

UNIVERSITY OF MALAWI

KAMUZU COLLEGE OF NURSING

**THE IMPACT OF MARITAL STATUS AND LEVEL OF
EDUCATION ON AIDS AWARENESS AND WILLINGNESS TO
TEST FOR HIV IN WOMEN IN THE CITIES OF BLANTYRE AND
LILONGWE**

SUBMITTED BY

**ENALLA THANDIZO SAKALA
FOURTH YEAR STUDENT B. SC. N. (GENERIC)**

**SUPERVISED BY
MR. A.N.K. SIMWAKA**

**A DISSERTATION SUBMITTED TO THE FACULTY OF NURSING
IN PARTIAL FULFILLMENT FOR THE AWARD OF BACHELOR
OF SCIENCE IN NURSING.**

DATE: APRIL, 2001

Declaration

I declare that this dissertation does not incorporate without acknowledgement any work previously submitted in candidature for any other degree and that to my best knowledge and belief, it does not contain any material previously published written by any other person except where due reference is made in the text.

Candidate: Enalla Thandizo Sakala Date.....

Signature: 

Supervisor: Mr. A.N.K. Simwaka Date.....

Signature:

Supervisor: Mrs M.K Sisya Date.....

Signature:.....

Dedication

Dedicated to Gettie my girl whose presence compels me to a future of
perceived togetherness

University of Malawi
Kamuzu College of Nursing

31050000530076

Acknowledgement

I strongly feel indebted to a number of people for their valuable pieces of advice and support while writing this dissertation.

I am deeply grateful to Mr Simwaka my research supervise for his tireless guidance and support throughout the course of producing this dissertation.

My sincere thanks go to professors Jimmy and Cathy Norr, the course lectures and chief investigators for this study whose invaluable efforts contributed a lot to the production of this dissertation.

My gratitude also go to fellow students, too numerous to mention for they gave me unconditional support, encouragement and hope which made the production of this dissertation a success.

My other gratitude go to Mrs. Ndovi, G. Munthali, A. Malunga ; my friends who fulfilled the definition of friendship and made the course of producing this dissertation bearable and interesting.

To Chipiliro, my sister ; the success of this dissertation greatly rests on you. You are incomparable and indispensable your love surpasses the definition of love.

My greatest thanks go to my father for trying all his best in making me what I am .May this work provide him with pride.

My thanks also go to all the participants. Without their cooperation this dissertation was nonexistent.

To God I owe him everything and everybody that I have for he made
it possible for me to begin and complete this work.

Abstract

This study was part of a larger study that was looking at evaluation of AIDS prevention measures in Malawi. It was a replica of another study done in Botswana in 1998. This minor study was trying to determine differences in AIDS awareness and willingness to test for HIV amongst women in the cities of Lilongwe and Blantyre by level of education and marital status. This study used data collected by chief participants of the study.

This study was trying to identify which groups of women between those that are married, not married, those that have higher education and those that have less education have more AIDS awareness and willingness to test for HIV. The information got from this study will serve as a basis for the concerned governmental and non-governmental sectors in formulating different policies aiming at dissemination of AIDS information to ensure equal, adequate acquisition of this AIDS related information across these women categories. This in the long run will help these women to adopt behavioral changes of which testing for HIV is a step leading to such behavioral change to control the AIDS epidemic in the country. The findings of this study will also help in generating knowledge gaps for future research. The study used a correlation study design. The study sample composed of 263 women. The participants comprised of students in nursing and teachers training colleges and clerical bank workers. Their ages ranged from 19_60. Out of these

women 58.2% were married and 35.7% were not married. They had educational attainment ranging from junior certificate, MSCE and one or more years of college. The participants were from various ethnic groups of Malawi namely chewa, tumbuka, yao, ngoni, lomwe, sena, nkhonde, Tonga. Their denominations included catholic, CCAP, seventh day Adventist and Moslems. The study was conducted in the two largest cities of Malawi: Blantyre and Lilongwe. The study variables are: independent : level of education and marital status, dependent variables: AIDS awareness and willingness to test for HIV. Data was collected by chief investigators of the larger study. Data collected was entered into the computer and analyzed using the Statistical Package for Social Sciences. Chi-square was used to test the significance of results.

The sample lacks the representativeness of the diversity of all types of Malawi. The design used for this study makes it difficult for drawing causal inferences since it is difficult to know which preceded the other. However the study has a larger sample size which increases its statistical conclusion validity. Also the presence of different sites removes possible effects of risk of random heterogeneity of subjects.

The results of the study indicated that there is no difference in level of AIDS awareness between those women who were married and not married nor between those women who were highly educated and less educated. The study also revealed that there was no difference in level of willingness to test for HIV between those women who were married and

not married. Similarly the study revealed that there was no difference in level of willingness to test for HIV between those women who had higher education and less education.

Table Of Contents

<u>Item</u>	<u>Page number</u>
Declaration	i
Dedication	ii
Acknowledgement	iii
Abstract	iv
Table of contents	vii
List of Tables	xi
 Chapter One Introduction	
Background information	2
Problem statement	4
Significance of the study	5
Objectives of the study	5
Operational definitions	6
 Chapter Two Literature Review	
Studies on marital status and AIDS awareness	10
Studies on educational level and AIDS awareness	12
Studies on marital status and willingness to test for HIV	14
Studies on educational level and willingness to test for HIV	14
Summary	15
	viii

Chapter Three Conceptual framework

Conceptual Framework	17
----------------------	----

Chapter Four- Methodology

Design	20
Sample	20
Setting	21
Data collection	21
Data analysis	21
Ethical consideration	22
Limitations of the study	22

Chapter Five Results

Description of Demographic data	24
Marital status and AIDS awareness	25
Educational level and AIDS awareness	26
Marital status and Testing for HIV	27
Educational level and Testing for HIV	28

Chapter Six Discussions

Discussions of the findings	30
Conclusion	36

Recommendations	37
Issues for further research	38
References	39
Appendices	
Appendix A: Questionnaire	42
Appendix B: Letters	47
Letter to the Health Sciences Research Committee	47
Letter to the manager Commercial Bank of Malawi, Lilongwe	48
Letter to the Manager Commercial Bank of Malawi, Blantyre	49
Letter to the Principal, Lilongwe Teachers College	50
Letter to the Principal, Blantyre Teachers College	51

LIST OF TABLES AND FIGURES

<u>Table Title</u>	<u>Table Number</u>
Characteristics of study sample	1
Marital status, level of education and AIDS awareness	2
Marital status, educational level and willingness to test for HIV	3

<u>Figure Title</u>	<u>FigureNumber</u>
Conceptual framework	1

<u>Appendix</u>	<u>Number</u>
Questionnaire	1
Letters	2

Organization of the dissertation

This dissertation will be organized in the following manner: Chapter one provides an introduction to the study. In Chapter two a review of literature regarding the variables in question is presented. Chapter three gives and justifies the chosen theoretical framework for the study. In Chapter four there is a description of the method of investigation used for this study whereas Chapter five presents the research findings. Discussion of the findings with reference to existing literature is in Chapter six. The chapter also provides a relationship of the study to the theoretical framework and provides the strengths and limitations of the study. The chapter further presents implications and recommendations for future practice and research.

