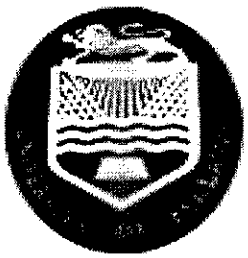

University of Malawi

KAMUZU COLLEGE OF NURSING

KNOWLEDGE AND PRACTICES OF FAMILY CARE GIVERS ON INFECTION PREVENTION WHEN CARING FOR HOME BASED SICK FAMILY MEMBERS IN KAWALE AREA, LILONGWE

BY

TEREZA MWANDIRA BScN, YEAR 4

A RESEARCH PROPOSAL SUBMITTED TO THE FACULTY OF NURSING IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF BACHELOR OF SCIENCE IN NURSING

SUPERVISED BY

MRS. C. N. CHIHANA

JULY 14, 2010

DECLARATION

I declare that this research proposal is entirely the result of my own work. It has never been presented and / or published anywhere for the purpose of attaining an academic award of any kind.

Signature .....

Candidate Tereza Mwandira

Date 15th July 2010

Signature .....

Research supervisor Mrs. C.N. Chihana

Date 15/07/2010

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All in all thanks be to God for grace. To His name be glory and honor.

LIST OF ACRONYMS

AIDS : Acquired Immune Deficiency Syndrome

HBC : Home Based Care

HBCO : Home Based Care Organization

HBCP : Home Based Care Programme

HIV : Human Immunodeficiency Virus

IP : Infection Prevention

WHO : World Health Organisation

ABSTRACT

The HIV prevalence rate in Malawi has resulted in patients with chronic illnesses being discharged for home based care where the family members play a major role in taking care of these patients with the assistance of the Home Based Care Volunteers. These family care givers can become exposed to infection like HIV when providing care to patients if they do not apply infection prevention procedures.

This descriptive quantitative study will specifically aim at assessing the knowledge of the family care givers, the practice, and factors that promote or hinder the practice of family care givers from practicing on infection prevention. The study will be conducted at Kawale catchment area, in Lilongwe District. The participants will be 15 women family care givers. Data will be collected through an interview and analyzed manually using content analysis.

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CHAPTER ONE

1.1 INTRODUCTION

AIDS is a catastrophic disease that has affected the entire world in the last twenty- nine years. The first case was reported in June 1981(Fuzy, 2000). Human Immune Deficiency Virus (HIV) is the cause of this wide spread disease. The transmission of HIV (the spread of the virus from one person to another) is through contact with body fluids such as breast milk, semen and blood of an infected person to another infected or uninfected person. The prevalence of HIV in sub-Saharan Africa is greatly increasing. In 1990 the estimated figure was at 401,000 and in 2002 it had risen to 28, 500,000(WHO, 1992).

Malawi as a country is also severely affected by HIV and AIDS. The first case of AIDS was identified in 1985. In a population of 14 million, almost one million people in Malawi are living with HIV (UNGASS Country Progress, 2010). Between 1985 to 1993, HIV prevalence amongst women tested at urban antenatal clinics increased from 2% to 30% respectively. In 2002 UNAIDS reported that about 70% of hospital deaths were AIDS related. The national HIV prevalence has stabilized between 11% and 17% since mid nineties (NAC,2003; UNAIDS 2008),and the latest figures suggest a stabilization of national prevalence at around 12% (UNGASS Country Progress Report 2010).

1.2 BACKGROUND

Malawi has high HIV prevalence which has resulted in an increase in the demand for health care and a strain on both personal and material resources of health facilities. With high rate of HIV in the country, hospitals are failing to accommodate the large numbers for sick people; as such they are discharged through home based care (UN-GLS 2000)

This high prevalence has resulted in extra ordinary challenges on health care system. Malawi has a ratio of one doctor to 52,000 people (UNAIDS, 2008). More than half of the medical ward beds are occupied by HIV patients which leads to an increase of AIDS related expenditures in

Malawian hospitals (NAC, 2003). Many hospitals do not have adequate resources to care for HIV patients as a result of this they are discharged to be cared for at home by family members hence shifting management from hospital to home based care (Claire Nullis, 2005).

In most parts of the country, communities have mobilized themselves and they are providing care for people living with HIV and AIDS and other infectious diseases with the aim of rendering care using available resources in their homes (Kamphinda 2004). Home based care is any care given to ill people in their homes (WHO 2002). It is the care given to individuals who are chronically or terminally ill in their own environment by their families to meet their physical, spiritual, material and psychological needs, using available resources.

Caring for AIDS patients can be a very stressful experience because of the terminal nature of the illness and attitude of the patient towards the illness (UN-NGLS,2000). The care giver may lack necessary knowledge and resources needed for providing care effectively. It is also understandable that health care workers may be anxious about contracting blood borne viruses like HIV through the course of their work. This is justifiable where health care workers do not have access to equipment and resources needed to minimize the risk of transmission. They can also be fearful if they have limited knowledge of how blood borne viruses are transmitted. This can lead them to being fearful in conducting certain procedures or managing certain categories of patients (Gold et al, 2004)

Home based care givers can be infected during the provision of care if they are not applying the standard precaution of infection prevention measures. Infection can be transmitted from one person to another in a number of ways, one of which is exposure to infected blood or body fluids when one is not applying the universal precaution for infection control.

When taking care for the sick at home, family caregivers sometimes perform procedures like dressing of wound, performing bed baths for the patients with open sores and cleaning soiled linen. During these procedures, family care givers can become exposed to infection and therefore they need to practice infection prevention procedures in order to protect themselves.

These family care givers are often the major source of help for the sick members in the family. They provide basic care, and yet a lot of studies done on home based care indicate that there is relatively limited body of knowledge which focuses on knowledge and practices of family care givers with regard to infection prevention when providing care to home based patients (Muula et al 2005).

