



**COLLEGE OF MEDICINE**

**Enablers and Barriers to Condom Use and Uptake among Young People Living with HIV  
in Mchinji District, Malawi**

**By**

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## **Certificate of Approval**

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### **Declaration**

I hereby declare that this dissertation is my original work and has not been presented for any other award at the University of Malawi or at any other university.

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## **Dedication**

This work is dedicated to my late mother, Isobel Kanyenda Chirambo who sacrificed everything for me to be who I am today. She oriented me to the world of Public Health and encouraged me to continue with my career.

## **Acknowledgements**

Firstly, I would like to thank the Almighty God for giving me a healthy life during the whole process of this dissertation.

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## **Abstract**

**Background:** Young people aged 15 to 24 years account for 25% of new HIV infections among adults. Those living with HIV are at risk of passing on the virus to their sexual partners and children. As such consistent condom use is regarded as a comprehensive and sustainable approach to HIV prevention.

**Objectives:** The aim of this study was to explore factors enabling and hindering the uptake and consistent use of condoms among young people living with HIV in Malawi.

**Methodology:** This was a cross-sectional study utilizing both quantitative and qualitative research methods. It involved young people living with HIV (YPLHIV) aged 15 to 24 years in four antiretroviral therapy (ART) facilities in Mchinji District, Malawi with a sample size of 308. Quantitative data was collected using a structured questionnaire while qualitative data used in-depth interviews and focus group discussion (FGD) guides. Data was analysed using STATA (quantitative data) and N Vivo (qualitative data).

**Results:** 77% (237) of young people reported ever had sexual intercourse. The prevalence of condom use at last sexual intercourse was 73 % ( $P < 0.001$ ). Barriers and enablers to the uptake and condom use in YPLHIV included; self-stigma, parental support, stigma and discrimination, lack of support services i.e. youth friendly health services (YFHS). Strategies that can enhance condom use includes; adequate information, counselling and friendly service providers.

**Conclusion:** YPLHIV continues to encounter several barriers to the uptake and use of condoms. Understanding factors that enhance and hinder the use of condoms is vital in HIV prevention to achieve the UNAIDS 90 90 90 targets. Therefore, health facilities need to provide appropriate sexual and reproductive health services in a youth-friendly manner. More importantly, service providers need to recognize the relationships between YPLHIV and their parents, health providers and communities in enhancing young people to use condoms.

## Table of Contents

|                                                                                    |     |
|------------------------------------------------------------------------------------|-----|
| Certificate of Approval .....                                                      | i   |
| Declaration.....                                                                   | ii  |
| Dedication .....                                                                   | iii |
| Acknowledgements.....                                                              | iv  |
| Abstract.....                                                                      | v   |
| List of Tables .....                                                               | x   |
| Abbreviations and Acronyms .....                                                   | xi  |
| Operational Definitions.....                                                       | xii |
| CHAPTER ONE: INTRODUCTION .....                                                    | 1   |
| 1.1 Background .....                                                               | 1   |
| 1.2 Literature review .....                                                        | 2   |
| 1.2.1 Condom use and uptake among young people.....                                | 2   |
| 1.2.2 Factors associated with poor uptake and use of condoms in young people ..... | 3   |
| 1.2.3 Enabling factors to the uptake and use of condoms among young people .....   | 5   |
| 1.2.4 Conceptual framework.....                                                    | 6   |
| 1.2.5 Application of the model related to the study .....                          | 7   |
| 1.3 Significance of the study .....                                                | 8   |
| 1.4 Objectives of the study.....                                                   | 8   |
| 1.4.1 Main objective .....                                                         | 8   |
| 1.4.2 Specific objectives .....                                                    | 8   |
| CHAPTER 2: METHODOLOGY .....                                                       | 10  |

|                                                                |    |
|----------------------------------------------------------------|----|
| 2.1 Study area.....                                            | 10 |
| 2.2 Study design and sampling.....                             | 10 |
| 2.2.1 Study population .....                                   | 11 |
| 2.2.2 Study period.....                                        | 12 |
| 2.2.3 Sample size and selection of participants.....           | 12 |
| 2.2.4 Sample calculation .....                                 | 13 |
| 2.3 Data Collection Methods.....                               | 13 |
| 2.3.1 Data management.....                                     | 14 |
| 2.4 Data entry and analysis .....                              | 15 |
| 2.4.1 Quantitative data .....                                  | 15 |
| 2.4.2 Qualitative data .....                                   | 15 |
| 2.5 Ethical considerations .....                               | 16 |
| 2.5.1 Remunerations .....                                      | 16 |
| 2.5.2 Harm and risks .....                                     | 16 |
| 2.5.3 Human rights.....                                        | 16 |
| 2.5.4 Time for data collection .....                           | 17 |
| 2.5.5 Ethical approval .....                                   | 17 |
| CHAPTER 3: PRESENTATION OF FINDINGS.....                       | 18 |
| 3.1 Characteristics of the study population .....              | 18 |
| 3.2 Sexual behaviour and condom use .....                      | 19 |
| 3.3 Socio-demographic factors associated with condom use ..... | 20 |
| 3.4 Behavioural factors associated with condom use.....        | 22 |

|                                                                                  |    |
|----------------------------------------------------------------------------------|----|
| 3.5 Factors associated with poor uptake and use of condoms in young people ..... | 23 |
| 3.5.1 Individual-level factors .....                                             | 23 |
| 3.5.2 Social support factors.....                                                | 24 |
| 3.6.3 Community-level factors.....                                               | 26 |
| 3.6.4 Structural-level factors .....                                             | 26 |
| CHAPTER 4: DISCUSSIONS .....                                                     | 31 |
| 4.1 Introduction .....                                                           | 31 |
| 4.2 Prevalence of condom use among YPLHIV .....                                  | 31 |
| 4.3 Factors enabling and facilitating the uptake and use of condoms.....         | 31 |
| 4.4 Study limitations .....                                                      | 34 |
| CHAPTER 5: CONCLUSION AND RECOMMENDATIONS .....                                  | 35 |
| 5.1 Conclusions .....                                                            | 35 |
| 5.2 Recommendations .....                                                        | 35 |
| 6. References.....                                                               | 36 |
| 7. Gantt Chart 2018-2019 .....                                                   | 41 |
| APPENDICES .....                                                                 | 42 |
| Appendix A: Facilitator-administered questionnaire English version .....         | 42 |
| Appendix B: Key Informant Interview Guide English version.....                   | 45 |
| Appendix C: Focus Group Discussion Guide English version .....                   | 47 |
| Appendix D: Informed Consent Form English Version.....                           | 49 |
| Appendix E: Informed Consent Form Chichewa Version .....                         | 53 |
| Appendix F: Assent Form English Version .....                                    | 57 |

|                                                                         |    |
|-------------------------------------------------------------------------|----|
| Appendix G: Assent Form Chichewa Version.....                           | 62 |
| Appendix H: Parental permission Form English Version.....               | 67 |
| Appendix I: Parental permission Form Chichewa Version.....              | 72 |
| Appendix J: Letter of support from Mchinji District Health Office ..... | 78 |
| Appendix K: Certificate of Ethics Approval.....                         | 79 |

## List of Tables

|                                                                       |    |
|-----------------------------------------------------------------------|----|
| Table 1: Demographic characteristics of the study population.....     | 18 |
| Table 2: Behavioural characteristic of YPLHIV in use of condoms ..... | 20 |
| Table 3: Socio-demographic factors and condom use .....               | 21 |
| Table 4: Behavioural factors associated with condom use .....         | 22 |
| Table 5: Themes and Sub-themes .....                                  | 29 |

## **Abbreviations and Acronyms**

|               |                                                |
|---------------|------------------------------------------------|
| <b>ART</b>    | Antiretroviral Therapy                         |
| <b>AIDS</b>   | Acquired Immuno-Deficiency Syndrome            |
| <b>COMREC</b> | College of Medicine Research Ethics Committee  |
| <b>COM</b>    | College of Medicine                            |
| <b>CCP</b>    | Comprehensive Condom Programming               |
| <b>FGD</b>    | Focus Group Discussion                         |
| <b>HIV</b>    | Human Immune Deficiency Syndrome               |
| <b>HBM</b>    | Health Belief Model                            |
| <b>IDI</b>    | In-depth Interviews                            |
| <b>KII</b>    | Key Informant Interviews                       |
| <b>SRHR</b>   | Sexual Reproductive Health and Rights          |
| <b>UNAIDS</b> | Joint United Nations Programme on HIV and AIDS |
| <b>UNFPA</b>  | United Nations Population Fund                 |
| <b>WHO</b>    | World Health Organization                      |
| <b>YPLHIV</b> | Young People Living with HIV                   |
| <b>YFHS</b>   | Youth Friendly Health Services                 |

## **Operational Definitions**

In this study, terms are defined as follows:

**Adolescent:** Any person aged between 10 and 19 years of age

**Condom** (male and female): Sheath-shaped barrier device, used during sexual intercourse to prevent pregnancy or sexually transmitted infection (STI).

**Condom use:** Use of the male or female condom in the last sexual intercourse for the past 6 months

**Experienced health worker:** Health worker who has been providing ART treatment/counselling services for more than 1 year.

**Inexperienced health worker:** Health worker who has been providing ART/counselling services for less than 1 year.

**Young People:** Any person aged between 15 and 24 years of age

## **CHAPTER ONE: INTRODUCTION**

### **1.1 Background**

According to the WHO 2014 report, HIV and AIDS is now the leading cause of death among adolescents in Africa [1]. Young people aged 15 to 24 years account for 25% of the new HIV infections among adults[2]. As these numbers continue to increase, young people living with HIV are an essential group for secondary HIV prevention efforts.

Young people living with HIV are at risk of passing on the virus to their sexual partners and children[3, 4]. In addition, they are vulnerable to potential re-infection by HIV and also at risk of other sexual transmitted infections (STI)[5]. However, Sexual Reproductive Health and Rights needs for young people living with HIV are similar to those of the general young population, which includes access to preventive health services like condoms and counselling services[6]. Hence more efforts are needed to provide for Young People Living with HIV (YPLHIV).

Condoms are a critical component of a comprehensive and sustainable approach to the prevention of HIV and other STIs and are effective for preventing unintended pregnancies. Despite having condoms as a mode of prevention, the percentage of young people aged 15 to 24 years who are using condoms in Malawi is still low with females at 36% and males at 52%[7].

Very few studies have rigorously documented potential barriers and enablers associated with condom use and uptake among YPLWH[8, 9]. This study aimed at exploring factors that enable and hinder the uptake and inconsistent condom use among young people living with HIV in Malawi, using the case of Mchinji District. The findings of the study will supplement the already existing knowledge on strategies focusing on comprehensive condom programming

(CCP) and Youth Friendly Health Services (YFHS) in Malawi targeting high-risk groups like youths.

## **1.2 Literature review**

### **1.2.1 Condom use and uptake among young people**

Consistent condom use is a comprehensive and effective approach to HIV prevention. It has been a successful intervention in sexually active individuals as well as in casual sexual events[10]. Furthermore, studies have shown that condoms have averted around 50 million new HIV infections globally according to the UNAIDS report [2]. However, in sub-Saharan Africa, overall levels of condom uptake and use remain low especially in young people[11]. According to the UNAIDS report, less than 60% of young men in 15 African countries out of 23 used condoms during their last sexual intercourse [11].

In Malawi, condom uptake and use in high-risk sexual encounters among key populations are still inconsistent [12] making the risk of HIV transmission to be high. High risk sexual encounters are behaviours that puts an individual at risk of STIs i.e. multiple sexual partners. Key population are groups that are at high risk of contracting HIV due to specific high-risk behaviours[13].

According to Malawi Demographic Health Survey in 2014, 35% of men and women aged between 15 to 49 which includes young people rarely reported the use of condom during their last sexual encounter [12]. Though the overall health status of young people who are using condoms is expected to improve, studies have shown that most sexually active youths including those living with HIV do not use condoms consistently[14–16]. Inconsistent use of condoms among young people living with HIV has resulted in the rapid increase in sexual and reproductive health problems such as unintended pregnancies, cross-infection and increased rate of newly infected HIV and other STIs. A comparative study in Uganda showed that HIV infected young people are less likely to use condoms than HIV-negative young people[17].

The minimal rate, inconsistent and incorrect use of condoms and the likelihood that partners might discontinue their use is still a challenge in Africa[18, 19]. A report by UNFPA indicates that inconsistent use of condoms is one of the factors that account for high rates of HIV and other STIs among sexually active young people in Malawi[20]. This is impeding the progress of comprehensive condom programming in fighting the spread of HIV and other STIs. Comprehensive condom programming includes the development, implementation and monitoring of strategic collection of activities to increase distribution and expand access and consistent, correct and sustained use of male and female condoms[21].

### **1.2.2 Factors associated with poor uptake and use of condoms in young people**

Consistent use and uptake of condoms among sexually active young people have been a major intervention designed to reduce and prevent HIV and other STIs in Sub-Saharan Africa[22]. However, there are challenges associated with the uptake and use of condoms among this age group. A study in Zomba, Malawi found that condom use among adolescents was affected by factors such as myths, misconceptions, apathy, scepticism, rumours as well as stigma and discriminatory attitudes of service providers in health facilities [23]. However, the study had some limitations such as small sample size that is required to generalise the key findings. Another study in north-western Ethiopia also found stigma as a factor associated with inconsistent use of condoms among young people compared to adults[24].

Similar studies in other parts of Africa also found that HIV related stigma continues to be a factor that affects YPLHIV self-efficacy and healthcare access especially reproductive health services.[25, 26] Fear of rumours spreading about their HIV status, with resulting stigma reinforces hesitancy among YPLHIV to seek and use condoms.

A study in Tanzania by Njau in 2013 reported religion to be a key factor. The study revealed that Protestants were 5 times more likely to report condom use as compared to Catholics and

Muslims[27]. This showed that some religions are a barrier to the uptake and consistent use of condoms among young people.

Cultural practices have also shown to hinder the effective use of condoms among young people. According to the Malawi Demographic and Health Survey, 79% of young women and 89% of young men know where to get condoms, but most of them are barred due to community beliefs. A belief that when seen taking condoms will be regarded as being promiscuous [28].

Lower education level, poverty, and partner's abuse of alcohol before sex, and being married are some of the contributing factors that account for inconsistent condom use [29, 30]. In addition, gender variation is another factor that has also led to inconsistent condom use, as most women and girls have little negotiating power in sexual relationships. This makes females more likely not to use condoms than males[30].

The lack of parental supervision and being 15 years or younger are also some of the contributing factors to inconsistent condom use among young people. This is in relation to what was found in Uganda that being 15 years or younger and being in not in parental supervision was associated with inconsistent condom use among young people[31, 32]. Parents play a big role in counselling young people hence refraining from immoral behaviours like unprotected sexual intercourse.

Misconceptions such as fear of side-effects, condoms causing sores on the penis and vagina are some of the barriers to condom usage among young people living with HIV[32]. Furthermore, other misconceptions and social stigma about female condom in the absence of male condom have been highlighted as barriers to condom use among young people[33].

Lack of sex education is also a factor that has led to poor intake and usage of condoms [19]. This is regarded as a driver of early pregnancy and HIV/AIDS/STIs among young people[19].

