



UNIVERSITY OF MALAWI

KAMUZU COLLEGE OF NURSING

**CHALLENGES OF PARTNER NOTIFICATION FACED BY HIV-POSITIVE  
WOMEN ATTENDING ART CLINIC**

**PRESENTED BY:**

**MACDONALD WILLIAMS NYALAPA**

**(BSc NSG. GENERIC)**

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SCIENCE IN NURSING**

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**DECLARATION**

I, the undersigned, hereby declare that the work contained in this dissertation is the result of my own original work and has not been previously, in its entirety or in part submitted at any university for a degree.

STUDENT: MACDONALD NYALAPA

SIGNATURE..... *Macdonald Nyalapa* ..... DATE..... *26/11/08* .....

SUPERVISOR: DR. M. MUOCHA

SIGNATURE..... *Dr. M. Muocha* ..... DATE..... *26/11/08* .....

University of Malawi  
Kamuzu College of Nursing



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## DEDICATION

I dedicate this dissertation to you father and mother for the constant love and care you bestowed upon me throughout your lifetime. You implanted a hardworking spirit in me which has ferried me to the milestone of success. I will live to remember you.

To my brother Douglas and my two sisters, Chisomo and Idah: Thanks for your wonderful encouragement and support.

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## ABSTRACT

Human Immunodeficiency Virus (HIV) infection prevention and control depend on the strategies put in place to prevent new infections and to treat currently infected individuals. Voluntary HIV counseling and testing is one of the strategies employed in the prevention, control and treatment of HIV and AIDS. However, there are significant limitations of these strategies that need to be addressed in order to achieve maximum potential benefits from these programs. One of the most striking limitations is the low serostatus disclosure rate to sex partners among clients who have been counseled and tested for HIV which is a serious public health concern.

A qualitative study was done to explore the existing challenges of partner notification faced by HIV-positive women and specifically, the study focused on the women's knowledge on the concept of partner notification and its importance, beliefs held about partner notification, problems related to partner notification faced and the perceived feelings before and after partner notification. The study setting for the study was Kawale Health center, Lilongwe.

Fifteen in-depth interviews were conducted among fifteen HIV-positive women who were attending ART clinic at Kawale Health center. The participants were purposively sampled and the data was analyzed manually using descriptive statistics and content analysis.

The study revealed that HIV-positive women perceive partner notification as a very important and beneficial measure of increasing the rate of HIV testing and also a measure of HIV and AIDS control. It also indicated that the rate of HIV status disclosure among HIV-positive women to their sexual partners is high because of the understanding of the benefits of partner notification. Generally, challenges of partner notification faced by HIV-positive women are not very common. However, lack of understanding of the benefits of partner notification by some husbands still compromises the rate of HIV status disclosure by these women.

The study also revealed a growing need for the enhancement of the role of the nurse for instance educating and counseling spouses on the benefits of partner notification to minimize these challenges. Based on the findings, relevant recommendations have been made to nurse practitioners, managers, educators and researchers in order to improve the practice of partner notification.

## CHAPTER ONE

### 1.0 INTRODUCTION

The prevention and control of Human Immunodeficiency Virus (HIV) infection largely depends on the success of strategies to prevent new infection and to treat currently infected individuals (Medley et al, 2004). Voluntary HIV counseling and testing is one of the strategies employed in the prevention and treatment of HIV and AIDS. HIV counseling and testing provide essential knowledge and support to individuals at risk for contracting HIV, enabling uninfected individuals to remain uninfected and those infected to plan for the future and prevent HIV transmission to others. Knowing their HIV serostatus may also enable HIV infected individuals to access early and appropriate treatment, care and support programs. Furthermore, HIV infected women who know their serostatus are in a better position to make informed choices about their reproductive lives and if pregnant to access specific interventions, such as antiretroviral prophylaxis and infant feeding counseling and support , which significantly reduce the risk of mother-to-child transmission of HIV (Kumar et al, 2006).

Disclosure of HIV status to sexual partners is an important goal emphasized by the WHO and the centers for Disease Control and prevention (CDC) in their protocols for IV counseling and testing (WHO, 2001: CDC, 2001). Disclosure offers a number of important benefits to the infected individuals and to the general public. Disclosure of HIV test results to sex partners is associated less anxiety and increased social support among many women. In addition, HIV status disclosure may lead to improved access to HIV prevention and treatment programmes, increased opportunities for risk reduction and increased opportunities to plan for the future. Disclosure of HIV serostatus also expands the awareness of HIV risk to untested partners which can lead to greater uptake of voluntary HIV counseling and testing and HIV risk behaviors.

The efficacy of voluntary HIV counseling and testing as a prevention and control strategy is increasingly supported by research findings (Kumar et al, 2006). However, there are important limitations of these programs that need to be addressed in order to achieve maximum potential benefits from these programs. One of the most striking limitations is the low serostatus disclosure rate to the sex partners among clients who have been counseled and tested for HIV which is a serious public health concern.

A research study on the challenges faced by HIV-positive women on partner notification is more likely to explore the limitations of serostatus disclosure or partner notification and generate

possible strategies to be employed by both clients and health care providers to make HIV prevention, control and treatment strategies effective.

## 1.1 BACKGROUND

Acquired Immunodeficiency Syndrome (AIDS) is the syndrome that has driven human existence into the grip of the most escalating pandemic ever encountered in the world (Whiteside&Sunter, 2000). This syndrome is caused by a retrovirus known as the Human Immunodeficiency Virus (HIV). It is undeniable that this pandemic has had adverse implications on all groups of people. However, women represent the fastest growing group with HIV and AIDS worldwide.

By the end of 2004, 39.4 million people were living with the virus worldwide (UNAIDS, 2004). This is in spite of the Antiretroviral Therapy (ART) which is now readily available and effective in most of the developing countries. Of all the people affected with HIV and AIDS worldwide, approximately 66percent are from Africa. Sub-Saharan Africa is the epicenter of this pandemic, with 29.4 million people living with HIV and AIDS. Malawi has one of the highest HIV and AIDS prevalence rates in the world (Ministry of Health, 2003). By the end of 2005, about 1 million people were living with HIV and AIDS and 59percent of these being women. The fact that women are one of the special groups cannot be dropped out of consideration. Despite the variability in women's demographic and social variables that may influence how they respond to HIV, several studies continue to delineate psychosocial concerns related to partner notification common to women with HIV and AIDS (Morrow et al, 2001).

Persons with HIV and AIDS are encouraged to disclose their positive serostatus to prospective sex partners to decrease the likelihood of unsafe sex and HIV transmission and also to improve HIV prevention and treatment strategies (CDC, 2001). However, there has been overwhelmingly growing evidence that having a positive serostatus subjects one to undue stigma and discrimination in various settings. This has also raised a host of philosophical criticism in relation to HIV positive status among the general public. Previous studies have denoted evidence on failure to disclose positive serostatus among married couples. Comparative studies have also indicated the difference in the ability to disclose positive serostatus to sex partners between men and women, in which women were found to have a limited ability to disclose positive serostatus freely (Holstad et al, 2006).

Due to the drastic increase in the proportion of women with HIV and AIDS, Health care providers need to recognize and address the needs of this growing population of women faced with incorporating and the diagnosis and disclosure of positive serostatus. This will help to reduce psychological adjustment problems faced by HIV positive women since a substantial literature documents the significant reductions in the sexual risk behaviors associated with learning one's positive serostatus (Marks et al, 2005).

The overwhelming increase in the proportion of women with HIV and AIDS and the low HIV positive status disclosure rate to prospective sex partners calls for the need to explore the specific existing challenges HIV-infected women face on the issue of partner notification in order to improve HIV prevention and treatment strategies.

## **1.2 STATEMENT OF THE PROBLEM**

The efficacy of various HIV prevention and treatment strategies has been affected by a number of limitations. One of the significant limitations is the low serostatus disclosure rate to sex partners in most of the developing countries among the HIV-infected clients who have been counseled and tested for HIV. Despite the variability of the serostatus disclosure based on various factors, a common generalization of low disclosure rate among HIV infected women has been established. This is viewed as posing significant limitations in the effectiveness of programs meant for HIV prevention and treatment. This is why it is important to explore the specific challenges faced by these HIV infected on partner notification in order to develop measures to reduce these challenges so as to improve HIV prevention and treatment.

## **1.3 SIGNIFICANCE OF THE STUDY**

The study findings will benefit both the clients and the health care providers. The clients will be provided with the correct and adequate information on the importance of partner notification in relation HIV and AIDS prevention and treatment and also the strategies that can be employed in order to minimize the challenges faced on partner notification. The study will also explore the health care provider's role in the management of clients facing problems on partner notification. It will specifically provide the nurses with their role in minimizing the challenges faced women on partner notification since nurses have as their core function to eradicate human suffering and promote the wellbeing of the people.

## **1.4 OBJECTIVES OF THE STUDY**

### **Broad Objective**

The broad objective of this study is to explore the existing challenges of partner notification faced by HIV-positive women attending ART clinic.

### **Specific Objectives**

1. To establish the women's knowledge on the importance of partner notification.
2. To explore the beliefs held by these women on the concept of partner notification
3. To assess the problems related to partner notification faced by these women.
4. To assess the perceived feelings of the women before and after partner notification.

## CHAPTER 2

### LITERATURE REVIEW

#### 2.0 INTRODUCTION

Literature review helps to give information about the studies that were already done in relation to the topic under study (Polit and Hungler, 1991). The review consists of a critical evaluation of the literature obtained as a result of search. It helps to identify gaps in the studies done on which the current study will focus. The researcher must understand what is already known about the topic in order to build on the existing work. Thus the main purpose is to present a distilled and critical analysis of the relevant literature, showing the study being reported is based on previous research and existing knowledge, and how the new work was intended to take that forward (Cormack, 1993). Generally, literature review helps to gain a broad background or understanding of the information that is available related to the research problem of interest. In the interest of this study, the literature review will also focus on studies done on issues of partner notification globally, regionally and nationally.

Partner notification is when the index HIV-positive patient either tells their sexual contacts that they may have been exposed to HIV or a health care worker approaches the sexual contacts of the index patient and tells them they may have been exposed to HIV (Demographic and Health Survey, Cameroon, 2004). In its simplest form, partner notification means disclosure of one's serostatus to their sexual contacts. Previously, partner notification has been deemed not possible as a means of controlling the HIV pandemic in the developing world because of issues of confidentiality and cost. However, recent studies have indicated that HIV and AIDS prevention and control largely depends on the success of the strategies employed to prevent new infection and to treat currently infected individuals (Medley et al, 2004).

HIV counseling and testing is one of the strategies that have been adopted in the prevention, control and management of HIV and AIDS. HIV counseling and testing provides essential knowledge and support to individuals at risk for contracting HIV, enabling uninfected individuals to remain uninfected and those infected to plan for the future and prevent HIV transmission to others. Knowing their HIV status may also enable HIV-infected individuals to

access early and appropriate treatment, care and support programs. Additionally, HIV –infected women who know their serostatus are in a better position to make informed choices about their reproductive lives (Kumar et al, 2006).

