UNIVERSITY OF MALAWI

KAMUZU COLLEGE OF NURSING

HOW MARITAL STATUS AND GENDER AFFECT ONES ATTITUDE TOWARDS TESTING FOR HIV/AIDS.

BY

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DECLARATION

I declare that this dissertation is completely the result of my own work and effort. This work has never been presented for any degree and is not being submitted elsewhere for any degree.

SIGNATURE:..... DATE: 11th April 2001

CANDIDATE: MIRRIAM LISA A. JERE

SIGNATURE:..... DATE:.....

SUPERVISOR: MR SIMWAKA

DEDICATION

This paper is dedicated to my beloved parents, Andrew and Lydia Jere for their love, patience and support throughout my study years . To my sister Esther and my brothers, Kondwani and Manasseh for their pride in me as their sister. May their future dreams be accomplished as desired.

ACKNOWLEDGEMENT

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May God bless you all.

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ABBREVIATIONS

AIDS	Acquired Immune deficiency Syndrome
HIV	Human Immune deficiency virus
NACP	National Aids Control Programme
WHO	World Health Organisation
SAFAIDS	Southern Africa AIDS Information Dissemination Service
UNAIDS	Joint United Nations Programme on HIV/AIDS
LACE	Lilongwe AIDS Counseling and Education Centre
BACE	Blantyre AIDS Counseling and Education Centre
MACRO	Malawi AIDS Counseling and Resource Organisation

ABSTRACT

The purpose of the study was to find out how marital status and gender affect one's attitude towards testing for HIV / AIDS. The type of research design that was used to study this problem was correlation. This was a non experimental design used to examine the relationships among variables as they occur without being controlled. The study drew a sample of five hundred and twenty - nine participants (529). The information was be collected over a period of three weeks through a questionnaire that was be provided to the participants understudy. Later it was analysed on the computer using a statistical package for social science (SPSS) for windows.. The limitations of this study included poor represantation of participants because only two regions were used, central and southern regions. Another limitation is that the group of participants chosen was not chosen by random sampling but rather chosen from a certain specific area. It is hoped that the results of this study will help the nursing profession and nursing research on how marital status and gender influence one's willingness to test for HIV/AID.

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CHAPTER 1

INTRODUCTION

1.1 BACKGROUND TO THE STUDY

HIV/AIDS is currently one of the most pandemic and worrying diseases in Malawi, Africa and the world as a whole. The major route of HIV/AIDS infection is through sexual intercourse with an infected individual. Therefore the main goal of testing among individuals is to detect individuals who will benefit from early treatment and abide to good sexual behaviours like use of condoms and abstinence.

A reliable test for antibody to HIV was first developed in 1984 and become widely available in many parts of the world by 1985 (WHO, 1992). The development of this test enable researchers to understand HIV infection and AIDS better, allowed health care workers to diagnose HIV infection in patients, and gave individuals the choice of knowing whether or not they were infected with HIV. Therefore any efforts to encourage testing for HIV/AIDS among individuals is necessary inorder for them to know their status and later change their lifestyles.

Despite AIDS being a threat worldwide, many people still do not go for test. This therefore will lead to spread of infection because these individuals will spread it without knowing.

Gender has a great effect on attitude towards testing for HIV/AIDS. Usually one's gender can support prevention efforts as HIV positive individuals receive counseling which helps to prolong life and to avoid infecting others, including spouses.

Marital status also influences one's attitude towards testing for HIV/AIDS. In this case testing can also support management as one is able to plan for one's family and therefore reduce potential problems for dependants (NACP, 1999). However, fear absence of a cure, discriminatory practices and testing facilities continue to hinder progress in this area.

1.2 STATEMENT OF THE GENERAL PROBLEM

The issue of HIV / AIDS testing amongst people in the whole world is a concern to all and can not go by without commenting on. If people are to

change their sexual behaviour to reduce HIV transmission it may be preferable for them to go for HIV testing inorder to know their status (Beardsell, 1994).

Many women have a positive attitude towards testing for HIV/AIDS than their male counterparts. Thus, males are likely to spread the infection and at risk of being infected because they may not be aware of their status.

This is also true for married people, they will have a positive attitude towards testing for HIV/AIDS because they have had enough life experiences than the unmarried people. It is therefore the purpose of this paper to explore more on attitude towards testing among married and unmarried people, women and men.

1.3 PURPOSE OF THE STUDY

The research is aimed at exploring how marital status and gender influences one's attitude towards testing for HIV/AIDS.

1.4 SIGNIFICANCE OF THE STUDY

The information, which was found, will to help identify how professional nurses will approach different people with different marital status and one's gender on the issue of testing. This will enable them to know what mainly to talk about and focus on when these people come to the hospital for a test. It will also give an insight on what advice to give them when found HIV positive.

1.5 OBJECTIVES OF THE STUDY

1.5.1 GENERAL OBJECTIVE OF THE STUDY

The overall objective of this study is to identify how marital status and gender will influence one's attitude towards testing.

4.3.1 SPECIFIC OBJECTIVES

- To identify one's gender and its effect on attitude towards testing for HIV/AIDS.
- To identify one's marital status and it's effect on attitudes towards testing for HIV/AIDS.

4.4 OPERATIONAL DEFINITIONS

1. Attitude towards testing is considered as one's opinion on the idea of testing.
2. Gender is defined as a way of describing someone's sex (whether male or female).
3. Marital status is defined as a state of marriage or the relations.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Malawi has one of the highest HIV infection rates in the region and in the world. The HIV infection rapidly penetrated the population during the early 1980s and the impact of this in terms of illness and death is now being increasingly felt (NACP, 1999). They also indicated that the HIV infection in people aged 15 – 49 is concentrated in younger age groups, particularly women. There is evidence that HIV infection in younger females aged 15-24 is about four to six times higher than the infection rate in their male counter parts. Most of these HIV infected individuals do not yet know their status.

The researcher has noted that most literature on attitudes testing in relation to marital status and gender is not available in Malawi. However some research has been done on this in other countries. Therefore the literature on attitudes towards testing in relation to marital status and gender is based on research

studies which were done in other countries.

It is important that people need to be knowledgeable and or their partners status since it will help in achieving behavioural changes. According to Muller et al (1992) testing and counseling services have helped in the reduction of HIV transmission in Africa, especially in areas with HIV/sero prevalence rates. Beardsell (1994) revealed that a person who is unaware that he or she is HIV infected may unintentionally infect sexual or drug misusing partners.

2.2 ATTITUDES TOWARDS TESTING FOR HIV/AIDS

Baggaley et al (1998) revealed that although demand has risen for HIV/AIDS testing, considerable barriers to HIV testing still exist. Many people fear that if they receive a positive test result there will be little to offer them, for instance medical intervention, and some women fear discrimination or abandonment. However other studies revealed that disclosure of one's HIV status increases both practical and emotional support for those who test

seropositive (Holt, 1998). It is important to be able to share HIV status with one's sexual partner in order to change sexual behaviour to reduce HIV transmission or acquisition (bid). The study results also revealed that people were reluctant to undergo an HIV test despite them believing they were at risk for fear of stigma. Few people mentioned the benefits of HIV testing for those testing negative. The other reason people were reluctant to undergo an HIV/AIDS test did not want to cope if reason people were reluctant to undergo an HIV/AIDS test was not wanting to cope if seropositive. Many felt they probably had HIV because of their past sexual behaviour or illness.