Chapter One

Introduction

Background Information

HIV stands for Human Immunodeficiency virus, the virus that is responsible for causing acquired immunodeficiency syndrome, (AIDS). The virus is mainly transmitted through unprotected sexual intercourse, infected blood or blood products given by transfusion or injection, sharing or re-using injection drug equipment containing infected blood without cleaning it between uses, during pregnancy and childbirth.

HIV/AIDS pandemic is a global concern It has hit Malawi particularly hard. In Malawi the first AIDS case was diagnosed in 1985(Country Health Profile, 1995). Between 1985 and June,1996, a total of 43,067 cases have been reported(MAAS, 1996).Accounting for the effect of HIV/AIDS in Malawi between 1985 and 2010, the United States Bureau of the census projects an underfive mortality rate of over 200 deaths and an infant mortality rate of over 155 deaths per thousand of live births by the year 2010(Country health profile,1995). The overall impact of HIV/AIDS is hardly limited to those who are infected with the disease. As the more skilled and productive segments of society are disproportionately targeted by the HIV/AIDS, the national economy as a whole suffers immensely. The health care system is also under great strain with many districts reporting over half of hospital beds to be occupied by patients with illnesses related to HIV/AIDS.

Malawi's new government has reportedly taken a more taken open and pragmatic stance on HIV /AIDS than it's predecessor. With assistance from organizations like USAID, UNICEF, and the U.S. Peace corps, the AIDS secretariat and Ministry of Health and Population launched an AIDS awareness campaign targeting the youth at Primary and Secondary institutions (Malawi Government and World Bank, 1998). These awareness campaigns did not take into consideration the women's increased vulnerability to HIV infections, consequently women were more or less left out of these many government's efforts. As such women continued to be the most highly infected population group by the HIV owing to their low levels of knowledge regarding transmission and prevention of AIDS. Again, despite all the government's efforts to combat HIV/AIDS, a study conducted by Malawi Knowledge Attitudes Practices Survey in 1996 found that in Malawi AIDS knowledge lower across the groups. The study also found out that level of education positively associated with one's level of AIDS awareness. This is so because most modes of disseminating AIDS information are through writing, radio and motion pictures to which the uneducated and mostly poor, are not frequently exposed. Another study done by Chaima, 1998 found out that level of AIDS knowledge in Malawi is low amongst the married women as compared to those women who are not married. This is so because in Malawian context, a married woman's participation in activities concerning sexual matters is restricted by the husband.

One of the earliest actions to combat the spread of HIV/AIDS included the establishment of blood screening centers. These centers are originally distributed,

scattered all over the country. Of these facilities some are owned by the government, others by private organizations like Sucoma, Police and others belong to Christian Health Associations of Malawi. Testing is a preliminary action forward towards change of behavior with regard to controlling the AIDS epidemic in Malawi. However the rate of women consenting to undergo HIV testing has remained low (Chaima, 1998). Very little has been done in trying to uncover factors that influence women to consent for HIV testing.

Statement of the problem

Status and power affect the individuals risk of infection and communities' ability to cope with the epidemic. The low status of women lead to their subordination and restrict their possibilities of taking control of their lives in relation to HIV/AIDS. Reducing the risk of infection rates among women in Malawi require a gender based responses that focus on how the different social expectations, roles, status and economic power of women affect and are affected by the epidemic (Berer, 1993). However though the necessity of focusing on women's needs has been highlighted time and again, especially since the 1990's when the theme of World AIDS day was "Women and HIV/AIDS", women continue to bear the brunt of the infection (Berer, 1993). Thus there is need to conduct a study to uncover how marital status and level of education may affect her AIDS awareness and willingness to test for HIV.

Significance of the study

Programs that promote AIDS awareness, willingness to test for HIV can help women acquire knowledge on AIDS matters and understand the importance of knowing one's serostatus and consequently adopt behaviors that reduce HIV infection. Most of interventions directing at disseminating AIDS information or making people go for HIV testing do not address how a woman's marital status and level of education may influence her to acquire such information or willingly go for HIV testing. The information gained from the study will help in determining how a woman's marital status and her level of education affect her level of AIDS awareness and willingness to test for HIV. The information will therefore help all governmental and non-governmental organizations concerned with controlling the AIDS pandemic in Malawi formulate suitable, useful strategies to overcome any negative effects, and strengthen advantages of marital status and level of education on AIDS awareness and willingness to test for HIV.

Objectives Of The Study

General Objectives

The purpose of this study was to find out level of AIDS awareness and willingness to test for HIV among women that were currently married, not currently married, those that had higher level of education and low level of education.

Specific Objectives

The study had the following specific objectives:

To identify a woman's marital status and her level of knowledge on AIDS regarding its modes of transmission and prevention.

To identify a woman's marital status and her willingness to test for HIV.

To identify a woman's level of education and her level of knowledge on AIDS regarding its modes of transmission.

To identify a woman's level of education and her willingness to test for HIV.

Operational Definitions

Marital status

Marital status was defined as a woman's state of currently being in a conjugal relationship or not. The respondents were put into two categories. The first category comprised those women who are currently married whilst the second category comprised those women who are divorced, separated, widowed or have never been married ; the unmarried.

Educational level

Educational level in the study was defined as a woman's highest educational level she had completed.

The educational levels ranged from:

Junior certificate

M.S.C.E

1 or more years of college

College or University Degree.

Respondents who indicated junior certificate were regarded as having low educational level whilst all those that indicated having completed MSCE level and above were regarded as having higher educational status.

AIDS awareness

A woman's level of AIDS awareness in this context was defined as her level of knowledge on transmission, prevention of HIV/AIDS. This was assessed using a scale of 10 items that tackled AIDS transmission and other related beliefs about AIDS. The women were required to indicate all that applied to them. Those women who got 8 or more right (80%) were regarded as having higher level of AIDS knowledge, whereas those with scores less than 80% were regarded as having low levels of AIDS knowledge.

Willingness to test

Willingness to test for HIV was defined as a woman's voluntary wish to be tested for HIV. Women were asked what were their attitudes towards testing in general. Attitudes towards testing were assessed using a scale of items on which a woman was required to indicate all that applied to her. Those women with highest scores were regarded as having a positive attitude toward testing

and viceversa . In other words, those women with highest scores were regarded as having more willingness to test for HIV where as those with low scores were regarded as having less willingness to test for HIV.