The centre for Disease Control (CDC) developed universal precautions to prevent the transmission of blood borne pathogens like HIV (UNDP & UNAIDS 2006). These precautions are designed to prevent direct contact with blood and certain body fluids like inflammatory exudates. The recommended precautions therefore, include the use of gloves and other personal protective equipment for the procedures in order to reduce the risk of contact with these potentially infected fluids, tissues and materials. Gloves provide an extra margin of safety by preventing direct contact with body fluids and the CDC recommended its use if directly exposed to body fluids (UNDP & UNAIDS).

Universal precautions for infection control include the use of gloves when dealing with open wounds, blood spills and body fluids. People who fail to observe these precautions may be accidentally exposed to blood borne infection (NAC, 2003)

Through home based care programme in Malawi, home based care providers are trained (at home based care programs and at the hospitals) to practice infection prevention like using gloves when handling body fluids, proper disposal of wastes they are also provided with equipment and supplies to implement when caring for in home (NAC 2003).

1.2.1 PROBLEM STATEMENT

People who provide or receive health care services whether in a hospital, clinic or any other health setting are at risk of acquiring and transmitting potentially life threatening infections through accidental exposure to blood and body fluids or contaminated objects (http://www.jhu.edu/whatwedo/ipc.htm on 26/05/2010).

Most of the home based care for AIDS patients is carried out by family members who have no contact with professional help andwho suffer through lack of support (Ogden et al 2006). Primary care givers, especially women, take on the most demanding tasks that put them at risk of infection during the time when they are bathing patients, helping them toileting, changing soiled nappies, clothing and bed sheets (Steinberg, M et al 2002). Close contact with the patients' feces, vomit, and other bodily fluids creates a risk of HIV infection for the carer. This risk is exacerbated in areas where there is poor sanitation and where the carer does not take precautionary measures such as wearing rubber gloves.

Home based care providers, that is, volunteers and community health nurses, health surveillance assistants, are trained to practice infection prevention, such as the use of gloves when handling body fluids, and in proper disposal of wastes. They are also given necessary information and equipment and supplies so that they are able to effectively implement these precaution when providing care to patients at home (NAC 2003).

However, these health care providers do not stay with the patients for a long time. The patients are most of the times taken cared of by family members. These family care givers are often the major source of help for their sick in the family

1.1.2 SIGNIFICANCE OF THE STUDY

The findings of the study will help other care givers to have reduced risks of the infection associated with caring for sick family members through provision of education and resources that could reduce the risk of infection and physical harm.

The findings of the study will assist in determining the knowledge and practices of the home based caregivers on infection prevention hence assist in identifying the gaps which will assist home based care programmes to improve in the teaching of caregivers.

The results of the study will also assist in determining challenges faced by home based caregivers in relation to infection prevention and hence home based care supervisors and volunteers will be able to supervise and assist them accordingly.

The findings will also assist the Ministry of Health and other stakeholders involved in training the home based care providers to evaluate and address gaps in training curriculum which have been identified in the study.

The study will also assist the community health nurses, health surveillance assistants, environmental health officers and any other concerned health personnel to have a close contact with the family care givers, to educate, provide with the resources and to support them throughout the process of care giving, by visiting them.. This can help the caregivers, to gain more knowledge and practice on infection prevention.

The results from this study will also help the nursing colleges to incorporate infection prevention and the related issues in the curricula so that nurses should teach the community about infection prevention hence assist in reducing the misconception about using infection prevention control strategies on the sick family members

1.3 OBJECTIVES OF THE STUDY

1.3.1 BROAD OBJECTIVE:

To explore family caregivers' knowledge, perception and practices towards infection prevention when caring for sick family members at Kawale

1.3.1 SPECIFIC OBJECTIVES

- To assess knowledge of family care givers on infection prevention when providing care to sick family members in the home
- To assess caregivers practice of safe care giving through the use of infection prevention measures.
- To identify factors that hinder or promote the practice of infection prevention measures by family care givers.
- To identify perceived benefits of practicing infection prevention when caring for sick family members.

CHAPTER TWO

2.1. LITERATURE REVIEW

This section gives a brief literature review on home based care, infection prevention and other related issues.

2.2 HOME BASED CARE

According to the national audit office,(2008) 11th November "End of Life Care", reports that many people die in hospital. However, between56% and 74% of people prefer to die at home. A person with HIV may be in a more ready position to work, or to look after family members for short period of time as primary earners work. The families time that would otherwise be used or travelling to and from the hospital can instead be spent doing house work and looking after other family members.

A study done by Ogden J et al (2006) found out that sick people find a potential benefit in Home Based Care because they are surrounded by people they love and are familiar with. As a result, they receive more flexible and nurturing care. They are also not exposed to hospital based infectious diseases. The patients also stated that they fear stigma and discrimination from doctors and nurses and this deters people from seeking care in medical settings.

Steinberg, M and friends conducted a survey in South Africa in 2002, on how households cope with the impact of HIV and AIDS. The findings showed that 70% of the families were women and girls and half of all older people in areas severely affected by AIDS were involved in caring for their children. This burden of care is assumed by women/

Orner P,(2006), conducted a study on psychosocial impact on care givers of people living with AIDS and he found out that home based care visits strengthened existing carer's emotional strength, underscoring the need for this type of intervention as well as highlighting the psychosocial impact of providing unsupported care. In the same study, some primary caregivers felt that Home Based Care Volunteers didn't give them adequate attention and were only interested in the sick person. There is also insufficient material assistance such as food, and some

home based are organizations in the country, less that 20% had complete list recommended health contents. Less than a quarter of home based care kits in the survey contained mild painkillers, and vitamins, iron supplements were largely available.

Wringe, A, Cataldo F, Steveson N and Fakoya A (2010) conducted a study on delivering compressive Home Based Care Programmes for HIV and the reuslts have shown that the most effective Home Based Care programmes involve ongoing support of their workers, support from local communities and integration within health system. However many Home Based Care Programmes lack these elements.

