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UNIVERSITY OF MALAWI

KAMUZU COLLEGE OF NURSING

KNOWLEDGE ATTITUDES AND PERCEPTIONS OF WOMEN WHO USE VAGINAL AGENTS IN LIGHT OF HIV AT KAWALE HEALTH CENTRE

BY

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A RESEARCH PROPOSAL SUBMITTED TO THE FACULTY OF NURSING IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF A BACHELOR OF SCIENCE IN NURSING.

SUPERVISED BY

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DECLARATION

I declare that this research proposal is entirely the result of my academic effort. It has never been presented for any academic degree and is not being submitted elsewhere for the same purpose.

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DEDICATION

This research proposal is dedicated to my father, mother and all brothers and sisters for giving me a chance to stay away from them yet remaining a part of the family.

ACKNOWLEDGEMENT

I would like to thank all those that have made this project possible. The list is endless but would be incomplete without my friends.

Secondly, I would like to thank my supervisor for his constant attempts to place me in the path of knowledge each time I stumbled.

Lastly, without God's unwavering love, I might not have. He did not forget me even though I might have.

ABSTACT

Vaginal agents are substances women insert into or apply onto the vagina in order to achieve contraception, cleansing, heighten sexual pleasure or as therapeutic measures. These agents are often traditional and are applied in form of herbal concoctions. This section presents a summary of the research proposal that aims at investigating the knowledge, attitudes and perceptions of women who use vaginal agents in the light of HIV. The study will be done at Kawale health centre. The main aim of the study is to find out if women who use vaginal agents have information on the dangers the practice is associated with as far as HIV transmission is concerned. The results of the study will be important in developing information, education and communication programmes aimed at halting the malpractice. It is also anticipated that the findings will stimulate further research among the medical fraternity on the subject as the literature states that few studies have been conducted in this area. The s tudy will adopt a descriptive, quantitative approach. Data will be collected from a sample of 15 women who will be ranging from 15-45 years, using a questionnaire. The subjects will be recruited at random to avoid bias. Before the study, a pilot study will be carried out at Area 25 Health Centre among women with similar attributes. The data will be analysed manually and content analysis will be used to come up with the main points from the responses.

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ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
HIV	Human Immunodeficiency Virus
MERA	Medical Resource Africa
STI	Sexually Transmitted Infections
UNAIDS	United Nations Programme on HIV and AIDS
USAID	United States Agency For International Development
WHO	World Health Organization

1.0 CHAPTER ONE

1.1 INTRODUCTION

Vaginal agents are substances women insert into or apply onto the vagina in order to achieve contraception, cleansing, heighten sexual pleasure or as therapeutic measures. These agents are often traditional and are applied in form of herbal concoctions. Among the items applied are pulverised stones, leaves, skins, cloth, powders as well as cold water (Brown, 1993; Beksinska, 1999). These agents are meant to contract the vaginal muscles, remove excess vaginal discharge and genital odour or make the vagina hot, practices which are traditionally believed to enhance sexual drive.

It is not scientifically established as to whether these items meet the traditionally intended purposes. What is known, however, is that the application of such commodities is accompanied by a number of morphological changes onto as well as inside the vagina (Nicollosi, 1994; Cottrell, 2010). Additionally, the chemical milieu of the vagina is disturbed, and in so doing, depriving the vagina of the defence against foreign bodies conferred by nature. These changes can also affect a sexual partner directly or in directly. Civic and Wilson (1996) links these structural chances to an increased risk of HIV transmissions.

Whereas other factors increase the chance of coming into intimate contact with an HIV infected person, vaginal agents leads to either genital abrasion to both man and woman. This occurs since the agents desiccates vagina, hence providing no fluids for lubrication during coitus. Inflammatory changes and reduced vaginal acidity often accompany the abrasions. These changes heighten the chance of entry of the virus into the body (Johnson, 2002; Reddy, 2007).

