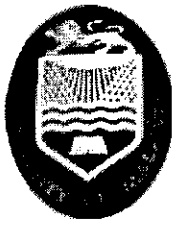


UNIVERSITY OF MALAWI

KAMUZU COLLEGE OF NURSING

KNOWLEDGE, ATTITUDES AND PERCEPTION OF PEOPLE FROM KONZERE VILLAGE IN CHIKWAWA TOWARDS HIV AND AIDS IN RELATION TO DEATH CLEANSING.

BY MACLEAN LAPSONE CHANGADEYA

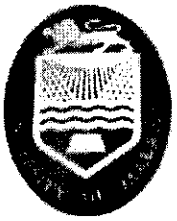
SUPERVISED BY

MRS. R. C. NGALANDE

MATERNAL AND CHILD HEALTH DEPARTMENT.

Dessertation submitted to the Faculty of Nursing in partial fulfillment for the award of a Bachelor of Science Degree in Nursing.

DECEMBER, 2OO9.



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DECLARATION.

I here by declare that the dessertation is a result of my own effort and hard work and it has not been presented for any other degree.

Name of Candidate: MacLean Lapsone Changadeya.

Signature..... Date.....

Name of Supervisor: Mrs. R. C.Ngalande

Signature:..... Date.....

ACKNOWLEDGEMENT.

Many thanks should go to Mrs.R.C. Ngalande for tirelessly supervising me during the whole period of writing the research proposal and finally this dessertation. It was not an easy way to go.

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Lastly, the almighty God, you are my redeemer thank you for the gift of life. You deserve honor for upholding me through out the four years at Kamuzu College of Nursing.

ABBREVIATIONS.

AIDS:	Acquired Human Immunodeficiency Syndrome.
ART:	Antiretroviral Therapy.
HIV:	Human Immunodeficiency Virus.
MDHS:	Malawi Demographic Health Survey.
MHRC:	Malawi Human Rights Commission.
NAC:	National AIDS Commission.
NAF:	National Action Frame.
UNAIDS:	United Nations Joint Program on HIV and AIDS.
UNESCO:	United Nations Education, Science and Culture.
UNGASS:	United Nations General Assembly Special Session.
WHO:	World Health Organization.

ABSTRACT.

The aim of the study was to asses the knowledge, attitude and perception of the people from Konzere village in Chikwawa on HIV and AIDS in relation to Death cleansing. The study also assessed their source of information on HIV and AIDS.

The study was conducted using qualitative design and a purposive sampling on key informants and those who were convenient was used to select participants. A depth structured interview guide was used to collect data from the participants who were fourteen in total. The interview guide was in two versions; English and Chichewa. The data was analysed manually to identify prominent themes. A letter to seek permission to conduct this research was sent to Kamuzu College of Nursing Research Committee and the village Head man. The participants were fully notified of the study and were told to participate freely and with draw from the study at any point without being punished.

The study found out that the people from Konzere community were aware about HIV and AIDS but they lacked comprehensive knowledge on HIV and AIDS. The findings of the study had also shown that the people from Konzere community were knowledgeable about the dangers of death cleansing in the light of HIV and AIDS considering the fact that condom use is not allowed during the death cleansing ritual. Despite all this knowledge, the ritual is still continued by the people in the area due to the cultural believes and values that are deeply rooted to each member of the community since the information about death cleansing is passed to each generation while it is still young.

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CHAPTER 1.0

1.1. INTRODUCTION.

Harmful cultural practices have been one of the six major challenges hampering the national response to HIV and AIDS (NAC, 2005). Malawi being a multi cultural country, it has traditional believes, practices, and values. Observations indicate that some traditional practices and believes are harmful mainly in this era of HIV and AIDS. For example, the Sena from Konzere village practice death cleansing .Death cleansing is a practice by which a man sleeps with a woman whose husband or son has just died, to put to rest the spirit of the deceased. This customary practice increases the risk of HIV infection since it is not safely conducted because the practice does not allow the use of condoms. It is believed that condom use will not chase out the evil spirit of the deceased (MHRC, 2003). They believe that spirits of the dead person may bring diseases or death to the remaining family members (National HIV and AIDS Policy, 2003).

HIV and AIDS, The Malawi situation

HIV is a virus that causes Acquired Immunodeficiency Syndrome (AIDS). The virus is un curable but there are drugs which prolong life called Antiretroviral drugs (ARVs). HIV and AIDS has affected many countries in the world since its first identification in 1981 in America. Malawi is not spared with the virus. In 2005, 930,000 people of all ages were living with HIV in Malawi (MDHS, 2004). In 2006, new AIDS cases were 67,452 among the population of 15-49 years age group (NAC, 2007). The primary mode of transmission is un protected heterosexual sex (U.S.Dept.of states, 2008). Following the United Nations General Assembly Special Session (UNGASS) in 2001 on HIV and AIDS, the Malawi government has been committed to the response on HIV and AIDS by developing different strategies. Through NAC, the Malawi government has created umbrella organizations such as Inter- Faith HIV and AIDS Association, Community Based Organizations and others which sensitize the people about the dangers of HIV and AIDS with emphasis on abstinence, being faithful to one another for the couple, condom use and behavior change. (Malawi HIV and AIDS, 2007.)

While several decades have passed since HIV was first identified, the complexities persist in challenging communities. The challenges associated with prevention of HIV and AIDS have proven to be especially difficult because they differ from culture to culture. So, it is important to advocate for interventions that are culturally appropriate, gender and age sensitive grounded in human rights (UNESCO, 2008). In this study, the researcher would like to find out knowledge, attitude and perception of Konzere people in Chikwawa regarding HIV and AIDS in relation to death cleansing. The cultural practice is still being practiced by this community despite the awareness of HIV and AIDS messages and information associated with harmful practices like death cleansing and their link to HIV transmission. The study will be done at Konzere village in traditional authority Ngabu in Chikwawa district. The community has been chosen because it strongly believe in this practice, death cleansing.

1.2 BACKGROUND.

According to the world conference on cultural policies in Mexico (1980) and the UNESCO universal Declaration on cultural diversity (2001), culture is defined as a set of distinctive spiritual material, intellectual and emotional features of a society or social groups which encompasses in addition to arts and literature, life styles, ways of living, value systems, traditions and believes. Many people all over the world have different cultures and traditional believes according to their ethnic groups that guide their daily living. Some of these traditional practices and beliefs are good while others are harmful.

In Malawi, there are diverse populations with nine main ethnic groups which have resulted in a wide range of cultural practices. Some of the cultural practices are harmful and facilitate the transmission of the HIV (National HIV and AIDS Policy, 2003). One of the harmful practices is death cleansing which is widely practiced by the Sena people and is locally called "kupita kufa" Some times the cultural practice is called "michinga" while in Zambia the practice is locally called "kusalazya"(Malungo,2001).The practice is done when a wife or a husband has died and the remaining person mainly the wife is told to have sex with another man who might be either the relative of the dead man or a man

who has been paid to have sex with the woman. If the remaining person is the man, he is given a chance to find a woman whom he can have sex with (Sharra, 2007) This is so because men are believed to be the head of the family and can make a decision on the affairs of the family while the woman is under the control of the deceased husband's family due to their cultural type of marriage (Malawi Human Rights Commission 2005). The people who are involved in the practice are not allowed to use condoms because they believe that if condoms are used the bad spirits of the dead person will not be removed as a result death or diseases may befall on the remaining family members or neighbors (Malungo, 2001). Similar findings were shown in a study by Manda Chinkombero (2001) in Zimbabwe. He found that traditional practice like death cleansing, polygamy and preference of dry sex were putting women at risk of contracting HIV because condom use is not allowed. The death cleansing is commonly practiced by the Sena people from Malawi and Mozambique. In Malawi, Senas are found in Chikwawa and Nsanje districts. In contrast to the transmission of HIV in industrialized countries which have occurred predominantly in home sexual men and drug users, the vast majority of the HIV infections in developing countries for example Malawi, has been attributed to unsafe heterosexual practices (Sandala, 1995).