Chapter two

Literature review

In Malawi socio-economic status, gender and culture influence the sexual practices and perception of personal risk of getting the Human immunodeficiency Virus. Level of education is positively associated with one's level of knowledge about ways to avoid AIDS (MKAPHS, 1996). AIDS knowledge is generally lower in the married women than in unmarried. This is so because in Malawi males or husbands are the ones that play a dominant role in decision making in as far as sexual matters in the family are concerned (Chaima, Zimba 1998). So a married woman's freedom to attend various activities that promote AIDS knowledge is hindered for the interest of her husband's likes and dislikes hence low AIDS knowledge. In Malawi, voluntary testing for HIV is generally low. However, a certain proportion of Malawian population has a higher level of education voluntary, testing for HIV is proportionately lower. These low rates are attributed to among other factors lack of reagents in other parts of the country, reluctance of providers to perform pre-test and post-test counseling, small number of people with AIDS seeking care at the health units plus a fact that knowledge alone is not enough to motivate individuals to change behavior.

Studies have been done both nationally and internationally on the relationship between marital status, level of education and AIDS awareness plus willingness to test for HIV. Only a few literature was available to the investigator on the topic in Malawian context.

Studies on relationship between marital status and AIDS awareness.

A study was done by Bugingo et al 1993, which was trying to relate the knowledge, attitudes and beliefs about HIV/AIDS and other sexually transmitted diseases to safer sex practices and to HIV seroprevalence among unmarried Rwandan women living in semi-urban area of Butare. Women were surveyed regarding AIDS related knowledge, attitudes, and practices. A detailed questionnaire including various aspects of HIV/AIDS such as etiology, modes of transmission, clinical features and prevention strategies was administered to each participant. The great majority of the surveyed women had satisfactory knowledge about the ways in which HIV/AIDS and other STDs can be transmitted prevented.

A conclusion saying unmarried women have better access to AIDS information hence their increased AIDS awareness can be made though there is no control group in this particular study.

Kambon (1993), did a study in which he was trying to find the impact of cultural and socio-economical factors on HIV prevention among women in Trinidad, Tobago. The study involved 765 married women from 18 rural village groups. The women were exposed to education and motivation regarding prevention of contracting HIV for a period of one year. The project improved participants' knowledge base, empowered them to share information on AIDS with their spouses, relatives and neighbors. It also revealed cultural and socio-

economical difficulties, which affected women's lifestyle. These difficulties were found to be rooted in perceptions of gender roles and the extent of viable economic opportunities for self-reliance. In other words women's marital status with its associated societal expectations thus gender roles and the extent of viable economic opportunities for self reliance have an impact on a woman's ability to take an active role where AIDS matters are concerned hence decreased level of AIDS awareness in married women.

Chaima, Zimba (1998) did a study in which they were trying to identify barriers to sex discussions among married couples and its implications in STD/HIV/AIDS prevention in Malawi. 1,800 respondents were targeted. The study was conducted in the form of a focus group discussion using a questionnaire. It was discovered that males play a dominant role in decision making in as far as sexual matters are concerned in the family. Implying that married Malawian women are moreless restricted on what AIDS activities they should attend by their husbands. This is then reflected in low levels of AIDS knowledge for married women compared to relatively higher levels of AIDS knowledge for unmarried women.

Another study conducted in Abidjan, Cote d. Ivoire by Yelib et al in 1991

found out that women who are better informed about AIDS are young, unmarried with high education

Studies On The Relationship Between Educational Level And AIDS Awareness

A study was conducted in Nigeria, Jos City which was determining AIDS awareness on young, female college students and appropriate intervention strategies were implemented. The study involved randomly selected 726 female respondents from the five co- educational tertiary institutions in Jos City. Data was then categorized, ordered and summarized based on their feelings, perceptions, awareness and attitudinal disposition towards AIDS. Awareness of modes of contamination (84.44%) and what constitutes high-risk behavior (95.59) was satisfactory. Thus the findings from this study indicated that there is a positive relation between level of education and level of AIDS awareness can be drawn.

Bertrand et al who was surveying 5,494 women in urban and rural areas of Bas-Zaïre conducted a study in Zaïre in 1992. The study was trying to determine these women's knowledge, attitudes, and practices regarding AIDS. The characteristics of the study population generally differed along urban-rural lines. Those in urban were more likely to be educated than the rural respondents, such that urban had 63% of the respondents who had completed secondary school compared to less than one third in the rural areas. Again urban women were less likely to be married (only 50% were married or living in unions), in contrast to the rural areas, where more than 70%.

Thus the study showed that educational level has a positive relationship with AIDS awareness, and also that those women who are not currently married are more likely to have increased AIDS awareness than those women who are

currently married. Due to the study's large sample, presence of a comparison group the findings can be rightly attributed to differences in level of education and marital status

Another study was conducted in Nairobi, Kenya in 1993 by Garland et al in which they wanted to determine level of knowledge of women on AIDS and other sexually transmitted diseases. The study comprised of 1,716 attending family planning clinic in Nairobi. More than 90% of the women named Gonorrhea and AIDS when asked to name the STDS they knew, 75% named syphilis, 66.5% could name two or more signs of AIDS, AND 96.9%, 66.5%, 58.3% mentioned sexual transmission via blood transfusion and prenatal transmission respectively as routes of transmission of AIDS. Knowledge of most symptoms and routes of transmission of AIDS, as well as knowledge of gonorrhea and syphilis was significantly positively associated with level of education. Unmarried women were significantly less likely to know symptoms and routes of AIDS transmission than were married women. Although awareness of AIDS was very high, detailed knowledge of signs of AIDS and routes of transmission was deficient, particularly among less educated women.

A study was done in Tanzania that was looking at predictors of AIDS knowledge, condom use and high-risk sexual behavior among women in Dar-es-salaam. It was found that level of education was strongly positively associated with increased AIDS awareness. It was also found that single and co-habiting women had an increased level of AIDS awareness (Kappa et al) Predictors of

AIDS knowledge, condom use, and high risk sexual behavior among women in Dar-es-salaam, Tanzania.

Studies on the relationship between marital status and testing for HIV

Sobo did a study in 1993 that aimed at identifying women's perceptions of psychosocial benefits of unsafe sex. The study found that married women are not very keen of going for an HIV test for fear of seemingly betraying their partners, because a woman would want to believe in her own wisdom and skill in choosing safe partners.

Rothenberg H.K. et al (1995), found that married women are not willing to test for HIV due to fear of losing their partners among other reasons if happened to be positive as opposed to unmarried women.

Studies on the relationship between educational level and testing for HIV.

Eversley (1993), did a study aimed at determining the prevalence of HIV testing among women at risk of HIV, and examining reasons for not seeking HIV testing 276 married women at a Planned Parenthood Clinic in United States of America were interviewed. While 64% of the population reported at least one risk behavior for HIV, only 22% reported that they had been tested for HIV antibodies. 35% of the population gave suggested that they did not know the benefits of HIV testing. The results therefore show that there is little correlation between AIDS awareness, perceived risk of HIV and willingness to willingness

to test for HIV. This finding therefore leaves room for further research to identify factors that influence one's willingness to test for HIV antibodies.

