers to obtain data more valuable in two ways:

1. In terms of the general population, survey results will give a clear picture of specific knowledge and attitudes toward AIDS/HIV.

2. In terms of individuals practicing risk behaviours, some indication of incidence and frequency of practices will be determined.

Programme planners will be able to provide invaluable insight to communications efforts through their understanding of the target population(s). Results can be used to determine not only such "concrete" areas as content, specific knowledge, education and media channels but also those areas more difficult to gauge such as the tone of the message. For example, if the general population is determined to have a high level of fear about AIDS/HIV coupled with high levels of myths about AIDS/HIV it would be unwise to use a mass media effort with a strong fear message. A more calming "in context of the situation" approach may be more appropriate.

Evaluation of Programme

This undertaking can be a valuable use of KABP surveys. Periodic "tracking surveys" or mini-KABPs will allow programme managers (and their communications counterparts) the opportunity to determine if the desired message is reaching the target audience. Such insight will allow for programme refinement and modification, as needed.

Lastly, general population KABP surveys are powerful tools for the development and refinement of health policy guidelines and planning. Results will indicate the "pulse"of public opinion and give guidance for policy and services development.

The following sections are presented to provide more detailed information for each of the steps of survey implementation, analysis, report writing and evaluation. Following these sections are useful appendices which programme managers will find helpful in illustrating many of the points made in this module. These appendices include:

Questionnaire: A questionnaire has been prepared which can serve as the core KABP model for Caribbean implementation. Refinements for local use will, of course, require each country's consideration.

Budget preparation: A step-by-step guide to important considerations in budget development is provided. This will serve as a checklist for each phase of budget planning.

Training Manual: This helpful guide is provided to complement in-person training of interviewers. It provides a review of survey methodology as well as actual question-by-question review.

Workplan: An illustrative workplan is provided to serve as a model for adaptation. Each survey design will differ somewhat, but this type of document will serve as the blueprint for implementation.

Illustrative Report Tables: These are provided as examples of the type of data analysis users may find helpful.

A Research Proposal Outline: This is provided for those countries who will collaborate with semi-private (universities) or private sector entities in the implementation of the survey. The purpose of this document is to provide an outline of ail of the information which should be provided. When this document is complete and issued to interested parties, it is referred to as a Request for Proposals (RFP).

Guidelines to Pretesting are provided as suggestions for each pretest of the questionnaire.

II. PROJECT IMPLEMENTATION

A. OVERALL PLANNING

Once a country has determined the need for a KABP survey, important administrative or organizational decisions must be made.

1. Advisory Committee

In order to give support to the proposed survey and project management, an advisory committee may be established. The committee would be headed by a chairman/coordinator, and include persons with the following skills (one person may embody several skills):

- Social Research Science
- Epidemiology
- Psychiatry/Social Work
- Health Work
- Statistics
- Communication
- Family Planning
- Public Health
- Survey Field Work

The committee would provide advice for the Survey Coordinator throughout the project.

2. Selection of Organization(s) to Conduct the Survey

The following technical skills are necessary for the successful completion of any survey research project:

- o Project Management
- o Research design
- o Sampling
- o Interviewer training
- o Field work and data collection
- o Data processing
- o Data analysis
- o Report preparation
- o Dissemination of results (where applicable)

These skills may all be present in one organization which can be given total responsibility for the project or may require the collaborative efforts of several institutions. If the collaborative method is selected, one organization should take the lead in managing the various elements of the project and subcontracting appropriate elements to collaborating institutions.

A major consideration in selecting the lead organization and the organization responsible for the actual interviewing is their success rate in gaining respondent co-operation and honesty. For interviewing, greater benefits may be derived from using an organization which is viewed as relatively independent and which could be trusted with confidentiality.

Potential collaborating organizations include:

- o Commercial firms (Survey Research, Market Research)
- o Quasi-governmental agencies (Family Planning Agencies)
- o Governmental agencies (Ministry of Health (MOH), Education or Epidemiology Divisions of the MOH, Central Statistical Offices, other government ministries)
- o Academic institutions (University of West Indies)
- o Research institutions (CAREC, Caribbean Food & Nutrition Institute (CFNI))

In many countries, there will likely be distinct advantages for contracting with a commercial firm for all data collection, data entry and data analysis services. This option may prove most cost-effective and timely in obtaining the information needed to guide national programmes.

It is not likely that an independent team will be created to conduct the KABP survey. The work will require 6-9 months, and professionals will be reluctant to leave current positions for such a short-term commitment. Nevertheless, an independent team could be developed within an existing organization, using staff temporarily dedicated to the survey, supplemented with interagency loan arrangements or use of consultants.

Depending on local conditions and practical constraints, it is preferable that the lead organization have demonstrated experience and technical resources. Any aspects of the research operation, such as sampling or field work, which are to be subcontracted should be described in detail from the beginning.

3. Personnel Requirements

There are several roles to be performed in a KABP survey. These include the Survey Coordinator, the Research Assistant, Field Supervisor, Field Interviewers, the Data Processing Specialist, Coders and Editors, the Data Analyst, the Report Writer as well as the Administrative Support Specialist. Although these roles are listed separately, some persons may be capable of performing more than one function. As a result, every country will organize its resources as appropriate. When private sector services are contracted for all or part of the implementation, each position should be carefully reviewed and included in the contract deliverables. (On the following pages each position is listed separately and the text can be used for "job announcements".)

Survey Coordinator

The Survey Coordinator, selected by the National AIDS Committee Chairperson or other government official, will be responsible for all aspects of the KABP survey and will:

- o prepare a project outline which includes local applications of this module for implementation
- o plan the use of funds allocated in the Medium Term Plan for the KABP
- o seek additional funding sources if necessary
- o define the scope of work for implementation
- o coordinate with CAREC for additional support
- o acquire office space and necessary equipment
- o prepare the project budget
- o hire staff
- o approve expenditures
- o identify and contract with collaborating agencies or consultants, as appropriate
- o conduct project evaluation

The previous experience of the Survey Coordinator should reflect the following skills and abilities:

- o research design
- o organization, management and implementation of social surveys
- o training in demography, epidemiology or related social and behavioural sciences
- o good writing skills

The Coordinator needs the full support of the government and the MOH in the execution of duties. The Permanent Secretary of MOH and Chief Medical Officer should ensure the availability of resources and personnel needed to execute the study by securing approvals and release time for personnel and permission to use facilities.

The Coordinator, with the cooperation and guidance of the National AIDS Committee should ensure that the results of the study are treated ethically and confidentially and that they are used for strengthening of the AIDS education and communication programmes.

Research Assistant

The Research Assistant should be able to deal with and manage logistical problems in the research operation including time tables and schedules of resources and manpower. Specifically, the Research Assistant will:

- o assist the Survey Coordinator with overall implementation of the survey,
- o work closely with the Field Supervisor to ensure that the field staff have access to all the supplies they need as well as other kinds of logistic support,
- o work with the Survey Coordinator and the Field Supervisor to develop timetables and schedules for interviewer training, field work, and data collection and analysis,
- o work with the Field Supervisor and the Field Interviewers to help ensure overall quality control.

The previous experience of the Research Assistant should reflect the following skills and abilities:

- o training and experience in the area of household/social surveys,
- o familiarity with statistical techniques as well as data collection and processing techniques,
- o supervisory experience and the ability to relate to persons, since he or she will be working with clerical, field and data processing staff.

Field Supervisor

The Field Supervisor is one of the most crucial members of the KABP Survey team. This person is responsible for ensuring that interviewers are selected and trained, that data collection runs smoothly and that the project remains on schedule. The person will:

- o have overall responsibility for data collection,
- o manage a team of interviewers ensuring that the data collection is accurate and complete,
- o maintain frequent contact with the Survey Coordinator to ensure that all changes are reported and endorsed by the Survey Coordinator.

To be effective in this position, the Field Supervisor should:

- o be a highly skilled interviewer,
- o have the competence and ability to deal with problems that arise with interviewers as well as respondents,
- o be able to handle any unexpected factor that presents itself in the field.

Note: One of the better places to seek out this type of professional is in the private sector. If such a service is contracted for, consideration should be given to incorporating Field Supervisor, Interviewer and Data Entry services into the contract. If all or part of this activity is contracted out, the contract should clearly state the responsibility of the contractor for undertaking the activities of these positions.

Field Interviewer

The Field Interviewer is the person who solicits information from the respondent in the community.

Interviewers should:

- o have necessary education, reading and writing proficiencies
- o be "neutral" (nonjudgemental, not express personal reactions to comments) at all times during the interview
- o recognize and accept that respondents represent a variety of physical, psychological and social conditions
- o be able to listen attentively
- o be able to follow instructions and work independently
- o have a general sense of responsibility and be able to follow through in all phases of the procedure.

Note: A search must be made for individuals possessing the characteristics judged to be desirable both for working on the KABP project and for establishing rapport with the respondent population. In almost all cultures there are certain taboo subjects (e.g., sexual practices) which are not generally discussed. Gathering information on these subjects may be difficult and must be performed with sensitivity.

The selection of interviewers requires particular attention since they will in fact determine the success or failure of the survey. Since interviewing is an interactive process, factors that may affect respondent co-operation and rapport such as age, sex, ethnic background, religion, social class, physical appearance, clothing, grooming habits, etc. must be considered.

Types of people to consider for interviewing staff include the following -- school teachers, university students, health workers, social workers and social work students, community workers. Persons with previous experience in household surveys are highly desirable and may be found either within the existing government structure or may be contracted independently from a non-government or commercial entity.

As mentioned in other parts of this guide, consideration should be given to contracting a local supplier, such as a marketing research firm, to provide trained and experienced interviewers.

Data Coder and Editor

The Data Coder and Editor performs the first office check on the data and it is essential that this person knows what is expected. Prior experience in editing, coding or training in this area will be extremely helpful.

The editor/coder must:

- be conscientious and meticulous in his or her attention to details
- become thoroughly familiar with the questionnaire.

Data Entry Clerks

Data Entry Clerks are important for the accurate entry of data from the KABP survey forms into the computer files. Without their careful attention to detail, the valuable data obtained may be lost or misrepresented.

These persons should:

- o be familiar with data entry programmes
- o be responsible and alert in seeking advice on any uncertainty felt about the coded data to be entered

Note: There are strong advantages to having one person perform both the function of coding and data entry. These services are often available in the private sector and offer the advantage of timely delivery and cost efficiency.

Data Analyst

The Data Analyst should have:

- o familiarity with standard statistical packages such as SPSS, SAS, etc.
- o programming experience
- o prior experience of supervising coders and data entry clerks
- o familiarity with working with household population data.

Statistician

The Statistician will:

- o give advice on sample size, adequacy of sampling frame and choice of sampling method,
- o assist in the selection and training of field supervisors and interviewers, data coders and editors and data entry clerks,
- o work closely with the data analyst and report writer to ensure that the data are summarized and presented efficiently,
- o provide advanced statistical analyses as required.

The Statistician must:

- o have a sound academic training in statistics,
- o have had well rounded practical experience in survey research methods and the analyses of the data so collected,
- o have a good working knowledge of standard statistical packages such as SPSS and SAS.

Report Writer

The Report Writer will write a coherent report that accurately reflects the results of the analysis. To do this the individual must:

- understand the project overview
- be able to select the central facts to highlight
- show good judgement
- be willing to report negative or conflicting results
- comment on the theoretical and practical implications of the results
- write with accuracy and clarity

4. Other Resource Alternatives

If a nongovernmental organization (NGO) or private sector commercial organization has been identified as a collaborator in project implementation, every consideration must be given to the appropriate role and support for the group selected. Several alternative approaches are presented below.

a. Overall responsibility for survey implementation, analysis and preliminary report writing.

In the Caribbean, we are fortunate to have several marketing research organizations who already have trained professionals and have experience working with field interviewers throughout the region.

Consideration should be given to subcontracting full implementation of the survey. This tactic will be particularly helpful if MOH personnel resources are scarce or appropriate expertise lacking. The cost can be surprisingly reasonable. Such organizations have extensive experience with similar undertakings. If this approach is taken, its advantages include discrete management functions, accountability and timeliness. The coordinator will, of course, provide overall direction to the project. It is often argued that utilization of the private sector is not cost-efficient. However, on balance, consideration should be given to the level of professionalism brought to the survey implementation as well as the timely turn-around of the survey. Commercial entities are accustomed to working with deadlines and payment is based on performance. A study that is delivered in 4 months versus one that takes 9-12 months has an implied cost savings that may not be readily apparent by comparing cost figures for the actual work done.

b. Implementation of Interviews Only

This is an option to be considered. If a pool of trained interviewers already exists, great time and effort could be saved by contracting this service.

c. Contracting for Data Entry/Analysis

This option would allow for access to the most state-of-the-art processing of data available in each country. Additionally, it is recommended that all member countries consider processing of results at the CAREC headquarters. This option would provide the benefit of uniform data analysis as well as training of in-country personnel.

5. Sampling Procedures

While qualitative data can be obtained by such methods as focus group discussions, unstructured interviews and observational studies, quantitative data are usually gathered through a sample survey.

The first thing to do when designing a sample survey is to define clearly and precisely the target population, e.g., residents aged 15-60 years. In the case of the KABP surveys, the target population is the general population, both males and females, 15 or older, residing in households. There will be no upper age.

To use probability sampling to select the sample, each member of the target population must have a known chance of selection. This helps to ensure that the sample will be representative of the target population and will allow the precision of the estimates to be determined. Census statistics can generally provide descriptive information of the population. If census data are not readily available, CAREC and market research firms can be consulted about other approaches to pursue.

Sample size

The size of a sample can be obtained in one of two ways, by considering:

1) the desired statistical precision of the main estimates to be derived from the data

2) the financial and human resources available and their constraints

The first method gives theoretically desired sample sizes. The procedure is illustrated as follows.

Consider the question: Have you heard of AIDS?

Suppose that from pilot studies or other sources it is expected that about 40% of the population would answer "yes". Then, assuming a simple random sample of the target population, statistical theory tells us that if we are to obtain a more informed estimate so that it will not deviate from the true proportion by more than 5% (which will provide 95% confidence intervals), the sample size n is given by the equation (ignoring the fpc):

$$n = \frac{4p(1-p)}{L^2}$$

where p = the expected proportion saying yes (40%)
L = the limits of precision (5%)

Hence,

$$n = \frac{4 \times 0.4 \times 0.6}{.0025}$$

$$= 384$$

It should be pointed out that if no informal estimate of p is available, the maximum sample size is obtained by using p=0.5 in the above equation. In this case, the sample size would increase to 400.

However, a sample of the general population is often obtained by a more complicated method than simple random sampling and the sample size has to take this into account. This is usually done by inflating n by a factor which is called the design effect (deff). This is usually of the order of 1.5 to 2. Thus, by using 1.5, our desired sample size is 384 x 1.5 = 576.

Several estimates of the sample size can be obtained in this way by considering other key questions, and the final sample size should be decided with the help of these estimates.

The sample size obtained in this way may be too large to be handled with the available financial and human resources. The required sample size can either be reduced by lowering the desired precision or resorting to the second method referred to above.

The process of this second method is as follows: determine the average number of interviews an interviewer can complete in a day and multiply this by the number of days available for interviewing. This would give the average number of interviews completed per interviewer and when multiplied by the number of interviewers available, will produce a practical sample size. To allow for non-response this sample size can be increased by about 10%, or more if a higher non-response rate is expected.

It is recommended that the sample size obtained by the second method be assessed using the formula of the first method in order to show the likely precision of the estimates that will be produced with the sample size obtained by the second method.

In practice, the final sample size is often a compromise between the theoretical and practical methods. However, before any compromise is made, consulting with a statistician is imperative. If funding is inadequate to do this, seek additional funding or outside expertise (e.g. CAREC).

Sampling frame

In order to select the sample, a listing of the target population should be available. This list is called a sampling frame.

For a national random sample the government statistical office that carried out the last census should be able to provide an adequate sampling frame. Other agencies that have carried out national surveys may also be able to provide a copy of their sampling frame. However, when such a frame is obtained, it should be as up to date and complete as possible, with information on recent additions to and deletions from the target population.

Sampling Method

The way that the sampling frame is arranged can help determine what sampling method should be used. For example, the list may be divided into clusters of households that are geographically close together. This would indicate that multi-stage cluster sampling might be most feasible.

First, a sample of clusters of households is selected.

Second, from these selected clusters a sample of households is selected .

The third stage, involves the selection of an eligible individual or individuals from the households selected. For this third stage, the selection of one eligible respondent is made using one of several methods of random selection. (See questionnaire.)

Cluster sampling may reduce the field work since interviewers only need to travel to households in selected clusters. However, clusters should be relatively small as larger clusters generally lead to larger design effects (which increases sample size requirements).

Definition of Technical Terms Used in Sampling

Sampling unit -- the basic unit from which the information will be collected.

Population -- the total number of sampling units.

Target population -- the defined population of interest.

Sample -- a selected portion of the target population.

Sample size -- total number of sampling units in the sample.

Random sample -- a sample in which each individual in the population had an equal chance of being selected for the survey.

Sampling frame -- a list of all units in the population from which the sample will be selected.

Representative sample -- a sample in which the selected members have the same general characteristics as the target population.

Cluster -- a group of sampling study units.

fpc (finite population correction factor) -- if N = population size and n = sample size, then fpc = (1-(n/N)). The fpc is usually ignored if n is less than 10% of N.

Variance -- if x_i = value of ith observation from a simple random sample of n units, $\bar{x} = (1/n)(x_1 + x_2 + \ldots + x_n)$ = mean of n observations, then variance $= \left[\sum_{i=1}^{n} (x_i - \bar{x})^2\right]/(n-1)$.

Deff (design effect) -- the ratio of the variance of an estimate derived from a given sampling method, such as multistage clustering, to the variance of the same estimate derived from a simple random sample of the same size. This is a measure of the effect of clustering.

6. Questionnaire Design

The WHO KABP Questionnaire format has been used as the basis for developing our KABP survey and has been adapted for use in the Caribbean. There are, however, some considerations to keep in mind.

- Local adaptation: The questionnaire should be adapted so that the same basic meaning will emerge for different respondent populations. Local language, social structures and customs must, therefore, be taken into consideration to make the questionnaire itself "respondent specific" yet generalizable across the region and target populations. Countries may like to choose fewer questions for survey based on local logistic and administrative constraints.

  It may be necessary to determine in small group settings the most appropriate wording for some sections of the questionnaire where the use of locally accepted and understood terms will increase the accuracy of the information collected.

- Measurement areas: Care should be taken in the design of the questionnaire to give thorough coverage to each issue (measurement area) under consideration. This will require a comprehensive thinking through of the implications and applications, both theoretical and practical, of each topic area.

- Question structure and wording: Efforts should be made to ensure that questions are: 1)unambiguous, 2)measurement sensitive, and 3)unbiased. This first issue will require attention to respondent comprehension and language rather than medical or management terminology. The use of scales and multi-part questions can increase the measurement sensitivity of questions to ensure that even small changes are picked up in subsequent KABP studies. Bias can be avoided by the standard practice of moving from general to specific questions so that the influence of earlier questions in the sequence is minimized.

