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COVID-19-related knowledge, attitudes, and practices among adolescent girls in Bangladesh: Concept note

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Concept Note

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Background: Timeline of Covid-19 in Bangladesh

The Institute of Epidemiology, Disease Control & Research (IEDCR) in Bangladesh reported the first COVID-19-positive patients in the country on March 8, 2020. Testing was sporadic in the initial days and detection low. Since then cases have risen in a classic exponential pattern observed elsewhere in the world with community transmission evident as early as mid-March. On April 21, the total number of Covid-19 cases in the country was 3,382 with 110 associated deaths. On March 18, the Ministry of Education of Bangladesh declared school closures of all educational institutions. The government declared a 10-day nationwide "holiday" from March 26, including a ban on all passenger travel via water, rail, and domestic air routes during this period. As of April 20, this holiday has been extended to April 25. During this period, all religious, social and political gatherings have been strictly discouraged. The armed forces have been deployed along with police since March 25 to enforce restrictions of movement. At present, nine hospitals are dedicated to treating COVID-19 patients in Bangladesh.

The Population Council's global response to COVID-19

In response to the COVID-19 pandemic, the Population Council has initiated rapid assessment surveys in conjunction with their adolescent programs and is gathering social and behavioral data using remote data collection and mobile phone-based interviews to maintain social distancing. In Kenya, the Population Council, in collaboration with the Kenyan Ministry of Health COVID-19 Taskforce, has conducted a rapid assessment to gather information on the knowledge, attitudes, and practices of households in urban slums in Nairobi.[1] In India, the Council, together with other nongovernmental organizations, has conducted a mobile phone-based knowledge, attitudes, and practices survey and needs assessment in Bihar and Uttar Pradesh.[2] Both rapid assessments have generated evidence for use by policymakers and public health experts to develop behavior change campaigns, track the path of the pandemic, and inform other development interventions.

Objectives of rapid assessment administered by Population Council Bangladesh

In Bangladesh, the Population Council is implementing a rapid assessment survey among adolescent girls to assess how best to address their needs in the context of the pandemic. The Population Council has

[1] https://www.popcouncil.org/uploads/pdfs/2020PGY_Covid_KenyaKAPStudyDescription.pdf
[2] https://www.popcouncil.org/uploads/pdfs/2020PGY_CovidIndiaKAPStudyDescription.pdf

been implementing two separate intervention research programs in collaboration with the UNFPA and Ministry of Women and Children Affairs (MoWCA) [3] and UNICEF and Ministry of Education/DSHE [4] under the UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage in five districts of Bangladesh. Program activities have been halted due to the countrywide lockdown. The rapid assessment has the following objectives:

1. Understand the current COVID-19-related knowledge, attitudes, and practices of adolescent girls and track change over time.
2. Identify the main challenges and barriers to adopting key social distancing behaviors to contain the spread of the virus.
3. Assess the extent and impact of social distancing on lives and livelihoods.

Research design and methodology

The phone-based survey is conducted among adolescent girls in project areas of five high child marriage districts. In the first round of the phone-based survey, a total of 960 adolescent girls (n=960) will be reached.

The sampling strategy differs for the two programs and is determined by the completeness of phone contact lists for girls. In the UNFPA districts of Bogura and Jamalpur, we obtained phone numbers from the recently concluded mid-line survey. In Sherpur, Kushtia and Chapainawabganj, we sampled 480 girls randomly from approximately 2,200 girls enrolled in programs associated with the Keeping Girls in Schools to Reduce Child Marriage in Rural Bangladesh project.

Five survey interviewers for the UNFPA mid-line survey and six mentors from the UNICEF/Population Council program have been selected and trained for data collection. To abide by social distancing guidelines, all interviewers will be trained remotely in one-to-one conversations over the phone, online group meetings, and through mock interviews on the phone and WhatsApp.

In addition, 10–15 key informants' interviews (KII) will be conducted with Mentors, Gender Promoters (GPs), and other local actors associated with the projects to understand the community environment and perceptions about COVID-19.

Development of rapid assessment tool

The proposed rapid assessment will incorporate lessons learned from other COVID-19 assessments in Kenya and India as well as by development partners in Bangladesh, under the leadership of the Ministry of Health and Family Welfare and WHO. The data collection tool comprises 25–30 close-ended questions. Interviewers will make an initial phone call to the randomly selected respondent to obtain a

[3] The Accelerating Action to End Child Marriage project is a randomized controlled trial involving more than 13,000 girls aged 10–19 in 72 communities within two districts (Bogura and Jamalpur) of Bangladesh.
[4] Keeping Girls in Schools to Reduce Child Marriage in Rural Bangladesh is an intervention research project involving more than 4,500 girls aged 12–15 in 24 catchment areas of six upazilas within three districts (Sherpur, Kushtia and Chapainawabganj) of Bangladesh.

standard consent. If the respondent agrees, the interview will be conducted and data will be entered through a SurveyCTO cloud-based data collection system. This will enable researchers to monitor data collection remotely and access the data in real time and to provide feedback to maintain the quality of the data. The first round of the survey includes questions on background characteristics, age, education and marital status, general knowledge and attitudes about the coronavirus, disruption due to school closing, increased risk related to violence and mental health, and resource need during lockdown. We expect to include questions on service access for sexual and reproductive health and rights, stigma associated with disease acquisition, and compliance with social distancing.

Ethical issues/consent and IRB

The survey will be conducted over the phone, and the interviewees will be guaranteed that neither their personal profile nor their family identity will be revealed in the presentation of data gathered. The interviewees will not be compensated in any way for their participation, other than verbal appreciation for their input. It is assumed that no interview will take more than 30-minutes.

The study design and the tools of the research are in compliance with IRB requirements. In the beginning of the interview, every respondent will be informed about the objective and the motivation of the study, and a brief will be shared on how and where the information will be presented.

Interviews will collect verbal consent. In future rounds, we will explore the feasibility of using mobile text-message-based consent, whereby a customized text message seeking consent will be sent, and respondents will be asked to reply by writing “I do agree” or “I do not agree.” As the respondents are minors, they will be asked to respond to the consent message with the consultation of their parents. The interview will not be recorded, and the structured questionnaire will be checked in the SurveyCTO form based on the responses.

In the case of unviability of the listed phone number, the interviewer will try at least three times on three different days. The conversation will be in Bangla, the native language.

Time frame

The process of designing, IRB approval, data collection and report generation will take no more than 20 days. An approximate timeline for each round is as follows:

- Tools development and IRB approval, sample preparation (no more than 5 days)
- Recruitment, training of the interviewers, mock test (2 days)
- Data collection: Based on sample (but maximum 7–10 days will be allocated)
- Sharing of data analysis, report, and presentation (5 days)

Sharing and dissemination mechanism

Result will be shared in brief research report format and presentations with policymakers, development partners, and allies using various digital platforms.

Future Expansion

The survey methodology is appropriate for repeated rounds of data collection. It may also be extended to other areas contingent on the availability of phone numbers. The rapid survey instrument is best suited for generating evidence of change over time to document the impact of the pandemic on adolescent lives.