

Knowledge, Attitudes and Practice surveys Zika virus disease and potential complications

Resource pack

WHO/ZIKV/RCCE/16.2

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Introduction

This is a resource pack for a Knowledge, Attitudes and Practices (KAP) questionnaire about Zika virus and its suspected complications such as microcephaly and Guillain-Barré syndrome.

This resource and associated advice was requested by governments and response partners as a way to rapidly obtain valuable and insightful information in order to tailor interventions to better address people's needs at community level, thereby contributing to the overall public health response to Zika virus and its potential complications. It can be used in communities with Zika virus transmission or those at risk.

This resource pack has been developed by WHO in collaboration with response partners as part of its Strategic Response Framework for the Zika emergency. The KAP questions in this resource pack have not been field-tested. Rather, it is a resource for partners and Member States who plan to conduct KAP surveys in a community setting with adult respondents. It provides a bank of key questions in the domains of knowledge, attitudes and practices. It is intended that partners will identify key areas for investigation according to their operational priorities, select the most relevant questions and update them to reflect national and sub-national contexts.

Findings should be rapidly turned into operational action and data shared at national, regional and global levels.

The KAP resource pack contains:

1. Guidance notes
2. KAP general question bank)
3. KAP thematic question bank (sexual and reproductive health)

Guidance notes

Question bank overview

- The KAP question bank is available in either PDF or Excel format from the WHO website.
- The question bank consists of four sections. The three main sections are: A) Knowledge; B) Attitudes; and C) Practices. These are followed by section D) that records the demographics of the respondent.
- Eight key themes run across the blocks: information and communication; knowledge; cause and symptoms; prevention; treatment and care-seeking; risk; sexual and reproductive health (SRH); and psycho-social. In each block, the themes are highlighted as colour-coded sub-headings so that partners can easily navigate the tool and identify questions clustered under each theme. When questions fall under two themes, both thematic sub-headings are given.
- Answer options are given for each question. For each question it is indicated whether one answer or multiple answer options should be checked.
- Directions for skipping questions are provided.
- Each question includes the answer option 'No answer'. This should be checked if a respondent does not know the answer or does not provide an answer to a question.
- When relevant, questions include the answer option 'Other (free list)'. This enables additional answer options and more qualitative (open ended responses) to be captured.
- In the Excel version of the question bank, the far right hand column includes notes highlighting areas for attention or suggestions for modification to individual questions.

Methods for administration

- The question bank should be modified and the final tool administered as most appropriate for the partner agency. For example: it may be modified to focus on knowledge, attitudes and practices as part of preparedness planning).
- The question bank has been developed for use in a community setting with the general adult population.
- The survey can be administered face-to-face or via telephone.
- The survey can also be modified for self-completion, whereby the respondent completes a written or internet-based questionnaire.
- If the survey is administered by a data collector, it is suggested that the question is asked, the respondent provides his or her answer(s) unprompted, and the administrator records the answer by checking off against the list of provided answer options (or using the free list function). The respondent can also be provided with prescriptive answer options (although this may introduce bias), or to ask the respondent to rank their answers in terms of priority or importance.
- Survey administration will also depend on the method or platform that partners use to collect the data.
- It is also possible to convert the question bank into a framework for qualitative methods such as focus group discussions or key informant interviews. Some themes (for example, sexual and reproductive

health) may be better approached using qualitative methodologies, and the data triangulated with survey data.

Ethical considerations

- Consent must be obtained prior to the participation of any respondent.
- Methods for obtaining consent should be tailored to different contexts. The below practices should be followed as a minimum.
 - Participants should be given full details of the survey (background, objectives, methods, use of data).
 - Issues of confidentiality and anonymity should be explained.
 - Participants should be given the opportunity to ask questions, and should receive answers to their satisfaction.
 - Participants should be informed that they can withdraw at any time and for any reason without penalty.
 - Participants should be informed that involvement is voluntary.
 - Participants should be informed that participation or non-participation will not affect access to any future services needed or provided.
- In some settings verbal consent will be sufficient, and the survey tool should reflect that the respondent has provided consent prior to participation. If the question bank is modified into a survey for self-completion, a check-box should be added for the participant to document that they are providing consent.
- Additional consent and assent procedures are needed if the question bank is modified for use with teenagers (an important target group, particularly given the high rate of teenage pregnancy in the region).
- Depending on setting, context and scale, it may be necessary for partners to obtain local (national) ethical approval prior to implementing any survey or research. This may not be necessary if the data collected is purely operational and used to monitor and evaluate on-going interventions.
- Basic information about Zika virus should be made available (e.g. a fact sheet) and explained to the respondent after his or her participation. Respondents should be linked to appropriate services and psychosocial support mechanisms as necessary.