Beardsell (1994) conducted a study on HIV testing be encouraged on the grounds of HIV prevention. The study revealed that the issue of HIV antibody testing and the balance of its advantages and disadvantages has always been a contentious issue, and one which constantly needs to be re-examined. Whether to take an HIV antibody test or not is a major decision and the individual must be aware of and weigh the benefits against the drawbacks at any one point in time. However, he says that testing can put the individuals' mind at rest and allow long-term plans to be made, including those regarding sexual practices and pregnancy. Moreover, he indicates that the major advantage of testing is ongoing monitoring in order to identify clinical

problems early and receive early prophylaxis and therapies.

Baggaley et al (1998) conducted a study on HIV counseling and testing in Zambia. The study's results revealed that women especially felt it shameful to have an HIV test and if known to be seropositive, fear discrimination. For instance one woman aged 22 years old said that if she decides to take an HIV/AIDS test and the results are positive, her family will not take care of her since she will be considered as an outcast. Another woman aged 28 years old said that if she was found HIV seropositive, people would not say that she got it from one sexual partner but that she is a prostitute.

2.3 MARITAL STATUS

Baggaley et al (1998) conducted a study on HIV counseling and testing in Zambia. The study results revealed that most people did not want to go for an HIV test for fear of being unable to cope if seropositive. Many people felt that they probably had HIV because of their past sexual behaviour or illness. The did not, however want this confirmed. For instance one woman aged twenty-nine years old said that she suspected that her first husband died of AIDS, hence she thought that she had the virus too especially when she knew that

they were having sex throughout even in the month, the husband died. Therefore she indicated that she would rather live like that and never be told that she has HIV even though she suspects it (ibid.). The results also indicated that other people said that they did not need an HIV test as they had no illness or had a healthy child. For example, another woman aged twenty-two years said that she has a newly born baby who is fine and healthy, which gives her all the courage to think that she is HIV free.

Danziger, (1994) and De Bruyn (1992) conducted studies separately and the study results revealed that HIV positive women may suffer violence or abandonment once their serostatus becomes known, often at the hands of their husbands and extended family if they become ill due to HIV. They both said that if the husband is told that his wife is seropositive by the doctor he will blame it on her and leave her.

De Bruyn further said that this was supported by reports from Uganda where women with AIDS are often abandoned by their husbands even if their spouses infected them.

In single people there are a lot of risk in knowing their serostatus. For

instance their family may blame them for bringing HIV into their families and may react violently or make them leave their home (Health Link Worldwide, 2000). It also indicated that they may be stigmatized and looked down on by their neighbors and by health workers. This later may lead them to become anxious and depressed.

2.4 GENDER

De Bruyn (1992) conducted a study on women and AIDS. The study's results revealed that the impact of HIV/AIDS is particularly great on women in developing countries for two reasons. Stereotypes relates to HIV/AIDS have meant that women are either blamed for their spread or not recognised as potential patients with the disease. The consequences can be delayed diagnosis and treatment, stigmatization, loss of income and violations of human rights. Another reason was that women are at increased risk of exposure to HIV infection for reasons related directly and indirectly to their gender. The reasons which included women's frequently low socio-economic status and lack of power make it difficult for them to undertake prevention measures.

Danziger, (1994) conducted a study which highlighted some of the main areas of social impact of HIV/AIDS in developing countries. The study's results revealed that while men and women both face enormous suffering as a consequence of epidemic, women's pre-existing social, economic, legal and political disadvantage heightens their vulnerability not only to risk of HIV infection but also to much of the impact of the epidemic. The study results further revealed that HIV positive women may suffer violence or abandonment once their serostatus becomes known, often at the hands of their husbands. If the husband is told that his wife is HIV-positive by the doctor, he will blame it on her and leave her and the children and take another wife and start another family with her. Once the woman is abandoned by her husband she may be rejected by her husband's family as well as her own and by her friends and neighbors.

A man aged thirty-six years old (36 years) indicated that him as a Christian could not dare go for an HIV/AIDS test for fear of being found seropositive which will make his life miserable and for fear of the people at the church of reacting negative (Baggaley et al 1998).

SUMMARY

A lot has been written and reported on HIV/AIDS and also on HIV/AIDS testing. Many developed and developing countries are supporting the need for testing for HIV/AIDS as a way of preventing the spread of HIV/AIDS infection since there is no cure for the disease. Testing has been found as a means of helping people know their status in order to live positively if found seropositive. Despite all that has been written the researcher feels that not much has been investigated on how marital status and gender influences one's attitude towards HIV/AIDS testing. Therefore, the researcher intends to investigate on marital status, gender, and their attitudes towards testing for HIV/AIDS.

CHAPTER 3

CONCEPTUAL FRAMEWORK

Health Belief Model (HBM) was selected for this study. The model was developed by Rosenstock, Hochbaum and Kegeles in the early 1950's . The model explains why some people take specific actions to avoid illness while others fail to protect themselves (Stanhope & Lencauts, 1992). It is useful in organizing information about peoples views on their state of health and what factors would influence them to change their behaviours.

The theory was derived from a psychosocial theory of decision making attribute to Lewin. In the theory Lewin predicted that the behaviour depends mainly on the value placed by the individual on a particular outcome and the individuals estimate of the likelihood that a given action will result in that outcome (Leay, Cobb and Jones, 1982 as cited by Pender & 1987) formulated the health belief model to assist in the explanation of preventive health care measures and suggest action or a cue to action that may help individuals to recognise health care needs (Leay, Cobb and Jones, 1982).

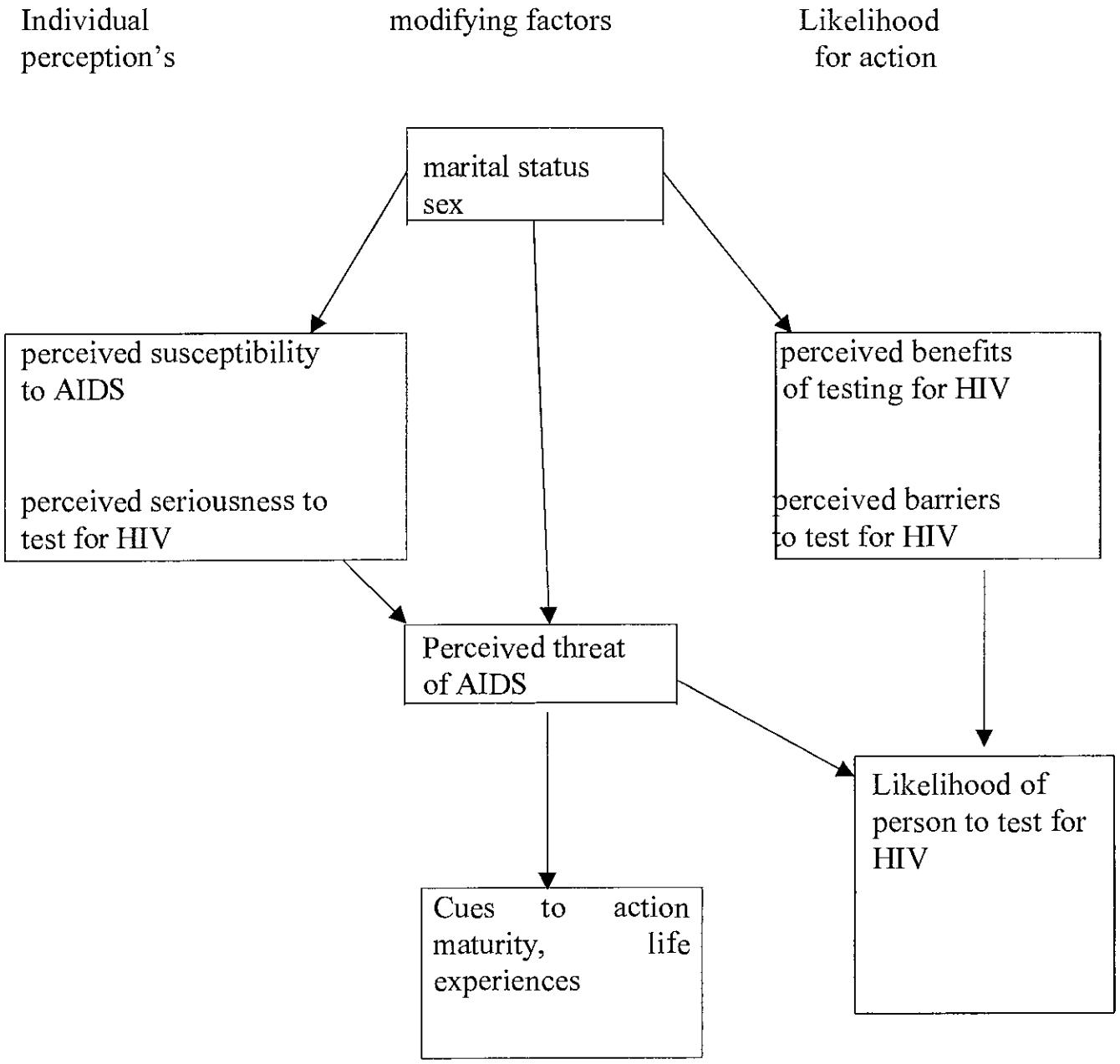
In this model individuals are assumed to exist in a life space composed of regions, which are positively, negatively valued and neutral regions. Individuals are assumed to take preventive health action to avoid situations, which are negatively valued (Pender, 1987). This implies that individuals take action to avoid situations, which predispose them to disease so that they remain in positive regions.