According to MDHS report (2004), there have been a lot of awareness campaigns of the link between HIV and ritual practices like death cleansing. In addition, one of NAC's policy statement on cultural and religious practices, stipulates that the Malawi government in partnership with civil societies, including religious leaders will sensitize traditional leaders and their subjects on the dangers of customary practices like death cleansing which may lead to HIV infection, it has been observed death cleansing is still continuing (National HIV and AIDS policy, 2003). Regardless of such policies observations have shown that some ethnic groups like the Konzere community continue to practice death cleansing. This is the reason for the study to asses the knowledge about HIV and AIDS among the people of Konzere community their attitude and perception on HIV and AIDS in relation to death cleansing.

1.3 THE PROBLEM STATEMENT.

Malawi has introduced several strategies and policies which have been instrumental in the fight against the spread of HIV. Currently the strategies include abstinence, being faithful to partners, use of condom, prevention and management of sexually transmitted diseases, HIV testing and counseling and prevention of mother to child transmission of HIV (NAC, 2007). Some of the strategies were targeting the change of harmful cultural practices such as death cleansing (Edriss & Kaunda, 2000).It has been observed that the elimination of harmful cultural practices remains one of the six major challenges in the fight against the spread of HIV (NAC.2005).

1.4 SIGNIFICANCE OF THE STUDY.

The research will form the baseline data for policy makers on policy related to cultural practices and HIV before adopting it to promote cooperation among these ethnic groups. Secondly, this will assist the stake holders to know the risks of the practice in relation to contracting HIV so that when planning their interventions they have to be culturally sensitive.Lastly, the results will reveal the reasons why the people of Konzere village are still practicing death cleansing despite high prevalence of HIV and AIDS in their community.

1.5 PURPOSE OF THE STUDY.

The purpose of the study is to asses the knowledge, attitude and perceptions of the Sena people of Konzere village on the HIV and AIDS in relation to death cleansing.

1.6 OBJECTIVES

SPECIFIC OBJECTIVES

- Asses knowledge of the people of Konzere village on HIV and AIDS
- Examine the sources of information about HIV and AIDS

- Explore their perception on HIV and AIDS in relation to death cleansing
- Explore safer alternative practices for death cleansing.

CHAPTER TWO.

2.0 LITERATURE REVIEW.

2.1 INTRODUCTION.

This chapter will discuss literature review which consists of the current global situation of HIV and AIDS in Africa and Malawi and the impact of death cleansing in relation to HIV and AIDS.

2.2 GLOBAL SITUATION OF HIV AND AIDS.

Since the first case of HIV was recorded in 1981, the epidemic has taken an enormous toll around the world. It is estimated that at the end of 2005, 38.6 million people were living with HIV and nearly 4.1 million people were infected in 2005 alone. In the last 25 years more than 25 million people have died of AIDS. According to global HIV and AIDS estimates, end 2007 produced by UNAIDS/WHO in July 2008, the latest statistics of the people living with HIV is 33.0 million. UNAIDS/WHO (2008) also indicated that half of the people living with the HIV world wide are women and 59 % of these women are from sub-Saharan Africa.

About 95% of people with HIV live in developing countries and nearly two thirds of them are in sub-Saharan Africa (WHO, 2006). In this region where HIV is mainly spread through heterosexual sex, prevalence rate exceed twenty percent in the worst affected countries and epidemic is disproportionately affecting women in 15-24 years age group, three young women in sub-Saharan Africa are affected for every young man. Three quarters of all women and nearly ninety percent of children with HIV and AIDS in the world live in this region (WHO, 2006).

2.3 HIV AND AIDS IN MALAWI.

The primary mode of HIV transmission in Malawi is un protected heterosexual sex seconded by mother-to- child HIV transmission which account for approximately 83,000 pediatrics HIV infections in 2005 . HIV prevalence in Malawi has significantly decreased from 14.4% in 2003 to 12% in 2007.How ever, there is evidence that while infection rates are slowing in urban areas, HIV prevalence rates are increasing in the rural areas (Wikipedia, 2008). The increase in HIV prevalence in rural areas is due to poverty, gender imbalance, harmful cultural practices such as death cleansing and risky sexual behavior. For the urban areas the decrease is due to improvement in risky behaviors like abstinence, use of condom and reduction in the number of sex partners (NAC, 2005). It has also shown that the southern region has got the highest HIV prevalence rate and it was 16.5% in 2007 seconded by central region 8.6% and northern region 6.5%.Currently, the sentinel surveillance survey of 2007, estimated the HIV prevalence rate in Malawi at around 12% among those aged 15 – 49 years old and nearly 100,000 new HIV infections annually with at least half of these occurring among young people aged 15 -24 years old and nearly the same number of deaths per annum (Malawi HIV and AIDS monitoring and evaluation report, 2007).

2.4 IMPACT OF DEATH CLEANSING ON HIV TRANSMISSION.

A study on HIV and AIDS and cultural practices in western Kenya by Ayikukwei etal al (2007), examined the role of sexual cleansing rituals in the transmission of HIV among the Luo community. The findings were that the un changing sexual behaviors are deeply noted in the traditional beliefs which the community up holds strongly. These beliefs encourage men and women to have multiple sexual partners in a context where the use of condoms is rejected and little HIV testing are carried out. This belief of no condom use is also seen in the Sena people of Konzere village as witnessed by no condom use during death cleansing ritual.

While, Ambasa- Shisanya (2007) in a study on the insight into reasons for continuity of the widowhood rites, found that Luo women are believed to acquire contagious cultural

impurity after the death of their husbands that is perceived dangerous to other people. A similar study done in Swaziland by Mathunjwa and Gary (2007) found that harmful cultural practices like death cleansing were contributing to high prevalence of HIV and recommended having a public policy. To neutralize this impure state, a sexual cleansing is observed by the brother in – law or the cousin of the deceased husband through guardianship intuition. The results also noted that due to HIV and AIDS many educated brother in –law refrain from the practice and instead hire professional cleansers as substitutes. If the deceased spouses were HIV positive the ritual places professional cleansers at risk of acquiring the HIV hence acting as a bridge for HIV and AIDS transmission to other widows and to the general population. Hiring professional death cleanser is also common among the Senas during death cleansing ritual. A professional death cleanser in Nsanje charges K2000-K8000 depending to the nature of the death (MHRC, 2005) .It should also be noted that death cleansing rite is performed differently by different tribes, e.g. in Zambia the rite is commonly practiced along side widow inheritance. Some having noting the association of the ritual and HIV acquisition have found alternative practices to death cleansing as found by Malungo (2001) where there is no penetrating intercourse but instead the concern member slides over a half naked person (kucuta) or over an animal, use of herbs and roots or use of married couple to perform the ritual on behalf of the person. Such alternatives are clear indication that death cleansing is indeed associated with the transmission of HIV.

In order to address such problems Gausset (2001) in a study on AIDS and cultural practices in Africa found that the fight against AIDS in Africa is often presented as a fight against "culture barriers." and argued that cultural practices like death cleansing which are harmful and poses a high risk for HIV transmission are a wrong target of AIDS prevention program because they are not incompatible with a safer behavior, and their eradication would not ensure the protection of the people. He therefore recommended the need to target the changing of behavior of the people and the use of safer practices which are culturally acceptable.

CHAPTER THREE: THEORETICAL FRAME WORK.

3.1 INTRODUCTION.

The framework model gives direction to study. The Leininger's transcultural nursing model will be used to assisting the explanation of the importance of observing and understanding traditional cultural practices, beliefs and values before formulating policies and planning interventions which are culturally sensitive in HIV and AIDS prevention. Leininger developed the theory after noted definite behavioral differences during the time when she was working with emotionally disturbed children of diverse cultural background in the mid-1950s.

3.2 LEININGER'S TRANSCULURAL MODEL.

Leininger's theory of transcultural care diversity and universality provides a unique and important conceptual, theoretical and research approach to study nursing phenomena (Leininger, 1985). Emphasis is given to the historical, social and cultural context of human beings. The major goal of the theory is to improve and advance the quality of care to people through the deliberate and creative use of transcultural nursing knowledge that reflects culturally congruent care based on the values, beliefs and life styles of the people from diverse cultures. Leininger takes care as the essence of nursing and culturally based care can be predicted to enable health and well being for humans of diverse cultures.

The theorist addresses clients as humans who are cultural beings who have survived through time and place because of their ability to care for infants, young and older, adults in a variety of environments and ways (Leininger in Fitzpatrick, 1996). This simply means humans cannot be separated and viewed apart from their cultural back ground. They need to be viewed and understood in their total context. Since humans vary with regard to cultural values, beliefs and life style, professional care must be conceptualized, defined and studied from cultural perspective. Some cultures are similar while others are different hence cultural universality and diversity.

