



**UNIVERSITY OF MALAWI**  
**KAMUZU COLLEGE OF NURSING**

**EXPERIENCES OF SERODISCORDANT COUPLES  
TOWARDS SEXUAL RELATIONSHIP AT QUEEN  
ELIZABETH CENTRAL HOSPITAL**

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**A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT FOR THE  
AWARD OF BACHELOR OF SCIENCE IN COMMUNITY HEALTH  
NURSING AT KAMUZU COLLEGE OF NURSING**

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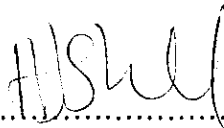
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**OCTOBER, 2011**

**DECLARATION**

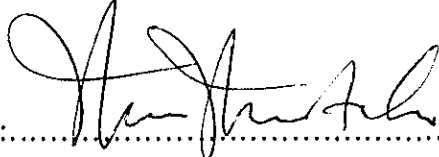
I, Agnes Katazuka Shella, declare that this proposal is a product of my own effort. It has never been submitted for any degree at any institution. Where reference to other people's work has been included, acknowledgements have been made.

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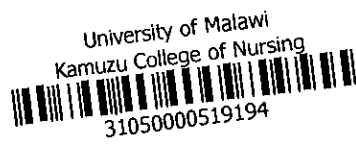
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## DEDICATION

This work is dedicated to my family, my lovely son Wisdom Shella Jr. and my wonderful daughter Winnie Shella, for their support and encouragement. You make me feel great.

## ACKNOWLEDGEMENT

I would like to acknowledge God's guidance throughout the course.

I wish to acknowledge with gratitude the support from The Field Director, Dr Newton Kumwenda, The project Manager, Mr N. Kalanje for their support.

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## **ABSTRACT**

### **INTRODUCTION**

HIV and AIDS is one of the greatest public health as well as social problems threatening the human race. Since the beginning of the epidemic, nearly 30 million people have died from AIDS-related causes. Malawi is among the list which has one of the highest national prevalence rates in the world.

### **PURPOSE**

The purpose of this study was to explore experiences of serodiscordant couples towards sexual relationships. The study objectives were to describe feelings of serodiscordant couples towards sexual relationships, examine attitudes of the serodiscordant couples towards serodiscordant status and explore sexual practices of serodiscordant couples.

### **METHODOLOGY**

In this study, the population of interest was serodiscordant couples who attend clinics to Johns Hopkins at Queen Elizabeth Central Hospital. The study was a qualitative design, data was collected through face to face interview using an interview guide. A sample of five couples to make 10 participants was interviewed in order to obtain data. Data collected was analyzed using content analysis. Convenient method of sampling was used in this study. This study was conducted at Johns Hopkins Clinic within Queen Elizabeth Central Hospital in Blantyre. . The result of the study showed that serodiscordant couples felt that frequent sex will facilitate HIV transmission and condom use reduces sexual arousal. Further analysis showed that condom was considered the most appropriate method which improves their sexual relationship. On the other hand the study noted that serodiscordant couples meet challenges like fear of HIV transmission, the need for child bearing and anxiety. This implies that there is need to intensify couple counseling which will solve psychological problems of serodiscordant couples.

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## **LIST OF ABBREVIATIONS AND ACRONYMS**

AIDS	Acquired Immune Deficiency Syndrome
DHS	Demographic Health Survey
HIV	Human Immunodeficiency Virus
NAC	National AIDS Commission
UNAIDS	United Nations Programme on HIV/AIDS
UN	United Nations
HBL	Health Belief Model
UNC	University of North Carolina

## CHAPTER ONE

### 1.0 INTRODUCTION AND BACKGROUND

HIV and AIDS is one of the greatest public health as well as social problems threatening the human race. The number of people living with HIV rose from around 8 million in 1990 to 33 million world wide by the end of 2009. Since the beginning of the epidemic, nearly 30 million people have died from AIDS-related causes. The greatest burden of HIV and AIDS pandemic is in Sub-Saharan Africa with 68 percent of people living with HIV and AIDS (UNAIDS, 2010). Malawi is among the list which has one of the highest national prevalence rates in the world. Heterosexual contact is the principal mode of HIV transmission (NAC, 2004).

One striking trend in modern times has been the presence of discordant couples. For some time, research has uncovered couples who have lived together for many years with different HIV statuses. According to a study done in Uganda, 60% of all new HIV infections occur in HIV Serodiscordant couples and over 30% of married HIV-positive people have a negative spouse (Kashesya, 2009). In Malawi Demographic Health Survey, 2004 showed that 10 percent of the 1324 couples who tested for HIV were discordant.

In general terms, HIV infection has been associated with stigma and discrimination (Parker, 2003). Incidences have occurred where abandonment and neglect have resulted from a positive HIV status of relatives and members of the community.

Serodiscordant couple like any other couple needs a sexual relationship that is free from

risks, fears and concerns in order to maintain a safe and satisfying sex life (Cichocki, 2007). The challenge that serodiscordant couples may experience while in a serodiscordant relationship may not have much to do with how the spouse got infected with HIV. The challenges are usually based on fact that HIV is present in the relationship. Because of HIV, serodiscordant couples face added fears and anxiety for example, HIV transmission that causes sexual problems and emotional withdrawal (Boskey, 2009). However, little is known about what serodiscordant couples pass through in their sexual relationship.

This research study therefore, seeks to advance knowledge in the field of the experiences of both the negative and the positive members of discordant couples towards sexual relationship. It is believed that this knowledge is necessary for the promotion of the wellbeing of the partners in such a relationship and to society at large in order to devise interventions that will address the needs of discordant partners.

### **1.1 PROBLEM STATEMENT**

HIV and AIDS brought in stigma and discrimination. Discordant on its own is a challenge, characterized by quarreling and conflict (Webster, 2011). Because of HIV, serodiscordant couples face added fears and anxiety due to HIV transmission that causes sexual problems and emotional withdrawal (Boskey, 2009).

This study therefore aims at finding out the experiences of serodiscordant couples towards their sexual relationship among Johns Hopkins serodiscordant participants at Queen Elizabeth Central Hospital.

## **1.2 SIGNIFICANCE OF THE STUDY**

This study intends to explore experiences of serodiscordant couples towards sexual relationships. This will help the researcher to come up with recommendations or solutions based on the findings. It will also help community health nurses and other community health workers in teaching people on couple counseling and what to be involved in the counseling. The study will also help to deal with challenges experienced by serodiscordant couples.

## **1.3 OBJECTIVES**

### **1.3.0 Broad objectives**

The overall aim of the study is to explore experiences of serodiscordant couples towards Sexual relationship.