Catania et al(1989), did a study in which they were trying to understand barriers to return for results of HIV antibodies testing. Data was collected from 997 individuals seeking HIV antibody testing at free, anonymous test sites in California. Respondents were assessed on their AIDS awareness when they came to have their blood draw and re-assessed when they returned for their test results. 28% did not return for results. Relative to returnees, non-returnees were more likely to be of low educational level, more anxious about contracting AIDS, less knowledgeable about HIV testing. Groups did not differ on sexual orientation, gender, age, race, marital status, and knowledge on HIV transmission routes. Thus in relation to this study's topic AIDS awareness and marital status have shown to have no impact on one's willingness to test for HIV. However, educational status has shown to affect one's willingness to test.

Summary

Literature has shown that there is a positive relationship between level of education and level of AIDS knowledge. Such that the highly educated women have higher levels of AIDS knowledge. It has also revealed that married women are more likely to have low levels of AIDS knowledge compared to their unmarried counterparts. In as much as there is little to no correlation between AIDS knowledge and willingness to test for HIV. However it has been revealed

that married women are not very likely to go for testing for HIV for fear of seemingly betraying and losing their partners as opposed to their unmarried counterparts.

Chapter Three

Conceptual Framework

As depicted from the diagram below, a woman's marital status is shown to be affecting her AIDS awareness and willingness to test for HIV. Those women who are currently not married are likely to have increased AIDS awareness and consequently willingness to test for HIV as compared to those women who are currently married. This is so because women's traditional family roles are arduous. Married women in many parts of Malawi are expected to undertake almost all-household tasks, go through pregnancy, childbirth and rear children. Additionally a woman to take a subservient role in a heterosexual relationship. As such she is deprived of adequate time, power and material resources to take an active role in matters concerning AIDS (Reid, 1992). This is in contrast to those women who are not married who have a relatively greater degree of freedom to participate in those activities that aim at increasing AIDS awareness in women. Thus a married woman has little knowledge of AIDS transmission and preventive measures. These married women again have little willingness to test for HIV. This is so because a married woman would not want to get tested for HIV because among other reasons she is afraid of seemingly having betrayed her partner.

In the diagram below, it is also shown that a woman's level of education has an effect on her AIDS awareness and willingness to test for HIV. Those women who have a higher level of education are expected to have an increased AIDS awareness and willingness to test for HIV as compared to those women who have a lower level of education. These gaps are explained by one's capability of

understanding which is determined by one's level of education, and economic support that accompany it. Those women with higher levels of education have a better economic support, a better understanding of their bodies, mechanisms of HIV/AIDS transmission and their level of risk in an unprotected sex. But those women who have little to no education have poor economic support, low levels of literacy hence little access to printed information about HIV/AIDS. Consequently the women with low educational levels hear about HIV/AIDS later and not frequently. Knowledge is the basic necessity for behavioral change. Voluntary testing for HIV is a step forward toward behavioral change in an attempt to combat the AIDS epidemic. Consequently, women with higher education have increased AIDS awareness and are thus expected to have more willingness to test for HIV. This is in contrast to those women who have low levels of education and low levels of AIDS awareness hence are expected to have less willingness to test for HIV.

Thus the conceptual framework below portrays explicitly how and why woman's marital status and level of education affect her AIDS awareness and willingness to test for HIV.

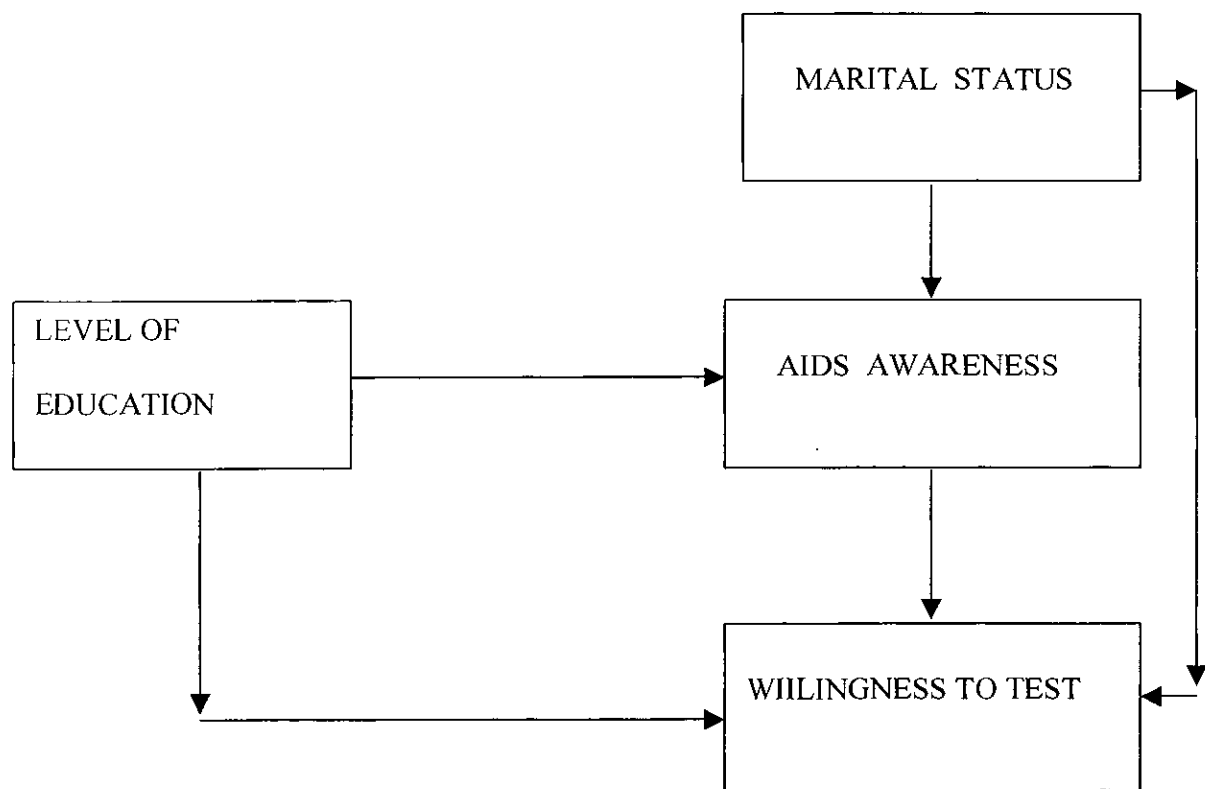


Figure 1: Conceptual Framework

Chapter Four

Methodology

Design

The study will use the correlation research design. This is a design that examines relationship among variables as they occur without being controlled. It is chosen for this particular study since the variables, marital status and level of education, for the interest of time and resources can not be manipulated.

Sample

The sample for this study comprised of 263 women. The women included students in nursing and teachers training colleges, clerical bank workers. Their educational levels ranged from junior certificate to some years in college. They were from Chewa, Tumbuka, Yao, Ngoni, and Sena tribes. They belonged to the following denominations: C.C.A.P., Roman Catholic, New Apostolic, and Seventh Day Adventist. Random sampling technique was used to select participants of the study. Consent was obtained from managers at proposed research sites for permission to conduct a study at their respective places. Individual participants were made to consent for willing to participate in the study. This was done verbally by the chief research investigators.

