

KAMUZU COLLEGE OF NURSING

**CONCURRENT USE OF TRADITIONAL MEDICINE AND  
ANTIRETROVIRAL THERAPY AMONG AIDS SUPPORT GROUP  
MEMBERS IN LUNZU, BLANTYRE.**

**RESERCH PROPOSAL SUBMITTED TO THE FACULTY OF NURSING IN  
PARTIAL FULFILLMENT OF THE BACHELOR OF SCIENCE DEGREE IN  
NURSING.**

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**14<sup>TH</sup> JULY, 2010**

**DECLARATION**

I hereby declare that this research proposal is my original work and that it has not been presented else where for a degree program.

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## **DEDICATION**

This research proposal is dedicated to my son Thandizo. Though time for you compete with that of academic demands, you are a motivator in all my pursuits.

## **ACKNOWLEDGEMENTS**

I am very grateful to God Almighty for the gift of wisdom and knowledge that helped me to learn new things every day in the course of coming up with this proposal.

I would like also to acknowledge the guidance and contributions from Mr A.N.K Simwaka, Sociology lecturer in the University of Malawi, Kamuzu College of nursing who is the supervisor for this research.

## **LIST OF ABBREVIATIONS**

AIDS:	Acquired Immuno Deficiency Syndrome
ART:	Anti Retroviral Therapy
ARV:	Anti Retroviral Drug
HAART:	Highly Active Antiretroviral Therapy
HCW:	Health Care Worker
HIV:	Human Immunodeficiency Virus
MOH:	Ministry of Health
NAPHAM:	National Association of People Living with HIV/ AIDS in Malawi.
PLWH/A:	People Living With HIV/ AIDS
TM:	Traditional Medicine
WHO:	World Health Organization

## **DEFINITION OF TERMS**

### **TRADITIONAL MEDICINE:**

Traditional medicine is the total sum of knowledge, skills, practices based on theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness (WHO, 2005)

### **CONVENTIONAL MEDICINE:**

This is a broad category of scientifically proven medical practices recognises as standard care which is practiced by doctors, nurses, and allied health professionals (WHO, 2005).

### **COMPLEMENTARY/ ALTERNATIVE MEDICINE (CAM)**

Often refers to a broad set of health-care practices that are not part of a country's own tradition and are not integrated into the dominant health-care system. Other terms associated are "non conventional" and "holistic medicine" (WHO, 2005).

## ALTERNATIVE THERAPY

Is any practice initiated or prescribed by the patients themselves, their friends or family, or an alternative health care healer (Cady, 2009).

## COMPLEMENTARY THERAPY

Complementary medicine means nonstandard treatments that you use along with standard ones. Standard care is what medical doctors, doctors of osteopathy and allied health professionals, such as registered nurses and physical therapists, practice. Alternative medicine means treatments that you use instead of standard ones (WHO, 2005).

## ALLOPATHIC MEDICINE

Allopathic medicine is a broad category of medical practice used interchangeably with western medicine (WHO, 2005)

## PLWH/A SUPPORT GRPOUP:

This is a group of people comprised of people who have been tested HIV positive who have common purpose of strengthening one another to live positively with HIV or AIDS (MOH, 2004).

## OPERATIONAL DEFINITION

TRADITIONAL MEDICINE: For the purpose of this study, the term refers to the indigenous and non conventional therapies which include: belief in supernatural powers, prayer, use of uncertified claimed oral immune boosters, and herbal medicine.

## **ABSTRACT**

The quantitative descriptive study will use a semi-structure questionnaire for data collection. The general aim is to explore the practice of concurrent use of traditional medicine and highly active antiretroviral therapy among people living with AIDS in Lunzu, sub-urban of Blantyre in Malawi. Participants will be drawn from the Chisomo PLWHA support group. The study will go through the Research and publication Committee of Kamuzu college of Nursing for ethical approval. While letters seeking for permission will be sent Blantyre District commissioner, Blantyre District Health Officer and NAPHAM, the patient will have to give permission by signing the consent form. The data will be analysed using both SPSS computer package and content analysis. The results will be communicated to nursing faculty of Kamuzu college of Nursing, NAPHAM secretariat, and the Blantyre District Health Officer.

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## **1.0 CHAPTER ONE**

### **INTRODUCTION**

Traditional medicine is the total sum of knowledge, skills and practices based on theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in prevention, diagnosis, improvement or treatment of physical and mental illness (WHO, 2005). Traditional Medicine is widely used in the prevention, diagnosis and treatment of an extensive range of ailments. In the western countries, since the 1960's, there has been a striking growth of consumer interest in traditional medicine while in Africa approximately 80% of the population use traditional medicine as a primary health source (WHO, 2005; Chisala, 2005).

In the current HIV/AIDS pandemic burdened Africa, the western drugs of antiretroviral therapy (ART) continue to revitalise hope by prolonging life of those infected with HIV. In addition, support groups of people living with HIV have been playing a major role to provide social care. It is also at these forums where members exchange knowledge and positive living is reinforced. However, little is known of the prevalence and pattern of the use of traditional medicine among people living with HIV in Malawi. This study, therefore would like to explore the practice of concurrent use of traditional medicine and antiretroviral therapy among people living with AIDS.

### **1.1 BACKGROUND**

In most societies, existence and use of traditional medicine precedes that of the conventional therapies. Chisala (2005) points out that traditional medicine prescription and use are inherent in one's own cultural values, practices and beliefs and as such vary from one society to another. Individuals do not only use cultural lens to perceive illness but also to decide where to seek care and treatment. Even though the most prevalent choices of health care are the use of traditional medicine or western medicine, people freely move between these paradigms (Peltzer et al., 2009).

In Africa, due to low access to medical services, traditional healers are the major health resource for a larger population (Chisala, 2005; Peltzer et al., 2009). However, the reasons why clients use traditional medicine seem to be more complex. Boon et al (1999) as cited by Baarts et al. (2009) reveals that there are mainly two motives for choosing traditional medicine and these are; bad experience with the conventional medicine and just a mere attraction to traditional drugs.

In general, use traditional medicine is highly correlated to chronic illness. This is the case because chronic illness continues to be a disruptive experience for the majority of people and thus involves adopting various approaches to health. Specifically, there is evidence that a higher proportion of people living with HIV/AIDS use traditional medicine. This is regardless of the fact that the clients are on highly active antiretroviral therapy (HAART) or not (Duggan et al., 2001; Peltzer et al., 2009; Thorpe, 2009).

The population in general and HIV Patients in particular access information on traditional HIV therapies through the media on the radio and other sources. To this researcher's knowledge, even after the introduction of free ARV, Government of Malawi for two occasions has been forced to refute allegations of HIV cure known as Mchape and Chambe concoctions respectively.