### **1.3.1 Specific objectives**

1. To describe feelings of serodiscordant couples towards sexual relationships
2. To examine attitudes of the serodiscordant couples towards serodiscordant status.
3. To explore sexual practices of serodiscordant couples.

## **CHAPTER TWO**

### **2.0 LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

Serodiscordant couple status is a challenge both for couples themselves as well as their providers, counselors and loved ones. Serodiscordant relationships often are riddled with stress, anxiety, fear and concern therefore one has to know solutions to relieve these problems.

Globally a lot of research has been done on sexual relationships of serodiscordant couples in an attempt to find concerns and challenges experienced in serodiscordant couples.

#### **2.2 FEELINGS OF SERODISCORDANT COUPLES**

Feelings are emotional states or reactions towards a situation and in this case towards serodiscordant status. A study by Peterson, Blackshear, and Stokes (2003) which aimed at examining feelings of condom use among African American serodiscordant couples. The results found that most serodiscordant couples felt barrier to safer sex practices when sex was on the spur of the moment.

Similarly in China, a study carried out by Busulwa, Takiya, Azzubeidi, Mousad, Tawillah, and Ziady (2002), with an aim of assessing experiences of condom use as a method of HIV prevention in serodiscordant couples. Result showed that condom use in serodiscordant couple was felt as a thing that would undermine the sexual norms of the society.

In another study done by Sunyna, Williams, Larissa, Semanchuk, (2000) in America, with the objective of examining feelings of safer sex negotiation among serodiscordant couples. The result showed that participants felt difficult to negotiate safer sex with relationship partners because of the inability to see partners they love as risky and perceive condom use to be a personal choice. In the same study, results also indicated that HIV women held negative attitudes towards condom use.

Gebhardt, Kuyper, Dusseldorp in 2006 also did a study that examined intimacy and commitment related to feelings of HIV risk perceptions, condom use and HIV related communication. The results suggested that intimacy and commitments were felt as important elements of close relationship in serodiscordant couples.

### **2.3 ATTITUDES**

Serodiscordant couples developed different attitudes towards their sexual relationship. Attitudes is a predisposition or a tendency to respond positively or negatively towards a Situation (Gish, 2011). A study done in America, by Remien, Dieguez, and Wagner (2005) aimed at identifying the sexual risk behaviour experienced in serodiscordant couples, and factors associated with their risk behaviour. The research showed that sexual risk behaviour that occurs in these couples was their perceptions on susceptibility for HIV transmission, challenges confronted by these couples, barriers to emotional intimacy and couples satisfaction.

At the University of Wisconsin, in America, a similar study done by Steven, and Galvao, (2007) aimed at investigating the sexual behaviour of 55 HIV women in

primary relationship with serodiscordant partners. The results showed that 58% practiced abstinence, 24% practiced safer sex exclusively and 18% engaged in unprotected sexual intercourse with their partners.

Another study done in Uganda by Mugwanya, Whalen, Tisch and Francis in (2009), aiming at examining attitudes regarding the effect of male circumcision in reducing HIV in serodiscordant couples. The result of the study showed that serodiscordant couples demonstrated a high level of understanding of the partial protective effect of male circumcision for HIV prevention.

Furthermore Bogart, Cecil and Pinkerton (2001) did a study that surveyed attitudes regarding interventions to use the female condom in serodiscordant couples. The study showed that for men, attitudes did not predict female condom use interventions, but greater AIDS knowledge was related to lower intentions to use the female condom.

#### **2.4 PRACTICES**

Practice is to perform in a habitual fashion. Serodiscordant couples had their sexual practices that was a must to them because of the presence of HIV infection. A study by Kashesya, Kaharuzza, Mirembe, Neema, Ekstrom, and Kulane (2009), examined challenges HIV serodiscordant couples experienced. The objective of the study was to explore sexual practices to understand to what extent these practices influenced the desire to have children and the implications for HIV transmission among discordant couples. The results showed that HIV serodiscordant couples with strong desire for child bearing had dilemma of risking HIV infection or infecting their spouse. The study also noted that participants wanting children and those with multiple sexual partners were less

likely to use condoms. The study showed that risk of HIV transmission to partner, lack of negotiating power for safer sex and failure of health systems to offer safe methods of reproduction were some of challenges experienced.

A related study of unprotected sex practices among serodiscordant couples was conducted by Israel, Romeis, and Spitz (2005), aiming at finding experiences of unprotected sex practices among HIV serodiscordant couples. The result showed that unprotected sex practices happened when sex was done under the influence of drugs and alcohol. The study also found out that a modest percentage of HIV serodiscordant couples continued to practice unprotected sex.

Another study conducted in California by Patterson, Shaw and Semple (2002), aiming at finding out if testing behavioral interventions increase safer sex practices of HIV positive individual. The finding suggested that a brief intervention could result in a larger reduction in HIV transmission risks among serodiscordant couples. In the same study, the result also suggested that safer sex counseling was more effective for HIV positive individuals as compared to at risk individual.

In a related study done on the effectiveness of behavioral interventions targeted the sexual risk behaviours of HIV positive individuals, primarily because unprotected sex with serodiscordant partners represented a major transmission vector. The results suggested that HIV positive individuals were more receptive to safer sex counseling messages as compared to their at risk counterparts.

A similar study done by Kurt, Webster, Buckley and Darrow in South Beach Miami- Dade

County (2008). The aim of the study was to determine perceived HIV infection status who engaged in certain sexual practices with their partners. The result showed that men who engaged in casual partners were more likely to have negative attitudes towards condoms, difficult communication and desire for safer sex and disagree with the belief that AIDS is fatal.

In relation to the above studies, Milan, Richardson, Espinoza, and Stoyanoff, (2006) conducted a study in America on practices of unprotected sex among serodiscordant couples. The result showed that unprotected vaginal sex was positively associated with duration of relationship and inversely associated with positive condom attitudes.

## **2.5 SUMMARY OF LITERATURE REVIEW**

Literature review on feelings, attitudes and practices of serodiscordant couples towards sexual relationships was emphasized on condom use, safer sex negotiation, HIV transmission risk behaviours, safer sex practices, unprotected sex practices, pattern of sexual behaviours.

In this literature review, no studies have been done in Malawi to investigate whether the public knows the feelings, attitudes and practices of these serodiscordant couples in terms of their sexual relationships. This justifies a gap for a research to be conducted.

## **CHAPTER THREE**

### **3.0 THEORETICAL FRAMEWORK**

#### **3.1 INTRODUCTION**

Research is performed within the context of the theoretical framework and its findings are significant and utilized in nursing (Polit & hungler, 1997). The researcher based this study on the Health Belief Model (HBM).