Disclosure of HIV status to sexual partners is an important goal emphasized by the World Health Organization (WHO) and the Centers for Disease Control and prevention (CDC) in their protocols for HIV counseling and testing (WHO,2001 : CDC,2001). Disclosure of HIV test result has been demonstrated to be associated with less anxiety and increased social support among

many women. Disclosure of HIV status also expands the awareness of HIV risk to untested partners which can lead to greater uptake of Voluntary HIV Counseling and Testing (VCT) and risk behaviors.

## **2.1 GLOBAL STUDIES OF PARTNER NOTIFICATION**

The WHO document summary (2004), synthesizes several issues and findings on the concept of HIV serostatus disclosure to sexual partners. The document comprises an analysis of various articles on the rates, barriers or outcomes of HIV serostatus disclosure. Several of the authors were contacted personally to clarify some of the findings and provide updates on current research. In total, 69 articles were reviewed for the overall paper of which 41 focused on women. Of these 22 articles were from USA and 19 from developing countries (17 from Sub-Saharan Africa and 2 from South East Asia).

The document summary also emphasizes on the importance of HIV status disclosure among HIV- infected clients particularly to their sexual partners. Along with the benefits of HIV serostatus disclosure however, are a number of potential risks for the individual including loss of economic support, blame, abandonment, physical and emotional abuse, discrimination and disruption of family relationships.

### **Rates of HIV Status Disclosure**

According to the analysis of the findings, the rates of disclosure in studies from developing countries were notably lower than rates reported from the developed world. The rates ranged from 16.7 % to 86%. The lowest rates were among pregnant women tested in antenatal care (ANC) in Sub-Saharan Africa (16.7% to 32%). In addition, larger proportions of studies from developing countries reported women that did not share their HIV-test results with anyone including their sexual partners (10 to 78%) as compared to women in developed country study

### **Barriers to HIV Status Disclosure**

The most common barriers to disclosure that were mentioned included: Fear of abandonment closely tied to fear of loss of economic support from partners, fear of rejection/ discrimination, fear of violence, fear of upsetting partner or family members and fear of accusations of infidelity.

Factors that motivated people to disclose to partners, family and friends included sense of ethical responsibility/ concern for partner's health and need for social support to cope with diagnosis to alleviate the stress associated with non-disclosure, and to facilitate HIV- preventive behaviour.

## **Outcomes of HIV status disclosure**

In a number of studies from both developing and developed country settings, HIV status disclosure to sexual partners was associated with positive outcomes including increased social support, acceptance, kindness, decreased anxiety and depression, and strengthening of relationship. Negative outcomes included blame, abandonment, anger, violence, stigma, and depression and were less commonly reported among those who disclose than positive outcomes.

The document summary emphasizes the need to carry out further research to improve the understanding of the issues related to uptake, barriers and outcomes of HIV counseling and testing and serostatus disclosure across cultural settings particularly among women because this would help in exploring ways in which to address issues of disclosure. On a similar note, more research is needed to identify disclosure factors so that counselling tools can be developed to identify individuals least likely to disclose and counsel them accordingly( WHO, 2004).

In his retrospective analytical study of partner notification in pregnant women with HIV , Forbes et al (2008), emphasized on the local practice of partner notification (PN) and patterns of disclosure in a group of HIV-positive women in an antenatal setting. The main aim of the study was to describe the local practice of partner notification and patterns of disclosure in a group of HIV-positive women in an antenatal setting.

The study was based on the review of a retrospective case note and local pregnancy data base. The review included whether disclosure of HIV status to the male partner had occurred and also whether the HIV status of the regular partner was recorded. The number of male partner who had accessed HIV testing after partner notification was noted along with the number of new cases of HIV identified as a result of the partner notification process. Although this study was meant to improve antenatal care, it represented the general overview of partner notification among the HIV-infected women.

In the end, the researchers found out that HIV status had not been disclosed to a partner in 29% of the case notes reviewed. In 17% of case notes, there was no documented discussion about Partner notification. About 56% of the women disclosed their status during or prior to this pregnancy. Prior to this pregnancy, 87 women were diagnosed with HIV infection. No documented partner notification discussion was more likely in these women as compared to those who were diagnosed during the current pregnancy. The HIV status of the regular partner was not documented in 14% of case notes and was documented as unknown by 40% of women. About 43% of case notes documented that the male partner had accessed HIV testing after partner notification was discussed, and 13% of these men tested HIV-positive and stated that they were previously unaware of their infection.

The study denoted a slightly higher proportion of women who had disclosed their serostatus to their sexual partners. On a closer look, the sum of the proportion of the women who did not disclose and those who had no documented discussion about Partner notification almost equaled the proportion of those who disclosed. This illustrates that the proportion of those who did not disclose would at some point override the proportion of those who disclosed if necessary measures or strategies were not put in place.

On the other hand, there was a higher percentage of male partners who had accessed HIV testing following Partner notification discussion. This displays the expansion of awareness of HIV risk to untested partners which leads to greater uptake of Voluntary HIV counseling and testing and low HIV risk behaviors.

Pinkerton and Galletly (2007) developed a framework for assessing the HIV transmission risk reduction in relation to serostatus disclosure. The study examined how increasing the disclosure rate affects the transmission risk reduction effectiveness of disclosure, and explored the interaction between condom use and disclosure effectiveness.

Based on the study findings and base-case assumptions, serostatus disclosure reduced the risk of HIV transmission by between 17.9% and 40.6% relative to no disclosure. Increasing the disclosure rate from the base case value of 51.9% to 75.7% produced a 26.2 to 59.2% reduction in risk. The findings of this modeling study strongly support intervention efforts to increase serostatus disclosure by persons living with HIV and AIDS.

This modeling study presented a vivid picture of the efficacy of partner notification in the reduction of the risk of HIV transmission. The researchers finally recommended that all efforts be made towards addressing all problems associated with partner notification through specific interventions targeting the problems. A call was also made to health professionals to conduct a close assessment of the client's ability to disclose their serostatus to their sexual partners and intervene whenever necessary since partner notification was demonstrated to produce a significant reduction in the HIV transmission risk.

Another study conducted by Parson et al (2004), sought to examine disclosure and sexual behavior based on partner type, partner serostatus and transmission risk. A sample of 158 HIV-positive IDUs was recruited in the New York City and San Francisco Metropolitan area, USA.

By design, the sample was fairly evenly divided in terms of gender: 80 were male, 78 were female. To be included in the study, participants had to be at least 18 years old, reporting having injected drugs and having had sex in the past year, self-identify as HIV-positive, and live in the study area. Participants were recruited in the locations known to be frequented by IDUs such as needle exchanges, HIV health care settings and other community-based organization.

The researchers assessed a number of serostatus disclosure variables using two general types of questions. The first asked more about how comfortable the participants were talking about their HIV status with others. The second asked more specifically about how often they disclosed their HIV-status to sexual partners (i.e. Main partners, casual partners, sex workers), what level of responsibility they had to disclose to various types of sexual partners and perceptions about how their sex and drug partners felt about their HIV status. Others simply asked whether or not participants had disclosed before or after first sexual contact. In addition, serostatus disclosure was measured by status of partner and by partner type (main and casual).

At the end of the study, 61.5% of the participants reported having had sex with a primary partner. Among those who reported sex with their primary partner in the last 3 months, about half (51%) reported disclosing that they were HIV-positive before the first sexual contact. About 10% participants reported that their primary partner was currently unaware of their HIV status. Among those reporting sex with a non-primary partner in the last three months, participants disclosed they were HIV-positive to 71.2% of these partners before sex for the first time.

A small number of participants (11.1%) reported sex with both casual and main sexual partners in the past three months, limiting the ability to statistically analyze differences in disclosure to both types of partners. Of those participants reporting both casual and main partners, 50% had disclosed to all of their sexual partners but not to their main partner before first sexual contact.

## **2.2 STUDIES IN AFRICA**

Deribe K et al (2008), conducted a study to determine the rate, outcomes and factors associated with HIV-positive status disclosure in South West Ethiopia among HIV-positive service users.

A sample of 353 males and 353 females living with HIV and AIDS was recruited in a cross-sectional study which was carried out from January 15 to March 15, 2007 in Jimma University specialized Hospital. Data were collected by a pre-tested questionnaire includes demographic variables, health status variables, disclosure status, disclosure barriers, disclosure outcomes, social support and self-efficacy of disclosure. Health status variables included AIDS diagnosis based on the WHO classification.

At the end of the study, it was found out that among the 705 participants, 604 (90.2%) respondents disclosed their result to their current main partner. However, those who disclosed 91 had had sex with their partner before telling their partner. Of these sexual encounters 63 occurred with HIV positive status partner. Respondents reported disclosing most frequently to main partner followed by relatives and then friends and disclosure was made as early as one day and late as 2yrs after learning serostatus.

Reasons for non-disclosure among those respondents who did not disclose their partner were “My partner might get angry with me” (20.4%) “Fear of separation/ divorce” (17.3%) “My partner might be afraid of catching HIV from me” (16.3%) “Not to worry partner” (9.2%) “Fear of accusation of infidelity” (7.1%) “Fear of being labeled a bad person” (6.1%) “No enough time to discuss because my partner works in other place” (6.1%) “Fear of physical abuse” (5.1%) “Fear of murder” (4.1%) and “Fear of breach o confidentiality” (3.1%)

In terms of outcomes, the participants who anticipated supportive reaction from their partners, 96% received support and assurance from their partner. In contrast, those who anticipated negative reaction from their partners, only 13% faced adverse outcomes of disclosure but no individuals were physically harmed.

In another study of high rates and positive outcomes of HIV serostatus disclosure to sexual partners, Maman et al (2004), examined the reasons for cautious optimism from a voluntary counseling and testing clinic in Dar es Salaam, Tanzania. The main aim of the study was to describe rates, barriers and outcomes of HIV serostatus disclosure experiences among women between the ages of 24 to 63.

Among the participants, 64% of HIV-positive women and 79.5% of the HIV-negative women reported that they had shared HIV test results with their sexual partners. Among the women who did not disclose, 52% reported the reason as fear of their partner’s reaction. Both 81.9% of the HIV-negative women and 48.9% of the HIV-positive women reported that their partner reacted supportively to disclose. About 5% reported negative reactions following disclosure.

### **2.3 STUDIES DONE IN MALAWI**

Not much has been investigated on the concept of partner notification or HIV serostatus disclosure to sexual partners in Malawi. A number of studies have underscored disclosure of HIV serostatus to the general public as a matter of fact rather than HIV counseling and Testing and knowledge of HIV-positive status (Hoffman et al, 2006).

Hoffman et al (2006) investigated how knowledge of HIV-positive status decreases pregnancy intention and increases contraceptive use among women in Lilongwe, Malawi. Generally, the study aimed at investigating HIV transmission risk reduction and health behaviors following one’s knowledge of HIV-positive status.