Data collectors

- Ideally, the survey should be implemented by data collectors trained in social science methods.
- As a minimum, it is recommended that data collectors have prior knowledge of working at community level and implementing questionnaires or surveys, and have training in community engagement and/or risk communication.
- Data collectors must be able to speak the language that the survey is administered in, and additional local language(s) as required.
- The profile of the data collector should be carefully considered in relation to the profile of the respondent (gender, religion, ethnicity, age and whether they are local to the community or not).
- Prior to implementation, the data collectors (including supervisors and monitors if used) must be trained to ensure they have the necessary skills and competencies, and can properly and systematically administer the questionnaire according to its agreed methodology. As a minimum, the following seven topics should be covered in the training:
 - key facts about Zika virus
 - overall survey protocol and guidance
 - informed consent
 - administration of the questionnaire

- quality control and quality assurance
- safety and security precautions
- basic psycho-social support.
- Data collectors must administer a number of test surveys before the real data collection starts.

Pilot test

- This survey question bank has not been field-tested. It is imperative that all survey tools are pilot-tested and appropriate amendments are made prior to full roll-out.
- During pilot-testing, answer options may emerge that were not previously captured in the question bank (i.e. through the 'Other (free list)' category). These should be integrated into the survey tool.

Language

- The survey question bank is in English, and is being translated into Spanish, Portuguese and French. Partners should update the language with local specifics as required. This includes substituting key terms (such as Zika virus, fever and microcephaly) with appropriate local terminology.
- As this resource pack could be used in any region of the world, translations into the other UN official languages will be made available in April 2016.

Sampling

- The sampling structure must be devised by the partner agency that will implement the survey according to their operational needs.
- Factors to be considered include: the target area of the survey (setting and context); the scale and size of the survey; the timeframe for conducting the survey (including data collection, analysis, reporting); the profiling, recruitment and distribution of respondents; and the financial implications of implementation.
- For some partners, obtaining targeted operational data that is 'good enough' will be sufficient (e.g. when rolling out rapid mini-KAPs). Other partners may require a sampling strategy that can yield statistically significant results with a high confidence interval.
- As this question bank is generic and intended as a platform for the further development of specific tools, specific sampling guidance cannot be provided.

Data management - storage, protection, data entry, coding analysis

- Data entry, cleaning and coding will depend on the method and system of administration used by partners. Mechanisms for quality control and assurance should be built in.
- Data management will also depend on the partner agency. However data should be protected and stored according to good practice and in line with policies on the confidentiality and anonymity of respondents.

Sharing findings and operationalising results

- Partners are requested to share the data and findings of research conducted (surveys, rapid assessments etc.) to ensure that results can be rapidly operationalised and that the growing evidence base is visible to all. WHO will establish a mechanism to collect, collate and share findings through the existing WHO Zika risk communication and community engagement coordination mechanism.

Additional question banks

- Additional question banks can be developed if necessary. A question bank on sexual reproductive health (SRH) has been included in this Resource Pack, drawing on key SRH questions from the general question bank with additional questions on contraception, abortion and psychosocial issues.

Advisory team

- A small cross-disciplinary advisory team is being established by WHO and will be available to partners if they would like further input or technical guidance as they develop and implement different research tools (both qualitative and quantitative), and during analysis.

Contact

- Email: riskcommunication@who.int
- Website: <http://webitpreview.who.int/entity/risk-communication/zika-virus/en/index.html>
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