1.2 BACKGROUND

By the year 1992, four to five million women in the world were thought to have been infected with HIV, mostly women of reproductive age. More than three million of these women were in Sub-Saharan Africa. Five to six million men and up to a million children were also thought to be infected (Working for Health 2006). Sub- Saharan Africa harbours more than two-thirds of all HIV infected, of which sixty percent are women.

Over the past two decades, the epidemic has attacked over twenty five million people and an estimate of 2.3 million is thought to have died of HIV/AIDS related illnesses (UNAIDS 2001). In Malawi, the pandemic is claimed to be responsible for eight deaths per hour. By the end of 2007, almost one million people were living with HIV. This makes the pandemic the most leading cause of death in Malawi, and is a major factor in the country's low life expectancy of just forty three years, followed only by Tuberculosis and Malaria (WHO, 2006).

Women's risk of HIV infection is influenced by many factors among which are biological, social and economic factors. Apart from being biologically more susceptible, they are often economically dependent on their male partner, which renders them powerless to control their

sexual rights, such as negotiating use of condoms within their sexual relationships (MERA 2008). This risk is further increased by certain cultural practices such as extra-marital sexual relationships, widow inheritance, and forced sex for young girls and use of vaginal agents (National HIV Policy for Malawi 2003).

In Malawi, the use of vaginal agents has been reported among women in many districts across the nation including Blantyre (Dallabetta, Miotti, Chimphangwi, Liomba, Canner, & Saah, 2003). Muula (2010) notes that these vaginal agents not only increases the risk of STI transmission, including HIV, but also reduces acceptability of and effectiveness of condoms.

Muula and Gebbules (2010) note that among 6603 antenatal women at QECH 13% reported use of traditional vaginal agents for tightening while 34% had used these agents for self treatment of vaginal itch or discharge. A study conducted by (Liomba et al) over a three year period, showed that of the 4000 women who were recruited in the study, 35% were using these vaginal agents to treat discharges. This brought an increased risk of HIV transmission, other factors being equal. These studies show that the use of vaginal agents is a common practice in most Sub-Saharan Africa, and Malawi is no exception.

It is to the researcher's interest to establish whether there is knowledge on HIV and its transmission among the women who use these agents and also, to find out their attitudes and perceptions on the same.

1.3 PROBLEM STATEMENT

The use of vaginal agents is culturally rooted. Most women are initiated into the practice by either their mother or aunt or grandmother not too long after their puberty. Some learn from their siblings (Berer, 1993). It becomes difficult to dodge the use of such agents since the one introducing them has some control over the mentee. Brown (1993) notes that women venture into using herbal preparations in order to achieve a number of things including dry sex, treat genital sores, retain their virginity, as contraceptives or to cleanse themselves by removing the vaginal discharges. In so doing, they remove the natural lubricant present in the vagina, traumatize their genitals and also, disturb the vaginal acidity. These changes reduce the vaginal resistance to infections, hence creating a pathway of STDs including HIV.

Therefore, there is a need to establish if women who use these vaginal agents are aware of the risk of HIV transmission in the context of their practice.

1.4 SIGNIFICANCE OF THE STUDY

Studies have been carried out in Malawi and other countries on the relationship between use of vaginal agents and risk of STD transmission, including HIV. In those studies, a positive correlation has always been established. However, there is lack of literature on how this problem can be overcome. In view of this, this study will assist the ministry of health in developing Information, Education and Communication programs that will be aimed at halting these practices. It is believed that people who have health related information are

more likely to change their behaviour and that doing so will significantly contribute to lowering the rate of HIV transmission in Malawi as well as elsewhere. The results are also believed to be a catalyst for further research on this subject since literature shows that little research has been done on this area. The study findings will be published hence helping in the expansion of the body of knowledge of the medical fraternity in general and the nursing profession in particular.