The Malawi government, in collaboration with developmental partners like UNFPA, launched the ‘Condomise Malawi Campaign’ in 2013. This aimed at increasing the consistent use of condoms among youths as a dual protection measure against HIV and other STIs as well as unwanted pregnancies[2]. Despite these efforts by the government to increase uptake and use of condoms, young people are still not using condoms consistently[7].

### **1.2.3 Enabling factors to the uptake and use of condoms among young people**

Health programs which are youth-friendly make it easier for youths to obtain specific health services they need [34]. Training of health-care providers and quality care services which can be accessible to low-level health care settings should be emphasised. Service providers should take into account issues like confidentiality and autonomy as some of the drivers that make young people access condoms[35].

Awareness about the importance of using a condom can be a powerful means to foster consistent condom use among young people living with HIV in order to reduce secondary transmission [36]. However, studies have pointed out that accessibility and availability of condoms in health facilities is also key to promoting uptake and use of condoms among young people[37].

Promoting and including YPLWH participation in the design and implementation of HIV prevention programs can be an important means of reducing risky behaviours and increase the uptake and use of condoms as well as healthy choices[35]. Some have suggested that using out of facility-based approaches like mass condom distribution via community outreach proved vital in reaching YPLHIV [38].

Health education interventions focusing on changing the normative beliefs as well as control beliefs are essential among YPLHIV. A study in Malawi and Cameroon revealed that using the three components of Health Behaviour models (perceived susceptibility to HIV/AIDS,

perceived condom use and self- efficacy) can significantly enable an increase in the uptake and use of condoms among young people [39, 40]. Similarly, another study in South Africa found that subjective norms and perceived behavioural control are important cognitive constructs in the prediction of intention to use condoms consistently among young people [41].

In addition to the above, sexual education has proved to increase the uptake and consistent use of condoms among young people. A study in the United States found sexual health communication to be an enabling factor for sexually active youth. Young people who discussed sexual health topics with their teachers, dating partners, parents, friends used condoms more consistently than those who did not [42].

Young people living with HIV aged 10 to 24 years are a key population for HIV prevention in Malawi. As such they should be earmarked with different interventions such as life skills education and comprehensive sexuality education, counselling and condom access to address the risky behavioural challenge gap [43, 44] to prevent the spread of HIV.

#### **1.2.4 Conceptual framework**

The study used the Health Belief Model (HBM) as a conceptual framework. Health belief Model is most commonly used as a framework to study the behaviours that may result in prevention or early detection of a disease[45]. The model was used because of its great success in promotion of condom use[46] and cervical screening[47]. The purpose of this framework was to motivate young people living with HIV/AIDS to use condoms consistently in order to avoid a negative health consequence which includes reinfection and treatment failure due to resistant strains of the virus. Nevertheless, it is important to note that avoiding a negative health consequence is a key element of the HBM. A person's motivation to undertake a health behavior is divided into three main categories: Firstly, individual perceptions, which are factors that affect the perception of a disease and deal with the importance of health to the individual, perceived susceptibility and perceived severity; Secondly modifying behaviors which includes

demographic variables, perceived threat, and cues to action; and lastly the likelihood of action which discusses factors in probability of appropriate health behavior[45]. The HBM was based on the understanding that a person will take a health-related action (for instance having protected sexual intercourse by using condoms consistently) if that person:

### **1.2.5 Application of the model related to the study**

#### **a) Perceived Susceptibility**

When people believe that they are at risk for a disease, they will do something to prevent it and when they are not at risk of susceptibility, they will do the opposite[45]. Hence young people living with HIV believe that they are susceptible to AIDS related diseases which can be prevented by using condoms consistently all the time. Young people were asked to share the benefits of condoms as well as the support they get from family, friends as well as community.

#### **b) Perceived Severity**

This shows an individual's belief about the seriousness or severity of the disease. It also come from the beliefs a person has about the problems a disease would create or the impact it would have on his/ her life in general[45]. This perception is likely to influence an individual to take a health action which leads to a perceive threat of deterioration

#### **c) Perceived Barriers**

YPLHIV were asked about the barriers that can affect them from accessing and use of condoms consistently. For instance, they were asked about cost/distance to the clinics, stigma and discrimination, privacy and confidentiality, support from family members or friends, groups and explore ways to eliminate or reduce these barriers.

#### **d) Cues to Action**

YPLHIV were asked about any experience, such as having a friend who died from HIV/AIDS, or someone who was very sick because of HIV and AIDS that can motivate individuals to take

preventive action. These experiences prompted YPLHIV to act in time and correct by influencing their perceptions

#### **e) Self-Efficacy**

YPLHIV were asked if they went through a proper counselling session so that confidently they can demand and have access to condoms and use them consistently.

### **1.3 Significance of the study**

Although much has been documented regarding young people's sexual behaviour and condom use in sub-Saharan Africa, little emphasis has been put on inconsistent condom use and uptake among YPLHIV in Malawi and Africa. It is against this background that the study is aimed at closing the knowledge gap by examining the factors that facilitate and hinder inconsistent condom use and uptake among YPLHIV. This is critical towards tailoring the best interventions to reduce secondary transmission in young people. The knowledge gained would also be adapted in other countries in Africa where consistent condom use and uptake among YPLHIV remains a challenge. Furthermore, the study design can be replicated to provide significant evidence in different social scenarios and in time.

### **1.4 Objectives of the study**

#### **1.4.1 Main objective**

The aim of this research study was to explore factors enabling and hindering the uptake and consistent use of condoms among young people living with HIV in Malawi.

#### **1.4.2 Specific objectives**

1. To determine the prevalence of condom use among young people living with HIV in Malawi
2. To identify barriers to condom use among young people living with HIV in Malawi

3. To identify factors facilitating the uptake of condoms among young people living with HIV in Malawi
4. To identify strategies to promote uptake and use of condoms among young people living with HIV in Malawi

## **CHAPTER 2: METHODOLOGY**

### **2.1 Study area**

The study was carried out in Mchinji District of Malawi. It is one of the districts in the Central Region of Malawi bordering Kasungu District, Lilongwe District, and countries such as Zambia and Mozambique. The area has a population of 456,558 people with Senga, Chewa and Ngoni as the main ethnic groups. Most residents are farmers since agriculture is the main economic activity.

The study utilised four health facilities with antiretroviral therapy teen clubs namely: Mchinji Hospital, Nkhwazi, Mikundi and Kaigwazanga Health centres. The teen clubs comprised all young people living positively and receiving ART at the facilities.

### **2.2 Study design and sampling**

The cross-sectional study design was adopted, using both quantitative and qualitative approaches. Random and purposive sampling methods were used to select participants for both quantitative and qualitative methods respectively. Quantitative method was designed to determine the level and determinants of use or non-use of condoms among YPLHIV, while the qualitative method was to identify the deeper reasons for non-use among the study participants.

Participants were asked if they ever used a condom in their last sexual intercourse in the past 6 months as well as the frequency of use in order to determine the prevalence. On the other hand, use of structured questionnaire, FGDs and IDs with key informants were used to obtain in-depth information on enablers and barriers to condom use and uptake among YPLHIV.

The recorded interviews (FGDs and IDIs) were translated and transcribed verbatim. A thematic analysis approach was followed during the data analysis process. Codes were generated as they emerged from the data and grouped thematically within and across study areas. Results from the questionnaires were analysed with descriptive statistics.

### **2.2.1 Study population**

The study was conducted among young people aged 15 to 24 years living with HIV and key informants working in ART clinic. Participants were selected from ART teen clubs in ART facilities registered under Mchinji District Health Office. A total of 308 YPLHIV and 8 key informants participated in the study. Four FGDs comprising of 10 participants in each were conducted. The following were the inclusion and exclusion criteria for the participants in the study;

#### **Inclusion criteria**

- Young people living with HIV aged 15 to 24 years. To have a deeper understanding of factors affecting the uptake and consistent condom use among YPLHIV
- Experienced ART providers (nurses and clinicians). To provide the actual information and experiences in providing services to YPLHIV
- Experienced ART peer educators/expert clients. To have a deeper understanding of the barriers and enablers on condom uptake and consistent among YPLHIV
- Ability and willingness to give consent. The study is voluntary
- Willingness to participate. To have participants who are open and can provide the needed information for the study

#### **Exclusion criteria**

- Young people living with HIV not willing to participate.
- Inexperienced ART providers.
- Inexperienced peer educators/expert clients.
- Young people living with HIV who were sick on the day of the interviews.

### **2.2.2 Study period**

The study was conducted for a period of 7 months, from November 2018 to June 2019. This included data collection using the questionnaires, Focus Group Discussions (FGDs) and In-depth Interviews (IDIs), translations and transcription, data analysis and report writing.

### **2.2.3 Sample size and selection of participants**

#### **a) Quantitative method**

Sample size estimation was done using sample size calculation (see section 2.2.4). The appropriate sample size was estimated based on the prevalence of condom use of 24% [17] among young people in the previous study. For the sample size to detect a 5% error and representative of everyone, a sample size of 280 was required. However, after adjusting the estimate by adding 10% non-response. The sample size was estimated at 308. A random sampling method was used to select participants for the study. This was to minimize sampling bias after coming up with a realistic sampling frame. The sampling frame was 478 young people attending teen club at Mchinji Hospital, Nkhwazi, Mikundi and Kaigwazanga Health centres. A random sample of 308 participants was selected using random digits method utilising a computer software. The questionnaire took in consideration on behavioural issues as well as understanding the extent to the barriers at the sometime exploring solutions from the study group.

#### **b) Qualitative**

Purposive sampling method was used to come up with individuals in FGDs and IDs. The method was used to focus on characteristics of the population that was of interest, which was able to answer the research questions by providing the deeper understanding of the study. A total of 4 focus group discussions were done. Each focus group discussion had 10 participants (5 boys and 5 girls).

Furthermore, 8 in-depth interviews of key informants, two from each facility were selected purposively. The target was service providers who were working closely with youth health programs with an aim of providing more information on barriers and enablers to condom uptake and inconsistent use.

The sample consisted of different characteristics such as age, gender, residency, education level, marital status and religion in order to achieve maximum variation. The FGD and IDs dwelled much into finding out the specific barriers and enablers to condom use among young people at the same time providing solutions to the problems identified.

#### **2.2.4 Sample calculation**

The quantitative sample size was determined using the following formula;

$$n = Z_{1-\alpha/2}^2 P (1-P) / d^2$$

Where n=Desired sample size Z =Standard Normal deviation (1.96 for a 95% confidence level)

P = the proportion of the population having the characteristic being measured. (The proportion is known, 24%)[17].

$$P = 0.24$$

d=degree of accuracy will be set at 0.05

$$n = 1.96^2 \times 0.24(1-0.24) / 0.05^2 = 280.28 = 280 + (10\% \text{ non-response}) = \mathbf{308}$$

#### **2.3 Data Collection Methods**

The data collection tools were translated in English and Chichewa. These data collection tools were based on the study objectives. A pilot study was conducted using all the data collection tools i.e. structured questionnaire, FGD and IDIs guides. This was done among 30 participants at Mchinji district hospital to test the validity and reliability of the instrument. These

participants were not included in the main study; instead, their feedback was used to improve the tools.

The study recruited three research assistants who were trained on the procedures of the study to ensure standardized understanding and administration of data collection tools.

Participants were assured that their participation in the study was completely voluntary and they can decide to participate, or not. They were also assured that their information will be analysed together with responses from all participants in a consolidated research report and that their names will not be attached to the data reported. In addition, they were told that direct quotations from the FGDs and IDIs will be used in the report.

Lastly, all signed consent/assent/parental permission forms were kept separate from the data to decrease the risk of breach of confidentiality. The consent forms were stored in a safe secured place separate to any data collected in the study and only the study investigator had access to these signed forms.

### **2.3.1 Data management**

The investigator conducted spot checks during data collection. During the process, the investigator and research assistants debriefed each other on how interviews have been conducted.

The IDIs and FGDs were tape-recorded and verbatim transcriptions were produced for data analysis. Data were directly translated from Chichewa to English, audio records and completed translated data were stored in a computer. An external hard drive and Google drive were also used to back-up the data.

## **2.4 Data entry and analysis**

### **2.4.1 Quantitative data**

Data was coded, entered and analysed using the Statistical Package for the Social Sciences (SPSS) version 20, with the level of significance set at 0.05. Frequencies and proportions were calculated to summarize the categorical data. Chi-square tests were calculated to determine relationships between demographics and knowledge, attitudes, practices and behaviours.

Backward stepwise logistic regression models were utilized to assess independent predictors of inconsistent condom uses among YPLHIV. Predictors with p-value of 0.2 and below from bivariate analysis were entered for multi-variable logistic regression model analysis. Adjusted odds ratio and 95% confidence intervals were also presented.

### **2.4.2 Qualitative data**

Deductive and inductive analysis was employed in the thematic analysis process. An inductive approach means the themes identified are strongly linked to the data themselves and this analysis was involved in discovering patterns, themes and categories in the data through coding[48, 49]. Similar concepts were grouped together forming categories.

The initial stage of data analysis was listening to the audiotape for several times after the in-depth interviews and transcribing the interview verbatim and making sure no information was lost. The second stage was re-reading the transcripts until being familiar with them and new information was discovered. This was to allow for data immersion[49].

Important issues and concepts were identified, and then the content of the data was analysed to categorize the recurrent themes. During the development of the themes, the initial drafts were coded by two independent people and were able to agree on the codes. This was done to measure the quality.

After developing the themes and coding, the data was re-arranged accordingly in a systematic

and orderly way. This was to allow data to be compared with different sections of the text that belong together.

The final stage of data analysis was checking and interpretation of data, and this involved carefully going through the data and writing down the phenomena that have been studied using thematic categories from the analysis as sub-heading. Then findings were summarized, compiled and used to develop recommendations and the final report.

## **2.5 Ethical considerations**

The study involved contact with human subjects as such it followed the internationally accepted ethical standards in conducting the activities. The most significant possible risk was a breach of privacy and confidentiality. However, these were stressed for both participants and researchers. Conducive environment that could provide privacy and confidentiality to participants was provided each time an interview or FGD were done.

### **2.5.1 Remunerations**

Participants were told that there were no monetary benefits neither were they given any compensation fee (\$10) in participating in the study. This was so because the researcher was a student who was doing the study as part of the fulfilment of a degree in public health and was a self-sponsored student who could not manage to pay for each participant in the study. However, participants were told that benefits will affect them indirectly since the results would help to identify strategies in making sure that YPLHIV is able to have access and use condoms.

### **2.5.2 Harm and risks**

There were no foreseen risks to participation in this study.

### **2.5.3 Human rights**

In order to ensure the protection of human rights, the clear explanation was made to participants in the whole study; its purpose and benefits. The participants were told about their rights to withdraw from the study at any time they wished and that they would not be punished for the

decision made. Participants were also assured that their refusal to be interviewed would not affect their future decisions to participate in other studies and would not affect their access to medical services at the clinics.

#### **2.5.4 Time for data collection**

To minimize participant's time risk, the interviews were carried out at their most appropriate and convenient time. In addition to that, questions were asked in a way not to embarrass them.

#### **2.5.5 Ethical approval**

Clearance to conduct the study was sought from COMREC where the researcher is studying. Furthermore, the researcher obtained permission from the health facility in charges and the District Health Officer to conduct the study in Mchinji District.