It should also be remembered that Home Based Care organizations cannot attend to patients around the clock, so there are some limitations on what they should be expected to do.

Ama, N.O. and Seloilwe ES. (2010) conducted a cross sectional study to estimate the cost of care given by care givers to people living with HIV and AIDS in Botswana. The study found out that families do not have the resources to cover the cost of caring for the sick relatives and often have to use their own wages for items like food, washing soap, and transport to and from the hospital.

Bowie C et al, (2006) conducted a descriptive study in Bangwe Malawi on the patterns of symptoms in patients receiving home based care and found that only 15% of the patients were able to live as if they don't have a disease. More than one third needed help with washing and walking and 28% needed help going to the toilet.

Muula A, et al (2005) conducted in-depth key format interview in Ndirande on factors for community care givers and found out that up to 90% of illness care is provided in the home by untrained family members and associates and up to 80% of AIDS related deaths occur at home.

2.3. STUDIES DONE ON INFECTION PREVENTION

People receiving health care and medical care whether in hospital or clinic are at risk of becoming infected unless precautions are taken to prevent infection.

Formerly known as universal precautions, standard precautions are designed to minimise exposures to blood borne viruses by developing safe practices which promote barriers to contact with the body fluids (Gold, Tomkins, Melling and Bates 2004). They include measures such as good hygiene practices use of personal protective equipment (PPE), like gloves and masks, and waste management.`

Standard precautions apply to all body substances (except sweat), mucous membrane, and non intact skin, they are applied equally in all settings to all people that is patients, family members and health workers regardless of what is known of their blood borne virus (BBV) status (Gold et al 2004). If standard precautions are not practiced, health care workers may not have been diagnosed with blood borne virus like HIV or who they do not perceive to be infected and infectious and this may put health worker at risk.

Studies done show that most of HIV and AIDS Home Based Care patients looked out by family members who have no contact with professional help and suffer through lack of support. This means that infected people are inadequately looked after despite the best effort of the carers and families who face economic, and social difficulties(46664HIVAIDS awareness concert march 2005).

Mabude Z. (2008) conducted a survey on home based care kits for palliative HIV/AIDS Care in South Africa and found out that carers risk their physical health when assisting some patient, who can not support themselves physically, and perhaps heavier than themselves as the result they suffer physically for example, headache exhaustion. Women found out to take care of patients, helping them to the toilet, changing nappies, without support from other families.

Odek and Anthony, et al (2005) conducted a study on challenges faced by the community based care in Botswana and found out that poverty, high cost of care and socicultural issues have threatned the sustainability of good care among family care givers as such some women reported of infected from the sick family members.

Ankitola 2004 did an analyisis of the burden of the burden of care on Family and volunteer caregivers in Uganda. The results showed that caring for people living with AIDS is usually carried out by family members, who unfortunately they are poor and alck basic things are at risk of contacting infection

Calvin Wandered (2007) conducted a study on the home based care of parent with AIDS children the findings of the study seem to suggest that although home based care concept is a noble and global idea, it should be accompanied by psychological support mechanism to mitigate the effects of traumatic stress and equipment to care for the children to prevent infection.

2.4. RELATED STUDIES

In Uganda Walker, Aceng, Timdyebwa, Ogwang, and Kilza (2000), carried out an assessment of seven Home Based Care programmes focusing on their strength and weaknesses.

The study identified that there were three types of care givers, team care givers (which includes nurses and doctors), the family care givers, and community volunteers. It was concluded that only the team care givers and the community volunteers had Home Based Care kits that were well defined, available, and used. Family care givers and community volunteers expressed concerns about exposure to disease without the necessary precaution due to inadequacy of health and safety measures at work as a result of insufficient working materials like gloves and other personal protective equipment.

Similarly, Smith (2004), found out that nurses in South Africa had concerns regarding the low quality and sometimes infrequent availability of gloves, apron, and masks which they felt increase the risk of accidental exposure to HIV

Malawi Network of People Living with HIV and AIDS (MANET) (2003) conducted a qualitative study on stigma and discrimination issues as they affect people living with HIV and AIDS in Malawi. The study found out that people living with HIV and AIDS felt that Home Based Care had a role to play in care support of people living with HIV and AIDS but not if the programmes are poorly supported. Study participants highlighted that at community level Home Based Care providers / programmes face problems with access to/availability material resources like adequately stocked home based care kits for those attitudes and misconceptions about HIV

influenced the care provided to people living with HIV and AIDS and infected on the overall wellbeing. Participants reported that one of the reasons for the negative attitudes toward patients with HIV and AIDS was lack of proper supplies for examples protective equipment.

2.5 CONCLUSION

Despite the recognition of vital work that goes on in the home, many carers and home based organisations are not sufficiently supported. Inevitably people living with HIV and AIDS suffer due to this inadequate care.

Therefore home based care should not be promoted as a "quick fix" solution to caring for people with HIV or as a way for government to shift their responsibility as the provider of care , but investment and development in care giving at home provided by home based care groups and family care givers is required if the burden is not merely shifted from more formal health care sector to people's homes there are numerous benefits that care in the home can provide and these should be realised their full potential

CHAPTER THREE

CONCEPTUAL FRAME WORK

3.1 INTRODUCTION

The conceptual framework to be used in this study is the Health Belief Model. The chapter is going to give a brief description of the Health Belief Model, a diagrammatic presentation of the model and how it was applied to the study.

3.2 BRIEF DESCRIPTION OF THE MODEL

This is model which components interact to explain the behaviour. The model was initially developed by Resenstock (1960, 1961, and 1971). The model intends to predict which individuals would or would not use preventive measures and it is based on motivational theory (Kozier, Erb, Berman and Burke 2000). It explains a variety of health behaviour and designs interventions that would improve clients access to preventive measures (Hannson, Mullen, Green, 1992 in Clemenstone, Mc Guire and Eigsti 2002)

The model explains that individuals' perceived susceptibility and perceived seriousness of the diseases determines a perceived threat that will increase the likelihood of taking recommended preventive action or participation in a health intervention that will decrease or lessen the perceived threat.