1.5 OBJECTIVES

BROAD OBJECTIVE

The study is aimed at finding out the knowledge, attitudes and perceptions of women who use vaginal agents in light of HIV.

1.6 SPECIFIC OBJECTIVES

1. To assess knowledge on
    - HIV transmission
    - Dangers of using vaginal agents
2. To identify perceptions of women on use of vaginal agents in relation to HIV
3. To determine understanding of the various preventive measures of HIV transmission
4. To identify misconceptions associated with use of vaginal agents

2.0 LITERATURE REVIEW

2.1 INTRODUCTION

This chapter discusses of literature relating to use of vaginal agents. The literature has four sections that have been classified according to contents. The first part of the literature presents a general overview of the use of vaginal agents. This has been followed by norms regarding use of vaginal agents, link between use of vaginal agents and HIV transmission, context of use and finally, the conclusion of the literature.

2.2 REASONS FOR USE OF VAGINAL AGENTS AND KNOWLEDGE ON MODE OF HIV TRANSMISSION

Many herbal and chemical preparations are used by women in the vagina and the genitals for sexual, medicinal, contraceptive and cleansing purposes. Some of these chemicals can irritate tissue and may increase the risk of HIV transmission (Brown, 1993).

Berer (1993) did a study to investigate reasons why women use vaginal agents. It was found out that in the Asian countries, notably India, women use a scraped-out lemon in the vagina as a contraceptive. The juice from the skin probably acts as a spermicide while the skin is thought to pose physical difficulties for ambitious sperm that attempts to cross the cervix in an attempt to fertilize the egg, hence acting as a barrier method of contraception. Berer (1993) also surveyed sex workers in Zaire as well as the Dominican Republic. In both studies, it was reported that the desire to make their vagina tight for increased sexual pleasure was the main reason for using these vaginal agents.

In another study done by the Kananga Health Department (1993) in Zimbabwe with an aim of finding out the prevalence of use of vaginal agents among women who visit family planning clinics, it was found out that 60% -70% of the women were concerned about vaginal secretions during intercourse . This prompted them to use a variety of substances in an attempt to reduce these discharges. In the same study, 80% of sex workers interviewed in Harare reported using vaginal agents to enhance sex arousal during intercourse. In a separate study conducted by Berer (1993) shows that 50 percent of women with cervical cancer attending a clinic in Harare reported using herbs vaginally.

Kun (1998) found that in Zimbabwe 93 per cent of women attending urban clinics and 80 per cent of nurses used a variety of agents before intercourse. Thirteen different herbs were named. Forty per cent of clinic attenders and 75 per cent of nurses also reported using non-herbal agents. These included, but were not limited to, Dettol in water, tissue paper, dry cloth, salt in water, betadine antiseptic solution, pessaries and gauze.

Substances commonly inserted into the vagina to ensure drying and tightening include stones, leaves, powders dry cloth, pharmaceutical products and tissue or toilet paper. These agents are used when there is cultural preference for a dry rather than a lubricated vagina. There is a variation in reasons for this preference. According to Braunstein and Wijgert (1998), in South Africa, men have reported that vaginal wetness during sexual intercourse is an indicator of a woman's infidelity, and have also associated vaginal lubrication with sexually transmitted

diseases (STDs) and the use of contraceptive. In Zaire, a wet Vagina is considered to be a result of a curse or bad luck. Using these agents therefore, is a way of seeking good luck.

In some parts of the Africa, both men and women have expressed preference for vaginal dryness and tightening during intercourse. In Zaire, as well as Zimbabwe, it is reported to increase sexual pleasure and satisfaction in both partners (Kun 1998; Reddy, 2007). Hence, lubrication is not considered an essential element in pleasurable sexual intercourse. In the same Zimbabwe, both college-educated women and women who have not attended college have reported that using vaginal agents makes them like a virgin and that this was desirable to their partners.