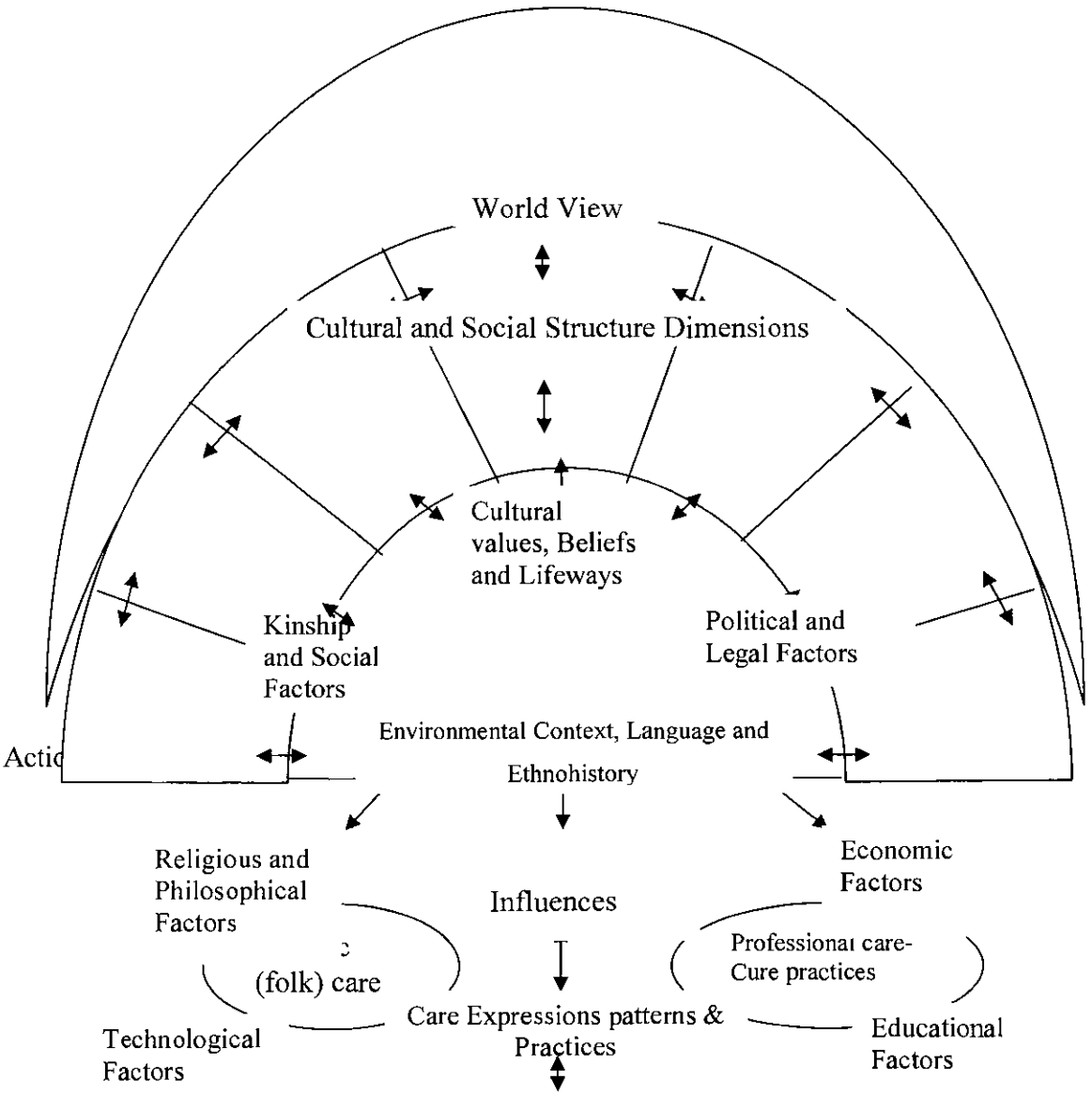
The theorist's unique components central to the theory are care and culture. The link between care and culture concepts in the theory is evident in the related components in Leininger's nursing model; generic and professional care, cultural care diversity and universality, cultural care preservation, accommodations and repatterning. It stress the importance regarding individuals, families and communities within their cultural, ethno historical and social structure so that holistic, cultural congruent care can be given

3.3 APPLICATION OF THE FRAMEWORK TO THE STUDY

As stated by Leininger (1991), humans are cultural beings and cannot be separated and viewed apart from their cultural background. In her perspective, human beings include individuals, families, groups, communities and total cultures and institutions. The people from Konzere community who are practicing death cleansing ritual also have beliefs and values which they see as very important and worthy in the practice according to their culture. There fore, it is important for policy makers, care givers and planners of interventions on HIV and AIDS transmission to have a through study on the individuals, family or group with reference to the environmental or cultural context of the Sena people before coming up with the interventions or policies on the prevention of HIV and AIDS so that cooperation should be enhanced. The application of Leininger's transcultural care model in HIV transmission prevention in relation to harmful cultural practices like death cleansing will help to have cultural care repatterning or restructuring among the Sena of Konzere community without facing much resistance because the interventions will be based on their cultural perspective of the problem and it will be easier for them to use alternative methods which are culturally acceptable by them.

Below is a diagrammatic representation of the application of the Leininger's transcultural care mode

CULTURE CARE



Focus: Individuals, Families, Groups, Communities or Institutions in Diverse Health contexts of

Transcultural Care Decisions and actions

Nursing care

Culture care preservation/ maintenance

Culture care Accommodation/ Negotiation

Culturally Congruent Care for Health, Well- being or Dying.

SOURCE: Leininger's sunrise Enabler to depict the theory of Culture care diversity and Universality, 2004.

3.4 CONCLUSION.

This chapter has discussed the theoretical framework and its application in order to guide the study. The Leininger transcultural care model has been used it has got four transcultural care decisions and actions. The human being is being viewed as a cultural being and cannot be separated from his cultural background. It calls for cultural sensitive care to all humans.

CHAPTER: FOUR.

SUBJECTS AND METHODS.

4.1. INTRODUCTION

Methodology is the overall plan for obtaining answers to the questions being studied and for handling some of the difficulties encountered during the research process (Polit & Hunger, 1997). The purpose of the chapter is to describe the methodology that was followed to conduct the research.

4.2. RESEARCH DESIGN.

The study utilized a qualitative design to asses the knowledge, attitude and perception of the people from Konzere village in Chikwawa towards HIV and AIDS in relation to death cleansing. The design was used because the researcher did not predetermine what would be derived from the interview but now this has helped the researcher in gaining more insight into the continuity of the death cleansing ritual despite the high level of awareness on the dangers of the ritual in the light of HIV and AIDS. The researcher collected primary narrative information from the participants by having a conversation with the subjects and obtaining detailed notes from them.

4.3. SETTING.

The study was conducted at Konzere village in Tradition Authority, Ngabu in Chikwawa district where the ritual is practiced.

4.4. SAMPLING.

The sample involved fourteen participants both male and female. Convenient and key informants sampling was used. Eight participants were females and six were male

participants. The ages ranged from 24 years to 40years and above. Those willing were participating. The sample size was small because it was just for academic purpose so the findings can not be generalised to the entire community. Recruiting process involved notify the group village head man for permission since is the in charge of the villagers.

4.5 PILOT STUDY

The pilot study was conducted at Mafale village in traditional Authority Lundu in Chikwawa to test the effectiveness of the data collection tool. Two participants were interviewed and the mistakes realized were corrected.

4.6. DATA COLLECTION.

Data was collected using structured interview guide which was developed in relation to the study. It was composed of open and close -ended questions. It had four sections namely; demographic data, HIV and AIDS, National HIV and AIDS policy and Death cleansing. The interview guide was developed in English then later translated into Chichewa version. Each interview lasted almost 45 minutes.

4.7. DATA ANALYSIS.

The data was analysed manually using content analysis in order to identify prominent themes. The findings on the demographic data were presented in form of frequency tables.