An observational cohort study design was used in this investigation. Following informed consent, women with unknown HIV status recruited from clinical service settings in Lilongwe had a questionnaire administered about their pregnancy intention for one year. At visits, a physical exam and pregnancy test were performed, and the same questionnaire administered.

At the end, values of women who wanted another child and those using contraceptives before and after receiving HIV test results were compared. The percentage of women wanting another child decreased from 35% before HIV test results to 13% after the results. The percentage of using contraceptives rose from 38% before HIV test results to 49% after results. These findings confirmed that knowledge of one's their HIV serostatus reduces the transmission risk and increases health behaviors. As such, programmes such as HIV counselling and testing ought to be encouraged as means of HIV transmission risk reduction and control.

In a qualitative study of experiences of HIV-positive pregnant women from Lilongwe Urban, Malawi, Gombachika B.T (2004) investigated the experiences of HIV –positive women to generate knowledge to be applied by health service providers in planning policies and practices to improve reproductive choices and health care of HIV –positive pregnant women.

Eighteen in-depth interviews were conducted in October with 12 HIV- positive pregnant women attending two antenatal clinics in Lilongwe, Malawi. The women were part of a project linked to a university of North Carolina (UNC) Prevention of Mother-To-Child Transmission o HIV (PMTCT) project. The qualitative interviews explored the lived experiences of HIV-positive pregnant women.

In a particular instance, the study tackled the issue of disclosure of a positive HIV status : The issue of how and who HIV-positive women tell about their HIV status. According to Fieldman et al (2002), how and who HIV-positive women tell about their positive HIV status has been noted to depend on a weighing of the perceived social risks of disclosure against the mental and physical stress of non-disclosure. Other clinical trial studies indicate that many HIV-positive pregnant women keep their status secret to people in their close social circles such as partners or spouses, friends, family members or health workers (Akhribi et al, 1999).

According to the findings, compounding the stress of the diagnosis was the dilemma o whether to disclose their HIV-positive status or not. What makes it difficult to disclose, informants explained, was the unpredictable nature of the responses. The women all revealed fear of their husband's reactions. Nine of these women disclosed the news to their husbands. Five of the informants disclosed the news after supper the same day they were informed at the ANC, two after two days and the remaining two after almost five days. None of the women in the study experienced domestic violence following their disclosure of the HIV-positive status to their husbands.

## **SUMMARY OF LITERATURE REVIEW**

Disclosure of HIV status to sexual partners is an important strategy in the prevention, control and management of HIV and AIDS. In the literature review, it has been demonstrated that serostatus

disclosure reduced the risk of HIV transmission by between 17.9% and 40.6% relative to no disclosure. Varied results have been obtained in the disclosure of serostatus to sex partners among men and women. However, literature recommends that the needs and issues of HIV-positive women are complex hence be considered when implementing effective partner notification strategies. This would on one hand be achieved through a critical analysis of the factors and challenges associated with partner notification among HIV-positive women.

## **CHAPTER THREE**

### **CONCEPTUAL FRAMEWORK**

#### **3.0 INTRODUCTION**

A conceptual framework is a structure comprising concepts that are related in some way to form a whole and are used to explain a certain phenomenon. It explains global ideas about individuals, groups, situations and events of interest to a science (Newman, 1997). In this study, Bowen's family systems model was used to explain the family systems associated with partner notification.

#### **3.1 BOWEN'S FAMILY SYSTEMS THEORY**

Murray Bowen developed the family systems approach in more specific ways during his work at the National Institute of Mental Health, where he began observing families of schizophrenics (Smith & Maurer, 1995). His observations of the first mother, then the nuclear family, and eventually other generations of the family have been articulated in Bowen's family systems theory. The theory has three main concepts: The level of differentiation, anxiety and the triangle.

##### **A. THE LEVEL OF DIFFERENTIATION**

A key concept involves the level of differentiation. This is the ability to separate his or her emotions and thoughts. People exist on a continuum that ranges from being able to separate decisions and emotional reactions to being totally driven by automatic emotional responses (Smith & Maurer, 1995). When one is operating in a high feeling state, the need to be approved of or close to other people is paramount: operating in autonomous or self-directed way becomes very difficult. A person's level of differentiation will relate to his or her ability to operate successfully in many spheres of life, including job, parenting, managing money and health habits. A person's physical, emotional and social functioning is related to his or her level of differentiation and the amount of anxiety present in the family.

##### **B. ANXIETY**

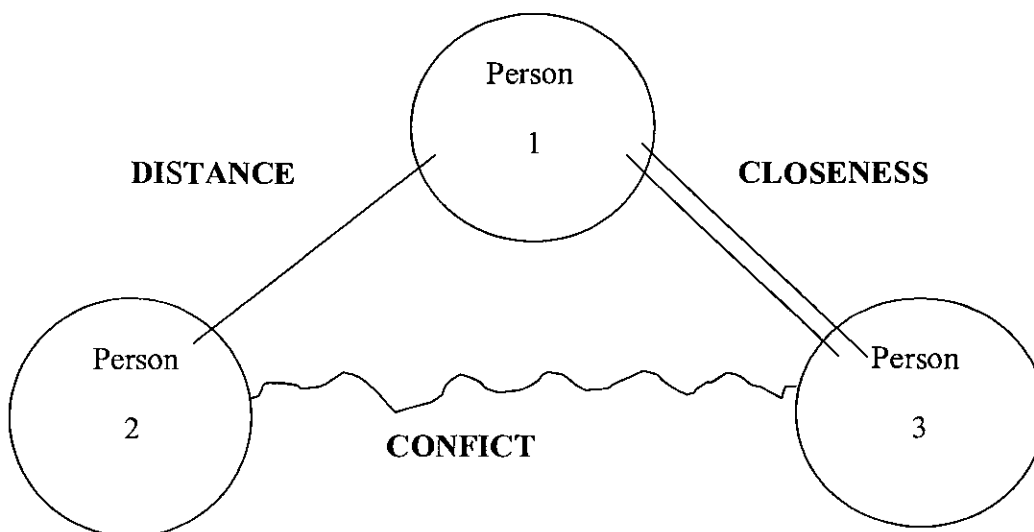
Anxiety is another concept that is important in the Bowen's family systems theory. It is stated in this theory that the more anxiety is present, the more likely it is that people will react with automatic rather than thoughtful actions. These automatic reactions tend to escalate triangles and patterns of interactions within the system that have developed over time in attempt to manage tension.

### C. THE TRIANGLE

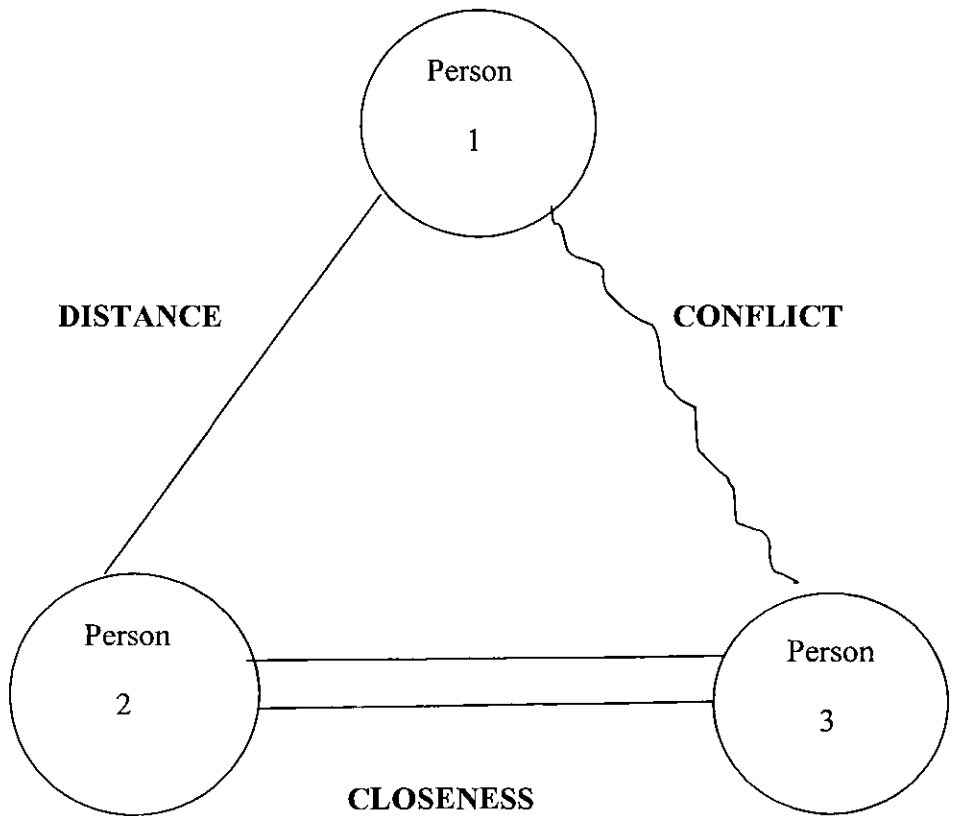
According to Bowen (1978), the triangle is another concept that is helpful in understanding family operations. Any two person system is unstable (Smith & Maurer, 1995). Within a short period of time, tension develops between the two people and results in the automatic 'triangling in' of a third person. Each triangle has three sides: a close side, where two people are allied, a conflictual one where two people are in disagreement and a distant one, where two people are emotionally separated. In periods of calm, the distant position is uncomfortable ( indicated in the diagram below). The distant person (person 2) will usually try to move into a close position (Triangle B). In periods of anxiety, the distant position is preferred. People try to maneuver that position to escape the tension. Triangles are usually dynamic (constantly changing), although in families they often have predictable and rigid forms.

### 3.2 DIAGRAMATIC PRESENTATION OF THE TRIANGLES

#### TRIANGLE A



**TRIANGLE B:**



**Figure 1: Bowen's Family systems Triangles (adapted from Smith and Maurer, 1995).**

### 3.3 APPLICATION OF THE BOWEN'S FAMILY SYSTEMS THEORY TO THE STUDY

The application of the Bowen's family systems theory this study largely depends on the concepts the concepts of level of differentiation and anxiety.

According to Bowen's model, the level of differentiation is a person's ability to separate his or her emotion and thoughts. The person's level of differentiation is directly related to the amount of anxiety present in the family or on the outside environment.

People are confronted with various stresses in their lifetime. Sometimes these stressful moments culminate into episodes of crises if the person's level of differentiation is low. Sometimes the challenging moments themselves make the person's ability to separate his or her thoughts and emotions difficult. One of such hard times is when one's HIV status has been confirmed to be HIV-positive. Many people experience problems with incorporating the diagnosis of HIV and AIDS and the psychosocial problems become inevitable. The person is more likely to react with automatic actions rather than thoughtful actions. Advice given by the health care provider such as disclosing the serostatus to the sex partner seems illogical. The person tries to explore the means of combating the anxiety and all actions that are actually important but seem to exacerbate the anxiety are avoided.