In Malawi, a study was conducted among 4,000 pregnant women across a period of three years. 35% of these women claimed that they used these agents singly or in combination to treat vaginal discharges. Another 12% of the same number had used them for tightening the vaginal muscles (Berer, 1993; Kun, 1999). Agents reported to have been used included herbs, aluminum hydroxide, silica gel, pumice like stones and cloth.

2.3 MISCONCEPTIONS ON USE OF VAGINAL LUBRICATTION

A norm is an ideology that is held in common by a group of people who share ethnic, historical, social or political orientations (Mancionis, 2008; Thompson 2008). Norms influence ideas regarding the ways of acting, thinking, or behaving and can be promoted, contested, and modified through behavior and altitude. According to UNAIDS report (2001), the norms regarding various behaviours are culturally bound and sexual behaviors are no exception.

Studies have shown that norms regarding vaginal lubrication during sex are explicitly stated in some parts of the world while in others they are not. Braunstein and Wilgert (1998) showed that in countries such as Burkina Faso, India, Kenya, Senegal, South Africa, Thailand and Zimbabwe, there are explicit norms regarding sex in general and the role of lubrication during sex. On the contrary, the existence of such cultural norm on the use of vaginal agents has been denied in some parts of Senegal, Brazil and America.

Braunstein (1998) also notes that in India, it is a taboo to engage in discussion or recognition of women's sexuality and that such information is supposed to be suppressed from public acknowledgement, despite the clear existence of knowledge about the role of vaginal lubrication during sexual intercourse. However, women are expected to always cleanse their genitalia before going to bed in case their husband will need it.

2.4 DANGERS OF USING VAGINAL AGENTS IN LIGHT OF HIV TRANSMISSION

A number of studies have been conducted to assess whether the use of vaginal drying agents enhances the risk of HIV transmission. From these studies, a link has been demonstrated on how an individual's risk of HIV transmission is increased in the light of these practices.

1. Formation of ulcers

Kun (1998), Mc Cleland (2006) and Jackson (1994) observe that HIV transmission is enhanced when one has genital lesions and ulcerations. The vaginal agents remove the normal vaginal secretions which are produced during sexual intercourse in order to provide lubrication. Lack of this lubrication leads to friction during coitus which results into trauma and ulceration in both the man and the woman. The sexual experience is also painful.

2. Inflammotory response

Another mechanism involves inflammatory responses associated with the use of vaginal drain agents. Johnson (2002) did a study to explore the types of vaginal agents women used. He discovered that commodities used included, but were not limited to, powders, cotton wool, tampons, paper, or antiseptic solutions. These were used to clean and dry the vagina. For tightness and warmth, substances such as battery acid were smeared onto the genitalia. These items are known to induce inflammatory reactions to the body and are also corrosive. The bruising and stinging effects facilitate the formation of cuts during sex. These cuts increases the chance of HIV transmission should sex with an HIV positive person take place.

3. Alteration in vaginal acidity

It has also been established that the use of vaginal drying agents is associated with a disturbance in the vaginal microflora. This disturbance may alter the vaginal acidity which normally serves as a protective factor in HIV transmission (Cottrell, 2010; Kun 1998). According to Cottrell (2010), in a woman who does not use vaginal agents, a healthy vagina has lactobacilli that live in a symbiotic relationship with the host. These bacteria inhibit the growth of other endogenous bacteria. Introducing external substances such as vaginal agents disturbs the microflora, and gives room for the endogenous bacteria to grow rapidly. The vaginal acidity decreases and this in turn triggers activation of T-lymphocytes and macrophages which have receptors for the HIV.

4. Infection with STDs

Infection with an STD is another contributing factor that may increase the transmission of HIV (Nicollosi, 1994). In studies conducted by Berer (1994), and Mc Clelland (2006), it was found out that some women use vaginal agents to treat or mask vaginal discharges which is assign of an STD. Since the STD is not successfully treated, women's risk of contracting HIV is increases if intimate sexual contact occurs with an HIV positive person. Unwillingness to use condoms in these people is another factor that worsens the situation (Reddy, 2007). In as far as the use of condoms is concerned, there is low acceptability and inconsistence use of condoms since they are claimed to increase lubrication hence decreasing sexual pleasure.