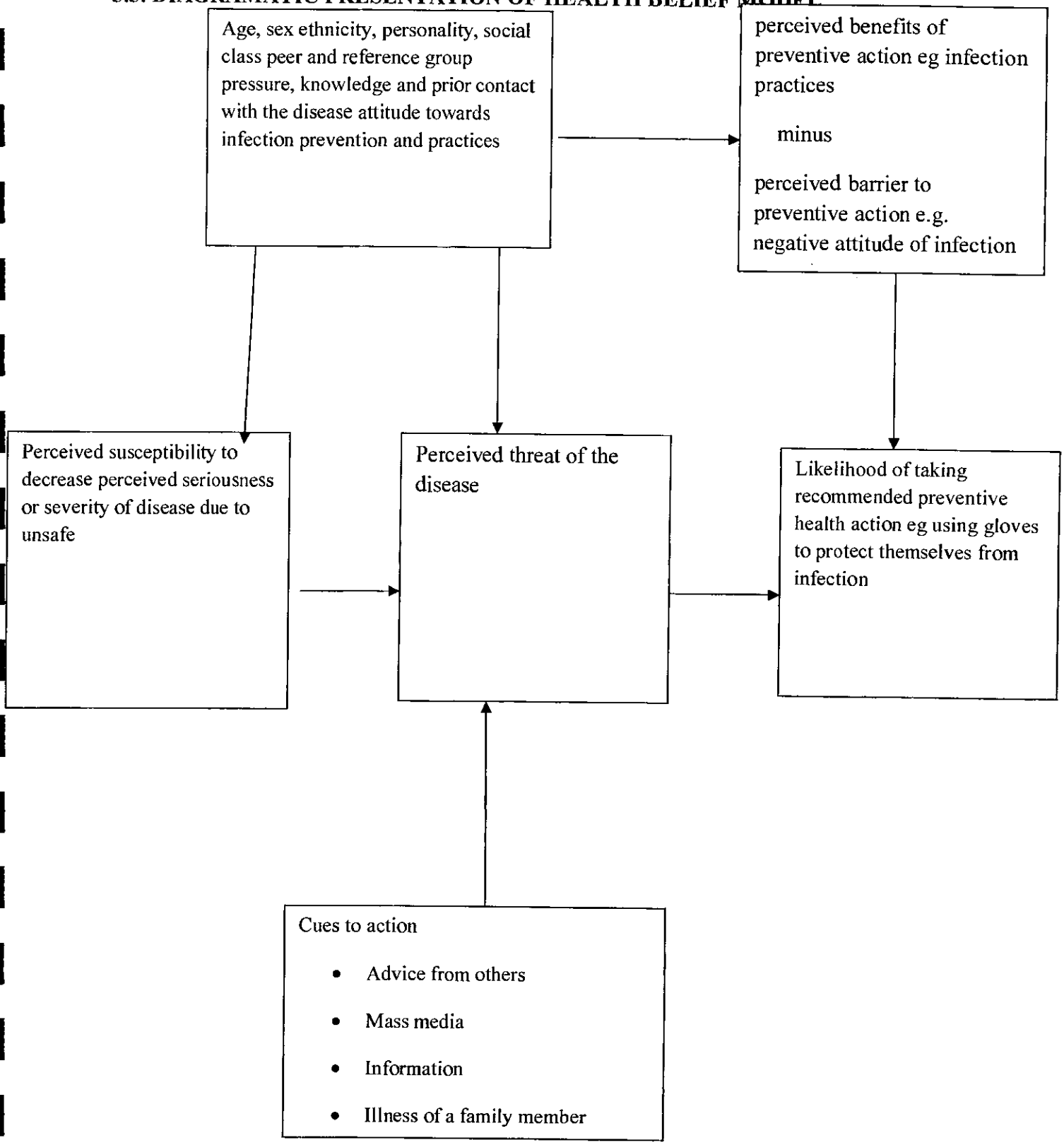
Acknowledgement of perceived susceptibility and severity must exist before a threat becomes sufficient to motivate readiness for action and behavior change.

Modifying factors include demographic variables like age, sex, and culture; sociopsychologic variables like personality, social class, peer and reference group pressure; structural variables like knowledge about the disease, and prior contact or experience with the disease. The modifying factors affect the perceived s susceptibility to and perceived seriousness of the disease. They also affect the perceived benefits of preventive benefits of preventive action minus perceived barriers to preventive action and determine the likelihood of taking recommended preventive health action.

The perceived threats of the disease and cues to action are also modifying factors. the cues for action include mass media like radio advice from others health education of an ill person who is close/ cues for action influence the perceived threat of disease and provide suggestions on how to trigger action to promote health. Perceived benefits to action are weighted against perceived barriers to action like cost and incontinence of the preventive health action and estimate the likelihood of taking recommended preventive health action.

The health belief explains health protecting and preventive behaviours that one can take to promote health and determine why some people employ protective and preventive behaviours while others do not

3.3. DIAGRAMATIC PRESENTATION OF HEALTH BELIEF MODEL



Health belief model; adapted from Becker, M.H., Haefner, D.P., Kasi, S.V., et al (2000).Fundamentals of nursing concepts Process practice 6th ed, New Jersey Prentice Hall, Inc. P174

3.4 APPLICATION OF THE HEALTH BELIEF MODEL

The family caregivers' perception of their susceptibility to contracting HIV through contact with blood and body fluids from home based care patients and their perception of the seriousness of HIV and AIDS will affect their perception of the risk of being infected if they do not apply infection prevention precaution during procedures.

Knowledge of the disease and of the risk of transmission through contact with blood and body fluids, their previous experience with HIV and AIDS patients and attitude of families and the community at large will influence the family care givers perception of their susceptibility to contracting HIV.