This health belief model is divided into three major components. Individual perception, modifying factors and variables affecting likelihood of initiating actions. Persons perception in view of susceptibility disease and the seriousness of the disease combine to form the perceived threat of an illness. Contributory factors on modifying factors includes demographics variables such as age, sex race, ethnicity, personality social class and pressure from a reference group.

The model further states that the likelihood that the person will take any action influenced by the perceived benefits of the action weighed against the barriers to action. Examples of barriers are cost, unpleasantness or extent of life change (Pender , 1987). Therefore HBM could be used to determine people's

perceptions of the risk of the disease and their views of what might be the advantages and disadvantages of preventive action.

FIGURE 1. MODIFIED ROSENSTOCK'S HEALTH BELIEF MODEL (1977)



APPLICATION OF THE MODEL TO THE STUDY

The major variables that have been selected for this study are perceived susceptibility to the detected, perceived severity, perceived benefits of preventive action (testing for HIV) perceived barriers to preventive action and modifying factors i.e. marital status and sex. There have been selected for their direct relevance to the study.

According to figure 1. Modified Rosenstock's Health Belief Model, the modifying factors are influencing the individual's perception of the disease (AIDS) and likelihood to take preventive and recommended actions (testing for HIVB). In the study, the modifying factors of people are marital status and sex. Their perceptions which are influenced by the factors are perceived susceptibility to AIDS and their perceived seriousness or severity of the disease (AIDS). Furthermore, the actions of people which are influenced by the modifying factors are their perceived benefits to test for HIV and perceived barriers to test for HIV. Such barriers are fear of discrimination. Therefore if the modifying factors have a positive impact on the person or an individual, then they will be able to take recommended preventive health actions. For example, testing for HIV in order to know one's status either

positive or negative and then later taking preventive actions to avoid infecting oneself if negative and or preventing to infect oneself more or others if found positive

CHAPTER 4

METHODOLOGY

4.1 DESIGN

The type of research design that was used to study this problem was correlation. This is a non-experimental design used to examine the relationships among variables as they occur without being controlled.

In the design an investigation makes a prediction that variation in the independent variable will result in the occurrence of some event or behaviour, dependent variables.

The principles investigators in this study were the faculty of nursing at Kamuzu College of Nursing and the Kamuzu College of Nursing undergraduates. This study used data collected from the larger study that is, Kamuzu College of Nursing Faculty, Student Research Project (1999 – 2000): Evaluating the effectiveness of an AIDS prevention project. But data analysis was done on an individual basis using the collected data.

4.2 STUDY SAMPLING AND SETTING

The different groups of people included teachers at Lilongwe and Blantyre teachers training colleges, Kamuzu College of Nursing students and people working in the banks, from both Lilongwe and Blantyre districts. These groups of people have different marital status and also two different genders and hence different views towards testing for HIV/AIDS.

The study was conducted in Lilongwe and Blantyre in Malawi and that is the central and southern region, omitting the northern region. Two sites were chosen in the study and one site was randomly assigned to the intervention group and the other will be assigned to the delayed intervention to avoid conferring.

The study had a pre-test sample of five hundred and twenty-nine (529) subjects because this sample is big and can relate well with correlation studies which requires big sample to avoid type two error.

4.3 DEVELOPMENT OF THE INSTRUMENT (QUESTIONNAIRE)

The research instrument was developed in English by Professor J. and K. Norr because the participants to be engaged are conversant with the language. The tool has three sections. Section one includes demographic data of the subjects. Sections two focuses on attitude towards testing and section and gender affect one's attitude towards testing for HIV/AIDS. For details, see appendix A.

4.4 VALIDITY AND RELIABILITY

Since the questionnaire was developed and checked by professor J. and K. Norr and the students at Kamuzu College of Nursing involved in the project, the validity and reliability was ensured.

4.5 PLAN FOR DATA COLLECTION

The sites were chosen and later a meeting was arranged at the sites with the participants. The project was explained and people who participated signed up for the project. Then they were shown a questionnaire, which was used as a tool in data collection. The questionnaire was in English and was issued to individual participants at their respective institutions. They were told that their answers were to be kept confidential and they remain anonymous, as possible and no name was used. Data was collected for a period of four weeks and this data was from the larger, that is, Kamuzu College of Nursing Faculty-Student Research Project (1999 –2000). The investigator collected the filled questionnaire.

4.6 PLAN FOR DATA ANALYSIS

Data entry and analysis was done on the computer using statistical package of social science research (SPSS) for windows. The computer sorted out the data and displayed it in tables.

4.7 ETHICAL CONSIDERATION

The principal investigator of the larger study obtained all required research clearances and permission from the directors at each site where participants were recruited. The project investigator contacted the participants who volunteered to participate. The interviewer reviewed the project with the volunteer to ensure that participants understand the project and consent to participate. To ensure confidentiality the consent forms were separated from the questionnaire so that they remain anonymous (see appendix J).

8

9 4.8 STRENGTHS OF THE STUDY

1. While the study of testing for HIV has been considered an important issue requiring immediate attention not much has been studied on written on this topic. Therefore this study appears to be one of the important studies that will provide information and statistics on the issue of HIV testing especially on gender and marital status.

2. The questionnaire was developed to suit the social, cultural and economic standards of this country, Malawi.

3. The questionnaire was also tested for validity and reliability prior to distribution by Doctors Kathleen and Jimmy Norr, the faculty of Nursing at Kamuzu College of Nursing and the fourth year students at the college.

10

11 4.9 LIMITATIONS OF THE STUDY

1. The target population was 502 people however in most of the questions a lot of them were not answered which showed that a lot of people did not contribute which affected the results in one way or the other. For example, Figure 1 only 478 out of 502 answered the questionnaire.

2. The study was conducted in the urban settings of the southern and central regions of Malawi and did not include the northern region and the rural areas (even though some people from the north also answered the questionnaires because of their presence in the two regions). This also limited the ability to generalize the results to the whole country, Malawi.3 Taboos surrounding the issue of testing especially on gender and marital status might have limited the response rate to some questions.

