

**RESEARCH PROPOSAL SUBMITTED TO THE FACULTY OF NURSING IN  
PARTIAL FULFILLMENT OF BACHELOR OF SCIENCE IN NURSING EDUCATION  
DEGREE**

**SUBMITTED BY:** SUSAN DAMBULA MOYO  
**SUPERVISED BY:** L. CHEPUKA (MRS)  
**DATE:** 25<sup>TH</sup> JUNE, 2009

## Table of Contents

<b>Acknowledgement</b> .....	i
<b>Declaration</b> .....	ii
<b>Dedication</b> .....	iii
<b>Abbreviations</b> .....	iv
<b>Abstract</b> .....	v
<b>1.0 CHAPTER ONE</b> .....	1
1.1 Introduction .....	1
1.2 Background .....	2
1.3 Problem Statement .....	4
1.4 Significance of the Study .....	5
1.5 Objectives .....	5
1.5.1 Broad Objectives .....	5
1.5.2 Specific Objectives .....	6
<b>2.0 CHAPTER TWO</b> .....	7
2.1 Literature Review .....	7
2.1.1 Introduction .....	7
2.1.2 Community involvement .....	7
2.1.3 Volunteer motivation .....	9
2.1.4 Involvement of men as community health volunteers .....	12
2.1.5 Conclusion .....	16
<b>3.0 CHAPTER THREE</b> .....	17
3.1 Conceptual Framework .....	17
3.1.1 Definition .....	17
3.1.2 Functional approach .....	17
3.1.3 Volunteering Function .....	18
3.1.4 Assumptions of volunteer motivation .....	20
3.1.5 Application of the framework .....	21
<b>4.0 CHAPTER FOUR</b> .....	24
4.1 Research Methods and Design .....	24
4.1.1 Introduction .....	24
4.1.2 Research Design .....	24
4.1.3 Setting .....	25
4.1.4 Population, sample and sampling methods .....	26
4.1.5 Data Collection .....	26
4.1.6 Data Analysis .....	27
4.1.7 Ethical Considerations .....	28
4.2 Study limitations .....	29
4.2.1 Rigour .....	29
4.2.2 Dissemination of Results .....	31
4.3 Budget .....	32
4.3.1 Justification of Budget .....	33
4.4 Timeline for the Research .....	35
<b>References</b> .....	37

## **Acknowledgement**

I would like to extend my sincere thanks to my supervisor Mrs L. Chepuka for her untiring supervisory support, guidance and resources rendered throughout this proposal writing.

Furthermore thanks to my lecturer Mr. Matthews Ngwale, Mr. Muocha for guidance and support.

I also acknowledge the library staff for assistance rendered during manual and internet literature search and God bless them.

Many thanks to my friends too numerous to mention for their encouragement and support during the whole process.

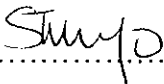
Lastly my gratitude goes to my beloved sister Zione Ngondo for the secretarial services offered. You never complained sister.

God bless you.

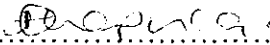
## Declaration

I hereby declare that this proposal has not been presented for any other degree and is my own work.

Researcher's Name: Susan Dambula Moyo

Researchers' Signature.....

Supervisor's Name: L. Chepuka (Mrs.)

Supervisors signature.....

## **Dedication**

I would like to dedicate this work to my husband Vyamala for his unfailing efforts in supporting me.

My children Thumbiko and Chakulata for enduring my absence for a long time when my nearness would have made a difference.

## **Abbreviations**

CCG;	Community Care Givers
HIV:	Human immunodeficiency syndrome
MOH:	Ministry of Health
NAC:	National AIDS Commission
NGO:	Non Governmental Organization
VSO :	Volunteer Services Organization
ART:	Anti-Retro Viral Therapy
CTC;	Community Therapeutic Care
PMTCT	Prevention from Mother to Child of Transmission of HIV
TB:	Tuberculosis
WHO:	World Health Organisation
USAID:	United States Aid for International Development

## **Other names for community health volunteers and abbreviations**

HP : Health promoters

CC: Community carers

CV; Community volunteers

## **Abstract**

Community health volunteers are men or women chosen by the community and trained to deal with the health problems of individuals and the community in close relationship with the health services. It has been observed that men are dropping out from most of the health programs including the HIV and AIDS Care and support programs. A qualitative research will be conducted to explore factors contributing to high drop out rate of male Community Health Volunteers in the HIV and AIDS Care and Support Programs at Misesa in Blantyre district. The functional approach frame work will be used to guide the study. 10 male participants will be drawn using purposive sampling method to participate in the study. Content analysis will be employed to analyze the qualitative data and simple descriptive statistics to analyse demographic characteristics of the participants.

## **1.0 CHAPTER ONE**

### **1.1 Introduction**

Malawi is one of the developing countries facing greater challenges on health care delivery systems due to the growing increase of diseases including HIV and AIDS. Human resource shortages in Malawi's health sectors are among the severest in Sub-Saharan Africa even though political commitment to address the crisis has been strong since the late 1990s. The different strategies that have been deployed to address the human resource shortages have been the use of volunteers in the primary health care setting. According to world health organization community health volunteers, are women or men chosen by the community and trained to deal with the health problems of individuals and the community in close relationship with the health services. An observation has shown that done that a large majority (over two- thirds) of volunteers are women (Peacock& Weston 2003). This displays limited male involvement and it has been accorded to increasing drop outs. This study seeks to explore factors that contribute to the drop out of male volunteers in the HIV and AIDS care and support programs.

## 1.2 Background

Malawi is currently facing challenges in the delivery of health care services due to the increased workload and limited resources. It is estimated that one third of adult patients admitted in general wards are HIV infected.(Muula, 2003) There is critical shortage of health workers in the hospitals with the nurse to patient ratio at one to one hundred twenty (1:120) in the general wards and the doctor to patient ratio at one to sixty four thousand (1:64,000). Vacancies on established posts are up to 50% in some institutions (Altiken & Kemp 2003). The Ministry of Health also concluded that clinic based care is not possible since HIV and AIDS is a chronic and debilitating disease (MOH, 2003).The patients need a long period of care and support to promote their quality of life. In response the government of Malawi endorsed the concept of primary health care as the main strategy in achieving health for all. This is in accordance with the declaration of the Alma Ata conference in 1978 which emphasizes on primary health care as a strategy for promoting health. The PHC aims at improving health status of individuals by using a package of essential health services with involvement of community as beneficiaries and stake holders (MOH-1999-2004). Primary health care as defined by world health organization is essential care made universally accessible to individuals, families and the community by means acceptable to them through their full participation and at a cost that the community can afford (WHO, 2009).The utilization of community members to assist health authorities in delivering appropriate health care has emerged as an important social force in certain communities. Community involvement and participation have also shown to contribute greatly to the achievement of health program contribute greatly to the

achievement of health program goals. The participation of the community in providing solutions to problems is critical (MOH-RHU, 2007). To achieve long-term successful outcomes of care with a public health approach, it is crucial for HIV care not only focus on medical care, but also encompass a holistic approach involving partners and communities to make a wide range of services available to PLHAs. Those who care for these people are either family members or community members who have volunteered to take care of the sick with assisted by professionally trained health personnel.

