College of Medicine

Assessing Factors that Hinder Effective Utilisation of Family Planning Services by Perinatally HIV Infected Adolescents in Chiradzulu District

By

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CERTIFICATE OF APPROVAL

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DECLARATION

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

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ABSTRACT

Adolescents who have perinatal HIV are equally sexually active and a higher proportion of them is becoming pregnant and bears children. This is happening when family planning services are being provided at the teen clubs where they access HIV services. The study aimed at assessing reasons why these adolescents are not utilizing the family planning services that are being offered. The objectives of the study were to: establish perinatally HIV infected adolescents' knowledge of the importance of family planning, identify sexual and reproductive health services available for perinatally HIV adolescents, determine the support system that is available for perinatally HIV infected adolescents and determine the challenges that the perinatally HIV infected adolescents face during care.This qualitative study was conducted at Chiradzulu District Hospital and Namitambo Health Centre from March to May 2019. The researcher recruited19 adolescents aged 15-19 years, who were perinatally infected with HIV and were aware of their HIV status. The results showed that most perinatally HIV infected adolescents are aware of the importance of family planning. Additionally, it was found that misconceptions about and side effects of some family planning methods are the main reason for non-contraceptive use.Parents/guardians are the main source of support but they do not have adequate knowledge about reproductive health issues relating to the adolescents, hence fail to provide the needed support. The study also showed that the majority of the adolescents who have a romantic relationship disclosed their HIV status to their partners. The findings also revealed that there is to involve parents and traditional leaders in issues of sexual and reproductive health so that they know the kind of support they could provide to their adolescent children. Additionally, improving the sexual and reproductive health information and services for adolescents will help create contraceptive demand by these adolescents.

TABLE OF CONTENTS

ABBREVIATIONS AND ACRONYMS

ART	Antiretroviral Therapy
COMREC	College of Medicine Research and Ethics Committee
HIV	Human Immunodeficiency Virus
IEC	Information Education Communication
PHIV	Perinatal HIV
ApHIV	Adolescents with perinatal HIV
STIs	Sexually Transmitted Infections
TCA	Thematic Content Analysis

OPERATIONAL DEFINITIONS

Adolescents are individuals who are between ages 10 and 19.

Perinatally HIV infected adolescents are those adolescents who were infected with HIV while in utero or during birth or during breastfeeding.

Teen clubs are groups made up of youth that are living with HIV. Teen clubs offer a friendly and safe space for teen to receive their medications, learn life skills, play interactive games, learn about their unique health challenges and form supportive peer relationships.

CHAPTER 1

1. INTRODUCTION/BACKGROUND

An estimated 2.1 million adolescents aged 10-19 years are living with HIV in low and middle-income countries in 2016 [1].Studies show that most of these adolescents acquired HIV perinatally from their HIV infected mothers. About 95.2% of these adolescents live in Sub-Saharan Africa [2]. Malawi, one of the Sub-Saharan countries was estimated to have about 91,000 adolescents living with HIV in 2013 [3]. Among these Malawian adolescents, over 90% of them acquired the infection perinatally[4].

As these adolescents develop physically and psychologically, they become sexually active. Most of those that cannot abstain, indulge in sexual activities, of which some do not protect themselves against pregnancy and/or sexually transmitted infections. This is in agreement with the findings of a study that was conducted in Uganda among female sex workers in which perinatally HIV(PHIV) infected adolescents who had an early sexual debut were predisposed to risk of pregnancy and sexually transmitted infections including acquiring other strains of HIV infection [5]. This is echoed by another study also conducted in Uganda which explored the correlates of ever having sex among perinatally HIVinfected adolescents, in which the findings showed that 33% of the participants had ever had sex, of which some reported unprotected sex [6]. It also showed that 49.3% of those who reported having had sex became pregnant and 16.2 % (101of 624 study participants) reported symptoms for sexually transmitted infections (STI).

Other studies have reported that female adolescents with perinatally acquired HIV are becoming sexually active at an earlier age than their male counterparts for different reasons[7].As a result, these girls become pregnant which most of the times is unwanted. Consequently, termination of the pregnancy is sought from unskilled providers[8]. On the other hand, there is a high risk of

transmitting the virus to partners who do not have the virus since some of these do not disclosetheir HIV status to their partners. Additionally, the transmission may occur because of factors like: early sexual debut, having multiple sexual partners and some adolescent girls engaging in transactional sex with older men[7].

It is highly likely that adolescents may not seek contraceptive services at health facilities because of embarrassment and fears that staff will be hostile or judgmental to them or their parents might learn of their visits[9]. On the other hand, in Malawi, 19% of sexually active adolescents have high unmet needs for modern family planning[10]. In light of this, the Ministry of Health in Malawi and its partners are making efforts to ensure that HIV infected adolescents are provided with adequate information and care through youth friendly health services and teen clubs. However, despite the sexual and reproductive health services being provided in teen clubs for adolescents living with HIV in most health facilities,, the uptake of these services by the perinatally HIV infected adolescents is low.

1.2. Problem statement

At Namitambo Health Centre and Chiradzulu District Hospital, the 2016/2017 register shows that 29% of the perinatally HIV infected adolescents got pregnant or had STIs. This shows that they are engaging in unprotected sexual intercourse and/or not using contraceptives. These adolescents access their HIV services at teen clubs where family planning services are being offered. Although this problem affects all adolescents equally, the perinatally HIV infected adolescents (APHIV) are a special group because despite the success of option B+ strategy, there is still a 5% risk of transmitting the virus to the child perinatally[11]. In addition to that, some adolescents stop taking their antiretroviral drugs (ART) or they poorly adhere to the drugs and if they get pregnant the chances of infecting the unborn child are high[12].

1.3. Literature review

1.3.1 Introduction

This chapter presents the empirical literatureand theoretical review. The theoretical literature review forms the foundation for the study and the empirical review will help in identifying what has been done by previous research work and existing research gaps. The chapter will also present the conceptual framework for the study.

1.3.2 Empirical literature review

In 2016, an estimated 21 million girls aged 15–19 years in developing regions became pregnant,approximately 12 million of whom gave birth[13]. It is estimated that 2.5 million girls aged under 16 years in low-resource countries give birth every year [14]. For some adolescents, pregnancy and childbirth are planned and wanted[15]. However, for others, they are not: it is believed thatapproximately half of pregnancies to girls aged 15–19 years in developing regions are unintended [13].These pregnancies equally happen in both HIV positive and negative adolescent girls.Nevertheless, contraceptive use among adolescents is relatively low [16].

A number of studies have identified factors that determine family planning use by adolescents who are living with HIV; some of these studies are discussed below.

Knowledge on the importance of family planning/contraception

Findings from a number of studies suggest that adolescents have knowledge of contraception methods that are available regardless of their HIV status[17][18][19]. For instance, in a study that was conducted in Zimbabwe to assess the knowledge and attitude of adolescents on family planning,it was found that knowledge about modern contraception seemed to be universal among adolescents[18]. In this study the majority of respondents, 98%, stated that they had ever heard about modern methods of contraception. Furthermore, among the contraceptive methods that are available condoms seem to be the most known method of family planning

amongadolescents[19][20][14][21][22]. For example in one study, with regard to the contraceptive methods best known among the participants, most adolescents (55.1%) mentioned condoms as well as oral and injectable contraceptives, 18.4% mentioned only condoms, 4.0% mentioned oral and injectable contraceptives while 3.8% did not know any family planning method[21].Adolescents highlighted that lack of knowledge about other FP methods was related to the fact that parents, religious and traditional leaders, and health care providers did not teach them about contraception[18]. Nevertheless, the studies also showed that although the majority of the adolescents were aware of contraception methods, only a few were using these methods. For instance a study that was done in Tanzania among secondary school girls revealed that utilization of FP services was very low in the study population [23]. Interestingly, a study by Neils and his friends found that female participants were more likely to be sexually active and report unprotected sex [14]. Besides, a study that was done in Zambia indicated that one potential reason more adolescents living with HIV(ALHIV) were not using contraceptive methods was that they were poorly informed, thus they did not know that females on ART could use a method of contraception [24]. Contrary to these findings, a study that was done in Uganda revealed that the majority of those who were sexually active had ever used contraception, although some did not use them consistently [17].On the other hand, a study that was done in USA on contraceptive use among behaviourally and perinatally HIV infected adolescents showed that the majority of the adolescents who reported using a condom had used dual protection to prevent transmission of HIV and pregnancy[25]. While a study conducted in Zambia showed that the percentage of those who used dual protection was very low [26].

Apart from that, studies have also shown that adolescents are aware of the importance of using contraception. Some adolescents argued that condoms protect them from risks of early and

unwanted pregnancies[18][22] (which have resultant effects of early marriages, school dropout, and abortion), STIs and HIV and AIDS.

On the other hand, not all adolescents regard family planning as important. This is evidenced by a study which found that 49.2% of the male participants reported they were sure about its importance, 30.2% believed it is important,yet 7.9% did not know, 5.3% thought that family planning is not important, and 1.6% of the respondents were sure that family planning is not important. On the other hand, 72.9% of the female participants were unsure of its importance, 18.0% believed it is important, 3.9% did not know, 2.6% thought that family planning is not important, 1.6% were sure that family planning is not important[21].Furthermore, during a study on youth access to reproductive health services in Malawi, societal benefits and personal protection emerged as themain motivators for youth to use family planning. The perceived societal benefits of using family planning included: managing populationgrowth; reducing demand for public services; andreducing population-related adverse effects, such as foodand water shortages, environmental degradation, andunsustainable pressure on the government to providepublic goods and services[27].

In addition to that, studies show that adolescents have a number of sources of information about family planning. A study by Sweya et.al revealed that the most common sources of information about contraception were friends/peers (44.8%), and television, and health facilities (40.3%). Further to that the results showed that other reasons that were attributed to the use of contraceptives to be: fear of pregnancy 35.6%, fear of contracting sexually transmitted diseases 17.3%, and pregnancy spacing, 17.3%[28].

Reproductive health services available for adolescents living with HIV

During a study that was conducted in Nigeria to assess the availability and accessibility of Sexual and Reproductive Health Services (SRHS), an in-depth interview revealed that SRHS

were available but not particularly for adolescents. The available services for adolescents reported were: sexuality education which is provided in the secondary schools through other healthrelated subjects, and services for prevention and management of STIs and HIV and AIDS[29].

In addition to that, not all of the sampled health facilities provided all SRHS. For example, sexuality education services were being provided in 55.8% of the facilities, family planning information and services were being provided in 57. 1% of the facilities, safe motherhood services in 86.7% of the facilities, and 67.5% of the facilities had services for prevention and management of STIs, and HIV and AIDS. On the other hand, public health facilities that provide general SHRS were accessible to most of the adolescents except in rural areas where some accessible health facilities do not provide some of the SRHS [29]. However, the participants revealed that not all the SRHS were available in the health facilities and the accessible SRHS were not for adolescents alone. In contrast, a study by Mark et.al showed that about 63% of the facilities that were offering SRHS, provided SRH services for adolescents[30]. Besides, where the services were offered, SRH services most frequently included family planning and contraceptive distribution (72%). However, less than half that were providing these services offered general counseling (40%), STI screening and treatment 31% and cervical cancer screening 14% [30].

Conversely, a study that was carried out to assess the contribution of youth clubs towards promotion of sexual and reproductive health services among adolescents in southern Malawi, revealed that 48.4% of the study participants reported that services offered were on HIV andAIDS education, 16.7% each on STI education and Family Planning, Life skills 9.7% and

8.7% sportingactivities[31]. As such the researchers concluded that youth clubs attendees are provided with more HIV and AIDSinformation than other SHR services.

Despite the availability of SRHS, some studies indicate that most of adolescents do not go to the health facilities to seek advice on sex related issues [22].

Just like any girl adolescent girls who are living with HIV desire to have children in future. The majority of these adolescents value child bearing as a strategy of maintaining their sexual relationships and meeting society's expectations, hence avoiding societal reproach and promoting their self-worth as young women and as a mark of their femininity[32][22][33][34].

It is, however, important to note that APHIV who wanted to have their own children were more likely to have concerns about their future marriages than those who did not desire children[33], especially on disclosing HIV status to their partner, options in marriage, HIV transmission to partner and children [33][32]. Besides, some adolescents do not disclose their status unless when they have sex without a condom [35].Importantly, ApHIV are aware of the concept of PMTCT and know that there are ways to avert vertical transmission of the virus from the mother to child[36].

Available support for PHIV infected adolescents

Adolescents who are living with perinatal HIV infection encounter cognitive, social and physical problems as such they are in need of emotional, educational, medical and psychosocial support. In a study by Mburu et.al[37] the importance of family members was prominent as a regular source of adherence support to adolescents, often through verbal reminderstо take medicine and encouragement when experiencing side effects.Along with family members, peers who were also living with HIV featured prominently as a source of support and friendship.Adolescents reported that through such peer connections, they could share coping strategies, make each other feel

valued and offer each other a sense of identity. Additionally, care and support provided through non-governmental and church centers also influenced the experiences of adolescents. Services included nutritional, psychosocial and adherence support delivered through home visits, as well as through general outreach activities[37].

A qualitative study undertaken to understand the psychosocial experiences and coping strategies of perinatally HIV-infected adolescents showed thatmost of the adolescents had relationships within and outside the residential facility when they were asked about their support system. They all admitted that they had friends, but they stated that these were not secure relationships as they did not want to discuss their status and other personal problems with them [34]. Moreover, in another study clinic staff were reported to be supportive, kind, and caring, and the participants reported that they felt at ease talking to them in general issues like prevention of mother to child, contraception and preventing onward transmission [36].