## CHAPTER 3: PRESENTATION OF FINDINGS

### 3.1 Characteristics of the study population

A total of 308 respondents (YPLHIV) consented and were enrolled in the study. 73% (225) were females and 27% (83) were males (Table 1). The mean age was 21.4 years (range 18–24 years) with the majority (65%) aged 21 to 24 years, and 35% aged 14 to 19 years. 75% of the participants were Christians and 25% were either Muslims or from other religions. Catholics were in majority (40%) followed by Protestants (34%), other religion (22%) and Muslims (5%). With regards to marital status, 50% were single, 45% married, 4% divorced and 1% separated. Out of 225 females, 7% of the respondents were pregnant during the study.

Most of the respondents (51%) stayed with parents, 31% lived alone and 4% lived with either a brother or sister and 14% with close relatives regarded as guardians. Majority of the respondents lived from rural areas (59%) while 41% lived from urban areas.

**Table 1: Demographic characteristics of the study population**

| Socio-Demographic characteristics |             | Number | Percentage |
|-----------------------------------|-------------|--------|------------|
| Sex                               | Male        | 83     | 27         |
|                                   | Female      | 225    | 73         |
| Age                               | 15-19 years | 107    | 35         |
|                                   | 20-24 years | 201    | 65         |
| Marital status                    | Married     | 139    | 45         |
|                                   | Single      | 155    | 50         |
|                                   | Divorced    | 11     | 4          |
|                                   | Separated   | 3      | 1          |
| Number of children                | None        | 153    | 50         |
|                                   | Pregnant    | 23     | 7          |
|                                   | 1 to 2      | 92     | 30         |
|                                   | 3 and above | 40     | 13         |
| Education                         | None        | 44     | 14         |
|                                   | Primary     | 166    | 54         |

|                          |                |     |      |
|--------------------------|----------------|-----|------|
|                          | Secondary      | 92  | 30   |
|                          | Tertiary       | 6   | 2    |
| <i>Employment status</i> | Unemployed     | 267 | 86.7 |
|                          | Self           | 36  | 11.7 |
|                          | Government     | 2   | 0.6  |
|                          | privately      | 3   | 0.9  |
| <i>Religion</i>          | Catholic       | 122 | 40   |
|                          | Protestant     | 104 | 34   |
|                          | Muslim         | 15  | 5    |
|                          | Others         | 67  | 21   |
| <i>Home with</i>         | Parents        | 156 | 50.6 |
|                          | Guardians      | 44  | 14.3 |
|                          | Brother/sister | 11  | 3.6  |
|                          | Alone          | 96  | 31.2 |
|                          | Colleagues     | 1   | 0.3  |
| <i>Residence</i>         | Urban          | 127 | 41   |
|                          | Rural          | 181 | 59   |

### 3.2 Sexual behaviour and condom use

The results showed that 70% of the respondents had at least one sexual partner and only 5% had more than 2 partners (Table 2).

77% of the respondents had ever had sexual intercourse and only 73% had ever used a condom in their last sexual intercourse in the past 6 months. Out of the 73% respondents who used a condom in their last sexual intercourse for the last 6 months only 14% used condom always, 12% intermittent and 74% never used. Majority of the respondents (97%) were aware of condoms and only 3% stated not having any idea about condoms. The most common sources of information about condoms were electronic media (52%) followed by other means like friends and peers (22%) and open days (16%). The most commonly used condom type was a male condom (99%).

**Table 2: Behavioural characteristic of YPLHIV in use of condoms**

| Behavioural Characteristic                          |              | Sample |    | Pearson<br>$\chi^2$ | P-Value |
|-----------------------------------------------------|--------------|--------|----|---------------------|---------|
|                                                     |              | No     | %  |                     |         |
| Number of sexual partners                           | One          | 215    | 70 | 0.871               | 0.870   |
|                                                     | Above 2      | 14     | 5  |                     |         |
|                                                     | None         | 79     | 25 |                     |         |
| Sexual debut                                        | Yes          | 237    | 77 | 87.15               | 0.0001  |
|                                                     | No           | 71     | 23 |                     |         |
| Age of sexual debut                                 | 10-14        | 24     | 10 | 1.89                | 0.755   |
|                                                     | 15-17        | 91     | 38 |                     |         |
|                                                     | 18-19        | 66     | 27 |                     |         |
|                                                     | 20-24        | 56     | 24 |                     |         |
| Heard condoms                                       | Yes          | 298    | 97 | 11.27               | 0.08    |
|                                                     | No           | 10     | 3  |                     |         |
| Source of information                               | Radio/TV     | 160    | 52 | 10.89               | 0.003   |
|                                                     | Newspaper    | 28     | 9  |                     |         |
|                                                     | Open days    | 49     | 16 |                     |         |
|                                                     | Others       | 72     | 23 |                     |         |
| Condom use in last sexual intercourse past 6 months | Yes          | 174    | 73 | 87.17               | 0.0001  |
|                                                     | No           | 63     | 27 |                     |         |
| Condom use frequency in the past 6 months           | Always       | 32     | 14 | 169.46              | 0.0001  |
|                                                     | Intermittent | 28     | 12 |                     |         |
|                                                     | Never        | 177    | 74 |                     |         |
| Condom type                                         | Male         | 234    | 99 | 0.24                | 0.620   |
|                                                     | Female       | 3      | 1  |                     |         |

*No - Number; % - Percentage;  $\chi^2$ - Chi square; P Value- Level of significance*

### 3.3 Socio-demographic factors associated with condom use

In multivariate analysis, Catholics and Protestants were (OR 0.54, 95% CI 0.31-0.98) more likely to use condoms compared to Muslims (OR 0.37, 95% CI 0.15 to 0.92) respectively

(Table 3). Thus, the odds of the exposure being 50% less than the odds of finding the exposure in the study.

Respondents who resided in rural areas (OR 0.39, 95% CI 0.37 to 0.94) were less likely to use condoms compared to those who resided in an urban area (Table 3). Thus, the odds of the exposure being 50% more than the odds of not finding the exposure.

Furthermore, respondents who reported to have stayed with guardians or brother/sisters (OR 2.37, 95% CI 1.23 to 4.54) were 2.5 times more likely not to use condoms compared to those who stayed with colleagues or Brothers/sisters (Table 3).

Bivariate analysis compared three variables (religion, residence and home with) each as independent variables while condom use in the past 6 months as dependent variable. Multivariate analysis compared the three mentioned variables with dependent variables i.e. sexual debut and condom use. Predictors with p-value of 0.2 and below from bivariate analysis were entered for multi-variable logistic regression model analysis.

**Table 3: Socio-demographic factors and condom use**

| Socio-demographic characteristics |                | No  | %    | P-value | Bivariate OR (95% CI)          | Multivariate OR (95% CI) |
|-----------------------------------|----------------|-----|------|---------|--------------------------------|--------------------------|
| Religion                          | Catholic       | 69  | 40   | 0.001   | (OR 0.41, 95% CI 0.23 to 0.67) | 0.54(0.31-0.98)          |
|                                   | Protestant     | 59  | 3    | 0.005   | (OR 0.46, 95% CI 0.27 to 0.79) | NS                       |
|                                   | Muslim         | 9   | 5    | 0.020   | 0.35(0.15-0.84)                | 0.37(0.15-0.92)          |
|                                   | Others         | 37  | 21   | Ref     | Ref                            | Ref                      |
| Home with                         | Parents        | 156 | 50.6 | Ref     | Ref                            | Ref                      |
|                                   | Guardians      | 44  | 14.3 | 0.985   | ND                             |                          |
|                                   | Brother/sister | 11  | 3.6  | 0.687   | 1.36(0.31-6.15)                |                          |
|                                   | Alone          | 96  | 31.2 | 0.004   | 2.49(1.33-4.67)                | 2.37(1.23-4.54)          |

| Socio-demographic characteristics |            | No  | %   | P-value | Bivariate OR (95% CI) | Multivariate OR (95% CI) |
|-----------------------------------|------------|-----|-----|---------|-----------------------|--------------------------|
|                                   | Colleagues | 1   | 0.3 | 0.153   | 1.61(0.83-3.08)       | 1.95(0.97-3.93)          |
| Residence                         | Urban      | 111 | 64  | Ref     | Ref                   | Ref                      |
|                                   | Rural      | 63  | 36  | 0.004   | 0.35(0.37-0.82)       | 0.39(0.37-0.94)          |

*No - Number; % - Percentage; OR - Odds ratio; CI - confidence interval; ND-Not Done; NS - Not significant*

### 3.4 Behavioural factors associated with condom use

The results revealed respondents who had one sexual partner were 9.6 times more likely to use condoms than those who had more than one partner (OR 9.63, 95% CI 5.45 to 17.01) (Table 4). Respondents who previously used condoms in the last six months were 4.3 times more likely to use condoms compared to those who did not (OR 4.38, 95% CI 2.83 to 6.79) and (OR 2.21, 95% CI 1.39 to 3.51) respectively (Table 4).

Respondents who reported to have obtained condoms from clinic or shop were more likely to use condoms compared to those who obtained their condoms from drug store /pharmacy and other sources (OR 8.43, 95% CI 4.4 to 16.04) and (OR 9.3, 95% CI 2.93 to 29.94).

Furthermore, respondents who observed a positive attitude from the service provider were more likely to use condoms compared to those who observed a negative attitude of the provider (OR 78.6, 95% CI 10.9 to 562.1).

**Table 4: Behavioural factors associated with condom use**

| Behavioural factors       |                     | No  | %  | P-value | Bivariate OR (95% CI) | Multivariate OR (95% CI) |
|---------------------------|---------------------|-----|----|---------|-----------------------|--------------------------|
| Number of sexual partners | One                 | 215 | 70 | 0.001   | 9.63(5.45-17.01)      | NS                       |
|                           | Above 2             | 14  | 5  | Ref     | ND                    | ND                       |
|                           | None                | 79  | 25 |         |                       |                          |
| Source of condoms         | Drug store/Pharmacy | 22  | 9  | Ref     | Ref                   | Ref                      |
|                           | Shop                | 37  | 16 | 0.001   | 9.3(2.93-29.94)       | NS                       |

| Behavioural factors                 |          | No  | %  | P-value | Bivariate<br>OR (95% CI) | Multivariate<br>OR (95% CI) |
|-------------------------------------|----------|-----|----|---------|--------------------------|-----------------------------|
|                                     | Clinic   | 168 | 71 | 0.001   | 8.43(4.4-16.04)          |                             |
|                                     | Other    | 10  | 4  | 0.08    | ND                       |                             |
| Attitude of<br>service<br>providers | Positive | 208 | 88 | 0.001   | 78.6(10.9-562.1)         | NS                          |
|                                     | Negative | 29  | 12 | Ref     | Ref                      | Ref                         |

*No - Number; % - Percentage; OR - Odds ratio; CI - confidence interval; ND-Not Done; NS - Not significant*

### 3.5 Factors associated with poor uptake and use of condoms in young people

The results revealed several interrelated factors at the individual, family/peer, community and structural levels that determined the experiences of YPLHIV. Several factors were also identified through key informants that influenced the ability of YPLHIV uptake and use of condoms from health care facilities. Key informants also identified important facilitators to the uptake and use of condoms such as youth-friendly services and availability of condoms in health facilities.

#### 3.5.1 Individual-level factors

##### Self-stigma

The most influential theme in relation to individual-level factors that influenced young people to experience living with HIV was their internalized stigma.

YPLHIV often reported that after learning of their HIV status it was hard for them to talk about sex with partners, parents, health workers or anybody close to them.

*“We always think that health workers will say that we want to infect other people with the disease hence thus why we don’t take condoms?” (MFGD08)*

*“I fail to interact with my parents because I think they will not be open enough to me hence making me not to ask questions”. (KFGD10)*

**Enablers and barriers to condom use and uptake among YPLHIV**

Key informants also indicated that YPLHIV fear of the stigma of being taken as sexually active by attending health facilities to access condoms hence implying their engagement in premarital sex. YPLHIV fear of being labelled as sexually promiscuous by the community, including parents, peers and service providers themselves.

*“Young people living with HIV who are sexually active fear coming to the health facility because they are young, that coming to ask about condoms is not their right.” (NKII002)*

### **3.5.2 Social support factors**

#### **a) Negative Family attitudes**

Families especially parents were recorded as one of the factors that barred young people from condom use and uptake.

*“My parents can’t allow me to use condoms because of my age. If found I will not get along with my parents” (MFGD05).*

*“Our parents do come and collect ART drugs here and are in good terms with some of the workers as such if we can be seen collecting condoms we can be in problems”. (NFGD09)*

Key informants also perceived young people as afraid of seeking condoms because of negative parental attitudes. Most young people usually refill their ART drugs during teen club days and most of the ART mentors are older people and friends to their parents. This makes young people hesitate to request condoms as this would show disclosing their sexual life to their parents.

*“Adolescents fear that they will be seen by older ART mentors mostly present during teen club days. A fear that they will report to their parents as sexually active.” (MKII003).*

*“Some have confided to me that they would rather get the condoms at my home rather than the clinic because of fear of some ART mentors who happen to leave close to them.”*

*(KKII001)*

### **b) Negative Peer influence**

Key informants identified that peer attitudes towards condoms have a significant impact on young people's views and comfort in seeking services. The providers felt that peer attitudes can be particularly harmful given many stereotypes and myths held by them regarding condom use.

*“Why are you using condoms? Why can't you try plain sex one day” such like that? And for the HIV-positive young person, it's a challenge because when they go back, [they think a lot] hence to try something else” (NKII001)*

Although sometimes peers discourage one another on the use of condoms, some peers act as peer educators who promote condom use and uptake among their fellow youths.

*“At times, there are peer educators who also collect condoms to be distributed to fellow youths in the community” (MKII003).*

### **c) Religious belief**

Some of the religious doctrines impinge young people access to sexual reproductive health services especially on condom usage.

*“Condoms are not allowed in our church (catholic). They say it's a sin to use condoms, yet we are encouraged to use condoms in our clinic. So, which is which”. (KFGD01)*

### 3.6.3 Community-level factors

The main community-level factors that influenced YPLHIV experiences was stigma and discrimination, as well as the availability of community-based services.

#### a. Stigma and discrimination

YPLHIV identified stigma and discrimination encountered in many community settings as a significant factor affecting their wish to access condoms. They described both actual experiences of discrimination based on their HIV status, as well as how their fears of potential discrimination affected their decisions regarding condom usage.

*“People have already judged me that I do not need to collect condoms because I am already infected hence no need to have a lover” (NFGD09)*

*“I would rather be like this rather than people to know that I am HIV positive when collecting condoms from service providers”. (MFGD05)*

#### b. Community-based support services

Care and support provided through various means in the community were some of the things that were cited by YPLHIV. Services include psychosocial support delivered through home visits, as well as through general outreach activities designed to increase the reach of youth-friendly services in the community.

*“Most of us come in very far places and we come once a month. There are no community youth clubs focusing on young people living with HIV in my village” (NFGD02)*

### 3.6.4 Structural-level factors

At the structural level, two major sets of factors shaped young people’s experiences; health workers service delivery and health system factors.