Volunteering involves committing time and energy to provide a service that benefits someone, or community without expecting financial or material rewards and requires social output that would otherwise require paid resources (Clary et al 1998). Community volunteers have been successfully used in several settings in the provision of care to sick individuals, by educating fellow members on HIV and AIDS prevention and also supervising patients on TB treatment (Kironde & Barjunirwe, 2003). The community volunteers' role is to meet the unmet curative, preventive needs and promote health of the community. They act as a bridge between the community and the health personnel and in some cases, they serve as front liners for local resources in the HIV and AIDS care and support programs (Muula, 2003). They are the first level contact of individuals, families and this has helped with the national health system to bring health care as close as possible to people's lives and work.

Traditionally it is the responsibility of women and older girls to provide most of the care to the sick with little participation from men. Societies expect wives, daughters, mothers,

sisters and grandmothers rather than men and boys to care for the sick. Peacock & Weston, 2008, however argues that involving men in reproductive health and home based programs is effective in the reduction of the burden of care with women. Experience has also shown that male involvement can make a substantial difference when it comes to preserving the lives of women and children (Obaid 2007). In Malawi efforts have been made to involve men in care and support programs to create a balance in gender. For example the Blantyre Christian Centre has been helping government to train and support volunteers in home based care. Initially volunteers were exclusively women but in 1998 men were identified and trained as home based care volunteers. For the past three years the centre has trained 50 men and out of this only 30 are working.

### **1.3 Problem Statement**

Community based programs for HIV care and support attracts a lot of support and admiration. However continuity of male involvement in these programs is not guaranteed due to drop outs. The Blantyre district health office HIV care and support program shows that out of 230 volunteers trained in 2005, 46 had dropped out by December 2006 and out of these 28 were males (Blantyre DHO, 2006). This problem has been reported in other programs as well such as breast feeding and water and sanitation. In many cases, it has been observed that despite similar incentives with women, the drop out rate of men is high. The study therefore specifically seeks to examine factors leading to high drop out rates among male volunteers.

## **1.4 Significance of the Study**

Results of this study will highlight factors that have contributed to high dropout rate in male volunteers and will help Government and NGOs to find ways that can be used to attract men to participate and return them in HIV and AIDS care and support services. Upon understanding motivations that can attract men, the results will further promote male involvement in care and support programs in their communities and assist health personnel's to know the type of men to involve as community health volunteers depending on characteristics of the men likely to dropout. The result will also be used as baseline data of factors contributing to high dropout rate of male volunteers at misesa. In management, information will be used by policy makers and planners in various ministries and CHAM to develop policies and guide lines to improve management community volunteers. The results will empower community nurses to develop more strategies for male championship programs.

## **1.5 Objectives**

### **1.5.1 Broad Objectives**

To explore factors that contributes to drop out rate of males working as volunteers in HIV and AIDS care and preventive services.

### **1.5.2 Specific Objectives**

1. To determine perceptions male volunteers towards working as a volunteer
2. To explore factors that motivates them to make a choice of becoming a volunteer
3. To establish relationship between men's age, education, employment, status and likelihood to drop out.
4. Assess factors that lead to males deciding to quit the job.

### **1.5.2 Specific Objectives**

1. To determine perceptions male volunteers towards working as a volunteer
2. To explore factors that motivates them to make a choice of becoming a volunteer
3. To establish relationship between men's age, education, employment, status and likelihood to drop out.
4. Assess factors that lead to males deciding to quit the job.

## **2.0 CHAPTER TWO**

### **2.1 Literature Review**

#### **2.1.1 Introduction**

Literature review is a description of the literature relevant to a particular field or topic (Chinkwenda 2005)

The aim of literature review is to gain broad ground and understanding of information that is available related to management, incentives and retention of volunteers to avoid attrition. This information will help form foundations of the study (Burns & Groves 2005).

This chapter outlines the background against which the study will be conducted. The central focus is attrition of male volunteers.

#### **2.1.2 Community involvement**

Community is a group of people who have some characteristics common, are bounded by time, interact with one another and feel a connection to one another (Allender & Spradley, 2005). A critical aspect of any community based program is the preparation and involvement of the community for their voluntary participation known as community

mobilization. Community mobilization is the process of gearing the community into action which allows members of the community share concerns or problems and work together to improve their situation, (Ndua & Hebert 2005). Community mobilization has advantages such as; Promotes awareness of problems which the community has ensures community participation and participatory decision making. However, community mobilization is sometimes hindered by lack of information, social structure and lack of ownership and sustainability.

Involvement of the communities and the abandonment of typical models of medical care have proved to be important not only in developing countries. A number of studies have evaluated the impact of ancillary services on the retention of poor HIV-infected patients in healthcare settings in three public hospitals in Los Angeles country. Ancillary services in the study included drug treatment observed by community volunteers, case management, housing assistance, provision of transportation, mental health care, assistance with food and nutrition, legal services. Results showed a strong correlation between provision of these services and the retention of an HIV patient in AIDS care. (Charles & Kato 2006). Community based approach to health care delivery, with community health volunteers in the foreground, have been very successful in these resource countries because of the unique ability of community health volunteers to integrate effective distribution of health care (Brewer 2008). Some researchers also argue that community partnering, improves health outcomes and quality of services. Community partnering is the state in which the community becomes an integral component of a functional formal health system. It's not asking users to participate in

health sector programs but rather to agree on a partnership where priority setting program design and implementation are jointly owned for a benefit that is mutually agreed.(online presentation)

Gender identities and particular constructions of masculinity compound and contribute to structural and political causes of the unfair and debilitating burden of care provided by women especially in the context of HIV and AIDS. Experience shows that it is possible to change men's care related attitudes and practices in relatively short periods of time. Urgency of the epidemic require reaching large numbers of men to help provide care however most interventions with men have been limited in size, impact and sustainability.