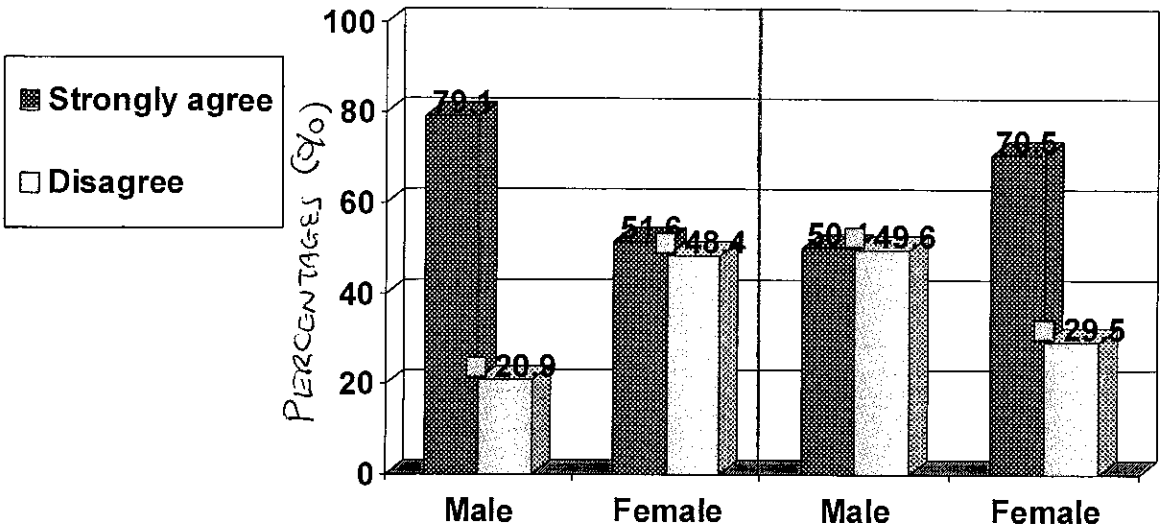
CHAPTER 5

RESEARCH FINDINGS

DEMOGRAPHIC DATA

The demographic data include marital status, age, sex, and tribe or ethnic identification. With the sample size of 502, 15.7% were in the age range of 19-25, 38.4% were in the range of 26-30, 26.5% were in the range of 31-35, 7.8% were in the range of 36-40 and 11.6% were in the range of 41-55 years. The sample had also 24.5% of the participants who were not married and 75.5% of them were married. There were 258 (51.4%) males and 244 (48.6%) females in the sample. Finally the sample had 116 (23.1%) participants who were of Chewa tribe, 56 (11.4%) Tumbuka, 89 (17.7%) Lomwe, 19 (3.8%)Tonga, 54 (10.8%) Yao, 19 (3.8%) Sena, (10 2%) Nkhonde, 105 (20.9%) Ngoni, and 30 (6%) indicated other tribes.

GENDER AND TESTING



HIV test before marriage HIV test if you know Someone well

Figure 1: HIV test before marriage and HIV test if you know someone well

Figure 1 shows that with n=478, 79.1% (n=201) of the males strongly agreed to the idea of testing for HIV before marriage and 20.9% (n=53) of them disagreed to that idea. Also 70.5% (n=158) of the females strongly agreed to the idea of testing for HIV before marriage and 29.5% (n=66) of them disagreed to that idea. The results show that the majority of the respondents (males) have a positive attitude towards testing for HIV, however with males

having a higher percentage. The results are significant (P=0.03).

The results also show that with a sample size of 474, 51.6% (n=129) of the males strongly agreed to the idea of testing for HIV if you know person well and 48.4% (n=121) of them disagreed to the idea of testing for HIV if you know a person well.

Also 50.4% (n=113)of the females strongly agreed to idea of testing for HIV if you a person well and 49.6% (n=111)0f the females disagreed to that idea. The results show that almost half of the respondents (both males and females) have a negative attitude towards testing for HIV and half of the respondents (both males and females) have a positive attitude towards testing for HIV if you know a person well. The results are not significant (P=0.42)

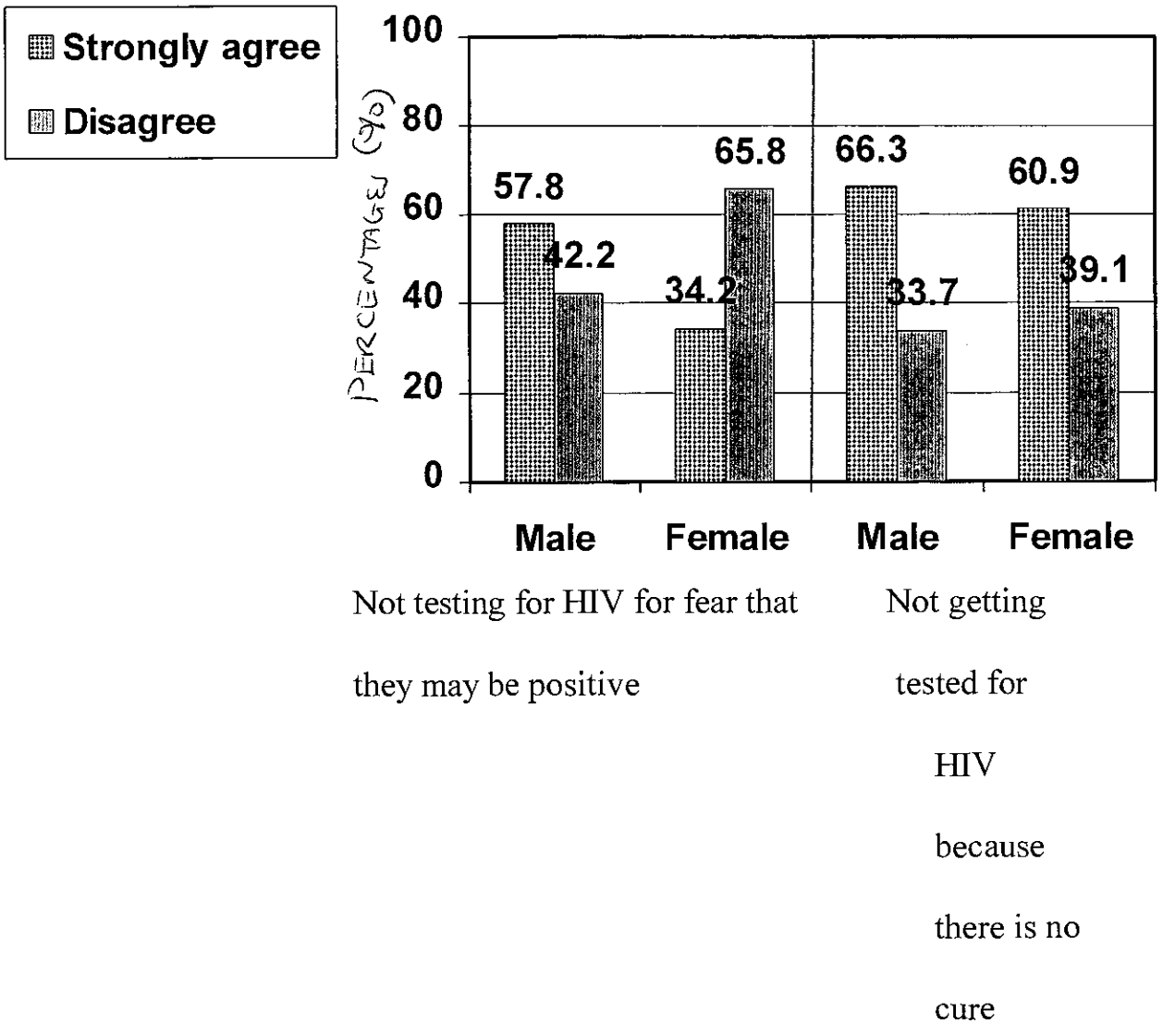


Figure 2: Not testing for HIV for fear that they may be positive and not getting tested for HIV because there is no cure.