In times of extreme anxiety, the individual's goal becomes comfort-centered. A person's physical, emotional and social functioning is affected and eventually becomes closed. The stress or anxiety is turned inward and the person seeks to display a homeostatic reflection. This behaviour is so harmful that it is more likely to precipitate episodes of crises.

The nurse working with such people should try to explore the necessary strategies and mechanisms aimed at evoking ventilation. Great care must be exercised during this time because anxiety projection is more likely, hence the nurse should always assume a calm and gentle persuasive role.

On the other hand, a nurse interacting with a family or family member can use this knowledge of triangles. Remembering that he or she will automatically become a member of one or several triangles when interacting with the family, the nurse can monitor his or her behaviour and be aware of the pull toward automatic behaviors. In this study, the investigator will be dealing with people of different levels of differentiation hence, the need to bear in mind to investigate systemically without exacerbating conflicts or disagreements.

Generally, special attention was given to the participant's ability to separate emotions and thoughts based on their response to the diagnosis of HIV and AIDS and their subsequent actions. Thus much emphasis was put on the meaning of the experience to the individual.

## **CHAPTER FOUR**

### **METHODOLOGY**

#### **4.0 INTRODUCTION**

This chapter describes the research methodology that was used in the study. It includes the study setting, sampling methods, data collection instruments and methods, data analysis, ethical considerations of the study and the plan for dissemination of results of the study.

#### **4.1 STUDY DESIGN**

The study design was descriptive in nature. A descriptive study design is the one which conceptualizes and summarizes the status phenomenon (Carpenter and Streubert, 1994). The study used a qualitative method of research. Qualitative research uses methods of inquiry that emphasize subjectivity and the meaning of the experience to the individual (Polit and Hungler, 1991). The meaning of the experiences is individualized and expressed in thoughts and ideas. This research method emphasizes human behavior and social interaction and explores the quality of a phenomenon.

Qualitative research methods were used during data collection and analysis. Its emphasis on the subjectivity and holism enabled the researcher to collect comprehensive data from the subjects based on the individualized meaning of the concepts in the study.

#### **4.2 STUDY SETTING**

The study was conducted at Kawale Health Center. Kawale Health center was chosen as a setting for the study because it also runs HIV and AIDS activities such as HIV counseling and testing, Anti-retroviral Therapy (ART), Community Home-Based Care hence rendering health services to people infected with and affected by HIV and AIDS in Lilongwe.

#### **4.3 SAMPLING**

The sample for this study was selected from all HIV-positive women attending ART clinic at Kawale Health Center, in Lilongwe. The study group was recruited through purposeful sampling. Purposeful sampling (non-probabilistic sampling) can be the best in most qualitative studies since the researcher is able to choose and group the participants who will be able to give adequate and reliable information concerning a particular phenomenon (Carpenter and Streubert, 1994). This sampling method according to Polit and Hungler (1991), involves the researcher handpicking the participants that he wants to be included in the study based on characteristics such as age, level of education, religion and so on.

The sample for this study consisted of fifteen women who were within the age range of 20 to 65years, tested HIV-positive and self-identified as HIV-positive, married or had ever been

married or had a sex partner, lived in Lilongwe and belonged to any religious group just to obtain as representative a sample as possible.

#### **4.4 DATA COLLECTION MEASURES AND METHODS**

Participants completed an in-depth face to face qualitative interview using an interview guide developed by the researcher. Each interview took approximately forty-five minutes. The interview guide consisted of both open-ended and close-ended questions as necessary and acted as a guide in interviewing the fifteen HIV-infected women attending ART clinic at Kawale Health center.

#### **4.5 PRE-TESTING**

The interview guide that was designed for data collection was tested before the actual data collection in order to test its validity. It was also tested to ensure its reliability which is a degree of consistency or dependability with which an instrument measures the attribute it is designed to measure (Polit and Hungler, 1991). The interview guide was tested among two HIV-positive women who were attending ART clinic at Lighthouse in Lilongwe. It was noted by the researcher that the time taken to complete one interview was too much hence the need to maintain a reasonable speed. The questions were found to be clear and unambiguous to the participants. This was evidenced by spontaneous answering of the questions by the participants.

#### **4.6 DATA ANALYSIS**

Analysis of data is important in order to summarize, evaluate, interpret and numerically communicate the collected data (Polit and Hungler, 1991). Data analysis was done manually using descriptive statistics and content analysis. The results have been presented in tables and in words (content) to enable the researcher and readers draw meaning from the data collected before the actual interpretation.

#### **4.7 ETHICAL CONSIDERATIONS**

When human beings are used as subjects of research investigations, as is generally the case in nursing research, great care must be exercised in ensuring that the rights of those human beings are protected and proper attention is given to human welfare (Polit and Hungler, 1991). The research proposal was sent to the Research and Publications Committee (RPC) of the Kamuzu College of Nursing (KCN) to obtain an approval to conduct the research. A letter was presented to Lilongwe District Health Officer for permission to conduct the research at Lighthouse, then at Kawale Health Center. A proper explanation on the purpose of the study and the use of the study findings or results was given to participants through verbal and written communication. Informed consent was sought from each participant. Informed consent is an important ethical aspect which requires a researcher to seek permission for voluntary participation of the subjects

after informing them about the course, possible benefits and risks of the study (Polit and Hungler, 1991).

The participants were assured that participation was voluntary, with no subject to undue influence or coercion. They were also informed that they were free to withdraw at any point of the study and that this would not affect their benefit from health services at the hospital. The participants were also assured that the data sources would be kept confidential and would only be accessible to the researcher and the research supervisor. They were informed that no risks were attached to the study and that no personal benefits were connected to the study.

No name was indicated on the interview guide except the signature on the consent form to ensure anonymity. Each participant was asked to sign a consent form after explaining its contents and only after this would the process of data collection begin.

## CHAPTER 5

### PRESENTATION OF FINDINGS

#### 5.0 INTRODUCTION

This chapter will present findings of the study on Challenges of partner notification faced by HIV-positive women attending ART clinic at Kawale Health center. Data was collected from 15 HIV-positive women who attended ART clinic using a qualitative-based interview guide. The interview guide, whose form was similar to that of a questionnaire, had three sections: Demographic data, HIV status and Partner notification experience. The results will be presented under these three sections.

#### 5.1 DEMOGRAPHIC DATA

Table 1 shows the age of the respondents. 60% (n-9) of the respondents were between the ages of 20 and 30 years, 27% (n-5) were between 31 and 40 years and 13% (n-2) were between 41 and 50 years of age. None were above 50 years of age.

TABLE 1: AGE OF RESPONDENTS

AGE RANGE (YRS )	FREQUENCY	PERCENTAGE (%)
20-30	9	60
31-40	5	27
41-50	2	13
51-60	0	0
Above 60	0	0

#### RELIGION

Table 2 shows the religion of the respondents. 87% (n-13) of the respondents belong to the Christian faith, 13% (n-2) belong to the Islamic faith and none were pagans.

TABLE 2: RELIGION OF THE RESPONDENTS

RELIGION	FREQUENCY	PERCENTAGE (%)
Christian	13	87
Muslim	2	13
Pagan	0	0

#### TRIBE OF RESPONDENTS

Table 3 shows the tribe of the respondents. 40% (n-6) of the respondents were Chewa by tribe, 27% (n-4) were Ngoni by tribe, 20% (n-3) were Yao by tribe, 13% (n-2) were Tumbuka by tribe and none was a Tonga by tribe.

TABLE 3 :TRIBE OF THE RESPONDENTS

TRIBE	FREQUENCY	PERCENTAGE (%)
Chewa	6	40
Ngoni	4	27
Yao	3	20
Tumbuka	2	13
Tonga	0	0

#### MARITAL STATUS

Table 4 shows the marital status of the respondents. 87% (n-13) of the respondents were married, 13% (n-2) were divorced (on separation) and none was single or widowed.

TABLE 4: MARITAL STATUS OF THE RESPONDENTS

MARITAL STATUS	FREQUENCY	PERCENTAGE (%)
Married	13	87
Divorced	2	13
Single	0	0
Widowed	0	0

#### NUMBER OF CHILDREN

Table 5 shows the number of children of the respondents. 20% (n-3) of the respondents had one child each, 33% (n-5) had two children, 27% (n-4) had three children and 20% (n-3) had four children and above.

TABLE 5: NUMBER OF CHILDREN OF THE RESPONDENTS

NO. OF CHILDREN	FREQUENCY	PERCENTAGE (%)
One	3	20
Two	5	33
Three	4	27
Four and above	3	20

#### LEVEL OF EDUCATION

Table 6 shows the level of education of the respondents. 13% (n-2) of the respondents never attained any formal education, 7% (n-1) attained university education, 33% (n-5) attained secondary education and 47% (n-7) attended primary education only.

TABLE 6: LEVEL OF EDUCATION OF RESPONDENTS

LEVEL OF EDUCATION	FREQUENCY	PERCENTAGE (%)
University	1	7
Secondary	5	33
Primary	7	47
Never went to school	2	13

OCCUPATION OF RESPONDENTS

Table 7 shows the occupation of the respondents.80% of the respondents (n-12) were housewives, 13% (n-2) were business ladies, 7% (n-1) were house maids. There were no farmers or teachers

TABLE 7: OCCUPATION OF RESPONDENTS

OCCUPATION	FREQUENCY	PERCENTAGE (%)
Housewives	12	80
Business ladies	2	13
Housemaids	1	7
Farmers	0	0
Teachers	0	0

## 5.2 HIV SEROSTATUS TESTING

### YEAR OF HIV TESTING

Table 8 shows the years of HIV testing by respondents. 13% of the respondents (n-2) tested in 2007, 27% (n-4) tested in 2008, 20% (n-3) tested in 2006, 20% (n-3) tested in 2004, 13% (n-2) tested in 2005 and 7% (n-1) tested in 1995.

TABLE 8: YEARS OF HIV TESTING BY RESPONDENTS

YEAR	FREQUENCY	PERCENTAGE (%)
2008	4	27
2007	2	13
2006	3	20
2005	2	13
2004	3	20
1995	1	7

### PLACE FOR HIV TESTING

Table 9 shows the places for HIV testing of respondents. 67% (n-10) tested at Kawale Health center, 13% (n-2) tested at Bwaila Hospital, 13% (n-2) tested at Lighthouse and 7% (n-1) tested at St. Gabriel Hospital

TABLE 9. PLACE FOR HIV TESTING

FACILITY	FREQUENCY	PERCENTAGE
Kawale H/C	10	67
Bwaila	2	13
Lighthouse	2	13
St Gabriel	1	7

### 5.3 KNOWLEDGE OF PARTNER NOTIFICATION AND ITS IMPORTANCE

Questions in this section aimed at finding out if participants had knowledge on the concept of partner notification and its benefits both to the notifier and the notified. The findings indicate that all participants knew something about partner notification and its benefits. However, few participants failed to precisely define or describe the concept of partner notification.