Sexual and reproductive health challenges

A number of studies have documented sexual and reproductive health challenges that adolescents who are living with HIV face. Moyo and Rusinga found that AHIV have problems accessing contraceptives and this had led to non-use of contraceptives. The reason for not using contraceptives was societal norms and values since it was linked to premarital sex with prostitution[18]. Furthermore, adolescents did not feel free to get contraceptives because of stigma, age difference between health care providers and the adolescents and also the distribution point at the health facility were placed at public places. On the other hand, adolescents feel that most of the information that they are given about contraception is not adequate[34]. Moreover parents, health workers and teachers are trusted source of information; of importance is that parents influence contraceptive use[34].

Apart from that, if the adolescent girls depend on sexual partners for support it means that male partners assume power and control in sexual encounters[32] thus inhibiting young women's efforts to negotiate for safer sex [32].

Synthesis of Literature Review

The literature that has been reviewed has shown that not much has been written on the sexual and reproductive health of AHIV in Malawi. There is clearly inadequate literature on factors that hinder AHIV from using family planning services that have been integrated in HIV services in the country. This has left a literature gap in Malawi. This study intends to fill this gap by carrying out a study on the factors that hinder APHIV from using FP services effectively.

1.3.3 Theoretical framework

The study was guided by the theory of planned behaviour.

The theory of planned behaviour

According to the theory of planned behaviour, human action is guided by three kinds of considerations:

1. Behavioural beliefs about the likely consequences of the behavior (attitude)
2. Normative beliefs about normative expectations of others (subjective norm)
3. Control beliefs about the presence of factors that may facilitate or impede performance of behavior (behavioural control)

Behavioural beliefs produce favourable or unfavourable attitude toward the behaviour, normative beliefs result in perceived social pressure or subjective norm, and control beliefs give rise to perceived behavioural control. This means that attitude towards the behaviour, subjective norm and perceived behavioural control result into a strong behavioural intention to engage into a

particular behaviour. Generally, the more favourable the attitude and subjective norm and the greater the perceived control, the stronger should be the person's intention to perform the behaviour in question[38].

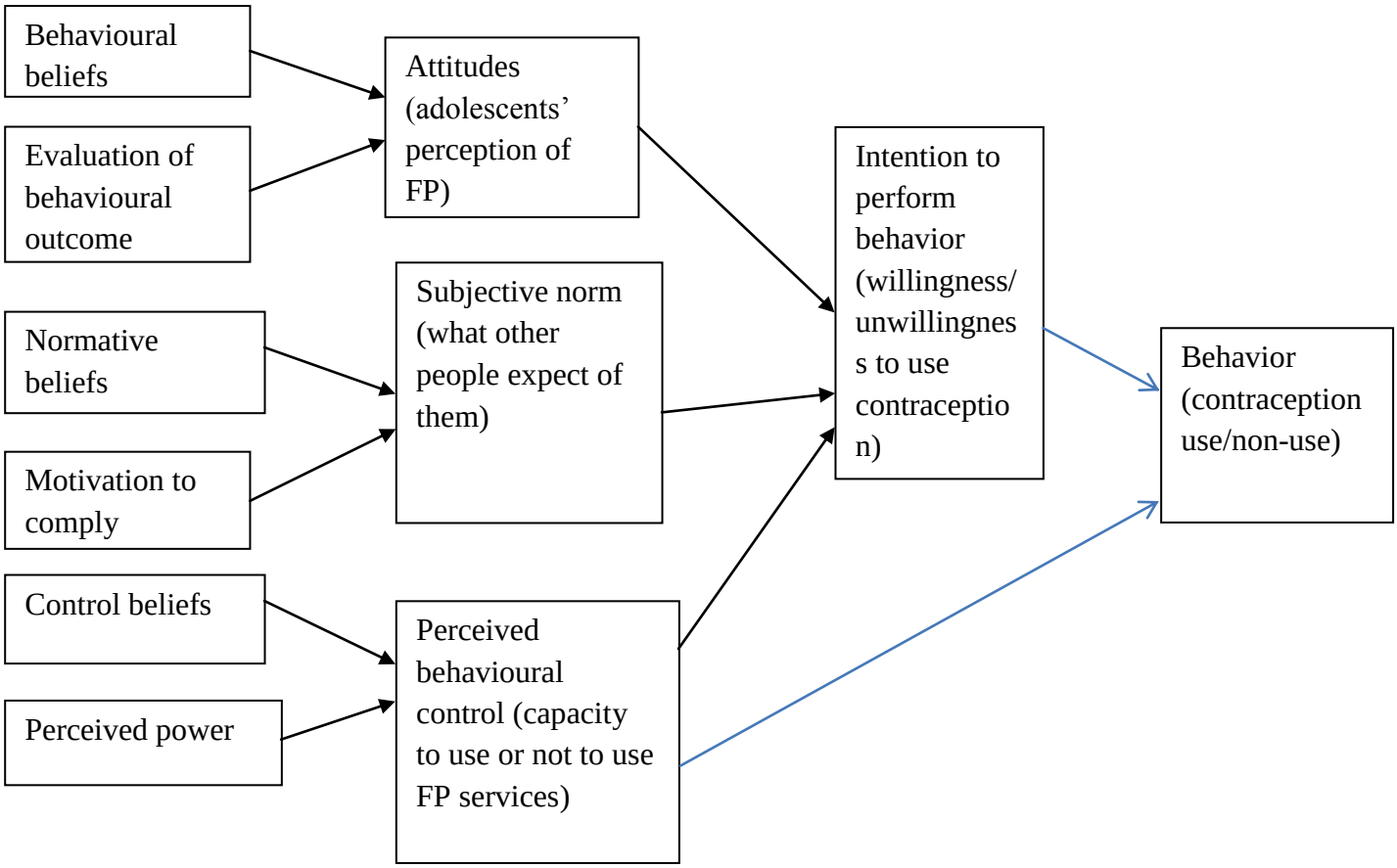

Figure 1: conceptual framework

An adolescent girl maybe more likely to intend to use contraceptives if she has favourable attitudes towards using contraceptives [39].On the other hand, her intention to use contraceptive methods may also be influenced by what she perceives to be what other people expect of her and the individual's need to comply with what other people are expecting. Furthermore, the

intentions and the resulting use of contraceptives will be affected by what they think and believe to be their ability to actually engage in controlling births.

1.4 RELEVANCE OF THE STUDY

In Malawi family planning services have been made accessible to adolescents and adults who are living HIV as a way of the incidence of paediatric HIV infection[40]. Besides a research that was conducted to determine the quality of facility-based family planning services for adolescents in Malawi, found that youngest clients (age group 13 to 19 years) reported a better experience of care compared to clients aged 26 and older [10]. On the other hand, while teen clubs in Chiradzulu are offering family planning services to older adolescents, a higher proportion (89%) of HIV infected adolescent girls are not utilizing these services notwithstanding having unprotected sexual activities that result in unwanted pregnancies and/or sexually transmitted infections. Moreover, the majority of these arethose who acquired the virus vertically, It is against this background that the factors that hinder these adolescents from utilizing family planning services are going to be explored.

1.5 OBJECTIVES

1.5.1 BROAD OBJECTIVE

To assess the factors that hinder perinatally HIV infected adolescents from utilizing family planning services effectively

1.5.2 SPECIFIC OBJECTIVES

1. To establish perinatally HIV infectedadolescents' knowledge of the importance of family planning.
2. To identify sexual and reproductive health services available for perinatally HIV adolescents.

3. To determine the support system that is available for perinatally HIV infected adolescents.
4. To determine the challenges that the perinatally HIV infected adolescents face during care.

CHAPTER 2 METHODOLOGY

This chapter will describe the research method that were used, the study setting, sampling method, sample size, pre-test, data management and analysis, ethical considerations, limitations and plans for dissemination of the study.

2.1 Research design

The study used phenomenological qualitative design for all the four specific objectives in order to gain insights and discover the experiences of HIV infected adolescents regarding their sexual and reproductive health, particularly family planning. In-depth interviews using semi-structured interview guides were used in order to explore the factors that hinder the perinatally HIV infected adolescents from utilizing family planning services effectively. In-depth interviews were chosen in order to allow the participants to express themselves more freely. Additionally, the qualitative methodology was particularly suited to identify diverse perspectives and experiences.

2.2 Study setting

The study was conducted at Namitambo Health Centre in Chiradzulu district and Chiradzulu District Hospital in the Southern Region of Malawi. The district was selected because it was convenient for the researcher and also it is one of the districts that have a large number of adolescents living with HIV. In this district most of the adolescents with HIV access HIV treatment and care services from government hospital and health centres. Medicines San Frontiers (France) is a Non-Governmental Organisation that is manning teen clubs in the district currently. The two teen clubs provide HIV services to about 200 children and adolescents with HIV. HIV services clinic days at the teen clubs are scheduled every two months.

2.3 Study population

The adolescents that were included in the study were those that know their HIV status, regardless of whether they had ever been pregnant and /or had STIs or not. The adolescents who were below 15 years and those who did not know their status were notincluded in the study.

2.4 Study period

The research was conducted from the month of May to June 2019 because teen clubs in Chiradzulu are scheduled for every two months.

2.5 Sample size

According to Polit& Beck appropriate sample size for qualitative study is determined based on the information needs and the guiding principle is data saturation[41]. Additionally, a sample of between 5 and 25 respondents is allowed in qualitative research. As such 19 adolescent girls and boys aged 15-19 years who were perinatally infected with HIV and attending Namitambo Health Centre and Chiradzulu District Hospital teen clubs were recruited for in-depth interviews.

2.6 Sampling method

The study participants were selected purposively in order to recruit participants who could provide in-depth and detailed information about the phenomenon under study.

2.7 Data collection process

Semi-structured interview guides were developed and then translated into vernacular (Chichewa) for one to one in-depth interviews with the adolescents (Appendix 1).The interview guide enabled APHIV to give in their views on the reasons why adolescents are not using the family planning services.

In January 2019, the researcher visited MSF Chiradzulu offices to provide information about the study to managers. Afterwards, adolescents at the teen clubs were invited to participate in the study.The researcher explained the aimsand nature of the study to all prospective study

participants and their guardians in chichewa, and assured them that participation was voluntary.The interviews were conducted by the researcher and each interview lasted about 15–30 minutes. Interviews and discussions were audio-recordedand subsequently were transcribed, and then transcripts were translated into English. The interviews were conducted in a closed room for privacy.

2.8 Pre-test interview

A pilot study was conducted at St Joseph Hospital teen club. During the pilot study potentially unclear questions in the study tools were identified and modified accordingly. The participants were recruited while accessing services at teen club.

2.9 Data management and analysis

Qualitative data from the in-depth interviews were manually analyzed using Thematic Content Analysis (TCA) to ensure that findings are based on data collected. The researcher read the transcripts and thereafter analyzed the data using the five (5) steps of content analysis according to Graneheim & Lundman [42].

Step 1: Transcription of raw data

The researcher identified meaning units from words, sentences or paragraphs containing aspects that relate to each other. The words or statements that related to the central meaning were grouped together as meaning units.

Step 2: Condensation of data

Condensation of data refers to a process of shortening the text while still preserving the central content. This was be done by paraphrasing the material and reducing the data into basic content and unnecessary words that make the statements difficult to understand were deleted. Thussentences were transformed into short forms.

Step 3: Grouping data into codes

The condensed meaning units were grouped into codes according to their similarities and differences and this allowed the researcher to understand it in a new and different way but in relation to the context.

Step 4: Creating categories

Creating categories is the key aspect of qualitative content analysis whereby the researcher will group the content that shares a commonality; therefore, data were grouped according to their similar and dissimilar units. When creating categories, the researcher made sure that the categories were comprehensive and mutually exclusive meaning that no data related to the purpose were omitted due to lack of a suitable category.

Step 5: Development of themes

The researcher developed themes and sub-themes from the categories based on four (4) content areas which are: the knowledge that the adolescents have on the importance of family planning, the adolescents' experiences with the available sexual and reproductive health services, the support that they get regarding sexual and reproductive health, the challenges they face and what they think would help improve the access and quality of sexual and reproductive health services for adolescents living with HIV.

2.10 Limitations of the study

Time wasthe limiting factor as the study needed to be completed within a stipulated period since it is part of an academic requirement.The researcher used qualitative study design and the number of participants was small as such the results cannotbe generalized to the all adolescents who have PHIV. Although the study has limitations but its findings will help in improving the reproductive health services provided to adolescents living with HIV and AIDS in Malawi.

2.11 Ethical considerations

Data collection was done after obtaining approval from the College of Medicine Research and Ethics Committee (Appendix 8), while administrative clearance and permission was obtained from the Chiradzulu District Health Officer (DHO and the District Research Committeeand from the heads of departments (Medecins Sans Frontiers authorities) where the research study was conducted. Assent was sought from the adolescents (Appendix 3) and consent will be obtained from their parents or guardians (Appendix 2), since during that time parents/guardians were accompanying their wards to receive counseling on the new anti-retroviral regimen.

All interviews were conducted in private settings to ensure participants' privacy and confidentiality. The interviews were conducted at around noon time while the adolescents were waiting to eat lunch which is provided on teen club days and after they finished eating before they went home.

To ensure that the adolescents were protected, ethical principles were followed. The researcher explained to participants on what the study was all about including the purpose of the study, duration, methods and procedures for collecting data. Any risks or discomforts arising from the study were also discussed so that participants could give informed consent. Furthermore, participants were informed that the information they would give would be kept strictly confidential and will be kept in a locked cupboard which would be accessible to the researcher only. The participants' right to privacy was ensured by complete anonymity.To maintain anonymity numbers were used to identify participants, and all data were stored in a password-protected computer at all times. Anonymity in data collection of research encourages the participants to be willing to provide information on sensitive issues. The participants were also informed that they were free to refrain from answering some questions they felt uncomfortable

with. The participants were also informed of their right to withdraw from the study at any time and they were assured that withdrawing from the study would not affect quality of care that they receive.