A report by Lehman and Saunders titled "The State Evidence on programs, activities,(2007) cost and impact on health outcomes of using community health workers learnt that community health workers", make valuable contribution to community development, and more especially can improve access and coverage of communities with basic health services. To be able to make an effective contribution, they need to be carefully selected, appropriately trained adequately and continuously supported.

### **2.1.3 Volunteer motivation**

The state of African Children (2008) reported that community volunteers ; who are the main agents of community based treatment, education and counseling require incentives and support to avert attrition, meet their own commitments and obligations and sustain worker motivation. They concluded that volunteers have been particularly effective in improving child health and consequently reducing mortality. According to a study conducted in El Salvador and Honduras, Bhattacharyya et al (2003) establish the health worker incentives and disincentives and how they affect motivation retention and sustainability. They examined the experience of using incentives to return community health volunteers serving primarily as volunteers in child health and nutrition program in developing countries. They recommend for more systematic use of multiple incentives and argue for building a stronger relationship between community volunteers and the health personnel.

Kironde and Bajunirwe, (2003) conducted a study on lay workers in Direct Observed Therapy of TB patients on whether they should be paid or not. The study found that the monetary incentives to lay workers in resource limited setting are unsustainable and should not be used. External incentives should be used if necessary primarily to promote enduring interest among individuals who desire to perform certain tasks in particular contextual setting.

A study about relationship between personal traits and job satisfaction was conducted among Taiwanese Community Volunteers. The results found that volunteer's personal traits are internal control orientated. Internal control personality traits are self

confidence, independence, decisiveness, positiveness, strong dominating desire, social capability, and series of achievements, efficiency, and sense of responsibility, higher tolerance and self acceptance. A person having these traits is likely to become a volunteer and stay on. Significant variables correlating with job satisfaction in this study were gender, educational level, religious preference, participation in training, working to promote community health, willingness to work, the frequency of participating in job training and cooperation with other volunteer partners.(Mei-chin & Kuan-Chia 2007)

A study was conducted in Solomon Islands where community health volunteers performed their services under the supervision of a nurse in charge of the area health centre and had attended monthly meetings. They only received a symbolic monetary award as well as increased standing in the community. After a period of 12 months no volunteer had dropped out of the project. The study concluded that supervision is a motivator to volunteers. Comparatively, A study in Kitwe, Zambia where the community health volunteers had no contact with health systems, frequent visits by outsiders, donors and NGOs helped them maintain their commitment and motivation (Steel 2001).

A report by Lehman and Saunders(2007) titled "The State Evidence on programs, activities, cost and impact on health outcomes of using community health workers learnt that community health workers", learnt that community health workers make valuable contribution to community development, and more especially can improve access and coverage of communities with basic health services. To be able to make an effective

contribution, they need to be carefully selected, appropriately trained adequately and continuously supported.

A study on volunteer motivation was conducted in Blantyre peri urban by Muula & Mkandawire, 2005)The main objective was to determine motivating factors for community care givers(CCGs), the services they provided to the community, and to identify sources of CCGs' material supplies. A cross sectional qualitative study was done using in-depth key informant interviews with community cares givers and traditional leaders. Analysis was based on themes utilizing content analysis. Most of the CCGs were housewives. Intrinsic motivating factors identified included feelings of empathy, altruism and religious convictions. Extrinsic motivators were rarely mentioned and these included expected opportunities for loans to start businesses, recognition by the community and eventual employment. The services that CCGs provided in their communities included; offering psycho-spiritual support, providing clothes, food and money to the under-privileged and paying school fees for orphans. In many instances the community care givers were spending from their own personal resources to help the under-privileged, while support from non-governmental organizations could only be sourced erratically. Mobilizing resource from the local community through contributions was not seen a viable option. The study revealed that Intrinsic factors are an important motivator for community health volunteer CCGs in the peri-urban area of Blantyre.

#### **2.1.4 Involvement of men as community health volunteers**

A survey done in South Africa by Kaiser Foundation revealed that a large majority (over two-thirds) of volunteers are women (Peacock & Weston).

A similar pattern of more women than men has emerged in relation to community participation in health promotion initiatives in Australia, as part of implementing the government's health white paper on improving health and addressing health inequalities, the government's committee and its community sector partners developed the Health Trainer Scheme. The committee reported that in two thirds of recruitment conducted in 2005/2006 and 2006/2007 very few men have volunteered, of the 18 volunteers that were being trained to become health trainers then, only one was a man.

Brett (2000) did a survey on the challenges of involving men in home based care and the strategies to involve them. The survey revealed three things (A) cultural practices in which women are socialized as carers and men as providers for the family (B) peer pressure. It was found that if men are willing to get involved, they get frustrated by their peers (C) Social economic factor. Naturally men are breadwinners of the family so they are expected to be earning money instead of advocating for voluntary work.

National volunteer survey conducted by Independent Sector and The Gallup Organization in New York, America, as cited by Blackman (1999) suggested that the volunteer tendencies of men and women are actually not markedly different. The Independent Sector web site (<http://www.IndependentSector.org>.) reported that in 1995, 45% of men volunteered. The observations of many acquaintances, however, indicate that male

volunteers are few and programs boasting a high number of male volunteers rarely seem to reach 50%. Blackman found the following challenges in her research: Despite decades of consciousness-raising and talk of gender equality, men are often still perceived as breadwinners and are not expected to make room in their money-making schedules to volunteer. Society expectation are that men devote their energy to earning money, or that anything short of such effort is either unacceptable or somehow not "living up to their potential." Men in our society are not generally seen as nurturers as compared to women who are seen as better at nurturing or are naturally more nurturing than men, or that men are not experienced nurturers. Regardless of the truth in assertions about male ability to nurture or obligation to earn money, the fact that these perceptions exist reveals lingering stereotypes that may deter men from volunteering. Socialization deems volunteering a woman's thing, and this makes recruiters face the challenge of convincing men otherwise. This challenge may be particularly salient for organizations that have no male volunteers or that have a heavily skewed ratio of female to male volunteers, that puts them at a disadvantage in general efforts to recruit men since there are no male volunteers to show potential recruits how men fit in the organization.

A report on a project about mobilizing men as home based care volunteers by Bacon CJ, Kukhala G., et al (2003) suggested that men are very useful in home based care. They cited benefits such as reduction in sexual behavior of the volunteers themselves as a result of their experience in training others about HIV and AIDS. However, he recorded the following challenges. Some men expect voluntary work to lead to employment and if it doesn't, they quit. Male volunteers face opposition by their peers who do not see caring

as a male role. They further recommended managers should select men with flexible hours, example, those who own their businesses to ensure continuous availability of the men. They also should use men who are highly respected in the village such as the village headman to be a role model.

