



University of Malawi

**KAMUZU COLLEGE OF NURSING**

**KNOWLEDGE, ATTITUDES AND PRACTICES KAMUZU  
CENTRAL HOSPITAL NURSES IN THE MANAGEMENT OF HIV  
EXPOSED CHILDREN**

**A Research Submitted in Partial Fulfillment of Bachelor of Science  
Degree in Nursing**

**Submitted to the Faculty of Nursing**

**BY:**

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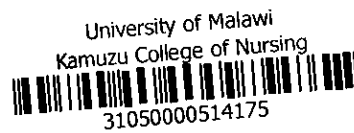
**NOVEMBER 2009**

## DECLARATION

I declare that this study and its outcome are solely the result of my original thesis except where otherwise quoted or acknowledged and it has not been submitted nor presented for any other degree.

Signature of Researcher T. Banda Date 4/12/09

Signature of Supervisor ME Date 4/12/09



## **DEDICATION**

This work is dedicated to my parents, Gray and Angella Banda. Your love and words of encouragement made me realise the potential in me.

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Above all, almighty father in heaven, you are the greatest because you were there, you are here and will always be there for me. You know my destiny.

## ABSTRACT

HIV and AIDS is having an increasing impact on the health and welfare of children and is already ravaging hard-won child survival gains in some of the highly affected countries like Malawi. One of the reasons maybe due to poor management of HIV exposed children by the nurses. The aim of the study is to find out the knowledge, attitude and practices of Kamuzu Central Hospital nurses in the management of HIV exposed children.

The main idea of the study to identify the gaps in the management of HIV exposed children so that proper measures can be put in place. This will hence reduce the burden HIV is putting on the health of the children, since they will then be properly managed. This will also improve the quality of life of the HIV exposed children since proper management will reduce frequent health problems the children face. The objectives of the study include assessing the nurses' level of knowledge in the management of HIV exposed children, describing their attitude towards the management of HIV exposed children, identifying the practices nurses render in the management of HIV exposed children and identifying the challenges nurses face in their management of HIV exposed children.

This study is going to be a quantitative study, with a sample size of thirty nurses. Data collection will be done using a questionnaire and it will be analyzed using spss. The data will be presented using graphs and pie charts.

## ACRONYMS

|             |                                                  |
|-------------|--------------------------------------------------|
| ANNECA..... | African Network for the Care of Children by AIDS |
| MTCT.....   | Mother-to-Child Transmission                     |
| HIV.....    | Human Immunodeficiency Virus                     |
| AIDS.....   | Acquired Immunodeficiency Syndrome               |
| HPM.....    | Health Promotion Model                           |
| UNAIDS..... | United Nations Joint Programme on HIV/AIDS       |
| PMTCT.....  | Prevention of Mother-to-Child Transmission       |
| STI.....    | Sexually Transmitted Infections                  |
| ARV.....    | Antiretroviral Drugs                             |

## **CHAPTER ONE**

### **INTRODUCTION**

The high HIV infection rate in women of childbearing age exposes the born children to HIV. In Malawi Antenatal HIV prevalence rate is 15%, with 81 000 HIV infected women delivery per year, 81 000 HIV exposed children are born per year and 30 000 babies infected per year. HIV develops very rapidly among infants and children, and without treatment a lot of HIV infected children will die of AIDS before their first birthday with half dying before their second. In 2007, there were 270 000 deaths attributed to HIV in under 15, most of which could have been prevented (Kazembe, 2008).

Though the HIV pandemic is devastating, for the most part, HIV in children is preventable. One form is through management of HIV exposed children. These are children born to HIV infected women who maybe infected but are of unknown of HIV status. It is not possible to tell whether a new born infant has already been infected with HIV until the child is tested. Malawi is one of the countries which are implementing the services of managing HIV exposed children, this is because they want to identify the exposed children early, early identification of at risk and infected children is particularly critical because infants and children in general experience faster progression of HIV disease and experience high rates of morbidity and mortality in early life (ANNECA, 2004). Nurses are among the health workers who are providing these services since they are the ones who spend more time with the children than any other health workers. This study therefore wishes to identify knowledge, attitude and practices of nurses in the management of HIV exposed children.

### **BACKGROUND**

HIV and AIDS is having an increasing impact on the health and welfare of children and is already ravaging hard-won child survival gains in some of the highly affected countries like Malawi. Recent estimates from UNAIDS suggest that globally there are about 2.3 million children less than 15 years of age living with HIV, 90% of whom live in Sub-Saharan Africa. In 2005 alone, an estimated 700,000 children were newly infected, mainly through mother-to-child transmission (MTCT). 570,000 children under the age of 15 died of HIV-related causes in 2005; most of these never received an HIV diagnosis or entered into HIV care. This is primarily a

result of a lack of identification of HIV-exposed infants as a part of routine care.

Management of the HIV exposed children is one of the major components being used in dealing with HIV and AIDS. Comprehensive care of HIV exposed children is feasible within resource constrained settings and significantly improves survival of these children. Ministry of Health recognizes that; the key to a successful HIV care and treatment Programme is early identification of HIV infected and exposed children. Delayed diagnosis leads to increased morbidity and mortality. Like in most sub-Saharan Africa, in Malawi there are limited paediatric HIV diagnostic facilities and therefore most HIV Exposed children are diagnosed very late in the course of illness, or not at all. With increasing paediatric HIV infection burden, there is a need to decentralize the identification and clinical management of HIV-infected children rather than to wait for the test that is why Ministry of Health resolved to be using PMTCT to identify HIV exposed children and provide opportunities for early interventions.

## **PROBLEM STATEMENT**

There have been complaints from the doctors and ministry of health that despite trying very hard to improve the health status of the children, this has brought little effect on the mortality and morbidity rate. One of the reasons maybe due to poor management of HIV exposed children by the nurses. It has been noted that when nurses realize the child is HIV exposed, they conclude that the child is infected hence the care rendered is poor because they say in these children response to treatment is very poor. Some have blamed this low quality of the management of exposed children to the inadequate knowledge the nurses have in the management of these children. This study therefore is important in order to find out the level of knowledge of the nurses, their attitude and practices which might be influencing their performance in managing the HIV exposed children.

## **SIGNIFICANCE OF THE STUDY**

The findings of this study will assist the nurses to improve their management of the HIV exposed children. This could be so in such a way that the study might come up with either strengths or weaknesses of the nurses in their provision of services. Improving in the management will in turn

help to reduce mortality and morbidity rate since the children will be properly managed.

This will also improve the quality of care life of the HIV exposed children since proper management will reduce frequent health problems the children face.

The findings of the study will also help the ministry of health to acknowledge the problems and challenges faced by the nurses and see how best to deal with them so that the delivery of services will be improved. The study will also assist in relieving the pressure HIV is putting on resources in such a way that good management of the HIV exposed children from getting sick now and then hence being cost effective.

## **OBJECTIVES OF THE RESEARCH STUDY**

### **BROAD AIM**

The aim of this study was to find out the knowledge, attitude and practices of Kamuzu Central Hospital nurses in the management of HIV exposed pediatrics.

### **SPECIFIC OBJECTIVES**

The specific objectives of the study were:

1. To assess nurses' level of knowledge in the management of HIV exposed children.
2. To assess the nurses' attitude towards the management of HIV exposed children.
3. To identify the nurses practices in the management of HIV exposed children.
4. To identify challenges faced by nurses in their management of HIV exposed children.

## **CHAPTER TWO**

# **LITERATURE REVIEW**

## **INTRODUCTION**

It is recommended that research studies should be built based on previous knowledge that exists on the topic to be researched upon, (Nieswiadomy, 1992). Literature review means locating summaries, books, journals and indexed publications on a topic, selectively choosing which literature is relevant and then writing a report that summarizes that literature. The literature plays a major role in two ways; justifying the need for the research problem and identifying the direction of the study. Justifying the research problem means that the researcher uses the literature to document the important issue examined in the study. The literature also creates a need for study, as expressed specifically in the purpose statement and the research questions or hypothesis. Identifying the direction of the study means that, based on literature, the researcher identifies key variables worthy of study and potential relationships or trends that need to be examined (Creswell, 2002). This literature review will therefore focus on the studies that have been conducted in Malawi and worldwide on the knowledge, attitude and practices of nurses in the management of HIV clients and also what is known about the management of HIV exposed children.

## **A STUDIES DONE IN MALAWI**

In 2004 Misiri H.E, Tadesse H, Muula A.S, conducted a study to find out if public antenatal clinics in Blantyre, Malawi, are ready to offer services for the prevention of vertical transmission of HIV. This study was conducted to describe the perceptions of midwives towards selected issues regarding prevention of mother to child transmission of HIV in eleven public health centres in Blantyre, Malawi. A cross-sectional study using a self-administered questionnaire incorporating both open-ended and closed-ended questions was used. Twenty seven midwives participated in the study. Less than half (40.7%), of them reported working at a baby friendly hospital initiative health facility, while 96.3% reported that they would advise an HIV infected woman to breastfeed her infant. HIV prevention messages were reportedly offered routinely by 77.8% of the respondents, but only 22.2% reported that their clinics offered condoms to pregnant women. Also, only 37.0% reported offering routine STI screening, while 37.0% of the midwives

would support antenatal women being accompanied by their male partners Majority (81.2%) said that women who know they are HIV infected should not become pregnant, while 37.0% reported that they would be uncomfortable to assist in the delivery of an HIV infected woman. There was lack of appropriate clinic space and sterile gloves for the proper delivery of maternity services. Midwives in Malawi need training, supervision and other support to provide adequate health care services to antenatal women. This study concentrated on the midwives only. It looked much into their perceptions regarding mother to child transmission. The study to be conducted will focus on all nurses in general. It will explore their perceptions including their knowledge and attitude in managing HIV exposed children. Prevention of vertical transmission is also one way how exposed children can be managed but the study to be conducted will look into the management as a whole.

#### **STUDIES DONE WORLDWIDE.**

Ndinkom and Onibokun (2007) conducted a cross-sectional study in Nigeria which was designed to determine the knowledge and behaviour of nurse/midwives in the prevention of vertical transmission of HIV in Owerri, Imo State. The study sample consisted of 155 nurse/midwives drawn from three selected hospitals through stratified random sampling from method. Information sought included respondents' demographic characteristics, knowledge about and behaviour of prevention of vertical transmission as well as factors influencing behaviour.

Findings revealed that nurse/midwives had moderate level of knowledge with mean score of 51.4%. The mean score on behaviour was 52.5%, major factors that influence behaviour in these settings were mainly fear of getting infected, irregular supply of resources like gloves, goggles, sharp boxes, and water supply was not regular also. Hypotheses tested revealed that there is a positive relationship between knowledge and behaviour. Knowledge level of nurse/midwives who had educational exposure was not different from those who did not.

There was a significant difference in the knowledge of nurse/midwives who had experience in managing pregnant women living with HIV/AIDS and those who did not. Also, there was a significant relationship between behaviour and availability of resources. The study revealed that the nurse/midwives though moderately knowledgeable still had gaps in certain areas. Their behaviours were fairly appropriate. It showed that there is need for improved knowledge through structured educational intervention. Resources needed for practice should always be made

available and the environment should be much more conducive for practice. Like in the above study, this study was designed to determine the knowledge and behaviour of nurses and midwives in the prevention of vertical transmission. This makes it different with the study to be conducted in such a way that, the study will not only look on behaviour and knowledge, but also attitude and practices.