2.12Dissemination of results

Dissemination of findings will be done locally and nationally. The researcher will also hold meetings with adolescents who have PHIV and are receiving HIV care at Chiradzulu District Hospital and Namitambo Health Centre. This study report will also be submitted to COMREC, College of Medicine Public Health Department and another copy will be submitted to College of Medicine library. Hopefully, the researcher will disseminate the results in other health forums.

CHAPTER 3 STUDY FINDINGS

Introduction

This chapter presents findings of qualitative data from this study which assessed factors that hinder effective utilisation of family planning services by perinatally HIV infected adolescents in Chiradzulu District. Data were collected from 16th April 2019 to 25th June 2019. The sample size was 19, 17 girls and 2 boys. Most boys who were approached did not consent to participate in the study

RESULTS

Table 1 shows the socio-demographic data of the studysample that participated in the study. Among the participants (n = 19), there were 2 males while females were 17. Their ages ranged from 15 to 19 years. Most of the participants had primary education (14) while the others had secondary education (5). The majority of the participants were living with their mothers only (9)

Table 1: socio-demographic characteristics of adolescents who participated in the study

Characteristic	Number
Age 15-16	7
17-19	12
Sex Males	2
Females	17
Living status	
Mother only	9
Both parents	4
Grand parents	4
Husband	2
Marital status	
Married	2
Single	17
Education	
Primary	14
Secondary	5

Out of the 19 participants 12 had romantic relationships and all these were girls. Additionally, all the 12 had sex in the past 12 months prior to the study and four (4) had children of less than six months of age and two (2) were pregnant. Among the adolescent girls who had ever had sexual

intercourse, six (29.4%) had ever used family planning methods. Of which five adolescent girls reported to have used a condom and only one (5.8%) was using Depo provera which she started using after birth of her child.

The results also showed that most of the participants who were living with their mothers only or grand parents (8 out of 11) had boy friends and ever had sexual intercourse. The results also showed that half of those who were living with both parents did not have a boy friend. Apart from that, four out of five girls who were in secondary school had had sex with a boy friend and seven out of twelve girls who were in primary school had had sex. The two boys who participated in the study had never had sex.

3.1 Adolescents' views on family planning methods

Acknowledging the importance of family planning

Most of the participants were aware of the need to use family planning methods including condom use. For instance, the most common reason that was given for use of condoms was to prevent on-ward transmission of the virus, transmission of other sexually transmitted infections and to prevent unplanned pregnancy. The following are some of the quotes from participants "*……Eeh…if a person has the virus and you do not have the virus you can transmit it to each other if you do not use a condom……another thing if a person has sores in the private part and also if the other person does not have he can transmit it to you……".* (16 years Chiradzulu). Another one said*"…..using a condom because you cannot get pregnant and also you cannot transmit the disease to your partner".* (18 years Chiradzulu). Furthermore, some participants showed that they have knowledge on the modern family planning methods, as one of them said "*...to prevent oneself from getting pregnant….eeeh getting an injection or having the ones they insert on the arm".* (19 years Namitambo). On the other hand, the others demonstrated

lack of knowledge on the importance of family planning methods *…aaah I don't know……no I don't know anything about family planning methods or condom* (15 years Chiradzulu). However, as Stanzia Moyo and Oswell Rusinga believed, it is interesting to note that the universal knowledge about contraceptives does not transcend to use [18]. This is evidenced by 9 out of the 12 adolescent girls who had sex and did not do anything to prevent pregnancy.

Misconceptions and beliefs about family planning methods

However, although these adolescents know the importance of family planning there are some misconceptions and beliefs that these adolescents have about these family planning methods. These misconceptions are particularly related to what people say about modern family planning methods. Conversely, they prefer condom to prevent unplanned pregnancies. An interviewee said "*On the issues of family planning they say a person who uses family planning methods should be one who has had a child….a girl cannot use the methods because they say in future she cannot have children of her own…aaah….they say that condom…a person can use without any problem"*. (17 years Namitambo).

Besides there are rumours that modern family planning methods destroy the uterus resulting in inability to conceive in future "*….in the villages they say that family planning is not necessary…when a child is like this (having HIV) should not use family panning methods while still young…only if she has never had a child should not use birth controls because these make….they destroy the uterus…that you will never conceive".* (17 years Chiradzulu).

Moreover, while the misconceptions exist, the participants expressed fear of side effects that accompany use of modern family planning methods and the resultant unwillingness to use the methods. One participant had this to say: "*Because some people say that if you use family planning methods like the one that is inserted on the arm they one becomes thin and they also*

say that it moves from where it was inserted so when it moves……..it happens that the persons is in trouble…..'ujeni' injection when you are given and your body system cannot contain it, they say you bleed for many months" (19 years Namitambo). It is important to note that the stories that these adolescent hear about modern contraceptives make them not to use the family planning services "*iiih…..i cannot use family planning methods myself……I can't do that it is just better I have a child"* (15 years Namitambo). In addition to that a 19 year old girl said "*Eeh.. I heard that…that when a person who has never conceived uses Depo it is possible to disturb the body… the method maybe you can….maybe you may never conceive or you may deliver a child who maybe…may have abnormalities…yes so those are the things that make me become afraid of the methods…".(baby crying)* On the other hand, some adolescent girls were able to ask health care counselors about their concerns over the possibility of transmitting the virus to their children and she demonstrated that the counselors dispelled the misconceptions that the adolescent had. This is what she said "*mmhh……..I asked that eeh….i asked that..eeeh a person who is taking the medicines who has the virus eeh….when she gives birth people say that the child is born blind….or the skin is so soft, some have deformities and some just die….so I asked. So they answered me…they said 'it is not true if a person is taking the medicines as prescribed you give birth without any problem, the child does not have problems…it is born healthy.* "

3.2 Availability and accessibility of family planning services for adolescents

The interviews have shown that the adolescents that were interviewed agreed that some family planning services were available although these services have just been started to be offered because in the past they were not particularly for adolescents. *"In the past there were no family planning methods that were being offered at the teen club. That advice was not there in the past,*

it was only at the family planning clinic" (19 years Namitambo). Some stated that family planning services are being offered at the teen club and the family planning methods that are available at the teen clubs are pills, implants, Depo provera and condoms. *"oh…Loop, injection, jadelle…".* While some participants also demonstrated that the family planning services were available and accessible since they were being offered by Medecins San Frontiers (France) who are operating in the district. Nonetheless, the family planning services are not properly incorporated into the activities at the teen club.One of the participants said *"Eeeh…. They tell us….i can say we teach each other in groups… this…what we are doing as youths…so they…we are grouped according to our ages mmmh….. so we discuss like among ourselves including the visitors like the nurses…so we talk about family planning, the disadvantage of getting pregnant while you are young….eeeh….they bring the methods from Chiradzulu…After the discussions they leave us and tell us that they are not forcing us but at the end of the day's activities you can find us there for the methods……The methods that they provide here are…loop, depo, and condoms"* (19 years Namitambo). However some did not know of the family planning methods that were available at the teen club. "*They give counseling on condom use…..but I don't know about the other things"* (19 years Namitambo). It is interesting to note that, some adolescents felt that they could not seek SRH information because they feared that some health care providers would not keep secret about their status; especially those health workers who stay near where the adolescents stay. Others just did not feel like asking questions about sexuality while others said they did not seek SRH information because they felt that they were not yet ready for sex. The following are some of the excerpts "*…many people who work here I think they come from around my village so may be if I ask I think that ah… if I ask this one the story will spread in the village… if I ask that one it will spread in that other village… like that"* (19 years Chiradzulu).

"……..I have never asked because I don't have time for those things…(laughs) I have never thought about that (laughs)" (15 year old boy Chiradzulu)

"…….i have never thought about it" (17 year old boy Chiradzulu).

Furthermore, interviewees were asked where else they thought they would access SRH services, they mentioned community youth clubs and in the villages. However, some youth clubs are not being supported. As one of the adolescents alluded to "*Youth groups…..for example I eeh I started a youth group in Chimwawa for 'ujeni' for adolescents from age 11 years up to 19 years eeeh…so we discuss those things but it comprise of young people only and it is not yet known …it has just started….we are about 13 people."*

Moderator: So where do you get the information from?*"It is what I want to explain to Jessie* (one of the counselors) *so that when we have questions……they can come visit us like asking her …yes*" (19 years Namitambo)

3.3 Disclosure of HIV status

The in depth interviews also revealed that most of the adolescent girls have the courage to disclose their HIV status to their partners. However, despite knowing that the girl friend has HIV these partners still insist on not using a condom mainly because they have an HIV negative result."*My partner knows about my HIV status…….he has been going for test and always it comes out negative"* (19 years Namitambo).In addition to that, the interviewees showed that sometimes these partners become aware of the status when the girl is already pregnant. *"He knows,.....he has been going for HIV test but it comes out negative…they give him return dates. He started having the tests when I was pregnant"* (19 years Namitambo). Although these girls' partners know that their girlfriends have HIV they do nothing to use condoms during sex because

their HIV test comes out negative when they have a test. Some of these had the negative results prior to the first sex intercourse that they had with the girl. One of the interviewee said *"I told him about my status but he still refused …because he says he went for HIV test and it was found that he does not…..he is fine"* (18 years Namitambo). Another girl had this to say "*Yes I told him…….he was tested but he is fine….. He received it without problems he said that for him to react negatively it will be like discriminating against me"* (19 years Namitambo). On the other hand, some participants felt that they would disclose the status if the partner asks them. *".....he doesn't know…. He has never asked me"* (18 years Chiradzulu). Besides, some adolescent girls have shown that negotiating for safer sex was a bigger problem. For example a 17 year old from Chiradzulu reported that she was forced into sexual activity *"(frowns) yes……..but he forced me……"* Another one said "*We did discuss about preventing pregnancy….let me say he refused to use protection right?...he refused there so he did not tell me the reasons…I tried on my part but he totally refused* (19 years Namitambo). The findings show that the adolescents' main reason for them to use condoms is to prevent transmission of the virus and there is little concern for preventing unplanned pregnancies.

3.4 Needs and fears of adolescents living with HIV

Most of the participants who do not have children expressed the desire to complete their education before they start bearing children. A 16 year old girl from Chiradzulu said "*I want to complete my education. I have to complete my education first then I can be doing those other things. Then I should get married and have children".* The participants believe that continued provision of counseling and talks on family planning can help make the adolescents understand and maybe start using the family planning methods so that they can delay pregnancies. A 17 year old boy thought that they just need encouragement "*Maybe they should just encourage that...they*

should be telling, encouraging people on family planning issues…they should just add so that people should be able to discuss. When people come they should give them some information". Over and above everything the adolescents want to live a normal life in which they wish to get married and bear children but they have fears of transmitting the virus to the partners and their children. One of the participants expressed the fears that she has "*Mmh… I asked my mother about that. I asked her 'what will happen when…when I grow up and I have found a man and I have started having sex with the man so am I not going to transmit it to him?' she said that 'it will depend on his love for you… you will transmit it to him but there will be guidelines that you will be given at the hospital that you will follow'. The child…will he not have the disease? She says 'no hospital personnel will show you proper and better guidelines so that the child will not have the disease."* (17 years Chiradzulu).

Stigma and discrimination

The participants also raised concerns about the stigma and discrimination that they experience in the community which raises concerns for the future. Adolescents who are living with perinatal HIV are being ridiculed as such some feel that this may make them not to be open to disclose their HIV status to their prospective partners. "*……some…many people are discriminated against…they say maybe the man does not have the disease so they say that 'no you should be marrying your friends who also have the disease.* (19 years Namitambo). Another participant said *"….it maybe that I have the virus and the man who wants to marry me does not have the virus so there is a problem there…I tell him that I have the virus and he cannot believe me because he would just be saying aaah…no virus…..i don't want a girl who has the virus….i want a girl who is fine without the virus. He will be spreading the information about your HIV status and you may end up being depressed…..disclosing your HIV status to partners will be a*

challenge" (15 years Namitambo). Further to that a 19 year old girl from Namitambo said "*many people talk about 'them' for example if a man wants to marry a girl …they talk bad things about the girl saying that girl has the virus don't go there'ujeni' this can bring a problem like not getting married and not having a child"*

Conversely, some adolescents are not moved by the comments that other people make about them. They demonstrated acceptability of their situation and they do not allow what other people's opinions about them discourage them. A 17 year old girl from Chiradzulu had this to say "*only when if she tells him that she has the virus or telling the boyfriend could be difficult……but the anxiety no…..just accept it and tell him so that he himself should also accept or not……..even if he will go and tell people I don't care, it will pass"*

3.5 Parents/guardians opinions about family planning

This research has shown that mostly, adolescents who are living with perinatal HIV receive support from their parents or guardians, community youth clubs and at the teen clubs. However, most often than not the support that is being provided by the parents/guardians emphasizes drug adherence while issues of reproductive health including family planning are not discussed. The following is what one of the participants said "*Yes… people… like where I stay my sister encourages me that I should not be forgetting to take drugs….and that I should not be anxious frequently. If I am anxious I should be explaining to her that my problems are such and such. In addition we also receive support from the teen club (17 years male. Chiradzulu).* Moreover, it is important to note that when issues of reproductive health come up parents/guardians encourage these adolescents to abstain. This was reported by one of the participants saying "*Eee… I asked them that 'mother, when a person is having sex with a person when…mmh when you are young right? And you are having sex with a boy so what are the consequences that you can face' they*

*said **1**. The person should be doing what? Doing things like those it means your future will not continue but you just have to abstain. As a person you should not have feelings of wanting to have sex with a boy"*(16 years Chiradzulu).