Setting

The study was conducted at the following places: Kamuzu College of Nursing; Lilongwe campus, Commercial Bank of Malawi; Lilongwe and Blantyre branches, Teachers Training Colleges; Lilongwe and Blantyre campuses.

Data Collection

The information collected was on demographic data, a woman's marital status, highest level of education acquired, a woman's knowledge on transmission, prevention of HIV/AIDS, and her knowledge of the benefits of, and willingness for an HIV test. The chief investigators through a questionnaire that was in English collected the data. The participants were made to read the questions and fill in the information indicating their initials only. The questionnaire was chosen because it is cheaper, faster to administer and provides privacy on the part of the study participants. Validity is defined as the degree to which an instrument measures what it is supposed to be measuring. Reliability is the degree of consistence with which an instrument measures the concept or attribute (Polit, Hungler, 1989). The tool used in this study was both valid and reliable since the principal investigators were involved in its development and it was already tested in Botswana in the Women and HIV/AIDS Prevention Peer Education Project.

Data Analysis

The data was analyzed using the computer. Data was coded and entered into the Statistical Package for Social Sciences. Descriptive statistics, frequencies and

percentages were used to analyze data. Significance of the findings were tested using chi-square. This was done with the help of the course lecturers, a statistician, and research advisor.

Ethical Consideration

To ensure that the study was conducted ethically right the chief participants obtained consent from the managers at the proposed sites for the research for permission to conduct a research at their place of work(Appendix A). Secondly the study participants were asked if they would like to be part of the study group after explaining the nature of the research to them, this was done verbally (see Appendix A).

Limitations Of The Study

The sample chosen for this study can not be regarded as being representative of the diversity of all Malawian women. The study lacked the representatives of women who have little or no formal education and those women who reside in the remote parts of Malawi. This was as a result of exclusion of women residing in the peri-urban areas of Lilongwe and Blantyre cities which was contrary to the initial arrangements. Thus the results from this study can not be generalized to the whole Malawian women. Again, the design for the study can not ensure drawing correct causal inferences, because all the variables are measured at the same time. So it is difficult to say which one preceded the other, though order of variability is well established. In addition, the researcher developed the conceptual

framework used for this research herself. There was need to base the study on an already established theoretical framework.

Chapter Five

Results

Demographic Data

The study included 263 women. Their ages ranged from 19-60 years. Of these women 58.2% were married while 35.7% were not. Out of these 263 women 49.4% were had M.S.C.E., 32.7% had 1 or more years of college and 17.9% had a J.C.E. Among these participants, 67.8% were bankers, 28.3% were teachers while 3.9% were K.C.N. Students. Of the 263 women 43.4% belonged to C.C.A.P., 28.1% were Catholics, 2.9% were Moslems and 28.1% belonged to other Pentecostal churches. The study participants belonged to different tribal affiliations including Chew, Tumbuka, Lomwe, Tonga, Yao and other various tribes in Malawi. Most of the study participants were urban residents.

Characteristic	Category	Frequency	Percentage
Age	19-20	58	22.1
	26-30	84	31.9
	31-35	41	15.6
	36-60	75	28.5
Level of education	J.C.E	46	17.5
	M.S.C.E	127	48.3
	1 or more years of college	84	31.9
Occupational	Teachers		
	Bankers	73	28.1
	KCN students	175	67.3
		10	3.9
Marital status	Married		
	Not married	153	58.2
Residence		94	35.7
	Urban		
	peri-urban	174	66.2
	Rural	42	16.0
		17	6.5

Figure 1: Demographic data

	Less AIDS awareness	More AIDS awareness	Total
Marital status			
Married, n = 153	53 (34.9%)	99 (65.1%)	152
Not married, n = 94	27 (32.1%)	57 (67.9%)	84
Total	80 (33.1%)	156 (66.1%)	236
Educational level			
Junior Certificate, n = 46	34 (75.6%)	11 (24.4%)	45
M.S.C.E. and above, n = 257	132 (63.3%)	70 (34.7%)	202
Total	166 (67.2%)	81 (32.8%)	247

Table 2: The table is showing level of AIDS awareness of the subjects by their marital status and level of education.

Table 2 is showing results of women's level of AIDS awareness with regard to their marital status and educational level. The women in the study were given a ten-item scale which was targeting ways through which AIDS can or can not be transmitted (see appendix A). They were asked to indicate what applied most to them. In order to have similar representation of data in both categories so as to avoid data skewing towards one category those women who scored eight or more items rightly (80% or more) were regarded as having more AIDS knowledge than those women who scored less than 80%. The results are showing that 65.1% of those women who were married had scored 80% or above while 34.9% had scored

less than 80%. The results are also clearly showing that 67.9% of the unmarried women had a score of 80% and above where as 32.1% had a score less than 80%. These results however do not portray a statistical significant difference in women's level of AIDS awareness with a $p = .672$.

Of the women who had completed junior certificate of education, 75.6% had scored 80% and above where as 24.4% had scored less than 80%. Women who had completed MSCE and above 65.3% had scored 80% and above, while 34.7% had scored less than 80%. These results were statistically insignificant, $p = .187$. Thus, it implies that there was no statistical difference in women's level of AIDS awareness with regard to their marital status.

	Less willingness to test	More willingness to test	Total
Marital status			
Married, n = 153	69 (58.0%)	50 (45.0%)	114
Not married, n = 94	45 (62.5%)	27 (37.5%)	72
Total	114 (59.7%)	77 (40.3%)	191
Educational level			
Junior Certificate, n = 46	34 (71.4%)	12 (28.6%)	42
M.S.C.E. and above, n = 127	92 (57.9%)	68 (42.1%)	160
Total	126 (60.6%)	80 (39.4%)	202

Table 3 : Showing subjects' level of willingness to test for HIV by their marital status and level of education

The findings in Table 3 are illustrating the relationship between the women's marital status, level of education and their willingness to test for HIV. The women were given a six-item scale on common attitudes towards testing. They were asked to indicate what applied most to them (see appendix 1). Those women who scored 65% and above were regarded as having a more positive attitude towards testing than those who had a score less than 65%. This was done in order to avoid data skewing towards one category. The results are showing that out of those women who were not married 37.5% had a score of 80% and above whereas 62.5% had scored less than 80%. The results are also illustrating that 42.0% of the married women had scored 80% and above while 58.0% had scored less than 80%. The results however are not statistically significant with a $p = .380$. This therefore implies that according to the study in question there is no difference in willingness to test for HIV between those women who are married and not married.

From the table above it has also been shown that 28.6% of those women who had a J.C.E. scored 65% and above whereas 71.4% scored less than 65%. It has also been shown that 42.1% of those women who had M.S.C.E. and above had scored more than 65% while 57.9% had a score less than 65%. These results however were statistically insignificant with $p = .278$.