Chronic illness and AIDS management requires multi-sectored approach and community support for those affected and infected with HIV. In Malawi, support groups of people living with HIV/AIDS are referral point for those who have been found HIV positive. These support groups provide social support to its members. In addition, it is at a social group where knowledge and lived experience is shared which helps to reduce stress and influence positive living (Kange'ethe, 2009). The study thus particularly aims to find out from members of one of these support groups on the practice of concurrent use of traditional medicine and conventional medicine among members of the people living with HIV/AIDS.

## **1.2 PROBLEM STATEMENT**

Even though conventional medicine and traditional therapy paradigms operate parallel in Malawi, the country's constitution recognises the former only. Without traditional medicine policy, however, there could be some remedies that are helping and improving the quality of life of people living with HIV/AIDS. Conversely, the practice poses potential risk of interaction with and non-adherence to HAART regimen. This study thus, aims to find out from the AIDS patient's perspective the practice of concurrent use of HAART and traditional medicine.

## **1.3 SIGNIFICANCE OF THE STUDY**

- The results of the study will provide base line information for the need to develop a policy on traditional medicine marketing, and prescription in Malawi.
- The results of the study will also health care workers to identify ways on how they can facilitate clients to reveal the use traditional medicine.
- The results of the study will also help research institutions to conduct further researches on some of claimed HIV traditional therapies so that the population can have access to information which is evidence based
- Nursing training institution will benefit from results of this study by influencing a curriculum review to include issues and trends on traditional medicine so that graduate nurses should competently advise clients on traditional medicine use in HIV management.
- Potential interference between HAART and traditional medicine will also be revealed through the results of the study.

#### **1.4 BROAD OBJECTIVE**

To explore the practice of concurrent use traditional and HAART among People living with AIDS in Lunzu, Blantyre.

#### **1.5 SPECIFIC OBJECTIVES**

1. To estimate the proportion of AIDS patients on HAART using traditional medicine.
2. To identify factors that influence use of traditional medicine among PLWHA support group members who are on HAART.
3. To determine facilitators to disclosing use of traditional medicine to the professional health care workers by AIDS patients.
4. To assess adherence level to HAART regimen among patients who are using both traditional medicine and antiretroviral therapy.
5. To find out the views of HIV patients on integration of traditional HIV therapies and conventional medicine.

## **2.0 CHAPTER TWO: LITERATURE REVIEW**

### **2.1 Historical perspective on traditional medicine**

Traditional medicines meaning, prescription and use is inherent in the societal culture (Chisala, 2005). Through research some of the traditional medicines proven to be helpful have been incorporated into the conventional health system (WHO, 2005). For example, a prayer which has its base from the belief in supernatural powers is now considered part of the formal nursing care (Basford and Slevin, 2007). Thus to a larger extent traditional medicine represents a group of scientifically unproven medicine for which evidence is lacking (Pal, 2002). It is estimated that one third of the world population use traditional medicine while half of the population in Africa use traditional medicine (WHO, 2005).

Though there is recognised common definition of tradition medicine, cultural relativeness to the use of traditional medicine makes it difficult to categorise and classify the traditional medicine (WHO, 2005). However, there are two most agreed categories of traditional medicines namely; body and mind therapies and physical therapies. The body and mind therapies include; the belief in supernatural powers not only as the route cause of illness but as also the source of healing power (Pal, 2002). On the other hand, the physical therapies involve, but not least, the ingestion of substances like herbs, minerals and animal products (Pal, 2002; WHO, 2005; Peltzer et al., 2009).

Some of wide spread systems of traditional medicine are Ayurveda, Chinese Medicine, Chiropractic, Homeopathy, acupuncture, and Unani (WHO, 2001). Even though traditional medicines are well recognised in African society, the dawn of colonialism and introduction of Christianity made traditional medicines unpopular especially because it was being likened to witch craft (Chisala, 2005). In Africa in general and Malawi in particular, the most widely used are herbal medicine and body and mind therapies (Duggan et al., 2001; WHO, 2005).

## **2.2 Control, access and marketing of traditional medicine**

Regulation of traditional medicine has been a public health issue in pursuance to protect the consumer of health services from harmful practices (Bodeker et al., 2006, WHO, 2005, Mills et al., 2005). While this is possible with conventional biomedical products, diverse in definition of traditional medicine from one country to another makes regulation a challenge (Chisala, 2005). World health organization survey on registration and regulation of traditional medicine (2005) indicated that 48% of its members had policy on traditional medicine. In the United States of America, with mandate of the congress, the office of alternative medicine oversees the issues related to traditional medicine was established in (Pal, 2002).

In Europe at the conference of European presidents of European Parliaments in 1995 recommended the committee on Environment, public health and consumer protection to be conducting studies on traditional medicine and advice parliament on how non conventional medicine would be allowed (WHO, 2005). African presidents, as well, are not lacking behind, at their meeting in Zambia, they declared the period 2001-2010 a decade for African medicine (Chipolombwe, 2004; Mkoka, 2007). In South Africa, there is a department traditional medicine in the Health ministry. While in Zimbabwe the Zimbabwean traditional healers association coordinates issues related to traditional medicine in the country (Chisala, 2005).

The situation in Malawi is relatively different, though the traditional association of Malawi coordinates the activities of the traditional healers, the current Nursing and medical Acts do not include traditional practitioners (The laws of Malawi, 2004). In addition, marketing of traditional medicine in Malawi is liberalised. For example, daily times News of 23 May, 2010 advertised selling of traditional medicine claiming to cure AIDS. However, majority of people learn more about traditional medicine from relative and friends. Mills et al. (2005) concludes that for safety of the consumer traditional medicines have to be researched and regulated.

### **2.3 Use of traditional medicine for various ailments**

Baarts (2009) reports that in the United States of America, one third of the population use traditional medicine. In Denmark's (2005) National health Interview Survey estimated that 45.2% had drawn services from the traditional practitioner. Use of traditional medicine has been reported among Cancer patients in Iran a (Montazeri et al., 2007). Ben-Arye et al. (2009) conducted a study in Israel on integration of herbal medicine in primary care among Jews and Arabs in Israel. The results revealed that 42% of the respondents had used alternative medicine in the previous year and 31% of these used herbal medicine.

In Africa use of traditional medicine has been reported in several countries. For example, Van de Kooi (2006) in his study had found out that in South Africa use traditional medicine called KAGBA is used in pregnancy to induce labour. In Malawi, the health seeking behaviour of the people starts with home remedies followed by seeking care from the traditional practice and finally seeking care from the clinic or hospital (Kaponda et al., 2004).

Documentation exists in Malawi on the use of traditional medicine among patients with corneal eye disease (Courtright et al., 1994). Brower et al. (1998) reported use of traditional medicine among Tuberculosis patients while Zacharia et al. (2002) identified use of traditional medicine among patients with sexually transmitted infections. In another study, Brouzan et al. (2007) found out that prior use of traditional medicine (herbs) before admission was a contributory factor to bacteraemia among admitted children with severe Malaria.