On the other hand, the interviewees showed that some of the adolescents do not discuss reproductive health issues with their parents/guardians. This is seen in what one of them said *"…….yes……i asked her that 'what will happen if these drugs are finished when I have travelled away from home?' so she answered me that 'you can go to a health facility near where you have gone…….regarding sex issues I have never asked her"*(15 years Chiradzulu).

Sometimes parents discourage their adolescent girls who are living with HIV from using family planning methods. This may result in the adolescents becoming unwilling to access the services. For instance an 18 year old mother from Namitambo said that "*.....i don't know...for me it was my mother who told me not to use……she said family planning methods are not tolerated well in a person who has HIV….maybe one may use the birth controls or maybe let's say that maybe it is the Norplant with the drugs that a person is taking they say that…. I should say they are more powerful compared with that thing...the norplant….so maybe in unfortunate circumstances you can get pregnant while the Norplant is still where? on your arm. So she tells me that aah…this one considering my status it is not proper for her to use family planning methods…..it is better that she just what?...stays"*

CHAPTER 4

DISCUSSION

This study has shown that most adolescents are sexually active; and some of them have children while others were pregnant at the time of the study. This implies that contraceptive use among the adolescent girls in the district is low. A male condom is mainly used to prevent pregnancy, implying that adolescents with PHIV indulge in unsafe sex practices. Moreover, assurance of marriage (meeting the girl's parents); make the girls think that they no longer need to protect themselves from pregnancy, re-infection and transmission of other STIs. This is contrary to findings in a study that showed lower rate of sexual risk behavior in adolescents with perinatal HIV transmission than in uninfected youths [43].

Additionally, a negative HIV test results of sexual partners make them not to use a condom probably because the test is done after a sexual encounter and they think they may not get infected. Apart from not using contraceptive methods, the girls do not have negotiation skills to demand safer sex. This entails that these adolescents are not worried about getting pregnant; rather their main worry is on-ward transmission of HIV to their partners of which they are assured that good drug adherence will prevent this. These results disagree with findings in a study that was conducted among HIV positive post-partum women[44]. It is noteworthy, therefore, to promote the use of Pre-exposure prophylaxis for partners of people who are living with HIV.

Knowledge about the available family planning services that are available for the adolescents does not translate to use because they did not have the intention to use the methods. This may be because the adolescents' perception about FP services makes them to have negative attitude about the services. However, those who are using contraceptive methods are doing so in order to

space pregnancies. This denotes that more than half of the adolescent girls are at risk of becoming pregnant or re-infection and infecting their partners. These findings are similar to findings in a research that was conducted in Zimbabwe [18]. Besides,as with previous studies [22][21], although most adolescents are aware of the importance of family planning methods , they do not know the methods that are more appropriate for them. As Landolt et.al cited, there are case reports of contraceptive failure of the hormonal implant, implanon, in HIV positive women on Efavrenz-based therapy [45]; hence it is imperative that adolescent girls that are living with HIV should be guided properly on the appropriate contraceptive for them. On the other hand, the family planning services at these two centres are not properly incorporated into the HIV services and as a result counseling on family planning issues is not comprehensive. Resultantly, adolescents depend on information they hear from people in the community. Therefore, it can be argued that the underutilization of the family planning services is as a result of lack of knowledge about family planning methods.

Misconceptions about and side effects of modern contraceptives prevent the ApHIV from using family planning methods.These results are similar to some studies that were conducted in Zimbabwe and Malawi[18][27] in which adolescents had negative attitude towards contraceptives because of misconceptions. Thus, these negative attitudes towards contraceptive methods greatly influence underutilization of family planning services among adolescents. Additionally, their beliefs about the contraceptive methods reduce the adolescents' capacity to use the methods,

Just as in most of Sub-Saharan African countries [30][29], the reproductive health services that are being provided to youths at the teen clubs are provision of family planning services. Additionally, MSF also provides information about puberty and the physiology of reproductive

system, and counseling. However, most adolescents do not ask the health care providers about sexual and reproductive health issues during their visits to teen clubs. This may be due to the fact that issues of sex are seen as a taboo in Malawi. It was also learnt that community youth clubs, friends and schools are the major source of information on sexual and reproductive health issues. However, this information that these people provide may not be adequate.This is because discussing issues on sex, STIs and HIV with young people may be uncomfortable for adults in the community and school teachers[46]. Besides, the community youth clubs are not adequately supported by the health facilities.

Even though, parents and/or guardians are the major source of support for these adolescents, they do not discuss sexual issues with them. If these issues come up the parents emphasise on drug adherence and abstinence only, and not on sexual maturation and related issues. As such discussing issues about family planning may not happen since the community does not expect adolescent girls to use family planning methods before theyget married and bear children. Moreover, this behavior is associated with promiscuity. In a study that was conducted in Zimbabwe, parents argued that talking about contraceptive use with their adolescent children will perpetuate promiscuity and disrespectfulness among the adolescents [18]. For this reason, some parents discourage their adolescent children from using family planning methods. These findings are comparable to findings that Self et.al found[27]

There was no difference among adolescent girls that had ever had sexual intercourse by current school attendance; nonetheless, there was a difference in the adolescents' sexual behavior based on the parental living arrangements.

All pregnancies were unplanned. This is in agreement with what Thindwa et.al cited in their study that prevalence of unintended pregnancies and unmet contraceptive need remain high among HIV-positive women in sub-Saharan African and particularly inMalawi[44].

In the study it was noted that many adolescent girls had disclosed their HIV status to their partners. This is in contrast with findings in a study that found that adolescents who are living with HIV do not self-disclose their status to their sexual partners because of fear of rejection[47].Disclosure of a positive HIV status to partners is clearly relevant to HIV transmission and presumably is also related to reproductive health decision- making[48]. It is important to note that adolescents who are living with PHIV experience stigma and discrimination and this may make them not to disclose their HIV status to their sexual partner and subsequently, they may not be able to insist on condom use.

It was also noted that adolescents with PHIV want to complete their education and have children in future. This is consistent with findings in a number of study that was done elsewhere[48][49]. Similar to findings in a study that was conducted in India, most of them also demonstrated awareness of how they would prevent mother to child transmission of HIV [50].

CHAPTER 5 CONCLUSIONAND RECOMMENDATIONS

5.1 Conclusion

The study focused on underutilisation of family planning services by PHIV adolescentsin Chiradzulu District. The aim of the study was to assess factors that hinder PHIV adolescents who are attending teen clubs from utilising family planning services at Chiradzulu District Hospital and Namitambo Health Centre. The study specifically determined if adolescents are aware of the importance of family planning, identified the reproductive health services being offered at the teen clubs, assessed the available support systems that are available and influence the reproductive health decision making and the challenges that the adolescents face during care. In the study the adolescents provided insight into their sexual and reproductive health needs, their sexual behaviour and sexuality. In addition to that, the study has also shown that the some adolescents are having romantic relationships and most of them are engaging in sexual activities. Some are already having children.

Although contraceptive methods are being offered at the teen clubs most adolescents are not using them. Misconceptions and side effects of the methods they know were mentioned as the main barriers to use. On the other hand others lacked adequate knowledge on how the contraceptive methods work. The study has shown that there are no favourable attitudes and subjective norms towards using contraceptives. Resultantly, the adolescents feel that they do not have the capacity to use FP services. Strategies such as improving information about contraceptive methods among adolescent who have PHIV must be implemented in order to improve uptake of family planning services by the adolescents. Moreover, preventing unintended pregnancies among women living with HIV through voluntary family planning offers far-reaching individual and public health benefits and is essential to realizing the elimination goal[51].

5.2 Recommendations

- There is need to improve sexual and reproductive health information and services for adolescents. This should include dispelling the misconceptions. Improving the information will help create contraceptive demand by these adolescents.
- Involving other stakeholders such as parents and traditional leaders in issues of adolescent sexual and reproductive health. The influence, power and control that many adults have on the lives of young people means that engaging stakeholders such as parents and community leaders is key to prevent too early pregnancies for young people[52].
- Training the family planning providers in order to equip them with skills on effective ways of providing family planning counseling to adolescents
- Engaging schools so that they can provide detailed education about contraception and training teachers on how they can deliver such information
- Promoting use of long acting reversible contraceptives for adolescents.

Areas for further research

There is need to conduct a research on:

- Birth outcomes in adolescents who have HIV so as to ascertain safety of pregnancy in these adolescents.
- Impact of stigma on reproductive health decision making among perinatally HIV infected adolescents

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APPENDICES

Appendix 1: In-depth interview guide

Interview number……

Introduction:

Good morning/afternoon. I am Gloria Siyasiya a student at College of Medicine. I am conducting this research study in partial fulfillment of Master of Science in Public Health.

Purpose and procedure

The aim of this interview is to get your views on the factors that hinder perinatally HIV infected adolescents from utilizing family planning methods. I am particularly interested in your knowledge of the importance of family planning, the support that you get, the reproductive health services that are available and challenges that you face as regards to sexual and reproductive health; and if possible what you would recommend on how the access and quality of related sexual and reproductive health services can be improved. Everything that will be said in this interview will be treated as confidential and you will remain anonymous. You can choose not to answer any question and should you feel unable to proceed with the interview at any stage, kindly let me know and we will end the discussion.

If it is fine with you I will record our interview to make sure I accurately capture all that we shall discuss. The interview will last about 30-45 minutes.

Socio-economic characteristics

Age…….

Sex…….

Place of residence…….

Level of education…….

Staying with……

PART A: Knowledge on importance of family planning

1. Are you currently in a romantic relationship?

Yes ( ) No ( )

2. Have you ever had sexual intercourse in the past twelve months?

Yes ( ) No ( )

   a. If yes, did you/your partner do anything to avoid pregnancy or sexually transmitted infections?
   b. If no, why?

3. What are the consequences of early sexual debut and complications of pregnancy in adolescents living with HIV?
4. What is the importance of family planning to HIV positive adolescents?
5. What are the family planning services that are available for adolescents with HIV?

PART B: Sexual and Reproductive Health Services

6. Have you ever visited a health facility to receive services or information on contraception, pregnancy, or sexually transmitted infections?

   Yes ( )

No ( )

7. Did you feel comfortable enough to ask questions?

   Yes ( )

   No ( )

8. If not, why?

9. Were the questions you asked answered adequately?

   Yes ( )

   No ( )

10. Was there enough confidentiality

    Yes ( )

    No ( )

11. What are your sources of information and advice on sexual and reproductive health matters?

12. What does the community say about contraceptive use?

    Why?

13. Are there any local beliefs that influence the choice to use or not to use contraceptives?

PART C: Support system

14. What support systems are available for adolescents living with HIV?

    …….

15. In your opinion, do you think these support systems provide enough support?

    Yes ( )

No ( )

PART D: Challenges

16. What are some of your sexual and reproductive health needs and concerns as an adolescents living with HIV? …….....
17. As an adolescent living with HIV, what are the challenges that you face in accessing information and advice on the needs, concerns discussed above……
18. As an adolescent living with HIV, what are some of the barriers that you face in accessing sexual and reproductive health services?
19. What are the sexual and reproductive health services that you feel should be offered but are currently not available?
20. In future where would you prefer to obtain the following from?
    a. Information on family planning issues and family planning services
    b. Advice on sexual and reproductive health
21. What are your views on the following experiences for adolescents living with HIV?
    i. Marriage
    ii. Child bearing
22. Do you have any additions to what we have discussed?

Interviewer signature ……

Participant signature ……....

THANK YOU VERY MUCH FOR PARTICIPATING IN THIS STUDY

Appendix 2: Mafunso a kafukufuku

Nambala ya otenga mbali pakafukufuku……

Chiyambi

Muli bwanji? Ine ndine Gloria Siyasiya ophunzira ku sukulu ya ukachenjede ya College of Medicine. Ndikupanga kafukufuku ngati mbali imodzi ya maphunziro anga.

Cholinga ndi ndondomeko ya mmene kucheza kwathu kutayendere

Cholinga cha kafukufukuyu ndikufuna kudziwa maganizo anu pa zinthu zimene zimachititsa achinyamata amene anatenga kachirombo ka HIV kuchokera kwa makolo kuti asamgwiritse nthchito njira za kulera. Chidwi chathu chachikulu chili pa zimene mukudziwa pa nkhani ya kulera, chithandizo chimene mumalandira chokhudza za ubeleki, chilimbikitso chimene mwakhala mukulndira komanso zovuta zimene mwakhala mukukumana nazo pa nkhani zogonana ndi ubeleki, komanso ngati kuli kotheka timve maganizo anu pa m'mene tingakonzere chithandizo pa zaumoyo okhudza kugonana ndi ubereki. Tidzakusungirani chinsisi pa zonse zimene tikambirane komanso sitigwiritsa ntchito dzina lanu pamapepala kapena kuthcula dzina lanu pamene tikukambirana. Muli ndi ufulu kusayankha funso limene mukuona kuti lakuvutani kuyankha kapena ngati mungaone kuti simutha kupitiliza kuyankha mafunso mukhoza kundiuza ndipo zokambirana zathu zidzathera pompo.

Ngati mulibe vuto zokambirana zathu zidzajambulidwa pa kaseti ndipo zitenga mphindi 30 kapena 45.

Zaka za kubadwa……

Ndi mwamuna/mkazi……

Mumakhala kuti……

Maphunziro munafika nawo pati…….

Mumakhala ndi ndani……..