Kennedy Oulu VSO Malawi Tutulane states that culture is pregnant with gender constructs, role of men/boys, women/girls are defined within the culture and care of the sick in the community is a woman's job. At Tutulane out of 64 cares 20 were male and 44 female. Through the initiative of VSO Malawi more training were conducted to increase the number of men. The efforts have gained the following; more clients have been visited and started on ARVs. The men have teamed up advocating for PMTCT, ART literacy and review of cultures escalating HIV and AIDS in their communities.

Word Alive Ministries International is a church based community organization in Blantyre. It provides counseling and testing of HIV. It started volunteer work in 1996. Volunteers are involved in the home based care program and involved in the following; household chores, promotion of HBC in the community distribution of condoms, referral for treatment and liaison with local community leaders. Most of the volunteers were women while 20% were male. Word Alive Ministries decided to mobilize male HBC volunteers both to reach more people and to improve their health and quality of HBC services from men. They used different strategies for recruiting the men such as involving community leaders and members in identifying male volunteers who are respected and influential in the community, targeting men motivated by compassion, love and faith

rather than money. Having written agreement with each volunteer that outlines what is and not expected and what the project can or cannot provide. At the end of the project they had learnt the following lessons; involvement of community leaders is vital, local leaders have an important role in identifying appropriate male volunteers and in breaking down stigma around HIV and AIDS and around home care work.

#### **2.1.5 Conclusion**

From the literature presented there is clear indication that there is limited involvement of men in care and support programs. It is also clear that lack of incentives contribute to attrition of volunteers. The topic under study has not been done in Malawi only studies on motivation of volunteers were done.

### **3.0 CHAPTER THREE**

#### **3.1 Conceptual Framework**

##### **3.1.1 Definition**

Conceptual frameworks are concepts or abstractions that are assembled together in some rational scheme by virtue of their relevance to a common theme (Polit & Hungler 1991).

The conceptual framework for a study presents the reasoning on which the purposes of the proposed study are based. It consists of concepts and the proposition about how these concepts are related (Woods, 1988). The research will utilize functional approach related to volunteers proposed in order to understand volunteer motivation. This theory is concerned with, value of rewards and outcome. These factors are critical to initiating and sustaining volunteer behavior.

##### **3.1.2 Functional approach**

Of the few theories explaining the motivations for planned helping or volunteering, a functional (psychological) approach is viewed as one of the predominant research strategies in current literature on motivation. The functional approach implicates the

importance of matching volunteer motivations to the benefits that volunteerism provides. The central premise of the functional approach is that the same behavior may serve different functions for different individuals; these actions may serve different psychological functions for different individuals.

According to this perspective, people may have similar attitudes or engage in similar behavior, but these attitudes or behaviors may satisfy different motivational functions.

### **3.1.3 Volunteering Function**

As the functional approach has been utilized with respect to the functions attitudes may serve, this approach will also help to reveal underlying motivations of volunteering. According to a functional analysis of volunteerism, people engaging in similar acts may have different underlying motivations for doing so. Clary et al. (1998) catalogued the following six functions of volunteerism.

#### **Values**

The values function refers to concerns for the welfare of others, and contributions to society. This function has been likened to altruism which is the value-expressive attitude function, and the quality of expressiveness as cited by different authors.

#### **Understanding**

A second function potentially served by volunteering involves the opportunity for volunteerism to permit new learning experiences and the chance to exercise knowledge, understanding skills, and abilities that might otherwise go unpracticed. Related to the knowledge this understanding function was exemplified by the large number of volunteers in health and mental health institutions who expected to receive benefits related to self-development, learning, and variety in life through their volunteer service. (Gidron's, 1978 quoted by Clary et al. (1998))

### **Career**

A third function is the career function. Volunteerism may serve to increase one's job prospects and enhance one's career. For example, Beale (1984) suggested encouraging students to volunteer as the experiences may serve as "stepping stones" to employment.

### **Social**

A fourth function volunteerism may serve is the social function in which an individual volunteers due to strong normative or social pressure, or to get along with others in his or her reference group. Conceptually, this function is similar to social adjustment function and need to respond to the expectations of others (Francies, 1983). as cited by Clary et al. (1998)

## **Protective**

A fifth function served by volunteerism is the protective function whereby one volunteers to reduce feelings of guilt about being more fortunate than others, or to escape from one's own problems. This function could be likened to ego-defensive function, externalization and need to express feelings of social responsibility by other authors. Individuals have a greater level of commitment to volunteer when the salience of personal responsibility for others is high.

## **Esteem or Enhancement**

A sixth function is the esteem or enhancement function in which volunteerism serves to enhance one's self-esteem, self-confidence, and self-improvement. People use helping as a means of maintaining or enhancing positive affect.

### **3.1.4 Assumptions of volunteer motivation**

1. People are purposeful, planful, and goal-directed -- Volunteers engage in volunteer work in order to satisfy important personal goals.
2. Different people may do similar things for different reasons -- Volunteers performing the same volunteer activity for the same organization may have different reasons for volunteering.

3. Any one individual may be motivated by more than one need or goal -- An individual volunteer may be attempting to satisfy two or more motives through one activity at your organization.

4. Outcomes depend on the matching of needs and goals to the opportunities afforded by the environment -- Successful volunteer recruitment, satisfaction, and retention is tied to the ability of the volunteer experience to fulfill the volunteer's important motives.

### **3.1.5 Application of the framework**

People consider the likely outcomes of their actions and they weigh and evaluate the various alternatives in coming with a decision about what they will do. When the volunteers see the benefits of their actions towards caring for the sick will be committed to their work and perform to the expected standards.

### **Value**

Community health volunteers have values and preference which they identify from their duty of caring for the sick. These values can be personal, or group values which they hope to achieve from the work. Volunteers are concerned about those less fortunate than themselves for example those who are sick and have no one to look after them. They

provide care to help those who need care out of deep concern for them in their helpless condition. Volunteers also are motivated to work for a feeling of responsibility and recognition of their contributions to the society.

### **Understanding**

Volunteers desire to develop new skills related to caring and they use previous knowledge to provide care. Volunteering enables them to be equipped with knowledge for HIV prevention, good nutrition, care for themselves, family and community members. The volunteers are able to take care of family members and community members who are sick because of the experience they have or had on caring for a relative who have died of HIV. The volunteers know the physical and psychological needs of patients and can easily apply them to the community.

