



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

Submitted to:  
**SMC, FHI and HDL**

**Attention:**  
Susan Howard [HWRDLFD@aol.com](mailto:HWRDLFD@aol.com)  
Paul Bradley [HWRDLFD@aol.com](mailto:HWRDLFD@aol.com)  
Pam Baatsen [fhidhaka@bdmail.net](mailto:fhidhaka@bdmail.net)  
Ashfaq Rahman [smcmktg@bol-online.com](mailto:smcmktg@bol-online.com)  
Perveen Rasheed [prsmc@bol-online.com](mailto:prsmc@bol-online.com)

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*Center for Social Research*

**ORG-MĀRG QUEST LTD.**

House # 70 (2nd Floor), Road # 15A (New), Dhanmondi, Dhaka -1209, Bangladesh  
Phone : 880-2-8119358, 9125839, 9125839 Fax: 8123394 E-mail: [hasank@dhaka.agni.com](mailto:hasank@dhaka.agni.com)



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Susan Howard [HWRDLFD@aol.com](mailto:HWRDLFD@aol.com)  
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Ashfaq Rahman [smcmktg@bol-online.com](mailto:smcmktg@bol-online.com)  
Perveen Rasheed [prsmc@bol-online.com](mailto:prsmc@bol-online.com)

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

Dear Sir/Madam:

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

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

If you have any queries, please let me know.

We look forward to hearing from you soon.

Best regards.

Yours sincerely,

**Khalid Hasan**  
Director

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## INTRODUCTION

### INTRODUCTION

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

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

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

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

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

Bangladesh has the conditions conducive to rapid, widespread transmission of HIV: transient working populations, intravenous drug users, the wide availability of commercial sex workers, high rates of sexually transmitted infections, and low condom use rates.

The recommended framework to respond to the spread of STI/HIV/AIDS in Bangladesh is based on a low prevalence strategy focusing on high-risk groups. Family Health International (FHI) advocates concentrating resources on high-risk population groups that ultimately protects the whole population and provides for the efficient use of resources in an early intervention setting. The approach focuses on the following four core groups: female

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

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

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

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

### **Need for Research**

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

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

### **MEASURING INDICATORS**

Technical aspects of the proposed study -

Following six major indicators should be addressed-

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

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

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

***Knowledge Related Indicators***

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

***Sexual Behavior Related Indicators***

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

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

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

***Appropriate Risk Perception Related Indicators***

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

***Shurockkha Related Indicators:***

- Proportion of respondents aware of Shurockkha and its activities

**INFORMATION COVERAGE**

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

### Broad Areas of Information

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

### Detailed Areas of Information

#### **Respondent's Profile**

- Personal data

**Sexual Behavior Pattern**

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

**Attitude Toward Condom /Condom Use Behavior**

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

**Condom Obtaining Behavior**

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

**Condom Brand Awareness and Preference**

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

**Knowledge Level on STD/ AIDS**

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

- Perception of AIDS
- Understanding of risk level

#### **Channels of Information of STD/AIDS**

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

#### **Ad on Condom**

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

#### **Psychographics of the Respondents**

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



## METHODOLOGY

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

### STUDY DESIGN

#### Target Audience

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

#### High Risk Behavior Males

The identified group of high-risk males includes:

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

Other high risk categories:

- MSM/MSW
- IDU
- Hijras

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

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

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

### Study Areas

Number of survey sites: Six (by division)

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

### Possible Study Areas

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

### DATA COLLECTION TECHNIQUE

There would be basically two types of data collection techniques-

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

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

### DATA COLLECTION TOOLS