- Questionnaire length: Time considerations are important in the execution of face-to-face interview surveys. Therefore, design characteristics such as overall questionnaire length as well as the length and tediousness of any specific question area are critical. Rotations should be considered on the longer question batteries to reduce order bias.

- Pre-testing: It is essential that thorough pre-testing be conducted for all questionnaires. This may require several "rounds" of pre-testing to ensure that revisions are producing the desired effect. Pre-testing of the draft questionnaire tests the instrument for such things as question clarity, appropriate vocabulary, completeness, as well as structure and flow. It also provides feedback regarding the training procedures and the instruction manual. Pre-testing will enable the research team to establish appropriate pre-coding structures to develop more comprehensive, closed-end response categories as well as to provide insight into coding and tabulation issues. (See Appendix G.)

- o Field support document: Finalization of the questionnaire leads to finalization of the support documents which accompany the questionnaire. These include the instruction manual, interviewer and supervisor manuals. Logistics such as printing and supply of all study materials must be worked out in detail with sufficient lead time to accommodate mid-course corrections.

- o "User-friendly" materials: It will be important to pay careful attention to the field "workability" of all field materials. Issues such as size of paper, two-sided versus one-sided printing, show cards, sort boards and so forth must be considered from a field perspective. For example, light green or blue paper has been found to be easier to read in sunlight than white paper.

7. Budget

Drafting the survey's budget is perhaps one of the most important yet more difficult tasks to be accomplished if an exercise of this nature and scale has never before been conducted in the country. As mentioned, one of the first things those initiating the survey must do is to conduct a CAPABILITIES STUDY to determine the scale of the study, the programme needs or resources required, and finally, availability of such resources and their costs either in-country or elsewhere. Most countries have identified KABP surveys as an activity to be carried out in their Medium Term Plan (MTP) and a sum of money has been allocated to conduct the survey. The sum of money may or may not be enough to fulfill what is needed to carry out such an activity. Nevertheless, it will serve as a foundation on which to plan. After the study has been conducted, members of the survey team may wish to make recommendations or revisions regarding this budget item when reviews of the MTP are underway.

Exercises and guidelines for budget development are provided in the appendices to this section.

8. Staff Training

All persons engaged in the project should receive training and orientation relevant to their role. The Study Coordinator will be responsible for ensuring appropriate training. The Study Coordinator should develop the training programme in consultation with a skilled trainer or educator who is able to:

- o analyze the specific performance or task requirements of each role
- o define learning objectives
- o prepare a training programme including choosing appropriate teaching media and methods
- o implement the training programme
- o evaluate the training programme

Training of interviewers should include role play as well as field practice. CAREC as well as AIDSCOM and AIDSTECH may be able to assist with training programmes.

9. Workplan

The workplan provides a blueprint to survey implementation. It is critical to success, and more important, helpful in determining (and remembering) the who/what/how/when/where of KABP survey implementation. While each country will develop its own workplan, several guiding principles should be kept in mind.

- o Be realistic. If step "X" will require two weeks, plan accordingly. Shortening the required time will only frustrate individuals and lead to further problems.

- o Identify all options. Give careful consideration to all possible options--resist the urge to do it all-- who is the best person for the task? What is the best way to accomplish the task?

- o Be flexible. Acknowledge that changes will take place and adjust your expectations accordingly.

- o Don't cut corners. Today's shortcuts are tomorrow's major problems.

- o Use all resources available. KABP surveys for AIDS/HIV are new to all of us. We are pioneering the way, which is another way of saying, we will make mistakes. Take advantage of others' expertise: in your country, CAREC, and donor agencies (USAID/AIDSCOM/AIDSTECH/WHO/PAHO/EEC).

- o Lastly, include everything you can think of in the workplan. The greater the detail, the less chance of forgetting something.

An illustrative workplan is provided in the appendices to this section.

B. DATA PROCESSING

Prior to data entry it must be ensured that:

1) All questionnaires have been checked manually for completeness and consistency of responses.

2) The open-ended questions have been coded using a code book developed for the survey.

For large samples, the above checks can be facilitated by examining a ten percent random sample of the cleaned questionnaires. If this shows satisfactory results, then the questionnaires can be entered in the computer database file.

For many years, data entry clerks and analysts created their own computer programmes to assist in the data entry process. There are now several data entry packages that reduce programming efforts. Among the commercially available packages, SPSS Data Entry as used at CAREC has achieved considerable popularity. Its primary disadvantage is its limitation to questionnaires with 500 or fewer variables.

Because of the size of the KABP questionnaires, the recommendation for data entry is to use the package called SURVEY which is described below and is available at no cost through the Centers for Disease Control (CDC) or Family Health International (FHI).

Because the standard processes for data entry and editing can be slow and error prone, the Division of Reproductive Health at the CDC developed SURVEY, a data management system for survey data entry and editing on IBM-PC or compatible micro-computers.[2]

Some of the errors and problems that are addressed by the programmes such as SURVEY or SPSS Data Entry include those caused by interviewers who may not follow skip patterns, thereby introducing logical errors. Frequently these errors cannot be corrected with the information in the questionnaire and there is no practical way of revisiting the respondent. In addition, information about the types of errors which interviewers make is generally not available until field work is complete and data entry has begun. By then, it may be too late for additional training or other interventions. During data entry, traditional keypunching methods may introduce range and column errors. Forms management, including retrieval of forms for data editing, may also be problematic. Data editing can delay analysis and thus, the presentation of results.

These data management programmes were designed to increase the speed of data entry and to improve data accuracy. They do so by performing range checks and following questionnaire skip patterns. Therefore, when data entry is complete, basic data editing is also complete. Additionally, after data are entered, the system performs consistency checks to indicate where corrections are needed.

SURVEY's principal advantage over SPSS Data Entry is that the former accommodates surveys of varying length and complexity because the questionnaire specifics and data consistency rules are stored in external files. The SURVEY programme that CDC generally makes available to the public can handle up to 800 variables but it has been adapted to larger surveys with up to 1400 variables.

Data editing with both SURVEY and SPSS Data Entry is facilitated by screens that reflect the questionnaire pages which guide the user through the data entry process. Duplicate records are rejected. They interface easily with other software such as SPSS/PC, PC/SAS, and DBASE III.

In SURVEY, a text editor is used to create external configuration files that describe the variables, ranges, skip patterns, and consistency checks for a questionnaire. No programming is needed to set up customized data entry for a survey. All programme and help messages in SURVEY are in external files that can be modified to allow the programme to be used in any language whose character set is available for micro-computers.

Several features give administrators substantial control over data quality. The data entry packages flag interviewer errors allowing supervisors to constantly assess and evaluate interviewers' training needs. SURVEY also produces reports detailing the status of data entry such as the number of questionnaires entered and edited, the number of errors encountered, and the number of forms that require revisits.

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[2]Much of this information has been taken from the SURVEY User Manual written by Steven Kinchen at the Centers for Disease Control, Atlanta, GA, U.S.A.

Some specific features which any data entry package should include:

Range Edits

The system verifies that a value entered for a variable is within the range specified for that variable. In SURVEY, if the value is not in range, an error message is displayed and a correct value must be entered before SURVEY proceeds. SURVEY displays the valid range at the bottom of the screen.

Logic Checks

The system performs logic edits by following questionnaire skip patterns. It supports two types of skip patterns:

1) Simple skip patterns which depend on a single value and immediately skip to another question.

2) Complex skip patterns which depend on a combination of values or on a value entered earlier in the questionnaire.

After each in-range response, the system evaluates the skip patterns to determine the next question requiring an answer and skips to that question. The system skips to the appropriate variable on the appropriate page, skipping multiple pages, if necessary.

Sometimes, interviewers follow skip patterns incorrectly and complete questions that should have been left blank. They may also skip questions that should have been answered. Packaged data entry programmes determine which questions need answers and require in-range answers for these questions.

Consistency Checks

Programmes should check questionnaires for data consistency. Consistency checks flag logic errors such as an age that does not correspond to a birth date. Checking data consistency is a separate process from data entry because inconsistencies may require a supervisory decision: to correct the error or to re-interview the respondent. Thus, keeping consistency checks as a separate procedure allows data entry to continue although the questionnaires may contain inconsistent data.

Double Entry Verification

Most programmes support double entry verification. Range and skip edits help eliminate data entry errors, but data entry personnel can still make keystroke errors that these edits cannot detect.

During verification, the user enters questionnaire data again. As they re-enter each variable, SURVEY will compare the new entry to the previous response. If they are different, SURVEY prompts the user to enter the correct response. Therefore, users actually correct keypunch errors during verification.

Using the Data

The data files that SURVEY creates are not directly compatible with other computer programmes. To use the data, SURVEY exports questionnaire data for use in available analysis programmes. The export function produces ASCII formatted versions of the data file. Statistical packages, spreadsheet, or databases use the ASCII formatted data file. If the analysis is to be done with SPSS-PC, using Data Entry will facilitate use of the data by eliminating the export step.

SURVEY does produce input statements containing variable names, types, column positions, and variable labels for SPSS and SAS. SURVEY produces the input statements from the same information that manages the variables, so variable names and column positions are always correct. This interface with statistical packages makes it possible to begin data analysis before field work is complete, which makes it possible to detect inconsistencies not addressed by the editing programmes.

III. ANALYSIS

Before the process of analyzing, reporting or presenting the survey information can be carried out, the objectives of the survey and how the results will be used must be reviewed to ensure that the data will be summarized and analyzed appropriately.

The first step in data analysis is "looking at" the data and should entail the production of frequency tables of all relevant variables. (A listing of all questionnaire identification numbers, for example, is usually unnecessary.) Frequency tables generally consist of a column of absolute numbers, a percent distribution, and a column of cumulative percentages. This first look at the size of the numbers is essential for the revision of the preliminary analysis plan. The frequency distributions will also guide the analyst in his or her efforts to appropriately aggregate coding categories. For example, some codes may have been reported by only one or two respondents and therefore will not warrant a separate coding category, and could be grouped with the code for "other".

Frequencies also serve as a valuable reference during most of the analysis process. Since they reflect the skip patterns in the questionnaire, they are useful for remembering who answered what questions. They also help to alert the analyst of any respondent groups that should be omitted for certain analyses. The open-ended questions, if included in the questionnaire, have been properly coded using a codebook that was developed for the survey.

The second step in the progression of sophistication of analysis is the two-way cross-tabulation, e.g. sex by age, or, Is there a cure for AIDS by level of education. Three-way cross-tabulations add yet another level of detail, e.g. Have you heard of AIDS by age group by sex. The analysts call "Have you heard of AIDS" the dependent variable (the primary variable of interest) while age group and sex are independent variables. In this last example, sex is also called a control variable. A three-way cross-tabulation might look like this:

HAVE YOU HEARD OF AIDS?

AGE	SEX	YES	NO	TOTAL	NO. OF RESPONDENTS
15-19	MALE			100%	( )
	FEMALE				
20-24	MALE				
	FEMALE				

It is likely that during the analysis a "banner" of independent variables will be developed. These variables, such as those listed below, become the standard variables which will be used to cross-tabulate with most key dependent variables.

SEX
AGE
EDUCATION
URBAN/RURAL RESIDENCE
UNION STATUS
HEARD OF AIDS (YES/NO)
USED A CONDOM (YES/NO)
HAD INTERCOURSE (YES/NO)
HAD AN STD (YES/NO)
PERCEIVED RISK OF GETTING AIDS/HIV
WILLINGNESS TO USE CONDOMS/SAFER SEX
GROUPS LIKELY TO GET AIDS/HIV

Depending on the analysis, an independent variable can also be a dependent variable, for example, as listed above, perceived risk of getting AIDS/HIV.

Multivariate regression analysis* may be possible according to the software and statistical expertise available. This technique is used when there are four or more variables that the analyst suspects are associated with the dependent or outcome variable, and he or she wishes to determine the explanatory power of any one variable while controlling for the others.

Technical assistance for the analysis of data is available through CAREC, AIDSCOM and AIDSTECH.

The following preliminary analysis plan should serve an illustrative purpose of the kinds of cross-tabulations one may wish to see as soon as possible. It is by no means complete or exhaustive. Further examples of tables may be found in the appendix on report tables.

* most statistical software packages, such as SPSS-PC or SAS, include the capacity to perform regression analysis

ILLUSTRATIVE PRELIMINARY PLAN FOR ANALYSIS

I.	**Response Rates**	
	Household response	* sex, age
	Response rate of eligible respondents	
II.	**Respondents' Characteristics**	
	Socioeconomic and demographic	* sex
III.	**Knowledge, Attitudes and Beliefs about AIDS**	
	Most serious health problem	* age, education, media exposure scale, risk behaviour scale * sex
	What is AIDS?	
	Modes of transmission (combine spontaneous, prompted knowledge)	
	Knowledge of transmission scale	
	HIV Testing	
	Cure for AIDS	
	Identification of PWA possible?	
	Personal knowledge of PWA/HIV+	
	Subgroups likely to become/be infected	
	PWA - infection their fault?	
IV.	**Risk perception**	
	Personally at risk	* age, education, risk behaviour scale, knowledge of PWA, condom use * sex
	Why/why not at risk	
	Protection from HIV infection	
V.	**Use and Attitudes toward Condoms**	
	Knowledge of condoms	* age, education, knowledge of AIDS transmission scale * sex
	Ever use	
	Frequency of use	
	Purpose of condoms	
	Reason for non-use	
	Knowledge of source	
	Condom experience with partners	
VI.	**Sexual Behaviour**	
	Median age at first intercourse	* sex
	Mean number of partners (males/females) in the last 6 months	* age, union status, education, STD history * sex
	Ever visited prostitute	* age, education

VII.	**STD History**	
	Knowledge of STDs	* age, education, condom use, risk behaviour scale * sex
	Ever had/what/when	
	Source of medical attention	
VIII.	**Sources of Information on AIDS**	
	Sources of information	* age, education, residence, media exposure scale, knowledge of AIDS transmission scale * sex
	Best source	
	Heard of AIDS hotline/ever called	
	Heard of counselling services/ever used	
	Seen play/which	

NOTE: The asterisk (*) denotes that each dependent variable is cross-tabulated with the independent variable either in two-way or three-way formats.

SCALES FOR USE IN ANALYSIS

1. **Risk behaviour scale**

High risk = anyone reporting sexual intercourse with more than one partner in the last 6 months (Q302-303) and never uses a condom (Q316-317)

Medium risk = anyone reporting sexual intercourse with more than one partner in the last 6 months (Q302-303) and sometimes uses a condom (Q316-317)

Low risk = 1) anyone reporting sexual intercourse with more than one partner in the last 6 months (Q302-303) and always uses a condom (Q316-317)

2) anyone reporting sexual intercourse with only one partner in the last 6 months (Q302-303) and may or may not have used a condom (Q316-317)

No risk = anyone reporting no sexual intercourse in the last 6 months (Q302-303)

2. **Media exposure scale**

Derived from Q16-17, Q22-23, Q26, Q28, Q30, Q32-33. Each code 1 is worth a point. The respondent is rated high if 7-9 points, medium if 4-6 and low if 1-3.

3. **Knowledge of transmission scale**

Derived from Q114: for each spontaneous correct answer, a score of +2 is given; a prompted answer, +1; a spontaneous incorrect answer a -2; and a prompted incorrect answer -1. Don't know's rate a 0. The scale is computed by summing the scores.

IV. REPORT WRITING

The report of a survey is generally the first document produced that includes results from the survey. These results are usually descriptive in nature and highlight the principal findings of the study.

For writing and presentation the following guidelines are suggested.

- o The report should be clear and easy to understand.
- o It should be pleasant to read and well laid out.
- o Chapters and sections should be arranged logically with some means of cross-referencing sections, tables and diagrams.
- o The amount of text and discussions should be balanced against the tables, diagrams and data.
- o The more important aspects and conclusions of the study should be emphasized appropriately.
- o Unnecessary detail, excessive length and repetition should be avoided.
- o Technical terms and unfamiliar expressions should be explained in the text or in a footnote or defined in a glossary.

The layout of the actual report may vary but should include the following:

Section I. Summary/Conclusions/Recommendations

Section II. Background

1. History, Geography, and Economy of the Country
2. Demographic Profile of the Population
3. Leading Causes of Morbidity and Mortality
4. Health Initiatives and Programmes
5. Country Profile on AIDS/HIV

Section III. The Survey

1. Participating Organizations
2. Objectives
3. Survey Organization
4. Survey Design
5. Questionnaire Design and Testing
6. Field Work
7. Editing and Coding
8. Data Processing

Section IV. Survey Results

1. Response Rates
2. Characteristics of Respondents
3. Knowledge, Attitudes & Beliefs about AIDS
4. Risk Perception
5. Use and Attitudes towards Condoms
6. Sexual Behaviour
7. Sources of Information on AIDS/STD

The time necessary to analyze data and to prepare a report is almost always underestimated. Two major factors can minimize the turn around time between field work and dissemination of results:

1) data cleaning can be facilitated by good editing in the field and in the office as well as the use of a data entry and edit programme; and

2) a preliminary analysis plan should be prepared at the time of questionnaire design.

Because survey sponsors, programme planners and administrators are generally anxious for results, the completion of an initial descriptive report should be top priority. More in-depth analyses of the data using sophisticated statistical techniques, if desired, should follow the printing of the initial report.

Report writing is usually the first step in the process of the dissemination of information. Too often its completion signals the end of an arduous process as well as the endpoint of dissemination. However, consideration should be given to the following strategies for dissemination:

- report distribution
- workshops (cross-cultural and country-specific)
- media coverage
- presentations to special groups (policymakers, health care workers, programme managers)
- presentations at meetings and conferences
- publications in scientific journals

Dissemination of information does not end with the reporting and presentation of results but should lead to the discussion of implications and action.

V. PROJECT EVALUATION

Evaluation of survey activities can be broken into three distinct areas:

(1) OUTCOME EVALUATION

(2) PROCESS EVALUATION

(3) STRUCTURE EVALUATION

In the OUTCOME EVALUATION the study's goal and objectives must be examined. The Survey Coordinator will want to determine the extent to which pre-established study objectives were attained as a result of survey activity.

Factors to consider when making this assessment include a review of the research design and what was expected. For example, was the number of non-respondents excessive? If so, what were the contributing factors? Did interviewers and supervisors carry out their tasks as instructed? If not, where did they have difficulties? Did their misdirected actions have an effect on, for example, the rate of responses or sample selection?

Taking into consideration what was expected and the survey outcome, what lessons were learned that can be applied to the planning of subsequent studies?

PROCESS EVALUATION is an appraisal of the performance of activities used to conduct the survey. It requires a review of the services that were performed and an evaluation of their part in the completion of the study. The Workplan can serve as a guideline in this evaluation process. The Survey Coordinator as well as the Advisory Committee should review carefully every action outlined in the Workplan and determine:

(1) To what extent was it useful?

(2) Was it appropriately situated among the various activities?

(3) Was the time allotted for the activity sufficient?

(4) Were the responsible persons designated for an activity the appropriate ones; were there too many or too few people designated to the given task; were there people who should have been included who were left out, etc.?

