



UNIVERSITY OF MALAWI

Kamuzu College of Nursing

RESEARCH DISSERTATION

**TITLE: CHALLENGES FACED BY COMMERCIAL SEX WORKERS
USING THE FEMALE CONDOM IN LIGHT OF HIV AND AIDS AT
CHIGWIRIZANO IN LILONGWE DISTRICT**

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SCIENCE DEGREE IN NURSING**

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DECLARATION


I hereby declare that this research dissertation is as a result of my own hard work and effort.

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ABSTRACT

This is a study which was conducted on challenges faced by commercial sex workers using the female condom in light of HIV/AIDS in Lilongwe district. The main aim of this study was to explore the challenges faced by commercial sex workers using the female condoms. The methodology used in this research study was the qualitative method and 10 in-depth interviews were conducted so as to assess the subjects individually about their experience with the female condoms. During the interviews the information was recorded using the tape recorder, the information which was transcribed in Chichewa was later on translated into English. In order to conduct the study in respect of human dignity, integrity and authority, ethical considerations were taken into account.

The findings in this study revealed that the commercial sex workers using the female condoms meet challenges such as problems with insertion and maintenance of the female condom during sex, resistance of the male clients to using the female condom due to lack of knowledge about the female condoms, female condom being expensive, unavailability of the female condoms in the community shops and the female condom being expensive.

TABLE OF CONTENTS

<u>CONTENTS</u>	<u>PAGE</u>
Declaration_____	i
Acknowledgement _____	ii
Abstract_____	iii
Table of contents_____	iv
List of acronyms_____	viii
Glossary _____	ix

CHAPTER 1

1.0 INTRODUCTION _____	1
1.1 Background _____	1
1.2 Problem statement _____	4
1.3 Significance of the study _____	5
1.4 Broad objective _____	5
1.5 Specific objectives _____	5

CHAPTER 2

2.0 LITERATURE REVIEW _____	6
2.1 Introduction _____	6
2.2 Description of the female condom _____	6
2.2.1 The female _____	6
2.2.2 How does the female condom work _____	6

2.2.3 Advantages and disadvantages of the female condom	6
2.3 Female condom and HIV/AIDS	7
2.4 Female condom and commercial sex workers	8
2.5 Studies carried out on the acceptability of the Female condom amongst commercial sex workers	9
2.6 Studies carried out in Malawi	12

CHAPTER 3

3.0 CONCEPTUAL FRAMEWORK(HEALTH BELIEF MODEL)	14
3.1 Diagrammatic presentation of the study	16
3.2 Application of the framework in the study	17

CHAPTER 4

4.0 METHODOLOGY	18
4.1 Introduction	18
4.2 Research design	18
4.2.1. Setting	18
4.2.2. Sampling	18
4.3 Data collection	18
4.4 Pilot study	19
4.5 Data analysis	19
4.6 Ethical consideration	19
4.7 Study limitations	20
4.8 Dissemination of results	20

CHAPTER 5

5.0 THE MAIN FINDINGS -----	21
5.1 Knowledge on HIV _____	21
5.1.1 Knowledge on HIV and AIDS _____	22
5.1.2 Knowledge on the female condoms _____	22
5.2 Availability of the female condoms _____	23
5.3 Importance of using the female condoms _____	24
5.4 Challenges associated with the use of the female condoms _____	26
5.5 Recommendations by the participants _____	28

CHAPTER 6

6.0 DISCUSSION OF THE FINDINGS -----	29
6.1 Knowledge on HIV and AIDS and the female condoms _____	29
6.2 Availability of the female condoms _____	30
6.3 Importance of using the female condoms _____	31
6.4 Challenges associated with the use of the female condoms _____	32
6.5 Conclusion _____	35

CHAPTER 7

7.0 RECOMMENDATIONS AND IMPLICATIONS OF THE STUDY

7.1 Recommendations _____	37
7.2 Implications of the Study _____	37
7.3 Areas for further study _____	38

REFERENCE	39
APPENDICES	
Appendix A: Consent form	42
Appendix B: Interview guide	44
Appendix C: Time table	52
Appendix D: Budget	53
Appendix E: Clearance Letter	55
Appendix F: <u>Research Committee Approval Letter</u>	57
Appendix G: <u>Lilongwe District Commissioner Approval Letter</u>	58

LIST OF ACRONYMS

AIDS- Acquired Immunodeficiency Syndrome

BLM- Banja La Mtsogolo

CSWs- Commercial Sex Workers

FC- Female Condom

FPAM- Family Planning Association of Malawi

HBM- Health Belief Model

HIV- Human Immunodeficiency Virus

KCN- Kamuzu College of Nursing

MNHP- Malawi National Health Policy

NAC- National AIDS Commission

NGOs- Non-governmental Organizations

PSI- Population Services International

STIs- Sexually Transmitted Infections

UNAIDs- United Nations

UNFPA- United Nations Population Fund

WHO- World Health Organization

GLOSSARY

Challenges- a problem that stimulates effort

Commercial Sex Workers- are the individuals whose reasons for engaging in sex work, and leaving it, are personal, economic and social as complex as anyone's reasons for involvement in any occupation.

Female Condom- is a lubricated polyurethane sheath with a flexible ring on each end that is worn by women

HIV- Is a virus that causes AIDs (Acquired Immunodeficiency Syndrome)

CHAPTER 1

1.0 INTRODUCTION

1.1 BACKGROUND

AIDS is the most serious deadly disease in human history. It is a disease caused by the Human Immunodeficiency Virus (HIV). The virus that causes AIDS i.e. HIV is mostly spread through unprotected vaginal or anal sexual intercourse (unprotected means not using a condom). And people who have another sexually transmitted disease such as syphilis are at greater risk for getting HIV during sex with infected partners.

Many people die every year from the epidemic i.e. 42 million people worldwide are living with HIV/AIDS and more than 3million die every year from AIDS (UNAIDS/WHO, 2008). People living in the sub-Saharan Africa have been more affected with HIV/AIDS than globally. According to UNAIDS/WHO 2008 report on the global AIDS epidemic, an estimated 22million adults (15-49years) and children were living with HIV in sub-Saharan Africa at the end of 2007, and during that year, an estimated 1.5 million Africans died from AIDS. In Malawi it was found that 930,000 people were living with HIV/AIDS of which 91,000 were children, 349,000 were men and 490,000 were women.

The increased number of women living with HIV (490,000 in Malawi) compared to men living with HIV (349,000) by the end of 2007 implies that women are the ones who are more infected with HIV than males. Women are mostly more affected because they are more vulnerable than men, epidemiologically, socially, economically and biologically. Socially and economically women in Malawi are less educated and they do not work. They depend on their husbands for support and for this reason men would demand sex from them (unprotected sex) and women do not refuse because they are afraid of not being supported by the men who are the bread winners.

Amongst the women, the more vulnerable group is the female commercial sex workers (CSWs). CSWs are the individuals whose reasons for engaging in sex work, and leaving it, are personal, economic and social as complex as anyone's reasons for involvement in any occupation (Cheryl Overs, 2002). They offer sexual services in return for money or other things of value. CSWs often are economically disadvantaged and socially stigmatized in Malawi. They are regarded as people who has no future and do not deserve human dignity. Mostly in Malawi CS Work is not

taken as an occupation, the sex workers commonly known as prostitutes work in the bottle stores (beer drinking places) as bargirls. They are employed so as to assist with the serving of customers. As they help the customers with what the customers want it when they find a chance of talking or attracting the customers so that they could have sex in exchange of money or whatever the CSWs would value. This, together with their high sexual partner turnover, renders them at high risk of HIV and other STIs and this also makes them an important group in the spread of HIV. No data were found in Malawi which quantify the risk of HIV transmission, infection through commercial sex but the risk behaviours amongst them is high e.g. unprotected sex due to client pressure (Eveline G. Bowie C. 2006), but in Petersburg, Russian Federation; Piskarev IG. 2004 noted that the rapid spread of HIV infection in the Russian Federation has been partly attributed to transmission to and from CSWs. There were 10,000 sex workers in St Petersburg, 2000 (20%) of whom were HIV infected and 3000 (30%) were suffering from Syphilis. The increased level of CSWs with syphilis 3000(30%) in Russian Federation indirectly indicates the potential risk of sexually transmitted infections and spread of HIV amongst them and their sexual partners.

Sex workers as any other human being merit the same human rights and for this reason the government of Malawi as stipulated in the Malawi National HIV/AIDS Policy (MNHP, 2003), ensures that people involved in sex business have access to confidential and respectful health care, particularly sexual and reproductive health services, female and male condoms, and treatment and care of sex workers who are living with HIV/AIDS.

In order to promote the health of women including the CSWs through decision making in the use of barrier methods such as condoms, the female condoms were developed in the 1980s. A female condom is a soft but strong sheath made of clear polyurethane plastic. The sheath has two plastic rings at either end. It is the only female barrier method that can protect females from both pregnancy and STIs including HIV. The female condom, because it can be female-initiated, it provides an additional HIV prevention option alongside the male condoms and offers women empowerment and greater control over their reproductive health. Jennifer Huget (2009) describes the FC as a currently existing and approved safer sex technology that can be used to prevent HIV infection and/or unintended pregnancy. She continues to say that correct and consistent use of

FC can reduce the risk of HIV infection by more than 90% in women having sex with infected partners.

When the FCs were introduced, it was noted that the acceptability was easy amongst the CSWs e.g Piyarat S. et al (2004) conducted a prospective descriptive study on perceptions and acceptability of the FCs amongst the CSWs in the Songkha province in Thailand. In this study CSWs from selected brothels were invited to participate. Those who used the FC were interviewed after 1 week and 16 weeks of use. Focus group discussions were also conducted at the end of the study period so as to obtain additional information. The group composed 56 CSWs. Only 34% of them had heard of the FC prior to this study and none had ever used one. A high proportion of CSWs reported positive experiences and perceptions. The 80% of the participants said they were satisfied with the FC and said would use it again in the future and would recommend it to their friends.

Just the saying of the CSWs that they were satisfied with the FCs and that they would recommend it to their friends is an indication that they accepted the FCs and were ready to use them.