However, 60.2% of the whole study sample strongly agreed that people should know their HIV status to take care of themselves, while only 24% disagreed. Among those women who had less willingness to test for HIV, 55% stated that

they were afraid of finding out may be HIV positive, 45.2% indicated that they were not willing to get tested because others who see them there might think that they were infected. While 32.7% stated that there is no point in getting tested because there is no cure, 42.2% stated that that there is no point in getting tested if you know someone really well.

Chapter six

Discussion

This chapter presents a discussion following a study based on the conceptual framework that stated that women with more education will have more AIDS awareness and willingness to test for HIV as compared to their counterparts having low education. The conceptual framework also predicted that women who were not married would have more AIDS awareness and willingness to test for HIV than those women who were married. The discussion will mainly dwell on demographic data, the relationship between women's marital status and their level of AIDS awareness and willingness to test for HIV. It will also tackle the relationship between women's level of education and their level of AIDS awareness and willingness to test for HIV.

The findings of this study contradict previous reports on the same topic and again do not tally with the conceptual framework for this study. The conceptual framework developed for this study predicted that women who were married would have more AIDS awareness and willingness to test for HIV than those women who were not married. The current study discovered that a woman's marital status has no impact on her level of AIDS awareness. One cited previous study done by Chaima, Zimba, (1998) revealed that unmarried women were more likely to have more AIDS awareness than the married women. The study discovered that husbands play a dominant role in as far as family sexual matters are concerned. Thus a married woman's freedom to participate in, attend discussions, activities that promote AIDS awareness is impeded by these societal

expectations. Another study done in Trinidad, Tobago by Kambon ,1993, revealed that women's lifestyles were affected by cultural and socioeconomic factors which were deeply rooted in perceptions of gender roles and extent of viable economic opportunities for self reliance. It revealed that married women's participation in activities that promote AIDS awareness is impeded by lack of self economical reliance and societal expectations of a married woman, that of a subservient role.

The absence of statistically significant difference in level of AIDS awareness between those women who were married and not married can possibly be attributed to improper sampling technique of the current study. The study sample comprised of participants who could be described as being more homogenous than heterogeneous. Every participant in the study sample had not less than J.C.E. level, almost all of them were at the time of the interview urban residents and almost everyone had an occupation. Thus the typical, subservient married woman who has to depend on her husband for economical support and has to observe expected, societal gender roles was not represented. Almost all the women in the study in question had some kind of self-economic sustenance, were not very observant of the expected gender roles owing to their relatively higher educational status and modern residence. As such they had equal chances of exposure to the different modalities used in dissemination of AIDS information despite their differences in marital status. That is why those women who were married and not married had equal levels of AIDS awareness. However, the study has revealed

that in general AIDS awareness levels were relatively high across the study groups with about 67.9% of the unmarried and 65.1% of the married scoring 80% and above 80%. This implies that indeed women's AIDS awareness in this study was high across the groups owing to the similar advantageous characteristics of the study sample.

Another reason contributing to the findings of this study could possibly be unequal representation of the study sample. The married women represented 61.9% of the whole study sample against 38.1% of the unmarried women. This implies therefore that unmarried women were not adequately represented in the sample. Therefore, it was not possible for the unmarried to make a significant impact on the study findings. Hence no difference in levels of AIDS awareness between the two groups.

Again the results from this study, contrary to other previous studies are showing that there is no difference in level of willingness to test for HIV between those women who were married and not married. One of the previous studies done by Sobo, 1993 discovered that married women are not very keen to go for an HIV test. This unwillingness resulted from fear of seemingly betraying their partners, because a woman would want to believe in her own wisdom and skill in choosing faith, safe partners. Rothernberg et al (1995), also found that married women are not willing to test for an HIV for fear of losing their partners among other reasons if found positive as opposed to their unmarried counterparts. The contradiction in findings from this study and previous studies could possibly be due to errors in sample selection for the current study. The unrepresentativeness

of the typical, rural, married Malawi woman contributed in the turnout of these results. The women understudy, as already explained were those who, by virtue of having some education, self economic sustenance were less bound by the expected societal gender roles as such almost all of these women were more or less involved in decision making concerning family sexual matters. Thus it can be said that the independent factor was less variable to make any impact on the dependent variable hence no difference in levels of willingness for testing between those women who were married and not married.

The study findings also revealed that a woman's AIDS awareness was not affected by her level of education. However the conceptual framework developed for this study in agreement with previous studies on this topic, portrays that there is a positive relationship between a woman's level of education and AIDS awareness plus a willingness to test for HIV. Thus the higher the educational level, the more AIDS awareness and willingness to test for HIV.

One study done by Garland et al (1993), in Kenya found that knowledge of most symptoms and routes of transmission of AIDS was significantly positively associated with a woman's level of education. It also revealed that although AIDS awareness was very high, detailed knowledge of signs of AIDS and transmission was deficient particularly among less educated women. Another study was done in Tanzania that was looking at predictors of AIDS knowledge, condom use and high-risk behavior among women in Dar-es-salam. This study revealed that level of education was strongly positively associated with AIDS awareness.

The failure of this study to establish a tangible relationship between a woman's level of education and her level of AIDS awareness can primarily be attributed to exclusion of the women with the least education according to Malawi standards. The study sample only included women who had attended some sort of secondary education. The least educated were those having a J.C.E. Now those women having a J.C.E. and those having M.S.C.E. can not differ very much in their disposition towards various concepts. This is so since most of those having a J.C.E. went as far as form four and only failed the M.S.C. examinations. We as well know that failing or passing an exam does not necessarily reflect one's understanding capability. There are many who had failed exams and having a good understanding capability just as their many who had passed exams but having low understanding capability. Therefore the exclusion of women who had only attended primary school or had no any formal education affected the results in that there were only educated women with no control group hence only higher levels of AIDS awareness.

Again the proportion of those women with less education (J.C.E.) to those women with more education (M.S.C.E. and above), was biased towards those women with more education. Those with less education were represented by 17.9% against 82.1% of those women who had more education. Thus those with less education could not make a significant impact on the results of the study. Hence no statistical difference in level of AIDS awareness between those having less and more education.

The results from this study again revealed that there is no relationship between a woman's level of education and her willingness to test for HIV. This is contradicting findings from previous studies. A cited example, a study done by Catania et al (1989), found that educational level affected a woman's willingness to test for HIV. The contradiction in results from this present inquiry and previous reports could have, among other reasons resulted from improper sampling technique. The errors in sampling for this study included exclusion of the women from the per-urban areas as part of the participants of the study contrary to initial arrangements. The non-inclusion of these women affected the results in that the study sample only comprised of those women who had not less than a J.C.E. Now in Malawian setting the study sample comprised of educated women only. This is so because those women with a J.C.E. can not differ very much in their perceptions of things since there are many who had a J.C.E. but reached as far as form four and only failed the M.S.C.E. examinations. Now we might as well agree that failure of an examination is not always a good measure of one's understanding of, or attitudes towards certain concepts. Again those having one or more years of college did not differ very much from those with M.S.C.E. So the study sample can be said to be more homogeneous than heterogeneous thus there was no significant variability in levels of education of the participants to make any significant variability on women's willingness to test for HIV.