Another similar study was done on the prevention of intrapartum HIV and AIDS transmission from mother to child was conducted by Roets L, et al in 2003. The aim of the study was to determine which preventive practices registered midwives in provincial labour wards in Bloemfontein, implement to lower the risk of mother to child transmission of HIV and AIDS and in doing so to lower child mortality. Fifty-one midwives completed questionnaires to determine what preventive practices are used. The study showed that most of the midwives did not implement the interventions that could lower the chances of HIV and AIDS transmission from mother to child during the intrapartum period. Midwives therefore may not have a positive impact on child mortality. The researchers concluded that midwives do not implement the interventions mentioned in the study because of a lack of knowledge and skills. Of the midwives who completed questionnaires, 67% completed their training between 1990 and 2000. This lack of knowledge may be due to a lack in the curriculum of training institutions and of an up-to-date policy concerning the transmission of HIV/Aids in provincial institutions in Bloemfontein.

Just to complement Grellier (1997) conducted a study to determine nurse/midwives knowledge on midwives' knowledge of HIV virus and its implication for their attitude and practice revealed that, "though training may provide midwives with technical knowledge, it does not necessarily equip them to deal with many of the underlying issues, which in turn reflect on midwifery practice, It is important for practical knowledge to be placed within a broader context".

On the other hand, a study carried out in Lagos State, Nigeria on attitudes of health care providers to persons living with HIV and AIDS by Adebajo, Bamgbala and Oyediran (2003) revealed that "most of the respondents (96.3%) had moderate to good knowledge of HIV/AIDS but the attitude of the nurses towards people living with HIV and AIDS was poor". Also findings from a study carried out by Mbanga *et al* (2001) to assess Knowledge, attitudes and practice of nursing staff in a rural hospital of Cameroon, how much does the health care provider know

about HIV and AIDS revealed that 70.1% of the nurses who responded scored highly in the knowledge section compared to 50.5% in the attitude and practice section.

Pratt, R.J. et al. (2001) conducted a kaleidoscope: a 5-year action research project to develop nursing confidence in caring for patients with HIV disease in west India. The article discusses "Kaleidoscope," an Indo-British action-research collaboration designed to build clinical confidence and assist in mobilizing positive changes for nurses involved in the care of patients living with HIV in western India. The project, carried out between 1995 and 1999, was conducted in the form of ten-day educational programs for nurses during which facilitators applied a change intervention leading to the establishment of action plans in the areas of infection control, health education, mutual support, community action, pre-qualifying and post-qualifying nursing education, nursing practice and research, policy development, and counseling support. Twelve months later, the nurses participated in a follow-up workshop to review progress made toward achieving their action-plan objectives. "Data analysis revealed that the change intervention itself, together with multidisciplinary support from colleagues, the senior status of the participant, and anticipating and attending the follow-up of workshops, were all positively correlated with achievement. In this project, they concentrated much on HIV patients in general. The study to be conducted will specifically focus on the children who might be infected or not, the children are just exposed to HIV.

In 2003 Segurado, A. *et al* conducted a study on Evaluation of the care of women living with HIV/AIDS in São Paulo, Brazil. The authors of this article administered a questionnaire to 1,068 women in São Paulo, Brazil, from September 1999 to February 2000. The women were patients from HIV/AIDS referral clinics, and answered questions about the circumstances of HIV testing, the attitudes of health care personnel during diagnosis, adherence to follow-up, services provided by care centers and access to laboratory monitoring. Some of the women reported having experienced indifference, discrimination, or criticism when diagnosed. Many also said that they had unmet needs related to psychological support, nutrition, and oral health. The authors point to the need for better training of professionals responsible for diagnosis, and the integration of women's health and reproductive health programs with AIDS programs. Segurado, A. *et al* conducted their study from the clients' point of view while the study to be conducted will be done on health professionals angle, nurses in particular.

Another similar study was conducted in Nigeria on discriminatory attitudes and practices by health workers toward patients with HIV/AIDS in Nigeria by Reis C, et al in 2005. The purpose of this study was to characterize the nature and extent of discriminatory practices and attitudes in the health sector and indicate possible contributing factors and intervention strategies. The study involved a cross-sectional survey of 1,021 Nigerian health-care professionals (including 324 physicians, 541 nurses, and 133 midwives identified by profession) in 111 health-care facilities in four Nigerian states. 54% of the health-care professionals (550/1,021) were sampled from public tertiary care facilities. 9% of professionals reported refusing to care for an HIV/AIDS patient, and 9% indicated that they had refused an HIV/AIDS patient admission to a hospital.

Fifty-nine percent agreed that people with HIV/AIDS should be on a separate ward, and 40% believed a person's HIV status could be determined by his or her appearance. 91% percent agreed that staff and health-care professionals should be informed when a patient is HIV-positive so they can protect themselves. 40% believed that health-care professionals with HIV/AIDS should not be allowed to work in any area of health-care that requires patient contact. 20% agreed that many with HIV/AIDS behaved immorally and deserve the disease. Basic materials needed for treatment and prevention of HIV were not adequately available. 12% agreed that treatment of opportunistic infections in HIV/AIDS patients' wastes resources, and 8% indicated that treating someone with HIV/AIDS is a waste of precious resources. Providers who reported working in facilities that did not always practice universal precautions were more likely to favor restrictive policies toward people with HIV/AIDS. Providers who reported less adequate training in HIV treatment and ethics were also more likely to report negative attitudes toward patients with HIV/AIDS. There was no consistent pattern of differences in negative attitudes and practices across the different health specialties surveyed.

## **MANAGEMENT OF HIV EXPOSED CHILDREN**

Adequate care of HIV exposed children starts long before the initiation of antiretroviral therapy. The first goal in the management of the children is to maintain their health, growth and development. In the initial stages of the disease, this can be facilitated by care at the primary health care level. Care providers can do more to improve the care and quality of life of HIV-exposed children. Comprehensive care of HIV-exposed children which includes PMTCT,

nutrition counseling, prevention of infections, and growth monitoring is feasible within resource-constrained settings and significantly improves the survival of these children. Health workers should provide the following, as a minimum, to these children (ANNECA, 2004).

- Confirm HIV status as early as possible.
- Monitor Childs growth and development.
- Ensure that immunizations are started and completed according to the recommended schedule.
- Provide prophylaxis for opportunistic infections
- Actively look for and treat infections early.
- Counsel the mother and family on:
  - a. Optimal infant feeding to minimize MTCT, prevent malnutrition and promote growth and development.
  - b. Good personal and food hygiene to prevent common infections, and encourage her to seek treatment for any infections or other health related problems.
- Conduct disease staging for the infected child.
- Offer ARV treatment for the infected child, if needed.
- Provide psychological support to the infected child and mother.
- Refer the infected child for higher levels of specialized care if necessary, or for other social- or community-based support programs.

## CONCLUSION

These studies indicate that knowledge of HIV and AIDS has improved to some extent, though the nurses' knowledge did not correlate with their attitude and practices. The nurse/midwife has a vital role to play in reduction of child mortality, improving maternal health and combating HIV and AIDS. While most health-care professionals surveyed reported being in compliance with their ethical obligations despite the lack of resources, discriminatory behavior and attitudes toward patients with HIV and AIDS exist among a significant proportion of nurses and midwives in the surveyed states. Inadequate education about HIV and AIDS and a lack of protective and treatment materials appear to contribute to these practices and attitudes. These studies also focused much on antenatal mothers and HIV clients in general. Nothing significant has been done on exposed children so far, even here in Malawi. Children are said to be the fast progressors of HIV and it's therefore important that they are managed in time. This study will therefore help to explore the knowledge, attitude and practices of Kamuzu Central Hospital Nurses in the management of HIV exposed children.

## **CHAPTER THREE**

# **CONCEPTUAL FRAMEWORK**

## **INTRODUCTION**

A conceptual framework provides the orienting scheme or world view that helps focus our thinking. According to Pender's model, health promotion is defined as activities directed toward the development of resources that maintain or enhance an individual's wellbeing. The Health Promotion Model (HPM) developed by Pender focuses on assisting Individual behavior change through a process of examining an individual's interaction with her/his environment and how these interactions influence distinct health behaviors. Pender developed the HPM to provide nurses with a model to increase health promotion activities, as opposed to more traditional disease prevention models. Health-promotion behaviors are influenced by the interaction of individuals and their environments. Individuals consciously engage in health promotion activities to prevent future disease and disability (Pender, 2006).

The main concepts in this theory include;

- Cognitive – perceptual factors
- Modifying factors
- Participation in health promotion activities

## **COGNITIVE –PERCEPTUAL FACTORS**

These are motivational mechanisms for acquiring and maintaining health-promoting behaviors

### **The importance of health**

Placing high value on health results in health seeking behavior

**Perceived control**

People who perceive that they have control over their own health are more likely to use preventive services

**Perceived self –efficacy**

Conviction that a person can successfully carry out the behavior necessary to achieve a desired outcome i.e. maintain an exercise program

**Definition of health**

A person's knowledge about health affects the extent to which the person engages in health-promotion behaviors

**Perceived benefits of health-promoting behaviors****Perceived health status**

This affects the frequency and intensity of health promotion behaviors

**Perceived barriers**

Perception about available time, access to facilities and difficulty in performing the activity may act as barriers

**MODIFYING FACTORS**

1. Demographic factors: age, sex, race, ethnicity, education and income
2. Biologic factors: percentage of fat and total body weight in relation to adherence
3. Interpersonal characters(influences) : expectation of significant others , family patterns of health care and interaction with health professionals
4. situational factors i.e. easy access to health alternatives and availability of environmental options e.g. vending machines or restaurants
5. behavioral factors i.e. previous experiences , knowledge and skill in health promoting options

## **PARTICIPATING IN HEALTH PROMOTING ACTIVITIES**

Cues to taking action: mass media, interacting with others, information from health personnel that would make a person take action in promoting ones health

Likelihood of engaging in health-promotion behaviors, depending on ones perception and modifying factors that would in turn promote health promotion behaviors.

## **INTERRELATIONSHIP OF CONCEPTS**

### **Cognitive perceptual factors**

The way one perceives or understands the health promoting behaviours will influence the performance of the perceived health promoting behaviours or actions to take. This will either lead the individual to take part in the promotion of his or her health or not.

### **Participation in health promoting behavior**

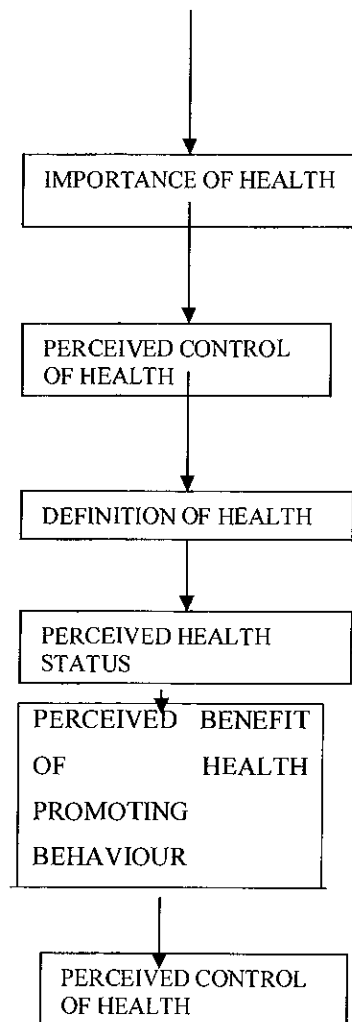
If one views health promoting factors as beneficial to his or her health, takes into consideration the cues of action, like listening to health promoting programmers, reading magazines/newspapers on health related issues, if the modifying factors like money are there, he or she is likely to participate in health promoting behavior.