### 3.6.4.1 Health workers service delivery

The way how health workers provide their services is vital and mean a lot to YPLHIV. These include their attitudes, time spent on them as well as the welcoming atmosphere.

*“Eeeeeee one day we were told that who so ever wants condoms should come forward. Eeee some of us who were very shy we didn’t manage to come forward. That day there were no young people who took condoms”. (MFGD05)*

*“I suggest the one giving out condoms should be a young person who is open enough because most of the times the workers who provide condoms are older people as the same age as our parents hence, we are unable to reach such people”. (KFGD07)*

#### a. Provider attitude

Service providers’ attitudes play an important role in young people’s comfort in seeking condoms. Several providers cited promoting abstinence over condom use because of their fear that if young people are given condoms, they are promoting promiscuity.

*“I would rather encourage young people to use abstinence rather than condoms” (KKII003)*

*“I don’t encourage my children to use condoms hence the same with other people’s children” (NKII001)*

Some key informants were more likely to encourage young people to speak with their parents before obtaining condoms from clinics, due to their bias that young people are too young to engage in sexual activity, evidenced by some providers who spoke of these young people as “children.”

*“They are very young to use condoms hence promoting abstinence is the best option”*

*(MKII003)*

In addition, young people’s shyness in discussing condoms and sex with providers decreases adolescents’ ability to ask for condoms when in the clinics. The providers noticed that YPLHIV are more comfortable discussing condoms after being assured of confidentiality.

*“When they come, I ‘am like their mother. So, they get ashamed of talking to me about sex.*

*But if they get young [providers] almost of their age, it makes it easier for them to speak.*

*(MKII002)*

#### **3.6.4.2 Health system factors**

YPLHIV described the impact on their personal lives of frequent visits to the clinics especially poor access to reproductive health services as a constant source of frustration. Several facility-level factors were identified, such as adequate space and time to discuss condoms, availability of condoms, mass distribution, Youth Friendly Health services and appropriate counselling.

##### **a. Youth Friendly Health Services**

Lack of Youth Friendly Health Services is one of the issues expressed by young people and service providers in this study. Youth Friendly Health Services promotes accessibility of condoms to young people. They provide ideal place for young people to voice out their concerns hence increasing the uptake and use of condoms

*“We don’t have a room inside the clinic where we can go and collect condoms” (MFGD05)*

Conducive environment with welcoming atmosphere act as a catalyst for young people to access condoms. Providers agreed that being friendly to young people attracts more youths to access the services like condoms.

*“The moment they arrive here, we have a friendly language, we receive them with a positive attitude . . . we educate them and give them the services they want such as condoms”*  
(MKII002).

#### **b. Availability of condoms**

Providers acknowledged that there have not been stock outs of commodities for the past 6 months and the availability of condoms is a factor that can increase uptake and use of condoms among young people.

*“Throughout my experience at this facility there has no time when we had stock outs of condoms”* (MKI103)

**Table 5: Themes and Sub-themes**

| <b>Themes</b>            | <b>Sub-themes</b>                |
|--------------------------|----------------------------------|
| Individual factors       | Self-stigma                      |
| Social support           | Family                           |
|                          | Religious belief                 |
| Community factors        | Stigma and discrimination        |
|                          | Community-based support services |
| Structural level factors | Health system factors            |
|                          | Health workers service delivery  |

| <b>Characteristics</b> | <b>Barriers</b>                                                                                                                                                                                                                                             | <b>Facilitators</b>                                                                                                    |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Interpersonal          | Fear of parental attitudes in seeking services<br>Fear of stigma by health providers preventing condom use discussion<br>Fear of being judged for seeking services<br>Community stigma for being sexually active and seeking services<br>Provider judgement | Peer encouragement to seek services<br>Positive providers' attitudes<br>Provider confidentiality in providing services |

|               |                                                                                                                              |                                                                                                                                        |
|---------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Institutional | Health facility barriers, such as physical environment, scheduling and language differences among providers and young people | Youth-friendly service provision<br>Appropriate counselling and health education regarding condom use<br>Condom commodity availability |
|---------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|

## **CHAPTER 4: DISCUSSIONS**

### **4.1 Introduction**

Information regarding the consistent use of condoms and factors associated with the uptake and use of condoms among YPLHIV in Malawi appears to be inadequate. Most of the studies done have addressed the issue of condom use among the general public. This study may provide important information on the patterns of condom use and factors that facilitate or hinder condom use among YPLHIV.

### **4.2 Prevalence of condom use among YPLHIV**

Condom use was reported by most of the study participant (Table 2). This was in agreement with the reported 73% and 78.9% of condom use in Cameroon and Ethiopia respectively [30, 36].

In addition, majority of study participants had heard of the condom as a preventive method for sexually transmitted diseases and pregnancy (Table 2). These results were slightly higher than a study done in Ethiopia.[36]. This could be attributed to the good access to information on condoms through different media. However, this study found that a lot of people got information through electronic media than other means (Table 2). Open day awareness campaigns were the least as far as information delivery is concerned. This shows that awareness campaigns on condoms are not effective despite government and non-governmental organisations efforts being done in various communities.

### **4.3 Factors enabling and facilitating the uptake and use of condoms**

Condom uptake and use among young people is determined by several factors such as individual (behavioural) and social factors [46]. Enablers and barriers such as knowledge, attitudes and practices; institutional factors including lack of space and time; health education and counselling have also been noted in other studies [41, 49–51].

Of concern is the finding that young people who reported having more than one sex partner were less likely to have used condoms. Multiple sex partnership is a risk factor for HIV transmission [7, 27, 47]. It is, therefore, a concern that having more than one sex partner was associated with non-use of condoms which is a threat as far as infection prevention is concerned in the high-risk group.

The lower level of condom use was also noted in young people residing in rural areas than in urban areas. This may be partly attributable to the fact that rural areas are often correlated with lower levels of condom use and inequality in condom accessibility as well as information [48]. Most of the young people residing in rural areas had to travel a longer distance to get condoms at a health facility.

Young people who stayed with guardians or brother/sisters reported having used condoms compared to those who stayed with parents. This is opposite of the study done in the USA that young people who stayed with parents and talks about sexuality reported condom usage[42].

Parents or guardians can be the best entry point to reach young people, but the fact that sex-related matters are very sensitive pose a great challenge to discussing them at home especially on the use of condoms. In many communities, premarital sex is culturally or religiously forbidden [26, 27] and youths engaged in it are considered to be misbehaving. Negative community perceptions of premarital sex were the most important barriers encountered by young people living with HIV in this study.

The stigma of being regarded as promiscuous was a key barrier emphasized in this study. Stigma perpetuated by parents, providers and other community members have been shown to be the primary barrier in young people living with HIV in seeking prevention services such as condoms in resource-limited countries like Malawi. [27, 30, 31, 39]

The study further indicates that the fear of stigma related to engaging in premarital sex and promiscuity is multifactorial, coming from a variety of different individuals within their social networks. This further compound the stigma these YPLHIV already face due to their HIV-positive status and the possibility that their HIV infection was obtained through sexual transmission [21, 52, 53].

Religion is another factor that was found to be hindering the uptake and use of condoms among young people. Catholics reported having used condoms more than other denominations. This was contrary to what a study done in Tanzania found that Catholics were less likely to use condoms than Muslims [26]. The reasons as to why Catholics had a good usage of condom in this study is not known because condoms are prohibited and regarded as a sin in the church.

It was also noted that not only the unfriendly environment for accessing condoms and other reproductive health services that matters but also young people are afraid to buy condoms, especially in open outlets such as pharmacies and drug stores. The study found that young people who obtained condoms from clinics or shop were more likely to use condoms compared to those who obtained their condoms from drug store /pharmacy and other sources. This was in line with what Malawi DHS found that predominant sources for male condoms were health posts and shops [7]. However, this calls for more youth-friendly sex and reproductive health interventions [33] which would respond to such contextual limitations.

School-based interventions in resource-limited settings have been helpful in increasing HIV knowledge, changing norms among peers and behaviour change, such as increased rates of condom uptake and use [40–43]. Providers in the study noted and emphasized on sexual education as an intervention in increasing the uptake and use of condoms. However, these school-based interventions do not reach parents and community members who are also the

barriers to condom use and uptake among YPLHIV. As such, it is important to also engage parents and community members to reduce the barriers.

Institutional factors, such as privacy and confidentiality as well as the availability of youth-friendly health services, were the most helpful facilitators in condom uptake and use. Supportive service providers are key in helping young people living with HIV prevent STIs, unintended pregnancies and transmission of HIV [3, 4]. As such training providers to understand young people's psychological, social development and their sexuality can increase the uptake and use of condoms [33, 35].

#### **4.4 Study limitations**

The study had the following limitations. First, the participants were recruited base on health facilities records and this to some extent limits the external validity of the results presented. Second, the study is based on self-reported information, which could be subject to desirability bias especially sexual behaviour-related information. Females are more likely to under-report and males over-report their sexual activities and this may have affected the magnitude of sexual behaviours and the associations reported. However, research assistants were trained and had counselling skills and conducted interviews in private to ensure privacy and confidentiality.

## **CHAPTER 5: CONCLUSION AND RECOMMENDATIONS**

### **5.1 Conclusions**

Young people living with HIV have the same sexual reproductive health needs as the general population. They are sexually active, and some continue to have unprotected sexual intercourse. The study identified individual, family, community and institutional factors as the major barriers and facilitators of condom use among YPLHIV. Understanding these factors is vital in reducing the HIV transmission thereby attaining the UNAIDS 90 90 90 targets.

### **5.2 Recommendations**

Based on the findings, the researcher makes the following recommendations to enhance condom use and uptake among YPLHIV;

Firstly, health facilities need to provide appropriate sexual and reproductive health services in a youth-friendly manner. They should plan health education and counselling sessions on sexuality and use of condoms for young people living with HIV.

Secondly, service providers must ensure that there is adequate space for confidentiality and privacy where services like condoms are provided. More importantly, service providers need to recognize the relationships between YPLHIV and their parents, health providers and communities in order to enhance condom use.

Lastly, emphasis should be made to improve condom awareness campaigns as a means of information delivery. Health promotion practitioners need to find ways on how best condom messages can be delivered to communities.

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## 7. Gantt Chart 2018-2019

| ACTIVITY                                       | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL |
|------------------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Proposal writing                               |     |     |     |     |     |     |     |     |     |     |     |     |
| Submission and clearance of research proposal  |     |     |     |     |     |     |     |     |     |     |     |     |
| Pretesting and reconstructing interview guide. |     |     |     |     |     |     |     |     |     |     |     |     |
| Data collection                                |     |     |     |     |     |     |     |     |     |     |     |     |
| Transcribing and translating                   |     |     |     |     |     |     |     |     |     |     |     |     |
| Data analysis                                  |     |     |     |     |     |     |     |     |     |     |     |     |
| Report writing                                 |     |     |     |     |     |     |     |     |     |     |     |     |
| Submission of the dissertation.                |     |     |     |     |     |     |     |     |     |     |     |     |

## APPENDICES

### Appendix A: Facilitator-administered questionnaire English version

Enablers and barriers to condom use and uptake among young people living with HIV in Mchinji District.

#### Instructions:

- ✓ Put a tick in the appropriate box or fill in the space provided

#### **Section One: Socio-Demographic Information**

1. ID Number.....
2. Sex of respondent      ☐ Male                              ☐ Female
3. Age of the respondents  
                                         ☐ 15-19 years                              ☐ 20-24 years
4. Marital status  
                                         ☐ Married   ☐ Single   ☐ Divorced   ☐ Separated
5. Number of children if any  
                                 ☐ None   ☐ Pregnant now   ☐ 1 to 2 Children   ☐ 3 and above
6. Ethnicity  
                 ☐ Chewa  
                 ☐ Ngoni  
                 ☐ Lowe  
                 ☐ Yao  
                 ☐ Tumbuka  
                 ☐ Others
7. Education level of respondent  
                 ☐ None   ☐ Primary   ☐ Secondary   ☐ Tertiary
8. Employment status  
                 ☐ Unemployed   ☐ Self-employed   ☐ Government employed   ☐ privately employed
9. Religion  
                 ☐ Catholic   ☐ Protestant   ☐ Muslim   ☐ Others specify.....
10. Who do you live with?  
                 ☐ Parents   ☐ Guardians   ☐ Older brother/sister   ☐ Alone   ☐ Colleagues
11. Residence

☐ Urban ☐ Rural

12. Duration on ART

☐ Less than 1 year ☐ 1-5 years ☐ 6-10 years ☐ above 10 years

13. Age of HIV diagnosis

☐ Less than 2 years ☐ 2-5 years ☐ above 5 years ☐ don't know

**Section Two: Barriers and enablers associated with uptake and inconsistent use of condoms among young people living with HIV**

14. Belong to a peer support group in a community/clinic ☐ Yes ☐ No

15. Do you have a sexual partner? ☐ Yes ☐ No

16. If yes on 15. Number of sexual partners ☐ None ☐ One ☐ Two ☐ Multiple

17. Have you ever had sexual intercourse? ☐ Yes ☐ No

18. If yes on 17. How old were you when you first had sexual intercourse?

.....

19. Have you ever heard about condoms? ☐ Yes ☐ No

20. If yes what was the source of information?

☐ Radio ☐ TV ☐ Newspaper ☐ Open days/campaigns ☐ Other specify.....

21. Have you ever used a condom in your last sexual intercourse in the past 6 months?

☐ Yes ☐ No

22. If yes which one? ☐ Male condom ☐ Female condom

23. How often have you used condoms during sex in the last 6 months?

☐ Always ☐ Intermittent ☐ Never

24. Does correct use of condom prevent HIV, STIs and pregnancy?

☐ True ☐ False ☐ don't know

25. Can the HIV virus pass through a condom? ☐ Yes ☐ No

26. Do condom decrease sexual sensation making sex less enjoyable for either partner?

☐ Yes ☐ No

27. Do Condom use make a partner feel untrusted? ☐ Yes ☐ No

28. Do you feel embarrassed to ask for a partner(s) to use condoms? ☐ Yes ☐ No

29. Do your partner(s) support condom use? ☐ Yes ☐ No

30. Do your parents/guardians support and talk about condom use with you?

☐ Yes ☐ No

31. Do you take alcohol? ☐ Yes ☐ No

*Enablers and barriers to condom use and uptake among YPLHIV*

32. Do you smoke marijuana? ☐ Yes ☐ No
33. Where do you source condoms?  
☐ Drug store/Pharmacy ☐ Shop ☐ Clinic ☐ Other (Specify).....
34. How long can it take you to get to where you can find a condom from your house or place where you work/schooling?  
☐ Less 15 minis ☐ 15 to 60 mins ☐ More than 1 hr ☐ don't know ☐ No response
35. How would you describe the provider's attitude when asking for condoms?  
☐ Positive ☐ Negative
36. In your own opinion, how can young people living with HIV be encouraged to use or make them more willing to use condoms?  
.....  
.....  
.....
37. a) Have you ever had any of the STIs? ☐ Yes ☐ No  
b). If yes, which STI have you ever had?  
.....  
c). Did you seek treatment for the STI? ☐ Yes ☐ No  
d). Where did you go for treatment?  
☐ Clinic ☐ Drug store/Pharmacy ☐ Traditional medicine ☐ did not go for treatment  
☐ Others (specify).....
- (N.B. Can tick more than one box)**
- e). If did not go for treatment, what did you do about your condition?  
.....
38. If you went to a clinic what services did you receive?  
.....  
.....