Another reason why there was no difference in levels of AIDS awareness and willingness to test for HIV across all the categories of women in question was that the study was based on mere predictions and assumptions and not on tested and

reliable theories. The conceptual framework adopted for this study was developed by the researcher herself merely from her expectations and assumptions of the probable direction of relationships between variables in question. Thus from the beginning, the research was based on weak foundations which was later reflected in the comeout of results

Conclusion

The findings of the present inquiry revealed that those women who were married did not differ from those women who were not married interms of level of AIDS awareness and willingness to test for HIV. From the results of this study, it appears that women's AIDS knowledge was high across the groups. It has also been revealed that almost three quarters of the study sample had agreed that it is important that people should know their HIV status for them to take care of themselves. However less than half of the women were willing to have an HIV test across the groups. From the reasons given for not willing to go for testing it implies that women are not very keen to go for testing due to fear of finding out may be HIV positive, and that they feel there is no need to get tested since there is no cure for HIV/AIDS. This less levels of willingness to go for HIV testing also stemmed from fear of being seen by others who might think that they are infected. Another reason why women are not very willing to go for testing is that they feel that if you know someone really well you do not need an HIV test.

These results suggest that women's level of AIDS awareness was relatively high across the groups despite lack of significant differences by marital status and level of education However despite these high knowledge levels women's

willingness to test for HIV was generally low which was as a result of the reasons given above

Recommendations

Ministry of health and Population to intensify the dissemination of AIDS related information. The information and mode of dissemination should take into consideration the difference in social status, marital status, educational level, residence and economic power. This will ensure equal distribution of the AIDS related information to women of all categories. Based on the Assumption that through AIDS education, people will be able to assess their personal risk people may reduce the frequency of high risk behavior and control the AIDS pandemic in Malawi.

Ministry of Health and Population, and other non-governmental like Malawi AIDS Counseling and Resource Organization, (MACRO), and other concerned bodies and organizations to promote and intensify civic education on benefits of HIV testing to women stressing on ways that are in place to ensure confidentiality of any information regarding the results of their test. This will help reduce fear of these women from getting publicized on their serostatus and eventually increase rates of women consenting for HIV testing.

Fellow students nurses, and other qualified medical personnel to conduct another study on the same topic but to include all categories of Malawian women thus both from urban and rural residence, with high and low education, those married and not married and to do it at a national level. This will help in

establishing a true statistically significant relationship between the variables in question and help the concerned bodies in determining ways of approaching the problem of the increasing rates of HIV infection so as to control the AIDS epidemic in Malawi.

Issues For Further Research

The current research has revealed other areas of knowledge gaps which were however not areas of interest for this present study but might contribute positively towards curbing of the AIDS pandemic in Malawi. These issues therefore, require further research. The issues are;

Factors promoting AIDS awareness in women in Malawi.

The relationship between AIDS awareness and risk behavior reduction.

Factors that influence voluntary HIV testing in women in Malawi.

REFERENCE

Berer M. (1993). Women and HIV/AIDS ; Information, Action and Resources on Women and HIV/AIDS, Reproductive Health and Sexual Relationships, (First Edition). Pandora Press

Bertrand J.T. et al (1992), AIDS Knowledge, attitudes and practices towards AIDS prevention among women living in Bas-Zaire. International Conference on AIDS ; 6: 820-999. Ref ID 152

Buyingo G. et al (1993), knowledge, attitudes and practices of women at high risk for AIDS/STDs in the area of Butare-Rwanda. International Conference on AIDS. 9: 828_3662. Ref. ID : 729.

Catania J., et al (1989) Psychosocial Predictors of People who fail to Return for their HIV test Results. International Confernce on AIDS. 5: 340-690. Ref. ID :665.

Chaima A. , Zimba D. (1998) Cultural beliefs : Barriers to sex discussion among married couples and it's implications in STDs/ HIV/AIDS Prevention in Malawi. International Conference on AIDS 12 : 400-482. Ref ID :667.

Center for International Health Information, (1995.), Country Health Profile, Malawi,

DiClement RJ, Wingwood GM, A randomized controlled Trial of an HIV Sexual Risk-reduction intervention for Young African- American Women October 25, 1995. Volume 274 , number 16.

Eversley R (1993) Lack of Knowledge and fear of Seropositivity keeps Minority Women from Getting HIV tested . Inter national Conference on AIDS 9: 800-3495. Ref ID:692.

Garland M. et al, knowledge of AIDS and other Sexually Transmitted Diseases among women attending a Family Planning Clinic in Nairobi, Kenya. American Journal of Preventive medicine. 1993.

Horny , A.S. (1995), Oxford Advanced Learner Dictionary of current English. (Fifth Edition), Oxford University Press : Great Britain .

Kachapila L , (1998) HIVAIDS Epidemic in Malawi, Lilongwe. International Nursing Review. Volume 45, page 6, 1998.

Center for International Health Information, (1995.), Country Health Profile, Malawi,

DiClement RJ, Wingwood GM, A randomized controlled Trial of an HIV Sexual Risk-reduction intervention for Young African- American Women October 25, 1995. Volume 274 , number 16.

Eversley R (1993) Lack of Knowledge and fear of Seropositivity keeps Minority Women from Getting HIV tested . Inter national Conference on AIDS 9: 800-3495. Ref ID:692.

Garland M. et al, knowledge of AIDS and other Sexually Transmitted Diseases among women attending a Family Planning Clinic in Nairobi, Kenya. American Journal of Preventive medicine. 1993.

Horny , A.S. (1995), Oxford Advanced Learner Dictionary of current English. (Fifth Edition), Oxford University Press : Great Britain .

Kachapila L , (1998) HIV/AIDS Epidemic in Malawi, Lilongwe. International Nursing Review. Volume 45, page 6, 1998.

Kambon A. (1993), Cultural and socioeconomic factors as an impediment to HIV prevention among rural women in Trinidad, Tobago. International Conference on AIDS 9: 107-200. Ref ID : 759.

Kapiga S.H. et al, (1992), Predictors of AIDS Knowledge, condom use and High-risk sexual behavior among women in Dar-es-salaam, Tanzania. International Conference on AIDS. 11: 121-309. Ref. ID 398.

Liomba G ., (1992), Cultural Practices and Norms as a factor in HIV Transmission , Blantyre , Malawi .

Malawi Government and World Bank(1998) . Malawi AIDS Assessment Study, Vol. 2 ,Ministry of Health. Lilongwe

Malawi Government and World Bank (1998) Malawi knowledge Attitudes and practices in Health Survey. National Statistics Office , Zomba. Malawi. MACRO INTERNATIONAL INC. Claverton Maryland. U.S.A.