### **Modifying factors**

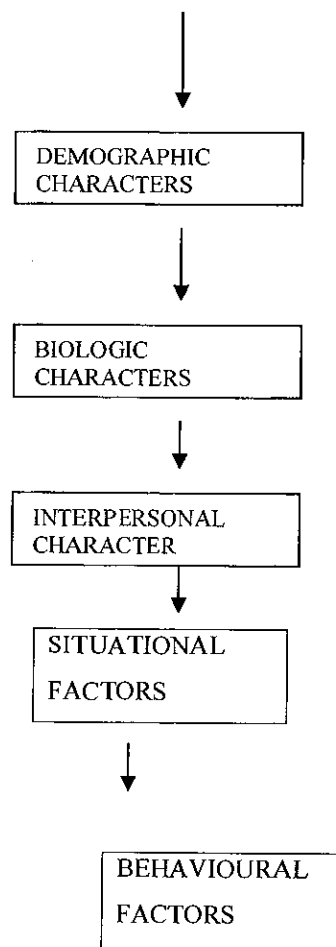
The things that surround an individual and his or her biological make up, for example, if one is fat will use the knowledge that he or she has on health to do things or participate in health promoting behaviors like doing exercises to promote health.

## DIAGRAM FOR HPM

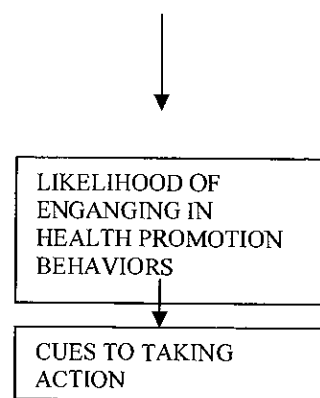
### COGNITIVE PERCEPTUAL



### MODIFYING FACTORS



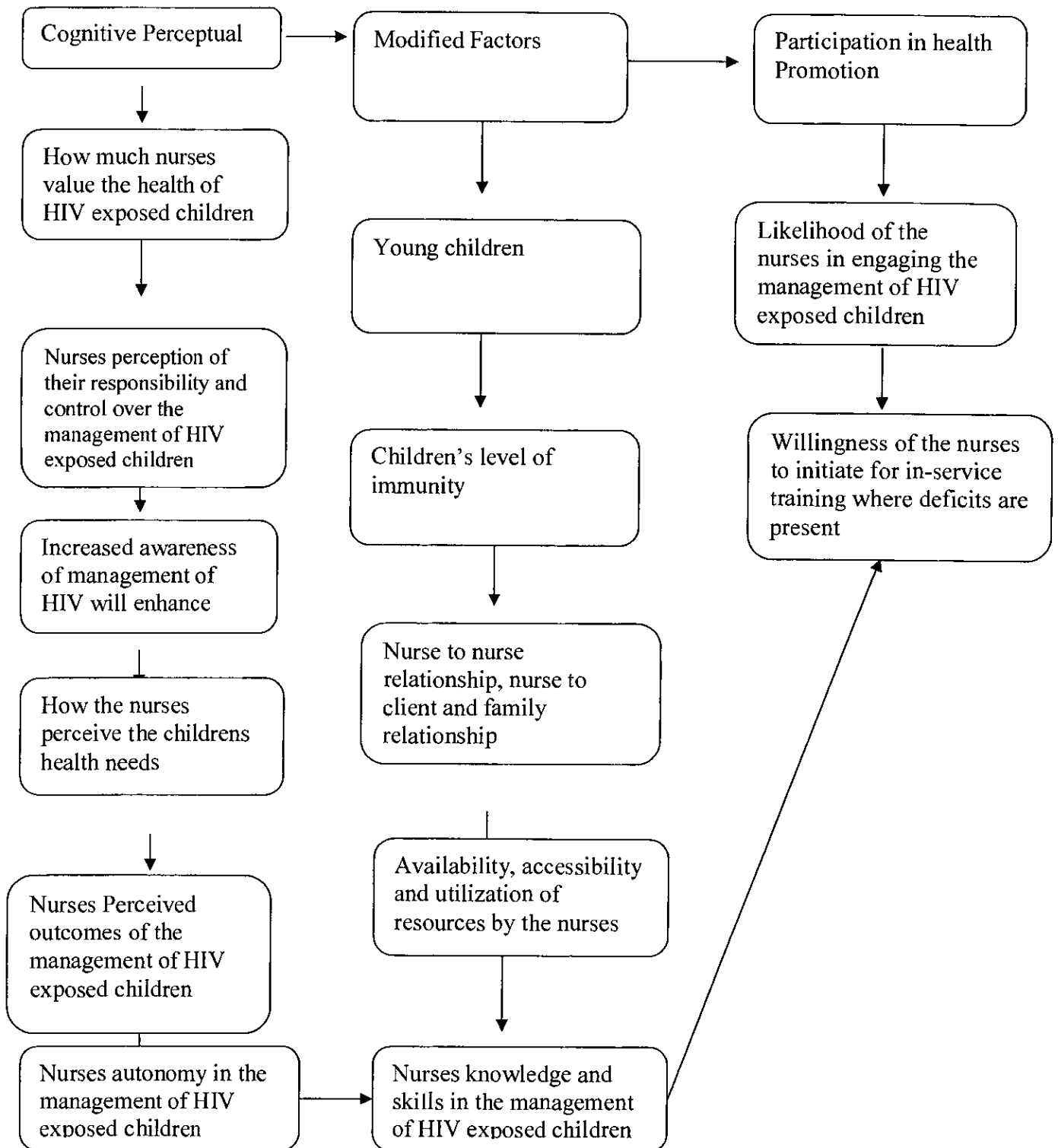
### PARTICIPATION IN HEALTH PROMOTION



## **APPLICATION OF HEALTH PROMOTION MODEL**

In relation to this model, it has been shown that nurses should not wait for the children to progress into AIDS, but should make sure they help them in good time to promote their health. Like in cognitive-perceptual factors the way the nurses perceive or understand the health promoting behaviours will influence them in performing activities that will help to promote the health of the HIV exposed children. On Participation in health promoting behavior it will all depend on whether the nurses view health promoting factors as beneficial to the life of the children. Mostly nurses, consider HIV exposed children as already infected and they think their response to health promoting actions is minimal. These ideas can influence views of the nurse in participating in health promotion factors. If the nurses view the health promoting behavior as beneficial will take in consideration the cues to action, for example managing the HIV exposed children according to the available protocol and information. On modifying factors, the situational factors which include availability of resources can determine what actions the nurses can take. When managing HIV exposed children the nurses need to use universal precautions. Availability of resources will then determine the step they will take. Behavioral factors which include previous experiences, knowledge and skill in health promoting actions will also contribute to the actions the nurses will take in health promoting behaviours. If the nurses' experience shows that most of the HIV exposed children do not respond well it is then unlikely that the nurses will engage in health promoting behaviours. The same thing with knowledge and skills of the nurses, lack of knowledge and skills can prevent the nurses in taking action since they will not be able to know what to do.

## MODIFIED HEALTH PROMOTION MODEL



## **CHAPTER 4**

### **METHODOLOGY**

#### **INTRODUCTION**

In this chapter, the author will describe the study design, sample size, setting where the study will be conducted, instruments that will be used to collect data from the subjects, plan for data analysis procedures and finally the ethical considerations.

#### **RESEARCH DESIGN**

This study is a descriptive quantitative study. Quantitative approach of a study helps researchers strive to understand what is already known about a research problem. Thus focusing on this approach this particular design will be adopted to determine the knowledge attitude and practices of nurses in the management of HIV exposed children. Based on all these this study will answer the objectives formulated.

#### **SETTING**

This study will be carried out at Kamuzu Central Hospital.

#### **POPULATION**

The population for this study will be the nurses of Kamuzu Central Hospital. These nurses have been chosen because it is the nurses who spend more time with the patients than any other worker, so any problem in their provision of care puts the lives of the children at risk.

#### **SAMPLE AND SAMPLING**

The sample for this particular study will consist of 30 nurses. Mostly quantitative studies needs a larger sample size. Large samples provide an opportunity to counterbalance atypical values. Unless a power analysis can be done, the safest procedure is to obtain data from as large a sample as is practically feasible. The nurses will be chosen through random sampling. Random essentially means that every subject has an equal chance of being assigned to any group. If



subjects are placed in groups randomly, there is no systematic bias in the groups with respect to attributes that could affect the dependent variable (Polit and Beck, 2007).

The sampling technique will be purposive sampling. This involves selecting a sample with a purpose in mind, (Seaman and Verhoridk, 1984). The purpose is to find nurses who have cared for HIV exposed children in the ward. Therefore based on this, the sample will be of nurses who have cared for the HIV exposed children at Kamuzu Central Hospital because they are the ones who might have first hand information on their knowledge, attitude and practises in the management of HIV exposed children.

### **DATA COLLECTION INSTRUMENT**

An interview guide with probes will be used in data collection. The author will formulate the interview guide to be used in data collection. The interview guide which will be in English and will contain demographic data in the first part and the second part will contain open ended questions.

### **PILOT STUDY**

A pilot study of 10 nurses will be conducted at Kasungu District Hospital in order to ensure validity and reliability of the tool, the pilot study will provide a picture of what to expect from the main study. This is very important in order to make sure that the data collected is relevant to the subjects being investigated on, (Seaman and Verhoridk, 1984).

### **PLAN FOR DATA COLLECTION**

Data will be collected through the dissemination of the questionnaire. The questionnaire will include both open ended and close ended questions.

### **PLAN FOR DATA ANALYSIS**

Data analysis is conducted to reduce, organise and give meaning to data, (Seaman and Verhoridk, 1984). Descriptive statistical analysis will be used to analyse data through the use of the computer. This helps researchers make sense of quantitative information. Without statistics, quantitative data would be a chaotic mass of numbers. Statistical procedures enable researchers

to summarize, organize, evaluate, interpret, and communicate numeric information (Polit and Beck, 2007). The data will be presented using graphs and pie charts.

### **ETHICAL CONSIDERATION**

The proposal will be submitted to Kamuzu College of Nursing Research and Publications Committee for review and approval there after the searcher will seek permission from the Director of Kamuzu Central Hospital, in order to conduct the study at the hospital. This is so in order to ensure that the participants are protected thus it is important to seek permission from the responsible organization and people. In order to ensure protection of human rights of the subjects, informed consent will be obtained from the participants after explaining the nature of the research. Participants will be assured of their right to participate or not and also that if they feel like not participating their work at the hospital will not be affected in anyway.

The subjects will also be assured of confidentiality and privacy on the information that they will give and also to ensure anonymity, no names will be indicated on the interview guides and their responses. They will also be told that the information that they will give will not be available to anybody apart from the researcher and her supervisor and that upon completion of the analysis all interview responses will be destroyed by burning. The participants will also be told that there will be no risks when a person takes part in this study and the benefits for this study will not be direct to the participant but it will benefit the hospital as a whole. If some people break psychologically, they will be withdrawn from the study and be referred to a psychologist for proper management.

### **DISSEMINATION OF THE RESULTS**

The research findings will be communicated through a written report. Copies of the research work will be available in the Kamuzu College of Nursing Library and at Kamuzu Central Hospital.