In Malawi the Female Condom was introduced 9 years ago (in 2000) with funding from the United Nations Population Fund (UNFPA) but a pilot project to encourage female condom use failed in part because of lack of information about the condoms and stigma associated with their use, Kaizer Daily HIV/AIDS Report 2008. When the pilot was repeated four years later in 22 areas including in Blantyre city, across the country, it was found that it had gained greater acceptability. In 2004, Banja La Mtsogolo (BLM) took part in the promotion of the female condoms by doing sensitization activities such as doing youth rallies where education on the use and importance of the female condom was being done. BLM also do the sensitizations amongst the commercial sex workers whereby they go to the beer drinking places, places where most CSWs are found, so as to provide health education on the female condom.

Population Services International (PSI) Malawi joined in the promotion of female condom use last year (April 30, 2008) whereby they launched the CARE female condoms, a branded social-marketed female condom. PSI Malawi; drawing on the lessons learned in Zimbabwe and Zambia complements the commercial distribution of CARE female condoms with a specially developed

peer selling network. With the aid of United Nations Population Fund and Ministry of Health, it introduced a program (in September 2008) to distribute FCs in Malawian beauty salons in an effort to encourage their use and curb the spread of HIV, i.e. according to Kaizer Daily HIV/AIDS Report. Experience has shown that hair saloons are an effective marketplace for female condoms, as well as an excellent venue for providing targeted interpersonal and behaviour change communications activities as a way of ensuring that potential users of the female condom are provided with correct information and instructions on the products' use so that their first experience with the female condom is a positive one and they become repeat users (PSI/Malawi, putting Health First on <http://www.psi.org/where-we-work/malawi.html>). Hair saloons are also an effective place for distribution and selling of FCs because that's where most women are found plaiting their hair including the CSWs.

The fact that there have been some sensitizations and health talks on the female condoms amongst the CSWs does not mean that there are no challenges in the use of the FCs amongst the CSWs because if there were no any, the demand for the FCs would have been so high than for Male condoms as noted at Banja La Mtsogolo, Falls clinic whereby more CSWs ask for the supply of male condoms as compared to FCs which are available. Mr. Kadzaoneka, the director of youth services at BLM in Lilongwe district, was quoted saying that sometimes a week passes without any client coming to collect the FCs. This study therefore aimed at assessing the challenges that the CSWs face due to female condom use and in using the FC in light of HIV and AIDS.

1.2 PROBLEM STATEMENT

The number of people living with HIV/AIDS is increasing despite the government trying its best in sensitizing the nation about the dangers of the pandemic. Mostly the people that are greatly affected are the female CSWs. Female condoms were introduced in the year 2000 and sensitization to the commercial sex workers was done by some Non-Governmental Organizations such as Banja La Mtsogolo and PSI so as to empower the CSWs in decision making concerning the use of protective methods from sexually transmitted diseases including HIV and AIDS when doing sexual intercourse, but it still seems that the rate of Sexually Transmitted infections including HIV and AIDS is still increasing (16000 new infections in a day i.e. according to studies done by UNAIDS(2003), over 60% being in women and amongst these

women 5-35% are commercial sex workers). The problem of this study was that the number of CSWs getting infected with STIs including HIV is increasing despite the interventions on the use of protective measures such as the FC and the use of the FC is not so popular because some of the CSWs are meeting barriers to or challenges in the use of the FC.

1.3 SIGNIFICANCE OF THE STUDY

The findings of this study will give the health workers, NGOs that produce the female condoms such as PSI-Malawi; BLM; FPAM and the government of Malawi a picture on the challenges or problems that the CSWs meet in using the female condoms. Thus it will make the government think of ways on how to meet these challenges. When the challenges are met by the government of Malawi, then the number of women using the female condoms would increase and this would in turn reduce the spread of HIV and Aids amongst the commercial sex workers, their customers, and also the customers and their spouses.

1.4 BROAD OBJECTIVE

To explore the challenges faced by commercial sex workers using female condoms in light of HIV/AIDs

1.5 SPECIFIC OBJECTIVES

- a) To find out the level of knowledge from commercial sex workers on:
 - i) HIV and AIDS
 - iii) Mode of transmission and prevention of HIV and AIDS
 - iv) Female condoms
- b) To assess the availability of the female condoms amongst the commercial sex workers
- c) To find out commercial sex workers' perceived benefits of using the female condoms
- d) To assess the challenges faced by commercial sex workers using or who have ever used the female condoms regarding:
 - i) using the female condoms
 - ii) their clients

CHAPTER 2

2.0 LITERATURE REVIEW

2.1 INTRODUCTION

This chapter discusses the available literature relevant to the topic under study. The focus being on written literature published by other authors and related studies conducted world wide, in Africa and in Malawi relating to the description of the female condom, the female condom and HIV/AIDSs, and commercial sex workers and the female condom.

2.2 DESCRIPTION OF THE FEMALE CONDOM

2.2.1 The female condom

The female condom (FC) developed in the 1980s and worn by females, is a lubricated polyurethane sheath with a flexible ring on each end (Heidi Brown 2003). One ring covers the cervix like a diaphragm; the other remains outside, it is slightly larger that it covers both the woman's genitalia and the base of the man's penis. It is equipped with a water-based lubricant which makes insertion easier and allows comfortable movement during sex. It is a contraceptive device that protects women from getting unwanted pregnancies and sexually transmitted infections.

2.2.2 How does the female condom work?

The FC is put into the woman's vagina before sexual intercourse. During intercourse the female condom prevents contact between the vagina fluid that a woman produces and the man's semen, which contains sperms. As a result, there is no exchange of fluids during sex hence you are both protected against HIV, other sexually transmitted diseases including unwanted pregnancies.

2.2.3 Advantages and Disadvantages of using the female condom

The advantages of using the FC is that the woman puts it on her own into the vagina and can be put anytime from hours ahead to immediately before sex, and this gives the woman more control or involvement in the decision making regarding the protective sex thus putting them at lower risk of contracting sexually transmitted infections. In cases where alcohol or drugs have been consumed before sex, comparing the female to male condom, it is likely that the male condom

will be forgotten or not used because of insufficient erection and there is also a greater risk that it will be torn whilst being taken out of its package. The FC is both strong and durable because of the polyurethane it is made of and is not affected by changes in temperature and dampness. This makes it to last longer without being damaged. According to UNAIDS 1997, testing of the FCs indicates that semen leakage after sex is less than with a male condom, and that the risk of semen getting into the vagina due to dislodgement is about one-third lower. The other advantage is that the FC covers a greater area of the female genitals i.e. vagina, cervix and vulva; and the man's penis thus adding extra protection for both partners from sexually transmitted diseases.

According to Hatcher A.R. 1997, the disadvantages of the FC are that it usually needs partners okay to use it; the supply must be at hand otherwise the clients would re-use the device and women have to touch their genitals. Touching of the genitals would lead into cross infection especially where hygienic practices are not observed.

2.3 THE FEMALE CONDOM AND HIV/AIDS

Although women make up almost half of all people infected with HIV worldwide and 60 percent in sub-Saharan Africa, they have limited options for preventing infection. Women are biologically more vulnerable to transmission from an infected partner than men are. More important, economic, social, and cultural disempowerment means that the current HIV prevention strategies of abstinence, monogamy, condom use, fewer partners, and treatment of sexually transmitted infections (STIs) are not feasible for many women, since they often lack the ability to negotiate safe sex. There is, therefore, an urgent need for HIV prevention strategies that give women greater control. The female condom is the only female-controlled safe-sex method available. While this method is effective and relatively well-accepted by women, its usefulness is limited by cost, men's negative attitudes, its contraceptive properties, and practical aspects of its use (Heidi Brown, March 2003).

The female condom is the only contraceptive device used by women that protects against both pregnancy and sexually transmitted disease including HIV infection. To prove its effectiveness, in 1995 UNAIDS carried a study in Thailand which indicates that the availability of female condoms can indeed reduce unprotected sex thereby reducing the transmission of sexually transmitted infections including HIV/AIDS. In the study, some groups of female sex workers

were given male condoms only, while others were given both female and male condoms. Those given both had less unprotected sex and got one-third fewer Sexually Transmitted Infections than those given only male condom. In this study we would say that the female condom is playing an effective role in sexually transmitted disease prevention because for those who used the male condom only had more unprotected sex than those who had both the male and the FC. In this case we would say that where the male partner neglects putting on the male condom, the woman put on the FC thus preventing the transmission of HIV and other sexually transmitted infections. The results therefore mean that when people have access to FCs, the rate of unsafe sex and new sexually transmitted infections including HIV/AIDs decreases.

According to the National AIDS Commission of Malawi (NAC 2004), the FCs are safe and effective in HIV prevention when you use them correctly each time you have sex. On safety, NAC emphasizes that there are a range of tests performed by condom manufactures and regulatory agencies to ensure that FCs are safe, effective and strong enough to use during sex. These tests include electronic testing, the water leak test, the air burst test and the strength. The results of the tests done proves that the female condom is 90-95% effective as the male condom but the female condom is stronger and lasts longer than the male condom (NAC 2004).

2.4 THE FEMALE CONDOM AND THE COMMERCIAL SEX WORKERS

The commercial sex workers are one of the groups of the vulnerable people I.e. they are at risk of contracting sexually transmitted diseases including HIV due to their work. The introduction of the FCs is therefore an important means which would promote decision making in commercial sex workers concerning protected sex especially in cases where their male clients refuses to use the male condom thus protecting them from contracting sexually transmitted infections.

When the FCs were introduced it was noted that it is one of the barrier methods that would effectively reduce the infection of HIV amongst commercial sex workers e.g. a new study headed by University of California (2008), San Francisco AIDS researcher determined that providing the female condom to women who are commercial sex workers in rural South Africa is a highly cost-effective means of preventing HIV transmission and would even save health care funds. The aim of the study was sought to determine whether providing female condoms, which

can cost 20 times as much as male condoms, to 1,000 commercial sex worker (CSWs) in Mpumalanga Province, South Africa would be an effective and economic prevention intervention for HIV. The researchers conducted their analysis based on a statistical model. Costs were calculated from the perspective of a public-sector health payer. One of their key assumptions was that cheaper male condoms had been actively promoted before the female condom was introduced since the reliability of the results is enhanced by the conservative nature of the assumptions. Study findings showed saved HIV/AIDS medical costs estimated to be \$12,090 (\$2,038 per case), and the saved costs of treating the syphilis and gonorrhoea cases were estimated to be \$1,074. Subtracting the \$4,002 cost of providing 6,000 female condoms to the CSWs, the net savings to a public sector health care provider was \$9,163. The analysis found that providing female condoms remains cost-effective even when key factors are altered. To back up their analysis, they found out that there were net savings even when the prevalence of HIV was only 10 percent, the HIV transmission rate was only 0.1 percent per episode of intercourse, or the cost of treating HIV/AIDS was only \$625 per person.