## Appendix B: Key Informant Interview Guide English version

### a) Cover sheet:

Name of interviewer: .....

Date of interview: .....

Interview code: .....

Age interval of the respondent: .....

Sex of the respondent: .....

Involved in the program since: .....

Received training on ART teen management/Youth Friendly Health Services: .....

Comment concerning the received training(s):

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

Note:

- The interviewer will first greet the respondent (to create rapport). A brief introduction will be provided on the purpose of the study.
- The interviewer will emphasize on the confidentiality and will request the respondent to sign the consent form.

### b) Topic guide:

Experiences and pieces of literature indicate that young people living with HIV have the same challenges as those of the general population. Access to reproductive health services continues to be a major challenge especially on condom uptake and use. Little is known on barriers and enablers to find new ways of increasing the uptake and consistent use of condoms in young people living with HIV.

### c) Questions:

#### **SECTION A**

**1) Could you please share your experience concerning factors that enhance and hinder the uptake and consistent use of condoms among young people living with HIV? [Allow respondent to explain and probe on the following]:**

- Influence of costs/distance to clinic/ waiting time
- How family and social support could improve the uptake and consistent use of condoms

- How other influencing factors such as disclosure pattern, stigma, side effects, knowledge and beliefs of HIV/AIDS and ART can affect the uptake and consistent use of condoms.
- Attitudes towards condoms as well as risk behaviours such as smoking, alcohol and drug use
- Client-provider relationship, confidentiality (facility and provider related)

**2) How can you compare/differentiate these factors among?**

- Young Men and women:
- Young and elders:
- New and older patients:
- According to their educational levels:
- Where they are living:

**SECTION B**

1. What are some of the health problems encountered by young people living with HIV due to poor uptake and inconsistent condom use?
2. Which mechanisms are in place to help solve the problems?
3. What are some of attitudes and practices on seeking sexual health services among young people living with HIV especially on condom use?
4. Do you have outlets where young people access condoms?
  - How open and convenient are these sites?
5. How available are the condoms at the clinic?
6. When was the last time you had stock out of condoms at the clinic?
7. Which condoms do young people living with HIV prefer to use and why?
8. Which strategies are in place for the continuous support of young people living with HIV to improve uptake and consistent use of condoms?
9. Do you have any comments on how to improve the program in order to increase uptake and consistent use of condoms among young people living with HIV?

**Thank you for your time and good cooperation**

## Appendix C: Focus Group Discussion Guide English version

Name of interviewers: .....

Date of interview: .....

Time start.....End time.....

Number of participants..... Location.....

Interview code: .....

Age interval of respondents:

|             |  |
|-------------|--|
| 15-19 years |  |
| 20-24 years |  |

Sex of the respondents:

|         |  |
|---------|--|
| Males   |  |
| Females |  |

Note:

1. The interviewer will first greet the respondent (to create rapport). A brief introduction will be provided on the purpose of the study.
2. The interviewer will emphasize on the confidentiality and will request the respondent to sign the consent form.
3. The FGD will include young people aged 15 to 24 years with a maximum number of 8 to 10.

### Topic guide:

Experiences and literature indicate that young people living with HIV have the same challenges as those of the general population. Access to reproductive health services continues to be the major challenge especially on condom uptake and use. Little is known on barriers and enablers to find new strategies of increasing the uptake and consistent use of condoms in young people living with HIV.

### Questions:

1. What comes to your mind when you hear about consistent condom use?
2. How accessible is the condom at the clinic?
  - Where else can we find condoms?
3. What are the barriers and challenges to the uptake and inconsistent use of condoms among young people living with HIV?

- What barriers have you observed your colleagues deal with while using condoms?
  - What should be done to overcome these barriers?
4. Please explain to me how do you communicate with your health care provider on condom provision?
    - How strong is a client-provider relationship, privacy and confidentiality?
  5. How often do you discuss condom use with service providers and parents/guardians?
  6. What would make condom uptake and consistent use improve in young people living with HIV?
  7. Is there anything we should have talked about, but didn't?

**Study Title: Enablers and barriers to condom use and uptake among young people living with HIV**

**Principal Investigator: Paul Bingo Chirambo (MPH student)**

**Date: October 2018**

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**Part 1: information sheet**

**Introduction**

You are asked to participate in a research study that is to explore factors enabling and hindering the uptake and consistent use of condoms among young people living with HIV in Malawi. Please read this form and ask any questions that you may have before agreeing to be in research. This study is being done in fulfilment of a Master's degree in Public Health at the College of Medicine in Blantyre, Malawi.

The Investigator of this study is Paul Bingo Chirambo. Before you decide if you want to be part of this study, we want you to understand the study and also before making a decision whether to take part in this research study, you need to know the background, purpose, procedure, the possible risks and benefits, compensation, confidentiality to you, and what will be expected of you during the study. After the study has been fully explained to you, you can decide whether to participate or not. Once you understand this study, and if you agree to participate, then you will be asked to sign this consent form. You will get a copy of this form to keep for your records.

**What is the study about?**

AIDS pandemic is now the leading cause of death among adolescents in Africa and the second cause of death worldwide. Malawi is not spared with the pandemic among young people. Young people living with HIV are at risk of passing on the virus to their sexual partners and children hence they are an essential group for secondary HIV prevention efforts. In addition, they are vulnerable to potential re-infection by HIV and more vulnerable to other sexually transmitted infections, unlike their HIV negative peers. Condoms are a critical component of a comprehensive and sustainable approach to the prevention of HIV and other sexually transmitted infections and are effective for preventing unintended pregnancies in young people. Despite having condoms as a mode of prevention, the percentage of young people consistently

using condoms is still low in Malawi. Very little is known on enablers and barriers to the uptake and use of condoms among young people living with HIV to prevent further spread of HIV. Hence this study will assist health care providers to identify the gaps in knowledge in order to reduce secondary HIV transmission and re-infection thereby improving the health status of young people, households, communities, and the development and economic growth of the nation.

### **Purpose of the study**

The purpose of the study is to explore factors enabling and hindering the uptake and consistent use of condoms among young people living with HIV.

### **Participation in the study**

Your participation is voluntary. If you choose not to participate, it will not affect your care, your current future relations with the clinic. You may decide not to take part or to withdraw from this study at any time. There is no penalty or any changes to your care for not participating or for withdrawing from the research study.

### **Procedures**

If you agree to participate in this study, we would ask you to do the following: you will be asked to respond to an interview questioner which we anticipate to take not a lot of your time to complete it probably 30 minis. This is a one-time only interview and interview room will be used for the interview in order to secure confidentiality and privacy.

### **Risks and benefits of the study**

There are no foreseen risks to participate in this study, however, should you experience emotional distress from talking about your status, counselling sessions will be available. However, your participation and/or answers to the questions may provide insights into improving future planning, implementation and evaluation of health programmes aimed at increasing demand in comprehensive condom programming in Malawi especially targeting young people living with HIV.

### **Compensation**

There are neither rewards nor monetary value for participating in this study.

### **Confidentiality**

The records of the study will be kept in a locked and secure place. Any type of report we might publish, we will not include any information that will make it possible to identify a participant.

Access to the records will be limited to the researcher, supervisors and the College of Medicine Research Ethics Committee which will be kept strictly confidential. Your permission may be sought in the Participant Consent form for the data you provide, which will be anonymized, to be used for future scholarly purposes.

### **Storage and destruction of data**

The data we collect will be accessible by the researcher and supervisor(s) involved in this study only. Your data will be stored for a period of at least 5 years before being destroyed. The dataset will be in password-protected databases and informed consent and transcripts will be stored in lever arch files and will be kept in a locked storage cupboard.

### **Contacts and questions**

The researcher conducting this study as Principal Investigator (PI), **Paul Bingo Chirambo**, the MPH student at the College of Medicine. Supervisor, **Professor Adamson Muula**, College of Medicine, Malawi, you can contact him on 0884233486. You may ask questions if you have now. But if you have any questions later, you may contact Paul Chirambo on **088527737** or **0999316960**.

If you would like to talk to someone other than the principal investigator about (1) concerns regarding the study, (2) research rights, (3) research-related injuries, (4) other human subject issues, please contact the College of Medicine Research and Ethics Committee (COMREC) on 01 871 911 or write to; The College of Medicine Research and Ethics Committee, P.O Box 360, Blantyre, Malawi.

### **Part 2: Signature Page**

I have read or it has been read to me the information about this research study. I have had the opportunity to ask questions about it and any questions I have asked, I have been answered to my satisfaction. I voluntarily consent to be a participant in this research study and understand that I have the right to end the interview/recording at any time and choose not to answer particular questions that are asked in the study. I understand that my data once processed will be anonymous and that only the researcher and supervisor will have access to the raw data which will be kept confidentially. I have been made fully aware of the potential risks associated with this research and I am satisfied with the information provided. My signature indicates that I am willing to participate and be recorded in this research.

**Print Name of Participant** \_\_\_\_\_

**Signature/ Thumb print** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name of Witness** \_\_\_\_\_

**Signature/ Thumb print** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name of Person Obtaining Consent** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Dzina la kafukufuku:** Zifukwa zimene zikupangitsa kuti achinyamata azaka zapakati pa 15 ndi 24 omwe ali ndikachilombo ka HIV kuti agwiritse kapena asagwiritse ntchito makondomu pamene akugonana.

**Wofufuza:** Paul Bingo Chirambo (Modzi wa ophunzira wa zaumoyo)

**Tsiku linakonzedwa:** October 2018

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**GAWO LOYAMBA: Msatanisatani wakafukufuku**

Mukufunsidwa kutenga nawo mbali pa kafukufuku ofuna kupeza zifukwa zimene zimathandizira kapena kupangisa achinyamata omwe ali ndi kachilombo ka HIV kuti agwiritse kapena kusagwiritsa ntchito kondomu pamene akuchita zogonana. Mwasankhidwa ngati munthu m'modzi otenganawo mbali mukafukufuku ameneyu. Chonde welengani fomuyi komanso ndikufusa mafunso amene mungakhale nawo musanavomereze kulowa nawo mukafukufukuyu.

Munthu amene akupanga kafukufukuyu ali ku sukulu ya ukachenjede ya za udotolo (College of Medicine).

**Gwero la kafukufuku**

Matenda a AIDS ndimatenda amodzi amene akutsogola pa imfa za achinyamata muno mu Afirika komanso ali pa nambala yachiwiri padziko lino lapasi. Dziko la Malawi sili napulumuke pa mulili umenewu omwe ukupangisa achinyamata amene ali ndi kachilombo kufalisa kachilombo kwa abwenzi awo komanso ku ana. Achinyamata amene ali ndikachilombo ka HIV alinso pa chiopsyezo chozionjezero tizilombo ta HIV komanso matenda opasirana pogonana.

Makondomu ndi mbali imodzi yotetezera kufala kwa kachilombo ka HIV komanso kutenga mimba pakati pa achinyamata. Ngakhale zilichomwechi kagwirisidwe ka makondomu pakati pa achinyamata kadakali kosika komanso akafukufuku oterewa ndiochepa muno mu Malawi komanso mu Afirika. Choncho kafukufuku uyu wapangidwa kuti afufunze zifukwa zimene zikupangitsa achinyamata amene ali ndikachilombo kugwirisa kapena kusagwiritsa ntchito kondomu pamene akuchita zogonana. Kafukufuku ameneyu athandizira azaumoyo kuti apeze njira zotheseza kufala kwa kachilombo pakati pa achinyamata kuti miyoyo yawo komanso chuma cha dziko lino chipite patsogolo.

### **Cholinga chakafukufuku ndi chiyani**

Cholinga cha kafukufukuyi ndi kufuna kupeza zifukwa zimene zimapangisa achinyamata amene ali ndi kachilombo ka HIV kugwiritsa kapena kusagwiritsa makondomu pamene akuchita zogonana.

### **Kutenga mbali mukafukufuku**

Simuli okakamizidwa kutenga nawo mbali mukafukufukuyu. Ndi ufulu wanu kutenga nawo mbali kapena ayi. Ngati mwasankha kusatenga nawo mbali sizisokoneza chisamaliro chanu, ubale wanu wapano komanso wamtsofola ndi a chipatala chino. Palibe chilango kapena kusintha kwa chisamaliro chanu ngati simutenga nawo mbali kapena kusiyila panjira mutangolowa kumene kafukufukuyu.

### **Ndondomeko ya kafukufuku**

Ngati mwavomereza kutenga nawo mbali mukafukufukuyu, mudzafunsidwa kuchita zinthu izi; Mudzapemphedwa kuyankha mafunso ndipo tikuyembekezera osakutengerani nthawi yanu yambiri komanso idzakhala nthawi yoti inuyo muli ndi mpata. Mudzafunsidwa nthawi imodzi mafunso onsewa mu kachipinda komata pofuna kusungirana chinsinsi.

### **Chiopsyezo ndi phindu la kafukufuku**

Palibe kuopsa kwina kuli konse pamene munthu akutenga nawo mbali mukafukufukuyu komabe ngati mungaone kuti mukukhumudwa pamene muzikamba za mene mulili thupi mwanu, tidzakutumizani kwa aphungu oyenerera kuti akupatseni uphungu. Pakutenga nawo gawo mu kafukufuku ameneyu mudzatha kupindula pakudziwa kufunikira kwa kugwiritsa makondomu kwa munthu amene ali ndi kachilombo ka HIV.

### **Chiongola dzanja**

Palibe chiongola dzanja chinachilli chonse kapena ndalama potenga nawo mbali mukafukufukuyu.

### **Chinsinsi**

Zotsatira zakafukufukuyu, zidasungidwa mwachinsinsi. Pa mbali ina ili yonse yomwe ingasindikizidwe, sitidzalembamo nkhani za munthu amene watenga nawo mbali mukafukufukuyu kuti adziwike. Zotsatira za kafukufukuyu zidasungidwa m'malo achitetezo chokwanira ndipo amene angakhale ndi mwai wona nawo zotsatira ndi mwini wakafukufuku, owayan'ganira awo aku sukulu ya ukachenjede ya College of Medicine, komanso abungwe la

kafukufuku ya College of Medicine Research Committee akhoza kuona m'mene zotsatirazi zidayendera.

### **Kusunga ndi kuononga zonse zofufuzidwa**

Zonse zimene zizafufuzidwe zidzaonedwa ndi ofufuza yekha komanso ndi amene akumuyanganira mukafukufuku ameneyu. Ndipo zizasungidwa kwa zaka zisanu mwachinsinsi mu makina otetezedwa a komputa zisanaonongedwe. Komanso zonse zimene zidzakhale mumapepala zizasungidwa m'malo otetezedwa bwino wokiyira.