GAWO LOYAMBA: Zomwe mukudziwa pa ubwino wakulera

1. Kodi muli ndi bwenzi logonana nalo?

Eya ( )

Ayi ( )

2. Mwagonanapo ndi mwamuna kape mkazi mmiyezi 12 yapitayi?

Eya ( )

Ayi ( )

   a. Ngati munachita zogonana, kodi inu kapena bwenzi lanu munachita chili chonse kuti muteteze kutenga pakati kapena matenda opatsiran pogonana?
   b. Ngati simunaziteteze, ndi chifukwa chiyani?

3. Kodi mukudziwa zovuta zimene zingabwere chifukwa choyamba zogonana mukadali a chichepere, komanso kuopsa kutenga pakati pamene muli ndi HIV?
4. M'maganizo anu, mukuganiza kuti kulera/kugwiritsa ntchito kondomu ndikofunika bwanji kwa munthu amene ali ndi HIV?
5. Kodi ndi njira ziti zakulera zimene zimaperekedwa kwa achinyamata amene ali ndi HIV?

GAWO LACHIWIRI: Chithandizo chimene chimapelekedwa pa nkhani zogonana ndi ubeleki

6. Munayambapo mwapita ku chipatala kuti mukalandire chithandizo kapena uphungu pa nkhani ya kulera, kutenga pakati kapena matenda opatsirana pogonana?

Eya ( )

Ayi ( )

   a. Ngati munapitako, munali omasuka kufunsa mafunso?
   b. Ngati simunali omasuka ndi chifukwa chiyani?
   c. Ngati simunapiteko, ndi chifukwa chiyani

7. Kodi mukuganiza kuti amakusungirani chinsisi kuchipatala kumeneku?

Eya ( ) Ayi ( )

8. Kupatula ku chipatala kwina ndi kuti kumene mumapeza mauthenga kapena malangizo okhudza nkhani zogonana ndi ubeleki.
9. Kodi anthu amanena chiyani pa nkhani ya kulera?
10. Kodi pali zikhulupiliro zinz zili zonse zimene zimapangitsa anthu kusankha kugwiritsa ntchito njira zolera kapena ayi?

GAWO LACHITATU: Chilimbikitso chimene mumalandira

11. Kodi pali magulu kapena anthu amene amakulimbikitsani inu achinyamata amene muli ndi HIV pa nkhani yokhudza zogonana?
12. Mmaganizo anu, mukuganiza kuti chilimbikitso chimene mumalandira kuchokera kwa magulu kapena anthu amenewa ndi chokwanira?

GAWO LACHINAYI: Zovuta zimene mumakumana nazo Kodi zina mwa zokhumba zanu pa zogonana ndi ubeleki, komanso nkhawa zanu ngati achinyamata amene ali ndi HIV ndi chiyani?

13. Ngati wachinyamata amene ali ndi HIV, kodi zina mwa zinthu zimene zimalepheretsa kuti musalandire chithandizo pa zogonana ndi ubeleki ndi ziti?

14. Kodi ndi chiyani chimene mukufuna kuti chiwonjezeredwe pa chithandizo chimene mumalandira pa nkhani ya zogonana ndi ubeleki, zimene pano sizikuchitika?
15. Kodi maganizo anu ndi wotani pa zimene achinyamata amene ali ndi HIV akhala akudutsamo, pa nkhani ya kukwatiwa/kukwatira komanso kubereka?
16. Mtsogolomu mungakonde kwinakuti komwe mungapeze chithandizi monga ichi:
    a. Kulera
    b. Malangizo pa nkhani zogonana ndi ubeleki
17. Pali china chili chonse chimene mukufuna kuti muwonjezere pa nkhani imene takambiranayi?

ZIKOMO KWAMBIRI POTENGA NAWO MBALI MUKAFUKUFKUYU

Wofunsa mafunso……

Wotenga mbali……..

Appendix 3: CONSENT FORM FOR PARENTS

Informed consent form for parents/guardians of adolescent girls and boys participating in the research titled "**ASSESSING FACTORS THAT HINDER EFFECTIVE UTILISATION OF FAMILY PLANNING/CONTRACEPTIVE SERVICES BY PERINATTALY HIV INFECTED ADOLESCENTS IN CHIRADZULU DISTRICT**"

Name of principle investigator: Gloria Siyasiya – MPH student

This informed consent has two parts:

 Information Sheet (to share information about the study with you)

 Certificate of Consent (for signatures if you agree that your child may participate)

You will be given a copy of the full Informed Consent Form

PART 1:Information sheet

My name is Gloria Siyasiya and I am an MPH student at College of Medicine. I am doing a research which might help health care workers and policy makers to help adolescents who acquired HIV from their parents become and stay healthier. In the research I will talk to boys and girls who are aged 15-19 years and have HIV which was acquired from their mother, and I will ask them a number of questions. Whenever researchers study children, we talk to the parents/guardians and ask them for their permission. After you have heard more about the study, and if you agree then the next thing I will do is ask your daughter/son for their agreement as well. Both of you have to agree independently before I can begin.

You do not have to decide today whether or not you agree to have your child participate in this research. Before you decide, you can talk to anyone you feel comfortable with. There may be some words that you do not understand. Please ask me to stop as we go through the information

and I will take time to explain. If you have questions later, you can ask them of me or of researcher supervisor).

PURPOSE

Adolescence is a period when boys and girls are growing physically and mentally and during this period some of them start engaging in sexual activities and this does not leave out those adolescents who have HIV that was acquired from their mothers. It is important to note that, some of these adolescents are becoming pregnant unintentionally and/or become infected with Sexually Transmitted Diseases (STDs). The main purpose is to find out the reasons why these adolescents are not family planning/contraceptive methods. It is possible that the health facilities in the district are not providing or are providing inadequate reproductive health services to these adolescents. In this study we will talk to boys and girls (15-19 years old) about what they know about caring for their bodies in a healthy way including sexual and reproductive health. We will invite them to share their knowledge and understanding with us so that we can find ways of meeting their needs at the health facilities.

TYPE OF RESEARCH INTERVENTION

During the research we will conduct in-depth interviews with the boys and girls.

SELECTION OF PARTICIPANTS

We will talk to many girls and boys about their health and what information or services they want for themselves. One part of health that we want to talk to them about is sexuality. We would therefore, like to ask your daughter/son to participate because she/he is one of the teenagers who are affected by this problem in the district.

VOLUNTARY PARTICIPATION

You do not have to agree that your daughter/son can talk to us. You can choose to say no and any services that you and your family receive at this centre will not change. We know that the decision can be difficult when it involves your children. And it can be especially hard when the research includes sensitive topics like sexuality. You can ask as many questions as you like and we take the time to answer them.You don't have to decide today. You can think about it and tell me what you decide later. ***PROCEDURE*** Your daughter/son will participate in an interview with Chipiliro Chinguwo (my research assistant) or me. If your daughter/son does not wish to answer any of the questions during the interview, she may say so and the interviewer will move on to the next question. The interview will take place in one of the rooms at this health facility, and no one else but the interviewer will be present unless your child asks for someone else to be there. The information recorded is confidential, and no one else except [name of person(s) with access to the information] will have access to the information documented during your interview. The tapes will be destroyed after one year.

DURATION

We are asking your child to participate in an interview which will take about 45 minutes of her/his time. We can do this before or after he/she has had consultation with health personnel on the day that he/she will come for follow up care at the teen club. We may also ask her/him to come to the health facility if we need clarification on some areas.

RISKS AND DISCOMFORT

We are asking your son/daughter to share with us some very personal and confidential information and he/she may feel uncomfortable talking about some of the topics. You must know that he/she does not have to answer any question or take part in the discussion/interview if he/she

does not wish to do so, and that is also fine. He/she does not have to give us any reason for not responding to any question, or for refusing to take part in the interview.

BENEFITS

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

REIMBURSEMENT

Your daughter/son will not be provided with any payment to take part in the research. However, she/he will be given K7, 500.00 for her/his time, and travel expense, especially on the days that he/she will be asked to come specifically for the research study.

CONFIDENTIALITY

Because something out of the ordinary is being done through research at the teen club, it will draw attention. If your daughter/son participates, she and you may be asked questions by other people in the community.

We will not be sharing information about your son or daughter outside of the research team. The information that we collect from this research project will be kept confidential. Information about your child that will be collected from the research will be put away and no-one but the researchers will be able to see it. Any information about your child will have a number on it instead of his/her name. Only the researchers will know what his/her number is and we will lock that information up with a lock and key. It will not be shared with or given toanyone except my supervisor and examiners at the college.

SHARING OF RESEARCH FINDINGS

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

RIGHT TO REFUSE OR WITHDRAW

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

WHO TO CONTACT

If you have any questions you may ask them now or later, even after the study has started. If you wish to ask questions later, you may contact any of the following: COMREC Secretariat, College of medicine, Private Bag 360, Chichiri , Blantyre 3. Telephone number: 01 871911. Email address: comrec@medcol.mw This proposal has been reviewed and approved by College of Medicine Research and Ethics Committee, which is a committee whose task it is to make sure that research participants are protected from harm. If you wish to find about more about the committee, contact The Chairperson, COMREC Secretariat, College of medicine, Private Bag 360, Chichiri, Blantyre 3. Telephone number: 01 871911. Email address: comrec@medcol.mw

PART II: Certificate of Consent

I have been asked to give consent for my daughter/son to participate in this research study which will involve her completing one interview guide. I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily for my child to participate as a participant in this study.

Print Name of Parent or Guardian _____

Signature of Parent of Guardian_____ Date _____

Day/month/year

IF ILLITERATE

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

Print name of witness_____ AND Thumb print of participant

Signature of witness _____

Date _____

Day/month/year

STATEMENT BY THE RESEARCHER/PERSON TAKING CONSENT I have accurately read out the information sheet to the parent of the potential participant and to the best of my ability made sure that the person understands that the following will be done:

1. Allow parent/guardian to ask questions

2. Keep all the given in confidence

3. Respect the participant decision not to participate

I confirm that the parent was given an opportunity to ask questions about the study, and all the questions asked by him/her have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily. A copy of this Informed Consent Form has been provided to the parent or guardian of the participant.

Print Name of Researcher/person taking the consent_____

An Informed Assent Form will ____ OR will not ____ be completed.

Appendix 4: Kalata ya chivomerezo ya makolo

Kalata ya chidziwitso kwa makolo a anyamata ndi atsikana amene akutenga nawo mbali mu kafukufuku yemwe mutu wake ndi "***KUFUFUZA ZINTHU ZIMENE ZIMALEPHERETSA ACHINYAMATA AMENE ANABADWA NDI KA CHIROMBO KA HIV KUTI ASAGWIRITSE NTHCITO NJIRA ZAKULERA MOYENERA***"

Kalata wa kafukufukuyu ali muzigawo ziwiri:

 Gawo loyamba- uthenga okhudza mmene kafukufuku adzayendere

 Gawo la chiwiri- kalata yoti musayinire ngati muvomereza kuti mwana wanu atenge mbali pa kafukufuku

Pamapeto pake mudzapatsidwa kalata yanu yachilolezo kuti musunge.

GAWO LOYAMBA- ***KALATA YA UTHENGA WOKHUDZA KAFUKUFUKU***

Chiyambi

Dzina langa ndi Gloria Siyasiya ndipo ndimaphunzira ku School ya ukachenjede ya College of Medicine amene akuphunzira umoyo wa anthu mu dziko lathu lino. Ndikupanga kafukufuku amene angathe kuthandiza anthu amene amagwira ntchito ku chipatala komanso anthu amene amakonza ndondomeko za malamulo ogwulira ntchitomu zipatala; kuti achinyamata amene anatenga ka chirombo ka HIV kuchokera kwa makolo azilandira thandizo loyenera kuti akhale ndi moyo wa thanzi. Mukafukufukuyu ndidzacheza ndi achinyameta amene ali ndi zaka za pakati pa 15 ndi 19 zakubadwa ndipo ali ndi ka chirombo ka HIV komwe anakatenga kuchokera kwa makolo komanso ndidzawafunsa mafunso angapo. Pamene kafukufuku okhudza ana akuchitika ndikofunika kuti makolo adziwitsidwe ndipo timapempha chilolezo kwa makolo, ngati angalole kuti ana awo atenge mbali mukafukufukuyu. Ngati mutamvetsetse zimene nditafotokoza zokhudza kafukufukuyu ndipo ngati mutavomereze kuti mwana wanu atenge mbali, ndidzafunsa

mwana wanu ngati angavomere kutenga mbali mwakufuna kwake. Dziwani kuti simuli okakamizidwa kupanga chiganizo chovomera kapena kukana lero lomwe ndipo musanapange chiganizo mukhonza kufunsa nzeru kwa anthu amene mumawakhulupilira. Ngati pali mawu ena amene simukuwamvetsetsa muli ndi ufulu wondifunsa pamene ndikufotokoza uthenga wokhudza kafukufuku ndipo ndidzakyankhani bwino lomwe. Komanso ngati mutakhala ndi funso nthawi ina mukhonza kundifunsa ine kapena amene akundithandiza pa kafukufukuyu.

CHOLINGA CHA KAFUKUFUKUYU NDI CHIYANI

Chinyamata ndi nthawi imene anyamata ndi atsikana akukula mu nsinkhu komanso maganizidwe ndikuti akhale akulu ndipo mu nhtawi imeneyi ena mwa iwo amayamba zogonana, kuphatikizapo awo ali ndi kachirombo ka HIV kamene anatenga kuchokera kwa makolo. Ndikofunika kudziwa kuti ena mwa achinyamata amene anayamba zogonana akumatenga mimba zosakonzekera kapena matenda opatsirana pogonana. Ndizotheka kuti kuzipatala kumene achinyamatawa amalandilirako thandizo akumapereka chithandizo chokhudza ubeleki kwa achinyamata chosakwanira kapena sakupeleka chithandizochi.