Figure 2 shows that with a sample size of 471, 57.8% (n=147) of the strongly agreed to the idea of not testing for HIV for that they might be HIV positive and 42.2% (n=105) of the males disagreed to the idea. Also 34.2% (n=76) of the females strongly agreed to the idea of not testing for HIV for that they might be HIV positive and 65.8% (n=146) of the females disagreed to that idea. The study results indicate that the majority of the female respondents have a positive attitude towards testing for HIV even if it means to be found positive. The results are significant (P=0.0).

The results also shows that with a sample size of 469, 66.3% (n=165) of the males strongly agreed to the idea of not being tested for HIV because there is no cure and 33.7% (n=84) of the males disagreed to the idea. The results also indicate that 60.9% (n=134) of the females strongly disagreed to the idea of not getting tested for HIV because there is no cure and 39.1% (n=86)of the females disagreed to that idea. The study results show that the majority of the respondents (males) have a negative attitude towards testing for HIV because there is no cure for it. The study results are not significant (P=0.115).

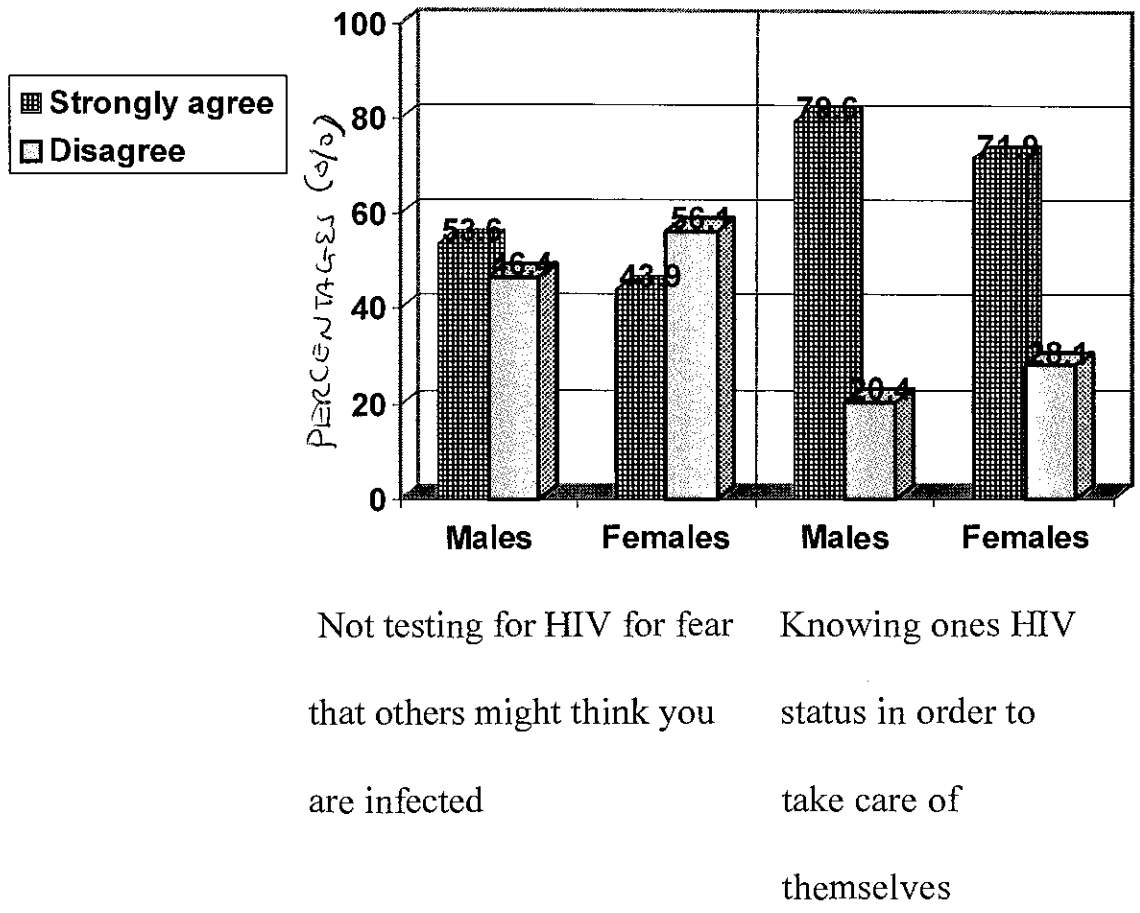


Figure 3: Not testing for HIV for fear that others might think you are infected and knowing one's HIV status in order to take care of themselves.

Figure 3 shows that with a sample size of 460, 53.6% (n=133) of the males strongly agreed to the idea of not testing for HIV for fear that others might think you are infected and 46.4% (n=115) of the males disagreed to that idea. It also shows that 43.9% (n=93)of the females strongly agreed to the idea of

not testing for HIV for fear that others might think your infected and 56.1% (n=119) of the females disagreed to that idea. The results show that half of the respondents (females) have a positive attitude towards testing for HIV. The study results are significant (P=0.037).

The results also shows that with a sample size of 474, 79.6 %(n=199)of the males strongly agreed to the idea of knowing ones status in order to take care of themselves and 20.4% (n=51)of the males disagreed to that idea. The study results also indicate 71.9% (n=161) of the females strongly agreed to the idea of knowing ones HIV status in order take care of themselves and 28.1% (n=63) of the females disagreed to that idea. The study results shows that the majority of the respondents (males) have a positive attitude towards knowing their HIV status. The results are significant (P=0.049)

MARITAL STATUS AND TESTING

Variables		Married No (%)	Not married No (%)	Total No (%)	P-values
HIV testing before marriage	Strongly agree	268 (76.8)	77 (70.6)	345 (75.3)	0.097
	Disagree	81 (23.2)	32 (29.4)	113 (24.7)	
HIV testing if you know someone well	Strongly agree	171 (49.6)	62 (56.9)	233 (51.3)	0.092
	Disagree	174 (50.4)	47 (43.1)	221 (48.7)	
Not testing for HIV for fear that others might think you are infected	Strongly agree	174 (51.8)	45 (42.9)	219 (49.7)	0.06
	Disagree	162 (48.2)	60 (57.1)	222 (50.3)	
Knowing ones HIV status in order to take care of themselves	Strongly agree	270 (78.3)	79 (71.8)	349 (76.7)	0.082
	Disagree	75 (21.7)	31 (28.2)	106 (23.3)	
Not testing for HIV for fear that they may be positive	Strongly agree	180(52.3)	36(33)	216(47.7	0.0
	Disagree	164(47.7)	73(67)	237(52.3)	
Not getting tested for HIV because there is no cure	Strongly agree	221(64.4)	67(62)	288(63.9)	0.32
	Disagree	122(35.6)	41(38)	163(36.1)	

Table 1: Participants response to attitude towards HIV testing by marital status.

Table 1 shows that with a sample size of 458, 76.8% (n=268) of the married people strongly agreed to the idea of testing for HIV before marriage and 23.2% (n=81) of them disagreed to that idea. In the table it also shows that 70.6% (n=77) of the unmarried people strongly agreed to the idea of testing for HIV before marriage and 29.4% (n=32) of them disagreed to the idea. The results show that the majority of the respondents have a positive attitude towards testing for HIV. The married people have a higher percentage (76.8%) for the idea of testing before marriage. However, the results are not significant (P=0.097).