### **Mungatipeze bwanji komanso mafunso**

Ine ndikuchita kafukufukuyu ndine Paul Bingo Chirambo ndikuchita maphunziro aukachenjede pa za umoyo ku College of Medicine. Amene akundiyang'anira pa kafukufukuyu ndi a Profesa Adamson Muula a ku College of Medicine, mukhoza kuwayimbira pa nambala iyi 0884233486. Tsopano mutha kufunsa mafunso ena alionse amene muli nawo. Ngati mukuona kuti mudzandifunsabe mutha kundiyimbira pa nambala iyi: 0888527737 kapena 0999316960. Ngati mukufuna kuyankhula ndi ena kupatula ineyo pa (1), nkhwana zokhudzana ndi kafukufukuyu (2), ufulu wachibadidwe pa kafukufuku (3), ngati mwavulala pa nthawi ya kafukufukuyu (4) zina zokhudza munthu amene akutenga mbali, mutha kuyimba foni pa nambala iyi 265 (0) 1 871 911 kapena mulembe kalata pa keyala iyi College of Medicine Research Committee, P/Bag 360, Blantyre, Malawi.

### **GAWO LACHIWIRI: Tsamba la chisindikizo**

Ndawelenga komanso andifotokozera zonse zimene zalembedwa pamwambazi ndipo ndalandira mayankho a mafunso amene ndinafunsa. Ndikupeleka chilolezo kuti nditenge nawo mbali mukafukufukuyu komanso zolankhula zanga zisungidwe mu marekodi osungira nkhani za kafukufukuyi. Ndaziwitsidwanso kuti ndili ndi ufulu nthawi inali iliyonse ndikhoza kusiya kafukufukuyi komanso kusankha mafunso oti ndiyankhe opanda kukakamizidwa Ndamvetsetsa kuti zofufuza zanga sizidzadziwika kuti amalankhula ndi ndani. Ofufuza ndi omuyanganira ake ndi amene adzakhale ndi mwayi ofikira zofufuzidwa zomwe zidzasungidwe mwa chinsinsi. Ndauzidwa zonse zopinga pakafukufukuyi ndipo ndakhutitsidwa ndi zonse zimene ndafotokozeredwa.

Chisindikizo changa kusonyeza kuti ndavomereza kutenga nawo mbali mukafukufuku ameneyu ndiponso kujambulidwa mawu mu tepi pa zimene ndiziyankhula.

**Dzina la otenga nawo mbali.....**

**Chisindikizo/ Chidindo..... Tsiku.....**

**Dzina la mboni.....**

**Chisindikizo..... Tsiku.....**

**Dzina la munthu wotenga chilolezo.....**

**Chisindikizo..... Tsiku.....**

## Appendix F: Assent Form English Version

**Study Title: Enablers and barriers to condom use and uptake among young people living with HIV**

**Principal Investigator: Paul Bingo Chirambo (MPH student)**

**Date: October 2018**

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**Note:** *This Assent form is for adolescent girls and boys aged 15 to 17 years who are living with their parents/guardians participating in this research titled. “Enablers and barriers to inconsistent condom use and uptake among young people living with HIV”*

### **PART 1: Information sheet**

#### **Introduction**

You are asked to participate in a research study that is to explore factors enabling and hindering the uptake and consistent use of condoms among young people living with HIV in Malawi. Please read this form and ask any questions that you may have before agreeing to be in research. This study is being done in fulfilment of a Master’s degree in Public Health at the College of Medicine in Blantyre, Malawi.

The Investigator of this study is Paul Bingo Chirambo. Before you decide if you want to be part of this study, we want you to understand the study and also before making a decision whether to take part in this research study, you need to know the background, purpose, procedure, the possible risks and benefits, compensation, confidentiality to you, and what will be expected of you during the study. After the study has been fully explained to you, you can decide whether to participate or not. Once you understand this study, and if you agree to participate, then you will be asked to sign this assent form. You will get a copy of this form to keep for your records.

#### **What is the study about?**

AIDS pandemic is now the leading cause of death among adolescents in Africa and the second cause of death worldwide. Malawi is not spared with the pandemic among young people. Young people living with HIV are at risk of passing on the virus to their sexual partners and children hence they are an essential group for secondary HIV prevention efforts. In addition, they are vulnerable to potential re-infection by HIV and more vulnerable to other sexually

transmitted infections, unlike their HIV negative peers. Condoms are a critical component of a comprehensive and sustainable approach to the prevention of HIV and other sexually transmitted infections and are effective for preventing unintended pregnancies in young people. Despite having condoms as a mode of prevention, the percentage of young people consistently using condoms is still low in Malawi. Very little is known on enablers and barriers to the uptake and use of condoms among young people living with HIV to prevent further spread of HIV. Hence this study will assist health care providers to identify the gaps in knowledge in order to reduce secondary HIV transmission and re-infection thereby improving the health status of young people, households, communities, and the development and economic growth of the nation.

### **Purpose of the study**

The purpose of the study is to explore factors enabling and hindering the uptake and consistent use of condoms among young people living with HIV. It is possible that teen and ART clinics are not providing some of the services that are important for Young People Living with HIV hence the study would like to explore on barriers and enablers to inconsistent condom use and uptake in this high-risk group.

### **Participation in the study**

Your participation is voluntary. If you choose not to participate, it will not affect your care, your current future relations with the clinic will not change. You may decide not to take part or to withdraw from this study at any time. There is no penalty or any changes to your care for not participating or for withdrawing from the research study.

### **Procedures**

If you agree to participate in this study, we would ask you to do the following: you will be asked to respond to an interview questioner which we anticipate to take not a lot of your time to complete it probably 30 mins. This is a one-time only interview and interview room will be used for the interview in order to secure confidentiality and privacy.

### **Risks and benefits of the study**

There are no foreseen risks to participate in this study, however, should you experience emotional distress from talking about your status, counselling sessions will be available. However, your participation and/or answers to the questions may provide insights into improving future planning, implementation and evaluation of health programmes aimed at increasing demand in comprehensive condom programming in Malawi.

## **Compensation**

There are neither rewards nor monetary value for participating in this study.

## **Confidentiality**

The records of the study will be kept in a locked and secure place. Any type of report we might publish, we will not include any information that will make it possible to identify a participant. Access to the records will be limited to the researcher, supervisors and the College of Medicine Research Ethics Committee which will be kept strictly confidential. Your permission may be sought in the Participant assent form for the data you provide, which will be anonymized, to be used for future scholarly purposes.

## **Storage and destruction of data**

The data we collect will be accessible by the researcher and supervisor(s) involved in this study only. Your data will be stored for a period of at least 5 years before being destroyed. The dataset will be in password-protected databases and informed consent and transcripts will be stored in lever arch files and will be kept in a locked storage cupboard.

## **Contacts and questions**

The researcher conducting this study as Principal Investigator (PI), **Paul Bingo Chirambo**, the MPH student at the College of Medicine. Supervisor, **Professor Adamson Muula**, College of Medicine, Malawi, you can contact him on 0884233486. You may ask questions if you have now. But if you have any questions later, you may contact Paul Chirambo on **088527737** or **0999316960**.

If you would like to talk to someone other than the principal investigator about (1) concerns regarding the study, (2) research rights, (3) research-related injuries, (4) other human subject issues, please contact the College of Medicine Research and Ethics Committee (COMREC) on 01 871 911 or write to; The College of Medicine Research and Ethics Committee, P.O Box 360, Blantyre, Malawi.

## **PART 2: Assent provision (Adolescents aged 15–17 years old)**

*“I have read, or it has been read to me the information about this research study. I have had the opportunity to ask questions about it and any questions I have asked, I have been answered to my satisfaction. I voluntarily consent to be a participant in this research study and understand that I have the right to end the interview/recording at any time and choose not to answer particular questions that are asked in the study. I understand that my data once*

*processed will be anonymous and that only the researcher and supervisor will have access to the raw data which will be kept confidentially. I have been made fully aware of the potential risks associated with this research and I am satisfied with the information provided. My signature indicates that I am willing to participate and be recorded in this research."*

**NB: If you decide to participate, and your parents agree, we'll give you a copy of this form to keep for future reference.**

*I agree to take part in the research.*

OR

*I do not wish to take part in the research and I have not signed the assent below.*  
\_\_\_\_\_ (initialled by child/minor)

**Only if an adolescent assent:**

**Print name of an adolescent** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Day/month/year**

***If illiterate:***

A literate witness must sign (if possible, this person should be selected by the participant, not be a parent, and should have no connection to the research team). Participants who are illiterate should include their thumbprint as well.

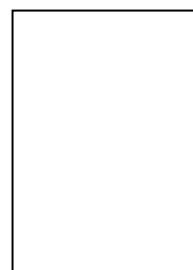
*I have witnessed the accurate reading of the assent form to the child, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.*

**Print name of witness (not a parent)** \_\_\_\_\_ **AND** **Thumb print of participant**

**Signature of witness** \_\_\_\_\_

**Date** \_\_\_\_\_

**Day/month/year**



*I have accurately read or witnessed the accurate reading of the assent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given assent freely.*

**Print name of researcher**\_\_\_\_\_

**Signature of researcher**\_\_\_\_\_

**Date**\_\_\_\_\_

**Day/month/year**

*I confirm that the child was given an opportunity to ask questions about the study, and all the questions asked by him/her have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.*

*A copy of this assent form has been provided to the participant.*

**Print Name of Researcher/person taking the assent**\_\_\_\_\_

**Signature of Researcher /person taking the assent** \_\_\_\_\_

**Date** \_\_\_\_\_

**Day/month/year**

**Copy provided to the participant** \_\_\_\_\_ (initialled by researcher/assistant)

**Parent/Guardian has signed the parental permission form** \_\_\_\_Yes \_\_\_\_No \_\_\_\_  
(initialled by researcher/assistant)

## Appendix G: Assent Form Chichewa Version

**Dzina la kafukufuku:** Zifukwa zimene zikupangitsa kuti achinyamata azaka zapakati pa 15 ndi 24 omwe ali ndikachilombo ka HIV kuti agwiritse kapena asagwiritse ntchito makondomu pamene akugonana.

**Wofufuza:** Paul Bingo Chirambo (Modzi mwa ophunzira a zaumoyo)

**Tsiku:** October 2018

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**Zofunika kuziwa:** *“Fomu ya umboniyi ndi ya achinyamata apakati pa zaka 15 ndi 17 omwe akukhala limodzi ndi makolo awo komanso akutenga nawo mbali pa kafukufuku ofuna kupeza zifukwa zimene zimathandizira kapena kupangisa achinyamata omwe ali ndi kachilombo ka HIV kuti agwiritse kapena kusagwiritsa ntchito kondomu pamene akuchita zogonana”.*

**GAWO loyamba: Uthenga wokhudzana ndi kafukufuku**

### **Chiyambi**

Mukufunsidwa kutenga nawo mbali pa kafukufuku ofuna kupeza zifukwa zimene zimathandizira kapena kupangisa achinyamata omwe ali ndi kachilombo ka HIV kuti agwiritse kapena kusagwiritsa ntchito kondomu pamene akuchita zogonana. Mwasankhidwa ngati munthu m'modzi otenganawo mbali mukafukufuku ameneyu. Chonde welengani fomuyi komanso ndikufusa mafunso amene mungakhale nawo musanavomereze kulowa nawo mukafukufukuyu.

Munthu amene akupanga kafukufukuyu ali ku sukulu ya ukachenjede ya (College of Medicine).

Mukakhutira bwinobwino komanso kupasidwa upangiri wokhudzana ndi kafukufukuyu mutha kupanga chisankho panokha kutenga nawo mbali kapena ayi. Muzauzidwa kusayinira fomuyi ngati mbali imodzi yosonyeza kuti mwavomereza kutenga nawo mbali ndipo muzapasidwa fomu imodzi kuti musunge.

### **Kodi kafukufukuyu ndiwotani?**

Matenda a AIDS ndimatenda amodzi amene akutsogola pa imfa za achinyamata muno mu Afirika komanso ali pa nambala yachiwiri padziko lino lapasi. Dziko la Malawi sili napulumuke pa mulili umenewu omwe ukupangisa achinyamata amene ali ndi kachilombo kufalisa kachilombo kwa abwenzi awo komanso ku ana. Achinyamata amene ali

ndikachilombo ka HIV alinso pa chiopsyezo chozionjezera tizilombo ta HIV komanso matenda opasirana pogonana.

Makondomu ndi mbali imodzi yotetezera kufala kwa kachilombo ka HIV komanso kutenga mimba pakati pa achinyamata. Ngakhale zilichomwechi kagwiridwe ka makondomu pakati pa achinyamata kadakali kosika komanso akafukufuku oterewa ndiochepa muno mu Malawi komanso mu Afirika. Choncho kafukufuku uyu wapangidwa kuti afufunze zifukwa zimene zikupangitsa achinyamata amene ali ndikachilombo kugwirisa kapena kusagwiritsa ntchito kondomu pamene akuchita zogonana. Kafukufuku ameneyu athandizira azaumoyo kuti apeze njira zothosera kufala kwa kachilombo pakati pa achinyamata kuti miyoyo yawo komanso chuma cha dziko lino chipite patsogolo.

### **Cholinga chakafukufuku**

Cholinga cha kafukufukuyi ndi kufuna kupeza zifukwa zimene zimapangisa achinyamata amene ali ndi kachilombo ka HIV kugwiritsa kapena kusagwiritsa makondomu pamene akuchita zogonana. Ndikutheka kuti muzipatala mwathu achinyamata sakutha kupeza zithandizo zoyenerera zotukula miyoyo yawo, ndichifukwa chake kafukufuku uyu wapangidwa kuti tithe kuziwa zosowa zawo kulimbikisa kugonana kwabwino.

### **Kutenga mbali mukafukufuku**

Simuli okakamizidwa kutenga nawo mbali mukafukufukuyu. Ndi ufulu wanu kutenga nawo mbali kapena ayi. Ngati mwasankha kusatenga nawo mbali sizisokoneza chisamaliro chanu, ubale wanu wapano komanso wamtsoyolo ndi a chipatala chino. Palibe chilango kapena kusintha kwa chisamaliro chanu ngati simutenga nawo mbali kapena kusiyila panjira mutangolowa kumene kafukufukuyu.

### **Ndondomeko ya kafukufuku**

Ngati mwavomereza kutenga nawo mbali mukafukufukuyu, mudzafunsidwa kuchita zinthu izi; Mudzapemphedwa kuyankha mafunso ndipo tikuyembekezera osakutengerani nthawi yanu yambiri komanso idzakhala nthawi yoti inuyo muli ndi mpata. Mudzafunsidwa nthawi imodzi mafunso onsewa mu kachipinda komata pofuna kusungirana chinsinsi.

### **Chiopsyezo ndi phindu la kafukufuku.**

Palibe kuopsa kwina kuli konse pamene munthu akutenga nawo mbali mukafukufukuyu komabe ngati mungaone kuti mukukhumudwa pamene muzikamba za mene mulili thupi mwanu, tidzakutumizani kwa aphungu oyenerera kuti akupatseni uphungu. Pakutenga nawo

gawo mu kafukufuku ameneyu mudzatha kupindula pakudziwa kufunikira kwa kugwiritsa makondomu kwa munthu amene ali ndi kachilombo ka HIV.

### **Chiongola dzanja**

Palibe chiongola dzanja chinachilli chonse kapena ndalama potenga nawo mbali mukafukufukuyu.