However, globally and locally, there is evidence that use of traditional medicine is common among patients with chronic illnesses like cancer, Diabetes Mellitus and HIV/AIDS (Peltzer et al. 2009; Thorpe, 2009). Prevalence in use is supported by the fact that chronic conditions are disruptive and thus influence individual health seeking behaviour towards intense need to have decent quality life and therefore broadening the options for managing chronic illness (Sugimoto et al., 2005; Owen-Smith et al., 2007 ).

#### **2.4 Use of traditional medicine Among People living with HIV/ AIDS and on HAART**

It is estimated that a larger proportion of about 80% of people living with HIV/AIDS (PLWHA) use traditional medicine and that the majority use these, practices in addition to biomedical practices (Thorpe, 2009). In general, chronic illness like HIV alters the self perceptual concept or image, this is perpetuated by failure physical incapacitation and loss of body mass (Simwaka, 2010: *personal information*). In developed countries like the United States of America people use traditional medicine for the treatment of HAART side effects and to boost immunity and also to have control over their daily treatment practices (Bodeker et al. 2006 et al., 2001; Liverpool et al., 2004; Owen-Smith et al., 2007).

In Africa, however, prevalent use of traditional medicine among people living with HIV is attributed to low access to antiretroviral therapy (Bodeker et al., 2006; Peltzer, 2009). However there are more reasons than low accessibility because even when AIDS patient have been started on antiretroviral therapy, a considerable proportion still use traditional medicine (Duggan et al., 2001; Langlois-Klasser et al., 2007; Peltzer et al., 2009). Dahab et al. (2008) found that long waiting at the clinic and belief in traditional are some of other contributory factors while Sugimoto (2005) identified improvement in mental among clients using both HAART and traditional medicine. However, in Malawi pattern and use traditional medicine among HIV patients has not been recorded.

#### **2.5 Use of traditional medicine and adherence to HAART**

Effectiveness of antiretroviral therapy to a larger extent depends on adherence to therapy and advice (Nyambura, 2009). Owen-smith et al. (2007) did a study in Alabama on the relationship between use of complementary medicine and adherence to antiretroviral among female patients. The results revealed that use of complementary and alternative therapies was related to missing of the dose of HAART. This is in agreement with the results of the similar studies done in Africa on adherence to HAART among AIDS patients who are using traditional medicine (Stevens, 2004; Nyambura, 2005; Dahab et al. 2008; Peltzer et al., 2009).

In a clinical study Mills et al. (2005) found that traditional medicinal herb called *Hypoxis* reduces efficacy of antiretroviral therapy and has long term auto immune effects. However, relationship between use of traditional medicine and adherence to HAART has not been explored in Malawi.

## **2.6 Factors influencing clients to disclose the use of traditional medicine to the conventional health care providers.**

Sources of information on available traditional medicine are but not exhaust; relatives, friends, health care worker, media and support groups (Liu et al, 2009; Chipolombwe, 2004). Most clients are not comfortable to inform the health provider on their use of traditional medicine (Faragon et al., 2002; Thorpe, 2009). The main reason for not revealing is for want of control over the treatment as opposed to conventional therapy where the client has little autonomy (Cady, 2009). Effective communication between the client and the professional has been identified as an effective way of collecting information on the use of traditional medicine (Montazeri et al., 2007; Liu et al., 2009). However without any policy on this, the health professional would fail to appropriately assist the client.

Studies have revealed higher correlation between not disclosing of traditional medicine use and non adherence to conventional medicine including the antiretroviral therapy. In their study, Liu, et al. (2009) concluded that patients who do not reveal their usage of traditional medicine are likely not to adhere to conventional medicine and advice.

## **2.7 Integration of traditional medicine and conventional medicine**

Although traditional medicine and conventional medicine and practices complement each other, in the sense that the patient has variation in seeking health care, there is still a gap between the two sides (Peltzer, 2009). Some of the factors leading to incongruence are; power struggle, little or no knowledge of the counterpart scope of practice (Chipolombwe, 2004; Faye et al., 2010). However, WHO from 2003 has been taking deliberate step to close the gap of between the traditional and conventional health care.

The current global traditional medicine strategy has the following aims: framing the policy, enhancing safety; efficacy and quality; ensuring rational use; and ensuring access (WHO, 2005).

In the southern Africa, the government of Zimbabwe and South Africa promotes traditional medicine practice and research on the traditional healing methods for possible integration into the main health system (Chisala, 2005; Peltzer, 2009).

While in Malawi the traditional healers have been part of the primary health care providers, there are no clear guidelines and terms of reference between the traditional and conventional medicine practitioner with susceptibility of the counterpart's role (Chipolombwe, 2004).

The debate on incorporating traditional medicine into the main health care system and related regulation is long overdue especially with the HIV pandemic which requires multi sectoral approach (Kaponda et al., 2004; Bodeker et al., 2006; Mills et al., 2006; Owen-smith, 2007). Early diagnosis and treatment of HIV requires increased awareness and knowledge of HIV/AIDS appropriate referral system from the community to the health facility. Traditional healers in particular have a role to play in the fight against HIV because they are consulted at the primary level (Peltzer et al.; 2005 Faye, 2010).

## **2.8 Summary of literature review**

One third of the world's population use traditional medicine either as a complement or an alternative to conventional therapy. In Africa, where essential drugs are in short supply, 80% of the population use traditional medicine as the first line of care. 50% of people living with HIV/AIDS use traditional medicine before or after they have been started on HAART. On one hand traditional medicines improve quality of health but on the other it is associated with non-adherence to HAART. In Malawi, there is no policy regulating use and marketing of traditional medicine. Further more, a gap still exists on studies related to pattern in use of traditional medicine among people living AIDS who are on HAART.

### **3.0 CHAPTER THREE**

#### **CONCEPTUAL FRAME WORK**

##### **3.1 Introduction**

A framework is primarily a borrowed word from engineering. It generally means an infrastructure upon which structure is built (Basford and Slevin, 2003). This physical concept may, however, become a metaphor for thinking frame work. In this context, there are set of principles and guidelines become the frame of how we think and act in respect of particular phenomena (George, 2007). The conceptual frame work, after being tested and applied later becomes a model or a theory but to a greater extent serve the same purpose. This proposal, in particular, is influenced by the Health belief model by Albert Bandura (Basford & Slevin 2007).