The study findings showed saved HIV/AIDS medical cost which means that the provision of FCs plays an effective role in the prevention of HIV. And this can be more effective when the cost of the FCs is that which everyone can manage. The more the medical costs of HIV/AIDS are reduced the less the impact of peoples health needs on the government's economy. As a result the government would be able to concentrate on other development activities which would develop the nation.

2.5 STUDIES CARRIED OUT ON THE ACCEPTABILITY OF THE FEMALE CONDOMS AMONGST THE COMMERCIAL SEX WORKERS

Many studies have been carried out world wide, within Africa and a few in Malawi whereby authors were trying to find out the acceptability of the female condoms amongst the commercial sex workers. Most of the studies were done after the orientation of the female condom to the commercial sex workers was done first.

Ortiz V, et al (1992) carried a study on the acceptability of the female condoms amongst commercial sex workers in Mexico City. The objective of the study was to conduct a small

acceptability study to evaluate "Reality" female condoms among the prostitutes of Mexico City. The goal of the study was to evaluate the perception, attitudes and potential barriers to the use of this method in an intervention on a large scale. Four focus groups of six women working in different sex-work settings in Mexico City were organized. The groups were conducted by two trained psychologists and all sessions were taped and transcribed. Women were invited to participate in the evaluation of a new product and most of them were not aware of the existence of the female condom. After the session free samples were offered for testing and follow-up visits were performed. The results were that at the first presentation none of the participants guessed that it was a female condom, and most impressions were negative, mainly because of the feel of the lubricant. The size was perceived as negative and unattractive. Use was considered practical and feasible by most groups. The empowerment and advantages in terms of use with clients who are reluctant to use condoms were discussed, although not obvious to most groups, participants did agree that advantages existed. Packaging was perceived as a negative characteristic. At follow-up visits (18 women), sex workers reported that clients were pleased that the condom "brought back sensation" and most of male clients did not perceive or notice the female condom. Those who used the female condom did not experience physical problems or difficulties in its use. While initial reactions to the female condom were negative, there were few physical complaints with actual use and client reactions were favorable.

For the female commercial sex workers to do their work there must be their male clients and for them to use the female condoms there will also be need for their clients to have knowledge about and to accept the use of the female condom. Commercial sex workers will also do their work with the aim of pleasing their clients i.e. if the client refuses to use the female condom then they wont use it because of the fear of losing the customers. This therefore means that the use of the female condom needs the involvement of the two sexual partners thus the acceptability of the male client too to the use of the female condom. Studies have been therefore carried out so as to assess the acceptability of female condoms amongst the commercial sex workers and their male clients. Marieke G. and van Dijk (2008) , conducted the study with the purpose of exploring the acceptability of the female condom among female sex workers and their male clients and regular partners in the Dominican Republic. They conducted in-depth interviews with 18 sex workers who had completed participation in a longitudinal study on the acceptability of barrier methods,

and did additional in-depth interviews with 15 male clients and 7 regular partners of the sex workers and the results were that the majority of the sex workers in this study found the female condom acceptable and welcomed the option of a female-controlled method of protection against sexually transmitted infections (STIs) including HIV. Sex workers were successful in negotiating use of the female condom with their clients. Clients and regular partners of the sex workers were very positive about the female condom; like the women, they valued its protection against STIs, and almost all of them preferred it to the male condom. Therefore, from this study we would conclude that the introduction of the female condom, as a female-controlled barrier method, offers high risk groups such as sex workers, their male clients and regular partners an acceptable option for the prevention of transmission of HIV and other STIs. The study concluded that the positive male attitude towards the female condom could be used for marketing strategies if and when the method was introduced in the Dominican Republic including in other countries.

Despite that the FC was easily accepted amongst the CSWs, there are some challenges in using the female condom. To back up this statement a questionnaire survey was conducted by Addisu M.R. (2003) so as to identify the socio-demographic characteristics of the users, as well as the benefits and problems encountered with usage of the female condom. Questionnaires were filled out by 100 clients who were users of the female condom returning to youth centers to request more of the product between May and July of 2003. The Majority of the clients were single (63) and Christians (84). The age of clients ranged between 12-42years old and the median age was 22 years. More than half of the users (52) had attended secondary school and 36 were commercial sex workers. For a variety of reasons, including fear of resistance by their male partners, 25 users (one fourth of respondents) chose not to inform their sexual partners that they were using the stuff. Nine out of those twenty five users said that their male partners were not able to perceive the use of the female condom during sex. 43 of users felt that the female condom was a user-friendly form of contraception; however insertion or procedural problems were encountered by 30 of users. Similar to the results of other studies on the female condom, 40 of users disclosed that the product was noisy. It is noteworthy that a significant number of users are commercial sex workers revealing a crucial need to invigorate Information Education Communication activities to expose other groups of women for the subsequent proper utilization.

As noted in this study it is therefore important that males should be involved in the use of the female condom decision making so as to reduce resistance of usage thereby responding to prevention of the transmission of HIV/AIDS. Involvement of the male will help in reducing some of the barriers to or challenges in using the female condom

2.6 STUDIES CARRIED OUT IN MALAWI

In Malawi a study has been done by **Zachariah R** et al (2003) on acceptability and technical problems of the female condom amongst commercial sex workers in a rural district (Thyolo) of Malawi with the aim of assessing the acceptability of the female condom and identifying common technical problems and discomforts associated with FC use. There were 88 commercial sex workers who were entered into the study with a total of 272 female condom utilizations. Eighty-six CSWs were satisfied with the female condom, 70 preferred it to the male condom and 81 were ready to use the device routinely. Of all the utilizations, the most common technical problem was reuse of the device with consecutive clients, 5 CSWs after having washed it, and 2 CSWs without any washing or rinsing. The most common discomfort that was reported included too much lubrication, device being too large, and noise during sex.

I feel this study conducted in Malawi is important as it will help in preparing the introduction of the female condom within known commercial sex establishments in Malawi especially where the sensitization has not yet taken place.

The introduction of the female condoms, being the only female barrier method can effectively help in the fight against HIV especially amongst the high risk group of female commercial sex workers. This is true as it has been known from the studies stated above that the acceptability of the use of the female condoms has been more effective amongst the commercial sex workers than amongst other women who are not commercial sex workers.

The literature review has also shown that despite the acceptability of FCs amongst CSWs being high, the CSWs also meet some challenges in using the female condom. Therefore, in order to sustain and increase the use of the FCs amongst these CSWs there is need of addressing the

challenges that they meet in using the FC and some of these challenges have been known when this study was conducted amongst the CSWs at Chigwirizano in Lilongwe district Malawi.

This study is therefore important as it aimed at exploring the challenges that the CSWs meet when they use the female condom something different from other studies done in Africa, Malawi and worldwide on female condoms and CSWs. The results of the study will therefore help the government of Malawi in meeting the challenges thereby reducing the impact of HIV/AIDs on the country's economy.

CHAPTER 3

3.0 CONCEPTUAL FRAME WORK (HEALTH BELIEF MODEL)

In this study a health belief model (HBM) was used. A health belief model was created in the 1950s by Rosenstock following the initial study devised by researchers in the U.S. Public Health Service which served as an explanatory model to explain the widespread failure of people to participate in programs to prevent or detect disease (Stretcher, Rosenstock, 1974). The health belief model is also known as “single model with components that interact to explain health behavior” and is an attempt to explain the use of preventive health services such as child immunizations (Clemen-Stone, McGuire, Eigsti, 2002).

HBM was originally a disease-oriented model that looked at why some people take specific actions to prevent a disease or condition and some who do not. More recently, the HBM has been adapted for a much broader use to explain a variety of health behaviours and to design interventions that would improve client access to preventive measures (Clemen-Stone, McGuire, Eigsti, 2002).

The major concepts of the HBM include perceived susceptibility, perceived severity, perceived benefits and costs, motivation, and enabling or modifying factors. Becker (1974) modified the HBM and grouped the components into (Berman A. 2008):

Individual Perceptions

Individual perceptions include the following:

- Perceived Susceptibility: in a family where there is history of certain hereditary diseases such as diabetes may make one feel at high risk of developing the disease.
- Perceived Seriousness: In the perception of the individual, does the illness cause death or have serious consequences? For example, concern about the spread of acquired immune deficiency syndrome (AIDS) reflects the general public's perception of the seriousness of this illness.
- Perceived threat: According to Becker (1974), perceived susceptibility and perceived seriousness combine to determine the total perceived threat of an illness to a specific

individual (Berman A. 2008) e.g. a person who perceives that many individuals in the community have AIDS may not necessarily perceive a threat of the disease; if the person is a drug addict, however, the perceived threat of illness is likely to increase because the susceptibility is combined with seriousness.

Modifying Factors

Factors that modify a person's perceptions include the following:

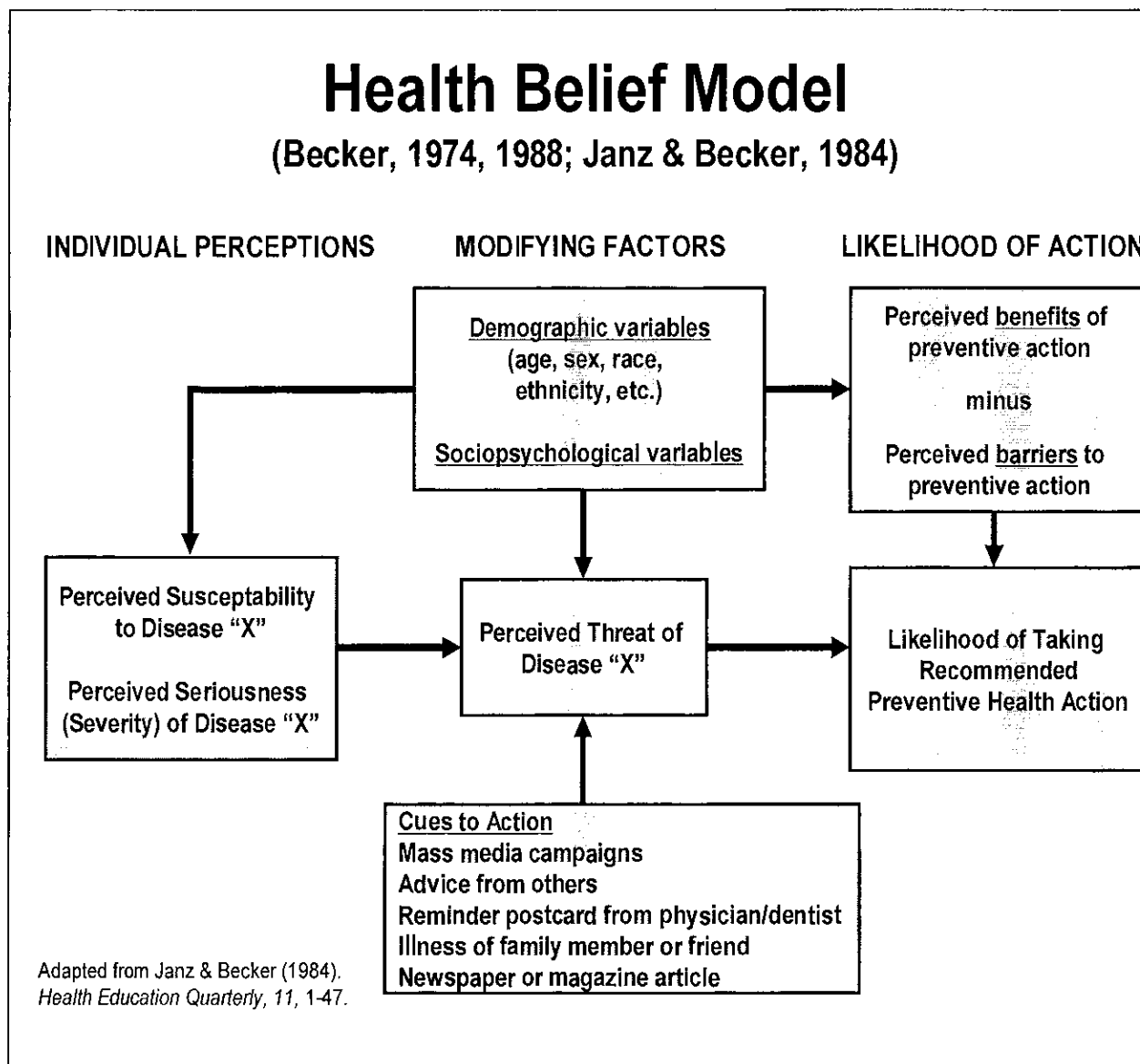
- **Demographic variables:** demographic variables include age, gender, race, and ethnicity. An adolescent may perceive peer approval as more important than family approval and as a consequence may participate in hazardous activities or adopt unhealthy eating and sleeping patterns.
- **Sociopschologic variables:** social pressure or influence from peers or other reference groups may encourage preventive health behaviours even when individual motivation is low. Expectations of others may motivate people e.g. not to drive whilst drunk.
- **Structural variables:** knowledge about the target disease and prior contact with it are structural variables that are presumed to influence preventive behavior.
- **Cues to action:** cues can be either internal or external. Internal cues include feelings of fatigue, uncomfortable symptoms, or thoughts about the condition of an ill person who is close.

Likelihood of Action

The likelihood of a person's taking recommended preventive health action depends on the perceived benefits of the action minus the perceived barriers to the action (Berman A. 2008).

- **Perceived benefits of the action:** examples in general include that in order to prevent lung cancer one refrains from smoking.
- **Perceived barriers to action:** examples include cost, inconvenience, unpleasantness, and lifestyle

3.1 DIAGRAMATIC PRESENTATION



3.2 APPLICATION OF THE HEALTH BELIEF MODEL IN THE STUDY

In the HBM Becker was trying to predict which individuals would or would not use preventive measures. Usually a person would go for a preventive measure if he/she perceives something being the problem and feels that he/she is susceptible to contracting the disease or the infection. The same applies to the commercial sex worker; she is likely to use a female condom or any other protective measure when she perceives having unprotected sex as putting herself at risk of contracting STIs including HIV.

She might also practice protected sex if she has knowledge about the female condom and HIV/AIDS i.e. if she has the knowledge about the availability of female condoms, how it works and its benefits of being protected from STIs. Having the knowledge about the female condoms and its benefits is a modifying factor that will modify the commercial sex workers perception of the female condom and HIV.

The likelihood of the commercial sex worker using the female condoms will also depend on the perceived benefits of the actions and the perceived barriers to the action. If the benefits are more than the barriers or the challenges the commercial sex workers are likely to continue using the female condoms.

CHAPTER 4

4.0 METHODOLOGY

4.1 Introduction

This section describes the research design, setting, sampling, data collection, pilot study, data analysis, and ethical consideration.

4.2 Research Design

In this study a qualitative research design which is a systematic subjective approach used to describe life experiences and give them meaning was used. A qualitative research design was used so as to explore the challenges faced by commercial sex workers who use or have ever used the female condoms. The challenges are subjective to the person being asked because what one commercial sex worker feels like is a challenge might not be the same to the other. Qualitative research was also used because it is a means of understanding and interpreting human experience (Burns & Groove, 2005).

4.2.1 Setting

The study was conducted at Chigwirizano in Lilongwe district. Chigwirizano was identified as the study setting because in this area it is where most commercial sex workers are found due to an increased number of beer drinking places. It is also one of the areas in Lilongwe district where Banja La Mtsogolo, PSI-Malawi and FPAM have been conducting the sensitizations of FCs amongst the CSWs.

4.2.2 Sampling

In this study a sample of 10 CSWs was used and convenience sampling was also used whereby sample members were recruited so as to identify only the CSWs who have ever used or are using the FC. Sampling by convenience is important because it is efficient, economical and easy as comparing to other sampling methods.

4.3 Data collection

Ten in-depth interviews, using an interview guide (see Appendix B), were conducted in this study for collecting data. In-depth interviews help to explore issues from the participants that

would not be spoken out if other methods were used like focused group discussions. They also have an advantage in their ability to produce additional data through observation. Data collected through the in-depth interviews was recorded using a tape recorder.

The subjects in this study were identified with the help of a staff member who works with Banja La Mtsogolo (BLM) in the sensitization of female condoms amongst the CSWs. When the subjects were identified and gave the informed consent after being explained about the study, a specific place (away from their working area but within Chigwirizano) was identified where the interview was conducted the following day i.e. on ^{1ST} September 2009.

4.4 Pilot Study

A pilot study, a small-scale version or trial run designed to test the methods to be used in a larger, more rigorous study, was performed.

The pilot study ensures validity and reliability of the measuring tool. Validity refers to the ability to obtain needed data. It tells the investigator whether the tool will measure what she/he wants to measure while reliability indicates its accuracy and consistence.

For this study, a pilot study was conducted at Bwandilo in Lilongwe district amongst the CSWs. The number of subjects whom were involved in the pilot study were 3 CSWs and these subjects were identified the same as the subjects for the main study i.e. with the help of BLM staff.

4.5 Data analysis

Data analysis involves the synthesis of the pieces of information obtained in the course of a study. In this study interviews were recorded using the tape recorder and transcribed in Chichewa and later on were translated in English. So as to make sense of the data collected, categorization and ordering of information was done.

4.6 Ethical consideration

Ethical considerations are important when conducting a research study because they provide a basis for moral conduct in respect of human dignity, integrity and authority. To conduct an ethical research, the subjects were firstly told about the study i.e. what it involves, the risks

which were not available in this study, the advantages and the purpose of the study. They were also taught that they have the right to participate voluntarily and also to refuse or withdraw from the study whenever they feel that way. The method of data collection was also explained to the subjects. After explaining to them and when they accepted to participate in the study they were asked to sign a consent form (see appendix A) which serves as evidence that they have agreed to participate in the study without coercion.

The subjects were ensured of confidentiality. They were also told that the accessibility of data will be restricted to the researcher and her supervisor. Confidentiality was considered based on that it is an important ethical requirement in research because, owing to various implications, some people may not want the information that they provided to be linked with them.

The proposal was also submitted to the KCN Research proposals and Publication committee for approval before the study was conducted. Letter of asking for permission to conduct the study within Lilongwe was written to the Lilongwe district commissioner and permission was granted.

4.7 Limitations of the study

The time to develop the proposal and carry out the research is limited since the study takes place in an academic setting along with other courses of study. Thus it does not provide the researcher to prepare for a larger study.

4.8 Dissemination of results

A copy of the dissertation will be placed in the libraries of Kamuzu college of Nursing and other results will be disseminated to PSI/Malawi which takes part in the promotion of the female condom so that they could also take part on dealing with the challenges met by the CSWs thus promoting the use of the FC, ministry of health, BLM and FPAM.

CHAPTER 5

5.0 MAIN FINDINGS

The findings of this study are a reflection of the in depth interviews conducted amongst the 10 subjects. The findings focuses on description of the participants, participants knowledge on HIV and AIDS and on the female condoms, the availability of the female condoms, participants perception on importance of using the female condom and challenges faced by CSWS using or who have ever used the female condom regarding using the female condom and with their clients.

The participants in this study were all CSWs who considered commercial sex work as their only means of earning their living though apart from CSW others were also working as sales ladies in the beer drinking places. The participants were all residing at Chigwirizano behind there places of work where there are rooms for rent (500 Malawi kwacha per month). But originally they are from Kasungu, Ntcheu, Dedza, Ntchisi, Thyolo, Karonga, Machinga, Mulanje and Lilongwe. The age of the participants ranged between 18-30 years old. More than half of the participants dropped school in secondary school due to school fees, some dropped in primary school and only one has never been to school.

When asked about their relationship status, half of the participants revealed that they had no any steady relationships saying

'When you have a steady partner he disturbs your business because when the client comes thus when he wants to have sex with you'.

The other half said they have steady relationships and other sexual partners i.e. their clients who are to pay after having sex. Their steady partners do not pay.

5.1 KNOWLEDGE ON HIV AND AIDS AND THE FEMALE CONDOMS

Among some of the issues that the researcher wanted to find out from the participants was the participants' knowledge on HIV and AIDS and the female condoms.

5.1.1 KNOWLEDGE ON HIV AND AIDS

The interviews revealed that all the participants had knowledge about HIV. When asked if they regarded HIV as an STI, the participants said they regarded it so because HIV is also transmitted through sexual contact mostly when having unprotected sex.

When probed further on how one can be protected from contracting HIV, they responded that by having protected sex i.e. using either a male or female condom.