4.8. ETHICAL CONSIDERATIONS.

A letter of clearance was sought out from the Group village head man Konzere before data was collected. Concent form was given to the participants and those who were not able to read the information was read to them. The consent form had information on what the study was about, its purpose, why they were involved, the risks and benefits of the study and how they will be handled. The participants were told that they were free to pull

out of the study at any time they feel to do so without any action being taken against them. They were also informed that they will not be given any thing as a token of appreciation for joining the study. Confidentiality to their information was also assured by not revealing the information to any person apart from the researcher.

4.9. LIMITATION OF THE STUDY.

One of the limitations of the study was time since the study was being conducted during the time of school and the researcher was also doing other academic things. The second limitation was that the study was done on a small scale just for academic purpose so the results cannot be generalised.

4.1.0. DESSEMINATION OF THE FINDINGS.

The findings of the study will be desseminated through written reports which will be put in the library and another one send to the people of Konzere through their group village head man. If possible, the researcher will have a group discussion with the people of Konzere community on the findings and discuss with them on the way forward based on the findings of the study.

CHAPTER: FIVE. RESEARCH FINDINGS.

5.1. INTRODUCTION

The study utilized qualitative design to asses the knowledge, attitude and perception of the people from Konzere village in Chikwawa towards HIV and AIDS in relation to death cleansing. The researcher collected data from the participants through interviews and wrote detailed notes.The study was conducted at Konzere village in Tradition Authority, Ngabu in Chikwawa district where the ritual is practised. The data was collected from 13th September to 14th September, 2009.

Fourteen participants, eight females and six male participated in the sudy and used convenient sampling. Six key informants were involved. One village head man, two cleansers and three cleansed widows. Data was collected using semi-structured interview guide which was developed in relation to the study. The guide had four sections namely; demographic data, HIV and AIDS, National HIV and AIDS policy and Death cleansing. The interview was conducted in Chichewa. Each interview lasted almost 45 minutes. Only those willing were allowed to participate in the study. Since the sample size was small the findings can not be generalised to the entire community but to Konzere Village. However if the results are to be used in other communities it should be done with caution. The data was analysed manually using content analysis in order to identify prominent themes. The findings on the demographic data will be presented in form of frequency tables.

5.2. DEMOGRAPHIC DATA.

The demographic data included age, marital status, level of education, religion and occupation of the participants.

Table: 1 Gender and age category of participants.

ITEM	*FREQUENCY(N)*	*PERCENTAGE (%)*
GENDER		
Male	*6*	*42.9%*
Female	*8*	*57.1%*
AGE		
24-29	*7*	*50%*
30-35	*2*	*14.3%*
36-40	*2*	*14.3%*
Above 41	*3*	*21.4%*

There were 6 male participants and 8 female participants with ages ranging from 24 years and above with the oldest participants of above 40 years old for female and above 40 years for male participants.

Table: 2 Marital Statuses of Participants.

ITEM	*FREQUENCY(N)*	*PERCENTAGES(%)*
Marital status:		
Single	*4*	*28.6%*
Married	*5*	*35.7%*
Divorced	*-*	*0%*
Widower	*2*	*14.3%*
Widow	*3*	*21.3%*

The data shows that 4 participants were single, 5 married, no divorce, 2 widowers and 3 widows.

Table: 3.

Educational Level of the Participants.

ITEM	*FREQUENCY (N)*	*PERCENTAGES (%)*
None	*0*	*0%*
Primary[1-5]	*3*	*21.4%*
[6-8]	*1*	*7.1%*
Secondary	*10*	*71.4%*
College/ university	*0*	*0%*
Adult *literacy*	*0*	*0%*
TOTAL	*14*	*100%*

Table 3 shows the educational level of the participants.

Table: 4

Religion of the Participants.

ITEM	*FREQUENCY(N)*	*PERCENTAGES (%)*
Religion		
Christianity	*14*	*100%*
Moslem	*0*	*0%*
Others (specify)	*0*	*0%*
Total	*14*	*100%*

The table shows the religion of the participants.

Table 5.

Occupation of the participants.

ITEM		
	11	78.6%
	1	7.1%
	1	7.1%
	1	7.1%
	14	100%

The table shows the occupation of the participants.

5.3.0 DESCRIPTION OF THE KNOWLEDGE, ALTITUDES AND PERCEPTION OF HIV AND AIDS IN RELATION TO DEATH CLEANSING.

Below are the findings on knowledge, attitudes and perception of HIV and AIDS in relation to death cleansing. The questions were considering the fact that the people involved in the ritual are not allowed to use condoms during sexual intercourse.

5.3.1 Knowledge on HIV and AIDS.

The first question was assessing if the participants had ever heard about HIV and AIDS. All the fourteen participants had a similar answer that they had heard about HIVand AIDS represented 100 percent. '' *yes, I have heard about HIV and AIDS." [All participants]*

5.3.2. Source of information about HIV and AIDS.

Out of the fourteen participants, 5 participants (35.7%) said that they got the information from the radio. 5 participants (35.7%) from their friends and teachers at school. 2

participants (14.3%) got the information from youth and other organisation that deal with HIV and AIDS and the other remaining 2 participants (14.3%) got the information both at school and at the hospital.

5.3.3 Detailed knowledge about HIV and AIDS.

13 participants responded representing 92.9%. 7 respondents had the same answer representing 53.8% of the total respondents'. They said that AIDS kills and it has no medication. '' *AIDS is a killer. It has no medication."[Young women and men of 24-29 years age range].* 3 participants (23.1%) had the same answer. They said that HIV is a virus while AIDS is a disease. 2 participants had also the same response representing 15.4% of the 13 respondents. They said that HIV comes about due to unsafe casual sex and the remaining respondent representing 7.7% had a different answer. He said that he knows because he sometimes works as a counsellor to his fellow youth on issues about HIV and AIDS. '' *I know it because some times I do advise my fellow youths."[A 27years form four boy.]*

5.3.4 Knowing one's HIV sero status.

This question was assessing the participants on how they can know that someone has either the HIV or not. All the fourteen participants responded to this question representing 100%. They had the same answer that one can know that he/she has the HIV virus or not through voluntary counselling and testing. '' *A person can know that he/she is HIV positive or not through voluntary counselling and testing at the hospital" [all participants from 24years to above 41years]*

5.3.5 Knowledge on HIV prevention.

All the fourteen participants responded to this question representing 100 percent. 7 participants said that HIVcan be prevented through abstinence. This represented 50% of the total participants. 3 participants (21.4%) said through combination of abstinence and condom use. 2 participants (14.3%) combining condom use and not sharing sharps and razor blades when piercing into one's fresh and 1 participant representing 7.1% had a

different answer '' *One can prevent HIV by using condoms only"[* ***24years form two drop out married woman]***

5.3.6. Knowledge about some body suffering AIDS.

All the fourteen participants responded to this question representing 100 percent. 13 participants (92.9%) said that they had seen some body suffering from AIDS. '' *Yes I have seen some one suffering from AIDS in our village"* ***[A 34 year old widow].*** 1 participant had said that he has never seen some one suffering from AIDS. '' *I have never seen one."* ***[A 41year old man, primary school drop out.].***He represents 7.1% of the total participants.

5.3.7 Sign and symptoms of a person suffering from AIDS.

Fourteen participants responded to this question representing 100 percent. Out of the fourteen respondents, 4 participants (28.6%) said that some one who is suffering from AIDS gets sick frequently. 4 participants (28.6%) said that the person who is suffering from AIDS takes antiretroviral drugs (ARVs) while 5 participants (35.7%) said that the person represents with silky hair, persistant diarrhoea and looks wasted. 1 participant (7.1%) said that he was told by his friend who was suffering from AIDS. *''I was told by my friend who was suffering from AIDS that he was having diarrhoea."****[A 40 year old standard eight drop out.]***

5.3.8. People's attitudes towards people suffering from AIDS.

This question was assessing the people's attitudes towards people who were suffering from AIDS in the village. All the fourteen participants had responded to this question. 3 participants (21.4%) said that the person is regarded to suffer from a cultural related disease in which there was a breach of the ritual for example death cleansing. '*'They say that a person is suffering from tsempho."****[A 38years old man and woman standard six and seven drop outs].*** 3 participants (21.4%) said that the patient is gravely sick. The other 3 participants (21.4%) said that the people do not walk or eat together with the person who is suffering from AIDS. The 2 participants (14.2%) said that other people regard the person to have few days of him/her being alive. '*'They say that his/her days of*

being alive are numbered. ***[25 years old form three drop out married woman].***"The remaining 3 participants (21.4%) said the people laugh at the person suffering from AIDS.