Messages from the radio, advice from others like home based care supervisors, and reminders through refresher courses are cues to action, which will influence their perception of the threat of being infected in the course of providing care to patients, and hence ;leading to the likelihood of them using gloves.

Likelihood of family care givers apply infection prevention procedures minus the barriers they face in doing the procedures like the cost or inadequacy of the supplies like soap, gloves and inconvenience or difficulties they face when performing the infection prevention procedures.

CHAPTER FOUR

RESEARCH METHODOLOGY

4.1.1 Research design

A qualitative descriptive design was chosen for the study. Qualitative research studies are formal objective and systematic process in which numerical data are used to describe variables, examine relationships among variables and determine cause and effect interaction between variables (Burns and Grove 1997). This qualitative study will help to qualify a wide range of information from the subjects about their knowledge and perception towards infection prevention in home based care patients.

4.1.2 Sample and Setting

The study will be conducted in Kawale catchment area because Kawale heath centre runs a home based care programme and the participants will be easily identified, from the health cantre. a process of selecting a portion of a population to represent the entire population will be done. It is important because it is more economical and efficient to work with a small group of people than the entire set of population. In this study, non probability convenience sampling technique will be used. Convenience sampling is a method in which for the convenience sake the study units that happen to be at time the of data collection are selected in the sample (Vurkevisser, Pathmanathan and Brownlee 1991). To identify the participants a list of people living with AIDS and who are under home based care will be obtained from the Lighthouse home based care department or Kawale health centre. The selected clients will help in identifying the members who take care of them at home. Then a convenient sampling of two family members involved in the care of will be done.

The sample will consist of 15 women care givers in the home family care givers at home because women are mostly the ones taking care of sick family members in most homes..

4.1.3 Plan for data collection

In this study data will be collected through an interview using a questionnaire. The questionnaire will contain both open ended and close ended questions. The questionnaire has four sections of which (A) has demographic details, (B) has questions on the knowledge on infection prevention procedures. (C) has questions on home based care provider's practices in infection prevention, and (D) has the questions on the factors affecting the practice of infection prevention procedures. The tool has been developed in English and then translated into Chichewa for easy communication with the participants during data collection.

The tool will be pilot tested by holding two interviews with family care givers from Mchesi.

4.1.4 Data analysis

Data will be analyzed manually using frequency tables and percentages and then relating variables.

4.1.5 Dissemination of the results

The results of the study will be disseminated through research report which will be written and give to the supervisor. a copy will be placed in the libraries of Kamuzu College of Nursing (KCN). Lilongwe Lighthouse, Lilongwe District Health Office, and HIVandAIDS unit in the Ministry of health.

4.2 ETHICAL CONSIDERATIONS

4.2.1 Informed and voluntary consent

Consent will be sought from participants who will be able to read, by providing them with written consent forms containing information about what the study is all about, why they are involved, the purpose of the study, the risks and benefits of the study and how they will be handled.

Verbal explanation and the consent form translated into Chichewa will be read out to them. After explanation a consent form will be signed if the participant accepts to

participate in the study. Those who are not able to read or write will use a thumbprint to indicate voluntary acceptance to take part in the study.

4.2.2 Confidentiality and anonymity

Interviews will be conducted in a conducive and private atmosphere where participants would be able to express themselves freely. Names will not be used to ensure privacy. The questionnaires on which information had entered will be burned; information will be erased soon after the submission of the research reports to ensure confidentiality

4.2.3. Permission from relevant authority

Permission will first be sought from Kamuzu College of Nursing Research and Publications Committee (RPC) for approval to conduct the research. Permission will also be sought from the Lighthouse, Home Based Care department to carry out the study at Kawale catchment area and the District Health Office (Lilongwe),since home based care falls under the jurisdiction of the D.C and D.H.O.

4.5. LIMITATIONS OF THE STUDY

The study has the following limitation

Time for research is limited because the research is taking place at a time when other courses are also taking place.

The participants of the study are recruited using convenient sampling therefore results of the study cannot be generalized to all home based care givers.

The study is to be done in a small setting of Kawale. This means that the result cannot be generalized for the whole Lilongwe district

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APPENDICES

APPENDIX 1

BUDGET

ITEM	COST	TOTAL
4 reams op plain papers	K750.00 per ream	K3000.00
5 ball pens	K25.00 per pen	K125.00
2 pencils	K15.00 per pencil	K30.00
1 flash diskette	2 gigabytes@ K3500.00	K3500.00
1big hardcover exercise book	K450.00 per book	K450.00
1 pencil sharpener	K50.00 per sharpener	K50.00
2 lever arch files	@ K500.00 per file	**K1000.00**
6 small envelopes	**@ K** 25.00 per envelope	K150.00
4big envelopes	@ K150.00 per envelope	K600.00
SUBTOTAL		**K8,905.00**
SECRETARIAL SERVICES		
Printing 3 copies of proposal	@K10 per page 50 pages	K1500.00
Printing 30 copies of a	K10.00 per page	K300.00

questionnaire		
Printing 4 copes of a dissertation	K600.00 per copy	K2400.00
Binging a proposal 3 copies of a proposal	@ **K150** per copy	**K450.00**
Transportation 6 trips	**@ K100.00 per trip**	**K600.00**
Phone calls 1000units	**@ K160.00 per 100 units**	**K1600.00**
SUBTOTAL		**K6850.00**
CONTNGENCY		**K5000.00**
GRAND TOTAL		**K20,755.00**

JUSTIFICATION OF THE BUDGET

Budget is a plan on how money will be spent. In this research project money will be required for stationery, transport and telephone bills and secretarial services. Budget justification is an explanation on why the budget is necessary and how it has been done in this way.

STATIONERY

This research project will need enough stationery through out the study. The reams will be needed for photocopying the research proposals and the dissertations, questionnaires and for writing drafts.