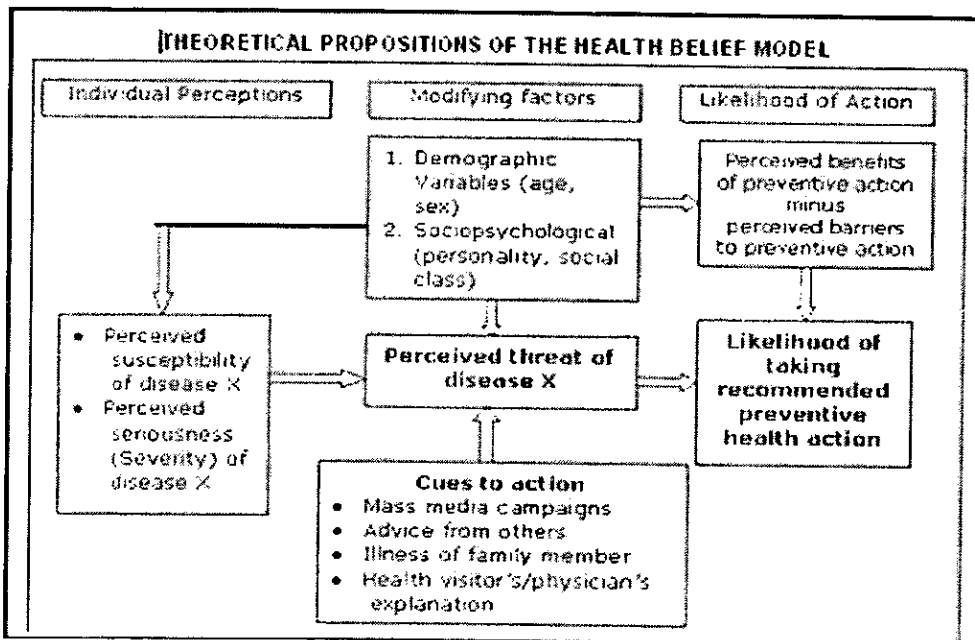
##### **3.2 DESCRIPTION OF THE THORY**

The major concepts of the theory includes; perceived susceptibility, perceived severity, perceived benefits , perceived costs, motivation, and enabling factors (George, 2009).

Perceived susceptibility refers to a person's perception that a health problem is personally relevant or that the diagnosis of illness is accurate. Compliance to prescription or preventive measures will be a problem if the client has not found any relevance and association between the prevailing situations and himself.

However, even if the person has recognized personal susceptibility, action will not occur unless the client perceives the severity to be high enough to have serous organic or social implications (Burns and Grove, 2009). In general, motivation includes the desire to comply with a treatment but specifically, the costs related to duration, accessibility to treatment determines probability of how one will comply with prescription. The theory further explains that personality variqbles termed modifying factors like age and socio-demographic factors have a bearing factor on health seeking behaviour and treatment compliance (George, 2009).

### 3.3 DIGRAMATIC REPRESENTATION FO THE HEALTH BELIEF MODEL



Reference: E:\Health Belief Model. htm

### 3.4 APPLICATION OF MODEL THE STUDY

Both the popular and conventional sectors of health provide arena where one can seek treatment. Using of conventional or traditional medicine or both remedies by HIV patients would be greatly influenced by perceived severity of the problem physically, socially, and psychologically. For example, the HIV/ AIDS, scientifically at the moment is pronounced incurable as such individuals would seek any alternative to improve quality of life depending on perceived benefits, motivation and modifying factors.

Based on the health belief model various sources of information from friends, mass media, and health care workers can be cues to action that would activate readiness of an HIV patient to seek treatment either from conventional medicine practitioners or traditional medicine practitioners or a combination of both.

## **4.0 CHAPTER FOUR: METHODOLOGY**

### **4.1 STUDY DESIGN**

The study design is going to be a quantitative descriptive. The research design is influenced by the purpose and objectives of the study (Burns and Groove, 2005). The researcher would like to explore use of traditional medicine which most people are not comfortable to reveal as such descriptive design is ideal because it permit studying a phenomenon as it naturally happen without predictions (Rees, 2003).

The purpose of descriptive study is to provide a picture of phenomenon or situations as they naturally happen (Burns and Grove, 2005). Typical descriptive design is ideal for studies, like this one, requiring knowledge in an area in which little research has been conducted. Further more, descriptive studies help to unearth problems with the current practice, justify current practice, and make judgements (Munhall, 2007).

### **4.2 SETTING**

The study is to be conducted in rural area of Blantyre district called Lunzu. The site has been chosen because there is a well established support group of people living with AIDS called Chisomo. The support group also operate as a referral point for clients who have tested HIV and or have been started on HAART at Mlambe Mission hospital for social support. In addition, the centre has registered five patients who had stopped HAART for traditional medicine and later come for re-treatment.

### **4.3 SAMPLING**

The population is clearly defined group who share common characteristics as specified by the researcher (Rees, 2003). In this study, the population will be 280 members of Chisomo support group of people living with HIV/AIDS in Lunzu, Blantyre. To this effect the participants will be an individual 18 years and above who is HIV positive and on antiretroviral therapy at the time of the study.

The sample from this population will be drawn using purposive sampling methods. Streubert and Carpenter (1999) as cited by Rees (2003) states that using this method the researcher includes individual or events on the basis of the researcher's knowledge of their relevance for the study. Although this seem to produce biased sample, the advantage of the method is that the sample is known to possess key characteristics felt should be included in the study. In addition the method is practical and efficient of time and money (Appendix F). However, for convenience the sample size will be limited to thirty, 15 male and 15 female.

### **4.4 DATA COLLECTION**

Face to face interview with the participants will the method of data collection using semi-structured questionnaire as a guide and data collection tool (Appendix A and B). This method has been used in several studies with the aim of exploring the practice of using traditional medicine and yielded intended results (Mesmer, 2001; Sugimoto et al., 2004; Langlois-Klasser, 2007; Ben-Arye et al., 2009; Liu, 2009). Though prepared in English, the translated Chichewa questionnaire will be administered during the interviews (Appendix B). Four data collectors will be used to collect the data after being trained the process of collecting data (Appendix F).

Face to face interview helps to build rapport between the researcher and the informant in addition, clarification on the responses can be made spontaneously on the open ended questions or where clarification is needed (Polit and Beck, 2008).

It will also be necessary to access the health passport book of the patient to verify if the patient is of antiretroviral drugs hence face to face interaction will be a necessity. But to the disadvantage, there is disrupted communication between data collector and the informant as notes are being written (Burns & Grove, 2005).

#### **4.5 DATA ANALYSIS AND PRESENTATION**

Data analysis is the method of organizing data in order to answer research questions (Burns and Grove, 2009). After data collection, questionnaires will be cross checked manually to identify areas that need immediate clarification from the data collector. This process helps to ensure that data to be analysed represents what was collected in the field. Numerical data will be analysed by descriptive statistics and computer package (SPSS). Before using the computer program, the data will be coded. The program has been chosen because it is capable of analysing large data of quantitative studies and was also used in similar study by Mesmer (2001) and yielding intended results.