### **Career**

Male volunteers are also motivated by hoping that the voluntary work will lead to employment since some organizations fill vacancies for paid staff from their pool volunteers. This encourages volunteers to go on, hoping that they will get a job and also the experience they get will help them get employed somewhere and at the same time get recommendation from their managers for these vacancies. The volunteers are offered trainings which equip them with necessary skills that could be potentially used to seek paid employment in other facilities offering HIV Care and Support Services. Inability to

secure employment creates resentment. Volunteers quit because of working for a long time without getting an employment. Since men are providers for their families they long for a token of appreciation in form of money for their hard work and if they see nothing promising they may quit the job.

### **Protective**

They are also motivated by faith in God that they will receive spiritual benefits in form of blessings in their lives for caring for others. They also feel that some day they will need help from others thereby should do what they would like others to do for them.

### **Social**

Volunteers learn about volunteering through friends who are already volunteers. These and significant others are very influential to peoples decisions to become a volunteer.

### **Esteem or enhancement**

Improving self esteem or feelings of self worth is important for volunteers.

Volunteers who failed to become nurse may fulfill their dream through caring for the sick in the community and this may bring satisfaction in their life.

## **4.0 CHAPTER FOUR**

### **4.1 Research Methods and Design**

#### **4.1.1 Introduction**

This chapter describes methods and techniques which will be used to collect data from selected participants who will be community health volunteers providing care to patients with Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) at Misesa, in Blantyre.

#### **4.1.2 Research Design**

Research design is the overall plan for obtaining answers to the questions being studied and for handling some of the difficulties encountered during the research process (Polit & Beck, 2004, p. 49). According to (Babbie and Mouton, 2003 p. 72) a research design is similar to a plan or blue print of how you intend to conduct the research.

The study will utilize qualitative methods to unearth full range of responses and opinions leading to the research problem. Qualitative methods concentrate on words and observations to express reality and attempts to describe people in natural situations. (Amaratunga et al 2002, cited in Chikwenda 2005)

Qualitative research is systematic interactive and objective approach used to describe life experiences and give them meaning (Wood and Heber, 1990). Qualitative research reveals areas of consensus either in positive or negative sense (Wilson, 2006).

In depth interviews will be used where participants will be asked to verbally describe their experiences or phenomena. In depth interviews permit probing in order to obtain richer and more complete data. They also capture meaningful expressions to clarify a response, and provide an opportunity to evaluate the validity of answers by observing the non verbal cues and explore depth of meaning that cannot be obtained by other techniques (Burns and Grove, 2005).

#### **4.1.3 Setting**

Setting refers to location for conducting research, such as a natural, partially controlled or highly controlled setting (Burns et al 2001). In depth qualitative studies occur in natural settings because qualitative researchers are interested in studying the context of participants' experiences.

The study will be conducted at Misesa in Blantyre. The area was chosen because it is within the Limbe catchment area which is a semi urban and has home based care services, CTC services, community counseling services supported by both government

and Nongovernmental organizations. Additionally, one traditional authority Nsomba has been chosen, because it caters for semi-urban population that can be easily identified.

#### **4.1.4 Population, sample and sampling methods**

Population also refers to all elements (individuals, objectives, events, substances meet the sample criteria for inclusion in a study (Burns et al 2001). The participants will be community Health volunteers who had left the job and those who are still working. The participants will be 10 all males. The study will utilize purposive sampling in order to get rich data from the subjects. The participants will be identified through the village head man who will take the researcher to the participants. Only participants who have satisfied specified characteristics will be chosen i.e. those who had worked or are working as community volunteers in HIV and AIDS support programs. Excluded in the study will be volunteers from social programs.

#### **4.1.5 Data Collection**

According to Polit and Beck (2004), data collection is the gathering of information to address a research problem. An interview guide has been designed with to collect data (Appendix G). Data will be collected by means of interviews using the interview guide with open ended questions to allow participants to express their views. The guide is in English and will be translated in Chichewa. The researcher will conduct interviews on her

own to ensure consistency in asking questions. The researcher will be able to do so due to the knowledge that she has gained through research and statistics lecturers.

### **Piloting**

Piloting will be done at Kawale to see validity of the research instrument. This will also assist in modification of questions on the instrument.

#### **4.1.6 Data Analysis**

Analysis is the separation of data into parts for the purpose of answering a research question and communicating that answer to others. Qualitative analysis is the non numerical organization and interpretation of data in order to discover patterns, themes, form, exemplary and qualities found in interview scripts, open ended questionnaires, diaries, documents and other texts (Wilson, 1985). Data will be analyzed using content analysis which is one way of analyzing unstructured qualitative data and categorizing verbal or behavior data. Numerical data from demographic characteristics from the study will be analyzed using descriptive statistics which is a method used to describe the characteristics of a group using variables (Chinkwende, 2005). The data will be presented in pictorial forms using pie charts or graphs.

#### **4.1.7 Ethical Considerations**

The research proposal was presented to the University of Malawi, Kamuzu College of Nursing Research Committee for approval. (Appendix A.)

Permission was also sought from Blantyre District Assembly (Appendix F), Blantyre District Office because the office is mandated to oversee all health activities in the district. (Appendix E)

Permission will also be sought from the ministry of health to be allowed to conduct the study (Appendix B)

The study, its purpose and expectations will be explained to participants. The purpose of the study is for the researcher to partially fulfill the Bachelor of Science in nursing education degree. An explanation will be given that there will be no direct benefits from the study and there will be no risks, or harm related to the study.

Participants will be assured of confidentiality on the data collected and no names will be written on the forms instead the researcher will use numbers. Information from the subjects will be kept in confidence and accessibility of data will be limited to the researcher and the supervisor. The researcher will not disclose any information in a manner traceable to any subject. To further ensure confidentiality all information to be obtained will be destroyed at the end of the study.

Confirm ability (comparable with objectivity or neutrality) is concerned with establishing that data and interpretations of the findings are not figments of the inquirer's imagination, but is clearly derived from the data. The researcher will share data with experts and ask them to code a few scripts to analyze and give feedback.

Authenticity is regarded as a feature unique to naturalistic inquiry (Schwandt, 2001). It is demonstrated if researchers can show a range of different realities (fairness), with depictions of their associated concerns, issues and underlying values. The researcher will keep track of own ideas, responses, biases in order to try, as best as the researcher can, to separate own responses from the responses of the participants.

#### **4.2.2 Dissemination of Results**

The findings will be communicated to stakeholders through a written report and copies will be made available to Blantyre District Health Office, Kamuzu College of Nursing Library and also Kamuzu College of Nursing Research centre. Further, the researcher intends to communicate the research findings to the participants to establish both rapport and confirmation of what the general extrapolation of the findings are.