Lead pencils, envelopes and stamps will be needed during data collection. The pencils will be used during questionnaire answering, the small envelopes and stamps for requesting of permission and the big envelopes will be used for keeping the questionnaires.

TRAVELING COSTS

During data collection money will be needed for transport from Lilongwe to Kawale. The study will be conducted at Kawale so it will be necessary to travel to and back.

SECRETARIAL SERVICES

Money for photocopying, printing and binding will be needed as the research proposals and dissertations are to be submitted in form of hard copies and not soft copies.

APPENDIX 2

TIME FRAME OF THE STUDY

The study will follow a work plan in order to accomplish it within the required timeframe. This period is from February to December.

ACTIVITY	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Selection of research topic											
Proposal writing and submission											
Pretesting and data collection											
Data analysis and report writing											
Submission of a dissertation											
Dissemination of results											

APPENDIX 3

DATA COLLECTION TOOL

AN INTERVIEW GUIDE

SECTION (A) DEMOGRAPHIC DATA

1. What is your age? 16-25years ( )

   26-35years ( )

   36-45years ( )

   46-55years ( )

   56years and above ( )

2. Marital status: single ( )

   Married ( )

   Divorced ( )

   Widow/widower ( )

3. What is your educational level?

   (a) Primary ( )

   (b) Secondary ( )

   (c) Tertiary ( )

   (d) Adult literacy ( )

   (e) None ( )

5. What is your religion?

   (a) RC ( )

   (b) CCAP ( )

(c) Pentecostal ( )

(d) ISLAM ( )

(e) SDA ( )

Others.....

6. How long have you cared for the patient (a) 1-7 days ( )

(b) 7-14 days ( )

© 15-21 days ( )

(d) 22-28 days ( )

(f) 28 days and above ( )

7. What is your source of income?

(a) civil servant ( )

(b) Business ( )

(c) Farming ( )

(d) Piece work ( )

(e) Others specify ( )

SECTION B CAREGIVING

8. How many family members in your house hold do you provide care?

9. What is your relationship to the sick family member?

10. Does the sick member has problems with

(a) Coughing ( )

(b) Diarrhea ( )

(c) Body sores ( )

11. Can the sick member

a. bath himself/ herself ( )

b. Go to the toilet without help? ( )

c. Turn himself/herself in bed without support? ( )

12. Does the community nurse visit the sick person?

SECTION C. KNOWLEDGE ON INFECTION PREVENTION

13. Have you had training on how to care for patients in home?

a) Yes ( )

b) No ( )

14. If yes when, and who did the training?

15. Have you received training on infection prevention?

(a) Yes ( )

(b) No ( )

16. What infection prevention practices do you know?

(a) Hand washing ( )

(b) Use of chlorine or

(c) jik when cleaning soiled linen

(d) bleach

17. Which of these procedures in Home Based Care would you use in order to practice infection prevention?

SECTION D PRACTICE ON INFECTION PREVENTION

18. What infection prevention practices do you use when providing care to the patient?

19. During what procedures do you use these infection prevention practices?

20. how do you use these in infection prevention

(a) Soap.....

(b) Gloves.....

(c) Plastic bags.....

(d) Jik.....

21. When should you wash hands?

22. How should you wash your hands?

23. How would you take care of

(a) soiled linen,.....

(b) Wounds or sores.....

© Sputum tins.....

24. Does your household have

a. Soap ( )
b. Bleach ( )
c. Availability of running water ( )
d. Toilet with running water ( )
e. Pit latrine ( )
f. Bathroom ( )

25. In case you are exposed to the patient's body fluids, what do you do?

26. What encourages you to use these infection prevention practices when caring for the sick?

27. How do you perceive the use of infection prevention practices in the light of caring for your relatives?

SECTION E KNOWLEDGE AND PRACTICES ABOUT HIV AND AIDS

28. How can one get HIV?

(a) Through sexual intercourse ( )

(b) Breastfeeding ( )

(c) From mother to child during birth ( )

(d) Kissing ( )

(e) Through blood transfusion ( )

29. Which of the body fluids can transmit AIDS Virus?

(b) blood

(b) Breast milk ( )

(c) Semen ( )

(d) Sweat ( )

(e) Saliva

30. Who are at a greater risk of contracting HIV and AIDS

(a) Prostitutes ( )

(b) People caring for HIV and AIDS patients ( )

(c) Babies in mother's womb ( )

(d) Babies who breastfeed ( )

31. Who do you think is responsible for caring the HIV aids patients at home?

(a) Health personnel ( )

(b) Trained Home Based Care Volunteer ( )

(c) Female ( )

(d) Males ( )

(e) Relatives of the patients ( )

(f) Others specify……

32. How are your feelings when caring for an HIV patients

(a) Feel sorry for the patient ( )

(b) Feel it is my duty to care ( )

(c) Feel I might contact the disease ( )

(d) Others specify.....

APPENDIX 4

INTERVIEW GUIDE (CHICHEWA TRANSLATION)

GAWO A MBIRI YANU

1. Muli ndi zaka zingati?
(a) 16-25 [ ]
(b) 26-35 [ ]
(c) 36-45 [ ]
(d) 46-55 [ ]
(e) Zoposera 56 [ ]

2.Kodi muli

(a) Pa banja ? [ ]
(b) Wamasiye? [ ]
(c) Banja lidatha? [ ]
(d) Wosakwatira ? [ ]

3.Kodi mudafika pati ndi maphunziro

(a) Ku pulayimale [ ]
(b) Ku sekondale [ ]
(c) Ku koleji [ ]
(d) Simunapiteko kusukulu [ ]

4.Kodi ndinu wa mpingo wanji?