The results also indicates that with a sample size of 454, 49.6% of the married people strongly agree to the idea of testing for HIV if you know a person well and 50.4% of the married people disagreed to that idea. The results also shows that 56.9% of the unmarried people strongly agreed to the idea of testing for HIV if you know a person well and 43.1% the unmarried people disagreed to that idea. The study results show that half of the respondents (unmarried) had a positive attitude towards HIV testing if you know a person well and almost half of the respondents (married) have a negative attitude towards HIV testing if you know a person well. The study results are not significant (P=0.092).

Further more, the results show that with a sample size of 441,51.8% of the married people strongly agreed to the idea of not testing for HIV, for fear that others might think you are infected and 48.2% of the married people disagreed to that idea. It also that 42.9% of unmarried people strongly agreed to the idea of not testing for HIV for fear that others might think you are infected and 57.1% of the unmarried people disagreed to that idea. The results show that half of the respondents (unmarried) have a negative attitude towards testing for HIV, for fear that others might think you are infected and almost half of the respondents (married) have a positive attitude towards testing for HIV, for fear that others might think you are infected. The study results are not significant (P=0.06).

In the table the results shows that with a sample size of 455,78.3% of the married people strongly agreed to the idea of knowing one's HIV status in order to take care of themselves and 21.7% of the married people disagreed to that idea. The results also indicate that 71.8% of the unmarried people strongly agreed to the idea of knowing one's HIV status in order to take care of themselves and 28.2% disagreed to that idea. The results show that the majority of the respondents (married) have a positive attitude towards

knowing one's HIV status in order to take care of themselves and very few of the respondents have a negative attitude towards the idea of knowing one's HIV status. The study results are therefore not significant (P=0.082).

The results also show that with a sample size of 453,52.3% (n=180) of the married people strongly agreed to the idea of not testing for HIV for fear that they might be HIV positive and 47.7% (n=164) of the married people disagreed to that idea. It also shows that 33% (n=36) of the unmarried people strongly agreed to the idea of not testing for HIV for fear that they might be HIV positive and 67% (n=73) of the unmarried disagreed to that idea. The study results shows that majority of the respondents (unmarried) have a positive attitude towards testing for HIV and had no fear even if found HIV positive. The study results are significant(P=0.000).

It also shows that with a sample size of 451,64.4% (n=221)of the married people strongly agreed to the idea of not getting tested for HIV because there is no cure and 35.6% (n=122) of the married people disagreed to that idea. Further more the results shows that 62% (n=67) of the unmarried people strongly agreed to the idea of not getting tested for HIV because there is no cure and 38% (n=41) of the unmarried people disagreed to that idea. The

study results show that the majority of the respondents (married) have a negative attitude towards testing for HIV because there is no cure and a few of the respondents have a positive attitude towards the idea of testing for HIV despite that it has no cure. The results are not significant

($P = 0.32$).

CHAPTER 6

DISCUSSION OF THE RESEARCH FINDINGS

6.1 GENDER AND ATTITUDE TOWARDS HIV TEST.

The study findings in figure1, indicate that majority of the respondents (males) with 79.1% (n=201)have a positive attitude towards HIV testing before marriage then females 70.5% (n=158). The findings are consistent with MACRO (1998 – 1999) which shows that the majority of those who went for testing were males (n=290) and the lower number were of females (n=54) who went for testing. Men have responsibility for their sexual behavior and the possibility that they might infect their long-term partner or their casual partner with HIV by opting to test for HIV (PANOS/UNAIDS, 2000). Lamptey (1996) support these findings, he states that women often bear the burden of socioeconomic and political inequality. HIV positive women are likely to have less access to health care and psychosocial services than men and less dependable income to devote to their own comprehensive health care.

Therefore females would rather not go for testing for HIV to avoid these things.

As with most reproductive health initiatives, women have been targeted to change their own and their partners behavior without taking into sufficient account that it is usually men who control the associated decision making (SAFAIDS, 1999). This statement is slightly in support of the study findings figure 1, which are not very significant where by 51.6% (n=129) of males showed a positive attitude towards testing for HIV if you know a person well and 50.4% (n=113)of the females showed a positive attitude towards the same idea . UNAIDS (1999) women will feel obliged to undergo a test offered on the post without having thoroughly thought the consequences. They may also want to discuss the implications of testing with their partners and opt for couple counseling and testing.

Low social status, lesser educational background and generally lower levels of esteem prevent many women from practicing health seeking behaviours like testing for HIV (Lamptey, 1996). However this statement is contrary to the research findings in figure 2which indicated that the majority of females 65.8% (n=146) showed a positive altitude towards testing for HIV even if the

results comes HIV positive as compared to males 42.2% (n=105). Naturally women are born with an empathetic heart and they easily accept a thing. For example, women can easily go for testing for various reasons, firstly the presence of children can make a woman to know her status in order to prepare a good future for the children. Women would also want to receive counseling which will help them in how to live positively thus prolonging their life span and also to avoid infecting others including spouses. This statement is supported by UNAIDS (2000) which states that men who discover they are HIV-positive often cope less well then women.

The study findings in figure 3 also indicate that the majority of females 56.1% (n=119) have a positive attitude towards testing despite the fact that others might think they are infected as compared to males 46.4% (n=115). These findings are contrary with WHO (1990) as cited by Mkandawire (1999) which says that in many cultures men have more control in sexual relationships than women. According to the researcher's experience this is also true to the current findings in that the Malawian culture requires that men should make decisions about all matters concerning sex.

Frequently the communities and families expect women to put the care needs of their spouses and children ahead of their own (Lamptey, 1996). Attitudes towards HIV positive women can be especially discriminatory. The research further states that women often bear the burden of socioeconomic and political inequality. HIV-positive women are likely to have less access to health care and psychosocial services than men, less free time to access what is available, and less expendable income to devote to their own comprehensive health care. These findings are consistent with the study findings in figure 3 which shows that the majority of males 79.6% (n=199) have a positive attitude towards testing for HIV as compared to females 71.9% (n=161) in order to take care of themselves. UNAIDS (2000) supports there findings, it indicates that when men with HIV start to develop disease, they are the ones who are more likely to receive care from the family. It also states that in the traditional male-female division of labour, the provision of care for sick family members falls to women or females. (UNAIDS, 1998) also supported this issue that the burden of caring for the sick generally fall to the wife of the spouse or other female members of the household. It further states that in some situations this results in the withdrawal of young girls from school. These findings are in line with Rosenstock's Health belief model, which stipulates that the modifying factors like gender influences, the individual's perception of the disease

(AIDS) and likelihood to take preventive and recommended actions (i.e. testing for HIV) Therefore it can be seen that men had a higher percentage of those with a positive attitude towards testing for HIV than females The reason being that traditionally men are regarded as heads of families, decision-makers and having higher education and hence these might have influenced them to have a positive attitude towards HIV testing.

The study findings in figure 3 also indicates that the majority of males 66.3% (n=165) have a negative attitude towards testing for HIV because there is no cure as compared to females 60.9% (n=134). These findings are consistent with Rivers & Aggleton (1999) whose findings indicate that men have a greater lifetime number of sexual partners and that there are clear double standards regarding the behaviour of men and women. This statement would mean that men are likely to be infected and may be aware of their status before testing and would not go for it for fear of facing the reality and also that they might die earlier if they are aware of their status .