(5) Were the resources correctly identified? Were some resources omitted which should have been included and vice versa?S

STRUCTURE EVALUATION is basically concerned with the facilities and settings that were used to carry out the survey. The Coordinator will want to review and evaluate the degree of usefulness that was derived from using certain accommodations (e.g., classrooms, conference rooms, etc.); equipment (e.g., access to photocopying or computer equipment); suitable qualified personnel (e.g., those used to interview, code questionnaires, perform statistical analyses, etc.); logistical arrangements (e.g., was the budget managed appropriately?), etc.

While conducting the final programme evaluation the Study Coordinator, together with the Advisory Committee, may want to consider the economic efficiency of the study. Economic efficiency can be determined by measuring the balance between what was put in (in time, manpower, equipment, etc. or their monetary equivalent) and what was achieved. This measure may be expressed as the average cost per unit, such as the cost per individual interview.

APPENDIX A: KABP QUESTIONNAIRE

- Core
- Optional Modules

KABP SURVEY QUESTIONNAIRE
HOUSEHOLD FORM

Country _ _ Area _ _ Household _ _ Questionnaire no. _ _ _ _ _ _ _ _ _ _

I am _____ and I am working with _____ on a survey on knowledge of some health topics. I would like to ask one person in your household some questions. These questions will help us to find out what people know. All the information that you give us will be confidential. In order to select one person in your household, would you tell me first of all:

How many people, including guests or servants, slept here last night? _ _

Now, I would like to list their first names and ages. Starting with the oldest person, would you give me the first name and age of each person who slept here last night? The oldest is ...? and his/her age? **(CODE 97 IF 97 OR OLDER, CODE 98 IF AGE IS UNKNOWN)**

No.	Name	Male/Female	Age	
01	_____	1 2	_ _	_ _ _
02	_____	1 2	_ _	_ _ _
03	_____	1 2	_ _	_ _ _
04	_____	1 2	_ _	_ _ _
05	_____	1 2	_ _	_ _ _
06	_____	1 2	_ _	_ _ _
07	_____	1 2	_ _	_ _ _
08	_____	1 2	_ _	_ _ _
09	_____	1 2	_ _	_ _ _
10	_____	1 2	_ _	_ _ _
11	_____	1 2	_ _	_ _ _
12	_____	1 2	_ _	_ _ _
13	_____	1 2	_ _	_ _ _
14	_____	1 2	_ _	_ _ _
15	_____	1 2	_ _	_ _ _

INTERVIEWER: How many eligible respondents (persons 15 and older) are included on the list?

_ _

Use the grid below to select the person to be interviewed. On the lefthand margin, locate the last digit that appears in the questionnaire number. Draw a line across this row. The top row of the grid is the number of eligible respondents. Locate the correct number of eligible respondents and draw a line down to meet the row already marked. Where the two lines meet, circle the number. This is the number of the individual to be interviewed.

Last digit of questionnaire number	**Number of Eligible Respondents**									
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
0	1	1	3	3	4	2	1	5	6	6
1	1	2	1	4	5	3	2	6	7	7
2	1	1	2	1	1	4	3	7	8	8
3	1	2	3	2	2	5	4	8	9	9
4	1	1	1	3	3	6	5	1	1	10
5	1	2	2	4	4	1	6	2	2	1
6	1	1	3	1	5	2	7	3	3	2
7	1	2	1	2	1	3	1	4	4	3
8	1	1	2	3	2	4	2	5	5	4
9	1	2	3	4	3	5	3	6	6	5

Number of the eligible respondent to be interviewed: _ _ _ _

Date of household visit:

First visit	Second visit	Third visit	
_ _/_ _/_ _	_ _/_ _/_ _	_ _/_ _/_ _	_ _/_ _/_ _
day mo. yr.	day mo. yr.	day mo. yr.	

Result of household visit:

1st	2nd	3rd	
			_

1=completed household interview
2=unoccupied household
3=residents not at home (call back necessary)
4=refusal
5=residents never reached
8=other _____

No. of visits made: 1 2 3 _

KABP SURVEY QUESTIONNAIRE
INDIVIDUAL FORM

First name: _____ ID No. _ _ _ _ _ _ _ _ _ _

Result of individual interview:

1st	2nd	3rd	
			-

1=completed individual interview
2=person not at home (call back necessary)
3=total refusal
4=incomplete interview (call back may be required)
5=person never reached
8=other _____

INTERVIEWER INTRODUCES STUDY. As you know, you have been selected to answer some questions. But first, I want to thank you for helping us.

I would like to ask you some general questions about yourself and then some questions about health topics and about where you get information on these topics. Everything you say will be confidential. Your full name will not appear anywhere on the form so that no one will be able to identify you.

SECTION I. DEMOGRAPHIC AND INDIVIDUAL CHARACTERISTICS:

1. Sex (by observation):
   1. male
   2. female
   9. no response

   _

2. How old were you on your last birthday? _ _ years
   97=97 years or older
   98=doesn't know/remember
   99=no response

   _ _

INTERVIEWER: SHOW CARD WHICH LISTS POSSIBLE EDUCATIONAL LEVELS ACHIEVED.

3. Could you show me on this card which level you reached at school?
   0. no schooling
   1. incomplete primary school
   2. complete primary school
   3. incomplete secondary school/vocational
   4. complete secondary school/vocational
   5. some university/college
   6. completed university/college or higher
   7. doesn't know/remember
   8. other _____
   9. no response

   _

INTERVIEWER: USE THE RESPONSE TO THE QUESTION ABOVE TO ASSESS LITERACY. IF THE RESPONDENT CANNOT READ OR HAS DIFFICULTIES, READ ALOUD QUESTION 3 AND CODE THE QUESTION ACCORDINGLY.

4. Reading ability:
   0. not able to read
   1. had problems reading the card
   2. had no problem reading the card
   8. other _____
   9. no response

5. Have you ever been married or had a regular sexual partner?
   1. yes
   2. no
   9. no response

6. What is your current marital or union status?
   1. married with a partner
   2. common law with a partner
   3. separated/divorced from spouse
   4. separated from common law partner
   5. lives "alone" but has regular partner (visiting relationship)
   6. lives alone and has no regular partner
   8. other _____
   9. no response

7. What ethnic/racial/national group do you identify with?
   01. African
   02. Asian
   03. European/Caucasian
   04. East Indian
   05. mixed
   06. Amer-Indian
   07. Chinese
   08. Hispanic
   88. other _____
   99. no response

8. What language or dialect do you usually speak:
   a) at home/with friends
   1. English
   2. Patois
   3. Dutch
   4. Spanish
   5. French
   8. other _____
   9. no response

   b) at work/school
   1. English
   2. Patois
   3. Dutch
   4. Spanish
   5. French
   8. other _____
   9. no response

9. Do you practice a religion/belong to a church?
   1. yes
   2. no -----> **SKIP TO 11**
   9. no response

10. Which one?
    01. Catholic
    02. Hindu
    03. Moslem
    04. Sikh
    05. Buddhist
    06. Rastafarian
    07. Judaism
    08. Other Christian sects
    09. Mormon
    88. other _____
    99. no response

11. Are you currently employed?
    1. yes
    2. no, but looking for work --------|
    3. no, student only |
    4. no, housewife/househusband | **SKIP TO 13**
    5. no, retired |
    8. no, other _____ ----------|
    9. no response

12. What is your current occupation?
    List main groups
    88. other _____
    99. no response

13. Have you had any children?
    1. yes
    2. no -----> **SKIP TO 15**
    9. no response

14. How many children have you had? _ _
    98=doesn't know/remember
    99=no response

INTERVIEWER: PROBE FOR CHILDREN FROM ALL PREVIOUS RELATIONSHIPS AS WELL AS THE CURRENT RELATIONSHIP

15. Do you plan to have (any)(more) children?
    1. yes
    2. no
    3. not sure
    9. no response

16. Do you have a radio at home?
    1. yes
    2. no
    9. no response

17. When was the last time you listened to the radio?
    1. past week
    2. over 1 week --------|
    3. never | SKIP TO 22
    4. doesn't remember ---|
    9. no response

18. How often do you listen to the radio?
    1. everyday
    2. 5-6 times a week
    3. 3-4 times a week
    4. 1-2 times a week
    5. rarely
    9. no response

19. At what times of day do you usually listen to the radio?
    (MORE THAN ONE ANSWER MAY BE MARKED)

	Mentioned	Not Mentioned
Morning		
midnight-6:00	1	2
6:00- 6:30	1	2
6:30- 7:00	1	2
7:00- 7:30	1	2
7:30- 8:00	1	2
8:00- 8:30	1	2
8:30- 9:00	1	2
9:00- 9:30	1	2
9:30-10:00	1	2
10:00-10:30	1	2
10:30-11:00	1	2
11:00-11:30	1	2
11:30-12:00	1	2
Afternoon		
12:00-12:30	1	2
12:30- 1:00	1	2
1:00- 1:30	1	2
1:30- 2:00	1	2
2:00- 2:30	1	2
2:30- 3:00	1	2
3:00- 3:30	1	2
3:30- 4:00	1	2
4:00- 4:30	1	2
4:30- 5:00	1	2
5:00- 5:30	1	2
5:30- 6:00	1	2
Evening		
6:00- 6:30	1	2
6:30- 7:00	1	2
7:00- 7:30	1	2
7:30- 8:00	1	2
8:00- 8:30	1	2
8:30- 9:00	1	2
9:00- 9:30	1	2
9:30-10:00	1	2
10:00-10:30	1	2
10:30-11:00	1	2
11:00-11:30	1	2
11:30-midnight	1	2

20. Do you listen to AM stations only, FM stations only, or both?
    1. AM station -----> **SKIP TO 22**
    2. FM station -----> **SKIP TO 22**
    3. both
    4. doesn't distinguish between the two -----> **SKIP TO 22**
    9. no response

21. To which type of station do you listen more often - AM or FM?
    1. AM
    2. FM
    3. listens to each equally
    4. doesn't know
    9. no response

22. Do you have a television at home?
    1. yes
    2. no
    9. no response

23. When was the last time you watched television?
    1. past week
    2. over 1 week ----------|
    3. never | **SKIP TO 26**
    4. doesn't remember -----|
    9. no response

24. How often do you watch TV?
    1. everyday
    2. 5-6 times a week
    3. 3-4 times a week
    4. 1-2 times a week
    5. rarely
    9. no response

25. At what time of day do you usually watch TV?

Morning	Mentioned	Not Mentioned
before 7	1	2
7-8	1	2
8-9	1	2
9-10	1	2
10-11	1	2
11-12	1	2
Afternoon		
12-1	1	2
1-2	1	2
2-3	1	2
3-4	1	2
4-5	1	2
5-6	1	2
Evening		
6-7	1	2
7-8	1	2
8-9	1	2
9-10	1	2
10-11	1	2
11-12	1	2

26. When was the last time you read a newspaper?
    1. past week
    2. over 1 week ----------|
    3. never | SKIP TO 28
    4. doesn't remember -----|
    9. no response

27. What newspaper do you read the most?
    Include appropriate list
    88. other _____
    99. no response

28. When was the last time you read a magazine?
    1. past week
    2. over 1 week ----------|
    3. never | SKIP TO 30
    4. doesn't remember -----|
    9. no response

29. What magazine do you read the most?
    00. reads no magazine with regularity
    01. Newsweek
    02. Reader's Digest
    03. Time
    88. other _____
    99. no response

30. When was the last time you read comics?
    1. past week
    2. over 1 week ----------|
    3. never | SKIP TO 32
    4. doesn't remember -----|
    9. no response

31. What kind of comics do you usually read?
    List appropriate comics
    8. other _____
    9. no response

32. When was the last time you went to the cinema?
    1. past month
    2. over 1 month ago -----|
    3. never | SKIP TO 101
    4. doesn't remember -----|
    9. no response

33. How often do you go to the cinema?
    1. more often than once a week
    2. once a week
    3. 2-3 times a month
    4. once a month
    5. less than once a month
    9. no response

34. What type of film do you prefer to see at the cinema?
    01. western
    02. Kung Fu
    03. adventure
    04. romance
    05. comedy
    06. musical
    07. horror
    08. spy
    09. sex
    10. serious drama
    11. cartoons
    12. science fiction
    88. other _____
    99. no response

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SECTION II. KNOWLEDGE AND ATTITUDES ABOUT AIDS:

Now I'm going to ask you a few questions about health matters.

101. Would you tell me what you think the most serious health problem is in our country today?
1. HIV/AIDS mentioned -----> SKIP TO 103
2. any other problem except for AIDS, specify _____
3. doesn't think there are any serious health problems
4. doesn't know
9. no response

102. Have you heard of AIDS?
1. yes
2. no -----> SKIP TO 301
3. not sure
9. no response

103. What do you think AIDS is?
01. a disease
02. a disease caused by a virus
03. a disease that you get from sex
04. a disease that homosexual men get
05. a disease that you get from foreigners
06. punishment from God
88. other _____
98. doesn't know
99. no response

104. Can you tell by looking at someone if a person has AIDS?
1. yes
2. no ----------> SKIP TO 106
3. doesn't know/not sure ------> SKIP TO 106
9. no response

105. How can you tell?

	Mentioned	Not Mentioned
. very thin/lost weight	1	2
. loss of hair	1	2
. weakness	1	2
. skin problems	1	2
. other _____	1	2

Total number of signs/symptoms mentioned: _
8=8 or more symptoms
9=no response

106. Once a person becomes infected, do the signs/symptoms of AIDS show up right away?
1. yes
2. no
3. doesn't know/not sure
9. no response

107. How long does it take for the signs/symptoms to show up after the person gets infected?
01. it's possible never to get symptoms/signs
02. < 1 month
03. 1-5 months
04. 6-11 months
05. 1-4 years
06. 5-9 years
07. ≥ 10 years
88. other _____
98. doesn't know
99. no response

108. Before the symptoms appear, can an infected person still feel well and look healthy to other people?
1. yes
2. no
3. doesn't know/not sure
9. no response

109. Can an infected person who looks and feels well infect other people so that they might get AIDS?
1. yes
2. no
3. doesn't know/not sure
9. no response

110. Do you know anyone who has AIDS?
1. yes
2. no
3. doesn't know/not sure
9. no response

111. Do you know anyone who is infected with the virus (HIV) that causes AIDS but does not actually have AIDS?
1. yes
2. no
3. doesn't know/not sure
4. did not understand & could not answer
9. no response

112. Do you think there is a cure for AIDS or for the infection with the virus that causes AIDS?
1. yes
2. there is a cure for one but not the other
3. no ----------> SKIP TO 114
4. doesn't know/not sure -----> SKIP TO 114
9. no response

113. What do you think cures AIDS or the infection?

	Mentioned	Not Mentioned	
. prayers	1	2	_
. antibiotics	1	2	_
. AZT	1	2	_
. other new pharmaceutical drugs	1	2	_
. bush/folk medicine	1	2	_
. drugs to strengthen the body	1	2	_
. injections	1	2	_
. sleeping with a virgin	1	2	_
. exercise/good health	1	2	_
. other _____	1	2	_
			_

Total number of possible cures mentioned: _ _ _ _
99=no response

114. How do you think that people can get infected with the virus that causes AIDS? **INTERVIEWER: FIRST LET THE RESPONDENT ANSWER SPONTANEOUSLY. THEN PROMPT BY READING THOSE ITEMS WHICH WERE NOT MENTIONED SPONTANEOUSLY.**

	Mentioned Spontaneously	Prompted Yes	Prompted No	Prompted DK	Prompted NR	
. Kissing someone with AIDS	1	2	3	4	9	
. Touching someone with AIDS	1	2	3	4	9	_
. Mosquitoes	1	2	3	4	9	_
. Having sex with many persons	1	2	3	4	9	_
. Having sex with prostitutes	1	2	3	4	9	_
. Having sex with homosexual/ bisexual men	1	2	3	4	9	_
. Having sex with someone with AIDS	1	2	3	4	9	
. By donating blood	1	2	3	4	9	_
. Receiving blood	1	2	3	4	9	_
. Using swimming pools	1	2	3	4	9	_
. Living in the same house with someone who has AIDS	1	2	3	4	9	_
. Sharing needles/syringes	1	2	3	4	9	_
. Sharing eating/drinking utensils with someone who has AIDS	1	2	3	4	9	
. From toilet seats	1	2	3	4	9	_
. Shaking hands with someone with AIDS	1	2	3	4	9	_
. Sex in the bottom	1	2	3	4	9	_
. Pregnant woman with AIDS can infect her baby	1	2	3	4	9	_
. Mother with AIDS who breastfeeds can infect her baby	1	2	3	4	9	
. Other _____	1	-	3	-	9	_
						_

Total number of possible modes of transmission mentioned spontaneously or with prompting: _ _ _ _
99=no response

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115. What about yourself, do you think you might be at risk of getting AIDS?
1. yes
2. no ----------> SKIP TO 117
3. doesn't know -----> SKIP TO 117
9. no response

116. Why do you think you are at risk? Any other reason?

	Mentioned	Not Mentioned	
. has had sex with many people	1	2	
. has had sex with homosexual/bisexual men	1	2	
. is a homosexual/bisexual man	1	2	
. has had sex with prostitutes	1	2	
. anybody can get AIDS	1	2	
. is not very healthy	1	2	
. is not lucky	1	2	
. partner has other partners	1	2	
. doesn't use condoms	1	2	
. uses drugs	1	2	
. other _____	1	2	

Total number of reasons mentioned: _ _ _ _
99=no response

INTERVIEWER SKIP TO 118

117. Why don't you think you are at risk? Any other reason?

	Mentioned	Not Mentioned	
. has sex with only one person	1	2	
. never had sex with homosexual/bisexual man	1	2	
. never goes with prostitutes	1	2	
. uses condoms at all times	1	2	
. never uses drugs	1	2	
. never gets sick/is very healthy	1	2	
. is too old	1	2	
. is too young	1	2	
. abstains from sex	1	2	
. partner doesn't have other partners	1	2	
. is lucky	1	2	
. other _____	1	2	

Total number of reasons mentioned: _ _ _ _
99=no response

118. Do you think a person can do anything to protect themselves from getting infected with the virus that causes AIDS?
1. yes
2. no ----------> SKIP TO 120
3. doesn't know -----> SKIP TO 120
9. no response

119. What can one do? Anything else?

	Mentioned	Not Mentioned	
. have sex with only one person	1	2	
. do not sleep with strangers	1	2	
. no sex with homosexual/bisexual men	1	2	
. never go with prostitutes	1	2	
. use condoms at all times	1	2	
. stop using drugs	1	2	
. take better care of health (exercise, nutrition, sleep, etc.)	1	2	
. abstain from sex	1	2	
. take traditional medicines	1	2	
. become more religious	1	2	
. other _____	1	2	

Total number of items mentioned: _ _
99=no response

120. Since you have heard about AIDS and the virus that causes AIDS, have you done anything to prevent yourself from getting infected?
1. yes
2. no -----> **SKIP TO 122**
9. no response

121. What have you done? Anything else?

	Mentioned	Not Mentioned	
. has sex with only one person	1	2	
. quit having sex with homosexual/ bisexual men	1	2	
. never goes with prostitutes	1	2	
. uses condoms at all times	1	2	
. stop using drugs	1	2	
. takes better care of his/her health (exercise, nutrition, sleep, etc.)	1	2	
. abstains from sex	1	2	
. takes traditional medicines	1	2	
. become more religious	1	2	
. other _____	1	2	