National AIDS Control Programme; (1997) AIDS Cases Surveillance Repor. Lilongwe.

Polit D.F. , Hungler B.P.,(1989). Essentials of Nursing Research , (Second Edition). J.B.,Lippincott company.

Appendix 1

Questionnaire

Peer Education For Hiv/Aids Prevention In Malawi

Kamuzu College Of Nursing

Introduction

You have expressed an interest in attending the six-session peer education groups on HIV/AIDS Prevention. Before these groups get started , we need to find out your current beliefs and behaviors related to HIV/AIDS. When the groups are finished, we will be asking you the same questions once again. This will help us understand how useful the groups have been.

Your answers will help us improve these groups for more people. Your name will not appear anywhere on this form. Your answers will remain confidential and anonymous. You can stop answering the questions at any time, or you can decide not to answer a particular question.

Remember this is not a test! Please answer all questions as best as you can, even if you think it does not apply to you. You can always write an explanation or comment in the margin.

We appreciate your willingness to answer these questions, and we hope that you will benefit from being in the project.

Part 1 :Demographic Data

Initials:.....

/ / /

Day Month Year

.....Years

Q3: What is your current marital status:

1. Currently married
2. Not currently married

Q4: What is the highest level of education you have completed:

1. junior Certificate
2. MSCE
3. 1 or more years of college
4. College or University degree

Part 2 : Information On Aids Awareness

Q5. How likely is it that a person will get HIV/AIDS from the following activities ? Indicate if you think it is likely or not likely by ticking what applies to you.

	Very likely	Not likely
a) Touching or close contact with someone with AIDS.		
b) Kissing a person with the AIDS virus on the cheek		
c) Sexual relations with someone who has AIDS or the AIDS virus without using a condom		
d) Sexual relations with someone you do not know well without using a condom.		
e) Sexual relations with a prostitute (has sex for money) without using a condom.		
f) Using public toilets		
g) using a razor blade, syringe, or needle used by other people without cleaning it.		
h) Donating blood		
i) Being bitten by a mosquito or a blood sucking insect		
J) Receiving a blood transfusion in a hospital.		

Part 3 : Information On Willingness To Test For HIV.

Q6: People say a lot of things about HIV/AIDS tests. Please indicate (by ticking)
if you agree, or disagree with the following statements.

	Agree	Disagree
a) People should have an HIV test before marriage		
b) If you know someone really well you do not need an HIV test		
c) I would not want to be tested because I am afraid of finding out that I am HIV positive		
d) I do not want to get tested because people who see me there might think I am infected		
e) People should know if they are HIV positive so they can take good care of themselves		
f) There is no point in getting tested for HIV because there is no cure any		

Appendix B

Letters

Kamuzu College Of Nursing,
Private Bag 1,
Lilongwe.
13th December, 2000

The Secretary,
Ministry of Health and Population,
P.O. Box 30377,
Lilongwe.

Dear Sir

RE: APPLICATION FOR A NATIONAL CLEARANCE TO CONDUCT A
RESEARCH STUDY

We, the undersigned plus the fourth Year students, Bachelor of Science in Nursing at the above mentioned College, write to apply for a national clearance to conduct a research. The research which is also as part of partial fulfillment of the program for these students is entitled " The impact of marital status and level of education on a woman's level of AIDS awareness and level of willingness to test for HIV in the cities of Lilongwe and Blantyre.

Trusting in your favorable consideration.

Yours faithfully,

Dr Kathleen Norr and Dr kaponda.

Kamuzu College of Nursing,
Private Bag 1,
Lilongwe
13th December, 2000.

The Manager
Commercial Bank Of Malawi,
Lilongwe Branch
P.O. Box 30377,
Lilongwe.
Malawi.

Dear Sir

APPLICATION FOR PERMISSION TO CONDUCT A STUDY AT YOUR
INSTITUTION

We, the undersigned plus the fourth year students, Bachelor of Science in nursing at the above mentioned College, would like to conduct a study at your institution. The study topic is " The impact of marital status and level of Education on AIDS awareness and willingness to test for HIV in women in the cities of Lilongwe and Blantyre. "

The fourth year students are doing this as a requirement in partial fulfillment for the award of Bachelor of Science in Nursing.

Your favorable consideration will be greatly appreciated.

Yours faithfully,

Dr Norr and Dr Kaponda

(Principal Research Investigators)

Kamuzu College of Nursing,
Private Bag 1,
Lilongwe
13th December, 2000.

The Manager
Commercial Bank Of Malawi,
Blantyre Branch
P.O. Box 1111,
Blantyre.
Malawi.

Dear Sir

APPLICATION FOR PERMISSION TO CONDUCT A STUDY AT YOUR
INSTITUTION

We, the undersigned plus the fourth year students, Bachelor of Science in nursing at the above mentioned College, would like to conduct a study at your institution. The study topic is " The impact of marital status and level of Education on AIDS awareness and willingness to test for HIV in women in the cities of Lilongwe and Blantyre. "
The fourth year students are doing this as a requirement in partial fulfillment for the award of Bachelor of Science in Nursing.
Your favorable consideration will be greatly appreciated.

Yours faithfully,

Dr Norr and Dr Kaponda

(Principal Research Investigators)

Kamuzu College of Nursing,
Private Bag 1,
Lilongwe
13th December, 2000.

The Principal,
Lilongwe Teachers Training College
P.O. Box 452
Lilongwe.
Malawi.

Dear Sir

APPLICATION FOR PERMISSION TO CONDUCT A STUDY AT YOUR
INSTITUTION

We, the undersigned plus the fourth year students, Bachelor of Science in nursing at the above mentioned College, would like to conduct a study at your institution. The study topic is " The impact of marital status and level of Education on AIDS awareness and willingness to test for HIV in women in the cities of Lilongwe and Blantyre. "
The fourth year students are doing this as a requirement in partial fulfillment for the award of Bachelor of Science in Nursing.
Your favorable consideration will be greatly appreciated.

Yours faithfully,

Dr Norr and Dr Kaponda

(Principal Research Investigators)

Kamuzu College of Nursing,
Private Bag 1,
Lilongwe
13th December, 2000

The Principal,
Blantyre Teachers Training College
P.O. Box 291
Lilongwe.
Malawi.

Dear Sir

APPLICATION FOR PERMISSION TO CONDUCT A STUDY AT YOUR
INSTITUTION

We, the undersigned plus the fourth year students, Bachelor of Science in nursing at the above mentioned College, would like to conduct a study at your institution. The study topic is " The impact of marital status and level of Education on AIDS awareness and willingness to test for HIV in women in the cities of Lilongwe and Blantyre. "

The fourth year students are doing this as a requirement in partial fulfillment for the award of Bachelor of Science in Nursing.

Your favorable consideration will be greatly appreciated.

Yours faithfully,

Dr Norr and Dr Kaponda

(Principal Research Investigators)