## CHAPTER 5

### PRESENTATION OF FINDINGS

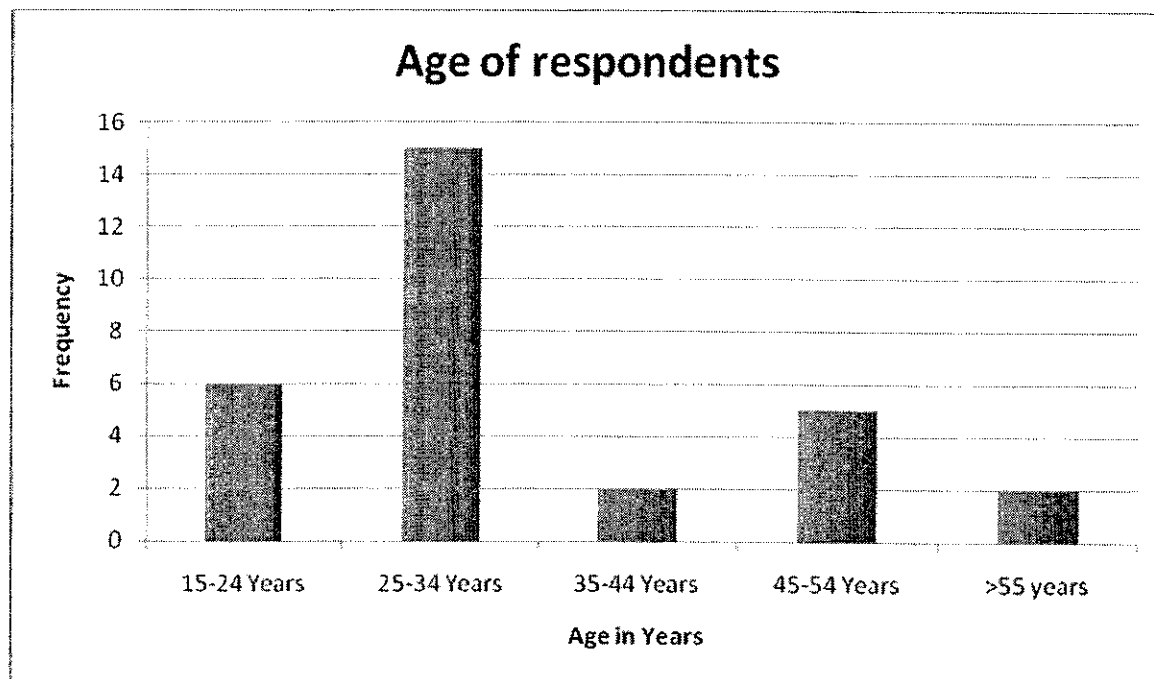
#### INTRODUCTION

This chapter contains the study findings from Kamuzu Central Hospital on the knowledge, attitude and practices of the nurses in the management of HIV exposed children. The findings have been presented in form of bar charts and pie charts. 30 participants were interviewed using a questionnaire. This questionnaire had sections on demographic data, knowledge on management of HIV exposed children, attitude on management of HIV exposed children and practices in the management of an HIV exposed children.

#### DEMOGRAPHIC DATA

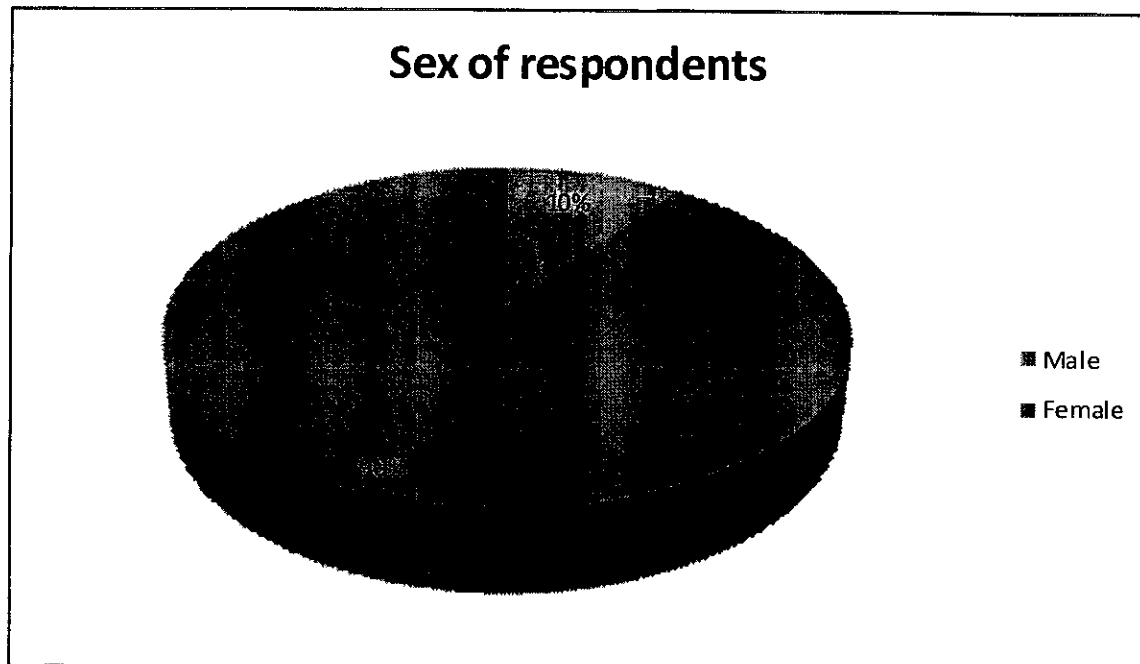
The tables and figures below provide the general profile or outlook of the findings on age, sex, highest level of nursing education and religion of thirty respondents interviewed.

##### Age distribution of respondents;



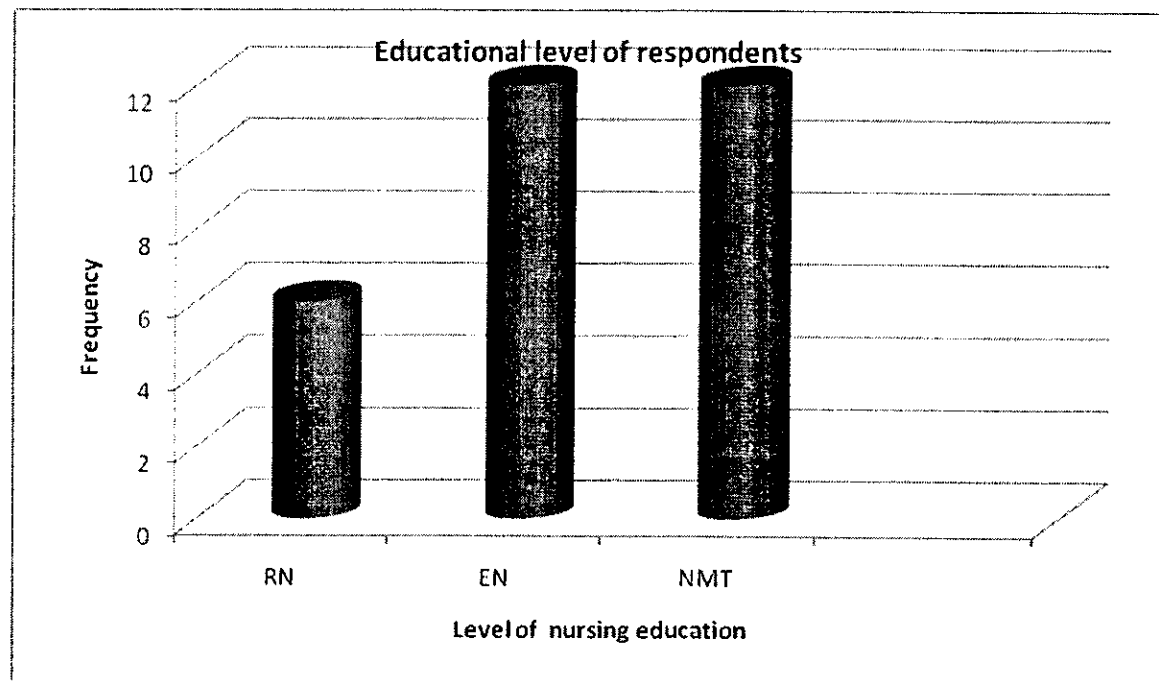
The figure above shows the age distribution of the respondents, 50% (n=15) were between the age ranges of 25 to 34 while 20 % ( n=6) were between 15 to 24 years, 16.67% (n=5) were between 45 to 54 years, 6.67% (n=2) were between 35 to 44 years and 6.67% were over 55.

### Sex of Respondents



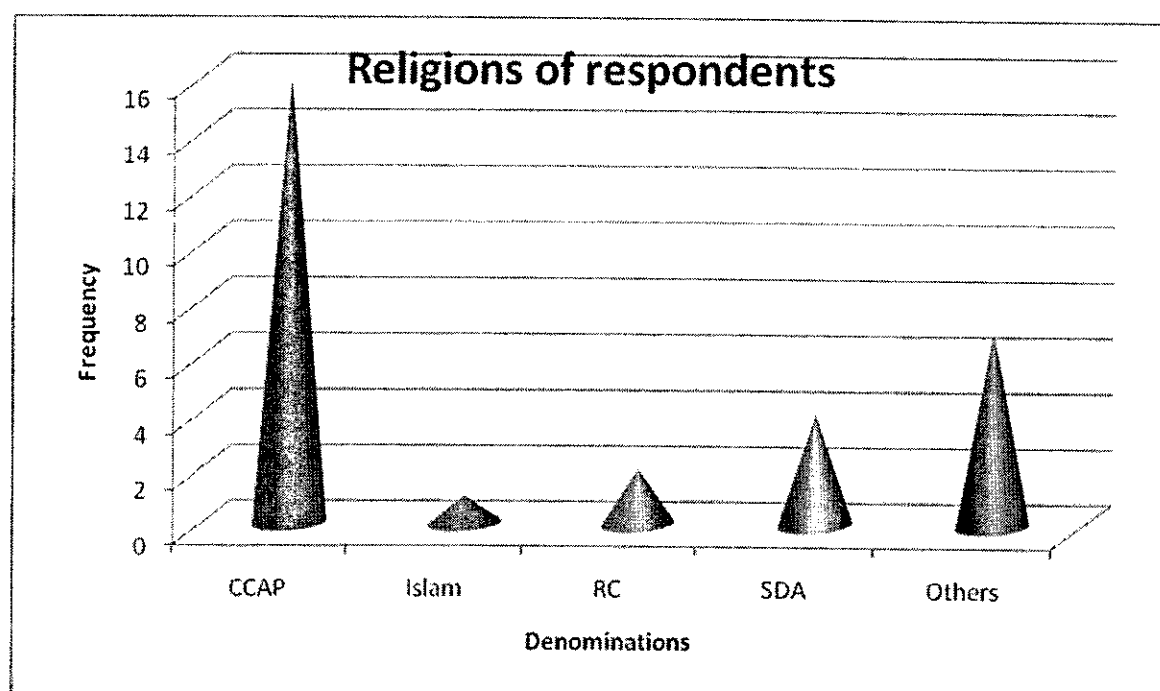
The Figure above indicates that the majority, 90% (n=27) of the respondents were females and minority 10% (n=3) were males.

### Educational Level of Respondents



The figure above shows the highest of nursing education level of the respondents. It shows that 20% (n=6) of the respondents are registered nurses, 40% (n=12) enrolled nurses and 40% (n=12) nurse midwife technicians.