(a) CCAP [ ]
(b) RC [ ]
(c) Wa chi pente [ ]
(d) Chisilamu [ ]
(e) SDA [ ]
(f) Mboni zaYehova [ ]
(g) Wina.....[ ]

5. Mwasamalira wodwalayu kwa nthawi yayitali bwanji

(a) Masiku 1-7 [ ]
(b) Masiku 8-14 [ ]
(c) Masiku 15-21 [ ]
(d) Masiku 22-28 [ ]
(e) Kupitilira 28 [ ]

6.Mumapeza bwanji chuma

(a) Muli pa ntchito [ ]
(b) Mukupanga bizinesi [ ]
(c) Mumalima [ ]
(d) Mumapanga maganyu [ ]
(e) Zina fotokozani.....[ ]

GAWO B KUPEREKA CHISAMALIRO

7. Kodi mulipo angati a mnyumba muno amene mumapereka chisamaliro pa wodwalayu?

8. Pali ubale wanji pakati pa inu ndi wodwalayu?

9. Wodwala ali ndi mabvuto anji

(a) Kutsokomola [ ]
(b) Akutsegula [ ]
(c) Ali ndi zilonda mthupi [ ]

10. Kodi wodwala atha

(a) Kusamba yekha? [ ]
(b) Kupita ku chimbuzi yekha?[ ]
(c) Kuzitembenuza yekha?[ ]

11.Kodi anamwino a mmudzi mino amabwera kudzaona wodwalayu?

GAWO C CHIDZIWITSO PA KAPEWEDWE KA MATENDA

12. Kodi munaphunzitsidwa mmene mungasamalire wodwala kunyumba

(a) Inde [ ]
(b) Ayi [ ]

13.Ngati inde, anaphunzira ndi ndani koma liti?

14. Kodi munaphunzira za mmene tingapewere matenda?

(a) Inde [ ]
(b) Ayi [ ]

14.Ndi njira zanji zopewera matenda zimene inu mukuzidziwa

(a) Kusamba mmanja [ ]
(b) Kugwiritsa ntchito kololini [ ]
(c) Kugwiritsa ntchito jiki [ ]

15. Ndi njira ziti, pa njira zimene mwanena zimene mukonda mutagwiritsa ntchito posamalira wodwala kunyumba?

GAWO D KUPEWA MATENDA

16. Ndi njra zanji zimene inu mumagwiritsa ntchito kuti mupewe matenda powasamalira wodwalawa?

17. Mumugwiritsa ntchito njirazi popanga chani kwa wodwala?

18. Mumagwiritsa bwanji zinthu izi kuti mupewe matenda?

(a) Sopo.....
(b) Magalavu.....
(c) Mapepala a pulasitiki.....
(d) Jiki.....

19. Mumasamba mmanja nthawi iti?

20. Mumasamba bwanji mmanja mwanu?

21. Mumasamala bwanji zinthu izi?

(a) nsalu zoonongeka.....
(b) zilonda kapena mabala.....
(c) zltini za makhololo.....

22. Kodi pa nyumba pano muli ndi

(a) sopo [ ]
(b) jiki [ ]
(c) madzi a pa mpopi [ ]
(d) chimbudzi cha madzi [ ]
(e) chimbudzi chokumba [ ]
(f) bafa losambira [ ]

23. mwangozi ngati mwakhuzana madzi a mthupi mwa wodwala kodi mumatani?

24. Chimakulimbikitsani ndi chani kuti muzigwiritsa ntchito njira zopewera matenda posamalira matenda?

GAWO E CHIDZIWITSO NDI HIV AIDS

25. Kodi munthu ungatenge bwanji ka chirombo ka HIV?

(a) Kudzera mu kugonana [ ]
(b) Mwana akamayamwa [ ]
(c) Kuchoka kwa mayi kupita kwa mwana nthawi yobadwa [ ]
(d) Kupsopsonana [ ]
(e) Kulandira magazi [ ]

26. Kachirombo ka HIV kakhoza kufala kudzera mu..

(a) Magazi [ ]
(b) Umuna [ ]
(c) Mkaka wa mawere [ ]
(d) Thukuta [ ]
(e) Malovu [ ]

27. Kodi ndi ndani ali pa chiopsezo chotenga ka chirombo ka HIV

(a) Mahule[ ]

(b) Anthu osamalira wodwala AIDS [ ]
(c) Ana osabadwa [ ]
(d) Ana oyamwa [ ]

28. Mukuganiza kuti udindo wosamalira wodwal AIDS ndi wa ndani

(a) Anthu a chipatala [ ]
(b) A volontiya a Home Based Care omwe adapanga maphunziro [ ]
(c) Azimayi [ ]
(d) Azibambo [ ]
(e) Abale a odwala [ ]
(f) Ena fotokozani..... [ ]

29. Kodi mumamva bwanji posamalira wodwala AIDS?

(a) Ndimamva chisoni [ ]
(b) Ndi udindo wanga kutero [ ]
(c) Nditha kutenga matenda [ ]
(d) Zina fotokozani..... [ ]

APPENDIX 5

CONSENT FORM

University of Malawi

Kamuzu College of Nursing

Private bag 1

Lilongwe

Dear participant

My name is Tereza Mwandira. I am a student of Kamuzu College of Nursing studying a Bachelor of Science in Nursing. Iam required to conduct a research in order to qualify for the award of a degree.

Am doing a research on knowledge and practices of family care givers on infection prevention and wish to request your consent to participate in the study. You have been selected to be one of the people to answer question related to the study because of your being a care giver.

To ensure privacy, you will not be asked to give your name, only numbers will be used; any information that you give will be kept in strict confidence and it will not be publicised without your consent nor will it be used for any other purpose, other than learning. The discussion will only be between you and me.

Your participation is not compulsory but voluntary and you are free to withdraw from the study at any point you feel you can't continue and you will not be punished for that or for giving true information.

You are requested to sign/ put your finger print below to show that you have understood the information provided and that you agree to take part in the study.

To be completed by the participant

I have under stood the information provided above and i freely give consent to take part in the study as a subject in this research study.

Signed..... Date.....

Researchers name..... Date.....

Researcher's signature..... Thank you very much for taking part in the study.