#### **Definition of Partner notification**

On the definition of partner notification, 87% of the participants defined it as a process of sharing one's HIV test results with your sex partner in order to encourage him or her to go for HIV testing as well. The rest of the participants defined partner notification as a way of maintaining openness and safe sex in the family

#### **Benefits of Partner notification**

On the benefits, participants were asked about the possible individual benefits of partner notification both to the *notifier* (The one informing) and the notified ( the informed).

On the benefits of partner notification to the notifier, 33% of the participants indicated that when one shares his or her serostatus results with a sexual partner, she lives freely and without anxiety. 20% of the participants indicated that the notifier also gets support from the partner. 27% indicated that the notifier lives safely and practices safe sex

In addition the benefit that the notifier lives freely, one participant indicated enhancement of family bonding and proper family planning as the benefits of partner notification. She said:

*“The partner (notifier) lives freely (without anxiety) and this enhances family bonding and proper planning of family activities.”*

Two participants indicated knowing one's own status as one of the benefits of partner notification to the notifier. They said;

*“When one informs his or her partner about his or her serostatus, the informer knows his or her status already”.*

On the benefits of partner notification to the notified, 60% indicated that the informed is in a way encouraged or motivated to go HIV testing as well. 33% indicated that the informed partner knows the serostatus of his partner and lives safely (practices safe sex)

One of the participants indicated the involvement of the partner in the care of the partner as a benefit of partner notification to the informed. She said:

#### **5.4 BELIEFS ABOUT PARTNER OF PARTNER NOTIFICATION**

*“When the partner is informed about the serostatus of the next person, it gives him an opportunity to care for the partner whose serostatus is known”.*

Participants were asked on different beliefs they hold about partner notification. Results indicated that almost all participants believed that it is good to disclose one's serostatus to their sexual partner because this enhances love, trust and openness amongst spouses.

However, one participant indicated that partner notification sometimes leads to family disorganization and break-up. She said:

*“ I believe that disclosing one's serostatus to the sex partner is putting your family at risk because this most of the times disorganizes the family wellbeing and hence, break-up”.*

In addition , one participant indicated that partner notification is believed to be a measure of preparing the partner in case he also tests positive hence should not be shocked. She said:

*“ I believe it is good to notify the partner about your serostatus because this prepares them such that if he goes to a doctor and tests positive, he should not be shocked since he already knows his partner's serostatus.”*

#### **5.5 PARTNER NOTIFICATION EXPERIENCE**

The participants were asked whether they already informed their spouses about their HIV status, factors influencing their disclosure to the sexual partner, any possible problems they faced when they disclosed their serostatus to the partner, the reaction of the partner after being notified, the feeling of the partner before and after partner notification and the best ways to minimize the challenges faced during and after partner notification. They were also asked on the message they had to fellow women who fail to disclose HIV status to their sexual partners and what they thought was the role of health workers in reducing challenges of partner notification faced by these women.

On whether they already informed their spouses or not, results indicated that all participants had at some point disclosed their HIV test results to their sex partners.

On factors influencing their disclosure to the sex partners, participants were asked on what exactly prompted them to disclose their serostatus to the sex partners. Amongst the participants, 33% indicated love for the husband as the only factor which influenced them to disclose their serostatus to their husbands. 13% indicated the need for the husband to know everything since he is the head of the family, as the factor which influenced them to disclose their serostatus to the husbands

Another 13% indicated the seriousness of the matter as the only factor which prompted them to disclose the serostatus to their husbands. They said:

*"Some issues can be hidden from the husband and there is no harm at all, but this is somebody's life and it is serious. We could not keep it from our husbands".*

Another participant indicated faith and hope in God as the only factor which influenced her to disclose her HIV test results to her husband. She said:

*"After the test, I just had faith and hope in my God that everything would be alright the issue was not simple. This is what kept me strong and courageous when I was disclosing the serostatus to my husband."*

Another participant indicated that she believed that telling the husband about her serostatus would encourage joint adherence to hospital advice and they could live longer.

Another influencing factor as mentioned by another participant was the sickness of one of their children. She said:

*"When one of our children was chronically ill, I failed to hold my silence. The child was wasted and unhealthy. It was hard for the husband to establish the cause of this. Then to make matters simple, i just decided to share my test results with him. Later when the child was tested, the results came HIV-positive."*

#### **Problems faced during partner notification**

On the problems faced during partner notification, participants were asked to state any problems they faced during the process of partner notification. Among the participants, 87% indicated that they never faced any problems during the process of disclosing their serostatus to their spouses.

However, another participant indicated that her husband never believed the story and failed to accept it. She said:

*"When I disclosed my serostatus my husband, he never believed and he said that I was not saying the truth. He just shut me up and said he could not accept until I tell her how that actually happened."*

Another participant indicated that her husband was surprised, got angry, was disappointed and refused to go for HIV testing. She said:

*"When I broke the news to my husband, he was very shocked, got angry, was disappointed in me and nearly drove out of the house. He was so frustrated that he said he would not go for HIV testing."*

### **Reaction of partner after partner notification**

On the reaction of partner following notification, the participants gave the same responses as the problems faced during partner notification.

In addition, one of the participants indicated that her husband got angry at first but later understood and accepted to go for HIV testing. She said:

*"When I just told him about my serostatus, he was so angry and so furious but later he told me that it was good that i gathered up courage and told him. He said he would also go for HIV testing, which he did."*

The rest of the participants indicated that their spouses received the message well, never got angry and agreed to go for HIV testing.

### **The feeling before partner notification**

On the partner's (informer's) feeling before partner notification, the participants were asked what exactly their feeling was before disclosing their serostatus to their husbands. Results indicated that 87% of the participants were feeling so sad and not free before disclosing their serostatus to their husbands.

One of them said that her total lifestyle was disturbed and she could hardly eat. She said:

*"Before disclosing my serostatus to my husband, my life was totally disturbed. Life lost its meaning to me and I could not eat."*

Another participant indicated that she wanted to commit suicide before disclosure of her serostatus to her husband. She said:

*"I was so afraid to communicate the HIV test findings to my husband because I thought he would kill me. I wanted to commit suicide this time".*

Another participant indicated that she was just living normally before disclosing her HIV test results to her husband. She said:

*"I was just living normally before disclosing my serostatus test results to my husband because we knew each other better. Nobody would pin the blame on the other."*

### **The feeling after partner notification**

On the feeling after partner notification, participants were asked what exactly was felt just after disclosing their serostatus test results to their husbands. Among the participants, 87% indicated

that they had a different feeling after notifying their husbands about their HIV test results . They reported that they felt relieved and free.

However, another participant indicated that she was still sad and never experienced any relief at all because the reaction of the husband was unpredictable. She said:

*"I never felt relieved at all because my husband reacted badly to my news. It was so unpredictable and I didn't his second move. Anything would happen."*

Another participant indicated that she was still afraid because her husband was angry and changed his usual and normal behaviour. She said:

*"I was so afraid because my husband was very angry with me. There was significant change in his usual behaviour. The love he had for me was vanishing gradually."*

## **5.6 WAYS TO MINIMIZE THE PROBLEMS OF PARTNER NOTIFICATION**

On the ways to minimize the problems of partner notification, the participants were asked on the best ways that could be employed to minimize the challenges of partner notification. Among the participants, 27% indicated that the challenges associated with partner notification could be best minimized through praying hard to God. 13% indicated that the challenges could be best minimized if men were understanding enough and not just cruel or emotional.

One of the participants indicated being courageous and anxiety-free when deciding to tell the partner about the HIV test results as the only way of minimizing problems associated with partner notification. She said:

*"Just be courageous and anxiety-free when deciding to break the news to the husband since there is love and love covers everything."*

The rest of the participants (53%) said that the problems or challenges of partner notification could be best minimized if health care providers educate families (couples) who have tested positive on the benefits or importance of partner notification

### **Message to fellow women**

On the message to fellow women, the participants were asked to say any word of advice to fellow women who fail to disclose their HIV test results to their sexual partners. Among the participants, 33% said that those women who test HIV-positive should always disclose their HIV test results to their sex partners because this helps them to be anxiety-free and relieved and it also promotes openness and trust among couples. Another group of participants (33%) indicated that

those women who fail to disclose the HIV test results to their sexual partners should seek assistance from the health care workers on how to break such news to their sexual partners.

One of the participants in an effort to convey a word of advice to those women who fail to disclose their HIV test results to their sexual partners said that the women should try as much as possible to disclose their serostatus in order for the partner to make an informed choice. She said:

*“To those women that fail to disclose their HIV test results to their sexual partners, they should know that that’s killing. They need to disclose in order for the partner to make an informed choice.”*

Another participant also in giving a word of advice to those women who fail to disclose their HIV test results to their partners said that they should try as much as possible to disclose their test results because if they are in a family they are one body and disclosure also promotes family well being.

Another participant indicated that those women who fail to disclose their HIV test results should try as much as possible to do so because this does not only bring about joy and relief but also helps them to practice safe sex .

One of the participants also said that if those women that fail to disclose their HIV test results to their sexual partners believe in God, they should be courageous by seeking assistance from God through prayer.

Another participant in an attempt to pass a word of advice to those women who fail to disclose their HIV test results to their sexual partners cautioned the women that failure to disclose their serostatus to their husbands may bring about more problems. She said:

*“Those women who fail to disclose their serostatus results to their husbands should know that this will bring more problems to the whole family should the husband get to know by himself”.*

### **The role of health workers in reducing challenges of partner notification**

On the role of health workers in reducing the challenges of partner notification faced by HIV-positive women, the participants were asked on how they thought health workers would assist in reducing challenges of partner notification. According to the study findings, all the participants indicated that health workers have a task to counsel the spouses on issues pertaining to HIV and AIDS including partner notification such as educating the women on the importance of partner notification, the techniques of partner notification to those people that do not know how to break such news.

One participant, in addition to the idea of counseling the spouses or HIV-positive on the importance and techniques of partner notification said that health workers have as a role to visit families that are known to experience problems of partner notification in order to reassure them and assist while in their homes, to practice partner notification. She said:

*“The health workers should counsel these women on the importance of partner notification and should also visit them in their homes since these problems occur in the homes. Here, the health workers can reassure and assist these women experiencing such problems to try as much as possible to practice partner notification. I believe these women can understand better when they are in their own home setting.”*

## SUMMARY

Findings of the study indicated that there is adequate knowledge on the concept of partner notification amongst HIV-positive women. There was also an indication of adequate knowledge on the importance (benefits) of partner notification both to the notifier and the notified. The results also indicated that more people (HIV-positive women) believe that it is good to notify partner about one's serostatus as this enhances love, trust and openness in the relationship. The results also revealed that the majority of women disclosed their HIV test results to their spouses and faced no adverse reaction from their husbands. It was also revealed that there is great need for the health workers to assist those families facing challenges of partner notification through home visits and counseling.

## **CHAPTER SIX**

### **DISCUSSION OF FINDINGS**

#### **6.0 INTRODUCTION**

This chapter presents a discussion of findings of the study on challenges of partner notification faced by HIV-positive women attending ART clinic conducted at Kawale Health center. The researcher used a qualitative-based interview guide which had both open and closed questions. All of the subjects were interviewed and none was given the guide to respond on their own. The discussion will focus on the demographic data of the participants in order to give a background of the sample used in this study. It will also focus on the respondents' knowledge on partner notification and its importance, the respondents' beliefs on partner notification, any problems related to partner notification faced by the respondents and the respondents' perceived feelings before and after partner notification.