KAFUKUFUKUYU ADZACHITIKA MOTANI?

Pa nthawi imene tidzakhale tikupanga kafukufukuyu anyamata ndi atsikana omwe atavomereze kutenga nawo mbali adzafunsidwa mafunso.

KODI AMENE AYENERA KUTENGA MBALI PAKUAFUKUFUKUYU NDI NDANI?

Ndidzalankhula ndi achinyamata pa nkhani yokhudza umoyo wawo komanso uthenga kapena chithandizo chimene akufuna kuti adilandira. Mbali imodzi ya umoyo imene ndikufuna kuti tikambirane ndi nkhani yogonana. Motero ndikupempha mwana wanu kuti atengepo mbali pakafukufukuyu chifukwa ndi mmodzi wa achinyamata amene akukhudzidwa ndi vutoli.

KUTENGA MBALI MUKAFUKUFUKU MWAKUFUNA KWANU

Simuli okakamizidwa kuti mutilole kuti mwana wanu alankhulane nafe. Muli ndi ufulu okana ndi izi sizipangitsa kusintha pa kalandilidwe ka chithandizo china chiri chonse chimene inu kapena mwana wanu amalandira kuchipatala kuno. Tikudziwa kuti ndi zovuta kupanga chiganizo chokhudza umoyo wa mwana makamaka pamene kafukufuku akakhala okhudza nkhani zogonana. Muli ndi ufulu ofunsa ndipo ndikutsimikizireni kuti mudzayankhidwa. Simukakamizidwa kuti mupange chiganizo lero lomwe ndipo ngati mukufuna kukaganiza mofatsa mukhonza kutero ndipo mudzatiwuza maganizo anu tsiku lina.

NDONDOMEKO YAKE

Mwana wanu adzafunsidwa mafunso ndi Chipiliro Chinguwo kapena ineyo. Ngati mwana wanu sadzafuna kuyankha funso lina lake pa nthawi ya mafunsoyi, ayenera kudzanena ndipo ofunsa mafunso adzapitilira kufunsa mafunso ena otsatira. Zokambirana zathu zidzachitikira mu chipinda choonera odwala kuchipatal ndipo muchipindachi mudzakhala mwanayo ndi ofunsa mafunso basipokhapokha ngati mwanayo adzafune kuti munthu wina amene amamukhulupilira akhalepo. Mukuyeneranso kudziwa kuti zimene adzayankhule mwana wanu zidzajambulidwa pa kaseti yomwe idzasungidwe malo a chinsisi ndipo palibe adzamvetsere kasetiyi kupatula ineyo komanso aphunzitsi amene akundithandiza pakafukufukuyu. Kenaka kasetiyi idzaotchedwa pakatha miyezi khumi. Ngati mwana wanu atavomere kutengapo mbali pakafukufukuyu, adzafunsidwa kuyankha mafunso kwa nthawi yosachepera mphindi 45. Mafunsowa adzafunsidwa asanayambe kukumana ndi adotolo kapena atatha kukmana ndi adotolo patsiku limene anapatsidwa kuti abwere ku kaabu ya achinyamata.

ZOVUTA ZIMENE ZINGAKHALEPO

Tikupempha mwana wanu kuti agawane nane nkhani zake zachinsisis ndipo ndikudziwa kutisangamasuke kuyankhula pankhaniyi. Koma dziwani kuti Sali okakamizidwa kutenga gawo kapena kuyankha mafunso amene sakufuna kuti ayankhe. Sakuyeneranso kupereka zifukwa zimene zamupangitsa kuti asatenge mbali kapena kuyankha mafunso ofunsidwa mukafukufukuyu.

PHINDU POTENGA MBALI MUKAFUKUFUKUYU

Sipadzakhala phindu limene mudzapeze pa nthawiy, koma kutenga mbali kwa mwana wanu kudzathandiza kuti tipeze zimene zikufunika pa achinyamata zokhudza kugonana ndi ubeleki wabwino. Ndikukhulupilira kuti izi zidzathandiza kuti zipatala zidzakwanitse kupeleka chithandizo kwa achinyamata malinga ndi zosowa zawo mtsogolomu.Chinanso chofunika kuti mudziwe ndi chakuti mwana wanu sadzapatsidwa malipiro akatenga mbali mu kafukufuku, koma kuti adzapatsidwa K7,500.00 ngati tharansipoti imene wagwiritsa ntchito pobwera ku kafukufuku komanso nthawi imene adzakhale akuyankha mafunso.

CHINSISI PA KAFUKUFUKU

Chifukwa choti tidzapangira kafukufuku ku malo okumanira achinyamata. Izi zidzapatsa chidwi aanthu ena kuti afunse mafunse inu ndi mwana wanu kuti mufotokoze zimene takambirana. Potero tidzayesetsa kubisa zokambirana kwa yense amane sadatenge gawo. Ndipo zimene tizakambirane mukafukufuku zidzasungidwa malo oti wina aliyense sadzaona/kumvera kupatla amene timacheza ndi mwanayo. Zinthuzi zidzayikidwa malo okhomedwa ndi loko ndi keyi. Sizidzapatsidwa kwa aliyense kupatla aphuzitsi anga ku koleji.

KUGAWANA ZOTSATIRA ZA KAFUKUFUKU

Zotsatira zakafukufukuyu zidzapelekedwa kwa amene atatenge mbali mukafukufuku komanso ogwira ntchito pa chipatala pano. Komanso ndidzalemba ripoti la zotsatirazi, ndipo

ndikutsimikizireni kuti mu ripotili sindidzatchula dzina la mwana wanu pa nkhani zimene ndaphunzira pamene ndimacheza ndi mwanayu. Ripotili lidzapatsidwa kwa amene atatenge mbali mukafukufukuyu, lidzasindikizidwanso mu magazini ya pa intaneti, komanso ku chpinda chosungira mabuku ku Koleji ya Madotolo ndi cholinga chakuti chakuti anthu ena adziwe zimene taphunzra pa kafukufukuyu.

UFULU WOKANA KAPENA KUTENGA MBALI

Muli ndi ufulu onena kutimwana wanu asatenge mbali komanso mwana wanu payekha ali ndi ufulu kusatenga mbali pa kafukufuku. Kutenga mbali kapena kusatenga mbali sikudzasintha thandizo limene amalandira ku chipatala kuno mwa wanu atha kusiya kutenga mbali mukafukufuku nthawi ili yonse imene akufumna ndipo adzapitiliza kulandira thandizo lirilonse popanda vuto.

AMENE MUNGALUMIKIZANE NAWO PATAKHALA MAFUNSO KAPANE CHIDANDAULO

Ngati muli ndi mafunso mutha kufunsa pano kapena nthawi ina iliyonse titamaliza zokambirana. Ngati mukufuna kufunsa nthawi ina kapena muli ndi nkhawa ina ili yonse, khaani omasuka kutumiza dandaulo lanu ku COMREC sekilitelieti, College of Medicine, Private Bag 360, Chichiri, Blantyre 3. Nambala ya lamya: 01871911, Kapena nambala ya ondiyang‟anira: Doctor C Mhango 0888708686

GAWO LACHIWIRI:

Kalata ya chilolezo

Ndafunsidwa kupereka chilolezo kuti mwana wnga atenge mbali mu kafukufuku amene ayenera kuyankha mafunso. Ndawerenga /andiwerengera uthenga okhudza kafukufukuyo. Ndinapatsidwa mwayi ofunsa mafunso pa kafukufukuyu ndipo andiyankha mayankho amwne ndakhutira nawo.

Chotero, ndikupereka chilolezo kuti mwana wanga atenge nawo mbali mukafukufuku mwakufuna kwanga.

Dzina la kholo…… Posindikiza chala cha kholo

Saini la kholo…….. Tsiku: ……. (tsiku/mwezi/chaka)

Appendix 5: Participant informed assent document

This informed assent form is for children between the ages of 15 - 19 who attend Chiradzulu District Hospital/Namitambo Health Centre teen clubs and who are being invited to participate in a research study titled "***FACTORS THAT HINDER EFFECTIVE UTILISATION OF FAMILY PLANNING/CONTRACEPTIVE SERVICES BY PERINATALLY HIV INFECTED ADOLESCENTS IN CHIRADZULU DISTRICT"***.

Principle investigator: Gloria Siyasiya, MPH student at College of Medicine

This Informed Assent Form has two parts:

- Information Sheet (gives you information about the study)
- Certificate of Assent (this is where you sign if you agree to participate)

You will be given a copy of the full Informed Assent Form

Part I: Information Sheet

Introduction

My name is Gloria Siyasiya and I am doing a research to explore the reasons why perinatally HIV infected adolescents do not use family planning/contraceptive services. I want to learn from the adolescents themselves what can be done to motivate them utilize the services effectively. I am going to give you information and invite you to be part of a research study. You can choose whether or not you want to participate. We have discussed this research with your parent(s)/guardian and they know that we are also asking you for your agreement. If you are going to participate in the research, your parent(s)/guardian also have to agree.But if you do not wish to take part in the research, you do not have to, even if your parents have agreed. You may discuss anything in this form with your parents or friends or anyone else you feel comfortable talking to. You can decide whether to participate or not after you have talked it over. You do not

have to decide immediately. There may be some words you don't understand or things that you want me to explain more about because you are interested or concerned. Please ask me to stop at anytime and I will take time to explain.

Purpose: Why are you doing this research?

Adolescence is a period when boys and girls are growing physically and mentally and during this period some of them start engaging in sexual activities and this does not leave out those adolescents who have HIV that was acquired from their mothers. It has been observed that, some of these adolescents are becoming pregnant unintentionally and/or become infected with Sexually Transmitted Diseases (STDs). Therefore, I want to learn from adolescents who acquired HIV from their parents, the reasons that some of them do not use family planning/contraceptive methods including condom use. This will help to identify gaps that exist in the reproductive health services that are being provided to HIV infected adolescents. Thus, the knowledge will assist in identifying appropriate counseling approaches that need to be enforced or improved to ensure that these adolescents are living positively as regards sexuality.

Choice of participants: Why are you asking me?

We will talk to many girls and boys about their health and what information or services they want for themselves. One part of health that we want to talk to them about is sexuality. We would therefore, like to ask you to participate because you are one of the teenagers who are affected by this problem in this district.

Participation is voluntary: Do I have to do this?

You do not have to agree to talk to us and we also know that the decision can be difficult, especially when it involves sensitive topics like sexuality. You can ask as many questions as you like and we will take time to answer them.You don't have to decide today. You can think about it

and tell me what you decide later.Even if you say "yes" now, you can change your mind later and withdraw from the study at any time you feel like doing so without giving reasons.

Procedures: What is going to happen to me?

You will be asked some questions about sexual encounters and family planning use among adolescents who got the HIV infection from their parents. They will include the knowledge that you have about the importance of family planning methods, the support systems that are available for the adolescents, sexual and reproductive health services that are available and challenges that adolescents come across during care. Your responses will be recorded on a cassette and documented on an interview guide to avoid missing information.

Risks and discomfort

You will be asked to share with us some very personal and confidential information, and this may make you feel uncomfortable talking about some of the topics. You must know that you do not have to answer any question or take part in the discussion/interview if you do not wish to do so, and that is also fine. You do not have to give us any reason for not responding to any question, or for refusing to take part in the interview.

Benefits: Is there anything good that happens to me?

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

Reimbursements: Do I get anything for being in the research?

You will not be paid for participating in the research study; however, you will be given transport reimbursement and also for your time amounting to K7, 500.00. Sometimes you may also

beasked to come to the health facility on a day that you do not have an appointment specifically for the research study.

Confidentiality: Is everybody going to know about this?

We will not tell other people that you are in this research and we won't share information about what we will learn from you to anyone who does not work in the research study. Information about you that will be collected from the research will be recorded on an interview guide sheet and a tape recorder which will be put away and no-one but the researchers will be able to see or listen to it. Any information about you will have a number on it instead of your name. Only the researchers will know what your number is and we will lock that information up with a lock and key. It will not be shared with or given toanyone except my supervisor.

Sharing the Findings: Will you tell me the results?

At the end of the study, we will be sharing what we have learnt with the participants. We will do this by meeting first with the participants and then with the health care workers at the facility.Nothing that you will tell us today will be shared with anybody outside the research team, and nothing will be attributed to you by name. A written report will also be given to the participants. We will also publish the results in order that other people interested in adolescent health may learn from our research.

Right to refuse or withdraw, is this bad or dangerous for me?

You may choose not to participate in this study. Choosing to participate or not will not affect your treatment at the health facility in any way. You will still have all the benefits that would otherwise be available at this facility. You may stop participating in the interview at any time that you wish without you losing any of your rights here.