5.3.9. People's perception on HIV and AIDS.

This question was assessing the participants' perception on HIV and AIDS and all the fourteen participants responded to this question representing 100 percent. 13 participants (92.9%) said that they feel pity because HIV and AIDS have no medication and many people are dying leaving behind children hence increased number of orphans. *'' I feel pity because I have seen parents dying leaving young ones behind as orphans"* ***[Participants of all ages].*** 1 participant (7.1%) said that he feels bad and will never engage himself in casual sex neither having so many girl friends nor having many wives to avoid contacting the virus. *'' I will not have many wives or engage myself in casual sex to avoid contacting the HIV"* ***[a 25years old form four man***].

5.4.0. Knowledge on National HIV and AIDS Policy.

In this question, 12 participants out of 14 participants responded representing 85.7% and 2 participants did not answer this section representing 14.3%. All the 12 respondents said that they once heard about the National HIV and AIDS policy giving 100% of the total respondents.

5.4.1. Source of information about National HIV and AIDS policy.

Table: 6. The table below shows information on a National HIVand AIDS policy

SOURCE OF INFORMATION	*FREQUENCY(N)*	*PERCENTAGES (%)*
Radio	2	16.7
Newspaper& magazine	1	8.3
Organizations(NGO)	3	25.0
Radio & newspapers	3	25.0
Hospital	3	25.0
TOTAL	12	100.0

5.4.2. Knowledge on areas addressed in the Nation HIV and AIDS policy.

Out of the 14 participants, 5 participants managed to respond to this question and mention some of the issues addressed in the policy representing 35.7%. they were talking about taking antiretroviral drugs, avoid discriminating people who are suffering from AIDS, abstaining from sexual intercourse, being faithful to one another if its a couple, condom use and taking care of the people who are living with the HIV. *"We should avoid using the same razor blade and should abstain from sex but if married be faithful to your partner." "people who have low immunity should be started on ART treatment for them to prolong their life."* ***[Above 40 years old male]***

5.4.3 Attitude towards National HIV and AIDS policy.

Eleven participants out 14 participants responded to this question representing 78.6% of the total participants. All the eleven respondents supported the National HIV and AIDS policy and said that the policy is very good. *"It is indeed a very good policy."* ***[All participants].***

On the question whether the policy is helpful, all the eleven respondents responded. 3 participants (27.3%) said that the policy stipulates the dangers of practicing death cleansing and guides people to go for voluntary counselling and testing at the hospital. *"It advises us not to get involved in harmful rituals such as death cleansing."* 2 respondents (18.2%) said the policy helps those people who are HIV positive to have long life as they follow some preventive measures. *"It helps the people who are HIV positive to prolong their lives."* ***[A 24years old single girl].*** The remaining 6 participants (54.5%) had the same responses. They said that the policy helps that HIV should not have high prevalence rate. *"It helps that HIV and AIDS should not spread."* ***[A 26 years old lady].***

5.4.4. Perception on National HIV and AIDS policy.

This question was assessing the participants on personal views and feelings about the National HIV and AIDS policy. Out of the 14 participants, 9 responded to this question representing 64.3%. 1 participant (11.1%) said that there is a need to have this policy in place so as to arrest the spread of HIV and AIDS. The 8 respondents (88.9%) said that the policy taught them not to indulge in un safe sex and should stop practicing death

cleansing ritual and taking care of the HIV and AIDS patients. *"There is a need to have this policy in Malawi."* ***[All participants].***

Death cleansing is a ritual which is done when a wife or a husband has died and the remaining person mainly the wife is told to have sex with another man who might either be a relative of the dead man or a man who has been paid to have sex with the woman. This section was assessing the knowledge, attitude and perception of the people from Konzere village in relation to death cleansing.

5.5.0. Knowledge on death cleansing.

All the 14 participants answered this section representing 100%. On whether the participant had ever heard about death cleansing or not, all the participants said that they had heard about death cleansing ritual representing 100 percent. Yes I have head about death cleansing.

5.5.1. Source of information about death cleansing.

Table: 7.

Source of information.

SOURCE	*FREQUENCY(N)*	*PERCENTAGES (%)*
Parents	*10*	*71.4%*
Radio	*1*	*7.1%*
Funeral ceremony	*3*	*21.4%*
Total	*14*	*99.9%*

The above table shows the sources of information about death cleansing, their frequency and percentages.

5.5.2. Knowledge on what happens in the death cleansing ritual.

All the 14 participants responded to this question representing 100 percent. All the participants had the same answer. They said that the partner of the dead person is asked to have sex with a separate woman or man in order to chase away bad spirits which cause disease to the remaining family members. This will enable the remainants to use the property left by the dead person without getting sick. *''They do have sex with another man or woman in order to protect the people and goods left by the dead person hence chasing away bad spirits of the dead person."**[All participants].***

5.5.3. Days taken during death cleansing ritual.

All the 14 participants answered this question representing 100 percent. They said that the ritual takes 3 days."*It takes 3 days as per cultural requirement to avoid breaching the ritual."**[All participants].***

5.5.4. Condom use during the ritual.

This question was assessing the participants whether the people involved in the ritual are allowed to use condoms or not. All the 14 participants said that condom is not used during the ritual. They said that when condom is used the ritual is considered not done and this may bring disease to the family members of the dead person because the bad spirit of the dead person is not chased away. They believe that the ritual is done and accomplished if the people involved do not use condom during sexual intercourse. *"If they use condom then the ritual is considered to have failed and this can bring sickness among the family members of the dead person.'' "They want to exchange sperms and vaginal fluid.''**[Above 41 years old man and woman].***

5.5.5. Attitude and perception on death cleansing ritual.

The question was assessing the participants' views and perception on death cleansing ritual. All the 14 participants said that death cleansing is bad in the sense that it does not allow condom use in the light of HIV and AIDS considering the fact that it mostly through sexual intercourse in which the HIV is spread. *"It is bad because it facilitates the spread of HIV.''**[All participants].*** 4 participants suggested that death cleansing ritual

should be terminated representing 28.6% of the total participants and 5 participants said that the people involved in the ritual should first go HIV testing before conducting death cleansing ritual presenting 35.7% while the remaining 5 participant were non committal representing 35.7%.

5.5.6. Alternatives used.

The question was finding out it there are other alternatives to death cleansing. 13 of the participants (92.9%) said that there are no any alternatives used among the Sena people. 1 participant (7.1%) said that some times they use a separate couple to do the ritual on behalf of the deceased partner but in the future the couple hands over to the deceased partner if he/she finds a sexual partner. This is only done as a short remedy in case a death cleanser is not readily available when the ritual is about to be done.

5.6.0. SUMMARY OF THE FINDINGS.

This section presented the findings of the study that was done at Konzere community with a purpose of finding the community's knowledge, attitude and perception on HIV and AIDS in relation to death cleansing. Fourteen participants, eight females (57.1%) and six males (42.9%) participated to the study with ages ranging from 24 to 41 years. All the participants had heard about HIV and AIDS. The findings also show that there are still pockets of discrimination against the people who are living with the virus or have developed AIDS. It was also found that many participants heard of the National HIV and AIDS policy but they lack detailed information.All the participants were aware of death cleansing and much of the information about the ritual is from the parents. The ritual takes about 3 days and condom use is not allowed therefore putting the people doing the practice at risk of contracting sexually transmitted disease including HIV and AIDS. Participants felt that the ritual should be stopped because it is contributing to the transmission of HIV.

CHAPTER: SIX

DISCUSSION OF THE FINDINGS

6.1. INTRODUCTION

This chapter presents discussion of the study on knowledge, attitude and perception of the people from Konzere village in Chikwawa district on HIV and AIDS in relation to death cleansing. The study was conducted at Konzere village from 13th to 14th September, 2009. The discussion will be on the following areas; demographic data, HIV and AIDS, national HIV and AIDS policy and lastly death cleansing.