### 4.3 Budget

Item	Quantity	Unit Cost	Line Total	Total
<b>Stationery</b>				
Photocopying paper	2	900.00	1,800.00	
Pens	4	20.00	80.00	
Pencils	2	5.00	10.00	
Flash disk	1	6,000.00	6,000.00	
A4 Envelops	4	80.00	320.00	
A5 Enevelops	10	10.00	100.00	
Postage stamps	10	100.00	1,000.00	9,310.00
<b>Secretarial Services</b>				
50 Page Printing proposal	200	30.00	6,000.00	
10 pages Questionnaire	100	30.00	3,000.00	
Binding Proposal copies	4	500.00	2,000.00	11,000.00
<b>Transport and Communication</b>				
Lilongwe to Blantye	2	3,000.00	6,000.00	
Local Running(Data Collection	10	2,000.00	20,000.00	
Telephone(Airtime)	3000	1.40	4,200.00	30,200.00
Total				<b>50,510.00</b>
Contingency at 1%				7,576.50
Grand Total				<b>58,086.50</b>

#### **4.3.1 Justification of Budget**

##### **a) Stationery**

There are a number of expenses concerning stationery have to be considered such photocopying papers, for drafts, letter, proposal and questionnaire, writing materials such as pens and pencils and files for securing documents.

##### **b) Printing and binding**

Money will be required for printing and binding 3 copies of proposal and dissertation.

##### **c) Telephone Bills**

The researcher will need to use phone for communication with the supervisor and booking appointments for different meeting regarding the research.

##### **d) Transport**

There will be a lot of travelling from Lilongwe to Blantyre for delivering of letters to seek permission from relevant authorities and for data collection and also local traveling to collect data.

e) **Contingency**

The money set aside will cater for rise in transport and materials and any inconvenience that may arise during the research.

#### 4.4 Timeline for the Research

	MONTH										
ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV
Selection of topic											
Literature Review											
Proposal Development											
Submission of proposal											
Pretesting and data collection											
Data analysis and report writing											
Submission of report and dissemination of results											



## References

- Burns N. & Groove, S.K. (2001). The Practice of Nursing Research, Conduct Critique and Utilization (4<sup>th</sup> ed). Philadelphia: W.B. Saunders Company.
- Chevalier, C. et al (1993). Why village health workers dropout. Word Health and Function. Philadelphia: Lippincott Company.
- Clary G, & Snyder ,The Functional Approach to Volunteers Motivations downloaded on 6/6/2009 from
- Clemen-Stone, S. McGuire, S.L. & Eigsti, D.G. (2002). Comprehensive Community Health : family, Aggregate and Community Practice. (6<sup>th</sup> ed.) St Louis, Mosby, Inc.
- community partinering retrieved on 13/6/2009 from  
<http://www.amref.org/silofiles/ghc.communitypartneringpresentationonline>
- Health for All Series, Geneva, Primary Health Care, report of International Conference on Primary Health Care. Alma Ata, USSR, 1978.
- [http://womenaids.org./documents/2008 1002 care giving in the context of AIDS EN pdf](http://womenaids.org./documents/2008%201002%20care%20giving%20in%20the%20context%20of%20AIDS%20EN.pdf).
- Mei-chin & Kuan-Chia 2007) relationship between personality traits and volunteering, *International Journal of Clinical Nursing Volume 16, Issue 6, pages 1061-1063*
- Kironde, S. Bajunirwe, F. Lay Workers in Direct Observed Treatment (DOT) Programmes for Tuberculosis in High Burden Settings: Should they be paid? A Review of Behaviour Perspective. *African Health Sciences 2003:2:73-78*.

Kironde, S. Kahurimbany, M. Community Participation in Primary Health Care (PHC) Programmes: Lessons from Tuberculosis Treatment Delivery in South Africa. *African Health Sciences* 2002;2:16-23.

Ministry of Health (2004). A Joint Programme of Work of Health Sector Approach (SWAP). 2004-2010) Design Printers.

Ministry of Health (2005). Community Home Based Care Trainer Manual.

Ministry of Health and Population (1999-2004). Malawi National Health Plan, Government Print, Zomba.

Ministry of Health: Community Home Based Care Manual for Training of Community Care Providers. Final Draft July. 2005.

Muula, S. & Mkandawire, C. Motivation of Care Givers in a peri-urban area of Blantyre, Malawi . *African journal of Health Sciences*, vol. 12 issue 1-2, pg 21-25

National Aids Commission (2003). Community Home Based Care System in Malawi.

National Aids Commission. Community Based Care System in Malawi May 2005, Lilongwe

Polit, D.F. & Hungler, B.P. (1997). Essentials of Nursing Research Methods, Appraisal and Utilization Lippincott Co.

Primary health care down loaded on 9/6/2009 from <http://www.who.int.research/en/rtrreived>

Spradley & Allender (2005). Community Health Nursing: Concepts and Practice (3<sup>rd</sup> ed.) Scott, Foreman and Company.

Stanhope, M. & Lancaster, J. (2004). Community and Public Health Nursing : Mosby, St Louis.

Volunteer Management Practices and Retention of volunteers down loaded on 14/5/2009  
from [http://www.urban.org/uploaded PDF volunteer Management PDF](http://www.urban.org/uploaded/PDF/volunteer%20Management%20PDF.pdf).

Wood, G.L. & Haber, J. (1990). Nursing Research: Methods, Critical Appraisal and Utilization (2<sup>nd</sup> ed). St Louis: Mosby Co.

Wood, G.L. & Harber, J. (2002). Nursing Research: Methods, Critical, Appraisal and Utilization, Mosby, Inc. Missouri, United States of America.

Yoshioka, Brown, Ashcraft (2007) A Functional Approach to Senior Volunteer and Non-volunteer Motivations. *THE INTERNATIONAL JOURNAL OF VOLUNTEER ADMINISTRATION* Volume XXIV, Number 5 July 2007 3 online

**APPENDIX A: Letter to the Research Publications Committee**

University of Malawi

Kamuzu College of Nursing

Private Bag 1

LILONGWE

The Research Publications Committee

Kamuzu College of Nursing

Private Bag 1

LILONGWE

Dear Sir/Madam

PERMISSION TO CONDUCT RESEARCH AT MISESA

I am a Mature Year Two Student pursuing a degree in Nursing Education. In partial fulfillment of this award, I am expected to conduct a study and write a dissertation there after hence the request.