The participants were asked if they meet any challenges in the process of protecting themselves from HIV and it was revealed that the participants meet challenges such as their sexual partners refusing to use either the female or the male condom, one of the participants was quoted saying:

“The customers refuse to use either the female or male condom because they say you can not eat a sweet whilst it is still in the packet”

The participants also responded that the clients beat the CSWs when they insist on using the condoms. One of the participants revealed that:

“Some men are violent, when you bring up the issue of using the condom they refuse and when you try to convince them to use the condom, these men end up beating you”.

The participants also complained of having challenges such as the clients bursting the condom when the participants insist using the condom.

One of the participants responded that:

“Some clients choose that we have sex in the dark with the idea of tearing the condom in front. Some of the clients burst the condom in front of you”.

5.1.2 KNOWLEDGE ON FEMALE CONDOMS

In this study the researcher also wanted to find out the participants knowledge on female condoms.

The participants were asked if they have ever heard about the female condoms and it was noted that all the participants had heard about and knew the female condoms. It was also revealed that the non-governmental organizations such as BLM, FPAM and PSI have been going to Chigwirizano for the dissemination of information on female condoms. The information was

disseminated through the dramas, demonstration on how to open, wear the female condom, and health talks.

Click button to respond Click button to respond Click button to respond

that GN has been fulfilled. that GN cannot be fulfilled. that there is a question about GN.

FULFILLED CANNOT FULFILL QUESTION

When the participants were asked if they have ever used the FC and asked how many times, it was noted that all the participants had ever or use the female condoms. The majority uses the FC whenever the FCs are available and some who were new in the profession said they had used the FC only thrice.

5.2 AVAILABILITY OF THE FEMALE CONDOMS

The aim of this study was also to assess the availability of the female condoms within Chigwirizano.

To get the answers on this, the participants were asked how they obtain the female condoms. It was noted that the female condoms are distributed for free by the Non-governmental organizations (NGOs) such as BLM, PSI and FPAM.

When the participants were asked what they do when the freely distributed female condoms finish, half of the participants revealed that they buy because it takes time for the NGOs to come again and distribute the free FCs.

Some said that they use the male condoms because the FCs are not sold within Chigwirizano. Though one of the participants said that she gets the FCs from BLM where they also provide FCs for free.

The participants were further asked where one can find or obtain the FCs within Chigwirizano and it was noted that only a few knew where the FCs are sold i.e. in the beer drinking places but some said they did not know any place where the FCs are sold.

For the few who responded that the FCs are sold at beer drinking places, also revealed that in these places the FCs are also not always available.

The participants who said that they buy the FCs were asked the amount they pay which is k50.00 (Malawi kwacha). When asked if they were comfortable with the price, it was revealed that the participants were not comfortable with the price as they compared it with the male condoms which the participants said are cheaper (35 Malawi kwacha).

5.3 IMPORTANCE OF USING THE FEMALE CONDOM

Enter text indicating whether or not the GN was fulfilled, along with your explanation or question.
Click button to respond that GN has been fulfilled. Click button to respond that GN cannot be fulfilled. Click button to respond that there is a question about GN.

The study was also set out to find out CSWs perceived benefits in using the female condoms. Interviews revealed that all the participants felt it was important to use the FCs. The participants indicated that it is important because they have all power to have protected sex when their clients refuse to wear a male condom since the participants wear the female condom on their own.

One was quoted saying:

“I feel using the FC is important because when a man refuses to put on a male condom you put on a FC thereby protecting yourself from sexually transmitted infections (STIs)”.

Another participant responded that it is important because:

“When you make an appointment with a man that you meet at a hotel or in town, you can put on a FC before you start off your journey. When you meet with the man and he asks for sex with no any kind of a condom you just accept whilst knowing that you have put on a FC and you are protected”

The other participant also said it is important because her clients like it and in turn he gets a lot of customers.

“The female condoms are good because my customers like them and because of that I end up having more customers”

The interviews also revealed that the participants perceived the female condom to be important because it is different from a male condom which bursts most of the times, as it was quoted by one of the participants who said that :

“I feel the female condom is important because it is strong and it does not easily burst as compared to the male condom”.

The other advantage that the participants revealed was that they can not get pregnant and STIs by using the female as it was quoted by one of the participants who said that:

“It is important to use the female condom because it protects you from getting STIs and unwanted pregnancies”.

The majority also indicated that it is important to use the female condom because there is more pleasure in using the FCs as compared to male condoms. The participants revealed that the good pleasure associated with the use of the female condom makes them like the FCs most.

“The female condom has got more lubricant which adds to the pleasure as compared to the male condom. The lubricant of the female condom also protects you from having painful sex, this is true when you have worn the female condom for some time and it has soften since the female condom takes some time to soften” One participant commented

5.4 CHALLENGES ASSOCIATED WITH THE USE OF THE FEMALE CONDOM

Despite the participants' interest and acceptance to using the female condoms, a number of challenges were encountered by the participants in the process of using the female condom. This was revealed when the participants were asked if there are any challenges that they encounter/ed regarding using the female condom itself and their male clients.

Interviews with the participants revealed that all participants have ever had one or more problems with the use of the female condom and the challenges include the following:

5.4.1 Difficulties with insertion of the Female Condom

The majority indicated that that they had problems with insertion and maintaining of the FC in place during sex.

The participants cited that they have problems with insertion because of the size of the FC which is big. They continued to say that it is difficult to maintain the FC in position during sex especially when they failed to insert the FC properly.

5.4.2 Lack of knowledge by the male clients about the Female Condom

The participants revealed that most of the clients do not know the FC, the thing that makes it difficult for the participants to convince the clients to use the FC. For this reason the participants choose not to tell the clients. The participants also responded that if they tell the clients, the clients might shun away from them and they might end up having no customers.

It was also noted from the interviews that the participants do not tell their clients when they have worn the FC because some clients decide to push the FC aside when they are doing sex. The clients choose to have sex in the dark so that they should easily push the FC aside because the participants do not see in the dark.

For the participants who said they don't tell their clients when they have put on a FC, they were asked how their clients react when the clients realize on their own that the participants have worn the FC. It was revealed that in such situations when the clients realize on their own, the clients beat the participants and some clients don't even pay the participants after having sex.

5.4.3 Painful Ring of the Female Condom

Some of the participants revealed that their clients complained that the ring of the FC is painful. Since these participants aim at pleasing their clients so as to have many customers, they then choose not to use the FC.

5.4.4 Price of the Female Condom

A few of the participants said the FC is expensive to buy and because they don't manage to buy the FC to use for each client they become in contact, the participants revealed that they then end up using one FC twice or more with different clients.

5.4.5 Time

Some of the participants also indicated time as a challenge in using the FC.

“The female condom remains in place better if you wear it some time earlier but if you put it on the moment you want to sleep with a client, it easily slips away and the ring hurts because the FC has not yet become soft. This is also a challenge in using the FC”. One participant commented

5.4.6 Unavailability of the Female Condom in the community Shops

A few of the participants also said the FCs are mostly not available in some shops such as Peoples Supperate and some groceries. They also said even some beer drinking places do not have the FCs for sale.

5.5 RECOMMENDATIONS BY THE PARTICIPANTS

The participants were so glad with the introduction of the FCs and they would encourage the Non-governmental Organisations (NGO's) such as PSI which produces CARE Female condoms to produce more FCs so that the FCs should always be available.

They also appreciated for the NGO's such as FPAM, PSI and BLM that were distributing the FCs for free.

The participants also felt that it would be important if education about the FCs was also given to males because most males do not know the FCs and its importance. Some of the clients refuse to use the female condoms. The participants said if only the clients had knowledge about the female condoms they (the participants) would not have been abused by their clients.

CHAPTER 6

6.0 DISCUSSION OF THE FINDINGS

The discussion of the findings mainly focuses on knowledge of the CSWs on HIV and AIDS and the female condoms, availability of the female condoms, importance of using the female condom and challenges associated with the use of the female condoms.

6.1 KNOWLEDGE ON HIV AND AIDS AND THE FEMALE CONDOM

The findings of the study revealed that all participants had knowledge about HIV and regarded HIV as an STI because HIV is transmitted through sexual contact, mostly when having unprotected sex. It was also noted that the participants had knowledge on how they can protect themselves from contracting HIV whereby they stated that by having protected sex they can protect themselves from HIV/STIs.

From the findings it has also been known that the participants have knowledge about the female condoms. The NGOs such as PSI, FPAM and BLM are the sources of information on FCs. The participants in this study all use the FCs whenever FCs are available and some who were knew to the commercial sex work used the FCs only thrice.

It has also been noted from the findings that the participants meet challenges in the process of protecting themselves from contracting HIV such as their clients refusing to use either the female or male condom, clients beating the participants if they insist on using or bursting the condom.

The fact that the participants have knowledge on HIV, how is contracted, how one can protect oneself and the FCs is good because it means that they will be able to have protected sex by using the female condom so as to protect themselves from contracting the HIV virus.

However, the challenges the participants meet in the process of protecting themselves from HIV, might hinder the participants from using the protective measures such as female condoms thereby putting the participants at risk of contracting the Human Immunodeficiency Virus including other STIs

6.2 AVAILABILITY OF THE FEMALE CONDOMS

The study findings showed that the FCs are mostly distributed for free at Chigwirizano by BLM, PSI, and FPAM which is good because free distribution of the FCs promote protective sex amongst the CSWS who are mostly at risk of contracting and transmitting the HIV virus.

The free distribution of the FCs also helps those whom could not manage to buy either the male or female condom to be able to have protective sex thereby protecting themselves from HIV/STIs.

The participants were asked what they do when the freely distributed FCs finish and it was noted that some of them buy, others use the alternatives which are the male condoms and one of the participants stated that she gets FCs from BLM where they also provide for free.

For the participants who said that when the FCs finish they buy, these participants felt that the price for the FCs is expensive (50 Malawi kwacha) as they compared the price with the male condoms which are sold at K30 (Malawi kwacha).

Though the participants expressed their great satisfaction with the FCs as compared to the male condoms, the price would also reduce the rate of the CSWs using the FC as expressed by the CSWS who said the price is expensive. Some of the CSWS might not be able to use the FC due to the price and this might also put them at risk of contracting HIV/STI especially in the case where the clients refuse to use the male condoms.

The same applies to the other participants whom said they use the male condoms when the free distributed FCs finish i.e. when the male clients refuse to use the male condoms, burst the male condoms or forces the CSWS to have unprotected sex the participants might be at risk of contracting STI/HIV thereby increasing the spread of STI/HIV.