6.2. DEMOGRAPHIC DATA.

A total of fourteen participants participated in the study; eight females n=8 (57.1%) and six males n=6 (42.9%). Among the fourteen respondents, six were key informants; 1 village head man, 2 death cleansers and three cleansed women. The study revealed that the majority were secondary school drop outs n=10 (71.4%) and the rest being primary school drop outs both lower and upper classes. Education influences one's perception and reception of information. This can influence on how the person will receive and perceive any information that can be disseminated on the dangers of practising harmful cultural practices in the light of HIV and AIDS. However, if somebody has some education he will be able to understand the dangers and benefits that are associated with the cultural practice in this case death cleansing and make a sound decision. That is why the majority of the participants (100%) are knowledgeable of issues concerning the dangers associated with death cleansing in relation to HIV and AIDS. Despite the majority being educated, it has been observed from the study that all the participants were lacking comprehensive knowledge on HIV and AIDS. The findings are also similar to those found in Malawi HIV and AIDS monitoring and evaluation report (2007) which found that comprehensive knowledge on HIV and AIDS is low despite the high awareness levels. Therefore, there is a need to educate the people in the community comprehensively on issues of HIV and AIDS so that they can top up on their little knowledge they have on HIV and AIDS.

6.3. KNOWLEDGE, ATTITUDE AND PERCEPTION ON HIV AND AIDS.

From the findings of the study, it has been found that all the participants, 14(100%) had heard about HIV and AIDS. It has always been said by many people that knowledge is power. So, it is very important that people should acquire knowledge in this case, knowledge on HIV and AIDS. If the people are knowledgeable about HIV and AIDS, on its transmission and prevention, they can be in a position to make sound decisions to stop indulging themselves in risky behaviours such as prostitution or practising harmful cultural practices such as death cleansing in which condom use is a taboo. The findings in this study are also almost similar to those NAC (2005) found about awareness level on HIV and AIDS in Malawi which was at 99%. On the sources where they get the information about HIV and AIDS, the findings show that radios and schools are the major sources of information each occupying 35.7% (n=5). The source of information is very important because a source of information can negatively or postively influence the perception of an individual towards something. It has been observed from the findings that 3(21.4%) participants perceive AIDS as a cultural related disease which come due to breach of the rituals such as death cleansing. It might be the same perception which is bringing discrimination against people living with HIV and according to the findings of this study it has been observed that when people see some one suffering from AIDS, they laugh at him/her and others discriminate against her/him. This can have a negative effect because people will be afraid of going for HIV counselling and testing. And if they are found to be HIV postive they will not disclose their status during death cleansing ritual which may result in transmitting the virus to another person. Although the percentages are different, NAC (2004) also found that it was only 30% of people who expressed acceptance attitudes towards people living with AIDS. This simply means that there are still pockets of descrimination against people living with HIVand those suffering from AIDS.This information is important because when the government is plannning its interventions on issues about HIV and AIDS, it should also bear in mind to include interventions which will assist in the fight against descrimination on people living with the virus.

6.4. KNOWLEDGE, ATTITUDE AND PERCEPTION ABOUT NATIONAL HIV AND AIDS POLICY.

The findings of the study show that the majority n=12 (85.7%) had heard about the National HIV and AIDS policy from radios and newspapers, organisations and hospitals but they lack detailed knowledge about the contents of the policy. Detailed information about the policy is very important because the policy will influence the people to change their behaviour hence abandonment of some of the harmful cultures such as death cleansing. Despite having the majority heard about the policy, the people in this community are still practising the death cleansing ritual. This is so because the cultural value of death cleansing is deeply rooted in them. Besides low comprehensive knowledge on the policy, the majority supported the decision of having the policy as shown by 78.6% of the participants supporting the policy (n=11). This is corresponding to what Mathunjwa and Gary (2007) found on harmful cultural practices like death cleansing which were contributing to high prevalence rate in Swaziland and recommended having a public policy on HIV and AIDS.

6.5. KNOWLEDGE, ATTITUDE AND PERCEPTION ON DEATH CLEANSING.

It has been observed from the findings that all the participants 14 (100%) were aware of the death cleansing and some were even involved in the ritual.The key informants in the study are the main source of information on death cleansing since they have living experiences and they were actually involved in the ritual. The village head man was involved in the study because he is one of the custodians of culture in which death cleansing is taking place and his contribution can have an impact to the study. The young ones get information from their parents. The source of information is very important because it has a direct influence on recipient whose behaviour can be modelled based on the reliability of the source. In this case parents have contributed a lot to the continuity of the ritual because the information about the importance and consequences of not conducting death cleansing properly is communicated to the children while they are still young and they value it and become part of the norms of life. This is evidenced by the majority of 71.4% (n=10) parents being the source of information about death cleansing

and all participants had detailed information of what happens during death cleansing ritual which takes 3 days. It was agreed that the ritual should take 3 days because when the ritual is in progress, the relatives of the deceased person and those surrounding the deceased family (married and unmarried) are not allowed to have sex to avoid breaching the ritual which may bring sickness to those performing the ritual. The families are asked to persevere without having sex for three days to give chance to the people conducting the death cleansing ritual. As part of the ritual the people perfoming the ritual are told not to use condoms because it is believed that when condoms are used, then the ritual is not done. This is very dangerous considering the high prevalence of sexually transmitted infection and HIV and AIDS. The major concern about the ritual is that the person to cleanse or to be cleansed does not go for HIV test first before the ritual and it can happen that he/she is HIV positive but for fearing of being discriminated against, she or he can decide not to reveal his or her status hence transmitting the virus to another person. Another factor can be if the cleanser is a professional cleanser who earns a living through death cleansing, it will be difficult to reveal his status for fear of loosing customers.The cleanser is either the relative of the deceased or has been hired by the relatives of the deceased to carry out the ritual. MHRC (2005) had found that hiring a professional death cleanser was common in Nsanje among the Senas during death cleansing and the death cleanser charges K2000 –K8000 depending on the nature of the death. Condom use is not allowed because it is believed that the bad spirit of the deceased will not go away if condoms are used and this can bring sickness to the family members.

All participants said the cultural practice is generally bad because it is facilitating the spread of HIV since the people who are involved in the ritual are not allowed to use condoms considering that HIV is mostly spread through sexual intercourse. The suggestion that people involved in the ritual should go for HIV testing first before the ritual is valuable because if the status of the people involved in the death cleansing ritual is established, then a sound decision will be made whether to continue with the ritual or not hence preventing the spreading of HIV. Ayikukwei (2007) did a similar study among the Luo community examining the role of sexual cleansing rituals in the transmission of HIV and found that the un changing sexual behaviour was deeply rooted in the traditional

beliefs which the community up holds strongly. This belief encourages men and women to have multiple sexual partners in a context where the use of condoms is rejected and little HIV testing are carried out. This has also been seen from the findings of this study that people are knowledgeable of the dangers of death cleansing and yet they still continue with the ritual because it is something they culturally uphold strongly and is deeply rooted in them. The majority indicated that the ritual is deeply rooted in the community because of their belief. Malungo (2001) did a similar study in Zambia, and found that kucuta (sliding over a half naked person or over an animal, use of herbs and roots or use of married couple to perform the ritual on behalf of the person were the alternatives ways instead of the actual ritual.

6. 6. CONCLUSION.

In this study, I have learnt that education cannot displace ones cultural believes and values particularly when the cultural beliefs and values are deeply rooted in that particular individual. And, the information that has been found in this study can be utilised when considering formulating policies that will affect cultural believes and values of different tribes. Those involved in the formulation of the policies should be culturally sensitive to promote the comperation of the people targetted with that policy. The policy makers and the people who practice death cleansing ritual will benefit from the information found in this study in the sense that the policy markers will know what to include in their policy to target behaviour change on death cleansing practitioners and the receipent of the information or the people who practice death cleansing will understand properly the policy and modify the ritual hence preventing contracting sexually transmitted diseases such as AIDS that come due to un protected sex with some one who has HIV among other sexually transmitted diseases.

6.7. RECOMMENDATIONS.

The researcher had the following recommendations based on the findings:

- The government, organisations, religious and traditional leaders should intensify detailed awareness campaigns on HIV and AIDS and what the National HIV and AIDS policy is all about in the community.
- Traditional leaders who have a great influence on their subjects should take a leading role on the need for changing the death cleansing ritual and come up with other alternatives since they are custodians of the culture.
- Other leaders such as District commissioner, members of the parliament, religious leaders and teachers who are role models should also take part in educating people of the relationship between HIV and death cleansing.
- More research should be done on the subject and its complications that follow if the ritual is not properly done.