6.2 MARITAL STATUS AND ATTITUDE TOWARDS TESTING FOR HIV.

As indicated in table 1 it was observed that married people have higher positive attitude 76.8% (n=268) towards testing for HIV before marriage as compared to unmarried 70.6% (n=77) although this is not statistically significant

(P = 0.092). However this may be related to the fact that the issue of HIV testing in Malawi is new and people have not fully accepted and incorporated it in their minds. The higher percentage in married people towards the idea of testing for HIV before marriage may be due to the fact that, these people are mature and have had a lot of life experiences and have seen the dangers of living positively and hence would like to prevent that in the new generation. The lower percentage in the unmarried might also be related to the fact that these people might be afraid of knowing the truth which might cost their marriage if they are found HIV positive.

Testing for HIV if you know person well is another area that was investigated on. In the table 1, it was found that 56.9% (n=62) of the unmarried participants had a positive attitude towards testing for HIV if you know a

person well as compared to 49.6% (n=171) of the married participants. The higher positive percentage in the unmarried people might have been due to that these people are not yet married and have not yet experienced marriage and real love in marriage and have better knowledge from school than the married ones. Therefore even their perception towards testing will be a positive one. The lower positive percentage among the married participants might be related to the fact that, these people are already married and have lived with their spouses for many years and they know their spouses well enough and trust them. Also they might think that even if they get tested today it will not change anything because if they are found HIV positive they will be psychologically affected and might die earlier, hence better than not knowing their HIV status. However, there seems to be no statistical difference between the unmarried and married people's perception towards HIV testing if you know person well (P = 0.092).

The results also showed that 67% (n=73) of the unmarried people had a positive attitude towards testing for HIV and had no fear even if found HIV positive as compared to 47.7% (n=164) of the married people(Table 1). The higher positive percentage in the unmarried people might be related to the fact that these people are not committed to anybody else and do not have children

to think about even if found HIV positive. Therefore they might be able to face the reality better off and live longer because their minds are not burdened and can be able to take good care of themselves. However the lower positive percentage in the unmarried people might be due to that they are thinking of their families especially their children and if they know their status and if found HIV positive they might die earlier and live the children orphaned. Therefore they might be thinking that they would rather be ignorant about it and forget about it and live happily.

Another area which was investigated on was the idea of not testing for HIV for fear that others might think you are infected. It was noted from the results in table 1 that 57.1% (n=60) of the unmarried participants had a positive attitude towards that idea as compared to the married participants 48.2% (n=162) . The higher positive percentage in the unmarried might also be due to the fact that these people are knowledgeable and have recent information about testing from school and peers and know the advantages and disadvantages of not knowing one's HIV status. The lower positive percentage in the married participants might also be related to the fact that they might fear of costing their marriage. This can be so because if found HIV positive the other partner might think that you have been promiscuous and hence have been infected by

other partners and this might lead to separation or divorce. This statement is consistent with results from MACRO (1998 – 1999) which shows that the majority of those who were tested were the unmarried 68% at Blantyre AIDS counseling and Education Centre (BACE) and 62% at Lilongwe AIDS Counseling and Education Centre (LACE). However the results are not statistically significant (P = 0.06,).

The results also showed that attitude towards knowing one's HIV status in order to take care of themselves among the married people was slightly high. 78.3% (n = 270) of the married participants had a positive attitude towards knowing one's status in order to take care of themselves as compared to 71.8% (n = 79) of the unmarried participants (Table 1). The slightly lower positive percentage in the unmarried might be due to that individuals known to be infected are often stigmatized and discriminated against (Reidner & Dehne 1999). HIV transmission is closely associates with sexual and injecting drug use behaviours and sexuality is a very private sphere of life surrounded by many taboos. Therefore this might make them think that they might not be looked after well by their families and relatives because of its association and hence this will result into slightly lower percentage for HIV testing . The study results are not statistically significant (P = 0.082). However these findings are

in line with Rosenstock's Health belief model which says that modifying factors, i.e. marital status influences the individual's perception of the disease (AIDS) and likelihood to take preventive and recommended actions testing for HIV. Therefore it was observed that the married people had a higher percentage of those with a positive attitude towards testing for HIV. This might be due to that married people might be influenced by their spouses on the choices of testing or not testing for HIV hence their likelihood of having a positive attitude towards HIV testing.

Lastly the study also investigated on attitude towards not getting tested for HIV because there is no cure. The results showed that 64.4% (n = 221) of the married people had a negative attitude towards testing for HIV because there is no cure and 62% (n = 67) of the unmarried people have a negative attitude towards testing for HIV because there is no cure (Figure 4). Therefore, the married people have slightly higher negative percentage than the unmarried people have. The slightly higher negative percentage in the married people towards the idea of testing for HIV because there is no cure might be related to the fact that these people are already married and have lived with their spouses for many years and they know their spouses well enough and trust them. Therefore they might think that even if they get tested today it might not

reverse the situation because if found HIV positive they will just limit their life on earth and die earlier due to frustration hence better than not knowing their HIV positive, because they will not be cured after all. Also the slightly lower negative percentage in the unmarried towards the idea of testing for HIV because there is no cure might be due to that they do not want to be discriminated against by other people, their families or relatives. Also they might think that its better not to know one's HIV status because that will lead to frustration if found positive and might die earlier. Therefore they might think that its better for them not to know their status and continue enjoying and living happily.

CONCLUSION

According to the study findings, marital status and gender has an effect on attitude towards testing for HIV. It has been identified that married people made the majority of those with a positive attitude towards the idea of testing for HIV as compared to the unmarried ones. Maturity and experience among the married people were some of the factors that influenced them to do that. However unmarried people had the least majority of those with a positive

attitude towards testing. The reason being fear of discrimination and avoiding loss of long lasting relationships i.e. marriage if found positive.

On gender men were identified as having the majority of those with a positive attitude towards testing as compared to women. In the study findings and other study findings it indicates that men culturally are born decision makers and head of families and they usually influence the choices in the family or in a relationship. Therefore women are bound to be submissive to be men's decision and will always take it as the last answer to the problem or solution.

RECOMMENDATIONS

After analyzing the results the following recommendations have been made to the Ministry of Health and the Ministry of Gender, Youth and Community Services.

1. The Ministry of Gender, Youth and Community services in conjunction with the Ministry of Health should provide civic education nationwide in central hospitals, health centers and schools on the issue of HIV testing and also provide booklets on the impact of HIV/AIDS on an individual and one's rights to make decisions incases when she/he would like to test

for HIV without being intimidated or no-one violating his /her rights.

2. The Ministry of Health should do a campaign through the radio, rallies or drama groups on the importance of knowing one's HIV status and how to live positively. The campaign can change people's attitude towards HIV testing positively because they will be provided with accurate information.

ISSUES FOR FURTHER RESEARCH.

Further study should be done nationwide especially in the northern part of the country (Malawi) and the rural areas to evaluate and generalize the results on how gender and marital status affect one's attitude towards testing for HIV; since this study was done only in the urban settings of southern and central regions .

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APPENDIX A

QUESTIONNAIRE

This questionnaire is designed to probe more on how marital status and gender affect one's attitude towards testing for HIV/AIDS.

All questions may be applicable to you. If not indicate (not applicable) where necessary.

SECTION 1

DEMOGRAPHIC DATA

1. Sex Male

Female

2. Age _____

3. Marital status Married [ ]

Single [ ]

Separated or divorced [ ]

Widowed [ ]

4. What is your tribe or ethnic identification?

1. Chewa [ ]

2. Tumbuka [ ]

3. Lomwe [ ]

4. Tonga [ ]

5. Yao [ ]

6. Sena [ ]

7. Nkhonde [ ]

8. Ngoni [ ]

9. Other, what [ ]

SECTION 2

Attitude towards testing will be measured by asking the following questions and answers will be based on whether one strongly agree, disagree or strongly disagree.