Health Belief Model is a psychological model that attempts to explain and predict health behaviors (Glanz et al, 2002). This is done by focusing on the attitudes and beliefs of individuals. The model integrates psychological theories of goal setting, decision making and social learning (Bullough & Bullough, 1990).

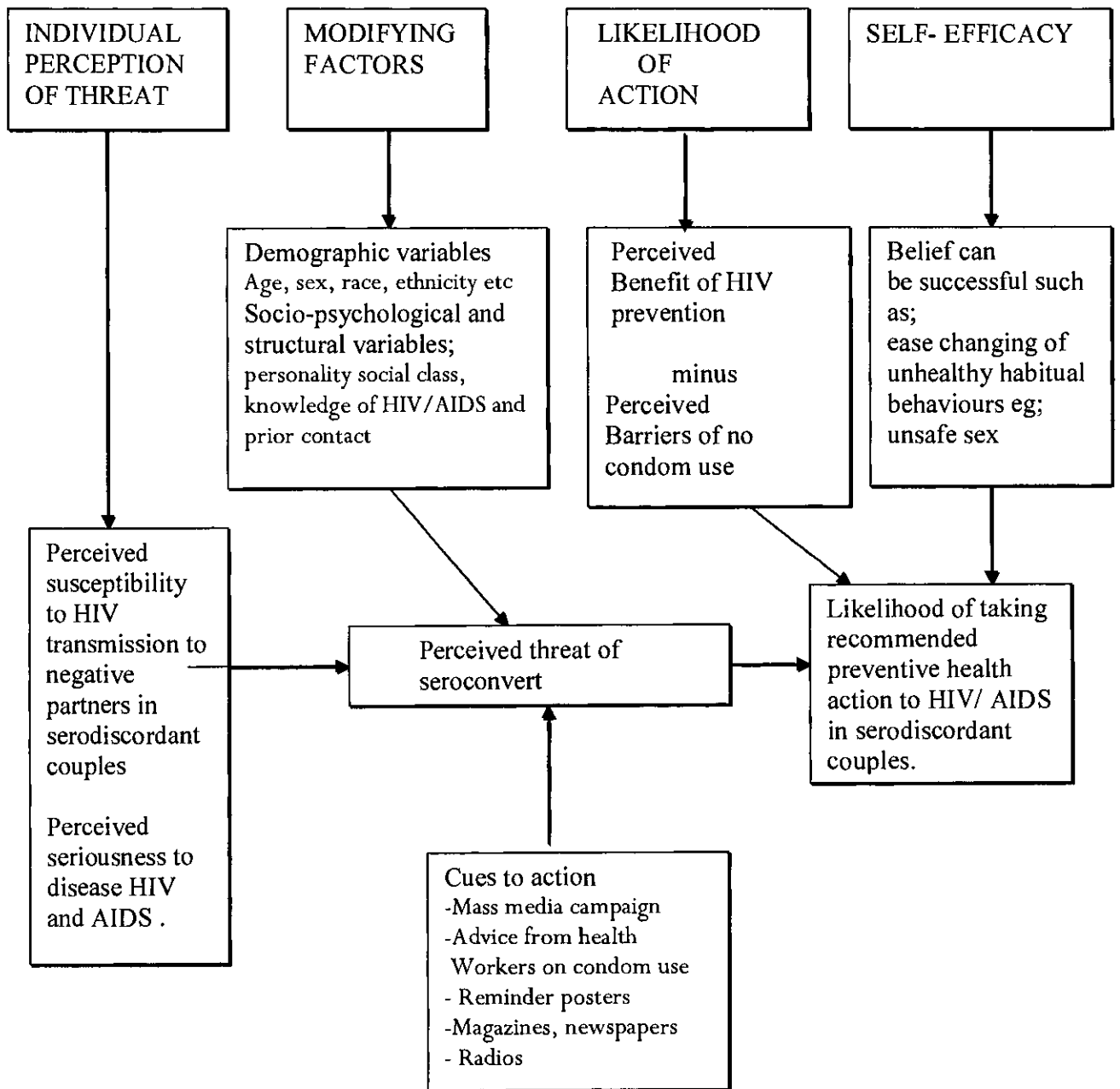
The model has four principle concepts of individual perceptions of threat, modifying factors, likelihood of actions and Self efficacy. Individual perceptions enhance individuals own judgment of the susceptibility to seriousness of the diseases and perceived threats of the illness. Modifying factors include age, gender, race, ethnicity, personality, social class, knowledge about disease and prior contact.

Health Belief Model is spelled out in terms of four constructs which is; perceived susceptibility, perceived severity, perceived benefits minus perceived barriers perceived threat. These concepts account for people's "readiness to act." Cues to action, activate readiness and stimulate overt behavior.

This model suggests that people are more likely to take preventive action to comply with professional medical advice if they feel concerned about health and motivated to protect it, feel susceptible to risk of the disease in question. Health Belief Model

says people will comply to treatment if they believe that the consequences of the disease would be serious if left untreated and these out weigh any cost even drawbacks. Self-efficacy or one's confidence helps in the ability to successfully perform an action. This concept fit the challenges of changing habitual unhealthy behaviors.

**3.2 FIGURE 1: MODIFIED HEALTH BELIEF MODEL**



Source: Glanz et al, 2002.

### **3.3 APPLICATION OF THE MODEL TO THE STUDY**

The researcher applied variables of interest to the study according to variables of health belief model. The selected variables applied are: perceived susceptibility of chances of HIV negative partners getting HIV infection, perceived severity of HIV and AIDS disease in serodiscordant couples and perceived seriousness of HIV transmission in their sexual relationships. There will be also perceived susceptibility of risk of future loss, perceived sexual spontaneity and satisfaction, perceived fear of abandonment, anticipated illness, decision about pregnancy and child rearing.

However, perceived benefits of HIV prevention, perceived benefit of open communication, perceived benefit of condom use, perceived benefits of a healthy sexual relationship minus perceived barrier of no condom use, non adherence to medications, pregnancy and the likelihood of taking recommended HIV preventive sexual practices will result. Again, HIV couple counseling, reassurance, assistance and incentives reduce perceived barriers.