Total number of items mentioned: _ _
99=no response

INTERVIEWER SKIP TO 123

122. Could you tell me why you haven't done anything?

	Mentioned	Not Mentioned	
. careless	1	2	–
. not possible to change	1	2	–
. never goes to prostitutes	1	2	–
. is monogamous	1	2	–
. dislikes condoms	1	2	–
. only homosexual men get AIDS	1	2	–
. doesn't use drugs	1	2	–
. abstains from sex	1	2	–
. other _____	1	2	–
			–

Total number of reasons mentioned: _ _ – –
99=no response

123. What type of person is likely to get the virus that causes AIDS? Anyone else?

	Mentioned	Not Mentioned	
01. homosexual men	1	2	
02. bisexual men	1	2	–
03. prostitutes	1	2	–
04. persons with many sexual partners	1	2	–
05. drug addicts	1	2	–
06. people who are not clean	1	2	–
07. haemophiliacs	1	2	–
08. foreigners	1	2	–
09. people who get blood transfusions	1	2	–
10. Haitians	1	2	–
88. other _____	1	2	–
			–

Total number of types of persons: _ _ – –
98=doesn't know
99=no response

First type of person mentioned: _ _ – –
USE CODES LISTED IN 123

124. If someone gets AIDS, is it their fault?
1. yes
2. no -----> **SKIP TO 126**
3. it depends on how they got it
4. doesn't know ------> **SKIP TO 126**
9. no response

–

125. Why do you feel that way? _____ – –

126. How does a person know for sure if they have AIDS?
1. takes a test -----> **SKIP TO 128**
2. physician can tell you
3. faith healer can tell you
7. doesn't know -----> **SKIP TO 130**
8. other _____
9. no response

–

127. Besides _____ (answer to 126), is there a test to tell if you're infected by the virus that causes AIDS?
1. yes
2. no ----------> SKIP TO 130
3. doesn't know -----> SKIP TO 130
9. no response

128. What kind of test?
1. blood
2. urine
3. stool
4. doesn't know/not sure
8. other _____
9. no response

129. Do you know where you can get this test done?
0. no
1. private physician's office
2. public hospital
3. private hospital
4. health center
5. pharmacy
6. mentioned 2 or more places
8. other _____
9. no response

130. Does everyone who gets infected with the virus eventually go on to get AIDS?
1. yes, all of them
2. no, only a small number get AIDS
3. no, but most do
4. doesn't know
9. no response

131. Does everyone who is diagnosed as having AIDS die within a short time, that is, within a few years?
1. yes, all of them
2. no, only a small number die
3. no, but most do
4. doesn't know
9. no response

132. Apart from death, what do you think is the worst thing that happens to someone with AIDS?
01. family rejection
02. society rejects them
03. has many unpleasant illnesses
04. feels guilty
05. knows that could/did infect others
06. cannot have sex
88. other _____
98. doesn't know
99. no response

133. If you found out that you were infected with the virus that causes AIDS, what do you think you would do?

	Mentioned	Not Mentioned	
. run away/go someplace far from home	1	2	
. not tell anyone	1	2	–
. tell only family/partner	1	2	–
. commit suicide	1	2	–
. give it to someone else	1	2	–
. seek treatment from doctors	1	2	–
. seek out a religious person	1	2	–
. seek out counsellor/social worker	1	2	–
. seek out faith healer	1	2	–
. take bush medicine	1	2	–
. wouldn't do anything different	1	2	–
. other _____	1	2	–
			–
Total number of items mentioned:	_ _		– –
98=doesn't know			
99=no response			

With the help of these cards, please tell me how much you agree or disagree with each of these statements by placing the card on the appropriate description on the board. Let us start with (statement). Would you say that you strongly agree/somewhat agree/somewhat disagree/strongly disagree?

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE	NR	
134. AIDS is a punishment from God	1	2	3	4	9	–
135. AIDS causes great suffering to the people who get it	1	2	3	4	9	–
136. Here in our country there are more important things to worry about than AIDS	1	2	3	4	9	–
137. AIDS is a US or foreign disease	1	2	3	4	9	–
138. We will all die anyway so why worry about AIDS	1	2	3	4	9	–
139. Little is known about how AIDS is spread	1	2	3	4	9	–
140. As long as I have a regular medical check-up, I will not get the AIDS virus	1	2	3	4	9	–
141. AIDS is a serious problem but not here in our country	1	2	3	4	9	–
142. Sex should be limited to one's married partner	1	2	3	4	9	–

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	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE	NR	
143. People with AIDS should be cared for with compassion at home or in a hospital	1	2	3	4	9	_
144. Sex should be limited to only one partner	1	2	3	4	9	_
145. Partners should tell each other about their previous sexual partners before having sex	1	2	3	4	9	_
146. It is natural for a man to try to have sex at every opportunity	1	2	3	4	9	_
147. People with AIDS should be isolated from the general population	1	2	3	4	9	_
148. Anyone who engages in behavior that puts them at risk of getting AIDS should be tested	1	2	3	4	9	_
149. It is embarrassing to talk about sex with one's sexual partner	1	2	3	4	9	_
150. It is natural for a woman to enjoy sex	1	2	3	4	9	_
151. When I get sexually excited, I forget about AIDS	1	2	3	4	9	_
152. Homosexuality is wrong	1	2	3	4	9	_
153. Most men I know have sex with more than one partner	1	2	3	4	9	_
154. People can generally sense if their sexual partner is an AIDS carrier	1	2	3	4	9	_

SECTION III. INFORMATION SOURCES FOR AIDS:

201. Where, or from what people, have you received information about AIDS?
(MORE THAN ONE ANSWER MAY BE MARKED)

	Mentioned	Not Mentioned	
01. radio	1	2	
02. television	1	2	-
03. newspaper	1	2	-
04. magazines	1	2	-
05. brochures, posters, flyers, advertisements	1	2	-
06. video van/local HE efforts	1	2	-
07. lectures/talks/seminars	1	2	-
08. sex partner or partners	1	2	-
09. partners that use drugs	1	2	-
10. friends/co-workers	1	2	-
11. family	1	2	-
12. school/teachers	1	2	-
13. churches/religious leaders/groups	1	2	-
14. other community leaders, specify _____	1	2	-
15. health clinic/personnel	1	2	-
16. STD clinic/personnel	1	2	-
17. Family Planning clinic/personnel	1	2	-
18. other doctors/nurses/health personnel	1	2	-
19. hotline	1	2	-
20. counselling services	1	2	-
21. dramatic plays	1	2	-
22. local - e.g. peer counsellors	1	2	-
88. other _____	1	2	-

Total number of sources mentioned: __ - -
98=doesn't know/remember source of information
99=no response

First source mentioned: __ - -
98=doesn't know/remember source of information
99=no response
USE CODES FROM 201

202. **INTERVIEWER: IF NO SOURCE WAS MENTIONED, SKIP TO 203. IF ONLY ONE SOURCE WAS MENTIONED, SKIP TO 203. IF MORE THAN ONE SOURCE WAS MENTIONED, ASK:**
From which of these sources do you think you get the best information? __ - -
99=no response
USE CODES FROM 201

203. Have you heard of the AIDS hotline?
1. yes
2. no ----------> **SKIP TO 206**
3. not sure -----> **SKIP TO 206**
9. no response -

204. Have you ever called it?
1. yes
2. no -----> **SKIP TO 206**
9. no response -

205. What did you think of it? _____ - -

206. Have you heard of any counselling services for AIDS/HIV?
1. yes
2. no ----------> **SKIP TO 209**
3. not sure -----> **SKIP TO 209**
9. no response
-

207. Have you used it?
1. yes
2. no -----> **SKIP TO 209**
9. no response
-

208. What did you think of it? _____ - -

209. Have you ever seen a play or dramatic presentation about AIDS?
1. yes
2. no -----> **SKIP TO 301**
9. no response
-

210. What was the play or presentation called? _____ - -

That is all of the questions I have about AIDS. Now I'd like to ask you more about yourself. The next section of questions are very personal but remember that all information will be kept confidential.

SECTION IV. SEXUAL HISTORY AND CONDOM USE:

301. How old were you when you had sex for the first time? _ _ years
77=has never had sex -----> **SKIP TO 306**
98=doesn't remember
99=no response

302. How many different men have you had sex with in the last 6 months? _ _ men
98=doesn't remember even after probing
99=no response

IF RESPONDENT DOESN'T REMEMBER -----> PROBE FOR AN ESTIMATED NUMBER

303. How many different women have you had sex with in the last 6 months? _ _ women
98=doesn't remember even after probing
99=no response

IF RESPONDENT DOESN'T REMEMBER -----> PROBE FOR AN ESTIMATED NUMBER

304. When was the last time you had sex?
1. in the last week
2. in the last month
3. in the last 6 months
4. more than 6 months ago ------> **SKIP TO 306**
5. doesn't remember ----------> **SKIP TO 306**
9. no response

305. In the last 6 months, have you had sex after you have been drinking?
1. yes
2. no
3. doesn't remember
9. no response

306. Do you know what a condom/(other name) is?
1. yes -----> **SKIP TO 308**
2. no
3. not sure
9. no response

307. A condom is a sheath that a man can wear on his penis while having sex. Have you heard of this?
1. yes
2. no ----------> **SKIP TO 401**
3. not sure -----> **SKIP TO 401**
9. no response

308. Why do people use condoms? Any other reason?

	Mentioned	Not Mentioned	
. prevent pregnancy	1	2	–
. prevent diseases/STDs	1	2	–
. prevent HIV/AIDS	1	2	–
. sex with prostitute	1	2	–
. sex with stranger	1	2	–
. other _____	1	2	–

Total number of reasons: _ _ – –
98=doesn't know
99=no response

309. When or on what occasions do you think someone should use a condom? **(FIRST LET THE RESPONDENT ANSWER SPONTANEOUSLY, THEN PROMPT EACH ITEM THAT WAS NOT GIVEN AS A SPONTANEOUS ANSWER.)**

		Prompted				
	Spontaneous	Yes	No	DK	NR	
. when having sex with a new partner	1	2	3	4	9	
. when having sex with a casual partner	1	2	3	4	9	–
. when having sex with prostitutes	1	2	3	4	9	–
. when they don't want children	1	2	3	4	9	–
. every time they have sex	1	2	3	4	9	–
. if they have a disease/STD	1	2	3	4	9	–
. if they have AIDS (or the virus)	1	2	3	4	9	–
. never	1	**DO NOT PROMPT**			9	–
. other _____	1	2	3	4	9	–

Total number of responses mentioned spontaneously or with prompting: _ _ – –
99=no response

310. Do you know where to get condoms?
1. yes
2. no -----> **SKIP TO 312**
9. no response

–

311. Where? Anywhere else?

	Mentioned	Not Mentioned	
1. pharmacy	1	2	
2. health center/clinic	1	2	–
3. family planning clinic	1	2	–
4. private physician	1	2	–
5. hospital	1	2	–
6. friends	1	2	–
8. other _____	1	2	–

Total number of places mentioned: _ –
8=8 or more places
9=no response

First place mentioned: _ –
9=no response
USE CODES IN 311

312. Would you be embarrassed to go somewhere and ask for condoms?
1. yes
2. no
3. it would depend on the place
4. doesn't need condoms; never had sex
5. doesn't know
9. no response

313. Do you and your friends ever talk about using condoms?
1. yes
2. no
9. no response

314. Do your friends use condoms?
1. yes
2. no
3. doesn't know
9. no response

315. Do you think condoms increase, decrease, or make no change in sexual pleasure?
1. increase
2. decrease
3. make no change
4. doesn't know
9. no response

316. Do you think the use of condoms prevents sexually transmitted diseases or AIDS?
1. yes
2. no
3. prevents STDs but not AIDS
4. prevents AIDS but not STDs
5. doesn't know
9. no response

INTERVIEWER: IF THE RESPONDENT HAS NEVER HAD SEX (301) -----> SKIP TO 401

317. Have you or your partner ever used a condom?
1. yes
2. no -----> **SKIP TO 322**
9. no response

318. Would you say you use condoms:
1. always
2. sometimes
3. rarely
4. doesn't know/remember
9. no response

319. When was the last time you used a condom?
1. in the last week
2. in the last month
3. in the last year
4. over a year ago
5. doesn't know/remember
9. no response

320. Why did you use a condom that time?

	Mentioned	Not Mentioned	
. partner wanted to	1	2	-
. always use condoms	1	2	-
. prevent pregnancy	1	2	-
. prevent diseases/STDs	1	2	-
. prevent HIV/AIDS	1	2	-
. sex with prostitute	1	2	-
. sex with stranger	1	2	-
. other _____	1	2	-
			-

Total number of reasons: _ _ - -
98=doesn't know
99=no response

321. Of the last 5 times you had sex, how many times did you use a condom? _ times -----> IF 5 TIMES, SKIP TO 324 -
9=no response

IF THE RESPONDENT DOESN'T KNOW ----> PROBE FOR AN ESTIMATE NUMBER

322. Why do you not use condoms/did not use every time? Any other reason?

	Mentioned	Not Mentioned	
. didn't have/not available	1	2	-
. condoms difficult to get	1	2	-
. condoms are embarrassing to buy	1	2	-
. condoms cost too much	1	2	-
. partner doesn't like them	1	2	-
. feelings aren't the same	1	2	-
. condoms necessary only with prostitutes	1	2	-
. condoms necessary only with a casual partner	1	2	-
. it is insulting to partner to use a condom	1	2	-
. too drunk to use	1	2	-
. s/he wants to have children	1	2	-
. using condoms is immoral/against religion	1	2	-
. currently using other contraceptive method	1	2	-
. other _____	1	2	-
			-

Total number of reasons: _ _ - -
98=doesn't know
99=no response

323. What would convince you to use condoms?
01. nothing
02. if someone I respected told me to use them
03. if partner requested use
04. if they had an STD or was infected with AIDS virus
05. if they knew that a partner has/had an STD or was infected with AIDS virus
06. if religious leader sanctioned use
07. if knew someone who died of AIDS/infected with virus
08. if given condoms for free
09. if their friends used them
10. if condoms felt better
11. if afraid of AIDS
12. if wanted to prevent pregnancy
88. other _____
98. doesn't know
99. no response

- -

324. Has a sex partner ever asked you to use a condom?
1. yes
2. no -----> SKIP TO 327
9. no response

325. Did you use a condom that time?
1. yes ----------> SKIP TO 327
2. no
3. didn't have sex ------> SKIP TO 327
4. doesn't remember -----> SKIP TO 327
9. no response

326. Why not?

	Mentioned	Not Mentioned
. didn't have/not available	1	2
. condoms difficult to get	1	2
. condoms are embarrassing to buy	1	2
. condoms cost too much	1	2
. feelings aren't the same	1	2
. condoms necessary only with prostitutes	1	2
. condoms necessary only with a casual partner	1	2
. it is insulting to partner to use a condom	1	2
. too drunk to use	1	2
. s/he wants to have children	1	2
. using condoms is immoral/against religion	1	2
. other _____	1	2

Total number of reasons: __
98=doesn't know/remember
99=no response

327. Have you ever asked a sex partner to use a condom?
1. yes
2. no -----> SKIP TO 330
9. no response

328. Did you use the condom that time?
1. yes ----------> SKIP TO 330
2. no
3. didn't have sex ------> SKIP TO 330
4. doesn't remember -----> SKIP TO 330
9. no response

329. Why not?

	Mentioned	Not Mentioned	
. didn't have/not available	1	2	
. condoms difficult to get	1	2	–
. condoms are embarrassing to buy	1	2	–
. condoms cost too much	1	2	–
. partner doesn't like them	1	2	–
. feelings aren't the same	1	2	–
. condoms necessary only with prostitutes	1	2	–
. condoms necessary only with a casual partner	1	2	–
. it is insulting to partner to use a condom	1	2	–
. too drunk to use	1	2	–
. s/he wants to have children	1	2	–
. using condoms is immoral/against religion	1	2	–
. other _____	1	2	–
			–

Total number of reasons: – –
98=doesn't know/remember
99=no response

– –

330. Do you think a condom should be used with a regular partner?
1. yes ----------> **WOMEN: SKIP TO 401**
MEN: SKIP TO 332
2. no
3. it depends, specify _____ -----| **WOMEN: SKIP TO 401**
4. doesn't know ----------| **MEN: SKIP TO 332**
9. no response

–

331. Why not?
01. not necessary
02. other contraceptive methods are used
03. condoms only for non-regular partners
88. other _____
98. doesn't know
99. no response

– –

WOMEN: SKIP TO 401

332. **FOR MEN ONLY:** Have you ever been to a prostitute?
1. yes
2. no -----> **SKIP TO 401**
9. no response

–

333. When did you last visit a prostitute?
1. within the last month
2. within the last year
3. more than a year ago
4. doesn't remember
9. no response

–

334. Did you use a condom?
1. yes
2. no
3. doesn't remember
9. no response

–

SECTION V. STD HISTORY:

401. Can you tell me the name of any sexually transmitted disease (STD/VD) that you have heard of? **(LET THE RESPONDENT ANSWER SPONTANEOUSLY FIRST, THEN PROMPT THOSE WHICH WERE NOT MENTIONED)**

	Spontaneous	Prompted Yes	Prompted No	Prompted DK	NR	
1. syphilis/bad blood	1	2	3	4	9	
2. gonorrhoea/clap/guns	1	2	3	4	9	
3. herpes	1	2	3	4	9	
4. other genital sores	1	2	3	4	9	
5. other penile/vaginal discharge	1	2	3	4	9	
6. PID	1	2	3	4	9	
7. AIDS	1	**DO NOT PROMPT**			9	
8. other _____	1	2	3	4	9	

Total number of diseases mentioned either spontaneously or with prompting: _ _
8=8 or more
9=no response

402. Which one of these diseases have you ever had?

	Yes	No	DK	
. syphilis/bad blood	1	2	3	
. gonorrhoea/clap/guns	1	2	3	
. herpes	1	2	3	
. other genital sores	1	2	3	
. other penile/vaginal discharge	1	2	3	
. PID	1	2	3	
. other _____	1	2	3	

Total number of different diseases experienced: _ _ _ _
77=had disease but doesn't know the name
99=no response

IF RESPONDENT HAS NEVER HAD ONE OF THESE DISEASES (ALL ANSWERS IN 401 ARE NO AND/OR DOESN'T KNOW OR ALL ANSWERS TO 402 ARE NO OR DOESN'T KNOW) SKIP TO 409

IF MORE THAN ONE DISEASE IS MENTIONED IN 402, CONTINUE WITH 403, OTHERWISE SKIP TO 404

403. The last time you had one of these diseases, which one did you have? **(USE CODES FROM 401 ABOVE)** _____
9=no response

404. How did you know you had _____.
1. had a test
2. went to a clinic/physician diagnosed
3. self-diagnosis
4. traditional healer
5. pharmacist
8. other _____
9. no response

405. Did you seek medical attention?
1. yes
2. no -----> SKIP TO 407
9. no response

406. Where did you go?
01. pharmacy
02. public health center/clinic
03. private doctor/clinic
04. STD clinic
05. friends
06. traditional healer
88. other _____
98. doesn't remember
99. no response

407. How long ago did you have _____?
1. < 6 months ago
2. 6-12 months ago ------|
3. > 1 year ago | SKIP TO 409
4. doesn't remember -----|
9. no response

408. In the last 6 months, how many times have you had _____?
__ times
98=doesn't remember
99=no response

409. If you thought you had a problem with one of these diseases, where would you go for help?
01. pharmacy/chemist's
02. public health center/clinic
03. private doctor/clinic
04. STD clinic
05. friends
06. traditional healer
07. wouldn't go for help
08. would treat him/herself
88. other _____
98. doesn't know
99. no response

SECTION VI. SEXUAL PRACTICES:

IF THE RESPONDENT HAS NEVER HAD SEX (301), SKIP TO 601

501. Have you had vaginal intercourse in the last six months?
1. yes
2. no -----> **SKIP TO 503**
9. no response

502. How often did you use a condom during this practice? Was it always, sometimes, rarely or never?
1. always
2. sometimes
3. rarely
4. never
5. doesn't remember
9. no response

503. Have you sucked a man's penis in the last six months?
1. yes
2. no -----> **SKIP TO 505**
9. no response

504. How often did you or your partner use a condom when you did this? Was it always, sometimes, rarely or never?
1. always
2. sometimes
3. rarely
4. never
5. doesn't remember
9. no response

WOMEN: SKIP TO 507

505. **MEN ONLY:** Has someone sucked your penis in the last six months?
1. yes
2. no -----> **SKIP TO 507**
9. no response

506. How often did you use a condom when someone sucked your penis? Was it always, sometimes, rarely or never?
1. always
2. sometimes
3. rarely
4. never
5. doesn't remember
9. no response

507. Have you had passive anal intercourse (use local term) in the last six months?
1. yes
2. no -----> **MEN: SKIP TO 509**
WOMEN: SKIP TO 601
9. no response

508. How often did you or your partner use a condom for this practice? Was it always, sometimes, rarely or never?
1. always
2. sometimes
3. rarely
4. never
5. doesn't remember
9. no response

WOMEN: SKIP TO 601

509. Have you had active anal intercourse (use local term) in the last six months?
1. yes
2. no -----> **SKIP TO 601**
9. no response

510. How often did you use a condom for this practice? Was it always, sometimes, rarely or never?
1. always
2. sometimes
3. rarely
4. never
5. doesn't remember
9. no response

SECTION VII. PSYCHOGRAPHICS:

With the help of these cards, please tell me how much you agree or disagree with each of these statements by placing the card on the appropriate description on this rating board. Let us start with (statement). Would you say that you strongly agree/somewhat agree/somewhat disagree/strongly disagree?
HAND RATING BOARD AND CARDS TO RESPONDENT.