This letter therefore is to seek permission to interview some of the volunteers in the community of Misesa. The study is entitled “Factors contributing to high drop out rate of male volunteers in HIV and AIDS Care and Support Programs”.

I look forward for your favorable consideration.

Yours faithfully

Susan Dambula-Moyo

**APPENDIX B: Letter to Ministry of Health**

University of Malawi  
Kamuzu College of Nursing  
Private Bag 1  
LILONGWE

Secretary for Health  
Ministry of Health  
P.O. Box 30377  
LILONGWE

Dear Sir/Madam

Request to conduct research on factors contributing to high drop out rate of male volunteers in HIV Care and Support Programs at Misesa area under Blantyre District Health Office

I am a Mature Year Two Student pursuing a degree in Nursing Education. In partial fulfillment of this award, I am expected to conduct a study hence the request.

I write to seek permission from your office to allow me to conduct my research at Misesa, Blantyre on a research topic entitled above. Volunteers will be requested to answer questions related reasons for their drop out. I propose to conduct the research in July 2009. Attached is the copy of the research proposal.

Your assistance will be greatly appreciated.

Yours faithfully,

Susan Dambula Moyo

## **APPENDIX C: Consent Form for the Participant**

### **INFORMED CONSENT**

Hie,

My name is Susan Dambula-Moyo and I am a Mature Entry, Year II student from Kamuzu College of Nursing studying a degree in Nursing Education. In partial fulfillment of the program, I am required to conduct a research study and write a dissertation thereafter.

I am doing a study on factors contributing to increased drop out rate of male community health volunteers, and wish to request your consent to participate in the study.

You have been selected to be one of the participants to this study because you're a volunteer in one of the HIV Care and Support programs. The discussion will take an average of one hour. You will be asked questions related to your experience as a community health volunteer. All the responses will be written down. Your participation is not compulsory but voluntary and you are free to withdraw any time you want. To ensure confidentiality you will not be asked to give your name numbers will be used instead. For privacy, you will be interviewed You will not be penalized in any way for giving information that is true. There are no benefits or risks associated with this study.

Therefore if you wish to participate please sign/print your finger print below to show that you understand the information provided and you agree to take part in the study.

TO BE COMPLETED BY THE PARTICIPANTS

I have understood the information provided above, and I freely give consent to take part in the study.

Participant's Signature: .....

Researchers Name: .....

Researchers Signature: .....

Thank you very much for taking part.

If you have any questions or need further clarification on the study you can contact the following people using the following address.

INVESTIGATOR

SUPERVISOR

Susan D. Moyo

L. Chepuka

University of Malawi

University of Malawi

Kamuzu College of Nursing

Kamuzu College of Nursing

Private Bag 1

Private Bag 1

LILONGWE

LILONGWE

Tel: 08703672

Tel: 088640597

Thank you very much for taking part.

## APPENDIX D: Kalata ya Chilolezo

University of Malawi

Kamuzu College of Nursing

Private Bag 1

LILONGWE

Otenga Mbali

Dzina langa ndine Susan Dambula Moyo ophunzira pa sukulu ya ukachenjede ya a namwino ya Kamuzu College of Nursing. Pofuna kukwaniritsa zofunika zina kuti nditenge satifiketi ya ukachenjedwe mu unamwino ndiyenera kuchita kafukufuku.

Ndikupanga kafukufuku wokhudza ndi zomew zikupangitsa kuti ma volontiya a muna a zisiya ntchito yosamalira odwala ku mudzi.

Inu monga mmodzi mwa osamalira odwala mwasankhidwa kuti muthandize poyankha mafunso okhudzana ndi kafukufukuyu. Zokambirana zathu zitenga ola limodzi. Mufunsidwa mafunso okhudzana ndi nkhanayi ndipo ine ndidzilemba mayankho anu.

Pofuna kusunga chinsinsi chanu, sindikufunsani dzina lanu ndi gwiritisa ntchito nambala. Zokambiranan zonse zikhala pakati pa inu ndi ine, muli ndi ufulu kutenga nawo mbali kapena kutuluka mukafukufukuyu ngati muona kuti simungakwanitse kukhala mukafukufuku ndipo sipadzakahala chovuta chili chonse.

Ngati mwa lola kulowa kafukufukuyu sainilani kapena dindani pansipa.

Inde ndamvetsa zonse zimene andifotokozera za kafukufuku ndipo ndiku vomereza kutengapo mbali pa ka fukufukuyu.

Saini ya olowa kafukufuku .....

Dzina la ochititsa kafukufuku .....

Saini ya ochititsa kafukufuku .....

Ngati mu nga khale ndi funso apezeni anthu awa:

Susan D. Moyo

L. Chepuka

University of Malawi

University of Malawi

Kamuzu College of Nursing

Kamuzu College of Nursing

Private Bag 1

Private Bag 1

LILONGWE

LILONGWE

Tel: 08703672

Tel: 088640597

Zikomo kwambiri povomereza kutengapo mbali mu kafukufukuyu

## **APPENDIX E: Clearance Letter to District Health Officer**

The University of Malawi

Kamuzu College of Nursing

Private Bag 1

LILONGWE

The District Health Officer

Blantyre District Health Office

Private Bag 66

BLANTYRE

Dear Sir/Madam

### REQUEST FOR PERMISSION TO CONDUCT A STUDY

I write to seek permission to carry out a study entitle:"Factors contributing to high dropout rate of community health volunteers in HIV and AIDS care support programme".

I am a Mature Year Two student, pursuing a Bachelor of Science in Nursing Education. I am expected to conduct a research study and write a dissertation thereafter in partial fulfillment of the programme.

Looking forward to your favourable consideration.

Yours faithfully

Susan Moyo

**APPENDIX F: Clearance Letter to District Commissioner**

The University of Malawi  
Kamuzu College of Nursing  
Private Bag 1  
LILONGWE

The District Commissioner  
Blantyre District Assembly  
Private Bag  
BLANTYRE

Dear Sir/Madam

REQUEST FOR PERMISSION TO CONDUCT A STUDY

I write to seek permission to carry out a study entitle: "Factors contributing to high dropout rate of community health volunteers in HIV and AIDS care support programme".

I am a Mature Year Two student, pursuing a Bachelor of Science in Nursing. I am expected to conduct a research study and write a dissertation thereafter in partial fulfillment of the programme.

I look forward to your favorable consideration.

Yours faithfully

Susan Moyo

## APPENDIX G: Question Guide

1. Participant age
  - (a) 15-20 ☐
  - (b) 21-25 ☐
  - (c) 26-30 ☐
  - (d) 31-35 ☐
  - (e) Others specify ☐
2. Sex of participants
  - (f) Male ☐
  - (g) Female ☐
3. Marital status
  - (a) Single ☐
  - (b) Married ☐
  - (c) Divorce ☐
  - (d) Widowed ☐

Number of children

How many children do you have?