### **Chinsinsi**

Zotsatira zakafukufukuyu, zidasungidwa mwachinsinsi. Pa mbali ina ili yonse yomwe ingasindikizidwe, sitidzalembamo nkhani za munthu amene watenga nawo mbali mukafukufukuyu kuti adziwike. Zotsatira za kafukufukuyu zidasungidwa m'malo achitetezo chokwanira ndipo amene angakhale ndi mwai woona nawo zotsatira ndi mwini wakafukufuku, owayan'ganira awo aku sukulu ya ukachenjede ya College of Medicine, komanso abungwe la kafukufuku ya College of Medicine Research Committee akhoza kuona m'mene zotsatirazi zidayendera.

### **Kusunga ndi kuononga zonse zofufuzidwa**

Zonse zimene zizafufuzidwe zidzaonedwa ndi ofufuza yekha komanso ndi amene akumuyanganira mukafukufuku ameneyu. Ndipo zidasungidwa kwa zaka zisanu mwachinsinsi mu makina otetezedwa a komputa zisanaonongedwe. Komanso zonse zimene zidzakhale mumapepala zidasungidwa m'malo otetezedwa bwino wokiya.

### **Mungatipeze bwanji komanso mafunso**

Ine ndikuchita kafukufukuyu ndine Paul Bingo Chirambo ndikuchita maphunziro aukachenjede pa za umoyo ku College of Medicine. Amene akundiyang'anira pa kafukufukuyu ndi a Professor Adamson Muula a ku College of Medicine, mukhoza kuwayimbira pa nambala iyi 0884233486. Tsopano mutha kufunsa mafunso ena alionse amene muli nawo. Ngati mukuona kuti mudzandifunsabe mutha kundiyimbira pa nambala iyi: 0888527737 kapena 0999316960. Ngati mukufuna kuyankhula ndi ena kupatula ineyo pa (1), nkhwana zokhudzana ndi kafukufukuyu (2), ufulu wachibadidwe pa kafukufuku (3), ngati mwavulala pa nthawi ya kafukufukuyu (4) zina zokhudza munthu amene akutenga mbali, mutha kuyimba foni pa nambala iyi 265 (0) 1 871 911 kapena mulembe kalata pa keyala iyi College of Medicine Research Committee, P/Bag 360, Blantyre, Malawi.

**GAWO Lachiwiri: Chisindikizo (Achinyamata azaka zapakati pa 15 ndi 17)**

*“Ndawelenga komanso andifotokozera zonse zimene zalembedwa pamwambazi ndipo ndalandira mayankho a mafunso amene ndinafunsa. Ndikupeleka chilolezo kuti nditenge nawo mbali mukafukufukuyu komanso zolankhula zanga zisungidwe mu marekodi osungira nkhani za kafukufukuyi. Ndaziwitsidwanso kuti ndili ndi ufulu nthawi inali iliyonse ndikhoza kusiya kafukufukuyi komanso kusankha mafunso oti ndiyankhe opanda kukakamizidwa Ndamvetsetsa kuti zofufuza zanga sizidzadziwika kuti amalankhula ndi ndani. Ofufuza ndi omuyanganira ake ndi amene adzakhale ndi mwayi ofikira zofufuzidwa zomwe zidzasungidwe mwa chinsinsi. Ndauzidwa zonse zopinga pakafukufukuyi ndipo ndakhutitsidwa ndi zonse zimene ndafotokozeredwa”.*

**Zofunika kuziwa: Ngati mwasimikiza komanso kholo lanu lavomera kuti mutenge nawo mbali pakafukufukuyu muzapasidwa fumu imodzi kuti musunge ngati umboni wa patsogolo.**

*Ndavomereza kutenga nawo mbali pakafukufukuyu.*

*Kapena*

*Sinditenga nawo mbali pa kafukufukuyu komanso sindinasayinire pansipa ngati umboni. \_\_\_\_\_ (pasayiniridwe kapena kulembedwa ndi wachinyamata)*

**Pokhapokha ngati wachinyamata wavomera:**

**Zina la wachinyamata \_\_\_\_\_**

**Chisindikizo: \_\_\_\_\_**

**Tsiku: \_\_\_\_\_**

**Tsiku/Mwezi/Chaka**

**Ngati satha kuwerenga ndi kulemba:** Mboni imodzi yoziswa kulemba ndi kuwerenga yisayinire m’ malo mwa munthu wovutika kuwerenga ndi kulemba (koma akhale munthu wosankhidwa ndi munthu wotenga nawo mbali osati kholo, komanso asakhale munthu wokhunzidwa ndi kafukufukuyu)

Munthu amene ali wovutika kulemba ndi kuwerenga ayike chidindo cha chala pamalo omwe ayikidwa pamusipo.

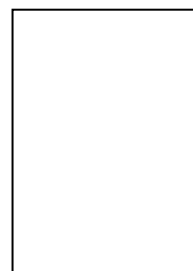
*Ndaona komanso ndili ndichisimikizo kuti wachichepere ameneyu wapasadwa mpata wofunsa mafunso malingana ndi ndondomeko ya kafukufukuyu mu fomuyi. Ndikuperekeramba umboni kuti wachichepereyamba wavomereza kutenga nawo mbali moya kakamizidwa.*

**Zina la mboni (osati kholo) \_\_\_\_\_ komanso Chidindo cha otenga nawo mbali**

**Chizindikiro cha mboni \_\_\_\_\_**

**Tsiku \_\_\_\_\_**

**Tsiku/Mwezi/Chaka**



*Ndawerenga komanso ndaona mwasatanisatani ndondomeko zonse zili mufomuyi zokhudzana ndi wachichepere amene akutenga nawo mbali pa kafukufukuyu. Wotenga nawo mbaliyu anali ndi mwayi wofunsa mafunso ndipo ndikuperekera umboni kuti wachichepereyu sanakakamizidwe pakutenga nawo mbali pakafukufukuyu.*

**Zina la wofufuza \_\_\_\_\_**

**Chizindikiro cha ofufuza \_\_\_\_\_**

**Tsiku \_\_\_\_\_**

**Tsiku/Mwezi/Chaka**

*Ndikusimikiza kuti wachichepereyu wapasadwa mwayi wofunsa mafunso ndipo mafunsowo ayankhidwa molondola malingana ndi nzeru zanga. Ndikuperekera umboni kuti wachichepereyu sanakakamizidwe kapena kunyengereredwa kuti atenge nawo mbali pakafukufukuyu. Wachichepereyu watenga nawo mbali mukafukufukuyu malingana ndi ufulu wake.*

*Fomu imodzi ya ndondomeko ndi chizindikira yaperekedwa kwa wachichepereyu kuti asunge.*

**Zina la wofufuza kapena akutenga umboni \_\_\_\_\_**

**Chizindikiro cha wofufuza kapena akutenga umboni \_\_\_\_\_**

**Tsiku \_\_\_\_\_**

**Tsiku/Mwezi/Chaka**

**Fomu yaperekedwa kwa otenga nawo mbali \_\_\_\_\_ (chizindikiro cha wofufuza)**

**Kholo lasayinire komanso kupereka chilolezo? Eya \_\_Ayi \_\_ (chizindikiro cha wofufuza)**

**Study Title: Enablers and barriers to condom use and uptake among young people living with HIV**

**Principal Investigator: Paul Bingo Chirambo (MPH student)**

**Date: October 2018**

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**Note:** *This permission consent form is for parents of adolescent girls and boys aged 15 to 17 participating in the research titled. “Enablers and barriers to inconsistent condom use and uptake among young people living with HIV”*

**Part 1: Information Sheet**

**Introduction**

Your child is being asked to participate in a research study conducted by Paul Chirambo a Public Health student. The study is being done in fulfilment of a Master’s degree in Public Health at the College of Medicine in Blantyre, Malawi. The purpose of the study is to explore factors enabling and hindering the uptake and inconsistent use of condoms among young people living with HIV in Malawi. Please read this form and ask any questions that you may have before allowing your child to be in the research.

This research might help your clinic/hospital to do more to help teenagers become and stay healthier. In the research, we will talk to many teenagers, both girls and boys, and ask them a number of questions. Whenever researchers study children or a minor, we talk to the parents and ask them for their permission. After you have heard more about the study, and if you agree, then the next thing will be to ask your daughter/son for their agreement as well. Both of you have to agree independently before we begin.

You do not have to decide today whether or not you agree to have your child participate in this research. Before you decide, you can talk to anyone you feel comfortable with.

There may be some words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. If you have questions later, you can ask them of me or of another researcher.

### **What is the study about?**

AIDS pandemic is now the leading cause of death among adolescents in Africa and the second cause of death worldwide. Malawi is not spared with the pandemic among young people. Young people living with HIV are at risk of passing on the virus to their sexual partners and children hence they are an essential group for secondary HIV prevention efforts. In addition, they are vulnerable to potential re-infection by HIV and more vulnerable to other sexually transmitted infections, unlike their HIV negative peers. Condoms are a critical component of a comprehensive and sustainable approach to the prevention of HIV and other sexually transmitted infections and are effective for preventing unintended pregnancies in young people. Despite having condoms as a mode of prevention, the percentage of young people consistently using condoms is still low in Malawi. Very little is known on enablers and barriers to the uptake and use of condoms among young people living with HIV to prevent further spread of HIV. Hence this study will assist health care providers to identify the gaps in knowledge in order to reduce secondary HIV transmission and re-infection thereby improving the health status of young people, households, communities, and the development and economic growth of the nation.

### **Purpose of the Study**

It is possible that teen and ART clinics are not providing some of the services that are important for Young People Living with HIV. In this study, we will talk to teenage girls and boys about what they know about barriers and enablers to the uptake and consistent condom use including their sexuality. We will invite them to share their knowledge and understanding so that we can find ways of meeting their needs at their local clinics and hospital.

### **Participation in the study**

Your child's participation is entirely voluntary. You can choose to say no and any services that you and your family receive at the clinic/hospital will not change. We know that the decision can be difficult when it involves your children. And it can be especially hard when the research includes sensitive topics like sexuality. You can ask as many questions as you like and we take the time to answer them. You don't have to decide today. You can think about it and tell us what you decide later. Should your child choose to participate, he/she can withdraw at any time without consequences of any kind.

## **Procedures**

Should you decide to allow your child to participate in this research study, you will be asked to sign this consent form once all your questions have been answered to your satisfaction. This study consists of an interview that will be administered to individual participants during teen/ART clinics. Your child will be asked to provide answers to a series of questions in order to explore factors enabling and barring young people living with HIV in uptake and inconsistent condom use. At some point participants will be audio recorded during focus group discussions should your child be selected for the discussions. The interviews will not take a long time to complete, probably 30 minis. This is a one-time only interview and interview room will be used for the interview in order to secure confidentiality and privacy.

## **Risks and Discomforts**

We are asking your son/daughter to share with us some very personal and confidential information, and he/she may feel uncomfortable talking about some of the topics. You must know that he/she does not have to answer any question or take part in the discussion/interview should he or her wish to do so, and that is also fine. He/she does not have to give us any reason for not responding to any question, or for refusing to take part in the interview". However there are no foreseen risks to participate in this study. Should she/he experience emotional distress from talking about his/her status, counselling sessions will be available.

## **Benefits**

There will be no immediate and direct benefit to your child or to you, but your child's participation is likely to help us find out more about the health needs of teenage girls and boys and we hope that these will help the local clinics and hospitals to meet those needs better in the near future.

## **Compensation**

Your daughter/son will not be provided with any payment to take part in the research. There is no material or monetary provision to be in the study.

## **Confidentiality**

There will be no sharing of information about your son or daughter outside of the research team. The collected information from the research project will be kept confidential. Information about your child that will be collected from the research will be put away and no one but the researchers will be able to see it. Any information about your child will have a number on it instead of his/her name. Only the researchers will know what his/her number is and we will lock that information up with a lock and key. Access to the records will be limited

to the researcher, supervisors and the College of Medicine Research Ethics Committee which will be kept strictly confidential.

### **Sharing of research findings**

At the end of the study, we will be sharing what we have learnt with the participants and with the community. We will do this by meeting first with the participants and then with the larger community. Nothing that your child will tell us today will be shared with anybody outside the research team, and nothing will be attributed to him/her by name. We will publish the results in order that other interested people may learn from our research.

### **Storage and destruction of data**

The data we collect will be accessible by the researcher and supervisor(s) involved in this study only. The data for your child will be stored for a period of at least 5 years before being destroyed. The dataset will be in password-protected databases and informed consent and transcripts will be stored in lever arch files and will be kept in a locked storage cupboard.

### **Right to refuse or withdraw**

You may choose not to have your child participate in this study and your child does not have to take part in this research if she/he does not wish to do so. Choosing to participate or not will not affect either your own or your child's future treatment at the clinic in any way. You and your child will still have all the benefits that would otherwise be available at the clinic. Your child may stop participating in the discussion/interview at any time that you or she/he wishes without either of you losing any of your rights here.

### **Contacts and questions**

The researcher conducting this study as Principal Investigator (PI), **Paul Bingo Chirambo**, the MPH student at the College of Medicine. Supervisor, **Prof. Adamson Muula**, College of Medicine, Malawi, you can contact him on 0884233486. You may ask questions if you have now. But if you have any questions later, you may contact Paul Bingo Chirambo on **088527737** or **0999316960**.

If you would like to talk to someone other than the principal investigator about (1) concerns regarding the study, (2) research rights, (3) research-related injuries, (4) other human subject issues, please contact the College of Medicine Research and Ethics Committee (COMREC) on 01 871 911 or write to; The College of Medicine Research and Ethics Committee, P.O Box 360, Blantyre, Malawi.

## PART 2: Certificate of Consent

*I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily for my child to participate as a participant in this study.*

**Print Name of Parent or Guardian** \_\_\_\_\_

**Signature of Parent of Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_  
**Day/month/year**

### ***N.B If illiterate***

*A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are illiterate should include their thumbprint as well.*

*I have witnessed the accurate reading of the consent form to the parent of the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.*

**Print name of witness** \_\_\_\_\_

**AND Thumb print of participant**

**Signature of witness** \_\_\_\_\_

**Date** \_\_\_\_\_  
**Day/month/year**



*I confirm that the parent was given an opportunity to ask questions about the study, and all the questions asked by him/her have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.*

A copy of this Informed Consent Form has been provided to the parent or guardian of the participant \_\_\_\_\_

**Print Name of Researcher/person taking the consent** \_\_\_\_\_

**An Informed Assent Form will \_\_\_\_\_ OR will not \_\_\_\_\_ be completed.**

**Dzina la kafukufuku:** Zifukwa zimene zikupangitsa kuti achinyamata azaka zapakati pa 15 ndi 24 omwe ali ndikachilombo ka HIV kuti agwiritse kapena asagwiritse ntchito makondomu pamene akugonana.

**Wofufuza:** Paul Bingo Chirambo (Modzi wa ophunzira a zaumoyo)

**Tsiku:** October 2018

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**Zofunika kuziwa:** *“Fomu ya umboniyi ndi ya makolo achinyamata apakati pa zaka 15 ndi 17 omwe akutenga nawo mbali pa kafukufuku ofuna kupeza zifukwa zimene zimathandizira kapena kupangisa achinyamata omwe ali ndi kachilombo ka HIV kuti agwiritse kapena kusagwiritse ntchito kondomu pamene akuchita zogonana”.*

**GAWO loyamba: Uthenga wokhudzana ndi kafukufuku**

Mwana wanu akupemphedwa kutenga nawo mbali pa kafukufuku amene akutsogoleredwa ndi bambo Paul Chirambo omwe ndi modzi mwa ana asukulu ku sukulu ya ukachenjede ya koleji ya zaumoyo ku Blantyre. Kafukufukuyu ndi mbali imodzi yomalizila maphunziro awo aukachenjede pa zaumoyo. Cholinga cha kafukufukuyu ndi kufuna kupeza zifukwa zimene zimapangisa achinyamata amene ali ndi kachilombo ka HIV kugwiritse kapena kusagwiritse makondomu pamene akuchita zogonana. Chonde welangani fomuyi komanso ndikufusa mafunso amene mungakhale nawo musanavomereze kulowa nawo mukafukufukuyu.