### Religion of Respondents

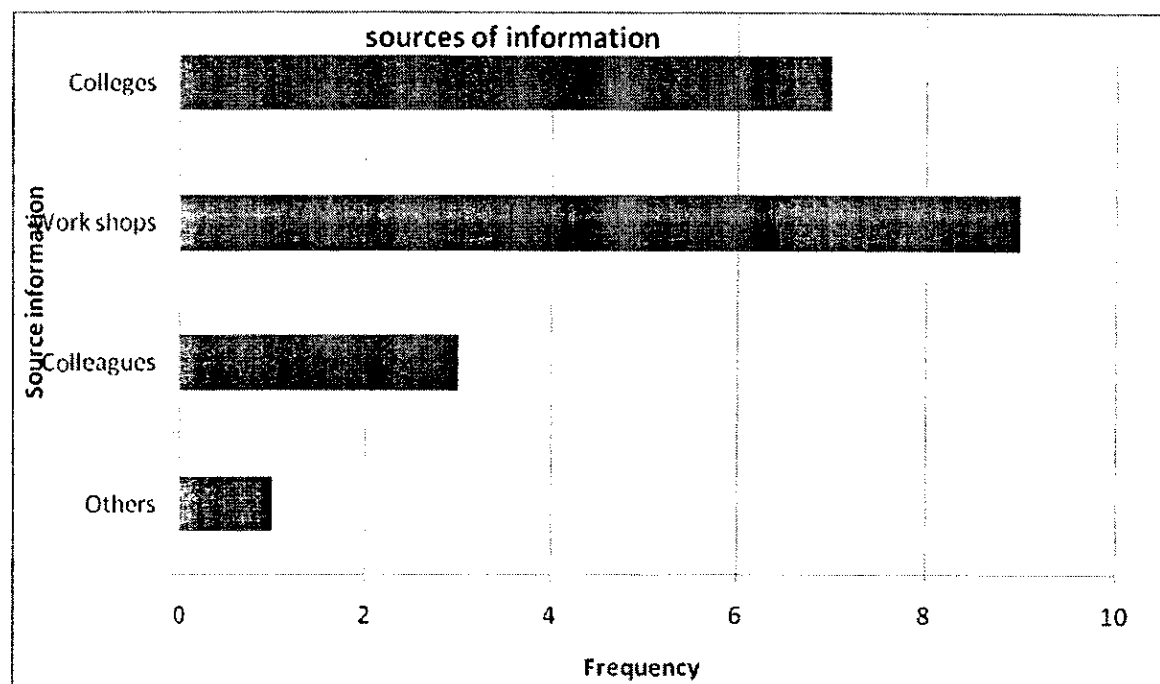


The figure above shows that the majority of the respondents, 53.33% (n=16) belonged to CCAP, 6.67% (n=2) Roman Catholic, 3.33% (n=1) Islamic, 13.33% SDA and 23.33% (n=7) belonged to other denominations.

### **KNOWLEDGE ON MANAGEMENT OF HIV EXPOSED CHILDREN**

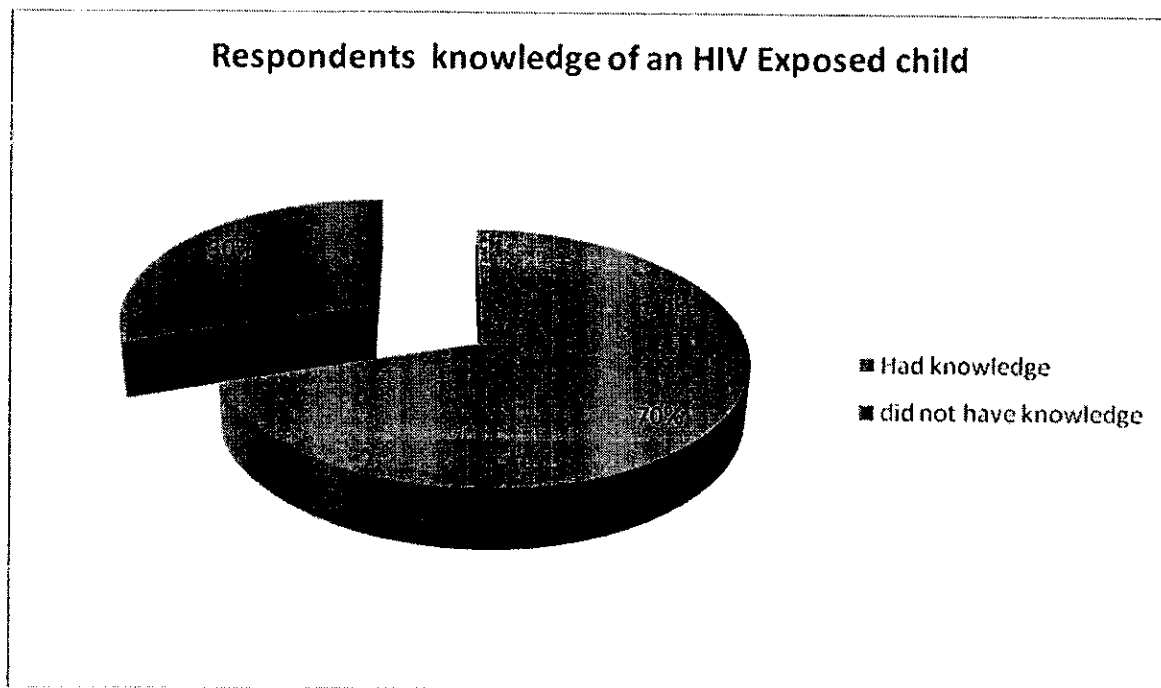
The respondents were asked on their knowledge on the management of HIV exposed children. They were asked on whether they are aware on how to manage an HIV exposed child or not. 66.67% (n=20) of the respondents said they were aware of the management of HIV exposed children, while 33.33% (n=10) were not aware. The respondents were also asked on whether they have enough knowledge to help them manage an HIV exposed child. 83.33 (n=25) responded that they did not have enough knowledge, 16.67% (n=5) said the knowledge they have was just little that they would not manage the children properly. The figure below shows that 45% (n=9) of the people who were aware of how to manage an HIV exposed child got their

information through workshops, 35% (n=7) learnt in college 15 (n=3) learnt from colleagues and 5% (n=1) through other means.



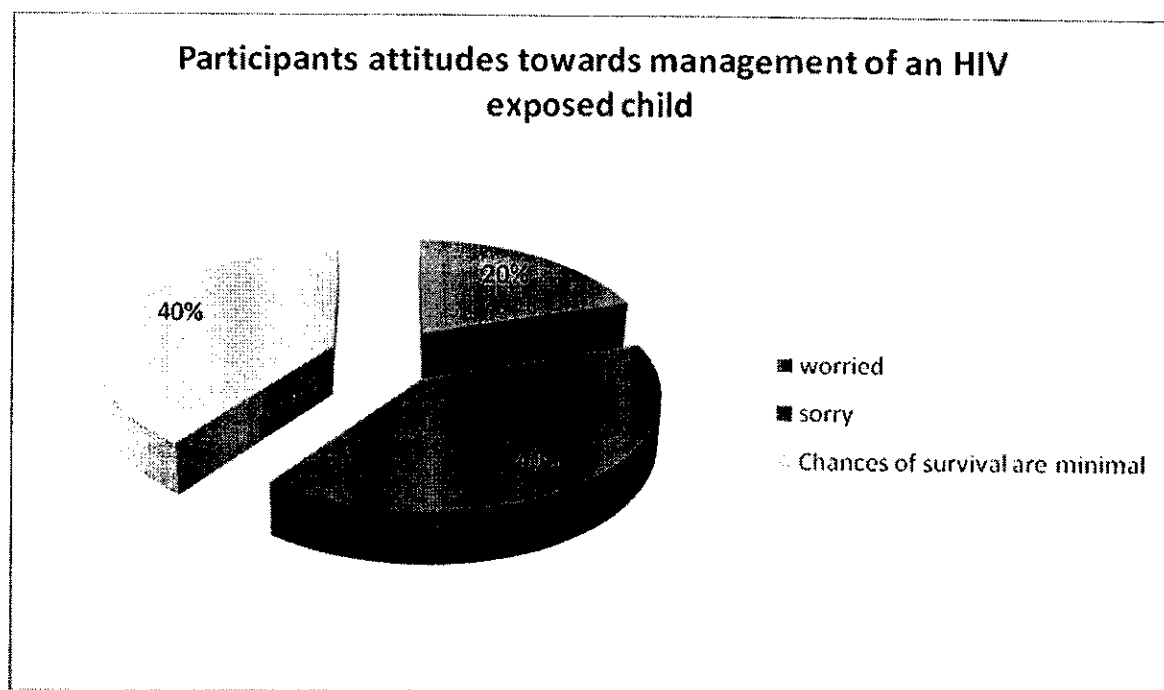
### **Description of an HIV exposed Child**

The respondents were asked of their knowledge on who an HIV exposed child is. The results showed that 70% (n=21) of the respondents answered the question correctly, while 30% failed to describe an HIV exposed child. The figure below shows the presentation.

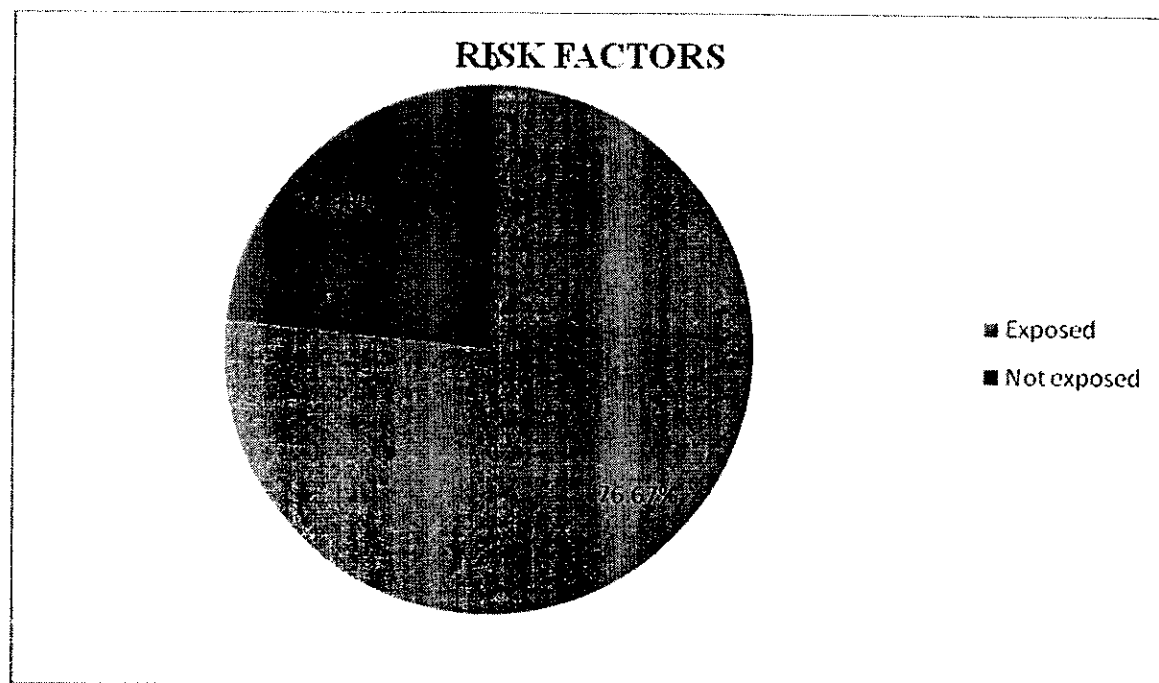


#### **ATTITUDE ON MANAGEMENT OF HIV EXPOSED CHILDREN**

The respondents, when asked if they have ever managed an HIV exposed child, most of the respondents 66.67% (n=20) responded that they have ever managed an HIV exposed child. The figure below shows the distribution of how the nurses felt after managing an HIV exposed child. 40% (n=8) of the respondents felt that the children's chances of survival are minimal, another 40% (n=8) felt sorry for the children and 20% (n=4) were worried of the children's survival.