Who to contact

If you have any questions you may ask them now or later, even after the study has started. If you wish to ask questions later, you may contact any of the following: Gloria Siyasiya on 0881038264/0994526076. In case you have complaints concerning how you have been treated during the course of the study, they can be forwarded to COMREC Secretariat, College of medicine, Private Bag 360, Chichiri, Blantyre 3. Telephone number: 01 871911. Email address: comrec@medcol.mw This proposal has been reviewed and approved by College of Medicine Research and Ethics Committee, which is a committee whose task it is to make sure that research participants are protected from harm. If you wish to find about more about the committee, contact The Chairperson, COMREC Secretariat, College of medicine, Private Bag 360, Chichiri, Blantyre 3. Telephone number: 01 871911. Email address: comrec@medcol.mw

PART 2: Certificate of Assent

I understand the research is about adolescent sexual and reproductive health issues and that I will be asked questions related to my sexuality. I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked has been answered to my satisfaction. I consent voluntarily to participate as a participant in this study. I agree to take part in the research. ***OR*** I do not wish to take part in the research and I have not signed the assent below._____(initialed by child/minor) **Only if child assents**: Print name of child _____ Signature of child: _____ Date:_____ Day/month/year

If illiterate:

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

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

Print name of witness _____ AND Thumb print of participant

Signature of witness _____

Date _____

Day/month/year

Print name of researcher_____ Signature of researcher_____

Date_____

Day/month/year

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the child understands that the following will be done: 1. He/she will be allowed ask questions 2. All information will be kept in confidence 3. The decision that he/she will make will be respected I confirm that the child was given an opportunity to ask questions about the study, and all the questions asked by him/her have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving assent, and the assent has been given freely and voluntarily. A copy of this assent form has been provided to the participant.

Print Name of Researcher/person taking the assent_____

Signature of Researcher /person taking the assent _____

Date _____

Day/month/year

Copy provided to the participant _____(initialed by researcher/assistant)Parent/Guardian has signed an informed consent ___Yes ___No _____(initialed by researcher/assistant)

APPENDIX 6: Kalata ya chivomerezo ya a chinyamata

Iyi ndi kalata ya chilolezo ya ana a zaka zapakati pa 15 ndi 19 zakubadwa amene anabadwa ndi kachirombo ka HIV ndipo amlandira chithandizo ku chipatala chachikulu cha boma ku Chiradzulu komanso chipatala chachin‟gono cha Namitambo, amene akufunsidwa kuti atenge mbali mukafukufuku amene mutu wake ndi: ***'KUFUFUZA ZINTHU ZIMENE ZIMALEPHERETSA ACHINYAMATA AMENE ANABADWA NDI KA CHIROMBO KA HIV KUTI ASAGWIRITSE NTHCITO NJIRA ZAKULERA MOYENERA'***

Ofufuza: Gloria Siyasiya, ophunzira ku school ya madokotala.

Kalatayi ili ndi zigawo ziwiri:

 Gawo loyamba- uthenga okhudza mmene kafukufuku adzayendere

 Gawo la chiwiri- kalata yoti musayinire ngati muvomereza kuti mwana wanu atenge mbali pa kafukufuku

Pamapeto pake mudzapatsidwa kalata yanu yachilolezo kuti musunge.

GAWO LOYAMBA- KALATA YA UTHENGA WOKHUDZA KAFUKUFUKU

Chiyambi

Dzina langa ndi Gloria Siyasiya ndipo ndikupanga kafukufuku kuti tidwiwe chifukwa chimene achinyamata amene anabadwa ndi kachilombo ka HIV samatanga njira za kulera. Ndikufuna ndidziwe kuchokera kwa achinyamata eni ake kuti tidziwe kuti tingapange chani kuti adzigwiritsa ntchito njira zakulerazi.

Mukupemphedwa kuti mudzatenge nawo mbali mu kafukufukuyu. Muli ndi ufulu kutenga mbali kapena kusatenga mbali. Tinakambirana kale ndi makolo anu zakafukufukuyu ndipo akudziwa kuti mutenge mbali mu kafukuuku. Ngati mututenge mbali mukafukufukuyu, makolo anu ayenera kuvomereza. Ngati simukufuna ketenga mbali mukafukufukyu, muli ndi ufulu kukana ngakhale makolo anu atavomereza. Mutha kukambirana ndi makolo kapena anzanu amene

mungamasuke kulankhula nawo zokhudza kalatayi. Mukhoza kupanga chiganizo chotenga mbali kapena ayi potsatira zokambirana zanu ndi anthuwa. Chiganizochi simuyenera kupanga lero lomwe ayi. Ngati pali mawu amene simukuwamvetsetsa kapene zinthu zina zimene mukufuna kuti ndikufotokozereni chifukwa muli ndi chidwi, mutha kundiuza ndiime kaye kuti ndikufotokozereninso kuti mumvetsetse.

CHOLINGA: kodi ndichifukwa chiyani tikupanga kafukufuku ameneyu?

Kutha nsinkhu ndipamene mnyamata kapena mtsikana kuthupi kapena mmaganizo, ndipo pa nthawiyi ena amayamba mchitidwe ogonana ndipo izi zimachitikanso ngakhale kwa achinyamata amene anatenga kachirombo ka HIV kuchokera kwa makolo. Zadziwika kuti achinyamata ena akumatenga pakati posakonzekera komanso nthawi zina matenda opatsirana pogonana. Choncho ndikufuna ndidziwe kuchokera kwa achinyamata amene anatenga kachirombo kuchokera kwa makolo chifukwa chimene ena mwa iwo safuna kutenga njira zolera kuphatikiza kugwiritsa ntchito makondomu. Izi zithandiza kudziwa kupeza zimene sizikuchitika pa chithandizo chokhudza ubeleki chimene chimaperekedwa kwa achinyamata amene ali ndi HIV. Chotero, zimene titapeze zithandiza kupeza njira zowalangizira achinyamatawa zoyenelera zimene zidzalimbikitsidwe dicholinga chakuti achinyamata amene ali ndi kachirombo ka HIV akhale moyo wathanzi okhudza nkhani zogonana.

Kasankhidweka otenga mbali

Tidzakambirana ndi anyamata ndi atsikana ambiri zokhudza umoyo wawo ndi uthenga kapena chithandizo chimene akufuna kuti adzilandira ku chipatala. Chimodzi cha za umoyo zimene tikufuna kuti tikambirane nawo ndi nkhani yogonana. Mukupemphedwa kuti mutenge mbali chifukwa inu ndi mmodzi mwa achinyamata amene akukhudzidwa ndi matendawa m‟‟boma lino la Chiradzulu.

Kutengambali mwakufuna kwanu

Simuli okakamizidwa kuvomera kulankhulanafe ndipo tikudziwa kuti kupanga chiganizo ndi kovuta makamaka pa nkhani zokhudza zogonana. Muli ndi ufulu ofunsa mafunso mmene mungafunire ndipo ife tidzakuyankhani. Simuyenera kupanga chiganizo lero lomwe. Mutha kukaganiza kaye ndikudzandiuza yankho lanu nthaw ina. Ngakhale mutavomereza lero kutenga nawo mbali, muli ndi ufulu osintha maganizo ndikusapitiliza kutenga nawo mbali mukafukufukuyu popanda kupereka zifukwa.

NDONDOMEKO; chichitike ndi chiyani kwa ine

Mudzafunsidwa mafunso okhudzazogonana komanso njira za kulera zimene amagwiritsa ntchito achinyamata omwe anabadwa ndi kachirombo ka HIV.mafunsowa adzakhala okhudza zimene mukudziwa pa ubwino wa njira za kulera, chilimbikitso chimene mumalandira, thandizo lokhudza zogonana komanso ubeleki zimene mumalandira ku chipatala ndinso zovuta zimene mumakumana nazo nthawi imene mukulandira chithandizo. Mayankho anu adzayikidwa pa kaseti komanso kulembedwa pa pepala kuti uthenga umene mwapeleka usasowe.

CHIOPSYEZO CHIMENE MUNGAKUMANE NACHO KOMANSO ZOSOWETSA MTENDERE

Mudzapemphedwa kugawana nafe zinsisi zanu, ndipo izi zidzakhonza kupangitsani kuti musamasuke pa mitu ina.muyenera kudziwa kuti simuli okakamizidwa kuyankha funso ngati simukufuna kutero ndipo izi sizidzabweretsa vuto liri lonse. Simudzafunsidwa kupereka zifukwa zimene simunayankhire mafunso kapena kutenga mabli.

PHINDU: CHILIPO CHIMENE NDIDZAPINDULE?

Sipadzakhala phindu la pompo pompo kwa inu, koma kutenga mbali kwanu kudzatithandiza kudziwa zambiri zokhudza umoyo wa achinyamata pa nkhani zogonana ndi ubeleki.

Tikukhulupilira kuti izi zidzathandiza zipatala za m‟dziko muno kuti adzipeleka thandizo loyenera mtsogolo muno.

CHOLOWA: KODI NDIDZALANDIRA KENAKAKE PAKUTHA PA KAFUKUFUKU?

Simudzalandira kalikonse chifukwa chotenga mbali mukafukufuyu koma mudza patsidwa ndalama yokwana K7, 500. 00 ya thalansipoti komanso chifukwa cha nthawi imene mudzakhale mukuyankha mafunso komanso pena mukhonza kufunsidwa kuti mubwere kuchipatala tsiku lanu lisanafike ngati padzafunikire kutero.

CHINSISI: Kodialipo wina akudiwa zakutenga mbali kwanga mukafukufuyu?

Sitidzauza wina aliyensse kuti mukutenga mbali mukafukufuyu ndipo sitidzagawana ndi wina aliyense uthenga umene tamva kuchokera kwa inu. Ndipo zonse zimene mudzayankhe/mudzatiuze zidzayikidwa pa kaseti imene idadzasungidwe malo omwe adzafikire ndi okhawo amene akuchita kafukufukuyu. Palibe amene adzawone kapena kumvetsera. Kuti tisiyanitse mauthenga ochokera kwa anthu osiyana tidzagwiritsa ntchito manambala osati maina anu; chotero ndi ofufuza okhawo amene azadziwe kuti nambalayi ndi yanu. Makaseti ndi mapepala amene adzagwiritsidwe ntchito adzasungidwa mmalo amene adzakiyidwe ndi loko komanso kiyi. Ndikukutsimikizirani kuti sizidzaperekedwa kapena kugawidwa kwa wina aliyense kupatulako amene akundiyang‟anira ngati adzazifune.

KUGAWANA ZOTSATIRA ZA KAFUKUFUKU: Kodi mudzandiuza zotsatira?

Pamapeto pa kafukufukuyu, tidzagawana zotsatira ndi anthu amene atenga mbali mukafukufuyu komanso akulu akulu ogwira tchito ku chipatala chino. Zones zimene titakambirane nanu palibe chimene tidzagawane ndi anthu ena amene Sali mugulu lopangitsa kafukufukuyu, komanso sikuzadziwika kuti inu ndi amene munapereka mayankho kumafunso amene adzafunsidwa. Zotsatirazi zidzalembedwa ndipo inu mudzalandira zolembedwazo, komanso tidzapereka ku

bungwe limene limaona za ufulu wa anthu amene akutenga mbali mu kafukufuku la COMREC. komanso zidzasindikizidwa kuti anthu ena amene ali ndi chidwi ndi umoyo wa achinyamata adzaphunzire kuchokera mu kafukufukuyu.

UFULU OKANA KAPENA KUSIYIRA PANJIRA: K***odi izi ndizolakwika?***

Muli ndi ufulu kusatenga mbali mukafukufukuyu. Kusankha kutenga mbali kapena kusatenga mbali mukafukufukuyu sikudzakhudza chithandizo chimene mumalandira ku chipatala. Mudzalandirabe chithandizo monga mwa nthawi zones. Muta kusiyira panjira kutenga mbali mukafukufukuyu nthawi ina iliyonse ndipo izi sizidzapangitsa kuti ufulu wanu uphwanyidwe.

Amenemungalumikizane naye ngati mutakumana ndi vuto kapena mutakhala ndi nkhawa

Ngati muli ndi funso mukhonza kufunsa pompano kapena nthawi ina, ngakhalenso tidzakhala titayamba zokambirana. Ngati mudzafuna kufunsa nthawi ina mukhonza kulumikizana ndi Gloria Siyasiya pa manambala awa 0994526076/0881038264. Ngati mudzakhale ndi chidandaulo chokhudzana ndi mmene kafukufuku akuyendera, chidandaulochi chidzapite kwa bungwe loona ufulu wa anthu amene akutenga mbali mu kafukufuku la COMREC, College of Medicine, Private Bag 360 Chichiri. Blantyre 3. Telefoni 01871911. Keyala ya intaneti ndi comrec@medcol.mw.

GAWO LACHIWIRI:*Kalata wachivomelezo kutenga mbali mukafukufuku*

Ndamvetseysa kuti kafukufuyu akukhudza umoyo wa achinyamata pa nkhani zogonana komanso za ubeleki ndipo kuti ndidzafunsidwa mafunso okhudza nkhani zanga zogonana. Ndawerenga/andiwerengera uthenga onse okhudza kafukufukuyu. Ndipo ndinapatsidwa mwayi kufunsa mafunso pakafukufukuyu ndipo mayankho amene ndapatsidwa ndakhutira nawo. Ndikuvomera kutenga mbali mu kafukufukuyu……

KAPENA

Sindikufunana kutenga nawo mbali mukafukufukuyu ndipo sindi sayinira……..

NGATI OTENGA MBALI WAVOMEREZA

Dzina la wachinyamata…….. Saini ya wachinyamata……

Tsiku……..

Tsiku/mwezi/chaka

NGATI OTENGA MBALI SAMATHA KUERENGA KAPENA KULEMBA

Ndawerenga komanso ndachitira umboni kuwerengedwa mwachindunji kwa chivomerezo cha wachinyamata kuti alowe mukafukufuku. Wachinyamatayu anapatsidwa mwayi ofunsa mafunso. Ndikutsimikiza kuti wachinyamatayu wavomera kutenga mbali mosakakamizidwa.

Dzina la mboni……..... Podinda chala cha otenga mbali

Saini ya Mboni…….....

Tsiku……

Tsiku/mwezi/chaka

COLLEGE OF MEDICINE
Public Health

Chimutu Building
MahatmaGhandi Rd
Blantyre 3
Malawi
Telephone: 01 871911
01 874107
Fax: 01 874 700

Our Ref.:

Your Ref.:

27th August 2018

To: Chairperson COMREC

From: MPH course director

Submission of MPH research dissertation proposal

Please find attached the research proposal for MPH student:

Name: Gloria Siyasiya

Title: Research Title:

Assessing factors that hinder effective utilization of family planning services by perinataly HIV infected adolescents.