Use of computer may alter the aesthetic of narrative data (Burns and Grove, 2005). For this reason, responses to unstructured questions will be analysed using clustering. Firstly, such data will be reduced in volume by identifying patterns or themes from the data. Then the themes will be sorted into groups the process called clustering (Rees, 2003). This process is similar to content analysis method of data analysis (Burns and Grove, 2009). The numerical findings will be presented in descriptive statistics tables, and graphs. While response to un structured questions will be presented in narratives.

#### **4.6 RELIABILITY OF THE RESULTS**

Reliability is the ability of the study tool to produce same results if test it for several times. To ensure this, the questionnaire will piloted before using it” live” at Chisenjere PLWH support group in the Blantyre (see appendix I). The reasons for piloting are as follows; to find out if instructions are clear, testing ambiguity of the questions, and to find out if the lay out is easy to follow thus using test-retest method (Grove and Burns, 2009).

#### **4.7 VALIDITY**

On the other hand, validity in questionnaire studies is the extent to which the questions provide a true measure of what they are designed to measure (Rees, 2005). Partly this will be addressed through piloting but also a review of the tool by the research supervisor. To ensure reliability during data collection, the data collectors will be trained on how to reduce bias during data collection (Munhall, 2007).

#### **4.8 ETHICAL CONSIDERATION**

Nursing research requires not only expertise and diligence but also honesty and integrity (Burns and Grove, 2005). Before conducting the study, permission will be sort from Kamuzu college of Nursing Research and Publication committee (Appendix G to scrutinise the intent and process of the research with an aim of ensuring that informants are protected from harm. Secondly, relevant authorities will be notified of the intention to carry out the research and these are; the director of National association of people living with HIV/AIDS, the District Assembly, the executive committee of the support group, and the village headman (ref. appendix G to L).

In addition to seeking permission from the relevant authorities, the researcher will also seek informed consent (appendix C) from the participants in respect for their right to participation and autonomy (Burns & Grove, 2009). To facilitate the ability of the patient to make the informed consent, explanation will be given to the informant on the following: direct and indirect benefits, perceived discomfort involved, and assurance of how confidentiality will be maintained (Munhall, 2007).

#### **4.9 LIMITATION OF THE STUDY**

The sample size is small to represent the population of all people living HIV who are on HAART. However, considerable effort will be made to reduce participant-selection bias by offering participation to each and every eligible member of the support group.

#### **4.10 DISSEMINATION OF RESULTS**

After data analysis a report of the study will be written. One copy of the report will be submitted to the faculty of nursing at Kamuzu College of Nursing because the study is partial fulfilment the degree in nursing programme which the researcher is undergoing (see appendix G). The will also be made available to the Blantyre District commissioner and the District Health officer because the study is to be conducted in the area where they are responsible for coordinating health services (See appendix K and L). Another copy of the report will be sent to NAPHAM as they are responsible for coordinating activities of the support groups of people living with HIV and AIDS (see appendix J).

## **5.0 GENERAL SUMMARY OF THE PAPER**

This paper is a proposal to be submitted to the Kamuzu College of Nursing Research and Publication Committee for approval. The Aim of the study is to explore the practice of combining both traditional medicine and antiretroviral therapy among people living with AIDS. The paper has six main sections namely; the introduction, methodology, theoretical frame work, references and the appendix. Literature review has revealed relationship among non disclosure of traditional medicine use and non adherence to antiretroviral therapy. The study is to be quantitative descriptive using a semi-structure questionnaire as data collection tool. Analysis will be done using SPSS for numerical data and clustering for narrative data. On the appendix are; the work plan, budget, questionnaire, consent form, and letters to relevant stake holders for authorization of the study. The study period is from June to November, 2010.

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**7.0 APPENDICES**

**11 APPENDIX A: QUESTIONNAIRE (ENGLISH VERSION)**

TITLLE: STUDY ON CONCURRENT USE OF HAART AND TRADITIONAL  
MEDICINE PRACTICE AMONG PEOPLE LIVING WITH AIDS.

CODE NUMBER:

DATE:

**DATA SECTION A: DEMOGRAPHIC**

INSTUCTION: Circle the response that is applicable to the participant and where  
explanation is needed write participant response in the space provided.

1. AGE
  - i. Less than 20
  - ii. 21-25
  - iii. 26-30
  - iv. 31-35
  - v. 36-40
  - vi. 41-45
  - vii. 46 years and above
  
2. SEX
  - i. Female
  - ii. Male
  
3. Marital status
  - i. Single
  - ii. Married
  - iii. Divorced
  - iv. Widowed
  
4. Level of education
  - i. Can not read and write
  - ii. Primary school
  - iii. Secondary school
  - iv. College
  
5. Religion
  - i. Roman Catholic
  - ii. CCAP
  - iii. SDA
  - iv. Islam
  - v. Others (specify).....

6. Tribe
- i. Tumbuka
  - ii. Chewa
  - iii. Yao
  - iv. Ngoni
  - v. ngonde
  - vi. Lomwe
  - vii. Sena
  - viii. Others (specify).....

**SECTION B: PROPORTION OF CLIENTS ON HAART USING TRADITIONAL MEDICINE AND THE INFLUENCING FACTORS.**

7. when were you tested HIV positive?
- i. less than a year ago
  - ii. one year ago
  - iii. 2 years ago
  - iv. 3 years ago
  - v. 4 or more years ago
8. when were you started on HAART?
- i. less than a year ago
  - ii. one year ago
  - iii. 2 years ago
  - iv. 3 years ago
  - v. 4 or more years ago
9. Since you tested HIV positive have you ever used traditional medicine?
- i. yes
  - ii. no
10. Before you were started HAART regimen were you using traditional medicine?
- i. Yes (if yes go to 11)
  - ii. no
11. would you please explain the reason for using traditional medicine?
12. After you had started HAART have you ever been using traditional medicine?
- i. Yes , if yes go to 13
  - ii. No

13. If yes, what type of traditional medicine is being used?

- i. immune booster oral preparations
- ii. Herbs
- iii. Prayer/ ancestral spiritual power
- iv. others specify.....

14. Where did you get the information on the traditional medicine being used?

- i. relatives
- ii. colleagues
- iii. health care worker
- iv. mass media (radio)
- v. news paper
- vi. support group
- vii. others, specify.....

**SECTION C: ADHERENCE TO HAART REGIMEN**

15. Now that you are on HAART why are you using traditional medicine?

- i. influence from others
- ii. side effects of HAART
- iii. in place of HAART
- iv. patient controlled therapy
- v. others specify.....

16. Would you explain how you combine the two treatments?

17. Do you sometimes miss a dose of HAART because of traditional medicine?

- i. yes
- ii. no

**SECTION D: DISCLOSURE OF TM USE TO HEALTH CARE WORKER**

18. Have you ever informed your health care provider about your using traditional Medicine together with HAART?

- i. Yes (if yes what was his/ her reaction).....
- ii. no (if no explain the reason).....