### Exposure to HIV

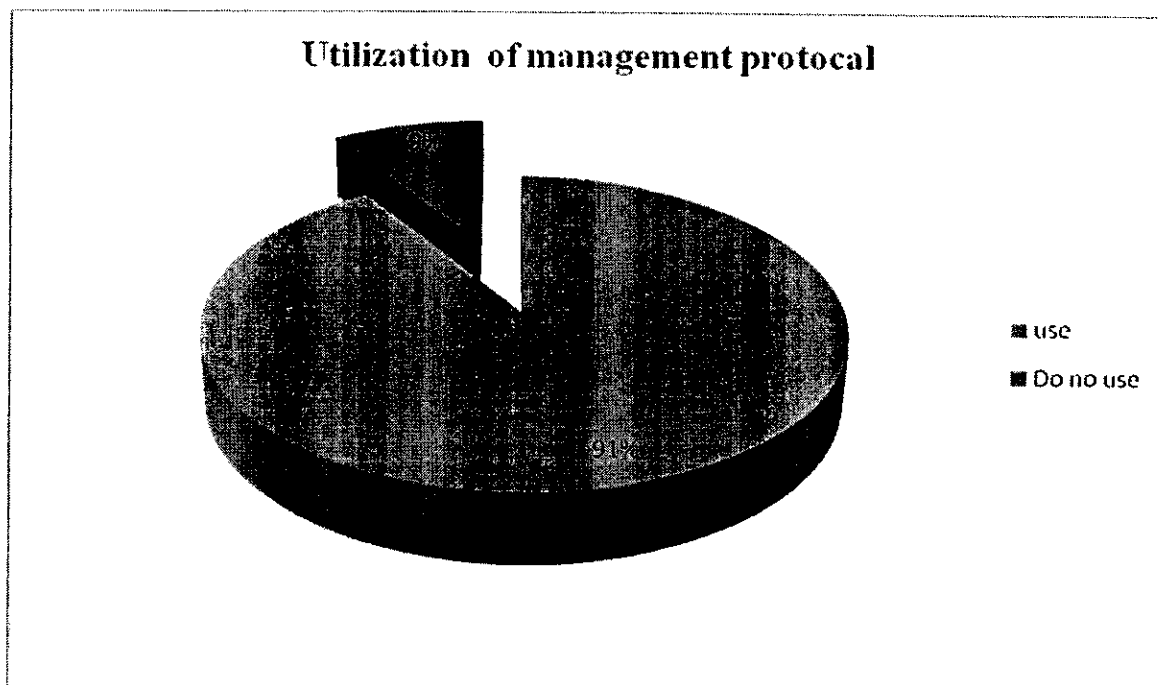


The respondents were asked if they think they are much exposed to HIV when managing HIV exposed children. The figure above shows that 76.67% (n=23) believe that they are much exposed to HIV, while 23.33% (n=7) said they feel they are not exposed.

## **PRACTICES IN THE MANAGEMENT OF AN HIV EXPOSED CHILDREN**

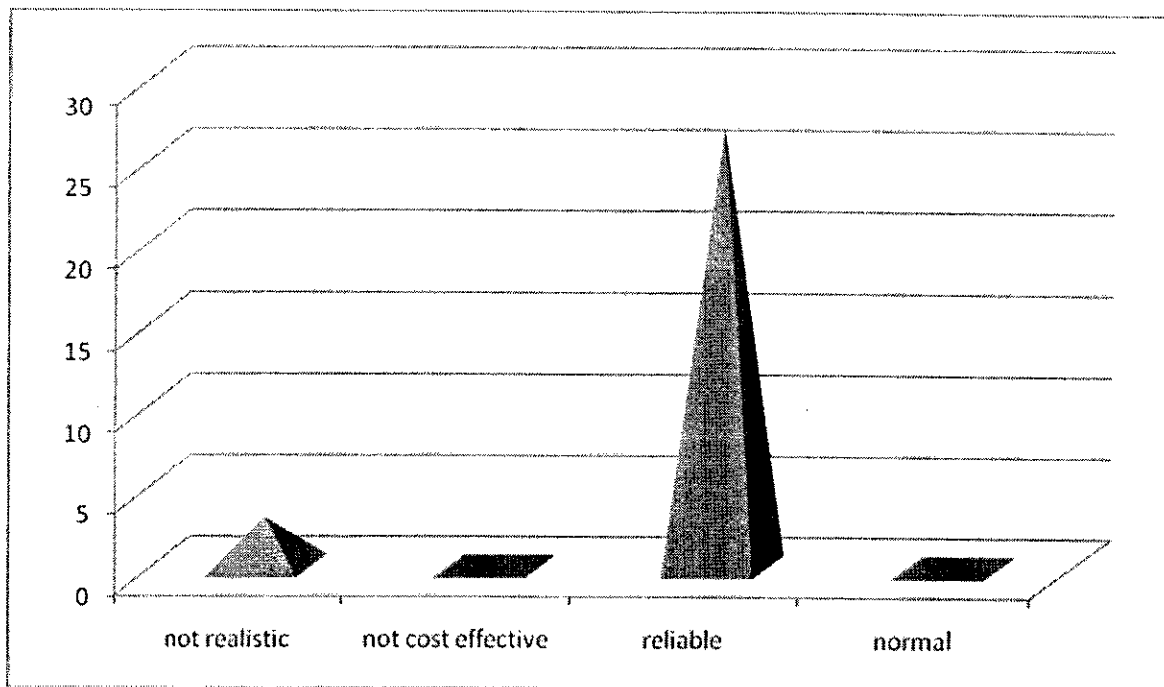
### **Knowledge and utilization management protocol**

The respondents were asked on their awareness on the protocol used in the management of HIV exposed children. 36.67% (n=11) were aware of the protocol being used while 63.33% (n=19) knew nothing about it. Out of the 36.6% who were aware of the protocol used 90.9% (n=10) were actually utilizing it while only 9.1% (n=1) was not using it. The figure below shows its presentation.



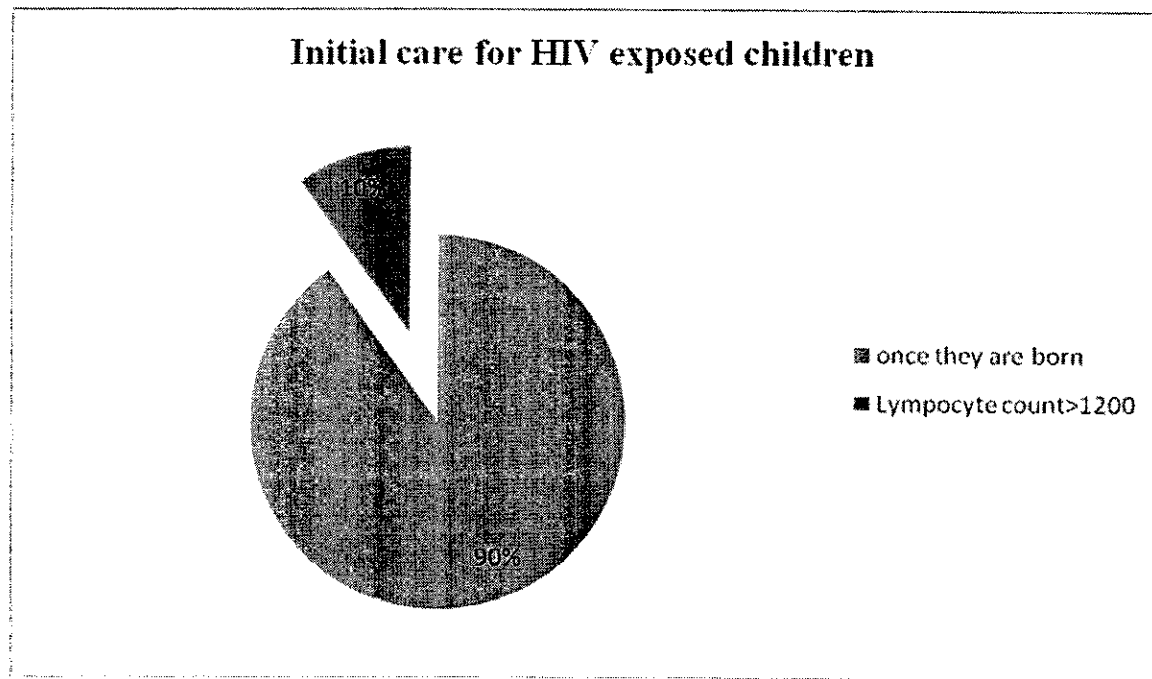
### **Description of the protocol**

The respondents, who are aware of the existence of the protocol, were asked on how they would describe it. Below is the representation of how they answered.



The figure above shows that 90% (n=27) of the respondents considered the protocol to be reliable while 10 % (n=3) considered it not realistic for Malawi.

#### Initial care for HIV exposed children

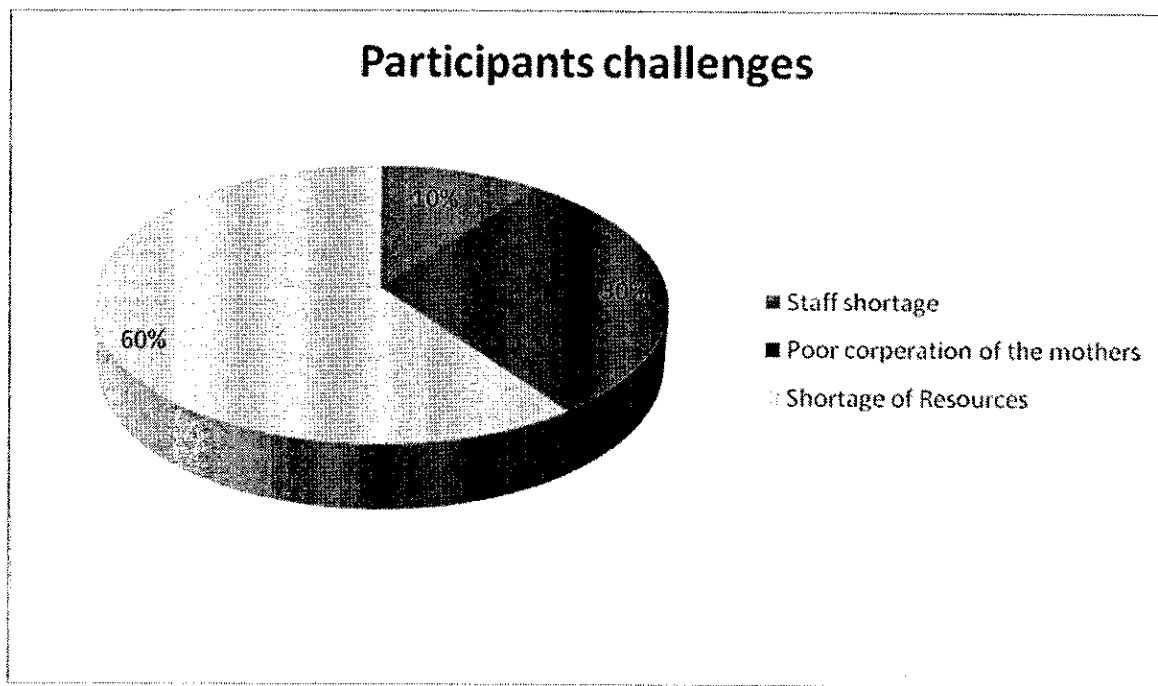


In the figure above 90% (n=27) of the subject, responded the care of the HIV exposed children starts once they are born while 10% (n=3) responded that their lymphocyte count is 1200

### **CHALLENGES FACED BY NURSES IN THEIR MANAGEMENT OF HIV EXPOSED CHILDREN**

#### **Any challenges met.**

The figure below shows that the majority of the respondents 96.67% (n=29) meet challenges when managing HIV exposed children. Of the 96.67% who said they meet challenges 60% of the respondents (n=18) they meet challenges in terms of shortage of the resources, 30% (n=9) Poor cooperation from the mothers and 10% (n=2), shortage of staff.



## **CHAPTER 6**

### **DISCUSSION OF THE FINDINGS**

#### **INTRODUCTION**

The study sought to assess the knowledge, attitude and practices of Kamuzu Central Hospital nurses in the management of HIV exposed children. This chapter presents the discussion which is solely based on the findings of the study. The focus of the discussion will mainly be based on the information found on the knowledge, attitude, and challenges of the nurses. There after conclusion and recommendations that has been made.