#### **6.1 DEMOGRAPHIC DATA**

The study sample comprised 15 participants whose ages ranged from 20 to 50 years old. The majority of them (60%) were in the age group of 20 to 30 . However, the age neither affected the respondents' knowledge on partner notification and its importance nor did it influence their ability to disclose their HIV test results to their sex partners. Among the respondents, 13(87%) belonged to the Christian faith community, 2(13%) belonged to the Moslem community. There were no pagans. Christians who have faith in their God pray before disclosing their serostatus to their spouses and this gives them confidence.

Participants belonged to different tribes. Each tribe has its own cultural values and beliefs. Cultural values play a major role in the communications patterns of the family. In some tribes culture determines the flow of information within the family. For instance, amongst the Chewa the husband who is the head of the family is responsible for the dissemination of information in the family. The wife has almost no say when it comes to issues and decision making in the family for fear of challenging the head of the family. This is seen as one of the determinants of the rate at which women disclose their HIV status to their husbands.

Of the 15 respondents, 13(87%) were married and 2 (13%) were divorced. However, there was no correlation between the divorce and the issue of partner notification.

The majority of the respondents (53%) had number of children ranging from 1 to 2. This was so because the majority of the respondents fell within the age range of 20 to 30 years and for most of them child bearing begins around 23 to 25 years of age.

Out of the 15 respondents, 1 respondent attained tertiary education, 5 attained secondary education, the majority (47%) attained primary education, and 2 attained no formal education.

Education plays a major role in the knowledge and understanding of hospital advice such as the relevance of partner notification. Those that attained some form of education are in a better position to understand the relevance of partner notification.

Most of the respondents (80%) were housewives, 2 were business ladies and 1 was a house maid. Occupation played a role in the ability to disclose HIV status to their sexual partners. Most of the respondents were house wives and this implies that they had ample time to think on how and when to best notify their partners about their HIV status unlike those that were very busy such as business ladies.

## **6.2 HIV SEROSTATUS TESTING**

According to the results, most of the respondents have had their HIV tests between 2004 and 2008. This was so because; between these years there have been a number of programmes which aimed at increasing the rate of HIV and AIDS testing for example Prevention of Mother To Child Transmission. The majority of the respondents preferred to have their HIV tests at health centers. This was so because for most of them this is the nearest health facility where they can access health services. HIV serostatus testing is one of the strategies that have been employed to prevent new infection and to treat currently infected individuals (Medley et al, 2004).

## **6.3 KNOWLEDGE ON PARTNER NOTIFICATION**

### **6.3.1 DEFINITION OF PARTNER NOTIFICATION**

The study revealed that most of the participants clearly understood the concept of partner notification as evidenced by their ability to define partner notification. Mostly respondents indicated partner notification as a process of sharing one's HIV test results with their partner in order to encourage them to go for HIV test as well.

### **6.3.2 BENEFITS OF PARTNER NOTIFICATION**

The study revealed that most of the participants know the benefits of partner notification both to the notifier and the notified. The benefits to the notifier mentioned by the respondents were: anxiety-free life, support from partner and family, safe life and proper planning of the family. The benefits to the notified mentioned by the respondents were: encouragement to go for HIV testing as well, safe life through knowledge of partner serostatus.

It is very important for the spouses to appreciate the benefits of partner notification because this will directly influence them to practice it. Unless people perceive partner notification as advantageous they may not practice it effectively. This will therefore assist in achieving the

WHO and CDC goals of HIV testing which encourage spouses to disclose their serostatus to their sexual partners in an effort to enhance HIV and AIDS control (WHO, 2001: CDC, 2001).

#### **6.4 BELIEFS ABOUT PARTNER NOTIFICATION**

The study revealed that almost all of the participants believe that it is good to disclose one's serostatus to the sexual partner as this does not only influence them to go for HIV testing but also enhances love, trust and openness between spouses. This is very important because it is actually one's belief which influences them to behave in a particular manner. What one intends to do is based on the beliefs they hold about that action. If a person believes that a particular action is good or rewarding they will definitely embark on that action. If the spouses believe that partner notification is good or beneficial they will practice it effectively.

According to Remien & Bradley (2007), discussing and disclosing HIV status is a two way street. Be it right or wrong, most people feel that when a person knows that he or she is HIV-positive then he or she has an obligation to tell the other person and counselors are encouraged to help people with this process. Also, laws in some areas require disclosure of HIV-positive status prior to sex. However, both partners should be responsible for knowing their own status, disclosing their own status when it seems important, and asking their partner about their status if they want to. Whatever reasons held by spouses, partner notification is very important both partners.

#### **6.5 PARTNER NOTIFICATION EXPERIENCE**

##### **6.5.1 HIV status Disclosure**

The study revealed that all participants had at some point disclosed their HIV test results to their sex-partners. This was a good impression and was attributed to the respondents' knowledge about the benefits of partner notification. It therefore implied that it is those that are knowledgeable about the benefits of partner notification that can effectively practice it.

These results were in line with a study done by Parson et al (2004) on HIV serostatus disclosure to sexual partners among HIV-positive Injection Drug Users. The results indicated that more than half, 60.6% (n=60) reported disclosing that they were HIV-positive to their sexual partners. Only four participants reported that their sexual partners were currently not aware of their HIV status. This is a clear indication that HIV status disclosure among sexual partners is considerably high.

### **6.5.2 Factors influencing practice of partner notification**

The study revealed certain factors held by the respondents which actually influenced them to disclose their serostatus to their spouses. These included: love for the husband, the need for the husband to know everything as the head of the family, the nature or seriousness of the issue, guilt, faith and hope in God, improved adherence to medical advice and other occurrences in the family such as sickness of a child. The majority of the respondents indicated love for the husband as a factor which influenced them to disclose their serostatus to their husbands. Generally the love for the husband meant that the women, having known the benefits of partner notification, never wanted to leave their husbands in darkness but also wanted them benefit from partner notification by either living safely or go for HIV testing to know their status as well. This also goes back to the fact that knowledge about the benefits of partner notification influences one to practice it.

Disclosure can provide psychological benefits, and this is the factor which influences many spouses to disclose their HIV serostatus (Remien and Bradley, 2007). In one study, HIV-positive injection drug users who disclose their status experienced increased intimacy with partners and reaffirmation of their sense of self. Many HIV-positive persons who disclose their status find that it reduces anxiety about transmission, so sex can be much more comfortable and relaxed. However, there are different factors influencing spouses to disclose their HIV serostatus and may not be limited to the findings of this study.

### **6.5.3 Problems faced during partner notification**

The study revealed that the majority of the participants never faced problems during the process of disclosing their serostatus to their spouses and their partners agreed to go for HIV testing. The respondents admitted that no family disorganization was caused citing the understanding of their husbands as the basis for this. This is very important in partner notification because the reaction of the husband also influences the ability of the wife to disclose their serostatus. If the husband reacts harshly to matters, the woman is more likely to withhold critical issues from the husband.

The findings of this study on problems faced during partner notification correlate with the WHO documentary summary (2004), which synthesizes several study findings on the concept of HIV status disclosure to sexual partners. According to the documentary, in most studies from both developing and developed country settings, HIV status disclosure to sexual partners was associated with positive results outcomes including increased social support, acceptance, kindness, decreased anxiety and depression and strengthening of relationships. Negative outcomes including blame, abandonment, anger, violence, stigma and depression were less commonly reported among those who disclose than positive outcomes.

Very few participants indicated that their husbands were angry, disappointed, and refused to go for HIV testing but no physical harm was caused. It is normal to react with some emotional stress

to HIV-positive test result as this is in line with the study conducted by Gombachika (2004) on the experiences of HIV-positive pregnant women. The study revealed that whatever prior preparation the informants underwent considerable emotional stress after getting to know their HIV test result. The results also revealed that for married couples, positive HIV test results to one partner will equally affect the other party and considerable emotional stress will be reflected on the other partner.

If the spouses understand the situation (i.e. serostatus of the partners) they will also be able to go for HIV testing and this will enhance the rate of partner notification, as a measure of HIV and AIDS control.

#### **6.5.4 The feeling before partner notification**

The study revealed that the majority of the participants were never free and felt restless before disclosing their HIV test results to their sexual partners. This is a very good impression as far as partner notification is concerned. The respondents, having known the benefits of partner notification even to their spouses even to their spouses they were not at peace and greater was the need to share their test results with their husbands. It is only when one feels the need to disclose their serostatus results to their sexual partners that they can actually practice partner notification.

A challenging issue for many people is the timing of the disclosure (Remien and Bradley, 2007). If disclosure is delayed or is not done relatively early, it can become more difficult for the spouse as it can lead to either a partial or total disruption of their normal life. They may feel guilty and their previously enjoyed habits become unpleasant. Though different people react differently, most people portray a miserable behaviour until disclosure is done.

#### **6.5.5 Feelings after partner notification**

The study revealed that the majority of the participants felt relieved after sharing their serostatus results with their husbands. Partner notification in this case was used as a relieving measure of stress that the women had before disclosing their serostatus to their sexual partners hence, could be adopted by many spouses in order to stay free life, free of anxiety.

Disclosure to significant others for example sexual partners can increase support for HIV – positive persons (Remien and Bradley, 2007). Owing to this benefit, most people who disclose their HIV-positive serostatus feel free, relieved and ready for the subsequent benefits. A study of Latino gay men found that disclosure was related to greater quality of social support, greater self-esteem and lower levels of depression, Disclosure also can lead to support that facilitates initiation of, and adherence to, HIV treatment and medications. These benefits are associated with a feeling of relief.

## **6.6 WAYS TO MINIMIZE PROBLEMS OF PARTNER NOTIFICATION**

### **6.6.1 Measures to reduce challenges of partner notification**

The study revealed that the majority of the participants (87%) indicated that the challenges of partner notification could be minimized if health care providers stress during education of families who have tested positive on the importance or benefits of partner notification.

This is a very important note to the health workers in the management of problems associated with partner notification. It is only when the spouses know and appreciate the importance of partner notification they can also practice it effectively. This stands a challenge to health care providers to emphasize the benefits of partner notification so that spouses understand and make a voluntary choice to go and have HIV tests so as to make the work of HIV and AIDS control effective.

Because many experts believe that HIV-positive status disclosure helps prevent HIV transmission and increases social support for HIV-positive individuals, there are efforts to develop programs to encourage disclosure and make it constructive experience (Remien and Bradley, 2007). Most programs to support HIV status disclosure have been part of overall prevention and wellbeing programs for HIV-positive persons. Programs may include discussion of the benefits of disclosure, when to disclose and to whom. Programs should include practicing skills to discuss HIV status in the context of social negotiation.