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE	NR	
601. Many of the unhappy things in people's lives are partly due to bad luck	1	2	3	4	9	_
602. I do not think I have much influence over the things that happen to me	1	2	3	4	9	_
603. Planning for the future is a waste of time	1	2	3	4	9	_
604. Unfortunately, an individual's worth often passes unrecognized no matter how hard they try	1	2	3	4	9	_
605. We live in a more permissive society than our parents did	1	2	3	4	9	_
606. I am good at socializing with other people	1	2	3	4	9	_
607. I am aggressive	1	2	3	4	9	_
608. I am easily influenced by other people	1	2	3	4	9	_
609. I prefer to spend time in the company of others rather than being alone	1	2	3	4	9	_
610. Men and women should be paid the same amount for the same job	1	2	3	4	9	_
611. Usually, what is going to happen will happen	1	2	3	4	9	_
612. What happens to me is my own doing	1	2	3	4	9	_
613. You might as well decide what to do by tossing a coin	1	2	3	4	9	_
614. The idea of dying frightens me	1	2	3	4	9	_

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE	NR	
615. The young generation of today has lower moral standards than the older generation	1	2	3	4	9	_
616. I get things done	1	2	3	4	9	_
617. If I believe I am right, I take no notice of what others might say	1	2	3	4	9	_
618. I often take an active role in group activities	1	2	3	4	9	_
619. When I know I am right, I stand by my decision regardless of my group's disapproval	1	2	3	4	9	_
620. In our country, men and women have equal opportunites	1	2	3	4	9	_
621. When I make plans, I am almost certain that I can make them work	1	2	3	4	9	_
622. In the long run, people get the respect they deserve	1	2	3	4	9	_
623. There is really no such thing as "luck"	1	2	3	4	9	_
624. I prefer doing things on my own rather than rely on the help of others	1	2	3	4	9	_
625. When faced with a problem, I usually study it carefully before I make a decision on what action to take	1	2	3	4	9	_
626. I tend to react to things emotionally rather than rationally	1	2	3	4	9	_
627. A person should adapt their ideas and behaviour to the group that happens to be with them at the time	1	2	3	4	9	_
628. I have no qualms about over-riding others in order to get ahead in life	1	2	3	4	9	_

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE	NR	
629. I would rather listen to what others have to say than voice my own opinions	1	2	3	4	9	_
630. If a woman feels attracted to a man, it is alright for her to make the first advances	1	2	3	4	9	_
631. Luck has little or nothing to do with me getting what I want	1	2	3	4	9	_
632. People's misfortunes result from the mistakes they make	1	2	3	4	9	_
633. I do not believe chance or luck plays much part in my life	1	2	3	4	9	_
634. I think I am stricter than most people about right or wrong	1	2	3	4	9	_
635. I don't wish to change my present situation	1	2	3	4	9	_
636. I tend to be secretive, not interested in sharing my thoughts or feelings	1	2	3	4	9	_
637. I like to plan and organize things carefully before starting a job	1	2	3	4	9	_
638. I have a very strong desire to be a success in this world	1	2	3	4	9	_
639. I would rather stay home than go to parties	1	2	3	4	9	_
640. Accidents play a large part in what happens in life	1	2	3	4	9	_
641. Leaving things to fate generally does not work out well; it is better to decide what to do yourself	1	2	3	4	9	_
642. Sometimes, I feel I do not have enough control over the direction my life is taking	1	2	3	4	9	_

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE	NR	
643. It usually takes me a long time to make a decision for fear of making a mistake	1	2	3	4	9	_
644. I am interested only in myself	1	2	3	4	9	_
645. I consider myself a leader	1	2	3	4	9	_
646. I normally make allowances for other people's mistakes	1	2	3	4	9	_
647. I often think about how I look and what impression I am making upon others	1	2	3	4	9	_

SECTION VIII. FAVORITES AND LEISURE:

701. Please tell me your favorite in each category.

Movie Actor	_____	- -
Movie Actress	_____	- -
TV Actor	_____	- -
TV Actress	_____	- -
Local Band/Singing Group	_____	- -
Male Athlete	_____	- -
Female Athlete	_____	- -

702. Which of these activities do you usually do in your free time/leisure time? **(SHOW CARD)**

	Mentioned	Not Mentioned	
Watch TV	1	2	
Watch video tapes	1	2	-
Go to movies/Cinema	1	2	-
Listen to radio	1	2	-
Go to Discos/dancing	1	2	-
Going to Concerts	1	2	-
Go to Church or prayer meetings	1	2	-
Chat/talk	1	2	-
Visit friends/invite friends to house	1	2	-
Lime/hang around a favorite place	1	2	-
Read	1	2	-
Jog/run	1	2	-
Swim	1	2	-
Attend sports events	1	2	-
Play musical instruments	1	2	-
Spend time with family	1	2	-
Helping in household chores	1	2	-
Drinking with friends	1	2	-
Go to bars/pubs	1	2	-
Eat out	1	2	-
Gamble/make bets	1	2	-
Play games, such as cards, bingo or Scrabble	1	2	-

SECTION VIIII. INTERVIEWER OBSERVATIONS:

801. Was the respondent cooperative? _
   1. very cooperative
   2. fairly cooperative
   3. uncooperative

802. Was anyone else present during the interview? _
   1. yes
   2. no

803. Did the respondent have any difficulty in understanding or in answering any of the questions? _
   1. yes, specify _____
   2. no

804. What is your estimate of the quality of the information obtained? _
   1. very good
   2. fairly valid
   3. not valid

805. How long did the interview take? _ _ minutes _ _

END OF INTERVIEW

APPENDIX B: BUDGET PLANNING AND PREPARATION

PROGRAMME NEEDS - BUDGETARY CONSIDERATIONS

The following is a list of Programme Needs as outlined activity by activity in the proposed work plan. Programme Needs are listed according to the major headings outlined below: HUMAN RESOURCE NEEDS, LOGISTICAL NEEDS, SERVICE NEEDS, and MISCELLANEOUS CONSIDERATIONS.

ACTIVITY 1: PROJECT PREPARATION PHASE

OBJECTIVE: To identify and set into place human resource, logistical, service, and other needs for the design, implementation, and analysis of results of KABP surveys.

HUMAN RESOURCE NEEDS	LOGISTICAL NEEDS	SERVICE NEEDS	MISCELLANEOUS
Advisory Committee Survey Coordinator Statistician Secretary	Office space & equipment Office supplies Transportation	Photocopying of -Meeting minutes -Handouts -Letters	Institutional overhead Employee benefits

ACTIVITY 2: QUESTIONNAIRE - FINALIZATION

OBJECTIVE: To finalize and prepare survey questionnaire.

HUMAN RESOURCE NEEDS	LOGISTICAL NEEDS	SERVICE NEEDS	MISCELLANEOUS
Survey Coordinator Statistician Individuals to conduct pre-test of questionnaire Secretary	Office space & equipment Office supplies Transportation and field materials for field workers testing questionnaires	Photocopying of -Handouts -Letters -Draft documents Printing of -Questionnaire -Instruction Manual for Interviewers	None

ACTIVITY 3: SURVEY DESIGN

OBJECTIVE: To design the sampling methodology used to carry out the survey.

HUMAN RESOURCE NEEDS	LOGISTICAL NEEDS	SERVICE NEEDS	MISCELLANEOUS
Survey Coordinator Statistician Secretary	Office space & equipment Office supplies Transportation	Photocopying of -Draft documents -Survey maps	None

ACTIVITY 4: DATA COLLECTION

OBJECTIVE: To implement the survey.

HUMAN RESOURCE NEEDS	LOGISTICAL NEEDS	SERVICE NEEDS	MISCELLANEOUS
Survey Coordinator	Office space & equipment	Marketing Research Firm responsible for carrying out survey	Insurance coverage for field workers
Training Staff	Office supplies		
Field Coordinator	Transportation for*:		
Field Supervisors	-General		
Interviewers	-Training		
Secretary	-Field Coordinator	Photocopying of	Publicity cover-
Advisory Committee	-Field Supervisors	-Handouts	age of survey
	-Interviewers	-Survey maps	activity on
	Training supplies (paper/pens/chalk/ etc.)	-Miscellaneous	- Radio
			- T.V.
		Photography for*:	- Newspaper
	Field work materials	-Identification photos for field workers.	
	Field accommodations for*:		
	-Field Coordinator		
	-Supervisors	Printing of I.D. Cards*	
	-Interviewers		
	*OPTIONAL: Not necessary if using a private firm	Catering for training workshop	
		Courier Service for transportation of questionnaires from field to Central Office*	

ACTIVITY 5: DATA PROCESSING

OBJECTIVE: To prepare and process survey data.

HUMAN RESOURCE NEEDS	LOGISTICAL NEEDS	SERVICE NEEDS	MISCELLANEOUS
Survey Coordinator	Office space & equipment	Photocopying	None
Statistician	Transportation	Computer services	
Computer Resource Specialist	Computer equipment and software		
Data Entry Person			
Editors/Coders			
Secretary			

ACTIVITY 6: PREPARATION OF DATA ANALYSIS AND FINAL REPORT

OBJECTIVE: To analyze the survey findings and produce a final report.

HUMAN RESOURCE NEEDS	LOGISTICAL NEEDS	SERVICE NEEDS	MISCELLANEOUS
Survey Coordinator	Office space & equipment	Computer Services	None
Statistician	Office supplies	Photocopying	
Computer Resource Specialist	Transportation	Duplicating/ printing of -Preliminary Report -Final Report	
Advisory Committee		Graphic artist for report cover design	
Secretary			

ACTIVITY 7: EVALUATION OF SURVEY ACTIVITY

OBJECTIVE: To evaluate the procedure and methodology used to carry out the survey to improve upon future survey efforts.

HUMAN RESOURCE NEEDS	LOGISTICAL NEEDS	SERVICE NEEDS	MISCELLANEOUS
Survey Coordinator	Office space & equipment	Photocopying	None
Statistician	Office supplies		
Computer Resource Specialist	Transportation		
Advisory Committee			
Secretary			

BUDGET CHECKLIST

This section examines in detail the programme needs, resource considerations, factors to consider when deciding what to use, along with discussion of advantages and disadvantages of each factor based upon survey activities previously conducted in the region. This checklist of budgetary items is meant to serve merely as a guide. Those involved in drafting the checklist are well aware that each country has distinct needs.

CATEGORY I. HUMAN RESOURCE NEEDS

The following is a recommended list of individuals whose services will be required in order to carry out the survey project. Some individuals will be required throughout the study while others can be expected to work on a part-time contractual basis or serve in an advisory capacity as needed.

RESOURCE CONSIDERATIONS	FACTORS TO CONSIDER	ADVANTAGES	DISADVANTAGES
A. OVERALL PROGRAMME NEEDS			
* Survey Coordinator RESPONSIBILITY: To implement, and evaluate the KABP Survey. RECOMMENDATION: A person should be appointed or hired on a full-time basis to carry out this task. NOTE: It is expected the study should take between six to nine months.	+ Designate individual from the Government Sector (e.g. Ministry of Health) to carry out the task of SC.	* Experience gained will be beneficial and should benefit other health programs.	* If not full-time the person assigned to serve as Survey Coordinator will find it difficult to carry out this activity along with their other job responsibilities thus delaying the project timetable
	OR + Hire or recruit an individual outside the Government Sector such as a senior reperesentative from a Research or Marketing Firm.	* Should be able to devote full-time to the task, making use of previous research experience and encouraging collaboration with Private Sector.	* Will require a fee (probably covered in MTP) and may not be familiar with survey research.
	OR - request the services of a Consultant provided by CAREC.	*Will be able to devote full-time to the project	*Will require a consultancy fee (probably covered in the MTP.)

* ADMINISTRATIVE SUPPORT STAFF/ SECRETARY RESPONSIBILITY: To provide program support to the SC in the form of typing, photocopying and duplicating services etc. RECOMMENDATION: Because of the amount of work that will be generated, a full-time person should be assigned or hired to assist the SC.	+ Give the SC access to secretarial services provided by the Government Sector. OR + Appoint a person from the Government Sector to work full-time with the SC. OR + Hire a secretary for the duration of the project.	*May be supplied at no cost to the project. *May be supplied at no cost and will facilitate steady progress and minimize delays. *Minimize frustrations and delays.	*Individual(s) assigned to assist the SC may find the additional workload created by the survey demands to be overwhelming thus causing delay and probable tension. *Such an individual may not be available. *Will need to be paid.
* STATISTICIAN/ DATA ANALYSTS RESPONSIBILITY: To select the sample size, designate enumeration districts, assist in training of field staff, conduct data analysis etc.	+ Consider capable individuals and their availability with the Government Sector. (e.g. Ministry of Health, Ministry of Planning, Agriculture) OR + Consider the availability of statisticians who may be working for in-country private enterprises or non-Governmental Agencies such as IPPF, CFNI, etc. or free-lance experts.	*Individual may be able to assist at no cost or for a small renumeration fee. *Individual available in-country.	*Individual may not exist in the Government Sector, may not have the time to devote to the project because of other job commitments, or may not be familiar with software useful for analyzing survey data results. *Such an individual may exist in-country but may not have the time to devote to the project because of other job commitments nor the required expertise in survey analysis. It is likely such an individual may charge a fee for services rendered.

	OR + Consider contacting CAREC for assistance.	*Statistical resource personnel are available for assistance through CAREC, can denote necessary time and have access to statistical software such as SPSS.	*Requests to CAREC for statistical assistance must be done in advance in order to permit CAREC staff to adjust schedules.
* ADVISORY COMMITTEE MEMBERS RESPONSIBILITY: To make recommendations to the SC regarding objectives of the study and data use. RECOMMENDATIONS: Keep Advisory Committee Members to a minimum.	+ The Advisory Committee should be comprised of individuals with the following skills: -Social Research -Epidemiologist -Psychiatric/ Social Worker -Health Worker -Statistician -Communicator -Family Planning Professional -Public Health Professional	*Advisory Committee Members offer advice and guidance whenever necessary based upon their expertise or speciality.	

B. OVERALL TRAINING NEEDS

* TRAINING STAFF RESPONSIBILITY: To train Field Supervisors and Interviewers who will carry out the study. RECOMMENDATIONS: Involve the SC, the Statistician, and individuals with surveying or training experience and keep the number of trainers small. NOTE: Training is not needed if the SC decides to contract out the field work.	+ Consider paying staff members a daily wage. OR + Consider paying staff for each presentation or activity in which they participate. NOTE: for every hour presentation figure one and a half hours of preparation time. OR + Consider offering staff members a combination of the above. NOTE: Full time employees should not receive additional money.	*Encourage staff to participate in entire workshop regardless of specific presentation. *Encourage full participation with incentive.	*Some members may have other job commitments that preclude full-time effort. *May encourage less than full-time participation. *May cost more, however, full participation of staff is highly encouraged.

*FIELD SUPERVISORS RECRUITMENT

RESPONSIBILITY: Field Supervisors: To supervise, guide and assist interviewers as they carry out the survey in the field. Interviewers: To conduct survey in the field. NOTE: Set reasonable expectations of the number of interviews to be conducted in a day and set a limit to the number of days the survey is to be carried out in an area.	+Consider experienced or highly qualified individuals working in the government sector, (e.g. Health workers, social worker, teacher, etc.) NOTE: If selected, make certain to secure permission for individuals to be released from regular work activities as they conduct their field work.	*Individuals will learn from the experience. *Experience gained may be transferable to other health *Will create a pool of experienced resource people.	*Such individuals may not be available or have the time that is needed to carry out the survey activity. *There is some risk of bias that may enter into the study if health workers are used.
	OR		
	+Consider training and using individuals from special interest groups (e.g. women's association, Red Cross Volunteers).	*Will create a pool of experienced resource people.	*It may be difficult to find enough people who meet the criteria needed to conduct the study.
	OR		
	+Consider contracting with the Private Sector.	*Frees up SC time.	*May be costly. *Does not permit Government Sector people the chance to develop expertise with survey techniques.
	COMPENSATION +pay per day of work.	*Will encourage interviewers to conduct surveys at a reasonable pace. *Will minimize cheating.	

	OR		
	+Pay per completed survey.	*May encourage rapid completion.	*May encourage cheating and poor quality of work.
	IMPLEMENTATION +Consider recruiting field workers from the selected survey areas.	*Will minimize costs needed for per diem, transportation and accommodations.	*May introduce an element of bias into the survey results.
		*People may prefer being interviewed by someone they know.	*People may prefer not to be interviewed by an acquaintance.
		*Many areas can be surveyed simultaneously.	
	+Consider using a roving team of field supervisors.	*May cut down on training costs.	*Will increase transportation needs and costs.
		*May prolong the life of the study.	*Risks allowing an element of bias to enter the study as each region hears about the activity and awaits their turn.
			*Quality control jeopardized with decreased supervision.
*FIELD COORDINATOR RESPONSIBILITY: To coordinate and supervise all workers (field supervisors and interviewers).	+Consider appointing or hiring someone to serve as field coordinator during the course of the survey implementation phase.	*SC will have time to work on other activities.	*One individual may not have the time to move around to each identified survey area.