Kun (1998) investigated an association between use of vaginal agents and HIV transmission. A sample of 634 seronegative women was recruited from a labor ward in Lusaka, Zambia, in which the male partner dried the vagina with a dry cloth. The results showed that the practice is associated with a higher risk of HIV transmission.

Other studies focused on the physical effects of intravaginal substances. In Zaire, for instance, through a study conducted by the Kananga Department of Health (1998), it was established that use of these agents is associated with a number of health related problems. The subjects were examined prior and after their insertion of drying agents. Out of the eight women in the study, only one was left with an intact vagina mucosa, representing 12%. Berer (1993) argues that these breaks could be entry points for the virus during sexual contact. In Zaire, a similar study was conducted involving 377 commercial sex workers. The results showed that women who introduced any product into the vagina were significantly more likely to be infected with HIV than women who did not.

In some regions, women use drying agents not only for tightening but also for self-medication of STD symptoms such as itching and discharge. A study was done in Malawi by Liomba et. al (1997) to explore the prevalence of vaginal agents use and its association with HIV infection. Out of the 6603 women sampled, 46% of the women had an STI while 23% were infected with HIV. Liomba et al. (1995) noted that over 35% were using drying agents to treat itching and discharges which are symptoms of STDs. It was concluded that in addition to a small increase in HIV transmission, vaginal agents may interfere with condom effectiveness and the acceptability of vaginal microbicides.

Mc Cleland (2006) found out that those women who use water to cleanse their vagina risk being infected with HIV 1.7 more times than women who do not. These women sometimes use soapy water to achieve constriction of vagina muscles. Doing this further increases the risk of HIV transmission. Vaginal microflora is thought to offer some protection against vaginal pathogens. Using soapy water to cleanse it disturbs the normal balance in this microflora ecosystem, leading to a decrease in the vaginal acidity. As a result, the vaginal CD4 lymphocyte may increase, leading to increased susceptibility to the HIV infection (Cottrell, 2010).

2.5 RELATIONSHIPS AND VAGINAL PRACTICES

It has been documented that practices regarding lubrication during sex are influenced by the relationship within which sexual intercourse occurs. In India, women are not supposed to discuss sex with their husbands, but are supposed to prepare themselves well in advance in case their male partners will demand it (Braunstein, 1998). Braunstein also established that in South Africa a sex worker risks no payment or even battery if she fails to remove vaginal secretions before sex, or if her vagina feels not tight enough. In some parts of South Africa men insert a finger into their wives' to check vagina for lubrication prior to sex. If the experiment yields lubrication she may experience physical confrontation.

Berer (1993) observes that Zimbabwean women who fail to achieve the right amount of lubrication before sex can face divorce or sent back to their families for further education on the same. In Kenya, such women are sent for psychiatric assessment for resolution of such problems.

2.6 UTILIZATION OF HIV/STI- PREVENTIVE TECHNOLOGY

A number of studies have shown that there is low utilization of chemical preparations as well as condoms in women who use vaginal agents in cases of vaginal infection (Dallabetta et al., 1995; Reddy, 2007). Some of these preparations are meant to cure vaginal itching and discharges. Some of the reasons for low acceptability and infrequent use of these preparations increase messiness, excessive lubrication and leakage during sexual intercourse.

Many authors agree that dissatisfaction with these methods is due to men's perception that condoms decrease sexual pleasure, may cause loss of erection, interrupt sex or introduce an intruder in a relationship (Berer, 1993; Reddy, 2007; Johnson, 2002). This leads to inability on the women's side to fully control what products to use and how to use them. Hence, women use vaginal products at the discretion of their male partners.