### **6.6.2 Message to fellow women**

The study revealed that all the participants indicated that fellow women should always try as much as possible to disclose their HIV test results to their sexual partners. The reasons that were cited include: partner notification results in a relieved and anxiety-free life, helps partner to make an informed choice of going for HIV test as well, promotes family well being, helps practice of safe sex and helps to bring about openness and trust.

It is a good impression that the participants were able to encourage their fellow women to practice partner notification. The underlying influence for the participants to say partner notification is good is the understanding of its benefits. Efforts have to be emphasized in the dissemination of information about the importance of partner notification because this directly affects the rate of serostatus disclosure among spouses.

### **6.6.3 Role of health workers in reducing challenges of partner notification**

The study revealed that all the participants indicated that health workers have as their core task, to counsel those spouses on issues pertaining to partner notification particularly, on the benefits

of partner notification. This could be achieved through educating the spouses on each and every contact with the health care providers. Contacts can be scheduled as hospital appointments with the spouses or home visits by the health workers.

Education through counseling the spouses on the benefits of partner notification is an effective way of motivating the spouses to practice partner notification hence enhancing the fight against HIV and AIDS. According to USAID report (2003), of the study on the women's' experiences with HIV serodisclosure to Africa, health service providers face a number of practical and professional challenges in addressing disclosure. These include lack of clear policies, guidelines and tools to address problems associated HIV serodisclosure among married couples. Providers often lack the interpersonal communication skills to effectively counsel and support clients to disclose especially women who are within marginalized and vulnerable groups. Therefore these challenges need to be addressed to promote effective counseling and support to women facing problems related to partner notification.

### **SUMMARY**

The study has revealed that HIV-positive women perceive partner notification as a very important and beneficial measure of increasing the rate of HIV testing and also a measure of HIV and AIDS control. It has also indicated that the rate of HIV status disclosure among HIV-positive to their sexual partners is high because of the understanding of the benefits of partner notification. Challenges of partner notification faced by HIV-positive women are not very common at present. However, lack of understanding of partner notification by some husbands still compromises the rate of HIV status disclosure by these women. In essence, health care providers have as their core task to counsel and educate spouses affected b and infected with HIV and AIDS on the importance of partner notification in order to increase the practice of partner notification and minimize problems or challenges associated with partner notification.

## **CHAPTER SEVEN**

### **CONCLUSION**

This chapter comprises the implications of the study to nursing practice, nursing management, nursing education and nursing research and also recommendations and areas for further research.

#### **7.1 IMPLICATIONS OF THE STUDY**

The findings of the study have implications to nursing practice, nursing management, nursing education and nursing research.

##### **7.1.1 NURSING PRACTICE**

The study found out that there is lack of adequate counseling of HIV-positive spouses on the benefits of partner notification. It implies that those that fail to disclose their serostatus results to their sexual partners do not have a full understanding of the benefits of partner notification. Nurses have as one of their professional functions the role of an educator or counselor hence should make good use of this role by emphasizing their education on the benefits of partner notification.

##### **7.1.2 NURSING MANAGEMENT**

There is need for nurse managers to ensure that there is an allocation of adequate resources (human resource) to facilitate the care of the spouses or families infected with and affected by HIV and AIDS. Nurse Managers should also ensure adequate and proper supervision of the nurses in the counseling of the spouses to ensure quality services and also to improve the practice of partner notification.

##### **7.1.3 NURSING EDUCATION**

As already looked at, the study has revealed low education on the benefits of partner notification by nurse professionals and other health care providers. As a result, some spouses are underinformed on the concept of partner notification and its importance. This is a call to the nurse educators to emphasize their role in raising awareness of the spouses on the benefits of partner notification.

##### **7.1.4 NURSING RESEARCH**

There are a lot of changes that are taking place in the rates of HIV status disclosure amongst couples or spouses. Research should therefore be constantly conducted to establish recent rates of HIV status disclosure to determine the necessary strategies to be implemented in order to manage any problems associated with partner notification. Nurses working with families

affected by problems of partner notification should constantly evaluate the effectiveness of their strategies in order to meet the needs of these clients.

## **7.2 RECOMMENDATIONS**

All nurses must join hands in ensuring that clients infected with or affected by HIV and AIDS have adequate information on the benefits of partner notification because this directly influences the rate of HIV disclosure among spouses.

The Ministry of Health should formulate a policy of partner notification and should reinforce the implementation of this policy. These will act as guidelines in the enhancement of the practice of partner notification to achieve maximum HIV and AIDS control

The ministry of Health should organize in-service training programmes for nurses that will be working with families facing problems of partner notification. These training programmes will help nurses acquire knowledge and skills in the enhancement of the practice of partner notification.

Other health care providers such as HIV and AIDS counselors should also be trained on to enhance the practice of partner notification. Emphasis on the importance of partner notification can be made after HIV test. This will ensure a wide coverage of the people facing the problems related to partner notification.

There should be multisectoral involvement in the enhancement of the practice of partner notification. For instance, involvement of the ministry of information in raising community awareness of the importance of partner notification would also promote the practice of partner notification.

## **7.3 LIMITATIONS OF THE STUDY**

The study had the following limitations:

- Time for the research was limited as the research was being conducted in the academic setting together with other academic courses.
- The study could also not be conducted on a larger scale due to human and financial resource constraints. Only 15 in-depth interviews were done hence the results cannot be generalized to all HIV-positive women in Lilongwe.

#### **7.4 AREAS FOR FURTHER RESEARCH**

Further research could be done on the perceptions of men on the importance of partner notification. This will determine knowledge and perceptions of men on partner notification and will help to discover any challenges of partner notification faced by men.

A study can also be done on the challenges faced by nurses and other health workers working with families facing problems of partner notification in order to come up with strategies to address these challenges.

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APPENDIX 1

**(QUALITATIVE-BASED INTERVIEW GUIDE)**

**CHALLENGES OF PARTNER NOTIFICATION FACED BY HIV-POSITIVE WOMEN  
ATTENDING ART CLINIC.**

**SECTION A: DEMOGRAPHIC DATA**

1. Age of participant

A. 20-30 [ ]

B. 31-40 [ ]

C. 41-50 [ ]

D. 51-60 [ ]

2. Sex

A. Male [ ]

B. Female [ ]

3. What is your religion? (tick)

A. Christian [ ]

B. Moslem [ ]

C. Pagan [ ]

D. Other (specify) \_\_\_\_\_

4. Tribe (What is your tribe)

A. Chewa [ ]

B. Ngoni [ ]

C. Tumbuka [ ]

D. Tonga

E. Other (Specify) \_\_\_\_\_

5. Marital status

A. Single

B. Married

C. Divorced

D. On separation

E. Widowed

6. How many children do you have

A. 1

B. 2

C. 3

D. 4 and above

7. How far did you go with education

A. Did not go to school

B. Primary school

C. Secondary school

D. University level

8. Are you working

A. Yes

B. No

9. If yes, what type of work

- A. Farmer
- B. Teacher
- C. Business lady
- D. Other (Specify) \_\_\_\_\_

**SECTION B: HIV SEROSTATUS**

10. When did you have your blood tested for HIV

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11. Where was the test done?

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**SECTION C: PARTNER NOTIFICATION EXPERIENCE**

12. What do you know about serostatus partner notification

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13. What do you think are the benefits of Partner notification

(a) To the notifier

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(b) To the notified

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14. Different people have different beliefs on the concept of partner notification on HIV status. What are your personal beliefs on the concept of partner notification?

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(b) Have you ever notified your partner on your HIV serostatus?

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(c) What do you think influenced you to disclose your serostatus results to your husband?

.....

.....

15. Explain any problems you faced when you disclosed your serostatus to your partner(s)

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16. What was the reaction of the partner to your serostatus disclosure?

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17. What was your feeling before notifying your partner about your serostatus?

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18. What was your feeling after notifying your partner about your serostatus?

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19. What do you think could be the best way to minimize the problems/ challenges you faced during partner notification?

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20. What do you have to share with those HIV positive women who fail to disclose their HIV status to their sexual partner of various challenges?

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

21. What do you think health workers should do in order to assist other HIV positive women experiencing challenges of PN in order to minimize these challenges?

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APPENDIX 2

**INTERVIEW GUIDE (CHICHEWA VERSION)**

**ZOVUTA ZOMWE AMAYI OMWE APEZEKA NDI KACHILOMBO KA HIV  
AMAKUMANA NAZO POFOTOKOZERA BWENZI LAWO ZOTSATIRA ZA MAGAZI  
AWO KU KILINIKI YA MA ARV.**

**GAWO A: MBIRI YANU**

1. Muli ndi zaka zingati

- A. Pakati pa 24 ndi30 [ ]
- B. Pakati pa 31ndi40 [ ]
- C. Pakati pa 41ndi50 [ ]
- D. Pakati pa 51ndi60 [ ]
- E. Kupyolera 60 [ ]

2. Ndinu a amuna kapena a akazi

- A. Amuna [ ]
- B. Akazi [ ]

3. Ndinu achipembedzo chanji?

- A. Chikhirisitu [ ]
- B. Chisilamu [ ]
- C. Simupemphera [ ]
- D. Zina (Tchulani) \_\_\_\_\_

4. Ndinu mtundu wanji wa anthu?

- A. Chewa [ ]

B. Ngoni

C. Tumbuka

D. Tonga

E. Zina (Tchulani) \_\_\_\_\_

5. Za Banja

A. Simunakwatiwepo

B. Mulipabanja

C. Banja linatha

D. Munapatukana

E. Anamwalira

6. Muli ndi ana angati?

A. Mmodzi

B. Awiri

C. Atatu

D. Kupyolera anayi

7. Sukulu munalekeza pati?

A. Sindinapiteko ku sukulu

B. Pulayimale

C. Sekondale

D. Koleji

8. Mumagwira ntchito?

A. Eya

B. Ayi

9. Ngati eya, Mumagwira ntchito yanji?

- C. Ulimi
- D. Uphunzitsi
- E. Yogulitsa malonda
- F. Zina (Tchulani)

**GAWO B: ZA KACHILOMBO KA HIV**

10. Kodi munayezetsa magari anu liti?

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11. Nanga munayezetsa kuti ?

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**GAWO C : KUFOTOKOZERA BWENZI ZOTSATIRA ZA MAGAZI**

12. Kodi mukudziwapo chiyani pa za nkhani yodziwitsa bwenzi logona nalo pa za magari ako ?

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13. Mukuganiza kuti kudziwitsa bwenzi lako za momwe magazi ako aliri kungapindulire bwanji wodziwitsa ndi wodziwitsidwayo?

(a) Wodziwitsa \_\_\_\_\_

(b) Wodziwitsidwa \_\_\_\_\_

14. Anthu osiyanasiyana amakhalanso ndi zikhulupiro zosiyana siyana pa nkhani yodziwitsa bwenzi logonana nalo zammene magazi awo aliri. Kodi inu mumakhulupirira chiyani pa za nkhani yofotokozera bwenzi za momwe magazi aliri ?

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(b) Kodi inu munafotokozerapo bwenzi lanu za momwe magazi anu aliri ?