APPENDIX 6:CONSENT LETTER (CHICHEWA TRANSLATION)

Kamuzu college of nursing,
Private bag 1
Lilongwe

Okondedwa otenga mbali,

Ndine Tereza Mwandira wophunzira wa pa Kamuzu College of Nursing, sukulu ya ukachenjede ya unamwino

Ndikupanga kafufuku pa kudziwa ndi machitidwe a kupewa matenda mwa anthu osamalira matenda mmbanja, ndiye ndikupempha chilolezo kuchoka kwa inu.

Kuonetsetsa kuti chinsinsi chikusungidwa sindizafunsa za dzina lanu, komanso mayankho anu azafufuftidwa tikamaliza kafukufuku. Inu mwasankhidwa ngati mmodzi wosamalira wodwala .

Kutenga mbali kwani sikokakamizidwa ndinu waufulu kulekeza pamene mukuona choncho.

Ngati mwalola kutenga mbali musaine mmusi mu

Ine ndamvetsetsa, ndipo ndalola kutenga mbali mukafukufukuyi
Wotenga mbali.....
Dzina la ofufuza.....
Saini ya ofufuza..... Tsiku.....

APPENDIX 7

A LETTER SEEKING PERMISSION FROM THE KCN RESEARCH AND PUBLICATIONS COMMITTEE

Tereza Mwandira

Kamuzu College of Nursing,

Private Bag 1,

Lilongwe

To: K.C.N, Research & Publications Committee,

Attention: The Chairperson

Dear Sir,

REQUEST TO CONDUCT A STUDY ON KNOWLEDGE AND PRACTICE OF FAMILY CARE GIVERS ON INFECTION PREVENTION WHEN CARING FOR SICK FAMILY MEMBERS AT KAWALE.

I am a fourth year student at Kamuzu College of Nursing studying for Bachelor of Science in Nursing. I am expected to conduct a research in any area of interest in partial fulfilment of the requirements for an award of a degree.

As such I would like to request your office to allow me to conduct a study in Kawale catchment area through Lighthouse Home Based Care Programme. The aim of the study is to find out the knowledge and practice of family care givers on infection prevention when caring for sick family members. The results will be used to promote the prevention of infection and improve the delivery of home based care services

The study will take place between the months of August and September 2010.

Am looking forward to your favourable response.

Yours faithfully

Tereza Mwandira

APPENDIX 8

LETTER SEEKING PERMISSION FROM THE LIGHTHOUSE, HOME BASED CARE PROGRAMME

Tereza Mwandira

Kamuzu College of Nursing,

Private Bag 1,

Lilongwe

The Home Based Care Coordinator,

Lighthouse

P.O, Box...

Lilongwe

Dear Sir,

REQUEST TO CONDUCT A STUDY ON KNOWLEDGE AND PRACTICE OF FAMILY CARE GIVERS ON INFECTION PREVENTION WHEN CARING FOR SICK FAMILY MEMBERS AT KAWALE.

I am a fourth year student at Kamuzu College of Nursing studying for Bachelor of Science in Nursing. I am expected to conduct a research in any area of interest in partial fulfilment of the requirements for an award of a degree.

As such I would like to request your office to allow me to conduct a study in Kawale catchment area through Lighthouse Home Based Care Programme. The aim of the study is to find out the knowledge and practice of family care givers on infection prevention when caring for sick family members. The results will be used to promote the prevention of infection and improve the delivery of home based care services

The study will take place between the months of August and September 2010.

Am looking forward to your favourable response.

Yours faithfully

Tereza Mwandira.

APPENDIX 9

A LETTER SEEKING PERMISSION FROM THE DISTRICT HEALTH OFFICE

Tereza Mwandira

Kamuzu College of Nursing,

Private Bag 1,

Lilongwe

The District Health Officer,

Lilongwe District Office,

P.O. Box 1296,

Lilongwe.

Dear Sir,

REQUEST TO CONDUCT A STUDY ON KNOWLEDGE AND PRACTICE OF FAMILY CARE GIVERS ON INFECTION PREVENTION WHEN CARING FOR SICK FAMILY MEMBERS AT KAWALE.

I am a fourth year student at Kamuzu College of Nursing studying for Bachelor of Science in Nursing. I am expected to conduct a research in any area of interest in partial fulfillment of the requirements for an award of a degree.

As such I would like to request your office to allow me to conduct a study in Kawale catchment area through Lighthouse Home Based Care Programme. The aim of the study is to find out the knowledge and practice of family care givers on infection prevention when caring for sick family members. The results will be used to promote the prevention of infection and improve the delivery of home based care services

The study will take place between the months of August and September 2010.

Am looking forward to your favorable response.

Yours faithfully,

Tereza Mwandira

Cc: the Home Based Care Coordinator.

APPENDIX 10

A LETTER SEEKING PERMISSION FROM THE DISTRICT COMMISSIONER

Tereza Mwandira

Kamuzu College of Nursing,

Private Bag 1,

Lilongwe

The District Commissioner,

Lilongwe City Assembly,

P.O. Box 93,

Lilongwe.

Dear Sir

REQUEST TO CONDUCT A STUDY ON KNOWLEDGE AND PRACTICE OF FAMILY CARE GIVERS ON INFECTION PREVENTION WHEN CARING FOR SICK FAMILY MEMBERS AT KAWALE.

I am a fourth year student at Kamuzu College of Nursing studying for Bachelor of Science in Nursing. I am expected to conduct a research in any area of interest in partial fulfilment of the requirements for an award of a degree.

As such I would like to request your office to allow me to conduct a study in Kawale catchments area through Lighthouse Home Based Care Programme. The aim of the study is to find out the knowledge and practice of family care givers on infection prevention when caring for sick family members. The results will be used to promote the prevention of infection and improve the delivery of home based care services

The study will take place between the months of August and September 2010.

Am looking forward to your favourable response.

Yours faithfully,

Tereza Mwandira.