Kafukufukuyu athandizira muzipatala kuti athe kupereka zithandizo zoyenerera kwa achinyamata kuti miyoyo yawo ipite patsogolo. Mukafukufukuyu tiyankhulana ndi achinyamata ambiri; amuna komanso akazi ndipo azafunsidwa mafunso osiyanasiyana. Zindikirani kuti nthawi zonse pamene ofufuza akufuna kukumana ndi achinyamata achichepere makolo amafunika kupereka chilolezo. Ngati mwauzidwa bwinobwino mwasatanisatani malingana ndi kafukufukuyu ndi kupereka chilolezo tizapempha mwana wanu kuti ayankhulepo ngati wavomereza kutenga nawo mbali. Zindikirani kuti nonse mukuyenera kuvomereza kafukufukuyu asanayambe.

Simukukakamizidwa kuvomereza pomwepo kapena siku lomwero kuti mwana wanu atenge nawo mbali pakafukufukuyu. Musanapange chiganizo chanu mutha kuwuzza kapena kufunsa anthu ena alionse amene mumawadalira pamoyo wanu.

Patha kukhala mau ena amene simukuwamvesetsa chonde ndiuzeni kuti ndifotokonzemomveka bwino. Ngati muli ndi mafunso chonde ndifunseni kapena funsani wina aliyense akutenga nawo mbali pa kafukufukuyu.

### **Kodi kafukufukuyu ndiwotani?**

Matenda a AIDS ndimatenda amodzi amene akutsogola pa imfa za achinyamata muno mu Afirika komanso ali pa nambala yachiwiri padziko lino lapasi. Dziko la Malawi sili napulumuke pa mulili umenewu omwe ukupangisa achinyamata amene ali ndi kachilombo kufalisa kachilombo kwa abwenzi awo komanso ku ana. Achinyamata amene ali ndikachilombo ka HIV alinso pa chiopsyezo chozionjezera tizilombo ta HIV komanso matenda opasirana pogonana.

Makondomu ndi mbali imodzi yotetezera kufala kwa kachilombo ka HIV komanso kutengamimba pakati pa achinyamata. Ngakhale zilichomwechi kagwirisidwe ka makondomu pakati pa achinyamata kadakali kosika komanso akafukufuku oterewa ndiochepa muno mu Malawi komanso mu Afirika. Choncho kafukufuku uyu wapangidwa kuti afufunze zifukwa zimenezikupangitsa achinyamata amene ali ndikachilombo kugwirisa kapena kusagwiritsa ntchitokondomu pamene akuchita zogonana. Kafukufuku ameneyu athandizira azaumoyo kuti apezenjira zothesera kufala kwa kachilombo pakati pa achinyamata kuti miyoyo yawo komansochuma cha dziko lino chipite patsogolo.

### **Cholinga chakafukufuku**

Cholinga cha kafukufukuyi ndi kufuna kupeza zifukwa zimene zimapangisa achinyamata amene ali ndi kachilombo ka HIV kugwiritsa kapena kusagwiritsa makondomu pamene akuchita zogonana. Ndikutheka kuti muzipatala mwathu achinyamata sakutha kupeza zithandizo zoyenerera zotukula miyoyo yawo, ndichifukwa chake kafukufuku uyu wapangidwa kuti tithe kuziwa zosowa zawo kulimbikisa kugonana kwabwino. Tizapempha achinyamata kupereka maganizo awo kuti zipatala zithe kufikira achinyamata pa zosowa zawo.

### **Kutenga mbali mukafukufuku**

Simuli okakamizidwa kuti mwana wanu atenge nawo mbali mukafukufukuyu. Ndi ufulu wanu kuti mwana wanu kutenga nawo mbali kapena ayi. Ngati mwasankha kusatenga nawo mbali sizisokoneza chisamaliro chanu, cha mwana wanu, ubale wanu wapano komanso wamtsogolo ndi a chipatala chino. Palibe chilango kapena kusintha kwa chisamaliro cha mwana wanu ngati satenga nawo mbali kapena kusiyila panjira atangolowa kumene mu kafukufukuyu.

### **Ndondomeko ya kafukufuku**

Ngati mwavomereza kuti mwana wanu atenge nawo mbali mukafukufukuyu mudzapemphedwa kuti musayinire chikalatachi ngati umboni wavomereza. Kafukufukuyu ali ndi mafunso amene azafunsidwa kwa mwana wanu kuti ayankhe malingana ndi kufuna kuziwa zifukwa zimene zimapangisa achinyamata amene ali ndi kachilombo ka HIV kugwiritsa kapena kusagwiritsa makondomu pamene akuchita zogonana. Komanso mwana wanu azapemphedwa kupangidwa rekodi pa zokambirana zomwe zizakhalepo ngati mwanayo angasankhidwe. Kufunsidwa sikuzatenga nthawi yambiri makamaka phindu zitatu basi. Mafunso onsewa adzafunsidwa nthawi imodzi mu kachipinda komata pofuna kusungira chinsinsi mwanayo.

### **Chiopsyezo ndi kusamasuka**

Tizafuna mwana wanu kuti adzakhale momasuka ndikupereka maganizo ake pazinthu zaku mtima kwake zomwe pena zitha kuzakhala zovuta kufotokoza. Zindikirani kuti sayenera kukakamizidwa kuyankha mafunso kapena kupereka zifukwa zosayankhira mafunso ena. Ziwani kuti kafukufukuyu alibe zoopsy zina zili zonse. Ngati pangazakhale kukhumudwa kulikonse pamene nkhani zikukambidwa mwanayo azatumizidwa kwa aphungu oyenerera kuti azalandire upungu.

### **Phindu la kafukufuku Benefits**

Sipazakhala kupindula pomwepo pamene mwana wanu akutenga nawo mbali pakafukufukuyu koma kutenga nawo mbali kwa mwana wanu kuthandiza kuti tithe kuziwa zophinja zomwe achinyamata amene ali ndi kachilombo ka HIV akukumana nazo makamaka pa nkhani za uchembere wabwino.

### **Chiongola dzanja**

Palibe chiongola dzanja chinachilli chonse kapena ndalama potenga nawo mbali mukafukufukuyu.

### **Chinsinsi**

Zotsatira zakafukufukuyu, zidasungidwa mwachinsinsi. Pa mbali ina ili yonse yomwe ingasindikizidwe, sitidzalembamo nkhani za mwana wanu amene watenga nawo mbali mukafukufukuyu kuti adziwike. Zotsatira za kafukufukuyu zidasungidwa m'malo achitetezo chokwanira ndipo amene angakhale ndi mwai woona nawo zotsatira ndi mwini wakafukufuku, owayan'ganira awo aku sukulu ya ukachenjede ya College of Medicine, komanso abungwe la kafukufuku ya College of Medicine Research Committee akhoza kuona m'mene zotsatirazi zidayendera.

**Kugayirana zotsatira za kafukufuku**

Pa mapeto pa kafukufukuyu zotsatira zizaperekedwa kwa achinyamata eni ake komanso makolo kumudzi. Palibe nkhani imene iza ulusidwe kunja kwa kafukufukuyu malingana ndi otenga nawo mbali. Zotsatira zakafukufukuyu zizasindikizidwa mumasamba a yintaneti ndi cholinga choti ena aphunzirepo kuzera mukafukufukuyu.

**Kusunga ndi kuononga zonse zofufuzidwa**

Zonse zimene zizafufuzidwe zidzaonedwa ndi ofufuza yekha komanso ndi amene akumuyanganira mukafukufuku ameneyu. Ndipo zizasungidwa kwa zaka zisanu mwachinsinsi mu makina otetezedwa a komputa zisanaonongedwe. Komanso zonse zimene zidzakhale mumapepala zizasungidwa m'malo otetezedwa bwino wokiya.

**Ufulu wokana kapena kusiyira panjira kafukufuku**

Muli ndi ufulu opereka chilolezo kapena ayi kuti mwana wanu atenge nawo mbali mukafukufuku. Kutenga nawo mbali kapena ayi sikuzasokoneza thandizo lina lililonse pa chipatala chanu. Inuyo ndi mwana wanu muzakhala ndi mwayi wonse umene mumawupeza pa ku chipatala. Mwana wanu ali ndi ufulu wopitiliza kapena kulekera panjira kafukufuku ndipo sazafunsidwa zifukwa zotero.

**Mungatipeze bwanji komanso mafunso**

Ine ndikuchita kafukufukuyu ndine Paul Bingo Chirambo ndikuchita maphunziro aukachenjede pa za umoyo ku College of Medicine. Amene akundiayang'anira pa kafukufukuyu ndi a Professor Adamson Muula a ku College of Medicine, mukhoza kuwayimbira pa nambala iyi 0884233486. Tsopano mutha kufunsa mafunso ena alionse amene muli nawo. Ngati mukuona kuti mudzandifunsabe mutha kundiylimbira pa nambala iyi: 0888527737 kapena 0999316960. Ngati mukufuna kuyankhula ndi ena kupatula ineyo pa (1), nkhwana zokhudzana ndi kafukufukuyu (2), ufulu wachibadidwe pa kafukufuku (3), ngati mwavulala pa nthawi ya kafukufukuyu (4) zina zokhudza munthu amene akutenga mbali, mutha kuyimba foni pa nambala iyi 265 (0) 1 871 911 kapena mulembe kalata pa keyala iyi College of Medicine Research Committee, P/Bag 360, Blantyre, Malawi.

**GAWO Lachiwiri: Kuperekera umboni**

*“Ndawelenga komanso andifotokozera zonse zimene zalembedwa pamwambazi ndipo ndalandira mayankho a mafunso amene ndinafunsa. Ndikupeleka chilolezo kuti mwana wanga atenge nawo mbali mukafukufukuyu komanso zolankhula zake zisungidwe mu marekodi osungira nkhani za kafukufukuyi. Ndaziwitsidwanso kuti mwana wanga ali ndi ufulu wosiya*

*kutenga nawo mbali nthawi inali iliyonse mukafukufukuyu komanso kusankha mafunso oti ayankhe opanda kukakamizidwa. Ndamvetsetsa kuti zofufuza zake sizidzadziwika kuti amalankhula ndi ndani. Ofufuza ndi omuyanganira ake ndi amene adzakhale ndi mwayi ofikira zofufuzidwa zomwe zidasungidwe mwa chinsinsi. Ndauzidwa zonse zopinga pakafukufukuyu ndipo ndakhutitsidwa ndi zonse zimene ndafotokozeredwa”.*

**Zina la kholo** \_\_\_\_\_

**Chizindikiro cha kholo** \_\_\_\_\_

**Tsiku** \_\_\_\_\_  
**Tsiku/Mwezi/Chaka**

***Ngati satha kuwerenga ndikulemba:***

Mboni imodzi yoziwa kulemba ndi kuwerenga yisayinire m'malo mwa munthu wovutika kuwerenga ndi kulemba (koma akhale munthu wosankhidwa ndi munthu wotenga nawo mbali osati kholo, komanso asakhale munthu wokhunzidwa ndi kafukufukuyu)

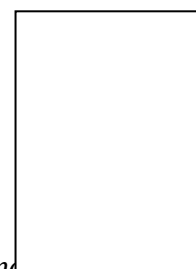
Munthu amene wovutika kulemba ndi kuwerenga ayike chidindo cha chala pamalo pomwe ayikidwa pamusipo.

*Ndaona komanso ndili ndichisimikizo kuti makolo a wachichepere ameneyu apasidwa mpata wofunsa mafunso malingana ndi ndondomeko ya kafukufukuyu mu fomuyi. Ndikuperekera umboni kuti makolo a wachichepereyu avomera kuti mwana wawo atenge nawo mbali mosa kakamizidwa.*

**Zina la mboni** \_\_\_\_\_ **komanso Chidindo cha otenga nawo mbali**

**Chizindikiro cha mboni** \_\_\_\_\_

**Tsiku** \_\_\_\_\_  
**Tsiku/Mwezi/Chaka**



*Ndikusimikiza kuti makolo apasidwa mwayi wofunsa mafunso ndipo makolo asankhidwa molondola malingana ndi nzeru zanga. Ndikuperekera umboni kuti makolowa sanakakamizidwe kapena kunyengereredwa kuti mwana wawo atenge nawo mbali pakafukufukuyu. Makolo avomereza kuti mwana wawo atenge nawo mbali mukafukufukuyu malingana ndi ufulu wawo.*

*Fomu imodzi ya ndondomeko ndi chizindikira yaperekedwa kwa makalo kuti asunge.*

**Zina la wofufuza kapena akutenga umboni\_\_\_\_\_**

**Chizindikiro cha wofufuza kapena akutenga umboni \_\_\_\_\_**

**Tsiku \_\_\_\_\_**

**Tsiku/Mwezi/Chaka**

**Fomu imodzi ya umboni yaperekedwa kwa otenga nawo mbali\_\_\_\_\_ (chizindikiro cha wofufuza)**

## Appendix J: Letter of support from Mchinji District Health Office

Telephone: 01 242 906

Fax : 01 242 262/235

e-mail : [mchinjimoh@dho.com](mailto:mchinjimoh@dho.com)

*All correspondences should be addressed to  
The District Health Officer*



*In reply please quote Ref. No.*

Ministry Of Health  
Mchinji District Hospital  
P.O. BOX 36  
Mchinji  
MALAWI.

31<sup>st</sup> August, 2018

Dear Sir,

**PERFORMANCE TO CONDUCT A STUDY: ENABLES AND BARRIERS TO  
INCONSISTENT CONDOM USE AND UPTAKE AMONG YOUNG PEOPLE LIVING  
WITH HIV IN MCHINJI DISTRICT**

I have the pleasure to inform you that the district hospital management team has agreed that you conduct your study "**Enables and barriers to inconsistent condom use and uptake among young people living with HIV in Mchinji District hospital and health facilities among the list Kaigwazanga, Mikundi, Kapiri and Tembwe from October 2018 to April 2019.**

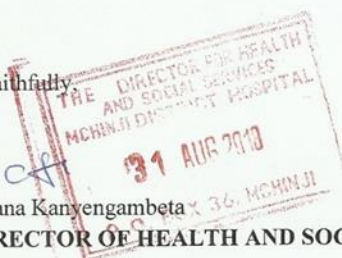
*The hospital management and staff of Mchinji will supports the study as it has benefits for the district. The staff will ensure availability of the information for you to use in for the study and support with any other support that we can to ensure the success of the study.*

Please assist him accordingly.

Yours faithfully

PP CFT  
Dr. Juliana Kanyengambeta

Ag: DIRECTOR OF HEALTH AND SOCIAL SERVICES



## Appendix K: Certificate of Ethics Approval