.....

**SECTION E: PARTICIPANT'S VIEWS ON DISCLOSING USE OF  
TRADITIONAL MEDICINE TO THE HEALTH CARE PROVIDER**

19. Would you please explain your views on the integration of the traditional and conventional medicine in the management of AIDS?

.....  
.....  
.....

20. What do you think would be the benefit of integrating the traditional medicine and conventional medicine?

.....  
.....  
.....  
.....

21. What do you think will be the challenges if traditional medicines are to be incorporated into conventional medicine in the management of AIDS?

**THANK YOU FOR PARTICIPATING IN THIS STUDY!!!!**

## **APPENDIX B: QUESTIONNAIRE YA CHICHEWA**

### **MUTU WA KAFUFUKU: KUFUFUZA MCHITIDWE WOPHATIKIZA MANKWALA A CHIKUDA NDI MA ARV**

Wofufuza: Dennis D Gwesere

Woyanganira kafukufuku: AN.K. Simwaka

NUMBER YA QUESTIONNAIRE:

TSIKU

LAMULO: chonde zungulizani yankho loyenera ndipo pofunika kufotokoza lembani pa mpata omwe omwe uli pansu pa funsolo.

### **MBALI YOYAMBA: ZA INU**

#### **1. ZAKA ZANU**

- i. Zosakwana 20
- ii. 21-25
- iii. 26-30
- iv. 31-35
- v. 36-40
- vi. 41-45
- vii. 46 kapena kupitirira apo

#### **2. Kodi ndinu,**

- i. mkazi
- ii. mwamuna

#### **3. Pazaukwati, ndinu**

- i. wosakwatiwa
- ii. wokwatiwa
- iii. unatha ukwati
- iv. anamwalira

#### **4. Kodi munapitako kusukulu?**

- i. eya
- ii. ayi

#### **b.Nanga munalekera pati?**

- i. primary
- ii. secondary
- iii. sukulu ya u kachenjede

5. Kodi ndinu a chipermbedo chanji?

- i. Roman catholic
- ii. CCAP
- iii. SDA
- iv. Chisilamu
- v. Tchulamu

6. Kodi ndinu a mtundu wanji?

- i. Tumbuka
- ii. Chewa
- iii. Ngoni
- iv. Ngonde
- v. Lomwe
- vi. Sena
- vii. Wina, tchulani

**MBALI YA CHIWIWI: KUGWIRITSA TCHITO MANKWALA ACHIKUDA KOMANSO ZIFUKWA ZAKE.**

7. Kodi munapezeka ndi kachilombo ka HIV liti?

- i. osapitilira chaka chimodzi
- ii. chaka chimodi chapitacho
- iii. zaka ziwiri zapitazo
- iv. zaka zitatu zapitazo
- v. zaka zinayi kapena kuposa apo

8. Nanga munayamba liti kumwa mankwala a ARV.

- i. osapitilira chaka chimodzi
- ii. chaka chimodzi chapitacho
- iii. zaka ziwiri zapitazo
- iv. zaka zitatu zapitazo
- v. zaka zinayi kapena kuposa apo

9. Kodi munagwiritsapo nchito mankwala a chikuda achipezekedwere

ndi kachilombo ka HIV?

- i. eya
- ii. ayi

10. munagwiritsa ntchito pa vuto lanji?

.....  
.....  
.....

11. Nanga tsopano mutayambitsidwa mankwala a ma ARV

Mukugwiritsa kapena munagwiritsapo mankwala achikuda?

- i. eya (pitani pa funso 12)
- ii. ayi

12. Nanga ndi mankwala anji achikuda amene munagwiritsapo ntchito

Chiyambire kumwa ma ARV.

- i. opangidwa ngati zakudya (immune booster)
- ii. ochokera ku mitengo
- iii. mapemphero/ chikhulupiro cha mizimu
- iv. ena, tchulani.....

13. Kodi munamvera kuti za mankwala amenewo?

- i. kwa a chibale
- ii. kwa anzawo
- iii. kwa a anthu achipatala
- iv. pa wailesi
- v. mu nyuzi pepala
- vi. kugulu la edzi
- vii. kwina, tchulani.....

**MBALI YA CHITATU: KUMWA MANKWALA A MA ARV  
MWANDONDOMEKO**

14. Tsopano pakuti mukumwa ma ARV, nanga ndizifukwa ziti

zomwe zikukupangitsani kugwiritsa mankwala a chikuda?

- i. kukamizidwa ndi ena
- ii. zotsatira za makhwala a chikuda
- iii. mmalo mwa ARV
- iv. kuti atenge mbali podzithandiza okha ku vuto lawo

15. kodi mumaphatikiza bwanji mankwala chikudawo ndi ma ARV?

.....  
.....  
.....  
.....  
.....  
.....

16. kodi pali nthawi zina zimene mumayiwala kumwa ma ARV chifukwa cha mankwala a chikuda?

- i. eya
- ii. ayi

**MBALI YA CHINAYI: KUULULIRA ACHIPATALA PA ZA KUGWIRITSA NTCHITO MANKWAL A CHIKUDA.**

17. kodi munawadziwitsapo a zachipatala omwe amakupatsani ma ARV pa zakugwiritsa kwanu mankwala achikuda?

- i. eya, (nanga iwo anati chiyani)
- ii. ayi, (chifukwa chiyani)

.....  
.....  
.....

**MBALI YA CHISANU: MAGANIZO ANU PA ZAKUONJERA MANKWALA ACHIKUDA MUDONGOSOLO LA BOMA POTHANDIZA ANTHU ODWALA EDZI**

18. mukuwona kwanu, mukuganiza kuti ndikoyenerera kuti boma liganizire zophatizapo mankhwala achikuda ngati mbali imodzi ya chithandizo kwa anthu odwala edzi.

- i. eya
- ii. ayi

19. Nanga ndi zabwino ziti zomwe mukuziona ngati kuphatikizaku Kungachitike?

.....  
.....  
.....

20. nanga ndizovuta ziti zomwe mukuziona zimene zingakhalepo ngati kuphatikizaku kungakhale?

.....  
.....

**ZIKOMO KWAMBIRI POLOWA NAWOMUKAFUKUYU!!!!!!**

#### 4.12 APPENDIX C: PARTICIPANT'S INFORMED CONSENT FORM

Principal investigator: Dennis Gwesere

Supervisor : ANK Simwaka.

I am a final year student at Kamuzu college of Nursing a constituent college of the University of Malawi pursuing a Bachelor of Science in Nursing (Post Basic). In partial fulfilment of my studies I am supposed to conduct a research that will contribute to body of knowledge and benefit to nursing clients. The title of my study is concurrent use of traditional and western medicine among HIV patients who are HAART. You are therefore being invited to participate in this study.