---

[ngati eya pitani kufunso ( c )]

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( c ) Mukuganiza kuti chimene chinakupangitsani /chinakulimbitsani kuti mudziwitse bwenzi lanu zamomwe magazi anu aliri ndi chiyani ?

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15. Fotokozani mavuto omwe munakumana nawo pamene munafotokozera bwenzi lanu zamomwe magazi anu aliri.

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16. Kodi bwenzi lanu anaulandira bwanji uthenga umenewu

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17. Kodi inu munamva bwanji mumtima mwanu musanafotokozere bwenzi lanu mmene magazi anu aliri

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---

18. Nanga munamva bwanji mumtima mwanu mutafotokozera bwenzi lanu za momwe magazi anu aliri

---

---

19. Mukuganiza kuti njira zimene zikadathandiza kuchepetsa kapena kuthetsa mavuto omwe munakumana nawo pofotokozera bwenzi lanu za momwe magazi anu aliri ndi ziti

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20. Mungawauze chiyani amayi opezeka ndi kachilombo ka HIV omwe amalephera kufotokozera bwenzilawo za mmene magari awo aliri chifukwa cha mavuto osiyanasiyana

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21. Mukuganiza kuti achipatala angathandize bwanji amayi opezeka ndi kachilombo ka HIV omwense akukumana ndi mavuto osiyanasiyana pa nkhani yodziwitsa bwenzi zamomwe magari awo aliri

APPENDIX 3

The University of Malawi  
Kamuzu College of Nursing  
P/Bag 1  
**LILONGWE**  
16th June, 2008

The Director of Research  
Ministry of Health and Population  
Private Bag  
**LILONGWE**

Dear Sir,

**REQUISITION FOR A NATIONAL CLEARANCE TO CONDUCT A RESEARCH STUDY ON “CHALLENGES OF PARTNER NOTIFICATION FACED BY HIV POSITIVE WOMEN**

I am a fourth year student at Kamuzu College of Nursing. In partial fulfillment of the requirement for the award of Bachelor of Science Degree in Nursing, I am supposed to carry out a research project. The title of my research is “challenges of partner notification faced by HIV positive women attending ART clinic”. This will help to fill in the gaps that exist on the knowledge of the importance of partner notification and develop necessary strategies aimed at minimizing the challenges faced by these women. The research will be carried out from June November, 2008.

A signed informed consent will be sought from the participants before starting interviews. The purpose, course and benefits of the study including methods of data collection will be elaborated to the participants. The participants will be assured that the information obtained and their identity will be kept confidential. No participants will be forced to participate in the study.

The purpose of this letter is therefore to ask for permission to carry out this study at Light House (Clinic) at Kamuzu Central Hospital in Lilongwe.

Your acceptance will be highly appreciated.

Yours faithfully

**MCDONALD NYALAPA**

APPENDIX 4

The University of Malawi  
Kamuzu College of Nursing  
P/Bag 1  
**LILONGWE**  
16th June, 2008

The District Health Officer  
Lilongwe D H O  
P.O.Box  
**LILONGWE**

Dear Sir/Madam,

**REQUISITION FOR A DISTRICT CLEARANCE TO CONDUCT A RESEARCH STUDY ON “CHALLENGES OF PARTNER NOTIFICATION FACED BY HIV POSITIVE WOMEN”**

I am a fourth year student at Kamuzu College of Nursing. In partial fulfillment of the requirement for the award of Bachelor of Science Degree in Nursing, I am supposed to carry out a research project. The title of my research is “**challenges of partner notification faced by HIV positive women**”. The main aim of the study is to explore the existing challenges of partner notification faced by HIV-positive women attending ART clinic. This will help to fill in the gaps that exist on the knowledge of the importance of partner notification and develop necessary strategies aimed at minimizing the challenges faced by these women. The research will be carried out from June to November, 2008.

A signed informed consent will be sought from the participants before starting interviews. The purpose, course and benefits of the study including methods of data collection will be elaborated to the participants. The participants will be assured that the information obtained and their identity will be kept confidential. No participants will be forced to participate in the study.

The purpose of this letter is therefore to ask for permission at district level, to carry out this study at Lighthouse, at Kamuzu Central Hospital in Lilongwe.

Your acceptance will be highly appreciated.

Yours faithfully,

**MCDONALD NYALAPA**

APPENDIX 5

The University of Malawi  
Kamuzu College of Nursing  
P/Bag 1  
**LILONGWE**  
16th June, 2008

The Nurse In-charge  
Kawale Health Centre  
P.O.Box  
**LILONGWE**

Dear Sir/Madam,

**REQUISITION FOR A SETTING FOR A RESEARCH STUDY ON “CHALLENGES OF PARTNER NOTIFICATION FACED BY HIV POSITIVE WOMEN”**

I am a fourth year student at Kamuzu College of Nursing. In partial fulfillment of the requirement for the award of Bachelor of Science Degree in Nursing, I am supposed to carry out a research project. The title of my research is **“challenges of partner notification faced by HIV positive women”**. The main aim of the study is to explore the existing challenges of partner notification faced by HIV-positive women attending ART clinic. This will help to fill in the gaps that exist on the knowledge of the importance of partner notification and develop necessary strategies aimed at minimizing the challenges faced by these women. The research will be carried out from June to November, 2008.

A signed informed consent will be sought from the participants before starting interviews. The purpose, course and benefits of the study including methods of data collection will be elaborated to the participants. The participants will be assured that the information obtained and their identity will be kept confidential. No participants will be forced to participate in the study.

The purpose of this letter is therefore to seek permission to carry out this study at your health facility.

Your acceptance will be highly appreciated.

Yours faithfully,

**MCDONALD NYALAPA**

APPENDIX 6

**INFORMED CONSENT FOR THE STUDY 'CHALLENGES OF PARTNER NOTIFICATION FACED BY HIV-POSITIVE WOMEN ATTENDING ART CLINIC AT LIGHTHOUSE'**

I am a fourth year student at Kamuzu College of Nursing here in Lilongwe. In order to complete my Bachelor of Science Degree in nursing, there is a requirement to carry out a research study. The topic under study is 'Challenges of partner notification faced by HIV-positive women attending ART clinic at Kawale Health Center.

The results of the study shall assist to develop necessary strategies aimed at minimizing the challenges faced on partner notification in an effort to improve and maximize the fight against the HIV and AIDS pandemic.

The information you will give will be kept confidential and will only be accessible to the researcher and the supervisor. No risks are attached to the study. On the other hand, there are no personal benefits connected to your participation in this study.

You are required to voluntarily participate in this study without being subjected to any undue influence or coercion. You are also free to withdraw at any point of the study, if you feel like doing so.

I therefore request you to respond to the questions in your best knowledge and understanding of the subject matter. All questionnaires will be destroyed following the completion of the study.

If you are willing to take part in the study, please sign below:

I..... am willing to participate in the study after being fully informed about what the research is all about. I understand that my participation in the study shall have no impact on my access to current care or treatment.

.....

.....

.....

PARTICIPANT

DATE

.....

.....

.....

RESEARCHER

DATE

APPENDIX 6

**INFORMED CONSENT ( CHICHEWA VERSION)**

Ine ndine wophunzira m'chaka chomaliza cha maphunziro a zaunamwino ku Kamuzu College of Nursing konkuno ku Lilongwe. Mwazina zofunikira pomalizitsa maphunziro anga aukachenjede ndi kupanga kafukufuku. Mutu wa kafukufuku yemwe ndikupanga ndi 'Zovuta zomwe amayi omwe ali ndi kachilombo ka HIV amakumana nazo pofotokozera bwenzi lawo za momwe magazi awo aliri ku kiliniki ya ma ARV (ART clinic) ku Kawale.

Zotsatira za kafukufukuyu zidzathandiza kupeza njira zochepetsera zovutazi kuti ntchito yolimbana ndi matenda a Edzi (HIV and AIDS) ipitirire kuyenda bwino. Maganizo omwe mudzapereke mukafukufukuyu adzasungudwa mwachinsinsi ndipo palibe azawadziwe kupatula wofufuzayo.

Muli kudziwitsidwa kuti mukafukufukuyu mulibe choopsa chirichonse komanso simudzalandira cholowa chirichonse mukalowa nawo mukaukufukuyu. Muli kudziwitsidwanso kuti muli oyenera kulowa mukafukufukuyu mwakufuna kwanu popanda kukakamizidwa kulikonse komanso mukhoza kutuluka mukafukufukuyu nthawi iriyonse mwafuna kutero.

Choncho, ndikukupemphani kuti mudzayankhe mafunso onse malinga ndi kudziwa ndi kumvetsa kwanu pamutuwu. Pamapeto a kafukufukuyu zonse zidzaotchedwa.

Ngati muli wosangalatsidwa kutenga mbali mukafukufukuyu chonde sayinirani m'musimu:

Ine..... ndikufuna kutenga nawo mbali mukafukufukuyu nditamvetsa bwino cholinga chake . Ndamvetsa kuti kutenga mbali kwanga sikukukhudzana mwanjira iriyonse ndi chisamaliro kapena mankhwala omwe ndikulandira.

TSIKU

OTENGA MBALI ..... ..

WOCHITA KAFUKUFUKU..... ..



University of Malawi  
Kamuzu College of Nursing

RESEARCH AND PUBLICATIONS COMMITTEE

APPROVAL CERTIFICATE

TITLE: Challenges of partner notification faced  
by HIV positive women attending ART clinic  
INVESTIGATOR(S): at Lighthouse

Macdonald Nyalapa

YEAR OF STUDY:  
4 Generic

REVIEW DATE:  
7 August 2008

DECISION OF THE COMMITTEE: Approved. Check specific  
comments in the document

SIGNATURE: ..... DATE: .....  
PP DEAN OF POSTGRADUATE STUDIES AND RESEARCH 8-08-2008

CC: supervisor: Mrs. Mutchu

UNIVERSITY OF MALAWI  
KAMUZU COLLEGE  
OF NURSING  
DEAN'S OFFICE  
PRIVATE BAG 111 LONGWE

**DECLARATION OF INVESTIGATOR(S)**

*I/We fully understand the conditions under 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: 25/08/08 ..... SIGNATURE(S): Nyalapa .....

Ref. No:  
Telephone No.: 265 727063  
Telefax No.: 265 727817  
Telex No.:  
E-Mail: lilongwedho@malawi.net



Lilongwe District Health Office  
P.O. Box 1274  
Lilongwe  
Malawi

Please address all communications to:  
The District Health Officer

11<sup>th</sup> September, 2008

To whom it may concern,

**RE: PERMISSION TO CONDUCT RESEARCH IN LILONGWE DISTRICT.**

Permission has been granted to the bearer of this letter,

McDonald W. Nyalapa

to conduct a study in Lilongwe District on

Challenges of Partner notification faced by HIV-  
Positive women attending ART clinic at Lighthouse

Any assistance rendered would be appreciated.

*EM*

Dr E. Mbale  
DISTRICT MEDICAL OFFICER