	OR		
NOTE: Per diem, transportation and accommodations are all factors to consider no matter who carries out the activity.	+Consider using the SC as well as other members of the Training Staff to supervise all field activities.	*Work load will be shared among training staff members. *Training staff and field workers will already be familiar with each other.	*Training staff members may find it difficult to perform such a task because of other work conflicts.
C. DATA PROCESSING NEEDS			
*COMPUTER RESOURCE SPECIALIST RESPONSIBILITY: To develop data base and data programmes, supervise data entry, and assist in data analysis.	+Consider using a Computer Resource Specialist from the Government sector if available. OR +Consider CAREC assistance for this function.	*May provide service at little or no cost to the project. *Expertise available.	*Individual may exist but may not have the time or expertise to coordinate and carry out all tasks that are required. *In-country expertise will not be developed.
* EDITORS/CODERS RESPONSIBILITY: To check questionnaires for completion and code open-ended questions. RECOMMENDATION: Keep the group working together as a team. The work will go faster, coding will be more consistent and the job less monotonous.	+Consider hiring individuals on a contract basis, such as students or unemployed individuals with secondary education. NOTE: Consider paying each individual for every properly coded questionnaire. Set a reasonable daily limit of questionnaire to be coded, offer some kind of incentive for every questionnaire coded over the the daily amount.	*Will facilitate completing the work within a reasonable amount of time	*Individuals will expect to be paid. *Task can be very time consuming depending upon the number of questionnaires.

* DATA ENTRY PERSON RECOMMENDATIONS: Identify and award contracts for data processing to an in-country computer business firm.	+Consider using someone with Data Entry skills available in the Government sector OR +Consider contracting with a private firm to carry out this task.	*Most economical * The firm will be able to devote full time to the task until completed.	* Such a person may not exist or if they exist, they may not have the time necessary because of other responsibilities. *Depending on the survey, this job could be time consuming and tedious.

CATEGORY 2: SERVICE NEEDS

RESOURCE CONSIDERATION	FACTORS TO CONSIDER	ADVANTAGES	DISADVANTAGES
*SURVEY IMPLEMENTATION: RESPONSIBILITY: To design the survey methodology and finalize questionnaire, to identify and train Interviewers and to carry out the survey as agreed.	+Use individuals within the government sector.	*Builds expertise in survey methodology. *Less expensive.	*Individuals may not be capable of carrying out a KABP survey. *Time constraints of other job duties may delay project.
	OR		
RECOMMENDATIONS: If government human resources are few or individuals do not have time to commit to the survey an in-country Research or Marketing Firm should be contacted. NOTE: Firm must work with the SC and members of the Advisory Committee.	+Consider contracting with an in-country Research or Marketing Firm.	*Successful use of a private firm helps to establish and encourage good collaboration between the public and private sector. *Frees up SC time.	*May be costly. *May not be able to find firm with the expertise. *Does not permit Government Sector people the chance to develop expertise with surveys.

WORD PROCESSING SERVICES			
RESPONSIBILITY: TO provide word processing services for questionnaires and supporting field documents (Training Manual, Instruction Manual), and the final report.	+Use services available through the Government sector. OR +Lease a computer.	+Time saving/ facilitates making corrections on drafts, and allows for a professional presentation.	*May be more costly than using a typist.
DATA ANALYSIS SERVICES			
RESPONSIBILITY: To provide computer services to create the Data Base/ Programmes/Data Entry and Analysis.	+Use services available through the Government Sector. OR	*May be supplied at no cost or for a small fee.	*Access to computer hardware and individuals with computer skills may be difficult to secure.
	+Consider contracting these services with an in-country computer firms. OR	*Firm will be expected to meet contract demands and provide a final product on time as required.	*Will charge a fee specific to each assignment (in the long run this may save on time and prevent unnecessary frustration).
	+Send data to CAREC for processing and analysis.	*CAREC expertise available. *Consistency of processing and analysis makes between country comparisons easier.	*In-country expertise will not be developed.

PHOTOCOPYING SERVICES			
RESPONSIBILITY: To provide necessary photocopying including meeting minutes, handouts, drafts of training documents, questionnaires, agendas, plan of analysis, code sheets, letters, reports.	+Consider first photocopying services available through the Government Sector. NOTE: Survey Project may need to supply the service with the required amount of paper, ink, toner, etc. and may need to offer some type of remuneration to the individual performing photocopying services if overtime is necessary.	*Easy access, especially if National AIDS Committee is well established with its own photocopying machine. *Using government services may be less expensive than contracting work out to a private firm.	*Services provided by the Government Sector may be already over loaded. Additional work such as that created by the KABP Survey may prove to be burdensome. Machines may not be of the quality to handle the workload. (Consider Maintenance Costs). SC may experience considerable delay receiving products if the workload of the photocopy service is too great.
	OR		
	+Consider contracting services out to a private business firm.	*A private business firm may be in a better situation to handle the workload. *SC would not need to worry about Maintenance or supply costs - all would be incorporated into the service charge.	*Most likely will be more costly; *May not have easy access to the service as often as needed. *Service may be under a considerable workload.

REPRODUCTION OF PROJECT DOCUMENTS			
RESPONSIBILITY: To reproduce great quantities of materials such as copies of questionnaires, field documents, preliminary and final reports. NOTE: Use a light blue or gray shade of duplicating paper - easy on the eyes to read - and economize by printing pages back to back.	+Use duplicating services for the purposes of producing great quantities of materials. NOTE: Use good quality stencils, they will last longer and results are good.	*Duplicating paper would be cheaper than photocopying paper or products produced by a printer. *Quality is almost as good as that produced by a professional printer. *Products can be produced quickly.	*Quality may not be quite as good as that which can be supplied by a professional printer. *Technician may experience too much of a workload.
	OR		
	+Use the service of a printer.	*Good quality work, easy to read and professional looking.	*Costly *May have to wait a long time to get the questionnaire back from the printer.
	+Consider using Printing Services available through the Government Sector. Most likely will be required to furnish paper and supplies and pay for overtime and maintenance costs.	*Economical	*Government Print Services are often under great demand thus causing considerable delay in receiving final products.
	OR		
	+Consider printing services available outside the Government Sector such as those available in the private sector.	*May have more time and can attend to requests immediately.	*May be more costly *May also have a heavy workload.

		*SC would not need to worry about service supplies, maintenance costs, renumeraton fees.
OTHER SERVICES	+Catering Services will be needed during the course of the interviewer Training Workshop. NOTE: A small daily fee should be given to someone to set-up and clean-up after each meal. +Picture Identification cards may be a requirement for all field workers (e.g. coordinators, supervisors, interviewers). Simple black and white passport photos should suffice. +The services of a graphic artist may be needed to produce the following: *Identification cards *Cover for final report document	

+As the questionnaires are completed for each selected survey area, consideration must be given as to how the questionnaires should be sent to the project's central headquarters.

NOTE:
Numerous no cost possibilities are available. However, in some situations, a cost may be charged to transport the documents. The SC should keep this in mind.

CATEGORY 3: LOGISTICAL NEEDS

The following is a list of logistical support programme needs. The amount of logistical needs required will depend to a large extent on outside contracts. The costs quoted by contractors will include supplies. The SC should know what he/she is paying for in terms of services so that he/she may more easily determine the logistical needs.

RESOURCE CONSIDERATIONS	FACTORS TO CONSIDER	ADVANTAGES	DISADVANTAGES
OFFICE SPACE AND EQUIPMENT	+The project will need to set up headquarters somewhere. If the SC is hired from outside the country, office space will have to be assigned or rented. The SC and administrative support staff should have access to certain essential office equipment (e.g. desk, chairs, shelves, typewriters, staplers, etc.).		
OFFICE AND PROGRAMME SUPPLIES NOTE: Order all supplies in advance to avoid shortages and production delay.	+Depending upon the number of services that have been contracted out and their details, it can be expected the programme will need the following supplies:		

	-photocopying and duplicating paper -good quality Stencils -Tubes of ink and toner for photocopying and duplicating machines -Typewriter supplies -Computer diskettes, ribbons, paper, software +Great demand will be made of the typewriter, photocopying and duplicating machines. Maintenance costs should be considered in the budget so as to accommodate repairs that need to be made quickly.		
ACCESS TO TRANSPORTATION RESPONSIBILITY: Transportation will be needed for conducting regular daily work duties as required throughout the life of the study, bringing participants and staff to and from the Interviewer Training Workshops, questionnaire pretest activity and field survey activities by the Field Coordinator, Supervisors, and Interviewers	+Consider first securing transportation from the Government Sector OR +Contract for transportation services	*Minimal cost, including fuel, drivers salary or overtime. *Will facilitate work efforts and minimize frustrations in those situations where government drivers may have other work duties.	*Transportation may not be available or readily accessible as required. *Will be more costly.

PER DIEM
(Payment for food and lodging)

RESPONSIBILITY: Per diem will be needed for individuals participating in training workshops, and interviewers working in localities other than their own which may necessitate an overnight stay.

+May not be necessary if work is contracted out to a private firm who will in turn include the cost in their contract fee.

TRAINING AND FIELD SUPPLIES

RESPONSIBILITY: Materials should be purchased and furnished to all interviewers during the training phase of the project.

+Training and field supplies include the following:

Field Supplies
(a set per interviewer)
*carrying case or folder
*clipboard (can be sturdy cardboard with a large clip)
*pen/pencil
*pencil sharpener
*note pad
*notebook - containing documents.

Training Supplies
*flip chart paper
*marking pens
*chalk
*envelopes
*tape

CATEGORY 4: MISCELLANEOUS PROGRAMME NEEDS

RESOURCE CONSIDERATIONS	FACTORS TO CONSIDER	ADVANTAGES	DISADVANTAGES
CONTINGENCY FUND	+Some expenses may have been overlooked. The SC may wish to allocate a small amount of funds for miscellaneous expenses.	*Gives some flexibility.	*Will increase the budget by a small margin.
EMPLOYEE BENEFITS	+May be necessary if individuals are not already covered.		
INSURANCE COVERAGE FOR FIELD WORKERS	+In countries where risks are high, and individuals are not already covered, the need for insurance is important.	*A prevention factor.	*Increase budget costs slightly.
RENTAL OF CONFERENCE ROOM AND CHAIRS	+In certain situations available space for hosting the training work-shop may be at a premium and it may be necessary to rent a room and chairs for such a session.		

PUBLIC COVERAGE OF SURVEY	+In some situations, the SC may wish to publicize the survey activity using newspaper, radio and/or TV coverage. A fee may be charged for the use of such services.	*Provides good Public Relations for the AIDS programme. *May help to avoid difficulties field workers may encounter in the field.	*May seriously bias the results of the study. NOTE: Regional authorities should be notified of the activity as a programme planning measure.

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APPENDIX C: TRAINING MANUAL

INSTRUCTION MANUAL FOR INTERVIEWERS

1. INTRODUCTION

As interviewers for this survey, you are taking part in a very important research endeavour launched by the World Health Organization/Global Programme on AIDS (GPA) and several countries, including your own, to collect information on people's knowledge, attitudes, beliefs and practices regarding a serious health problem, that is the Acquired Immunodeficiency Syndrome or AIDS. The main objectives of this survey are to find out:

(a) what people in your country know about this new condition;

(b) how they feel or think about it and about individuals who have already contracted the virus causing this disease;

(c) what behavioral changes, if any, they have adopted in order to avoid getting infected themselves; and

(d) what are their preferred sources of information.

Such information will be of much value to your government and to the National AIDS Committee in combatting this syndrome and preventing the virus from infecting more people. The purpose of this manual is to provide you with the necessary information on the proposed research and to help you to understand what might be expected from you as an interviewer.

1.1 The Sample

Although the aim of the survey is to get the necessary information from the total population of the country, it is obvious that for a variety of practical and theoretical reasons it is impossible to question the whole population of a country. Instead, we have to take a sample that is a small but well chosen section of the population and by studying it draw conclusions applicable to the whole country. For this reason, studies like the one you are going to be involved in are called <u>sample surveys</u>.

In order to assess the knowledge and behavior of a whole country by studying a relatively small sample of the population we must make sure that the sample chosen for the study is truly <u>representative</u> of that population. This goal is achieved through certain statistical procedures that enable social scientists to take a <u>randomly selected</u> representative sample of the population they want to study. Random selection simply means that all members of the population to be studied should have a known chance of being selected for study. These decisions are made by

the leaders of the research team of which you are a member and they can tell you more about the selection of the households you are expected to visit and the individuals you are expected to interview. But you can also ensure that the sample being studied is representative by carefully and conscientiously sticking to the household location and individual identification instructions with which you will be provided.

1.2 Locating Dwelling Units, Households and Respondents

To obtain the sample described above, certain dwelling units (houses) throughout this (country/region/city) have been selected to take part in this survey.

Before going any further, make sure that you understand the following terms:

A Dwelling Unit or a House is a building where one or more households may live.

A Household denotes a group of people who live together and share food and other expenses; it includes people like servants, lodgers and visitors (guests).

A Respondent is the single person from the household that is chosen (see below) to answer the questions.

The first thing that you as an interviewer will be expected to do when you visit a dwelling unit is to determine how many households it contains. If the dwelling unit contains two different households as defined above, then you must complete two different questionnaires. For each household you will list all persons (from oldest to youngest) who slept there last night, whether they were usual members of the household, servants, or visitors. Using this list, a single respondent will be selected to provide answers for the questions in the following manner.

Since we are only interested in selecting a respondent who is at least 15 years of age, scan down the "AGE" column on the household form until you reach the last person 15 or older. If for example, the sixth name on the form is 17 years of age and the seventh person is 14, the household has a total of only six eligible respondents.

Of these six individuals, only one will be chosen to be the respondent; the second page of the questionnaire is used to select the respondent. Under the column labeled "Last digit of the questionnaire number", locate the appropriate number and draw a horizontal line stretching across the grid. Under the heading "Number of eligible respondents", locate the appropriate number ("6" in our example) and draw a vertical line down this column of

numbers. Circle the number where the two lines meet, and turn back to page one of the household form. Locate and circle this line number on the household list; this person is the respondent.

If the household has more than ten eligible respondents, inform your supervisor and he/she will randomly select the respondent for you to interview.

1.3 Main Tasks of an Interviewer

As an interviewer your main tasks will be as follows:

(a) To locate the selected addresses (dwelling units) in the areas (clusters) chosen as sample sites and select the first house in the cluster. (During interview training, you will be taught how to select the first house in a cluster)

(b) To make sure that the identifications are correct using maps and other documents provided by the supervisor.

(c) To identify the households (usually one) in each dwelling unit that have been selected as a sampling unit.

(d) If you have been instructed to find specific households in the area (cluster), ensure that the household you have identified is in fact the one you were looking for. Enquire from neighbors, etc., if you have difficulty in finding a dwelling unit or a household within a dwelling unit. Never substitute a household or individual for the one you have difficulty in finding.

(e) Introduce yourself, explain the purpose of the study, and, with the help of the household representative (the head of the household or another adult member), fill out one Household Form (p.1 of the interview schedule) for each household contacted.

(f) Using the information included in the Household Form, identify all the eligible members of that household. Remember an eligible member is any person 15 and above who spent the previous night with the household.

(g) Select the respondent using the procedures described previously.

(h) After completing each interview, go through your interview schedule to make sure that you have not missed any question or section.

(i) Copy the questionnaire number (4 digit number from Household form) to the first four spaces of the "ID number" on the individual form. Write the respondent number (that appears on the roster from the Household form) in the fifth space of the "ID number". This is very important in order to safeguard against possible loss or misplacement of the main household schedule.

(j) Make a note of all the problems that you may have encountered in finding the address, reaching the household and interviewing eligible individuals. These notes should be brief and to the point but legible so that your supervisor can read and act upon them as needed.

(k) At the end of the daily routine, fill out the Interviewers' Daily Record Sheet for that day and return it along with all completed interview schedules to your supervisor.

In carrying out these daily tasks, always remember that you are representing the research team and the way you treat the people you contact either as heads/representatives of each household or as individual household members will have an important impact on their willingness to take part in this survey and to honestly and willingly answer your questions. Be polite and patient. Introduce yourself and the organization you represent. Emphasize the scientific and practical importance of the study and assure that respondents' answers will be treated confidentially. Secure the permission of the adult (older) members of the household before you start interviewing a younger member, particularly those under age 18. Insist on the privacy of the interview. When introducing the purpose of the study do not mention AIDS. Also do not provide household members with any information on AIDS before you have finished interviewing the selected member of the household. Then answer their questions exactly in the manner you have been instructed by your supervisor.

1.4 Outcome of Search

Your efforts to locate, identify and register a household may be carried out with success or it may end in failure. These failures may be of different types and related to different factors. You must make a note of these successes and failures by completing the results section on page 2 of the KABP Household Form.

For example:

(a) You may find that the dwelling/house you have been looking for is being used as a business place or is currently vacant. Code 2 "Unoccupied household".

(b) You may find that the dwelling unit is correctly identified but the household occupying it is not at home. You may further be told by neighbors that the household has temporarily moved away and will not be back for the duration of fieldwork in that area. Code 5 "Residents never reached".

(c) You may correctly identify the dwelling unit and discover, through conversation with neighbors, that the occupants are away for a day or two. If that is within the time limit allocated to surveying that locality, code the visit a "3" (residents not at home). You may find only a young person less than 15 years old at home, in which case you will need to return (only the head of the household or another adult member can supply information on the household form). In this case, also mark code 3 (Residents not at home) and decide on a later visit. Make arrangements for a second visit in all cases coded 3.

(d) In most cases it is expected that you will be able to find the Dwelling Unit/Household and fill out the Household Form during the first visit. These should be coded 1 "Completed". Hopefully, repeated visits (up to 2) to a household originally coded 3 will result in a new code of 1 (completed household interview). As you will see, the household form provides for three visits so that except in the case of households coded 2 and 5, you are expected to try at least <u>three times</u> before giving up any household. These further attempts or "call backs" should be duly described in terms of date, the interviewer, and results obtained.

(e) Occasionally you may come across a situation where the dwelling unit or household is correctly identified but the head or representative of the household is reluctant to take part in the study. He or she may refuse to talk to you and forbid other household members from doing so. Such a reaction may be related to a particular crisis that the household is going through or to that household's unfortunate experiences with some survey in the past. On many occasions, however, the unwillingness of a potential espondent to cooperate with a survey will largely depend on the initial impression that you, as an interviewer, make on him/her. You must introduce yourself properly, explain the purpose of your visit and assure her/him of the importance and confidential nature of the information you are going to ask for. Do not take the initial

unwillingness of a respondent to be interviewed to mean final refusal. Try to put yourself in their position and think of factors that might have brought about this reaction. They may not be in the right mood at that particular time or they may have misunderstood the purpose of your visit. Explain the situation again, ask if you can come at some other time, without really trying to impose yourself on them. If the refusal appears to be final, circle Code number 4 "Refusal" and report the case to the supervisor. A subsequent visit by the supervisor may help convince the respondents to cooperate.