Therefore it is important that the FCs should always be available either for free or at a reduced price comfortable to the buyers. The places where the FCs are sold also need to be sensitized amongst the buyers so that they know where to get the FCs when the free distributed FCs finish.

6.3 IMPORTANCE OF USING THE FEMALE CONDOMS

The participants in this study revealed that it is important to use the FC because the participants have all power to have protected sex by using the FC when their male clients refuses to use the male condom. This is true because the woman puts the FC on her own into the vagina. The FC can be put anytime from hours ahead to immediately before sex, the thing which gives the woman more control or involvement in the decision making regarding the protective sex (Heidi Brown, March, 2003).

As quoted by some of the participant that the advantage of using the FC is that it does not easily break or burst as compared to the male condom; this is true as it was revealed by UNAIDS (1997) that the FC is strong and durable because it is made up of the polyurethane. The FC is not also affected by changes in temperature which also makes it stay longer without being damaged.

Some of the participants cited that it is important to use the FC because they are protected from the unwanted pregnancies. The female condom is also one of the effective family planning methods that protect the woman from getting unwanted or unplanned pregnancies. During sexual intercourse the FC covers the vagina and the outside of the genitalia thus preventing the vaginal fluid and the semen of the man, which contains sperms from coming into contact. As a result there is no contact of the sperm and the ovary of the woman; hence the woman is protected from getting unwanted pregnancies including the STIS and HIV/AIDS.

6.4 CHALLENGES ASSOCIATED WITH THE USE OF THE FEMALE CONDOM

On this section the researcher aimed at assessing the challenges that the CSWs using or who have used the FC encounter/ed regarding their clients and in using the FC itself. The findings revealed that the participants have ever had one or more problems regarding using the FC and with their clients.

6.4.1 Difficulties with insertion of the Female condom

The majority indicated having problems such as difficulties with insertion because of the size of the FC which is big and because the participants fail to insert it properly, the FC is not maintained in place. The FC moves during sex.

This is inline with the study conducted by Addisu M.R. (2003) with the aim of identifying the socio-demographic characteristics of the users, as well as the benefits and problems encountered with usage of the female condom. In this study the findings revealed that some of the participants encountered the insertion or procedural problems with the FC.

The problem with insertion of the FC would hinder the participants to using the FC because they would feel that it wastes their time. Since the FC is not also maintained in place during sexual intercourse, there is a possibility that the male partner's penis might not be in the FC during sex but directly into the vagina. As a result, both partners might be at risk of contracting the STIs including HIV.

It is therefore important that education should be given to all women including the CSWS on how to wear the FC so that the users do not have any problems with FC and this might also promote FC use.

6.4.2 Lack of knowledge by the male clients about the Female Condom

Since the CSWs clients are male, the study was also set out to assess the challenges that the CSWs using or who have ever used the FC meet i.e. regarding to their male clients.

The assessment established that the most common challenge that the participants meet is the clients' lack of knowledge about the FC. The findings revealed that most clients are not aware of the FC and this makes it difficult for the participants to convince the clients to use the FCs. With

fear of the clients' resistance to using the FC, the majority decide not to tell their clients when they have worn the FC.

This is also similar to the results of a study conducted by Addisu M.R. (2003) where it was noted that for a variety of reasons that the participants in His study indicated, fear of resistance by the participants' male partners was one of the reasons that made the participants not to tell their male partners (clients) when they put on the FC.

It has also been established from the study that the participants did not tell their clients when they put on the FC because some clients decide to push the FC aside during sex. The clients choose to have sex in the dark so that they should easily push the FC aside because the participants do not see in the dark.

It was also noted that the participants are beaten by their clients in situations where the clients realized on their own that the participants are putting on the FC.

It might be the good idea by the participants whereby they decide not to tell their clients when they have put on the FC because the participants are trying to protect themselves from contracting STIS including HIV.

However, sexual activity requires the involvement and relationship between the two i.e. the female and the male partners, it would be very difficult to use the FC where the other partner has no knowledge about the FC.

Traditionally in Africa including Malawi, men are the ones who decide when it comes to sexual issues and thus it would not be easy for a woman to convince a man on the use of the FC where the man does not know. There might be disagreements between the two because the opposite sex (male) has no knowledge about the FC. Such disagreements may lead to situations such as the woman being beaten by the man when the man realizes that she has put on a FC without telling him like the participants reported.

Lack of information amongst the male would also reduce the use of the FC as the male clients would be so resistant to use the female condom.

6.4.3 Painful Ring

The findings revealed that some other participants complained of the ring of the FC being painful when doing sexual intercourse. The FC is made up of the ring on each end (Heidi Brown, 2003). One ring covers the cervix like a diaphragm; the other remains outside; it is slightly larger than it covers both the woman's genitalia and the base of the man's penis.

It is this ring that the participants said their male clients complained of being painful. Since the clients would do their work to please their clients, the participants would not do otherwise but stop using the FC so as to keep their clients.

6.4.4 Price of the Female Condom

The participants also complained of the price of the FC as being expensive. Most of the CSWs do not have any other work apart from exchanging sex with money and it might be difficult for them to access the FC at K50 for each and every client they meet.

Since they have difficulties in accessing the money they would choose not to use a FC (which they say is expensive) and save the little money they have for food and other things.

Some would even decide to reuse the FC because they would benefit in two ways i.e. the participants will save the money that they would have used to buy another FC for the next client and also they will be protected from contracting STIs. However, this might also put the male clients at risk of contracting the STI since they will be in contact with the other man's semen.

6.4.5 Time

The findings also revealed that the participants were not comfortable with the time. The woman can put on the female condom anytime hours ahead to immediately before sex but the FC works better when it is put 30 minutes to hours before sex so that the ring softens and it maintains in place during sex.

The participants were mainly concerned in situations where they have more customers and it becomes difficult to wait for the FC to soften. The participants revealed that they don't wait for the FC to soften and in such situations it is where the clients end up complain of the painful ring.

6.4.6 Unavailability of the Female Condom in the community Shops

The findings revealed also that the FC condoms are not easily available at Chigwirizano whereby the participants revealed that they don't find the FC in groceries or other shops. Some of the participants cited that they have to travel to town so as to get the freely provided FC at BLM which is also costly if transport would be taken into consideration

6.5 CONCLUSION

The conclusion of the findings is mirroring the specific objectives of the researcher.

6.5.1 Knowledge on HIV/AIDS and Female Condom

According to the findings discussed above, the findings of the study have revealed that the participants of this study (CSWS) have wide knowledge about the HIV/AIDS being the pandemic disease and the female condoms.

The NGOs such as PSI, BLM and FPAM are playing a major role in the dissemination of the CSWs. Thus the NGOs are also playing a part in prevention of the spread of STIs including HIV in the nation of Malawi.

However, despite the NGOs dedication into promoting the dissemination of the information about the FCs, it has been noted that some of the CSWs still lack information on the use of the FC e.g. insertion of the FC and hygienic practices as they reuse the FC.

6.5.2 Availability of the female condoms

The findings of this study reveal that the FCs are distributed for free by NGOs such as PSI, BLM and FPAM. The free distribution of the FC has impact on the prevention of the spread of STIs because every participant might have the chance of having the protective measure which is FC.

From the researcher's point of view, it has been noted that the FCs are not distributed for free for the whole year, it comes a time when the participants have to buy the FC because the freely distributed FCs get finished. In such situations some of the CSWs fail to buy because they are not comfortable with the price. The findings also revealed that some use the alternative which is the male condom. It has also been noted that the FCs are not easily found in the community.

The price of the female condom which is complained by the CSWs that is expensive might make the CSWs not to use the protective measures and being at risk of contracting STIs especially when the male clients refuse to use the male condom.

6.5.3 Importance of using the female condoms

According to the findings discussed above, it has been revealed that the CSWs appreciate the introduction of the FCs and its significance in the protection of contracting the STIs including the HIV.

6.5.4 Challenges associated with the use of the female condom

From the findings discussed in this study, it has been noted that the challenges that the CSWs face in using the FC are; problems with the insertion and maintaining of the FC inside the vagina during sex, challenge in telling the clients when they have put on or they want to use the FC because of fear of the clients being resistance, clients complaining of the ring being painful, the FC being expensive, the time for the FC to soften being too long and the unavailability of the FCs in the community shops or groceries.

With these challenges that the CSWs meet there is a possibility that the use of the FC would be reduced. Therefore it is important that the challenges be looked into so as to promote the use of the FC and also prevent the spread of the STIS including HIV amongst the CSWS and their sexual partners.

7.0 RECOMMENDATIONS AND IMPLICATIONS OF THE STUDY

7.1 RECOMMENDATIONS

There is need for sensitization of the female condoms amongst the men so that they become aware of the importance of the female condoms, e.g. they should know that the female condoms also allows the female partner to take part in the use of STIs/HIV protective measures thereby fostering communication between the sexual partners.

There is also need of empowering women in the use of the female condoms including the CSWs. This is important because in the situations where the male partners refuse to use the male condoms, the woman would be able to put on the female condom with all power whilst knowing the good consequences.

There is also need of introducing more female condoms so that there are always available whenever the users want to use them thereby reducing the spread of HIV in the country.

Government should continue working hand in hand with the non-governmental organizations such as the BLM and FPAM in the sensitization of the use and importance of using the female condoms amongst the commercial sex workers and other women including the males. PSI-Malawi should also continue producing CARER female condoms and the sensitizations about the female condoms which it does in the hair salons where mostly ladies including the CSWs are found.

7.2 IMPLICATIONS OF THE STUDY

7.2.1 NURSING PRACTICE

Sex workers as any other human beings merit the same human rights, therefore it is important that as the nurses provide health care should not discriminate the CSWS in any other way as it is our nation (Malawi). They deserve any other health care as any other person such as information on FCs, contraceptive methods, and treatment of STIS.

7.2.2 NURSING MANAGEMENT

The nurse manager, has the role of ensuring that people involved in sex business have access to confidential and respectful health care, particularly sexual reproductive health services, female and male condoms, and treatment and care of sex workers who are living with HIV and AIDS whether in the hospital or in the community.

7.2.3 NURSING EDUCATION

The nurse has a role as an educator. It is therefore important that he or she should not disregard vulnerable people such as CSWS in the provision of information especially information relating to the spread and protection of contracting STIS including HIV which might also have an impact on the health services.

7.2.4 NURSING RESEARCH

In Malawi there is little information and research that is conducted and precisely concerning the CSWS. Since nursing is a profession that provides holistic care to anyone regardless of the person's background, occupation, it needs to incorporate CSWS issues in research because CSWS are also part of the society and they use the same public health services as everyone else does.