On applying cues to actions, serodiscordant couples are reminded safer sex practices on radios, newspapers and poster. Health personnel also provide health education on safer sex practices such as condom. Training and guidance promote self efficacy thereby enhancing the likelihood of having positive perceptions, attitudes and practices towards health sexual relationships

According to health belief model, the modifying factors are influenced by perceptions, attitudes and practices of serodiscordant couples and the likelihood of serodiscordant couples to take recommendation actions. The modifying factors in this investigative study on perceptions, attitude and practices are the social class, personality, sex and educational levels. Their perceptions that are influenced by these factors are perceived susceptibility to HIV sero converting. In other words, serodiscordant couples view of susceptibility to HIV infection through unprotected sexual relationship and the seriousness of HIV sero converting form the perceived threat.

## **CHAPTER FOUR**

### **METHODOLOGY OF THE STUDY**

#### **4.0 INTRODUCTION**

Chapter four aims at describing the research methodology of the study, such as; the research design, sample selection, setting where the study was done, development of instruments, data collection and analysis, the time frame for the study as well as budget for the study.

#### **4.1 THE STUDY DESIGN**

The study's objectives were achieved by using qualitative design. Qualitative studies are formal, objectives and systematic process in which data is used to describe variables.

The researcher used an emergent qualitative design, a design that emerges during the course of data collection (Polit, 2010). An emergent design also reflect the researchers desire to have the inquiry based on realities and viewpoints of those under study. The realities and viewpoints included those that were not known or understood at the onset of study. An interview guide was used in this study.

#### **4.2 RESEARCH SETTING**

Research setting is the physical allocation in which data collection takes place in the study (Polit and Hunger, 1997). This study was conducted at Queen Elizabeth Central Hospital Johns Hopkins Clinic. This setting was chosen because it deals with serodiscordant couples. The choice of the clinic gave the researcher an easy access to informants because partners come together with their spouses.

#### **4.3 SAMPLING**

Sampling is the process of selecting a group of people, events, behaviour or other elements that are representative of the population being studied (Burns and Grove, 2005). In this study, the population of interest was serodiscordant couples who attend clinics to Johns Hopkins at Queen Elizabeth Central Hospital. According to Creswell (2002), population is the entire set of individuals or elements that meets the sampling criteria. Convenient (accidental) method of sampling was used in this study. Convenient sampling is to the use of most readily available persons or objects for use as subjects in a study (Polit & Hungler, 1997). Convenient sampling was used because all serodiscordant couples who were coming to Johns Hopkins clinic, were approached and asked for their consent to participate in a study. Those who gave consent were recruited in the study. A sample of five couples to make 10 participants were interviewed in order to obtain data.

#### **4.4 DATA COLLECTION TOOL**

The researcher used interview guide for data collection. This interview guide included both open and close ended questions. The tool was formulated in English then translated in Chichewa language in order to suit the language clients could easily understand. The researcher chose this method because of its efficiency to get the view point of a couple within a short time. Data was captured using a tape recorder. Audio recordings helped the researcher not to lose data during interview. One hour was taken to interview a couple.

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

An interview guide was piloted for efficacy and clarity prior to the study. When pre-testing was done, changes were made to improve the clarity of data collecting tool. Pre-testing was done on two couples (four participants) at University of North Carolina Project (UNC Clinic) at Kamuzu Central Hospital because these resemble serodiscordant couples at Queen Elizabeth Central Hospital, Johns Hopkins Clinic.

#### **4.6 DATA ANALYSIS**

Analysis of the data is important so as to summarize, organize, evaluate, interpret, and numerically communicate the obtained data (Polit, 2003). Data collected was analyzed manually using content analysis. Qualitative data analysis is a process and consists of three parts; noticing, collecting and thinking about interesting things (Ngwale, 2010). These parts are interlinked and cyclical. While the researcher thought about interesting things, at the same time noticed further things and collected them.

#### **4.7 ETHICAL CONSIDERATION**

To ensure protection of human rights, the following was included; Subject information on the purpose of the study, methods, procedure for data collection and benefit of the study was done in order to get informed consent. To ensure this, subject's participation in the study was voluntary and informed that they were free to withdraw anytime they feel like

doing so without being penalized. Those who consented to participate in the study was given consent forms to sign and those who were illiterate used a thumb stamp.

The study had no physical risk associated with participant's involvement in the study. The risks that the participants were likely to face due to their acceptance to participate in the study was also explained to them. The participants were told about some risks, like risk of being embarrassed by some questions which were used to answer the study problem. This facilitated voluntary participation of subjects in the study. Observation of privacy and confidentiality of their participation and the information gathered were strictly followed by not writing participants names during the interview and also by keeping the information in a confidential document. The data was not used for other purposes except for research.

On the rights, the clients were told about their rights not to be harmed, right to self determination, right to privacy, confidentiality and anonymity also the right to refuse to participate or withdraw at anytime.

Ensuring safety of clients through out the study, a research proposal was submitted to Kamuzu College of Nursing Research and Publications Committee on the approval of the study. After the approval by the Research Committee, permission was sought from the Johns Hopkins Project before data collection. They were no benefits or any payments for the participants in the study and neither paid any money to services.

## **CHAPTER FIVE**

### **5.0 PRESENTATION OF RESULTS**

#### **5.1 INTRODUCTION**

This chapter presents the results of a study on experiences of serodiscordant couples towards their sexual relationship at Queen Elizabeth Central Hospital – Johns Hopkins Project in Blantyre. This chapter describes demographic data and themes on feelings, attitudes and practices of serodiscordant couples towards sexual relationship.

#### **5.2 DEMOGRAPHIC DATA**

##### **5.2.0 Types of participants**

Ten participants in serodiscordant couples were recruited in this study. The participants' age, ranged from 20 to 60 years with 50% (n = 5) within the age range of 20-30. 10% (n = 1) participant went to school up to secondary level, 40% (n = 4) ended up at primary level and 50% (n = 5) had never gone to school. On employment 10% (n = 1) participant was not working while 30% (n = 3) were working and 60% (n = 6) were farmers. On religion, most of the participants 80% (n = 8) were Christians by faith while 20% (n = 2) were Muslims.

The table below is showing the frequencies of the participants' age, education level, occupation and denomination.

<b>Characteristics</b>	<b>Number of participants</b>	<b>Percentage</b>
<b>Age range</b>		
• 20 - 30	5	50%
• 31 - 40	3	30%
• 41 - 50	1	10%
• 51 - 60	1	10%
<b>Education level</b>		
• None	5	50%
• Primary	4	40%
• Secondary	1	10%
<b>Occupation</b>		
• Not working	1	10%
• Working	3	30%
• Farming	6	60%
<b>Denomination</b>		
• Christian	8	80%
• Muslim	2	20%

### 5.3 THEMES

#### 5.3.0 Feelings towards sexual relationship

This section presents feelings of serodiscordant couples towards sexual relationship. The participants in this study were asked if they still enjoy sex, after knowing their serodiscordant status results. The majority 80% (n = 8) said yes because of condom use.