6.8. AREAS FOR FURTHER STUDIES.

- The same study on knowledge, attitude and perception on HIV and AIDS in relation to death cleansing can be done on a larger scale.
- The relationship between death cleansing and the consquences that follow if the ritual has not been done properly.
- The living experiences of the people who contracted the HIV virus due to death cleansing rituals.

BUDGET FOR THE RESEARCH PROJECT.

ITEM	COST	TOTAL COST (M K)
Stationery	**MK**	**MK**
2 reams Plain papers	1000 each	2000
5 Ball pens	20 each	100
2 Pencils	10 each	20
1 Rubber	30 each	30
5 Large envelopes	50 each	250
10 Small envelopes	15 each	150
1 Flash disk	2500	2500
1 Hardcover	300	300
1 Stapling machine	500	500
1 box Staple pins	100	100
1 Punching machine	500	500
Sub total		**6550. 00**
secretarial		
Proposal printing 150 pages	10 per page	1500
Proposal binding (4 copies)	200 each	800
Questionnaire printing and photocopying (80 pages)	10 per page	800
Printing letters(15 copies)	10 per page	150
Printing consent forms (32 copies)	10per page	320
Typing dissertation(100 pages)	100 per page.	1000
	10 pages	4000
Printing dissertation(400 pages)	200 each	800
Binding dissertation (4 copies)		1000
Sub total		**10, 370.00**
Communication		
Phone calls		2500
Internet services		1000
Transport to and from data collection centers		6000
Traveling to resource centers		2000
Sub total		**11, 500.00**
Total of the subtotals		**28,420.00**
Contingency	**10% f the totals**	**2,842.00**

GRAND TOTAL		**31,162.00**

JUSTIFICATION OF THE BUDGET.

Stationary

The papers will be used for writing the proposal draft and printing. Pens, rulers and pencils will be used for writing draft work. The flash disk will be used for storing information and the envelopes will be used for sending documents.

Secretarial services.

Some money will be used for paying printing and photocopying services as well as binding the research proposal and dissertation.

Communication.

Some of the money will be used for making calls to the supervisor and other people who are the source of information while the other money will be used for transport to and from the area of study and to organizations to look for information. Internet services will also need money to be paid for.

Contingency.

Acertain amount of money has been set aside for any service that might arise in the process of the study which might need money that is out of the planned activities.

TIME TABLE FRAME OF THE REASEARCH

TIME IN MONTHS

ACTIVITY	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Selection of research topic											
Proposal writing, and submission											
Pre-testing and data Collection											
Data analysis											
Report writing											
Submission of Dissertation											
Dissemination of results											

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APPENDIX A: LETTER TO THE RESEARCH PUBLICATIONS COMMITTEE.

Kamuzu college of Nursing,
Private Bag 1,
Lilongwe
02nd June, 2009.

Research and Publications Committee,
Kamuzu College of Nursing,
Private Bag 1,
Lilongwe.

Dear sir/ madam,

APPLICATION FOR PERMISSION TO CONDUCT A RESEARCH STUDY AT KONZERE VILLAGE IN T.A NGABU IN CHIKWAWA.

I am a fourth year student currently studying a Bachelor of Science Degree in Nursing (generic) at Kamuzu College of Nursing.

I would like to seek permission to conduct a study at Konzere village in traditional authority Ngabu in Chikwawa district. In partial fulfillment of my course, I am required to carry out a research study of my topic of choice. The title of the study is **"Knowledge, attitude and perception of people from Konzere village in Chikwawa towards HIV and AIDS in relation to death cleansing"** The recommendations of the study will help in the planning of the culturally sensitive interventions in prevention of HIV transmission in which harmful cultural practices such as death cleansing also contribute.

Yours faithfully,

MacLean L. Changadeya.

APPENDIX B: LETTER TO THE GROUP VILLAGE HEAD MAN KONZERE.

Kamuzu College of Nursing.
Private Bag 1,
Lilongwe
02nd June, 2009.

The group village head man,
Konzere F.P. School,
P.O. Box 27,
Ngabu.

Dear Sir,

APPLICATION FOR PERMISSION TO CONDUCT A RESEARCH STUDY AT KONZERE VILLAGE IN T.A NGABU IN CHIKWAWA.

I am a fourth year student currently studying a Bachelor of Science Degree in Nursing (generic) at Kamuzu College of Nursing.

I would like to seek permission to conduct a study at your village. In partial fulfillment of my course, I am required to carry out a research study of my topic of choice. The title of the study is **"Knowledge, attitude and perception of people from Konzere village in Chikwawa towards HIV and AIDS in relation to death cleansing"** The recommendations of the study will help in the planning of the culturally sensitive interventions in prevention of HIV transmission in which harmful cultural practices such as death cleansing also contribute. The study will be conducted between the months of June and July in 2009. The sample required is 30. Participants will be free to participate, refuse or with draw at any time during the study.

Yours faithfully,

MacLean L. Changadeya.

APPENDIX C: LETTER TO THE PARTICIPANT.

Maclean Lapsone Changadeya
Kamuzu College of Nursing,
P/Bag, 1,
Lilongwe,
Cell: 0999422488.
14th August, 2009

Dear participant,

I am a fourth year student currently studying a Bachelor of Science Degree in Nursing (generic) at Kamuzu College of Nursing

In partial fulfillment of my course, I am required to carry out a research study of my topic of choice and this will be required to be surrendered to the college as a dissertation. The title of the study is **"knowledge, attitude and perception of people from Konzere village in Chikwawa towards HIV and AIDS in relation to death cleansing."**

For this study to be accomplished there is need of participants who belong to Sena tribe, who hail from Konzere village and are above 21 years. The aim of the study is to assess knowledge, attitude and perception of the people from Konzere village on HIV and AIDS in relation to death cleansing. On this, I therefore ask you to participate in this study. The study does not have risks. No any reward or gift will be given to you for participating in the study. You are free to withdraw at any time you want and no punishment or any form of persuasion will be there if you decide to do so. Your information and identity will be kept secretly unless you grant permission to me to release the information and your identity. This will be achieved by using numerical codes instead of names and I will be the only person accessing the data on the questionnaire. You are free to ask any question penetrating to this study. There are no risks attached to this study and you will acquire knowledge at the end of the study as its benefit.

If you have agreed to participate in the study, please sign the consent form below.

I have understood the above conditions and have agreed to participate willingly without being forced or persuaded by the researcher.

Date. ..... Signature of the participant.....

Date..... Signature of the researcher.....

APPENDIX D: KALATA YOVOMERA KAFUKUFUKU.

MacLean Lapsone Changadeya,
Kamuzu College of Nursing,
Private Bag 1,
Lilongwe.
Lamya 0999422488.
14th August, 2009.

Ine ndine m'modzi mwa wophunzira ku sukulu ya za ukachenjede ya wunamwino ku Kamuzu college of Nursing ku Lilongwe ndipo ndili mu chaka changa chomaliza.

Ngati mbali imodzi ya maphunziro anga pamafunika kuti wophunzira apange kafukufuku ndipo ine ndasankha mutu wakuti "kudziwa, malingaliro ndi maganizo anthu a mudzi wa Konzere ku Chikwawa pa za HIV ndi Edzi molingana ndi mwambo wa kupita kufa."

Wolowa mukafukufukuyu akhale oposera zaka makumi awiri ndi chimodzi chakubadwa wochokera mudzi wa Konzere ku Chikwawa kwa Ngabu.
Ndidzakufunsani mafunso omwe zomwe inu mudzayankhe zidzakhala za chinsinsi ndipo dzina lanu silidzauluridwa. Muli ndi ufulu wolowa komanso kukana kulowa mu kafukufuku ameneyu popanda kukakamizidwa kwina kuli konse. Dziwaninso kuti simudzalandira mphatso yina iliyonse mukalowa mukafukufuku ameneyu.

Ngati mwagwirizana nazo mfundo za m'kalatayi, sayinirani pa tsamba munsimu.

Ndamvetsetsa zomwe mwa fotokonza ndipo ndikuvomera kutenga nawo mbali.

Tsiku..... Posayina wotenga mbali.....