#### **DEMOGRAPHIC DATA**

The study findings revealed that the majority (50%) of the respondents fall within the age range of 25-34 years of age of which 90% were females and 10% males. Looking at this age group, though it can not signify much, basing on their age most of the people might have worked for minimum of 3years implying that the knowledge they have is not what is really being utilized since things are changing.

It was also revealed that 40% of the respondents were enrolled nurses and another 40% nurse midwife technicians thus their level of knowledge concerning HIV exposed children is more less the same. There were only 20% of registered nurses mostly because registered nurses they hold other positions other than in the wards. Thus would say there was slight difference in the answers that were given. The registered nurses seemed to have more knowledge than some of the nurses because them as nursing officers mostly attend workshops while the other nurses are always doing bed side nursing and yet they are not considered in terms of attending such workshops.

#### **KNOWLEDGE IN THE MANAGEMENT OF HIV EXPOSED CHILDREN**

The respondents were asked on their knowledge on the management of HIV exposed children. They were asked on whether they are aware on how to manage an HIV exposed child or not. The results revealed that 66.67% (n=20) of the respondents were aware of the management of HIV exposed children, while 33.33% (n=10) were not aware. 45% (n=9) of the people who were

aware of how to manage an HIV exposed child got their information through workshops. This shows that the most reliable source of their knowledge is workshops. This is not really good because the information given at workshops is brief. Just to complement Grellier (1997) conducted a study to determine nurse/midwives knowledge on midwives' knowledge of HIV and its implication for their attitude and practice revealed that, "though training may provide midwives with technical knowledge, it does not necessarily equip them to deal with many of the underlying issues, which in turn reflect on midwifery practice, It is important for practical knowledge to be placed within a broader context".

To add on that, when the respondents were asked on whether they have enough knowledge to help them manage HIV exposed children. 83.33% (n=25) responded that they did not have enough knowledge, that would enable them to manage the children properly.

When asked to describe HIV exposed children, 70% were able to describe these children correctly, as children born to an HIV positive mother but are unknown of the status. The 30% failed to describe properly

#### **ATTITUDE ON MANAGEMENT OF HIV EXPOSED CHILDREN**

In general the nurses attitude on the management of HIV exposed children was poor. Out of the 66.67% (n=20) of the respondents who have ever managed an HIV exposed child 40% of the respondents felt that the children's chance of survival is very minimal. Just to complement with what Penders health promotion model says in the participation in health promoting behaviour. It says that, if one views health promoting factors as beneficial to his or her health, takes into consideration the cues of action, like listening to health promoting programmers, reading magazines/newspapers on health related issues, if the modifying factors like money are there, he or she is likely to participate in health promoting behavior (Pender, 2006).

A similar study was carried out in Lagos State, Nigeria on attitudes of health care providers to persons living with HIV and AIDS by Adebajo, Bamgbala and Oyediran (2003) which revealed that "most of the respondents (96.3%) had moderate to good knowledge of HIV/AIDS but the attitude of the nurses towards people living with HIV and AIDS was poor". Also findings from a study carried out by Mbanga *et al* (2001) to asses Knowledge, attitudes and practice of nursing

staff in a rural hospital of Cameroon, how much does the health care provider know about HIV and AIDS revealed that 70.1% of the nurses who responded scored highly in the knowledge section compared to 50.5% in the attitude and practice section. Another similar study was conducted by Reis c. in Nigeria on discriminatory attitudes and practice by health workers towards patients with HIV and AIDS. 59% agreed that people with HIV and AIDS should be put on a separate ward, 20% agreed that many with HIV and AIDS behave immorally and deserve the disease.

In relation to Pender's model, Participation in health promoting behavior will depend on whether the nurses view health promoting factors as beneficial to the life of the children. Mostly nurses, consider HIV exposed children as already infected and they think their response to health promoting actions is minimal. These ideas can influence views of the nurse in participating in health promotion factors. If the nurses view the health promoting behavior as beneficial will take in consideration the cues to action, for example managing the HIV exposed children according to the available protocol and information.

## **PRACTICES IN THE MANAGEMENT OF HIV EXPOSED CHILDREN.**

### **Knowledge and utilization of management protocol**

The study revealed that only 36.67% (n=11) were aware of the protocol used in the management of HIV exposed children while the majority 63.33% were not aware. It is very unlikely for the nurses to manage these children properly when they do not know which steps to follow. Out of the 36.6% who were aware of the protocol used 90.9% (n=10) were actually utilizing it while only 9.1% (n=1) was not using it. This study compliments with a study which was done on the prevention of intrapartum HIV and AIDS transmission from mother to child by Roets L, et al in 2003. The study showed that most of the midwives did not implement the interventions that could lower the chances of HIV and AIDS transmission from mother to child during the intrapartum period. Midwives therefore may not have a positive impact on child mortality. The researchers concluded that midwives do not implement the interventions mentioned in the study because of a lack of knowledge and skills.

When asked about the initiation of care in these children 90% (n=27) of the subjects, responded that the care of the HIV exposed children start once they are born and some even added that it starts in utero with PMTCT services which was correct, while 10% (n=3) failed to respond the question correctly. This shows that the nurses have the knowledge, as far as initiation of care is concerned. What the need is the information on what is involved in the care.

### **CHALLENGES FACED BY NURSES IN THEIR MANAGEMENT OF HIV EXPOSED CHILDREN**

The study revealed that 96.67% (n=29) of the respondents meet challenges when managing HIV exposed children. Of the 96.67% the majority, 60% (n=18) said they meet challenges in terms of shortage of the resources, 30% (n=9) Poor cooperation from the mothers and 10% (n=2), shortage of staff. It has been shown that the major challenge is of shortage of resources. This is a major problem since resources are the corner stone in the management of HIV exposed children, without resources the nurses can not do anything. This concurs with Ndinkom's study of (2007) which was designed to determine the knowledge and behaviour of nurse/midwives in the prevention of vertical transmission of HIV in Owerri, Imo State. The mean score on behaviour was 52.5%, major factors that influence behaviour in these settings were mainly fear of getting infected, irregular supply of resources like gloves, goggles, sharp boxes, and water supply was not regular also. Another similar study was conducted by Misiri H.E, Tadesse H, Muula A.S, 2004 to find out if public antenatal clinics in Blantyre, Malawi, are ready to offer services for the prevention of vertical transmission of HIV. The results revealed that 37.0% reported that they would be uncomfortable to assist in the delivery of an HIV infected woman since there was lack of appropriate clinic space and sterile gloves for the proper delivery of maternity services.

Basing on the discussion above it has been shown that shortage of resources is really a major problem when it comes to management of patients in the ward. This is even worse when the nurses are managing HIV exposed children or HIV patients since they fear that they may be infected. Just to complement Reis C, et al in 2005 in his study on discriminatory attitudes and practices by health workers toward patients with HIV/AIDS in Nigeria. 91% percent agreed that staff and health-care professionals should be informed when a patient is HIV-positive so they can protect themselves. This is clearly showing us how afraid health professionals are with HIV.

## **CONCLUSION**

This study has revealed that in general nurses have the knowledge on who HIV exposed children are. It has also shown that at least the nurses possess a little knowledge in the management of HIV exposed children. What is needed most is for them to keep abreast with the new information relating to the management of HIV exposed children since these things keep on changing every day. The study also revealed that that the nurses' attitude is very poor as their mind is already set that no matter what they do, the children will still die. All they think is that these children are infected. Further more the nurses attitude is influenced by the challenges met by these nurses which include; shortage of resources, shortage of staff and poor cooperation of the mothers.

## **RECOMENDATIONS**

Basing on the study findings the following recommendations have been made;

- There is need for the hospital to organize refresher courses on the management of HIV exposed children where the nurses will be able to learn more about HIV exposed children unlike in workshops where the information given is brief.
- The nurses should have self initiative and be inquisitive in searching for new information concerning the management of HIV exposed children. The nurses also need to have a humble spirit by learning from colleagues who have the information.
- The nurses should involve and make arrangements by devising presentations that may bear topics such as management of HIV exposed children for broader experience.
- The hospitals should ensure that protocols for management of HIV exposed children are available and that nurse's management is based on the standards of care that the protocol stipulates.
- The hospitals should use the available resources effectively and efficiently and that the wards have enough resources at all times.

- There should be enough staff allocated to the pediatric ward considering the fact that the pediatric ward combines both medical and surgical patients unlike the other wards thus there is need for more staff so that there shouldn't be problems in taking care of the patients.
- There is need for proper supervision by the ward in-charges to ensure that appropriate measures in the management of HIV exposed children are being followed.

#### **AREAS OF FURTHER STUDY**

Management of HIV exposed children is very important since children are fast progressors to HIV and AIDS. In order to improve the quality of life of HIV exposed children there is need to focus on;

- The response of the HIV exposed children to the management they receive.

## REFERENCE

- Adebajo SB, Bamgbala AO, Oyediran MA: Attitude of Health Care providers to persons living with HIV/AIDS in Lagos State, Nigeria. African Journal of Reproductive Health 2003, 7(1):103-112.
- ANNECA (2004). Handbook on paediatric AIDS in Africa, Kampala, Family Health International
- Creasia I.J. and Parker B. (1991). Conceptual foundation of professional nursing practice, London: Mosby-Year Book, Inc
- Grellier R (1997) Midwives' knowledge of the HIV virus and its implication for their attitudes and practice. Royal Council of Midwives Journal, 110(1315):190-193.
- Kazembe P.N (2008) Early Infant Diagnosis-Malawi Experience, Baylor College of medicine, Malawi
- Niewsiadomy, R.M. (1992). Foundations of nursing research. (1<sup>st</sup> edition) Norwalk, Appleton & Lange.
- Pender, N.J., Murdaugh, C. L., & Parsons, M. A. (2006). Health promotion in nursing practice (5th ed.). Upper Saddle River, NJ: Pearson Education, Inc.
- Pender J.N. (1987). Health promotion in nursing practice, California; Appleton and Lange Company.
- Polit D.F. and Hungler B.P. (1999). Nursing research, principles and methods (6<sup>th</sup> Ed). Philadelphia; JB Lippincott Company USA

Pratt, R.J. *et al.* Kaleidoscope: a 5-year action research project to develop nursing confidence in caring for patients with HIV disease in west India. *International Nursing News* 48:164-173 (2001).

Mbanga DN (2001): Knowledge, attitudes and practice of nursing staff in a rural hospital of Cameroon, how much does the health care provider know about human immune deficiency virus/acquired immune deficiency syndrome. *International Nursing Review*, 48 (4):241-249.

Musin H.E, Tadesse E. Muula A.S (2004). Are public antenatal clinics in Blantyre, Malawi, ready to offer services for the prevention of vertical transmission of HIV? *Africa Journal Reproductive Health* 8(2):64-70. Retrieved May 12, 2009

Ndikom C. M and Onibokun A (2007) Knowledge and behaviour of nurse/midwives in the prevention of vertical transmission of HIV in Owerri, Imo State, Nigeria: a cross-sectional study. *BMC nursing journal* 6:9 Retrieved May 5, 2009 from <http://www.biomedcentral.com/1472-6955/6/9>

Reis C, *et al.* (2005) Discriminatory attitudes and practices by health workers toward patients with HIV/AIDS in Nigeria. *Plos Medicine journal* 2(8):e246 Retrieved May 12, 2009 from  
Seaman, C.H.C. (1987). Research methods, principles, practice and theory for nursing (3rd edition) .California Appleton and Lang.