One participant said;

*"Inde ndimamvabe bwino chifukwa chogwilitsa ntchito Kondomu."* Meaning yes, I do enjoy sex because of condom use.

Many participants narrated that they will continue using condom because it is a safer method when asked about their feeling towards sex. Participants also said that had use condom before their serodiscordant status for other purposes. After knowing their serodiscordant status almost every one responded that during sex condom is used. One participant had to say this;

*"Tikamagonana nthawi zonse timagwiritsa ntchito kondom"*. Meaning that each time of sex, condom was used.

Most participants 70% (N = 7) said they do not encounter problems from their spouse since serodiscordant status was known to them because by then were already stayed together for a long time. Some 30% (n = 3) said they do find problems like the need of child bearing, fear of HIV transmission, having a risk partner, leaving the positive wife alone with children and going to other women were some of responses mentioned by some participants.

One participant said these words;

*“Inde, ndimamvabe bwino ngati tonse tafuna kugonanako kwambiri ngati adzangawa ndiwo ayambitsa.”* Means yes, do enjoy sex when both have the feelings to have sex especially if the negative spouse started the act.

Only one participant said;

*“Ayi, sindimva bwino pa mchitidwe wathu wogonana chifukwa cha mantha wopatsirana kachilombo ka HIV.”* Meaning no, does not enjoy sex because of fear of HIV transmission.

Beside that one participant said that she wants a child and her husband too, but the use of condom and the fear of HIV transmission gave them headache.

### **5.3.1 Attitudes towards sexual relationship**

The interview reviewed that all participants' frequency of having sex has decreased since serodiscordant status notification. Most clients said that the presence of HIV in their marriage has reduced the feelings of sex towards each other. Most participants 70% (n = 7) said that number of days of doing sex had reduced because they want to protect the negative partners chances of getting HIV infection. Some 20% (n = 2) said that because of fear of HIV transmission they have reduced the number of days of doing sex. 10% (n = 1) participant said the number of days of doing sex is the same.

A participant who was a positive HIV partner had to say this;

*“Ndimaopa abambo kuwapatsira kachilombo”* meaning she does not want her husband to get the HIV virus.

Some said because of condom use when doing sex with their spouses , this has reduced the appetite for sex. One participant said these words;

*“Sweet sitimadwela mupepala.”* Meaning that sweet is not eaten while in a plastic paper.

Another participant had to say this;

*“Kugonana kwapafupi pafupi kukhoza kubweletsa matenda chifukwa chake timatalikitsa”*. This means that doing sex frequently can bring HIV infection that’s why times of having sex was reduced.

### **5.3.2 Practices of serodiscordant couples towards sexual relationship**

Participants were asked what could improve their sexual relationships towards each other. Most participants 60% (n = 6) said that the use of condoms during sex is the most appropriate thing that could improve their sexual relationship. Some participants 30% (n = 3) said that using safer sex practices will improve their sexual relationship with their spouse. 10% (n = 1) participant said staying without fear of HIV transmission during sexual intercourse could improve their relationship on top of condom use.

Another participant said this;

*“Kusatira malangizo a doctor kungathandize muchitidwe wathu wogonana kukhala wabwino kwambiri”*. Meaning following doctors instructions on safer sex will improve their sexual relationship towards each other.

## **CHAPTER SIX**

### **6.0 DISCUSSION OF THE FINDINGS**

#### **6.1 INTRODUCTION**

This chapter presents the discussion of the findings, interpretation of the major findings emerging from the analysis of data will be presented and issues arising from each part will be identified. This included demographic data, feelings of serodiscordant couples towards sexual relationship, their attitudes and practices.

#### **6.2 DEMOGRAPHIC DATA**

##### **6.2.0 Age**

The respondent age ranged from 20 to 60. Age was an important aspect in this study because it is an important factor associated with accessing feeling, attitudes and practices of serodiscordant couples. The result of the study showed that age 31 to 60 are affected by the issue of serodiscordant status, but the majority of the victims are in the age group of 20 to 30 years and that makes 50% of the sample. According to the UNFPA / Malawi Government in 2000, the age group between 15 and 49 is regarded as the most sexually active group, which was greatly hit by HIV / AIDS pandemic.

The study also revealed that most respondents were uneducated presenting 50% of the total number of non educated participants. Few participants were educated up to primary level, Only one participant was educated up to secondary level. The level of education influences understanding of issues. The spread and the impact of HIV in

any community is influenced by the demographic profile of the population (MDHS, 2004). At the level of the individual these factors determined peoples feelings regarding HIV prevention and risk prevention and their attitudes towards serodiscordant couples. Education attainment among other factors can influence peoples perceptions of information. The knowledge could lead to better life saving skills which could help critically analyse situations (MDHS, 2004).

On occupation, the study findings have shown that six respondents were doing farming, three working and one not working. It is expected that occupation and earnings are more important for meeting the needs of their households [MDHS, 2004].

Lastly, the study findings have indicated that majority of the participants were Christians by faith.

## **6.3 THEMES**

### **6.3.0 Feelings of serodiscordant couples**

The study revealed that serodiscordant couples enjoy sex if condom is used. Most respondents mentioned condom use makes relationships to be maintained because fear of HIV transmission, anxiety and stress is reduced.

The finding relates with Cichocki (2007) who said relationships made up of one positive partner and one negative partner have been fraught with challenges. Serodiscordant relationships often are riddled with stress, anxiety, fear and concern.

The result further showed that safer sex was being emphasized and utilized by almost serodiscordant couples. Most participants narrated that every sex condom was used to protect them from HIV and AIDS. This is supported by HIV and Women (2010) on safe sex negotiation which concluded that practicing safe sex was important to serodiscordant couples to prevent the transfer of body fluids.

On the other hand, some participant said they do not encounter problems although few commented to have met problems from their spouses. The issue of child bearing and the fear of HIV transmission were raised as the biggest problem so far. The finding concurs with Cichocki (2007) which showed that the desire to have children was a problem in most loving couples. In serodiscordant relationships, this decision can be a stressful especially when deciding to start a family but there are additional concerns of HIV transmission to the negative partner and the unborn child.

### **6.3.1 Attitudes of serodiscordant couples**

In the analysis there was clear indication that the frequency of having sex has decreased since serodiscordant status. Almost all participants said since introduction of condom use daily for sex has reduced sexual arousal towards each other. Most participants said plain sex was the most enjoyable sex and was practiced daily before serodiscordant couple.