In particular, you have been chosen because you meet the criteria of targeted informants. The study will help to understand from the client's perspective the role of traditional medicine among HIV patient on HAART. The knowledge will guide the health workers to competently advise clients and develop policies in relation to use of traditional medicine and HIV/ AIDS management. Apart from this stated significance, there are no direct benefits and no monetary reward to you as the participant.

Disclosure of your HIV status and treatment being taken to the researcher, and spending maximum of twenty minutes responding to the questions to the best of your knowledge are some of the discomforts related to the study. However, all study information will be identified by code number not with names to protect your identity. In addition, all the information given will be kept confidential, and soon after report writing data will be destroyed. Your participation is completely voluntary and you can stop your participation at any time and this will not affect your access to care at your care centre. For more information you may contact the researcher on cell phone number **0999239954**.

If you have understood the purpose of study as well as your rights to participate and withdraw but voluntarily determined to participate, please sign in the space below.

Participant's Signature-----

Date \_\_\_\_\_

Investigator's Signature.....

Date \_\_\_\_\_

## APPENDIX D: CHILOLEZO CHOLOWERA NAWO MUKAFUFUKU

Mwini kafukufuku: Dennis Gwesere

Kapitawo : ANK Simwaka

Ine ndine wophunzira pa sukulu ya ukachenjede ya Kamuzu College of Nursing yomwe iri gawo limodzi la yunivesite ya Malawi. Ngati mabali imodzi ya maphunziro anga ndikuyenera kuchita kafukufuku yemwe zotsatira zake zidzaapititse patsogolo nthito ya unamwino.

Choncho tikukuyitanirani ku kafukufuku yemwe cholinga chake ndi kufufuza mchitidwe wophatikiza mankhwala a chikuda ndi mankhwala a ARV Pakati pa anthu amene anapezeka ndi kachiroambo ka HIV. Izi zidzathandiza anthu ogwira nthito za chipatala kupeza njira zabwino komanso nfundo zofunikira zolangizira anthu amene ali pa ARV pa nkhani ya mankwala a chikuda.

kulowa kafukufukuyu mudzayenera kuti ulirira ngati munapezeka ndi kachilombo ka HIV komanso ngati munayambitsidwa mankwala a ma ARV. Kuwonjezera apa mudzayankha mafunso kwamphindi zosapitira makumi awiri. Kutu tisungireni chinsinsi , sitidzagwiritsa nthito dzina lanu. Kuonjezera apa sitidzauzanso munthu wina zokambirana zathu amene Sali okhudzidwa ndi kafufukuyu. Simuli okakamizidwa kulowa kafufukuyu ndipo mukhoza kutuluka nthawi iri yonse. Ngati mwamvetsetsa zolinga zakafufukuyu komanso ufulu wanu wakulowa ndi kutuluka koma ndinu okonzeka kutenga nawo mbali pakafukufukuyu conde sainani mmusimu.

SIGNATURE.....TSIKU.....

SIGNATURE YOFUNSA MAFUNSO.....TSIKU.....

## APPENDIX E: WORKPLAN /TIME TABLE

Work plan is the sequence of research activities. Polit and Beck (2008), states that work plan reinforces discipline research work and it is the basis for evaluation. Here is the research work plan.

activity	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Topic selection and formulation		■										
Formulation of objectives and planning of methods			■									
Literature review				■	■							
Proposal development				■	■	■						
Proposal submission						■						
Pre-testing and data collection							■					
Data collection							■	■				
Data analysis and interpretation of results								■	■			
Report writing and submission of dissertation									■	■		
Dissemination of results											■	

## APPENDIX F: BUDGET

Budget is a plan for forth coming period which is expressed in monetary terms. It is a statement of how much money will be required and allocated to accomplish planned tasks (Burns and Grove, 2009). The following is the detailed budget of the proposed study.

ACTIVITY	ITEMS REQUIRED	MULTIPLYING FACTOR	SUB-TOTAL	GRAND TOTAL
SECRETARIAL SERVICE				
Printing of letters	5 letters	@K10 each	K500-00	
Printing of proposal	3 copies	@K500 each	K1500-00	
Printing of questionnaire and consent forms	60 copies	@K10 each	K600-00	
Binding of the proposal	3 copies	@K200 each	K600-00	
Photocopying and binding of the report	6 copies	@K1000 each	K6000-00	
Use of the internet	10 hours	@60 per hour	K600-00	
		<b>subtotal</b>	<b>K9,800</b>	<b>K9,800-00</b>
TRANSPORT AND COMMUNICATION EXPENSES				
Delivering of letters	Transport money	K200 x 3	K600-00	
Pre-testing of the questionnaire	transport	K3000x 2	K6000-00	
Data collection	Transport	K3000 x2	K6000-00	
		<b>subtotal</b>	<b>K12,600-00</b>	<b>K12,600-00</b>
ALLOWANCES				
Lunch expenses	4 data collectors	K2500 per day for 3days	K30,000-00	
		<b>Subtotal</b>	<b>K30,000-00</b>	<b>K30,600-00</b>
CONTINGENCY			<b>K7,400-00</b>	<b>K7,600-00</b>
			<b>GRAND TOTAL</b>	<b>K60,000-00</b>

## **JUSTIFICATION FOR THE BUDGET**

### **SECRETARIAL WORK**

About 15% of the budget has been allocated to secretarial work. This is the case because much of the research work will rely on printed and photocopied documents like questionnaire, consent forms, proposal documents and final reports.

### **TRANSPORT COSTS**

The researcher is based in Lilongwe but the research is going to be conducted in Blantyre. In view of this, 15% of the budget has been allocated for transportation during pre-testing and actual data collection period.

### **ALLOWANCES**

Data collection is the crucial period for any research work if the results are to give a true reflection of the objectives. As such effort has been made to recruit four data collectors who have post secondary education. These data collectors will be trained on data collection procedure. Data collection will take 4 days with each collector getting k2,500-00 per day hence using 50% of the budget.

**APPENDIX G: LETTER TO RPC**

UNIVERSITY OF MALAWI  
KAMUZU COLLEGE OF NURSING

FROM: Dennis Dennis Gwesere

TO : The Chairperson,  
Research and Publications Committee,  
Kamuzu college of Nursing,  
Private Bag 1

LILONGWE.

**SUBJECT: REQUEST FOR PERMISSION TO CONDUCT A STUDY ON THE  
CONCURRENT USE OF TRADITIONAL MEDICINE AND ANTIRETROVIRAL  
THERAPY AMONG MEMBERS OF CHISOMO PLWHA SUPPORT GROUP IN  
LUNZU.**

I write to request for permission to conduct a study on the practice of concurrent use of traditional medicine and antiretroviral therapy among members of chisomo people with HIV/AIDS support group in Lunzu.