  - (a) 0-5 ☐
  - (b) 6-10 ☐- 4. Educational level
  - (a) Did not attend school ☐
  - (b) Primary school
    - Standard i) 1-5 ☐
    - ii) 6-8 ☐
  - (c) Secondary school
    - Form i) 1-2 ☐
    - ii) 3-3 ☐
  - (d) College ☐
- 5. Occupation
  - (a) Farming ☐
  - (b) Teaching ☐
  - (c) Others specify ☐
- 6. Denomination
  - (a) CCAP ☐
  - (b) RC ☐
  - (c) SDA ☐

*Poor Relationship with health workers*

*Poor Supervision*

*Lack of Recognition*

*No Employment prospects*

*Type of work*

*Perception*

*Culture*

*Do you have any reservations in the way the program was made?*

*What aspects of the program challenged you the most?*

*Was there anything that was difficult to be part of or hard to get into?*

What facilitates participation of other members in the voluntary work?

*Probes*

*Compassion*

*Passion*

*Incentives*

*Religion*

*Skills*

How do you perceive your role as a volunteer?

How do others perceive it

*Probes*

*General*

*As a man*

*As a woman*

If another organization came, and an opportunity arose would you volunteer again?

What would make you change your Job?

Would you encourage others to join voluntary the voluntary work

*If yes: reasons*

*If no: reasons*

What can you recommend for change in the program?

*Do you have anything to add?*

Thank you very much for taking part.

If you have any questions or need further clarification on the study you can contact the following people using the following address.

INVESTIGATOR

Susan D. Moyo

University of Malawi

Kamuzu College of Nursing

Private Bag 1

LILONGWE Tel: 08703672

SUPERVISOR

L. Chepuka

University of Malawi

Kamuzu College of Nursing

Private Bag 1

LILONGWE Tel: 088640597

## Ndondomeko ya Mafunso

1. Muli ndi zaka zingati? [ ]
  - a) 15-20 [ ]
  - b) 21-25 [ ]
  - c) 26-30 [ ]
  - d) 31-35 [ ]
  - e) Zina tchulani
2. Kodi ndinu [ ]
  - a) mwamuna [ ]
  - b) mkazi
3. Pa za ukwati, ndinu [ ]
  - a) wokwatira [ ]
  - b) wosakwatira [ ]
  - c) unatha ukwati [ ]
  - d) anamwalira
- Za ana
- Muli ndi ana angati [ ]
  - 0-5 [ ]
  - 6-10
4. Za maphunziro [ ]
  - Munaphunzira kulekera pati [ ]
    - a) sindinapite ku sukulu
    - b) pulayimale sukulu [ ]
      - sitandade: i) 1-5 [ ]
      - ii) 6-8
    - c) sekondale [ ]
      - Folomu [ ]
        - 1-2 [ ]
        - 3-4
      - d) Ya ukachenjede
  5. Mumagwira ntchito yanji? [ ]
    - a) ulimi [ ]
    - b) uphunzitsi
    - c) bizinesi [ ]
    - d) zina tchulani..... [ ]
  6. Kodi ndinu a chipembezo chanji? [ ]
    - a) CCAP [ ]
    - b) Roman catholic [ ]
    - c) Seventh day [ ]
    - d) Chisilamu [ ]
    - e) Tchulani

Mwa gwira nchito ya uvolunteer kwa nthawi ya yi tali bwanji  
Kuchepera chaka  
Ziwiri kapena zitatu  
Zinayi kapena zisanu  
Puposa zisanu

[ ]  
[ ]  
[ ]

## NDIME YACHIWIRI

Fotokozani zomwe zinakupangitsani anthu kupereka nthawi yanu komanso chuma ma ndi  
zinthu zina pogwira nchito ya uvolontiya?

Kufunsitsitsa

*Chifundo*

*Chidwi cho samalira odwala*

*Kupeza mwayi wolembedwa nchito*

*Ndalama*

*Anzawo*

*chipembedzo kapena maitanidwe*

Muna ya mba bwanji nchito ya uvolontiya?

Muna sankhidwa bwanji ku khala volontiya?

Anakulandirani bwanji mu pologalamuyi?

Mumaona zotani panchito yanu ngati volontiya?

kufunsitsitsa

*Nthawi yomwe inaku sangalatsani*

*Nthawi yomwe siinaku sangalatseni*

*Chiyanganiro chanu ndi chotani*

*Ndi phindu lanji lomwe munapeza pa ntchitoyi*

Kodi ndi chiyani chomwe chima ku bwezerani mbuyo pa ntchito yanu?

Kufunsitsitsa

*Ndalama*

*Ku yamikiridwa*

*Kusowa luso*

*Ubale pakati pa inu ndi mavoluntiya anzanu*

*Ubale pakati pa inu ndi a chipatala*

*Mwayi wolembedwa nchito*

*Mtundu wa ntchito yomwe mumagwira*

*Momwe mumaonera nchitoyo*

*Miyambo*

*Pali Mbale imene mumaona zovuta zambiri*

Kodi ndi chimalepheletsa anthu ku gwira ntchito ya uvolontiya ndi chiyani?

*cholowa*

*Luso*

Kodi chimalimbikitsa anthu ku gwira nchito imeneyi ndi chiyani?

*Chifundo*

*cholowa*

*Chipembedzo*

*Mumaiona bwanji nchito yanu ngati volontiya?*

*Nanga ena amakuonani bwanji?*

*Monga mamuna*

*Monga mzimayi*

Mwayi wina ofuna mavolontiya utapezeka mungathe ku dziperekanso?  
Chinga kulepheletseni ku ya mbanso ntchitoyi ndi chiyani?

fotokozani chifukwa chake

Kodi mungathe ku limbikitsa ena kukhala ma volontiya?

*Ngati Eya:fotokozani chifukwa chake*

*Ngati Ayi:fotokozani chifukwa chake*

Maganizo anu ndi otani pazomwe zingasinthe pa pologalamuyi?

Pali china chowonjezera?

Ngati mu nga khale ndi funso apezeni anthu awa:

Susan D. Moyo  
University of Malawi  
Kamuzu College of Nursing  
Private Bag 1  
LILONGWE

Tel: 08703672

L. Chepuka  
University of Malawi  
Kamuzu College of Nursing  
Private Bag 1  
LILONGWE

Tel: 088640597