HIV and Women (2010) commented that being in a serodiscordant couple can raise a number of issues, such as how to have sex safely. It was also noted that practicing safe sex in long-term relationships is a challenge. The term 'safe sex' seems to conjure up thoughts of condoms and not much else. However, in all relationships, reducing the risk of HIV transmission is vital although many serodiscordant couples have lived in intimate relationships for many years without passing on the virus to their partners.

Further more, most participants said frequent sex intercourse transmit HIV virus to the negative partners. Therefore, doing sex at a time said will reduce the risk of HIV transmission due to condom failure rate as a barrier method.

### **6.3.2 Practices of serodiscordant couples**

The study further shown that the use of condom improves sexual relationship towards serodiscordant couples. Almost all participants said condom is the best practice of improving sexual relationship because fear of HIV transmission is reduced.

Talk about (2009) similarly commented that a desire to prevent transmission of HIV was the norm among the participants, irrespective of their HIV status. Nearly all now interpreted safe sex to mean the use of protective barriers to prevent exchange of bodily fluids, with an emphasis on condoms with any penetrative sex. When penetration sex occurs stick on to condom in order to have protected sex with a positive partner. There is no alternative to safe sex by condom.

In continuation, some participants mentioned safer sex practices and following counselors advice will make their sexual relationship improved. HIV and Women (2011) commented on the issue of talking to a doctor, health worker or AIDS organization about how serodiscordant couples can practice safer sex.

#### **6.4 Conclusion**

The study aimed at exploring experiences of serodiscordant couples towards sexual relationship. The result of the study showed that serodiscordant couples felt that frequent sex will facilitate HIV transmission. Almost every one said that enjoyment of sex is achieved through condom use though it reduces sexual arousal. Further analysis showed that condom was considered the most appropriate method for HIV prevention in serodiscordant couples which improves their sexual relationship. On the other hand, the study noted that serodiscordant couples meet challenges like fear of HIV transmission, the need for child bearing and anxiety. This implies that there is need to intensify couple counseling which will solve psychological problems of serodiscordant couples.

#### **6.5 Limitation of the study**

The result of this study can not generalized to a large population because the sample size used was small.

#### **6.6 Recommendations**

Based on the study findings discussed above, the following recommendations are made.

- Intensify couple counseling in order to equip the public with knowledge to change their mind set.
- Posters should be placed in hospitals and companies to encourage the public to go for couple counseling in order to disseminate of information.
- Local media should have programmes that include issues of couples counseling so that information is reach to the whole country.

### **6.7 Areas for further research**

Knowledge of serodiscordant couples on HIV and AIDS prevention.

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APPENDIX A: INTERVIEW GUIDE FOR THE PARTICIPANT

EXPERIENCES OF SERODISCORDANT COUPLES TOWARDS SEXUAL  
RELATIONSHIPS AT QUEEN ELIZABETH CENTRAL HOSPITAL IN JOHNS  
HOPKINS CLINIC.

Code Number.....

Interview Date.....

SECTION A: SOCIO-DEMOGRAPHIC DATA

1. Age.....

2. Sex: male [     ]     ]

Female [     ]     ]

3. Residence.....

4. Marital Status .....

5. Number of Children .....

6. Level of Education

None .....

Primary .....

Secondary .....

Tertiary.....

Other (Specify) .....

7. Your present occupation .....

8. Is your spouse working? .....

9. Ways of getting money.....

10. Denomination.....

SECTION B: FEELINGS OF SERODISCORDANT COUPLES TOWARDS  
SEXUAL RELATIONSHIP.

11. Knowing your serodiscordant status results, do you enjoy sex?

.....  
.....

12. If no, why?

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

13. What are your feelings towards sex?

.....  
.....

14. How do you ever use a condom?

Yes.....

NO.....

15. If yes, what were your feelings towards condom use?...

.....

16(a) Do you like using condoms during sex?

Yes.....

No.....

(b) If no, which methods do you like?

.....  
.....

(C) In the last 3 months, how often did you and your partner use a condom or other methods during sex?

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

17. What problems did you encounter from your spouse after

HIV serodiscordant status? .....

.....

.....

.....

SECTION C: ATTITUDES OF SERODISCORDANT COUPLES TOWARDS  
SEXUAL RELATIONSHIP

18. How many times in a week do you do sex now?

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

19. How many times in a week do you do sex before?

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

SECTION D: PRACTICES OF SERODISCORDANT COUPLES TOWARDS  
SEXUAL RELATIONSHIP

20. What do you think, can improve your sexual relationships towards each other?

.....

.....

.....

.....

APPENDIX B: MAFUNSO KWA OLOWA KAFUKUFUKU

KAFUKUFUKU WOFUNA KUDZIWA ZOKUMANANAZO ZA MAANJA AMENE  
APEZEKA NDI ZOSATIRA ZOSIYANA ZA KACHIROMBO KA HIV PA NKHANI  
YOGONANA.

NDONDOMEKO YA MAFUNSO

Nambala .....

Tsiku Lofunsidwa .....

GAWO A: SOCIO-DEMOGRAPHIC DATA

1. Zaka .....

2. Mwamuna / Mkazi.....

3. Kokhala / Adilesi.....

4. Banja .....

5. Muli Ndi Ana Angati? .....

6. Maphunziro?

.....

.....

7. Mumagwira Ntchito?

.....

.....

8. Amuna / Akazi anu amagwira Ntchito?

.....

.....

9. Njira Zopezera Ndalama .....

10. Mpingo Wopemphera .....

GAWO B: ZOGANIZA ZA MAANJA WOPEZEKA NDI ZOTSATIRA ZOTSIYANA  
ZA HIV PA NKHANI YA KUGONANA

11. Mutadziwa za zoyetsa zanu zotsiyana, kodi mumavabe

bwino pa muchitidwe wanu wogonana?

.....  
.....

12. Ngati ayi, chifukwa chani?

Mantha wopatsirana kachiroombo.....

.....  
.....

13. Maganizo anu ndiotani pa muchitidwe wanu wogonana?

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

14. Kodi munayamba mwagwiritsapo ntchito condom?

.....  
.....

15. Kodi maganizo anu ndiotani pa nkhani yogwilitsa ntchito

condom pogonana?

.....

.....

.....

16. (a) Kodi umakonda kugwiritsa ntchito kondomu pa

muchitidwe wanu wogonana?

.....

.....

(b) Ngati ayi, mumakonda chani?.....

.....

(c) Pa miyezi itatu yapitayi, ndi kangati pamene

munagwiritsa ntchito kondomu kapena njira zina

.....