Name of Supervisor: Dr. Chisale Mhango

The initial and full proposal was reviewed by the research supervisor and MPH course director and as such is accepted for presentation to COMREC by the Public Health Research and Postgraduate committee.

Yours sincerely

Susan Carnes Chichlowska PhD.

Senior Lecturer in Public Health

MPH Tutor/Course Director, College of Medicine, University of Malawi.

Telephone: 0888300905 Email: mphcoursedirector@medcol.mw

All correspondence to:
The District Health Officer
Tel: +265 999 381 555
Fax: 01693271

Chiradzulu District Hospital,
P.O. Box 21,
CHIRADZULU.
MALAWI.

22nd August, 2018

Gloria Mwai Siyasiya
College of Medicine
Private Bag 360
Chichiri
Blantyre 3

Cc: The Chairman, College of Medicine Research and Ethics Committee, College of Medicine, Private Bag 360, Chichiri, Blantyre 3.

Dear Sir,

RE: ASSESING FACTORS THAT HINDER EFFECTIVE UTILISATION OF FAMILY PLANNING SERVICES BY PERINATALLY HIV INFECTED ADOLESCENTS AT CHIRADZULU DISTRICT HOSPITAL AND NAMITAMBO HEALTH CENTRE

I am pleased to inform you that the District Health Office has no objection for you to conduct the above study at Chiradzulu District Hospital and Namitabo Health Centre in Chiradzulu district however, be advised to clear and abide to all relevant ethics committees as per protocol.

I am hopeful that findings of the proposed study could significantly contribute towards effectiv reprogramming and provision of family planning services in the district as such you ar requested to share the findings of the study with this office.

Yours faithfully

Jameson Chausa
DISTRICT HEALTH OFFICER

Ministry of Health & Population
The District Health Officer
2018 -08- 22
Chiradzulu District Health Office
P.O. Box 21, Chiradzulu

APPENDIX 7: SUPPORT LETTER FROM CHIRADZULU ART CLINIC

The District ART Coordinator

Chiradzulu District Hospital

P.O. Box 21

Chiradzulu.

29th August 2018

Gloria Siyasiya

College of Medicine

P/ Bag 360

Blantyre 3.

Dear Gloria Siyasiya,

RE: PERMISSION TO CONDUCT RESEARCH STUDY AT CHIRADZULU DISTRICT HOSPITAL

This is to inform you that our office has no objection for you to do your research on the assessment of factors that hinder effective utilization of family planning services by perinatally HIV infected adolescents, 15-19 years as part of your research project at Namitambo health Centre.

We wish you well in your studies

Yours faithfully,

D. Thangalimodzi

pp: District ART Cordinator

APPENDIX 8: SUPPORT LETTER FROM NAMITAMBO HEALTH CENTRE

The In charge

Namitambo Health Centre

C/O P.O. Box 21

Chiradzulu.

28th August, 2018.

Gloria Siyasiya

College of Medicine

P/ Bag 360

Blantyre 3.

Dear Gloria Siyasiya,

RE: PERMISSION TO CONDUCT RESEARCH STUDY AT NAMTAMBO HEALTH CENTRE

This is to inform you that our office has no objection for you to do your research on the assessment of factors that hinder effective utilization of family planning services by perinatall HIV infected adolescents, 15-19 years as part of your research project at Namitambo health Centre.

We wish you well in your studies

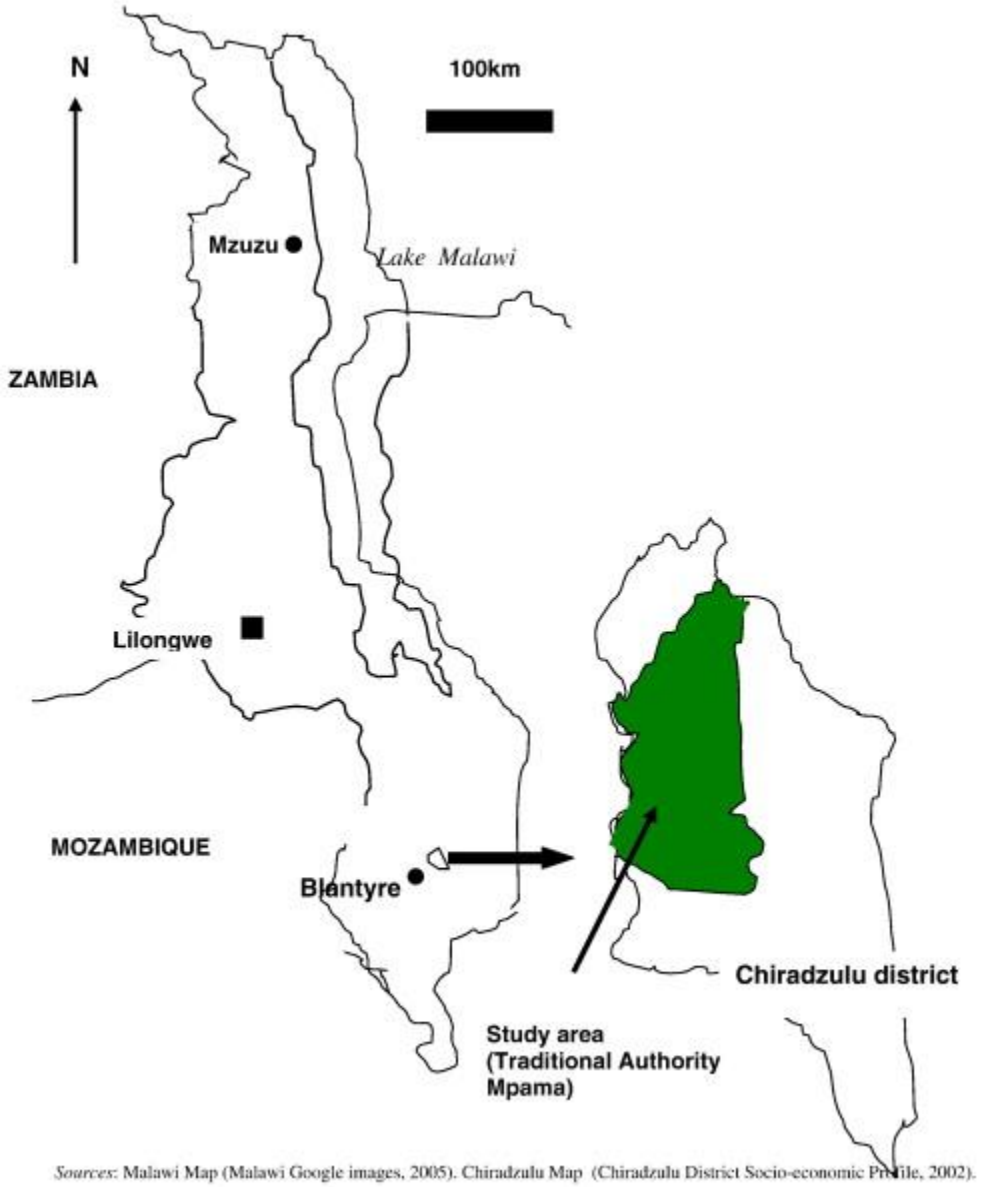
Yours faithfully,

A. Mbawala.

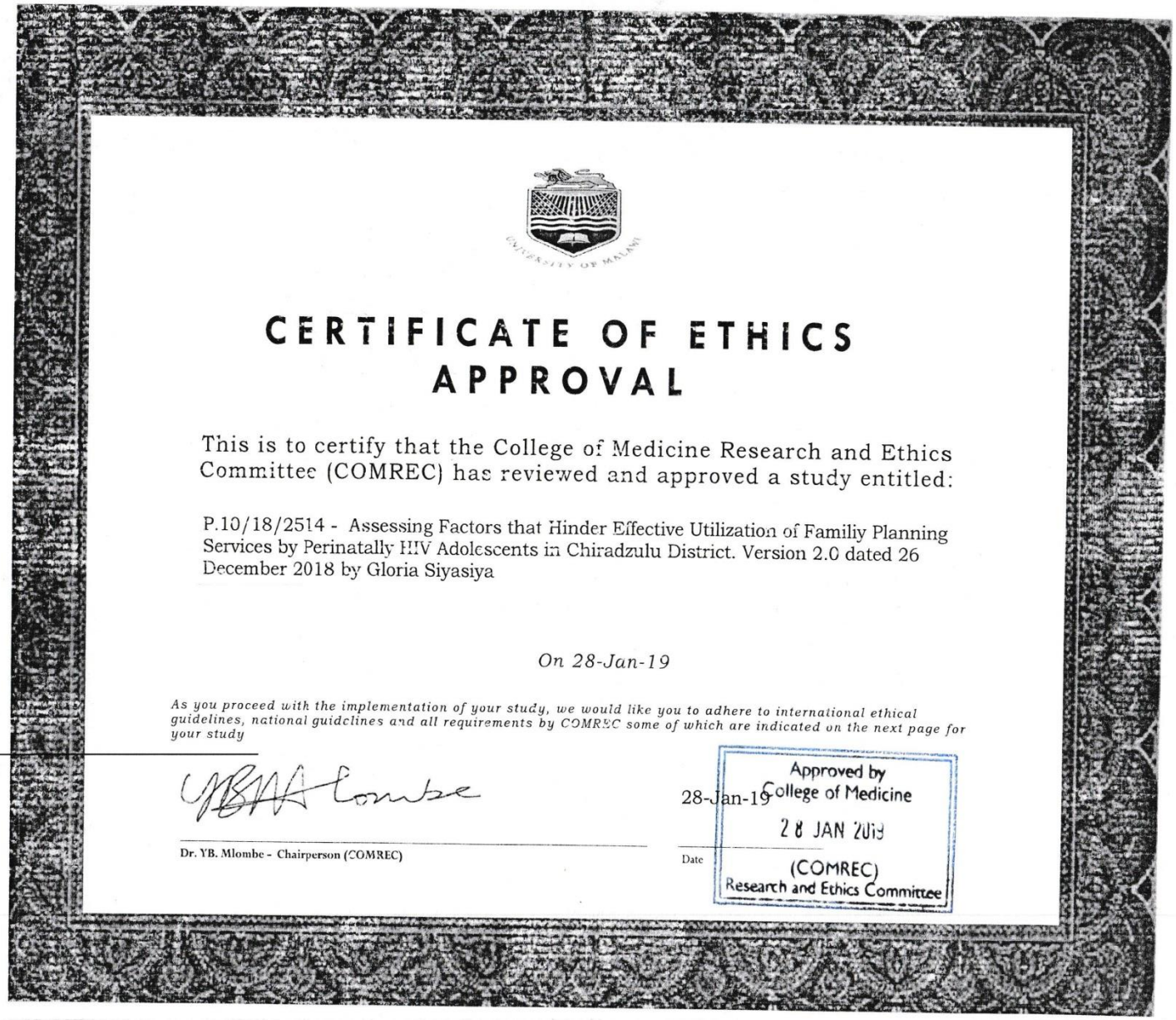
NAMITAMBO HEALTH CENTRE
29 AUG 2018
P.O. BOX 21
CHIRADZULU

Namitambo Health Centre In charge.

Appendix 9: Map of study area



Sources: Malawi Map (Malawi Google images, 2005). Chiradzulu Map (Chiradzulu District Socio-economic Profile, 2002).



CERTIFICATE OF ETHICS APPROVAL

This is to certify that the College of Medicine Research and Ethics Committee (COMREC) has reviewed and approved a study entitled:

P.10/18/2514 - Assessing Factors that Hinder Effective Utilization of Familiy Planning Services by Perinatally HIV Adolescents in Chiradzulu District. Version 2.0 dated 26 December 2018 by Gloria Siyasiya

On 28-Jan-19

As you proceed with the implementation of your study, we would like you to adhere to international ethical guidelines, national guidelines and all requirements by COMREC some of which are indicated on the next page for your study

Dr. YB. Mlombe - Chairperson (COMREC)

28-Jan-19
Date

Approved by
College of Medicine
28 JAN 2019
(COMREC)
Research and Ethics Committee

Appendix 10: LIST OF TABLES

TABLE 2: Gantt's chart showing time frame

Activity	April 2018	May 2018	August & Sept 2018	Oct 2018	Nov 2018	March 2019	April to June 2019	June & July 2019	July to August 2019	Aug 2019	Dec 2019
Topic search and literature review											
Presentation of two paged proposal											
Developmentofmain proposal											
Submission of proposal to supervisor											
Screening and submission of proposal to COMREC											
Pilot study and collection of data collection tools											
Data collection											

Data analysis											
Report writing											
Submission of the thesis and marking											
Dissemination of results											

TABLE 3: Budget

ITEM	COST OF ITEM PER THAT ITEM	TOTAL COST
STATIONERY		
8 Reams of paper	K4,000 x 8	K 32,000.00
2 Rubbers	K50 x2	K100.00
1 Hard cover note book	K1000 x 1	K 1,000.00
2 Pens	K100.00 each x 2	K200.00
2 Flash disks	K 5,000.00 x 2	K10,000.00
Printing and binding of proposal	K6000 X 6	K36,000.00
Printing and binding of the Thesis	K6000 x 6	K36,000.00
Transport		K40,000.00
Total		K 161,300.00
Contingency (10% of the total budget)		K 16,130.00
TOTAL		K 177,430.00
COMREC overhead fee		K 17,743.00
GRAND TOTAL		K195,173.00