(f) A code 8 is available for unforeseen situations where the interview can not be completed. Please specify the situation.

1.5 Household Form

For each visit to the household, record the date and result. A code of 3 must never be the final result, for if on the third visit residents are still "not at home", the house will not be recalled (code this case a 5).

When final codes of 1, 2, 4, and 5 are marked, circle the number of that visit (the last item on page 2 of the Household Form).

In the case of households that have agreed to take part in the survey, fill out the Household Form by entering the first name or initials of all persons who slept in the household the previous night of all ages. Also, record the age and sex of each individual as reported by the household representative (the chosen respondent will report his/her exact age on Question 2 of the individual form.) Specifically ask if the individual spent the last night in the household. Remember that only those who spent the previous night in the household are eligible for the individual interview.

1.6 Individual Interview

Having completed the Household Form, you will be in a position to know which respondent within the household has been selected to interview. By asking the head of household about this individual you can find out if the person is immediately available for interview or will need further visits or "call backs". You are expected to try to contact each respondent up to three times before deciding to code him/her a 5 (person never reached). Sometimes the chosen respondent may not be at home when you first visit the household. You must give these respondents a code of 2 (not at home), enter this code in the column for visit 1 on the individual form and either make an appointment or leave a message for your second visit to interview him/her. If the interview begins, and the respondent states he/she is less than 15 years old (the household representative being incorrect), terminate the

interview and "re-select" a respondent with one less eligible member to choose. With some respondents you may have a chance to begin the interview but for one reason or other you may have to leave the interview partially completed. In such cases, remember that the topic on which you are interviewing people is a complex one and takes a relatively long time. Do not impose yourself on people who do not seem to be physically or emotionally prepared for this demanding task. Pay attention to and respect your interviewees and their families' problems. It is better to postpone an interview and call back again than to face the risk of interviewing an unmotivated person. Always be ready for another visit. In the case of partially completed interviews, give the respondent a code of 4 (incomplete interview) and arrange these call-back visits as soon as possible so that you will not have to repeat the whole interview. Code 4 may also be used if the respondent midway through the interview refuses to continue. Do not code the result of the individual interview a 1 (completed interview) until all the questions are answered.

As with household interviews, you may occasionally come across an individual who bluntly refuses to be interviewed. Do not take these refusals personally and respect people's right not to take part in the survey. Remember, however, that the willingness of interviewees to cooperate with an interviewer is to a large extent dependent on the initial impression left on them by the interviewer and other members of the research team. Try to be patient and get some information on the reasons behind the refusal. It may be due to the fact that the potential respondent is tired, angry or otherwise upset at the moment and will cooperate if you ask for another appointment. It may be that the respondent has misunderstood the purpose of you visit or is threatened by what he/she believes to be the goal of your interview. Try to deal with these misperceptions. If the refusal appears to be final, code the questionnaire a 3 (total refusal), make any notes, and report to your supervisor.

A code 8 is available for any unforeseen situation in which the interview cannot be completed, for example, if the selected respondent is mentally incompetent. Write some explanation in the space provided.

2. CONDUCTING INTERVIEWS

2.1 Specific Skills and Steps

Start individual interview with Section 1, Demographic and Individual Characteristics. From now on your main duties as a skilled interviewer start. These are:

(a) To read out or pose questions, exactly as written in the questionnaire.

(b) To listen carefully to your respondent's responses, comments, etc.

(c) To make a record of the interviewee's responses according to the instructions on the questionnaire.

(d) To probe further where instructed.

(e) To classify or categorize the responses of your interviewee into one or more of the response categories provided next to each question.

2.2 Asking Questions

The first job, reading out questions, may sound too simple to require any explanation. But it is important to remember that whatever response you obtain from a respondent will depend on what he or she hears from you. So, make sure that each question is read out in a clearly audible way. Use the same standard wording with all respondents. Otherwise, you cannot be sure that different individuals get the same message or interpret your questions in a similar manner.

Note that tone of voice, facial expressions and even bodily postures will all be part of your interaction with the interviewee. Sometimes nonverbal communication can influence the understanding and reactions of your respondents more than what you have tried to tell them. You will receive more advice on these points during your training. Remember that your interviewees are active, alive, perceptive and sensitive human beings. Even some slight unintentional changes in your tone of voice or facial expressions can influence or distort their attitudes to the survey as well as their responses to individual questions. Encourage your respondents to indicate if they have not properly heard or understood a question. Be prepared and willing to repeat your questions if you feel that they have been misunderstood. But make sure that in repeating a question you do not change or rephrase it in a way that it may influence the responses you get. Make a note of questions that seem to need repetition and tend to be misunderstood. Share your notes/experiences with your supervisor.

On some occasions you may have to deal with respondents who speak a local dialect of the national language in which you are not fluent. On other occasions you may be facing individuals who belong to a completely different linguistic group and are unable to communicate in the official (national) language in which the questionnaire is prepared and you have been trained to do interviews. Report all such cases to your supervisor. Let her/him decide if another interviewer will have to replace you or you have to work through a local interpreter.

2.3 Listening

Listening carefully to what your interviewees say is as important as raising your questions. The interview schedule you will be using is a partly precoded one. This means that, in some questions, you will not have to write down what your respondents tell you. Instead, you will have to listen to what they say and record it by simply drawing a ring or circle around the number printed next to a printed code or response category. There are other questions where you have been instructed to make a verbatim record, that is, to write down the answers exactly as given by the interviewee. In either case, be a good listener. Do not rush into circling the code category before you have really listened to your respondent. It may be taken as a sign of disrespect or not paying attention if your respondent notes that you have entered a code before properly listening to what she/he was saying. More importantly, people who rush into coding a response on the basis of the first word they have heard are often in danger of attributing their own biases, preferences, and favorite response categories to their interviewees.

In the majority of cases the precoded response categories you will have to choose are simple, one word responses like 'yes', 'no', 'don't know'. These questions are in fact worded in such a manner that they are unlikely to elicit other than these simple responses. In a few other cases the questions are such that respondents cannot answer them simply by saying 'yes' or 'no' but their responses can and should be coded in such simple terms by you. In none of these cases or those requiring verbatim recording are you supposed to read out the response categories to your interviewees. There are nine questions where response categories are part of the question and should be read out. For example, question 317, "Would you say you use condoms: always, sometimes, rarely?" In these questions you are expected to read out the response alternatives given after the question and ask your respondents to choose the one that best fits their answer. You will then put a circle around the number of the response category chosen by the respondent. Note that in none of these questions you are allowed to read out the 'don't know' alternative. But if after listening to the alternatives you have read out, the respondent says 'don't know' or 'I am not sure', you can circle the number next to this alternative.

2.4 Verbatim Recording of Responses

In the case of questions requiring verbatim recording of answers, you should follow the instructions and make as complete a record of all the things mentioned by the respondent as possible. One of the skills you are expected to develop as a good interviewer is the ability to keep listening and writing down what you hear.

Part of your training will be devoted to teaching you how to do this. A verbatim recording of responses is called for in six questions. One example is question 205, "What did you think of it?"

In making a verbatim record of responses you have to keep in mind the following points:

(a) The open-ended questions requiring verbatim recording are designed to elicit as much information as possible. So your recording of respondents' responses should also be as complete and faithful as possible. In most cases you are instructed to probe further in order to tease out all the information that a respondent has. The meaning of a 'probe' will be explained later. But it often means that we are interested in getting more than one answer from each respondent and you should make a verbatim recording of all responses given either in response to the main question or as a result of further probing.

(b) These open-ended answers will have to be coded after they have been recorded. Regardless of whether the coding is done by you or by someone else, your verbatim records should be sufficiently clean and legible to make later coding easy and reliable. You will be given further instructions about this matter during your training.

(c) Codings of verbatim records will have to be checked by your supervisor or an editor later to further establish the consistency and trustworthiness of the coder. Your verbatim recordings should be of sufficient detail, clarity, and legibility to make the task of your supervisor easier.

(d) In some research centers, the principal investigator may be interested in a further analysis of what respondents have actually mentioned in response to some of these open-ended questions. Again, the possibility of such analyses will depend on the quality of your verbatim recordings; that is how detailed, accurate, and legible your records are.

2.5 Probing

On some occasions you are asked 'to probe'. An example of a question specifically asking for a general probe is Question 116 "Why do you think you are at risk? Any other reason?" But you may find it necessary to probe after some other open-ended questions as well. The important thing is to realize and remember that the aim of probing is to get additional information when the initial answer appears incomplete. Probing does not mean helping the respondent come up with some answers that, you

are interested in or in other words, putting ideas into the interviewee's mind or putting words into his mouth. The latter are known as leading probes and you should always be careful that your probes do not become leading! Good, legitimate probes after a natural response usually take the form of such general enquiries as:

How do you mean?

In what way?

Could you explain a little?

What other methods/means of/do you know?

There is no hurry. Take a moment to think about it and tell me all that comes to your mind.

Incorrect, leading probes may take such forms as:

Do you mean ... [Interviewer's favorite idea]?

Are you saying that ... [Interviewer's favorite idea]? Is that the only thing you can think of?

I suppose you do not mean that ...? [Interviewer's unfavored response]?

Remember to make a general probe only once.

Probing is one of the more difficult and challenging tasks of an interviewer. You will need some training and practice to learn the art of eliciting further information while remaining impartial and neutral.

In connection with some questions, the aim of possible probing is to elicit further information about the subject. The probe may take the following forms: "Any other reason?", "Anything else?", "Can you give me an estimate?". No particular answer should, however, be mentioned or implied.

Specific probes are asked for in Q114, 308 and 401. You will read unmentioned items and record respondents' answers.

2.6 Skip Instructions

Some questions are related to a previous question and depending on the response given to one question, you may find it unnecessary to ask the second one. Such questions are followed by "skip instructions" which ask you to skip (not ask) the next question(s). There are 43 skip instructions in this interview schedule. These

instructions are contingent on the nature of the responses elicited by the preceding question. Thus, you have to code respondents' answers before you can decide on whether the subsequent question should be asked or skipped.

3. FIELDWORK

3.1 Details of Fieldwork

In the research team, you will be in direct contact with the supervisor who will decide on your daily activities, provide you with the necessary addresses, maps, interview forms, etc. You will report back to your supervisor if you face problems and ask for his/her advice on points that may require clarification. Your supervisor will carefully check your daily work and may ask you to tape record an interview or to go back and interview again someone that you have missed completely or interviewed partially. She/he will decide how much, where and with whom you might work in any day and he/she will judge whether your work as an interviewer should be continued or discontinued. She/he will act as an intermediary between you and the area director of the project or the survey coordinator responsible for the project.

During the first days of the survey, your supervisor is expected to attend some interviews to observe your work and make sure that you are following the instructions/rules. Later on, she/he is required to revisit some of the households/respondents that you have interviewed. The purpose of those visits is to verify that you have not made any mistakes in identifying eligible respondents and also to collect some additional information. Such checking by supervisors is part and parcel of all good surveys and one of the many ways in which social scientists try to ensure the quality of the data collected through surveys. Do not take these checks as a sign of mistrust or criticism of your work.

Your supervisor will have general information on such practical matters as travel, accommodation, and climatic conditions for the area of your work. You have to make sure that she/he passes on this information to you before going in the field. If, for example, you are expected to make your own arrangements for travel, accommodation, food, sleeping in some area, you should be told this in advance. The supervisor is also responsible for establishing the necessary contact with local authorities and community leaders and for ensuring your physical safety and health. You should make sure to inform him/her of any problem that you may think will interfere with your work in a certain area.

In many places AIDS may be a generally publicized and sensitive issue. Thus your respondents may be curious about the questions you ask and may become anxious to learn the "right answers". Some of them may be genuinely worried about having AIDS and may ask your advice as to what to do. You should be prepared to listen sympathetically to these enquiries. You will be told how to do this and how best to deal with other situations during your training. But remember that as long as the survey is going on in a small neighborhood or community (village), giving away the correct answer to such knowledge questions as "what causes AIDS" may contaminate the findings of the survey. Take a neutral stand vis-a-vis such individual requests for advice or information. Refer them to the nearest health center/doctor. Assure them that you will convey their questions to your supervisor and that she/he will see to it that these questions are answered in a proper manner at the end of the survey. Inform your supervisor about these requests for information, advice and/or assistance.

3.2 Daily Workload

Every morning, before going into the field, you must make sure that you have obtained the following material from your supervisor:

(a) Your copy of the Interviewer's Daily Record Sheet, dated and filled out;

(b) Identification card and letter of introduction;

(c) A clip board or heavy piece of cardboard to write on;

(d) A briefcase (or similar) to carry questionnaires;

(e) Ball-point pens, pencils, erasers, etc.;

(f) Sufficient quantities of the interview schedule and any other forms that you may be expected to fill out;

(g) Sample addresses to be visited (filled out on your Daily Record Sheet), along with any maps, or sketches to help you locate the addresses; and

(h) Any other material/supplies that may have been decided on by your supervisor/team leader.

Each day, when the supervisor assigns your daily workload, you must complete columns 1 to 3 of the Interviewer's Daily Record Sheet for that particular day. These three columns refer to the date on which assignment was made, the Dwelling Number (DU Number) of the address you have to visit, and the complete address or description of the dwelling unit, you will have to visit.

3.3 Problems in Finding Respondents

If you find more than one household at an address enter only one of the households in the line which you had originally written the address. Enter the other households at that address at the end of your list on the Daily Record Sheet. For these households, you must complete all columns but must leave column (4) blank since this information about the address is already given where it first appears. Also for these additional households, you must mention the name of the head in addition to the address in column (3).

Sometimes it may happen that an interview assigned to you in fact was previously assigned to another interviewer who, for some reason, was unable to obtain satisfactory results. For example, the supervisor may decide to ask you to interview a subject who has previously refused to be interviewed by another interviewer. The supervisor should inform you about such cases and you should identify them by putting an asterisk (*)in column 1 of your Daily Record Sheet.

Remember that the addresses you visit must be only those assigned to you. Never substitute another address for the one assigned to you.

3.4 Interviewing Individuals

As soon as you finish the household form, you must assign an individual interview schedule for the selected eligible respondent in the household and complete the identification section (section 1, p.3) of the interview schedule.

All the questions to be asked from individual eligible respondents must be answered by the respondent him/herself and, as far as possible, in private. The conditions for privacy and the various ways of ensuring it will be determined by the study coordinator responsible for your country and you will learn more about it as part of your training.

If during an individual interview you discover that the respondent is mentally incapable of responding, do not stop the interview abruptly but proceed as much as possible for the sake of public relations. Make sure that you mark such interview schedules accordingly, such as code 8 for result, and return them to your supervisor.

At the end of each interview, thank them for their cooperation and solicit any further comments or questions they may have. Make a note of all important and relevant points raised but follow instructions with regard to inquiries on individual items of information or guidance or counselling. Fill out the

evaluation form provided at the end of the interview schedule for each interview. Do this after the respondent has left you and in a way that the respondent will not be able to read or understand your evaluation.

3.6 Checking Completed Interview Forms

After you have completed an interview go through the interview schedule carefully to make sure that it is properly completed. In reviewing each questionnaire you should check that:

(a) The household form (pp.1-2) has been properly completed and the information needed for identifying the place and respondent of the interview is complete. This is most important.

(b) All the eligible and non-eligible members of the household have been correctly identified (p.1).

(c) In the individual interview section check that all verbatim records, probes and skip instructions have been followed correctly and there are no missing responses, except those following a legitimate "skip to" instruction.

(d) Responses to open-ended questions that require verbatim recording are written in sufficient detail, legibly, and in the right place so that coders will have no problem in reading and coding them later.

(e) Pre-coded answers to close-ended questions are correctly circled.

(f) In questions with only one possible response (that is most of the precoded close-ended questions) only one answer has been circled.

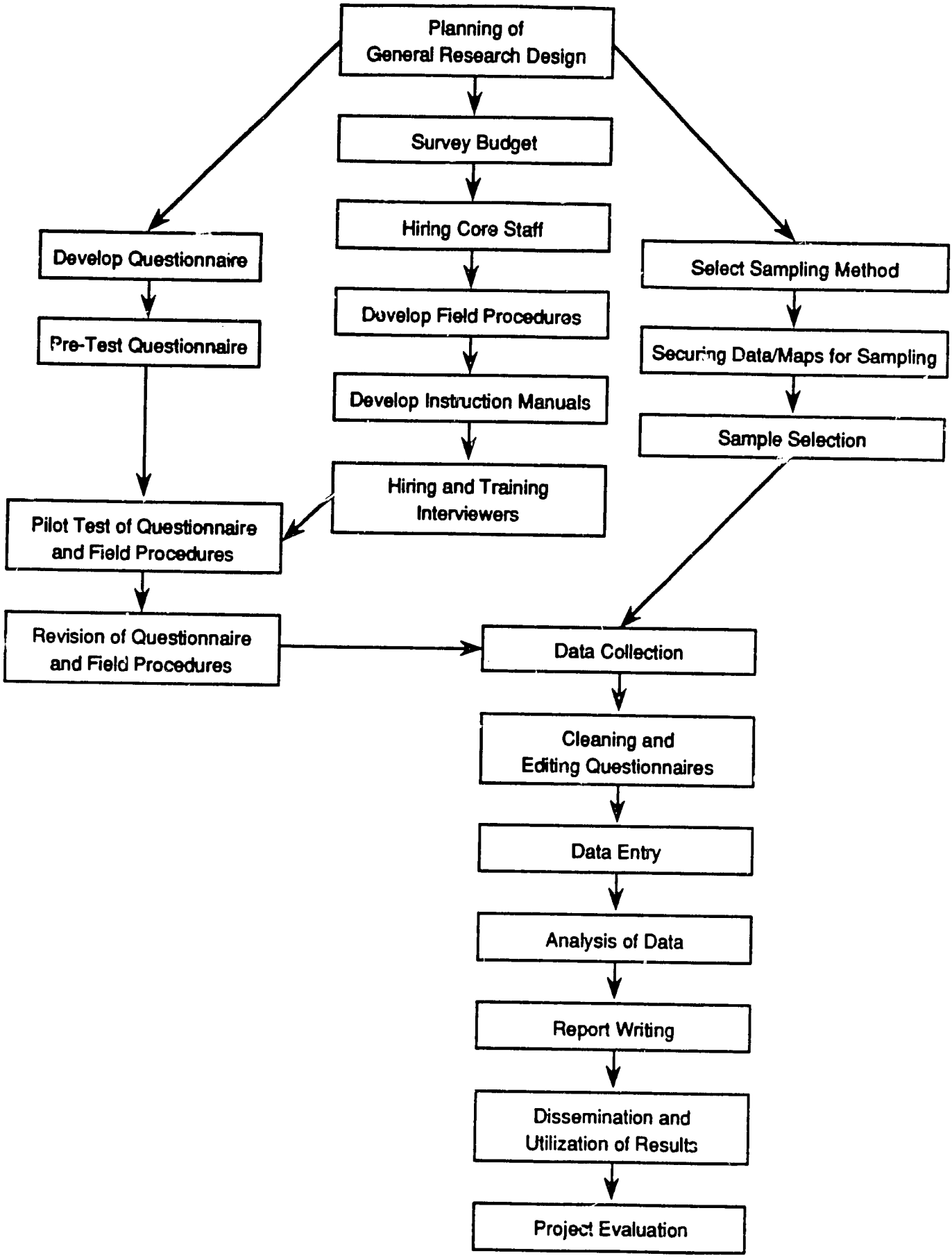
Ideally, this check should be done before leaving the house so that you can obtain any missing information from the respondent. If it is not possible to do a thorough check before leaving the respondent, you must at least, quickly scan through the questionnaire to make sure that you have asked all relevant questions. In any case, you must check the questionnaire in detail before you hand it in to your supervisor. While you may correct any minor errors which obviously were caused by misrecording on your part, you must never alter anything else in the completed questionnaire without asking the respondent the relevant questions again. Also, you should never try to copy the entire information into a new questionnaire.