Incorporating issues of the CSWS in nursing research will also help to improve the care rendered to the CSWS i.e. through treatment, prevention and promotion of health, thus also reducing the spread of STIS including HIV in the country thereby also reducing the impact the AIDS pandemic is having on the material and human healthy resources.

7.3 AREAS FOR FURTHER STUDY

Future research can be conducted on acceptability of female condom use by the male partners,

Male partners' knowledge and perceptions of the female condom use,

Use of the female condoms amongst married couples

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APPENDICES

APPENDIX A

CONSENT FORM

TO WHOM IT MAY CONCERN

I am Racheal B. Salima, a fourth year student from Kamuzu College of Nursing studying a Bachelor of Science degree in generic nursing. As a partial fulfillment in attainment of the degree, I am supposed to conduct a Research study. My study is therefore on challenges faced by commercial sex workers using the female condoms in light of HIV/AIDs.

You are one of the participants being requested to take part in the study. You are not forced to participate in the study, it is voluntary. You have the right to participate or withdraw from the study anytime you feel like when you have already started participating and the withdrawal will not affect you in anyway. The study is important because it will help the government of Malawi and the Ministry of Health know the challenges that the commercial sex workers meet in using the female condom thus they will help in meeting these challenges thereby promoting the commercial sex workers health.

Your participation into this study does not put you at any risk and there is no direct benefit. Confidentiality will be strictly observed as the information given will be anonymous i.e. code numbers in place of names will be used to identify the responses to the interview guide. The findings of the study will only be accessible to the researcher and the supervisor.

I the undersigned, having fully understood the contents of the consent form, freely give consent to participate in the study.

Participant Signature.....

Date.....

Researcher's signature.....

Date.....

CHILOLEZO CHOTENGAPO MBALI MU KAFUKUFUKU

Dzina langa ndine Racheal Salima, wophunzira wa pasukulu ya ukachenjede ya unamwino yotchedwa Kamuzu College of Nursing ndipo ndili kalasi yomaliza. Ndikofunika kuti ndichite kafukufuku ngati gawo limodzi lokwanilitsa maphunziro anga ndipo mutu wakafukufuku wanga ndi zokhoma zomwe amakumana nazo wogwira ntchito yogulitsa thupi, wogwiritsa ntchito kondomu yachikazi munyengo yino ya mlili wa HIV ndi EDZI.

Ndipempho langa kuti mutenge nawo mbali mukafukufuku ameneyu chifukwa inu ndiye muli oyenera . Simuliokakamizidwa kutenga nawo mbali koma muli ndi ufulu wokana, otenga mbali kapena otuluka mkafukufukuyu mtayamba kale kutenga nawo mbali. Kutuluka mkafukufukuyu mutayamba kale kutenga nawo gawo sikuzakhala ndichiopyezo chilichonse kwa inu.

Ubwino wakafukufukuyu ndiwokuti zotsatira zake zidzathadiza a unduna wadza umoyo kuzindikira zokhoma zomwe CSWS omwe amagwiritsa ntchito makondomu achikazi amakumana nazo choncho azaganiza njira zomwe angathetsere ziphinjozi choncho adzakhanso akuwateteza iwo ma CSWs kumatenda opatsirana pogonana pamodzi ndi HIV; ndi kutukulanso moyo wawo wa thanzi.

Kutenga nawo mbali kwanu mukafukufukuyu sikukuyikani inu pachiopezo chilichonse ndipo chilichonse chomwe mutadzadiuze chidzakhala cha chinsinsi kupatula kwaine mwini ndi wondiyang'anila. Ndipo sindidzafunanso kuti inu mlembe dzina lanu pa chikalata chomwe mudzayankhilapo mafunso womwe ndidzakufunsani.

Kutengapo mbali kwanu chidzakhala chothokozedwa koposa.

MWINI KAFUKUFUKU.

SIGNATURE.....:DATE.....

Ine, ndasayina pansipa, ndawerenga kalatayi, ndamvetsetsa, ndipo ndapanga chisankho chovomereza pempho lanu kuti nditengapo mbali mukafukufukuyu.

SIGNATURE:.....DATE.....

APPENDIX B

AN INTERVIEW GUIDE ON A STUDY ON CHALLENGES FACED BY COMMERCIAL SEX WORKERS USING THE FEMALE CONDOM IN LIGHT OF HIV/AIDS

Section A

ICE BREAKER (1minute)

Good morning/afternoon. You are welcome to this part of the research study. My name is Racheal Salima, a 4th year student from Kamuzu College of Nursing. As a partial fulfillment in attainment of the Bachelor of Science degree I am required to conduct a research study and as written in the consent form my research study is on challenges faced by CSWs using the FC in light of HIV/AIDS. I will be recording the information because due to the speed at which the interview will take it won't be able for me to write everything.

1) Before we start our conversation, can you please tell me about yourself :

Probes

- Your age,
- where you live, if it is your permanent home, about your home village,
- about school, your occupation ,
- if you have a steady relationship, if you have any other partners apart from your steady relationship
- and anything else that you can say about yourself.

Section B

GENERAL KNOWLEDGE ON HIV/AIDS AND THE FEMALE CONDOMS (10 minutes)

2) What do you know about HIV/AIDS?

Probes

- Is HIV and AIDS also an STI
- What would you consider as main ways of contracting HIV?
- Why do you think so?
- How can you protect yourself from contracting HIV?
- Have you ever seen or cared for someone suffering from HIV/AIDS?
- How did you know that he/she was suffering from AIDS?
- How would one know that is having an HIV virus?
- What challenges are there in the process of protecting oneself from STIS/HIV and AIDS

3) Ever heard of the female condom?

Probes

- Where did you hear about the female condom?
- What type of information did you hear?
- Have you ever used the female condom?
- How many times?
- When you used the female condom, did you notice the difference in pleasure comparing to the male condom?
- How could you describe the difference?
- Could that be the reason why you used the female condom once or you always use it?

Section C

THE AVAILABILITY OF THE FEMALE CONDOM (3 minutes)

4) How do you obtain the female condom?

Probes

- Do you buy or it is distributed to you for free?
- Where can one find or obtain the female condoms around here?
- Are the female condoms always available where you access them?
- If you don't find them, what do you do? Do you use any other condoms as an alternative?
- What are these condoms?
- How much do you pay for the female condoms?
- What do you think about the price? Is it cheap, expensive or fair?

Section D

IMPORTANCE OF USING THE FEMALE CONDOM (2 minutes)

5) Considering your work and HIV/AIDS pandemic, do you think it is important to use the female condom?

Probes

- Why do you think it is important?
- Why do you think it is not important?
- Is there anything else you can tell me on the importance of using the female condom?

Section E

CHALLENGES ASSOCIATED WITH THE USE OF THE FEMALE CONDOM (15 minutes)

6) When you are using or you used the female condom, did you have any difficulties with using it?

Probes

- Any difficulties in terms of opening the pack, insertion or maintaining it in place when doing sexual intercourse?
- How did you deal with such problems?
- How effective were your ways of solving the problem?

8) When you were using the female condom, did your clients know that you were using the female condom?

Probes

- Why did you not tell them?
- What was the clients' reaction when you told them?
- Did they say the feeling was different from using the male condoms or it was the same?
- Did they like the idea of using the female condom?
- Do you think it is necessary that the clients should be told when you are using the female condom?
- Why do you think it is or it is not important?
- Comparing to the male condoms, which one do you think your clients like most?

10) Since the time you have been using the female condom, what can you say about the relationship between you and your clients i.e. when using the female condom?

Probes

- Are there any problems with your clients due to female condom use i.e. do they refuse using the female condom or do they shun away from you due to female condom use?
- What problems do you meet exactly?
- Are there any comments from clients on usage of the female condom
- How do you deal with such problems?
- Does the use of the female condom have any impact on your trade?

11) Is there anything else that you can tell me about the female condoms?

Thank you for your participation in this study

GOD BLESS YOU!

CHICHEWA INTERVIEW GUIDE

ZOKHOMA ZOMWE AMAKUMANA NAZO WOGWIRA NTCHITO YOGULITSA THUPI, WOGWIRITSA NTCHITO KONDOMU YACHIKAZI MUNYENGO YINO YA MLILI WA HIV NDI EDZI.

GAWO LOYAMBA: CHIYAMBI (mphindi zisanu)

Muli bwanji? Ndakulandirani mugawo lino la kafukufuku. Ine dzina langa ndine Racheal Salima, wophunzira mchaka chomaliza ku Kamuzu college of nursing. Ndikofunika kuti ndichite kafukufuku ngati gawo limodzi lokwanilitsa maphunziro anga ndipo mutu wakafukufuku wanga ndi zokhoma zomwe amakumana nazo wogwira ntchito yogulitsa thupi, wogwiritsa ntchito kondomu yachikazi munyengo yino ya mlili wa HIV ndi EDZI.

Pomwe ndidzifunsa mafunso ndikhala ndiku panga lekodi zomwe tizikambilana chifukwa sindingakwanitse kulemba chilichonse kamba kakuchepa kwa nthawi yathu.

ZA INU MWINI

1) Tisanayambe kukambirana kwathu, ndingofuna kuti mudiuzeko za inu mwini monga:

- komwe mumakhala,
- kumudzi kwanu, za sukulu,
- ntchito yanu
- Ngati muli ndi chibwenzi chokhazikika kapena muli pabanja ndi chilichonse chomwe inu mungasangalalidwe nditadziwa cha inu.

GAWO LACHIWIRI: ZOMWE MUKUDZIWA ZOKHUDZANA NDI HIV NDI EDZI DI KONDOMU YA CHIKAZI (mphindi khumi)

2) Mukudziwapo chiyani za matenda a HIV ndi Edzi?

- Kodi Edzinso tingayiyike mgulu la matenda opatsirana pogonana?
- Kodi ndi njira ziti zomwe matendawa angafalire?

- Munthu ungaziteteze bwanji kumatendawa?
- Munayamba mwasamalirapo munthu odwala mateda a Edzi?
- Inu mudadziwa bwanji kuti iwo amadwala matendawa?
- Kodi munthu angadzidziwe bwanji kuti iye ali ndi ka chilombo koyambitsa matendawa kapena ayi/
- Ndi zokhoma zANJI zomwe inu mumakumana nazo pomwe mukulimbana ndikuziteteza ku matendawa?