.....

17. Kodi ndi mabvuto ati amene munakumana nawo kuchokera

kwa amuna anu/akazi anu mutangopezeka ndi zotsatira

zotsiyana za HIV?.....

.....

.....

GAWO C: MAKHALIDWE A MAANJA A ZOTSATIRA ZOTSIYANA ZA HIV PA  
MUCHITIDWE WAWO WOGONANA

18. Kodi mumagonana kangati pa sabata panopa?

.....

.....

19. Kodi mumagonana kangati pa sabata kale?

GAWO D: MACHITIDWE A MAANJA A ZOTSATIRA ZOTSIYANA ZA HIV PA  
MUCHITIDWE WA WO WOGONANA

20. Kodi ndi chani chimene chingapangitse muchitidwe wanu wogonana kukhala wa  
bwino kwambiri? .....

.....

.....

.....

**APPENDIX C**

**TIME FRAME OF THE STUDY**

The study followed a work plan in order to be completed within a required time frame.

The period is from January to December, 2011.

**PROPOSED WORK SCHEDULE: TIME IN MONTHS**

ACTIVITY	JAN	FEB	MAR	APRIL	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Identification and presentation of a research topic	■	■	■									
Development and submission of research proposal				■	■	■						
Clearance and pretesting							■					
Data collection and analysis								■	■			
Report writing										■	■	
Submission of the dissertation												■

**STUDY BUDGET**

<b>ITEM</b>	<b>COST</b>	<b>TOTAL</b>
<b>STATIONARY</b>		
2 reams of plain papers	K1500	K3,000
5 Ball pens	K150	K750
2 pencils	K50	K100
1 eraser	K100	K200
2 Lever arch file	K1000	K2,000
1 puncher	K2500	K2500
1 stapling machine & a packet of stapling pins	K1000	K1000
<b>SUBTOTAL</b>		<b>K9550</b>
<b>PRINTING AND BINDING SERVICES</b>		
Printing three copies of proposal	K1500 each	K4,500
Printing ten copies of interview guides	K250 each	K2500
Printing two copies of dissertation	K2000each	K4000
Binding three copies of proposal	K500each	K1500
Binding two copies of dissertation	K1000each	K2000
Internet services	K5000	K5000
Transportation	K15000	K15000
Phone calls	K4000	K4000
Contingency 15 %		K7207.50
<b>SUBTOTAL</b>		<b>K38500</b>
<b>GRAND TOTAL</b>		<b>K55257.5</b>

## **JUSTIFICATION OF THE BUDGET**

The stationary outlined in the budget will be used during the whole research process. Money will be needed for printing and binding services, buying writing materials, transportation to and from Blantyre. There will be also a need for communication with the supervisor and this required funds for buying airtime. The researcher will need funds for internet service to access information through electronic journals. Contingency money amounting to K7, 207.50 will be used to top up the budget to cater for the rise in transport and material costs.



University of Malawi  
**KAMUZU COLLEGE OF NURSING**

**RESEARCH AND PUBLICATIONS COMMITTEE**

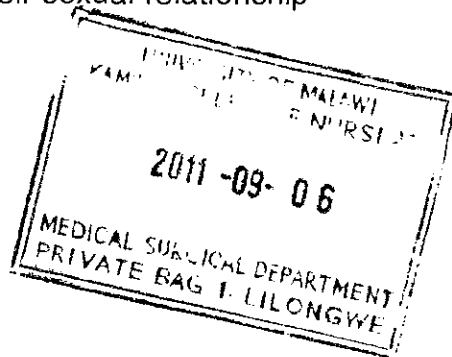
**APPROVAL CERTIFICATE**

**TITLE:** Experiences of Sero discordant couples towards their sexual relationship at queen Elizabeth Central Hospital

**INVESTIGATORS:** Agnes Katazuka Sheila

**DEPARTMENT/YEAR OF STUDY:** Basics Department/ Year 2

**REVIEW DATE:** 6<sup>th</sup> September, 2011.



**DECISION OF THE COMMITTEE:** APPROVED

**SIGNATURE:** *Mooq* ..... **DATE:** 06/09/2011  
DEAN, POSTGRADUATE STUDIES & RESEARCH

cc Supervisor:

**DECLARATION OF INVESTIGATOR(S)**

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

DATE.....SIGNATURE(S).....

APPENDIX D: LETTER SEEKING PERMISSION FROM KCN RESEARCH  
COMMITTEE

TO : THE RESEARCH COORDINATOR,  
KAMUZU COLLEGE OF NURSING RESEARCH COMMITTEE.

FROM : AGNES KATAZUKA SHELLA,  
MATURE YEAR 2 STUDENT,  
KAMUZU COLLEGE OF NURSING.

DATE : 05<sup>th</sup> June 2011.

RE : PERMISSION TO CONDUCT A RESEARCH STUDY.

DEAR Sir/Madam,

I am a mature year two KCN student pursuing Post Basic Bachelors of Science Degree in Community Health Nursing. As a requirement for this award, I am expected to conduct a research study.

The purpose of this letter is to request an approval to conduct the study at Queens Elizabeth Central Hospital. My study topic is "Perceptions, attitudes and practices of serodiscordant couples towards sexual relationships."

The study will be conducted between the months of August and September 2011.

Enclosed is the research proposal.

I am looking forward to your favourable response.

Yours truly,

Agnes Katazuka Shella.  
Student researcher

Mr. M. Muocha  
Research supervisor

APPENDIX E: LETTER TO KAMUZU CENTRAL HOSPITAL – UNIVERSITY  
OF NORTH CAROLINA (UNC) CLINIC.

University of Malawi,  
Kamuzu College of Nursing,  
P/Bag 1,  
Lilongwe.  
Date: 05<sup>th</sup> June, 2011.

The UNC Director,  
Kamuzu Central Hospital- UNC Clinic,  
Private Bag A104,  
Lilongwe.

Through; The Research and Publication Committee  
University of Malawi,  
Kamuzu College of Nursing,  
Private Bag 1,  
Lilongwe.

Dear Sir/Madam,

PERMISSION TO CONDUCT A PILOT STUDY AT KAMUZU CENTRAL  
HOSPITAL-UNC Clinic

I am a mature year two student pursuing Post Basic Bachelors of Science Degree in  
Community Health Nursing at Kamuzu College of Nursing. In partial fulfillment of this  
award, I am expected to conduct a research study.

The aim of this letter is to seek your permission to interview serodiscordant couples at  
Kamuzu Central Hospital- UNC Clinic on a research topic entitled “Experience of  
serodiscordant couples towards sexual relationships.” Serodiscordant couples will be  
asked questions related to their sexual relationships.