I am a second year Bachelor of Science in Nursing (post basic) student here at Kamuzu college of Nursing, a constituent college of the University of Malawi. I am intending to conduct this study as a requirement in partial fulfilment my degree programme.

Enclosed is the full proposal of the intended study for your scrutiny and approval. I will be grateful if you process the proposal within the work plan so that I can meet the programme timetable.

Yours Sincerely

Dennis Gwesere

**APPENDIX H: LETTER TO CHISOMO PLWHA GROUP**

Kamuzu college of Nursing,

Private Bag 1,

**Lilongwe.**

Cell phone: 0999239954

Date: 18<sup>th</sup> June, 2010.

Att: The Chairperson/Patron,  
Chisomo Mlambe PLWHA support Group,  
C/O Mlambe Mission Hospital,  
P.O Box 45.

**Lunzu**

Dear Madam/ Sir,

**SUBJECT: REQUEST TO CONDUCT A STUDY ON THE PRACTICE OF CONCURRENT USE OF TRADITIONAL MEDICINE AND HAART AMONG MEMBERS OF YOUR SUPPORT GROUP.**

I write to request for permission to conduct a study among members of your support group on the practice of combining antiretroviral therapy and traditional medicine.

I am a student at Kamuzu college of Nursing pursuing Bachelor of Science in nursing course. I intend to do this research in partial fulfilment of the programme requirements. Participants to the study will be those members who are of age 18 years and above who were started on antiretroviral therapy and are willing to participate. Apart from revealing their HIV status to the researcher and answering questions in relation to the topic there are no other risks. The results will be communicated to interested parties, including your office.

I will be grateful if my request is honoured.

Yours sincerely,

Dennis Gwesere

**APPENDIX I: LETTER TO CHSENJERE PLWA GROUP**

Kamuzu college of Nursing,  
Private Bag 1.  
**Lilongwe.**

Cell phone: 0999239954

Date: 18<sup>th</sup> June, 2010.

Att: The Chairperson/Patron,  
Chisenjere PLWHA support Group,  
C/O Mlambe Mission Hospita,  
P.O Box 45.  
**Lunzu.**

Dear Madam/ Sir,

**SUBJECT: REQUEST TO CONDUCT A STUDY ON THE PRACTICE OF CONCURRENT USE OF TRADITIONAL MEDICINE AND HAART AMONG MEMBERS OF YOUR SUPPORT GROUP.**

I write to request for permission to conduct a pilot study among members of your support group on the practice of combining antiretroviral therapy and traditional medicine.

I am a student at Kamuzu college of Nursing pursuing Bachelor of Science in nursing course. I intend to do this research in partial fulfilment of the programme requirements. As this is a pilot study only five participants will be recruited. Participants to the study will be those members who are of age 18 years and above who were started on antiretroviral therapy and are willing to participate. Apart from revealing their HIV status to the researcher and answering questions in relation to the topic there are no other risks.

I will be grateful if my request is honoured.

Yours sincerely,

Dennis Gwesere

**APPENDIX J: LETTER TO NAPHAM**

Kamuzu college of Nursing,

Private Bag 1,

**Lilongwe.**

Cell: 0999239954

Date: 18<sup>th</sup> June, 2010.

The Regional Coordinator,  
NAPHAM Southern Region Office,  
Private Bag 38.  
Blantyre 6.

Dear Sir,

**SUBJECT: REQUEST FOR PERMISSION TO CONDUCT A STUDY ON THE PRACTICE OF CONCURRENT USE OF ANTIRETROVIRAL THERAPY AND TRADITIONAL MEDICINE AMONG MEMBERS ON CHISOMO PLWHA SUPPORT GROUP IN LUNZU.**

I write to request for permission to conduct a study among members of chisomo Mlambe PLWHA support group on the above mentioned topic.

I am a student at Kamuzu College of Nursing, a constituent college of the University of Malawi. I intend to conduct this study in partial fulfilment of Bachelor of Science in Nursing Programme which am currently pursuing. Participants to the study will be those members who are of age 18 years and above who were started on antiretroviral therapy and are willing to participate. Apart from revealing their HIV status to the researcher and answering questions in relation to the topic there are no other risks. The results will be communicated to interested parties, including your office.

I will be grateful if my request is honoured.

Yours sincerely,

Dennis Gwesere

**APPENDIX K: LETTER TO BLANTYRE DHO**

Kamuzu College of nursing  
Private Bag 1,  
Lilongwe.  
Cell: 0999239954

Date: 18<sup>th</sup> June, 2010

The District Health officer,  
Blantyre District Assembly,  
Private Bag 3,  
Blantyre.

Dear Sir,

**SUBJECT: REQUEST FOR PERMISSION TO CONDUCT A STUDY ON THE PRACTICE OF CONCURRENT USE OF ANTIRETROVIRAL THERAPY AND TRADITIONAL MEDICINE AMONG MEMBERS ON CHISOMO PLWHA SUPPORT GROUP IN LUNZU.**

I write to request for permission to conduct a study among members of chisomo Mlambe PLWHA support group on the above mentioned topic.

I am a student at Kamuzu College of Nursing, a constituent college of the University of Malawi. I intend to conduct this study in partial fulfilment of Bachelor of Science in Nursing Programme which am currently pursuing. Participants to the study will be those members who are of age 18 years and above who were started on antiretroviral therapy and are willing to participate. Apart from revealing their HIV status to the researcher and answering questions in relation to the topic there are no other risks. The results will be communicated to interested parties, including your office.

I will be grateful if my request is honoured.

Yours sincerely,

Dennis Gwesere

**APPENDIX L: LETTER TO BLANTRE DISTRICT COMMISSIONER**

Kamuzu college of Nursing,  
Private Bag 1,  
Lilongwe.  
Cell: 0999239954

Date: 18<sup>th</sup> June, 2010

The District Commissioner  
Blantyre District Assembly  
P.O Box 3  
Blantyre

Dear Sir,

**SUBJECT: REQUEST FOR PERMISSION TO CONDUCT A STUDY ON THE PRACTICE OF CONCURRENT USE OF ANTIRETROVIRAL THERAPY AND TRADITIONAL MEDICINE AMONG MEMBERS ON CHISOMO PLWHA SUPPORT GROUP IN LUNZU.**

I write to request for permission to conduct a study among members of chisomo Mlambe PLWHA support group on the above mentioned topic.

I am a student at Kamuzu College of Nursing, a constituent college of the University of Malawi. I intend to conduct this study in partial fulfilment of Bachelor of Science in Nursing Programme which am currently pursuing. Participants to the study will be those members who are of age 18 years and above who were started on antiretroviral therapy and are willing to participate. Apart from revealing their HIV status to the researcher and answering questions in relation to the topic there are no other risks. The results will be communicated to interested parties, including your office.

I will be grateful if my request is honoured.

Yours sincerely,

Dennis Gwesere