Segurado, A. *et al.* (2003) Evaluation of the care of women living with HIV/AIDS in São Paulo, Brazil. *AIDS Patient Care and STDs* 17(2):85–93

UNICEF-WHO (2006) Consultation Development of a Programming Guide for Scaling Up Treatment, Care and Support for HIV-infected and Exposed Children in Resource-Constrained Settings, New York City, UNICEF House, 3 United Nations Plaza

## APPENDIX 1

### TIME TABLE LINE OF THE RESEARCH

TIME IN MONTHS

| ACTIVITY                                             | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|------------------------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Selection of Title                                   |     |     |     |     |     |     |     |     |     |     |     |
| Proposal writing, binding and submission             |     |     |     |     |     |     |     |     |     |     |     |
| Pre-testing and Data collection                      |     |     |     |     |     |     |     |     |     |     |     |
| Data analysis                                        |     |     |     |     |     |     |     |     |     |     |     |
| Report writing                                       |     |     |     |     |     |     |     |     |     |     |     |
| Binding and submission of dissertation to supervisor |     |     |     |     |     |     |     |     |     |     |     |
| Dissertation results                                 |     |     |     |     |     |     |     |     |     |     |     |

**APPENDIX 2****BUDGET**

| <b>ITEM</b>                                        | <b>COST</b>   | <b>TOTAL COST ( M K )</b> |
|----------------------------------------------------|---------------|---------------------------|
| <b>Stationery</b>                                  | <b>MK</b>     | <b>MK</b>                 |
| 2 reams Plain papers                               | 1000 each     | 2000                      |
| 5 Ball pens                                        | 20 each       | 100                       |
| 2 Pencils                                          | 10 each       | 20                        |
| 1 Sharpener                                        | 100 each      | 100                       |
| 5 Large envelopes                                  | 50 each       | 250                       |
| 10 Small envelopes                                 | 15 each       | 150                       |
| 1 Flash disk                                       | 3000          | 3000                      |
| 2 Tipex                                            | 300           | 600                       |
| 1 Hardcover                                        | 300           | 300                       |
| 1 Punching machine                                 | 500           | 500                       |
| 1 box Staple pins                                  | 100           | 100                       |
| 1 Stapling machine                                 | 500           | 500                       |
| <b>Sub total</b>                                   |               | <b>7250. 00</b>           |
| <b>secretarial</b>                                 |               |                           |
| Proposal printing 150 pages                        | 10 per page   | 1400                      |
| Proposal binding (4 copies)                        | 200 each      | 800                       |
| Questionnaire printing and photocopying (80 pages) | 10 per page   | 800                       |
| Printing letters( 10 copies)                       | 10 per page   | 100                       |
| Printing consent forms (35 copies)                 | 10per page    | 320                       |
| Typing dissertation( 100 pages )                   | 100 per page. | 1000                      |
| Printing dissertation(400 pages)                   | 10 pages      | 4000                      |
| Binding dissertation (4 copies)                    | 200 each      | 800                       |
| <b>Sub total</b>                                   |               | <b>9, 220.00</b>          |
| <b>Communication</b>                               |               |                           |
| Phone calls                                        |               | 3000                      |
| Internet services                                  |               | 2000                      |
| Transport to and from data collection centers      |               | 5000                      |
| Traveling to resource centers                      |               | 2000                      |
| <b>Sub total</b>                                   |               | <b>12, 000.00</b>         |
| <b>total</b>                                       |               | <b>28,470.00</b>          |
| 10% contingency                                    |               | <b>2,842.00</b>           |
| <b>Grand total</b>                                 |               | <b>31,317.00</b>          |

## **JUSTIFICATION OF THE BUDGET**

### **Stationery**

Papers will be use for printing the proposal, questionnaires, letters, consent forms and the dissertation. Pens and pencils will be use for writing notes during the literature review. Envelopes will be used for sending letters of seeking permission to conduct a study. Stapling machine and pins will be used for binding questionnaires. A hard cover will be used for keeping some written information while a flash disk will be used for storage of information.

### **Secretarial services**

The money will be used for typing, printing and photocopying the proposal, dissertation reports and binding.

### **Communication**

The money will be required during traveling to collect data and literature review, meeting with the research supervisor and phone calls to the supervisor and data collection area or literature review centers.

### **Incidentals**

Any emergencies arising during the time of the study that were not budgeted for will require the use of the incidentals. And these will be covered with the 10% contingency

## Appendix 3

## CONSENT FORM

### Consent from participant

#### To whom it may concern

Good morning

My name is Theodora Banda a fourth year student from Kamuzu College of Nursing currently studying for a degree in nursing. As part of my requirement for the degree course I am required to conduct a study and the topic of my study is **knowledge, attitude and practices of Kamuzu Central Hospital nurses in the management of HIV exposed children.**

You are free to take part or not on this study and you are at liberty to withdraw from this study at any point you want. Also be assured that there are no risks associated with this study and the benefits of this study will not be directly available to you but once the findings have been established they might reveal the need for improvement in HIV exposed children management and availability of resources. Also be assured that any information that you will give will be confidential and will only be available to the researcher and her supervisor and also to add on this no names will be used on the questionnaire to ensure anonymity and at the end of the research all the responses will be destroyed by burning.

I would therefore be grateful if you accept to take part in this study

If you agree, please sign below

I have read and understood the above information and wish to participate in the study

Participants signature..... Date.....

Researchers signature..... Date.....

## Appendix 4

### QUESTIONNAIRE

CODE NUMBER.....

**TITLE OF RESEARCH; knowledge, attitude and practices of Kamuzu Central Hospital nurses in the management of HIV exposed children.**

**Instructions: Do not write your name**

**Tick the answer which you think is correct**

#### **PART A, DEMOGRAPHIC DATA**

**1. Age**

- (a) 15-24 years    ☐
- (b) 25-34 years    ☐
- (c) 35-44 years    ☐
- (d) 45-54 years    ☐
- (e) Over 55 years ☐

**2. Sex**

- (a) Male            ☐
- (b) Female         ☐

**3. Highest level of nursing education**

- (a) Registered nurse    ☐
- (b) Enrolled nurse       ☐
- (c) Nursing technician ☐

**4. Religion**

- (a) Roman Catholic    ☐
- (b) CCAP                ☐
- (c) SDA                  ☐
- (d) Islam                ☐
- (e) Others (specify).....

## **SECTION B: KNOWLEDGE OF NURSES ON THE MANAGEMENT OF HIV EXPOSED CHILDREN**

1. Are you aware on how to manage an HIV exposed child
  - (a) Yes [ ]
  - (b) No [ ]
2. Where did you learn about the management of HIV exposed children?
  - (a) In College [ ]
  - (b) Workshops [ ]
  - (c) Colleagues [ ]
  - (d) Others (specify).....
3. Who is an HIV exposed child?.....  
.....
4. Do you think you have enough knowledge to help you manage HIV exposed children?
  - (a) Yes [ ]
  - (b) No [ ]
5. If yes/no why?.....  
.....

## **SECTION C: ATTITUDE OF NURSES IN THE MANAGEMENT OF HIV EXPOSED CHILDREN**

1. (i) Have you ever managed an HIV exposed child?
  - (a) Yes [ ]
  - (b) No [ ]
  - (ii). If yes, how did you feel?
    - (a) Worried [ ]
    - (b) Chances of survival are minimal [ ]
    - (c) Sorry [ ]
2. (i) Do you think you are much exposed to HIV?
  - (a) Yes [ ]
  - (b) No [ ]
  - (ii). If yes why?.....

.....

**SECTION D: PRACTICES OF NURSES IN THE MANAGEMENT OF HIV EXPOSED CHILDREN**

1 (i) Are you aware of the protocol used in the management of HIV exposed children?

(a) Yes [ ]

(b) No [ ]

(ii). If yes, do you manage the children according to the protocol?

(a) Yes [ ]

(b) No [ ]

(iii). If no (ii) why?.....

2. How can you describe the protocol used when managing the HIV exposed children?

(a) Not realistic for Malawi [ ]

(b) Not cost effective [ ]

(c) Reliable [ ]

(d) Normal [ ]

(e) Others (specify) [ ]

3. When do we start caring for an HIV exposed child?

(a) When the Lymphocyte count is less than 1200 [ ]

(b) When the child has started showing symptoms of AIDS [ ]

(c) Once they are born [ ]

(d) Other (specify).....

**SECTION E: CHALLENGES FACED BY NURSES IN THEIR MANAGEMENT OF HIV EXPOSED**

1. Do you meet challenges when managing the HIV exposed children?

(a) Yes [ ]

(b) No [ ]

2. If yes, what type of challenges do you encounter?

(a) Shortage of resources [ ]

(b) Poor cooperation from the Mothers [ ]

(c) Other (specify).....

Appendix 5

LETTER FOR PERMISSION FROM KAMUZU CENTRAL HOSPITAL

REF. No.KCH/O/1.04

TELEPHONE No.: (265) 1 753 555/754 331

TELE FAX O.: (265) 1 756 380

PLEASE ADDRESS ALL COMMUNICATIONS TO

THE HOSPITAL DIRECTOR

E-MAIL: [amnthambala@hotmail.com](mailto:amnthambala@hotmail.com) or  
[kchodir@gmail.com](mailto:kchodir@gmail.com)



MINISTRY OF HEALTH  
KAMUZU CENTRAL HOSPITAL  
P. O. BOX 149  
LILONGWE

REF, NO.KCH/29

5<sup>th</sup> August 2009

T. Banda  
Kamuzu College of Nursing  
Private Bag 1  
LILONGWE

Dear Sir,

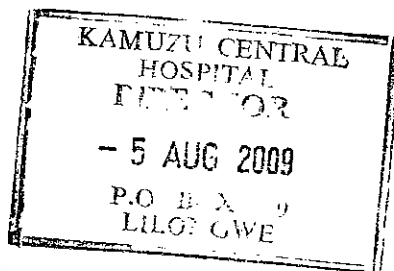
Re: APPLICATION FOR PERMISSION TO CONDUCT A  
RESEARCH STUDY AT KAMUZU CENTRAL HOSPITAL

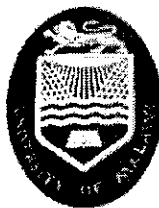
Thank you for the letter in which you requested to utilize Kamuzu Central Hospital as a site for your research study. The title of the study is "knowledge, attitude and practices of Kamuzu Central Hospital nurses in the management of HIV exposed children".

Please be advised that permission has been granted.

Yours sincerely,

  
Dr. A. Mnthambala  
HOSPITAL DIRECTOR





University of Malawi

KAMUZU COLLEGE OF NURSING

RESEARCH AND PUBLICATIONS COMMITTEE

APPROVAL CERTIFICATE

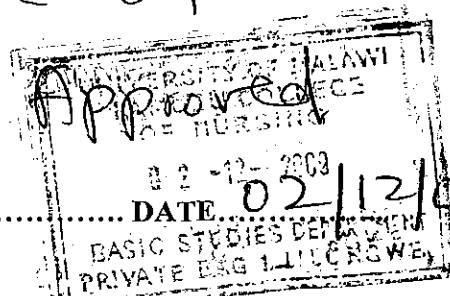
TITLE: Knowledge, attitude and practices of  
Kamuzu central hospital nurses in the  
management of HIV exposed children  
INVESTIGATOR(S): Mtisunge Theodora Banda

YEAR OF STUDY: Generic year 4

REVIEW DATE: 30 June '09

DECISION OF THE COMMITTEE:

SIGNATURE: .....



DEAN OF POSTGRADUATE STUDIES AND RESEARCH

CC: supervisor:

Mr. M Z Nyando

**DECLARATION OF INVESTIGATOR(S)**

*I/WE fully understand the conditions which I am/we 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: 3/12/09 SIGNATURE(S): T. Banda