I look forward to your favourable consideration.

Yours Faithfully,

Agnes Katazuka Shella.

APPENDEX F: LETTER TO THE FIELD DIRECTOR-JOHNS HOPKINS  
PROJECT

University of Nursing,  
Kamuzu College of Nursing,  
P/Bag 1,  
Lilongwe.  
Date: 05<sup>th</sup> June, 2011.

The field Director,  
Johns Hopkins Project,  
P. O. Box 1131,  
Blantyre.

Through; The Research and Publication Committee  
University of Malawi  
Kamuzu College of Nursing,  
P/Bag 1,  
Lilongwe.

Dear Sir/Madam,

PERMISSION TO CONDUCT A RESEARCH AT JOHNS HOPKINS CLINIC

I am a mature year two student pursuing Post Basic Bachelors of Science Degree in Community Health Nursing at Kamuzu College of Nursing. In partial fulfillment of this award, I am expected to conduct a research study, hence the request.

The aim of this letter is to seek your permission to interview some serodiscordant couples at your clinic, on a research topic entitled "Experience of serodiscordant couples towards sexual relationships." Serodiscordant couples will be asked questions related to their sexual relationships.

I look forward to your favourable consideration.

Yours Faithfully,

Agnes Katazuka Shella.

## APPENDIX G: CONSENT FORM FOR PARTICIPANT

### INVESTIGATOR

Agnes Katazuka Shella.  
University of Malawi  
Kamuzu College of Nursing  
P/Bag 1, Lilongwe.  
Tel: 0999 117 279

### SUPERVISOR

Mr. Muocha (Basic Studies)  
University of Malawi  
Kamuzu College of Nursing  
P/Bag 1, Lilongwe.  
Tel: 0999 442 780  
01 751 622

### INFORMED CONSENT

Dear Participant,

My name is Agnes Katazuka Shella. I am a mature year 2 student from Kamuzu College of Nursing studying a degree in Community Health Nursing. In partial fulfillment of this degree, I am required to conduct a research study.

I am conducting a research on "Perceptions, attitudes and practices of serodiscordant couples towards sexual relationships."

You, being one of the serodiscordant couples who have found to be HIV positive and HIV negative, have been selected to participate in this study.

The discussion will take an average of one hour. You will be asked questions related to your perceptions, attitudes and practices towards sexual relationships. All the responses will be written down. To ensure privacy, you will not be asked to give your name but a code number will be used instead. Any information that you give will be kept in strict confidence. All the information given will only be accessible to the investigators and her supervisor only.

The study has no physical risks but you are likely to face risk of being embarrassed by some questions which will be used to answer the study problem. The risk will be explained accordingly to relieve psychological problems.

You are free to take part in the study or not. You are also at liberty to withdraw from the study at any point. Your decision, not to take part or withdraw, will not have any effect on you. However, I would be grateful if you can allow me to discuss with you some questions relating to this topic.

For further Information contact the investigator and supervisor's addresses above.

You are requested to sign on the space provided to show that you have understood the information provided and you are willing to participate in the study:

To be completed by participant.

I have understood the information about the study and I am willing to take part.

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Investigator's Name \_\_\_\_\_ Date \_\_\_\_\_

Investigator's signature \_\_\_\_\_

Thank you.

APPENDIX H: KALATA YOMVOMEREZA KUTENGA NAWO GAWO MU  
KAFUKUFUKU

WOFUFUZA

Agnes katazuka Shella.

University of Malawi

Kamuzu College of Nursing

P/Bag 1, Lilongwe

Tel: 0999 117 279

WOYANG'ANIRA

Mr. Muocha

(BasicStudies)

University of Malawi

Kamuzu College of Nursing

P/Bag 1, Lilongwe

Tel: 09 442 780

01 751 622

KALATA YA CHILOLEZO

Okondedwa Amayi ndi Abambo,

Ine ndine Mai Agnes katazuka Shella. Ndimaphunzira ku sukulu ya za unamwino yotchedwa Kamuzu college of Nursing kumene ndikuchita maphunziro aukachenjede.

Kuti ndilandire pepala la maphunzirowa, ndikuyenera kuchita kafukufuku.

Kafukufuku wangayu ndikufuna kuona maganizo, makhaliidwe ndi machitidwe wokhuzana ndi kugonana ku maanja amene apezeka ndizosatila zosiyana za kachiroombo ka HIV, komwe kamayambitsa matenda a EDZI. Inu, ngati a modzi a maanja amene munapezeka ndi zosatira zosiyana za kachiroombo koyambitsa HIV ndipo munafotokolezedwa za zotsatirazi, mwasankhidwa kuti mutenge nawo mbali pa kafukufukuyu.

Zokambirana zanthu zitenga ola limodzi. Mufunsidwa mafunso okhudzana ndi nkhanayi ndipo ine ndidzilemba mayankho anu. Pofuna kusunga chinsinsi, zokambirana zanthu sitilemba dzina lanu pali ponse koma tigwiritsa ntchito nambala. Mayankho amene

ndilembe, adzasungidwa mwachinsinsi. Kafukufukuyu alibe zoopsa monga kuvulala koma mukhoza kusamva bwino pa mafunso ena amene adzathandize kupeza mayakho a Kafukufukuyu. Mudzauzidwa za zoopsazi kuti musadzakhale ndi khawa. Mayankho anu adzatha kuonedwa ndikugwiritsidwa ntchito ndi ine komanso aphunzitsi oyang'anira kafukufukuyu basi. Muli ndi ufulu kutenga mbali mukafukufukuyu nthawi yiri yonse ndipo sipadzakhala chovuta china chirichonse.

Ndithokoza kwambiri ngati mungandilole kuti tikambirane za nkhaniyi. Ngati muli ndi mafunso ena apadera mukhoza kufunsa kudzera pa ma adiresi ali pachikalatachi.

Mukupephedwa kusaina kuti mwamvetsetsa zomwe takambirana zakafukufukuyi, ndipo mwapanga chisankho chotenga nawo mbali mukafukufukuyi.

Posaina wotenga mbali mukafukufu

Ine ndamvetsa zakafukufukuyu ndipo ndamvomera kutenga nawo mbali  
mosaumirizidwa:

Posaina mayi \_\_\_\_\_ Tsiku \_\_\_\_\_

Dzina la wopangitsa kafukufuku \_\_\_\_\_ Tsiku \_\_\_\_\_

Posaina wopangitsa kafukufuku \_\_\_\_\_

Zikomo kwambiri.