3) Kodi munayamba mwamvako za kondomu yachikazi?

- Munamva kuti
- Munamvako zotani
- Munayamba mwayigwiritsako ntchito
- Kangati?
- Kodi ndiyosiyana bwanji ndi kondomu ya chimuna?
- Kusiyanako kkungakhale chifukwa chomwe chmwe mumaigwiritsa ntchito nthawi zonse kapena kamodzi?

GAWO LACHITATU: KUPEZEKA KWA KONDOMU YACHIKAZI (mphindi zitatu)

4) Kodi kondomu yachikaziyi mumayipeza bwanji?

- Mumagula kapena amalandiritsa yaulere?
- Kodi mbali yakuno, ungayipeze kuti kondomu yachikazi?
- Kodi komwe mumagula kapena mumakalandira, kondomu ya chikazi yimapezeka nthawi zonse?
- Mukapanda kuipeza mumatani? Yilipo kondomu yina yomwe mumagwiritsa ntchito?
- Ndi yiti kondomu yimeneyi?
- Kodi mumagula zingati kondomu yachikazi?
- Kodi mtengowu, mukuwuona kuti ngodula, wochipa kapena uli bwino?

GAWO LA CHINAYI: UBWINO WOGWIRITSA NTCHITO KONDOMU YACHIKAZI

(mphindi ziwiri)

5) Kutengera ntchito yanu ndi matenda a edzi, kodi mukuganiza kuti nkofunika kugwiritsa ntchito kondomu yachikazi?

- Chifukwa chiyani mukuganiza choncho?
- Pali china chowonjezera chokhudzana ndi ubwino wogwiritsa ntchito kondomu yachikazi?

GAWO LA CHISANU: ZOKHOMA POGWIRITSA NTCHITO KONDOMU YA

CHIKAZI (mphindi khumi ndi zisanu)

6) Mukamagwiritsa ntchito kondomu yachikazi kapena nthawi yomwe munagwiritsa ntchito kondomuyi, pali mavuto ena aliwonse omwe munakumana nawo?

- Mavuto ake monga kutsegula paketi ya kondomu, mavuto ndikuvala kondomuyi kapena kuti ikhazikike m'malo pogonana ndi akasitomala anu?
- Kodi mavuto amenewa munathana nawo bwanji?
- Kodi mukuganiza kuti mukufunikabe uphungu pakhani yogwiritsa ntchito kondomu yachikaziyi?

7) Pomwe mumagwiritsa ntchito kondomu ya chikazi, kodi makasitomala anu adadziwa?

- Chifukwa chiyani simunawauze?
- Iwo adachilandira bwanji mutawaudza? Kodi adachilandira chimenechi?
- Kodi iwo adaona kusiyana pakati pogwiritsa ntchito kondomu yachikazi ndi yachimuna?
- Kusiyantsa kondomu yachimuna ndi yachikazi, kodi makasitomala anu amakonda yiti kwambiri?
- Kodi mukuona kuti nkofunika kuti makasitomala anu adziziwa kuti mukugwiritsa ntchito kondomu yachikazi?
- Chifukwa chiyani mukuganiza choncho?

8) Kuyambira nthawi yomwe munayamba kugwiritsa ntchito kondomu yachikaziyi, kodi ubwenzi wanu ndi makasitomala anu ukuyenda bwanji?

- Pali mavuto ena aliwonse?
- Kodi iwo pena amakana kugwiritsa ntchito kondomu yachikaziyi, kapena iwo adayamba kukuthawani/kukusiyani kamba koti mumagwiritsa ntchito kondomu ya chikazi?
- Ndimavuto anji makamaka mumakumana nawo?
- Nanga inu mumatani mukamakumana ndi mavuto oterewo?
- Zolankhula zotani zomwe makasitomala anu amalankhula chifukwa choti inu mumagwiritsa ntchito kondomu yachikazi?
- Kodi mukuona ngati kugwiritsa ntchito kondomu yachikazi kumasokoneza ntchito/bizinesi yanu?Fotokozani kuti amasokoneza bwanji?

9) Pali china choonjezera chokhuzana ndi kondomu yachikazi?

ZIKOMO KWAMBIRI POTENGA NAWO MBALI

AMBUYE AKUDALITSENI !

APPENDIX C

TOPIC : A STUDY ON CHALLENGES FACED BY COMMERCIAL SEX WORKERS USING THE FEMALE CONDOM IN LIGHT OF HIV/AIDS

YEAR: 2009 TIME TABLE FOR RESEARCH PROCESS

Task to be done	February-March	April	May-June	July-September	October-November	December
Identify Research Title						
Literature review						
Proposal writing, submission of proposal						
Waiting for approval of the proposal						
Piloting, Data collection						
Data analysis						
Report writing						
Dissemination of results						

APPENDIX D

BUDGET

QUANTITY	ITEM OF EXPENDITURE	UNIT (MKW)	COST	TOTAL (MWK)
STATIONERY				
1	Ream	900.00		900.00
5	Pens	25.00		125.00
4	Large Envelopes	50.00		200.00
3	Large Envelopes	20.00		60.00
1	USB Flash (2GB)	3,500.00		3500.00
	Tape recorder	10,000.00		10000.00
	SUBTOTAL			14785.00
SECRETARIAL SERVICES				
3	Printing proposal	500.00		1500.00
12	Photocopying interview guide	20.00		140.00
6	Binding 3 proposal & 3 dissertation	500.00		3000.00
5	Printing dissertation	600.00		3000.00
	SUBTOTAL			7640.00
COMMUNICATION				
From School campus to BLM and Chigwirizano	Travelling	1500.00		1500.00
	Internet	1500.00		1500.00
	Phone	1000.00		1000.00
	SUBTOTAL			4,500.00
	Snacks	1000.00		1000.00
	Allowance	5000.00		5000.00
	SUBTOTAL			6000.00
	GRAND TOTAL			32,925.00

JUSTIFICATION OF THE BUDGET

STATIONERY

Plain white papers were bought which were used for printing and photocopying of the research proposal, interview guides and the dissertation. Large envelopes were also bought for carrying the interview guides and for keeping information for any correspondence.

Pens and pencils were used for data collection, and analysis. The USB flash was used for storing of the information.

TRANSPORT

The researcher needed money for transport i.e. when travelling from school campus in Lilongwe to BLM and Chigwirizano to collect data. As he was travelling he also needed money for some snacks.

PHOTOCOPYING AND PRINTING COSTS

Money as stipulated on the budget was used for photocopying and printing of the questionnaires, research proposal and dissertation.

APPENDIX E: CLEARANCE LETTERS

University of Malawi
Kamuzu college of Nursing
Private Bag 1
Lilongwe
21 May, 2009

The Research and Publication Committee
Kamuzu College of Nursing
Private Bag 1
Lilongwe

ATTENTION: The Chairperson

THROUGH: Mr. M. Ngwale

The Research Supervisor
Kamuzu College of Nursing
Lilongwe Campus
Private Bag 1
Lilongwe

Dear Sir/Madam

APPLICATION FOR COLLEGE CLEARANCE TO CONDUCT A RESEARCH STUDY

I am a fourth year student of Bachelors of Science in generic nursing. As a partial fulfillment for the award of this degree, I am expected to conduct a study.

I am hereby writing to seek permission to conduct a research study on challenges faced by commercial sex workers using the female condom in light of HIV/AIDs at Chigwirizano in Lilongwe district.

Attached is my research proposal.

Your consideration is greatly appreciated.

Yours faithfully



Racheal B. Salima (Miss)

University of Malawi
Kamuzu college of Nursing
Private Bag 1
Lilongwe
21 May, 2009

The District Commissioner
Post Office Box 93
Lilongwe

Dear sir/madam

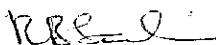
PERMISSION TO CONDUCT A RESEARCH STUDY IN YOUR AREA

I am a fourth year student pursuing Bachelor of Science degree in Nursing at Kamuzu College of Nursing. As a partial fulfillment in attainment of the Bachelors degree, I am requested to conduct a study and my study topic is on Challenges faced by commercial sex workers using the female condom in light of HIV/AIDS in Lilongwe District.

The purpose of writing this letter is to request for the permission to conduct a study in your area i.e. at Chigwirizano in Lilongwe district. The study will involve in-depth interviews with the Commercial Sex workers.

Looking forward to your favourable consideration,

Yours faithfully


Racheal B. Salima



University of Malawi
Kamuzu College of Nursing

RESEARCH AND PUBLICATIONS COMMITTEE

APPROVAL CERTIFICATE

TITLE: Challenges Faced by Commercial Sex
Workers using the Female condom in
light of HIV AND AIDS AT CHINGWIZAND
INVESTIGATOR(S): CC. P. Salina

YEAR OF STUDY:

REVIEW DATE: 14th (Generic)

DECISION OF THE COMMITTEE: Approved

SIGNATURE: [Signature] DATE: 14/09/09
DEAN OF POSTGRADUATE STUDIES AND RESEARCH

CC: supervisor: Mr. M. Ngwile

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

DATE: 14/8/09 SIGNATURE(S): [Signature]



LILONGWE DISTRICT ASSEMBLY

DISTRICT HEADQUARTERS, P.O. BOX 93, LILONGWE

All communications to be addressed to:
The District Commissioner

TEL: +(265) 1 756 110/759 730
FAX: +(265) 1 759 730
REF No.: LDA/A/36

18th August, 2009.

CC: **The District Health Officer,**
Lilongwe.

To Whom It May Concern,

**PERMISSION TO CONDUCT RESEARCH STUDY AT CHIGWIRIZANO IN
LILONGWE.**

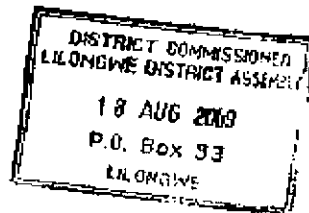
I hereby identify Miss Racheal B Salima a Forth Year student at Kamuzu College of Nursing pursuing Bachelor of Science Degree in Generic Nursing.

Miss Racheal B Salima is conducting a research on Challenges faced by Commercial Sex Workers using the female condoms in light of HIV/ AIDS at Chigwirizano in Lilongwe District.

This office granted her the authority to conduct the research at Chigwirizano in Lilongwe on condition that she reports at the District Health Office for modalities.

Any assistance that will be rendered to this person will be highly appreciated.

Thank you.




M Kadewere.
FOR DISTRICT COMMISSIONER.