3.7 Reporting Back to Supervisor

At the end of each working day you must give a brief account of your day's achievements to your supervisor: all the addresses you visited, all the households you identified, and all the interviews you conducted during the day. You must also hand over to your supervisor all the interview schedules and other forms that you have completed (including those that had to be discontinued or abandoned incomplete). But you will retain with you the interview schedules for those identified individuals which you have not yet attempted or for which you still need to make additional call-backs. It is essential that you check and make sure that the identification information on pp.1 and 3 of the questionnaire has been correctly recorded. When submitting your daily work to the supervisor you should also show him/her your Daily Record Sheet properly filled in so that he/she can complete her/his own record of the work done in the area. You will hand over your Daily Record Sheet for each area at the end of your work in that area.

APPENDIX D: ILLUSTRATIVE WORKPLAN

KABP Survey Flow Chart



WORK PLAN

Week	Month 1				Month 2				Month 3				Month 4				Month 5				Month 6				Month 7				Month 8				Responsible Staff
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	
1. ACTIVITY																																	
Prepare Project Proposal	X																																
Establish Advisory Committee		X																															
Appoint Survey Coordinator			X																														
Appoint Admin. Support Staff			X	X																													
Recruit data Entry Person								X																									
Acquisition of Office Space	X																																
Acquisition of Office Equipment																																	
2. QUESTIONNAIRE																																	
Print Draft Questionnaire				X																													
Pre-test Draft Questionnaire				X	X																												
Recruit and Train Potential Supervisors/Interviewers for TEST					X	X																											
Amend Draft Questionnaires								X																									
Finalize Questionnaires									X																								
Finalize Instruction Manuals									X	X																							
Print Final Questionnaire/ Manuals										X	X																						

	Month 1				Month 2				Month 3				Month 4				Month 5				Month 6				Month 7				Month 8				Responsible Staff
Week	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	
3. SURVEY DESIGN																																	
Identify Sample Frame					X																												
Select Sample						X																											
Determine Workload for Supervisors & Interviewers							X																										
Prepare Quality Control Plan							X																										
4. DATA COLLECTION																																	
Publicity									X	X		X																					
Recruit Supervisors and Interviewers									X																								
Train Supervisors and Interviewers									X	X																							
Select Teams										X																							
Prepare Document Control Forms and Control Numbers									X	X																							
Prepare and Deliver Work Packs												X																					
Conduct Survey												X	X	X	X																		

Week	Month 1				Month 2				Month 3				Month 4				Month 5				Month 6				Month 7				Month 8				Responsible Staff
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	
5. DATA PROCESSING																																	
Prepare Preliminary and Analysis Plan													X																				
Prepare Edit/Coding Manual														X	X																		
Recruit/Train Editors and Co-Editors															X	X																	
Prepare Range/Consistency Checks													X																				
Develop Systems/Programs													X	X	X																		
Enter Data															X		X	X	X														
Clean Data																		X	X	X	X												
Run Frequency Tables																					X												
Make Necessary Corrections																						X											
Run Final Tables																							X										
Analyze data																									X								
6. REPORT WRITING & DISSEMINATION																																	
Prepare Draft Report																									X	X	X	X					
Present Draft Report to Advisory Committee																													X				
Finalize Report																													X	X			
Print Report																														X			
Present Findings																															X		
Dissemination																															X	X	X	X	X
7. PROJECT EVALUATION																					X	X	X	X	X	X	X	X	X	X	X	X	

APPENDIX E: ILLUSTRATIVE REPORT TABLES

Percent distribution of respondents who identified the most serious health problem in their country (Q17) according to media exposure scale (Q14-16), by sex

AIDS KABP Survey, 1989

Sex of Respondent/ Media Exposure Scale*	AIDS Mentioned	Another Disease Mentioned	Doesn't Know	No. of Respondents
Males				
High				
Medium				
Low				
Females				
High				
Medium				
Low				

*Defined by possession of radio, TV and newspaper in the household.

Percentage of respondents who have never heard of AIDS (Q18) or cannot correctly define AIDS according to selected characteristics, by sex

AIDS KABP Survey, 1989

Characteristic	Total	Sex of Respondent	
		Males	Females
Age			
12-19			
20-29			
30-39			
40-49			
50-59			
≥60			
Education			
< Primary			
Some secondary			
Complete secondary			
> Secondary			
Ethnic Group			
African			
East Indian			
Mixed			
European/Caucasian			
Other			
Religious Affiliation			
Catholic			
Other Christian			
Hindu			
Moslem			
Rastafarian			
Other			
No. of Respondents			

Percentage of respondents who have heard of AIDS (Q18) according to knowledge (Q20, prompted or spontaneous) of modes of transmission, by sex

AIDS KABP Survey, 1989

Modes of Transmission	Total	Males	Females
Correct Modes*			
Having sex with many persons			
Having commercial sex			
Having sex with homosexuals/ bisexuals			
Having sex with someone with AIDS			
Receiving blood			
Sharing needles/syringes			
Sex in the bottom			
Pregnant woman with AIDS can infect baby			
Breastfeeding mother with AIDS can infect baby			
Incorrect Modes			
Kissing someone with AIDS			
Touching someone with AIDS			
Mosquitoes			
Donating blood			
Swimming pools			
Living in same house with someone who has AIDS			
Sharing eating/drinking utensils with someone who has AIDS			
Toilet seats			
Shaking hands with someone with AIDS			
No. of Respondents			

*These are viable modes of infection, however, safer sex practices can reduce risk.

Percent distribution of respondents who have heard of AIDS (Q18) according to knowledge of someone who is infected with HIV or has AIDS (Q24-25), by age, education and sex

AIDS KABP Survey, 1989

Characteristics	Knowledge of someone with AIDS/HIV+				
	Yes	No	Not sure/ Doesn't know	Total	No. of Respondents
Age					
12-19					
20-29					
30-39					
≥ 40					
Education					
< Primary					
Some secondary					
Completed secondary					
> Secondary					
Sex					
Males					
Females					

Percent distribution of respondents' personal risk perception (Q28) according to selected characteristics, by sex

AIDS KABP Survey, 1989

Characteristics	Males			Females		
	Not at Risk	At Risk	No. of Respondents	Not at Risk	At Risk	No. of Respondents
Age						
12-19						
20-29						
30-39						
40-49						
50-59						
≥ 60						
Education						
< Primary						
Some secondary						
Complete secondary						
> Secondary						
Risk behavior scale						
High						
Medium						
Low						
Very low						
None						
Knows HIV infected person						
Yes						
No						
Ever Use of Condoms						
Yes						
No						

Percentage of respondents who do not perceive themselves at risk of HIV infection according to their reason (Q28 & Q30), by sex

AIDS KABP Survey, 1989

Reason Not at Risk	Males	Females
Monogamous		
Never had sex with homosexual/bisexual		
Never had commercial sex		
Always uses condoms		
Never uses drugs		
Never sick		
Too young		
Too old		
Never had sex		
Is lucky		
Other		
No. of Respondents		

Percent distribution of respondents according to whether there is a cure for AIDS and specified cure (Q26-27), by education level

AIDS KABP Survey, 1989

Cure	≤ Primary	Secondary	> Secondary
Cure for AIDS Exists			
Yes			
No			
Doesn't know			
Total			
No. of Respondents			
Specified Cure			
Antibiotics			
AZT			
Other new drug			
Drugs to strengthen body			
Folk medicine			
Prayers			
Injections			
Other			
Doesn't know			
Total			
No. of Respondents			

Percent distribution of respondents' knowledge and use of condoms by knowledge of transmission of AIDS scale

AIDS KABP Survey, 1989

Condom Knowledge and Use	Knowledge and Transmission of AIDS scale		
	High	Medium	Low
Has Heard of Condoms			
Yes			
No			
No. of Respondents			
Generic Use of Condoms			
Prevent pregnancy			
Prevent AIDS			
Prevent diseases other than AIDS			
Prevent pregnancy and diseases			
For commercial sex			
Other			
Doesn't know			
No. of Respondents			
Has Used a Condom			
Yes			
No			
No. of Respondents			
Why Used Condom*			
Prevent pregnancy			
Prevent AIDS			
Prevent diseases other than AIDS			
Prevent pregnancy and diseases			
For commercial sex			
Other			
Doesn't know			
No. of Respondents			

*Defined by the last time the respondent used a condom.

Percentage of respondents who report having had an STD (Q74), sought treatment (Q79) and percent distribution where treatment sought (Q80), by ever use of condoms and sex

AIDS KABP Survey, 1989

STD History	Males		Females	
	Has Used Condoms	Never Used Condoms	Partner Has Used Condoms	Partner Never Has Used Condoms
Had STD				
Syphilis				
Gonorrhea				
Herpes				
Other sores				
Other discharge				
PID				
Other				
Sought treatment %				
No. of Respondents				
Where				
Private physician/clinic				
Public clinic (not STD clinic)				
STD clinic				
Pharmacy				
Traditional healer				
Other				
No. of Respondents				

Percentage of respondents who mention specific sources of information about AIDS (Q82) and the best source (Q84), by media exposure scale and sex

AIDS KABP Survey, 1989

Information Sources	Males			Females		
	High	Medium	Low	High	Medium	Low
Source of Information						
Radio						
TV						
Newspaper						
Posters/pamphlets						
Sex partner						
Friends						
Family						
School						
Health Personnel						
Other						
No. of Respondents						
Best Source						
Radio						
TV						
Newspaper						
Posters/pamphlets						
Sex partner						
Friends						
Family						
School						
Health Personnel						
Other						
No. of Respondents						

Percent distribution of respondents' knowledge and use of condoms by knowledge of transmission of AIDS scale

AIDS KABP Survey, 1989

Condom Knowledge and Use	Knowledge and Transmission of AIDS scale		
	High	Medium	Low
Has Heard of Condoms			
Yes			
No			
No. of Respondents			
Generic Use of Condoms			
Prevent pregnancy			
Prevent AIDS			
Prevent diseases other than AIDS			
Prevent pregnancy and diseases			
For commercial sex			
Other			
Doesn't know			
No. of Respondents			
Has Used a Condom			
Yes			
No			
No. of Respondents			
Why Used Condom*			
Prevent pregnancy			
Prevent AIDS			
Prevent diseases other than AIDS			
Prevent pregnancy and diseases			
For commercial sex			
Other			
Doesn't know			
No. of Respondents			

*Defined by the last time the respondent used a condom.

APPENDIX F: RESEARCH PROPOSAL

WRITING THE RESEARCH PROPOSAL

Outline of Research Proposal:

1. Goal

2. Objective

3. Introduction

4. Content of Proposal:

   (a) Background Information
   (b) Rationale and Justification
   (c) Statement of Goals/Objectives
   (d) Methodology:
      - organization structure of study
      - study procedures
      - analysis and interpretation of data
      - expected reporting scenario
   (e) Work Plan
   (f) Budget
   (g) References
   (h) Appendices

5. Summary

6. References

Research Proposal:

1. Goal:

   To assist the researcher in formulating and producing research proposal.

2. Objectives:

   1. To outline the content of a research proposal
   2. To provide guidelines for producing a researc proposal.

3. Introduction:

   When a KABP survey has been designed, it wil necessary to have a document which may be u background for providing an overview of th study. This document will serve as backgr information for subcontractors on the re

4. Content of Proposal:

(a) Background Information:

- This should give a historical, geographic, political and socio-economic outline of the site of the study.
- It should also include an overview of the existing health status and planned future activities in health.
- It should relate the national AIDS programme to the study.

(b) Rationale and Justification:

- This section should clearly outline the circumstances which led up to the decision to do the study.
- It should also give a justification of why the study is being done.
- The feasibility of the study should also be outlined in this section.

(c) Methodology:

- This section gives an outline of the design and methodology of the study.

  It should inculde;

  I details on the organization and structure of the study, especially design characteristics;

  II an outline of the procedural steps to be followed (this should give an insight into the nature of the work to be done).

  III this should show how the data will be collated, edited, stored, analyzed and interpreted.

Reporting Scenario:

This should give an idea of the way in which the results of the study will be reported, presented, and disseminated.

Work Plan:

The proposal should contain an action plan which should show the various procedural steps, by whom they will be done and when.

Budget:

A projected budget with details of costs and anticipated services of support must be given.

Appendices:

This would include location maps, reference table, checklists and reference lists.

References:

List of printed information sources used in preparing the document.

Summary:

This section has outlined the contents of and provided guidelines for the preparation of the research proposal.

APPENDIX G: PRETESTING THE QUESTIONNAIRE

PRETESTING THE KABP QUESTIONNAIRE

A pretest of the questionnaire and field procedures is the only way of finding out if everything "works," especially if a survey employs a new procedure or a new set of questions. Since it is rarely possible to foresee all the possible misunderstandings or biasing effects of different questions and procedures, it is vital for a well-designed survey plan to include provisions for a pretest. This is usually a small-scale pilot study to test the feasibility of the intended techniques or to perfect the questionnaire concepts and wording.

Uses of Pretests

Results from pretesting questionnaires can be used in the following ways:

Variation. Testing items for an acceptable level of variation in the target population is one of the most common goals of pretesting. Questions that show a 95/5 or 99/1 distribution of Yes/No may represent descriptive findings of importance if, for example, they mean that 95% of a population has learned to read and write or that 1% is at risk for a certain disease. Often, however, one is on the lookout for items showing greater variability that will be useful in detecting subgroups of people or clusters of attitudes of analytic interest. One rarely has enough pretest cases to be totally confident of a finding, but very skewed distributions from a pretest can at least serve as warning signals.

Comprehension/Meaning. Testing the meaning and comprehension of questions is probably the most important reason for pretesting. The meaning that investigators intend for many questions used in surveys is often not the meaning that respondents comprehend. Respondents do not necessarily hear every word of the question, much less fully understand the concepts or assume the definitions that the investigator has in mind.

"Flow" and Naturalness. Testing the "flow" of the questionnaire is a matter of such intuitive judgment that it is hard to describe: reading is not enough. One must listen to the questionnaire, over and over, hearing it as interviewers actually deliver it, trying to hear it as respondents do, always mindful that they do not have the print in front of them to review and clarify the meaning. What respondents hear is what they get, and every question probably comes anew to respondents, with a certain "surprise" quality.

The interest and clarity of the questions and a "sensible" arrangement probably contribute more to a coherent flow than elaborate transitions from section to section. Transitions can be simple and brief, such as "Now I have some questions on a different topic..." These are not very elegant transitions, but they serve the purpose. Furthermore, there should not be many of them.

Skip patterns. Questionnaires must be pretested for the logic and format of skip patterns, which can be very complex. If the skip patterns are incorrect or ambiguous, interviewers may vault over various questions or even whole sections and leave unanticipated holes in the data. Defective skip patterns should be caught before pretesting so that pretest interviewers can concentrate on the questions and the respondents' reactions rather than having to struggle against bad skips to get the questionnaire read.

Timing. It is useful to ask interviewers to time each part of the questionnaire, section by section. Face-to-face survey interviews should usually average no more than an hour. Beyond that time, the respondent may get tired of the interview and want to discontinue his or her participation.

Conducting Pretests

The following guidelines are suggested in conducting pretests:

1. Respondents should resemble the target population. A probability sample of the survey's target population would make an ideal pretest. But this is usually much too expensive. One must nevertheless take a pretest beyond the small worlds of colleagues, friends, or family. Interviewers should not be left to their own devices.

   - o One can go door-to-door in neighborhoods that are similar to those that will be in the survey sample.
   - o One can interview strangers, by knocking on doors close to home or work.

2. A pretest group of 20-50 individuals is reasonable. The actual number can vary with the experience and talent of the interviewers. With student interviewers, one may have to settle for a yield of 2-3 interviews each. This is not an optimal number per individual but at least the task is manageable and each interviewer's share of the variance is appropriately small, both features of special value when the interviewers are inexperienced. With experienced professional interviewers, the group usually has to be smaller because of costs, and in the best circumstances it safely can be. A reasonable compromise for 5-6 interviewers is 5-6 interview sessions each, yielding a pretest group of 25-30.

3. Who should conduct the pretests. Should pretest interviewers represent the best of the professional staff, or the full range of talent that will ultimately work on the study?

   You should choose those individuals who seem most talented for the job of interviewers. Those with field experience and direct pretest experience could be most helpful. At a minimum, field coordinators should accompany interviewers on some of the interviews. Field observation of pretest interviewers allows an interviewer to give his or her entire attention to the conduct of the interview itself, while another person is free to listen to and observe how the questionnaire is working.

4. Interviewers should test the questionnaire as written. They may ask some unstructured questions at the end of the interview such as: "Were any of the questions or topics I asked about unclear or confusing? Did you have trouble answering any of these questions? Which ones?"

AIDS KABP Questionnaire

Pay special attention to the respondents' reactions to the following questions: Q6, Q111, Q301, Q302, Q303, Q402, and Q501 through Q510.

Evaluating Pretests

The following guidelines are suggested for evaluating pretest results:

- o Relevant comments written in the margins of the schedule should be encouraged.
- o A group discussion with the interviewers soon after the pretest is valuable.
- o The following questionnaire should be completed for each interview.

Questionnaire for Interviewers

Please make out a separate questionnaire for each pretest interview you conduct. For all "yes" answers, please specify the question numbers or section and explain what the situation or problem seemed to be.

1. Did any of the questions seem to make the respondent uncomfortable?

2. Did you have to repeat any questions?

3. Did the respondent appear to misinterpret any questions?

4. Which questions were the most difficult or awkward for you to read? Have you come to dislike any specific questions? Why?

5. Did any of the sections seem to drag or take too long?

6. Were there any sections in which you felt that the respondent would have liked the opportunity to say more?

Summary

In conducting a pretest, remember to:

1. Select a sample of individuals who are representative of the population toward which the questionnaire is eventually intended.

2 Provide space on the pretest questionnaire for the interviewer to react and suggest changes.

3 Administer the pretest under conditions comparable to those anticipated in the final study.

4. Examine the returned trial questionnaires for trouble signs--items left blank or that yield no useful information, misinterpretations, and ambiguities. Check the comments for similar indications.

5. Make appropriate additions, deletions, and modifications to the questionnaire. (For example, if answers to a particular question show sharp disagreements or raise further questions, additional clarifying questions may be necessary.)

6. Get the reaction of subjects to the questionnaires--what did they like, dislike, or want modified?

Adapted from Converse, Jean M. and Presser, Stanley Survey Questions SAGE University Paper, SAGE Publications, 1986.

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