	Strongly agree	Agree	Disagree	Strongly Disagree
a) People should have an HIV test before marriage	1	2	3	4
b) If you know someone really well, you don't need an HIV test	1	2	3	4
c) I would not want to be tested because I am afraid of finding out that I am positive	1	2	3	4
d) I don't want to get tested because people who see me will think I am infected	1	2	3	4
e) People should know if they are HIV+ so they can take good care of themselves and live longer.	1	2	3	4
f) There is no point in getting tested for HIV, because there is no cure anyway.	1	2	3	4

SECTION 3

OPINIONS AND SUGGESTIONS

What are your opinions/suggestions as regards to attitude towards testing with respect on one's marital status and gender as a means of knowing your status.

APPENDIX B

University of Malawi

Kamuzu College of Nursing

Private Bag 1

LILONGWE

The Principal

KCN

P/Bag 1

LILONGWE

Dear Madam,

REQUEST TO CONDUCT A STUDY AT KAMUZU COLLEGE OF NURSING

I am a student at Kamuzu College of Nursing doing a Bachelor of Science course in Nursing.

In partial fulfillment of the course, I am required to conduct a research study. The purpose of this letter is therefore to ask for permission to conduct the study at Kamuzu College of Nursing. I intend to conduct a study on how marital status and gender affect ones attitude towards testing for HIV/AIDS.

The subjects of the study will include female students at Lilongwe campus only. The subject will be required to complete a questionnaire.

I will be grateful if my request meets your favourable consideration.

Yours sincerely,

Jere Mirriam (Ms)

Supervisor _____Signature _____

APPENDIX C

University of Malawi

Kamuzu College of Nursing

Private Bag 1

LILONGWE

The Principal

Blantyre Teacher's Training College

P.O Box

BLANTYRE

Dear sir/madam,

REQUEST TO CONDUCT A STUDY AT YOUR COLLEGE

I am a student at Kamuzu College of Nursing doing a Bachelor of Science course in Nursing.

In partial fulfillment of the course, I am required to conduct a research study. The purpose of this letter is therefore to ask for permission to conduct the

study at your college. I intend to conduct a study on how marital status and gender affect ones attitude towards testing for HIV/AIDS.

The subjects of the study will include female students only. The subjects will be required to complete a questionnaire.

I will be grateful if my request meets your favourable consideration.

Yours sincerely,

Jere, Mirriam (Ms)

Supervisor _____ Signature _____

APPENDIX D

University of Malawi

Kamuzu College of Nursing

Private Bag 1

LILONGWE

The Principal

Lilongwe Teacher's Training College

P.O Box

LILONGWE

Dear sir/madam,

REQUEST TO CONDUCT A STUDY AT YOUR COLLEGE

I am a student at Kamuzu College of Nursing doing a Bachelor of Science course degree in Nursing.

In partial fulfillment of the course, I am required to conduct a research study. The purpose of this letter is therefore to ask for permission to conduct the study at your college. I intend to conduct a study on how marital status and gender affect ones attitude towards testing for HIV/AIDS.

The subjects of the study will include only female students. The subjects will be required to complete a questionnaire.

I will be grateful if my request meets your favourable consideration.

Yours sincerely,

Jere, Mirriam (Ms)

Supervisor _____ Signature_____

APPENDIX E

University of Malawi

Kamuzu College of Nursing

Private Bag 1

LILONGWE

The Manager

National Bank of Malawi

Blantyre Branch

P.O Box 945

BLANTYRE

Dear sir/madam,

REQUEST TO CONDUCT A STUDY AT YOUR COMPANY

I am a student at Kamuzu College of Nursing doing a Bachelor of Science course in Nursing.

In partial fulfillment of the course, I am required to conduct a research study. The purpose of this letter is therefore to ask for permission to conduct the study at your company. I intend to conduct a study on how marital status and gender affect ones attitudes towards testing for HIV/AIDS.

The subjects of the study will include female bank workers only. The subjects will be required to complete a questionnaire.

I will be grateful if my request meets your favourable consideration.

Yours sincerely,

Jere Mirriam L.A (Ms)

Supervisor _____ Signature_____

APPENDIX F

University of Malawi

Kamuzu College of Nursing

Private Bag 1

LILONGWE

The Manager

National Bank of Malawi

Lilongwe Branch

P.O Box 30402

LILONGWE

Dear sir/madam,

REQUEST TO CONDUCT A STUDY AT YOUR COMPANY

I am a student at Kamuzu College of Nursing doing a Bachelor of Science course in Nursing.

In partial fulfillment of the course, I am required to conduct a research study. The purpose of this letter is therefore to ask for permission to conduct the study at your company. I intend to conduct a study on how marital status and gender affect ones towards testing for HIV/AIDS.

The subjects of the study will include female bank workers only. The subjects will be required to complete a questionnaire.

Yours sincerely,

Jere, Mirriam L.A (Ms)

Supervisor _____ Signature _____

APPENDIX G

University of Malawi

Kamuzu College of Nursing

Private Bag 1

LILONGWE

The Manager

New Building Society

Lilongwe Branch

P.O Box 30365

LILONGWE

Dear sir/madam,

REQUEST TO CONDUCT A STUDY AT YOUR COMPANY

I am a student at Kamuzu College of Nursing doing a Bachelor of Science course in Nursing.

In partial fulfillment of the course, I am required to conduct a research study. The purpose of this letter is therefore to ask for permission to conduct the study at your company. I intend to conduct a study on how marital status and gender affect ones towards testing for HIV/AIDS.

The subjects of the study will include female bank workers only. The subjects will be required to complete a questionnaire.

Yours sincerely,

Jere, Mirriam L.A (Ms).

Supervisor _____ Signature _____

APPENDIX H

University of Malawi

Kamuzu College of Nursing

Private Bag 1

LILONGWE

The Manager

New Building Society

Blantyre Branch

P.O Box 714

BLANTYRE

Dear sir/madam,

REQUEST TO CONDUCT A STUDY AT YOUR COMPANY

I am a student at Kamuzu College of Nursing doing a Bachelor of Science course in Nursing.

In partial fulfillment of the course, I am required to conduct a research study. The purpose of this letter is therefore to ask for permission to conduct the study at your company. I intend to conduct a study on how marital status and gender affect ones towards testing for HIV/AIDS.

The subjects of the study will include female bank workers only. The subjects will be required to complete a questionnaire.

Yours sincerely

Jere, Mirriam L.A (Ms)

Supervisor _____ Signature _____

APPENDIX I

University of Malawi

Kamuzu College of Nursing

Private Bag 1

LILONGWE

Dear Madam,

CONSENT TO PARTICIPATE IN STUDY

I am a student at Kamuzu College of Nursing currently studying a Bachelor of Science in Nursing. In partial fulfillment of this course, I am undertaking some research. I intend to conduct a study on how marital status and gender affect ones attitudes towards testing HIV/AIDS.

I am therefore requesting you to participate in this study. You will be required to complete a questionnaire I designed. Please feel free to express any

pertinent views and ideas that have not been covered by the questionnaire. Such additional information can be written at the back of the questionnaire.

I would like to assure you that all your contribution will be treated in strict confidence. You will not be required to indicate your name on the questionnaire.

Indicate your acceptance to participate in this research by signing the form below.

Thanks for your co-operation and good luck.

Yours faithfully,

Jere, Mirriam L.A (Ms).

CONSENT FORM

Accept to participate in this study.

Name .....

Signature .....

APPENDIX J

WORK PLAN

ACTIVITY	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
Selection of topics									
Literature review									
Proposal writing									
Developing questionnaire									
Seeking clearance									
Data collection									
Data collection									
Data analysis									
Report writing									
Binding of dissertation									
Handing in dissertation									