Tsiku..... Posayina wochita kafukufuku.....

APPENDIX E: TOOL FOR THE IN DEPTH INTERVIEWS.

QUESTIONNAIRE ON KNOWLEDGE, ATTITUDE AND PERCEPTION OF PEOPLE FROM KONZERE VILLAGE IN CHIKWAWA TOWARDS HIV AND AIDS IN RELATION TO DEATH CLEANSING.

Date of interview.....

Code number.....

SECTION A: PERSONAL DATA

1 .Sex [male] [female].

2. How old are you? [a] 24-29 [c] 36-40
[b] 30-35 [d] 41 above.

3. What is your marital status?
[a] married [d] widower
[b] Single [e] divorced
[c] Widow

4. Did you ever attend any form education?
[a] yes [b] no

5. If yes, up to which level?
[a] primary level (1) 1-5
(2) 6-8
[b] Secondary level [c] college [d] university [e] adult Literacy

6. What religion do you belong?
[a] Christianity [c] others (specify)
[b] Moslem

7. What do you do in life to earn a living? [a] farming [c] employed
[b] Business [d] others (specify)

SECTION B: HIV AND AIDS.

8. Have you ever heard about HIV and AIDS?

.....

9. If yes, where did hear about HIV and AIDS?.....

.....

10. What do you know about HIV and AIDS?.....

.....

11. How can a person get HIV?.....

.....

12. How can HIV be prevented from transmission?.....

.....

13. Have you ever seen a person suffering from AIDS in this village?.....

.....

14. If yes, what do the people in this village talk about him/her?.....

.....

15. How do you know that some is HIV positive?.....

.....

16. How do you feel when you hear about HIV and AIDS?.....

.....

SECTION C: ABOUT THE NATIONAL HIV AND AIDS POLICY.

17. Have you ever heard about National HIV and AIDS policy?.....

.....

18. If yes, where did you hear about this National HIV and AIDS policy?.....

.....

19. Mention three things that are addressed in this National HIV and AIDS policy

.....

20. [a] Do you think the National HIV and AIDS Policy is helpful?.....

[b] If yes explain how? .....

.....

21. What are your views towards the National HIV and AIDS policy.....

.....

SECTION D: ABOUT DEATH CLEANSING.

22. Have you ever heard about death cleansing? And if yes where did hear about Death cleansing?.....
23. What is involved in death cleansing?.....

.....

24. How many days does the ritual take.....

.....

25. Are the people used to use condoms? And if no what is the reason for not using Condoms?.....

.....

26. How do you perceive death cleansing in relation to HIV transmission?.....

.....

.....

27. Are there any alternative cultural methods used apart from un protected sexual Intercourse in death cleansing? If yes mention the alternatives used and how they are used.....

.....

The end.

Thank you very much!

APPENDIX F: NDONDOMEKO YA MAFUNSO.

KAFUKUFUKU WA ZA KUDZIWA, ZOLINGALIRA NDI MAGANIZO A ANTHU A MUDZI WA KONZERE KU CHIKWAWA PA NKHANI YA HIV NDI EDZI MOLINGANA NDI MWAMBO WA KUPITA KUFA.

Tsiku la mafunso.....

Nambala yanu mukafukufukuyu.....

GAWO A: MBIRI YANU.

1. Kodi ndinu [a] mwamuna [b] mkazi.
2. Muli ndi zaka zingati za kubadwa? [a] 24-29 [b] 30-35 [c] 36-40 [d] kupitilira 40.
3. Kodi ndinu wokwatira? [a] ayi [b] eya [c] ukwati unatha
   [d] Mwamuna kapena nkazi anamwalira.
4. Kodi munapitako ku sukulu ? [a] eya [b] ayi.
5. Ngati munapitako, nanga munasiyira kalasi yanji ?
   [a] ku pulayimale (1 mpaka 5) (6 mpaka 8)
   [b] ku sekondale
   [c] ku sukulu ya ukadaulo
   [d] ku sukulu ya ukachenjede
   [e] ya kwacha.
6. Kodi ndinu achipembedzo chanji ? [a] chi khrisitu [b] chi silamu
   [c] zina (tchulani).
7. Mumachita chayani kuti mupeze zosowa za moyo wanu ? [a] kulima [b] yapatikiti
   [c] Ndimachita malonda [d] zina (tchulani)

GAWO B: ZA HIV NDI EDZI.

8. Kodi munanvapo za ka chilombo ka HIV ndi matenda a Edzi?.....
9. Ngati eya munamva kuchokera kuti.....
10. Mukudziwapo chiyani za ka chilombo ka HIV ndi matenda a Edzi?

.....

11. Kodi munthu angadziwe bwanji kuti ali ndi kachilombo ka HIV?

.....

.....

12. Nanga angachite chiyani kuti apewe kutenga ka chilombo ka HIV?.....

.....

13. Kodi munamuonapo munthu wodwala Edzi mudzi muno?.....

.....

14. Ngati eya, munadziwa bwanji kuti munthu ameneyo amadwala Edzi?.....

.....

15. Nanga tingadziwe bwanji kuti munthu ali ndi ka chilombo koyambitsa edzi?.....

.....

16. Anthu a mudzi uno akaona munthu wodwala Edzi amanena chiyani?.....

.....

17. Nanga inu mukamva za ka chilombo ka HIV ndi matenda a Edzi mumamva Chiyani?.....

.....

GAWO C. ZA NDONDOMEKO YA DZIKO YOKHUDZA HIV NDI EDZI.

18. Kodi munamvapo za ndondomeko ya dziko la Malawi yokhudza nkhani za HIV Ndi Edzi? Ngati eya munayimvera kuti?.....

.....

19. Tchulani zinthu zomwe zili mundondomeko yimeneyi.....

.....

20. Mukuona kuti ndondomeko yimeneyi ndi yothandiza? Ngati eya ndiyothandiza bwanji?

    Fotokozani.....

    .....

21 Maganizo anu ndi otani pa ndondomeko yimeneyi yokhudza za HIV ndi EDZI

    .....

    .....

GAWO D: ZA KUPITA KUFA.

21 Munamvapo za mwambo wa kupita kufa? Ngati eya munaumvera kuti?

.....

23. Kodi chimachitika ndi chiyani mu mwambo umenewu?.....

    .....

24. Nanga umatenga masiku angati?.....

25. Nanga anthu wochita mwambo wumenewu amaloredwa kugwiritsa ntchito kondomu? Ngati ayi Tchulani chifukwa chake.....

    .....

    .....

26. Nanga maganizo anu ndi wotani pa za mwambo wumeneyo wa kupita kufa Poganizira momwe ka chilombo ka HIV komwe ka mayambitsa Edzi ka mafalitsidwira?.....

    .....

    .....

27. Kodi pali njira zina zomwe amatha kugwiritsa nchito kupatula kugonana mu nyengo ya mwambo umenewu wa kupita kufa? Ngati eya, Tchulani njirazo.....

    .....

    .....

Mafunso athera pompa.

Zikomo kwambiri.

University of Malawi

KAMUZU COLLEGE OF NURSING

RESEARCH AND PUBLICATIONS COMMITTEE

APPROVAL CERTIFICATE

TITLE: KNOWLEDGE, ATTITUDES AND PERCEPTION OF PEOPLE FROM KONJERE VILLAGE IN CHIKWAWA TOWARDS HIV AND AIDS IN RELATION TO DEATH CLEANSING

INVESTIGATOR(S): MACLEAN LAPSONT CHANTHAE-IA

YEAR OF STUDY: FOUR

REVIEW DATE: 22ND JULY, 2009

UNIVERSITY OF MALAWI KAMUZU COLLEGE OF NURSING 03 DEC 2009 RESEARCH DEPARTMENT P/BAG 1 LILONGWE

DECISION OF THE COMMITTEE: Approved

SIGNATURE: ..... DATE 03/12/09

DEAN OF POSTGRADUATE STUDIES AND RESEARCH

CC: supervisor: Mrs E. Nyatende.

DECLARATION OF INVESTIGATOR(S)

I/WE fully understand the conditions which I am/we are authorized to carry out the above mentioned research and I/we guarantee to ensure compliance with these conditions. In case of any departure from the research procedure as approved, I/We will resubmit the proposal to the committee.

DATE 7/12/09 SIGNATURE(S) .....