2.7 CONCLUSION OF LITERATURE REVIEW

Based on the studies gone through, it appears that opinions regarding the optimal amount of vaginal lubrication vary between countries, ranging from concerns in India, Kenya, South Africa, Thailand and Zimbabwe about excessive lubrication to complaints regarding inadequate lubrication during sex in Brazil and the United States. There are also variations in the reasons for use within countries. However, in general, women are expected to achieve a certain amount of vaginal lubrication during sex that is neither too much, nor inadequate. This is said to be necessary in order for men to achieve penetration, and to enjoy their sexual encounter.

What is not known is the level of knowledge both men and women who use these agents have on the risk of HIV acquisition this practice poses and their altitude on the same.

3.0 METHODOLOGY

This is an account of the approach the research will take. It will include the design of hrs study, the population from which the sample will be drawn, the site of the study, the instruments used, ethical considerations, the data analysis as well as the limitations of the study.

3.1 RESEARCH DESIGN

The study will adopt a descriptive, quantitative approach. This approach involves gathering quantitative data and developing meaning from it in a descriptive way (Bordens, 2008). This approach is suitable for the study being undertaken because of the smallness of the sample size. Elaboration by the participants may also be used as is the case with qualitative research in order to obtain a deep understanding of the data to be obtained. Some of the data to be obtained is quantitative, hence the quantitative approach. This will ensure that all the variables have been correctly treated.

3.2 SETTING

The study will be conducted in Lilongwe district at Kawale Health centre. This area has been chosen because it serves a wide catchment area thereby giving access to many women qualifies to be participants n the study.

3.3 STUDY POPULATION AND SAMPLE

The study will recruit women of ages ranging from 15 to 45 years. This has been chosen because the average age at which sexual debut occurs is 15 years and sexual practice is likely to continue during the reproductive period. The results obtained can therefore be generalized to the population from which the sample has been drawn. A sample of 15 women will be recruited to participate in the study.

3.4 SAMPLING METHOD

A sample is a representative of the population to be studied (Burns & Grooves, 2005). The sample for this study will be obtained using the simple random technique. This will ensure that bias is avoided. Prospective candidates will be given a thorough verbal explanation of the nature of the study. This will also ensure that an informed consent is obtained before subjects can they participate in the study. Any woman within the age range of fifteen years up to forty five years will be eligible to participate in the study. These will be selected by selecting the women at random.

3.5 PILOT STUDY

A pilot study is a mock study carried out in order to establish the effectiveness of the data collecting instrument. According to Polit and Becks (2006), this is measured in terms of the clarity of the language in the questionnaire, the questions used to solicit information, the clearness of the response sets and the period within which the respondent is supposed to answer the questions. The pilot study will be conducted at area 25 Health Centre. This area

has been chosen because of its similar attributes to the site of the study. This similarity is evident in terms largeness in the catchment area, population characteristics, just to mention a few.

3.6 ETHICAL CONSIDERATIONS

In the course of the research, measures will be taken in order to ensure that the study is free from human rights as well as society morals violation. The study will be conducted on permission the Research and Proposal committee, and Lilongwe district office. This will be done to ensure that legal standards are met. The seven rights of the participant will be observed throughout the course of the research.

The subjects' recruitment into the study will be completely on voluntary basis. In order for them to arrive at an informed decision, thorough explanation of the nature of the research will be done. No coercion or persuasion will be used to force them to participation in the study. Even after recruitment, they shall have the right to withdraw from participation without attracting penalty of ant king from the researcher.

The subjects will not be exposed to any experiences that may lead to physical harm during the course of the study. It will also be ensured that the information obtained from the subjects will not be identified as belonging to someone. To achieve this, subjects will be identified by numbers. This will ensure the participants rights to privacy and confidentiality. At the end of the exercise, all information will be destroyed to prevent linking it to any of the participants.

It has to be borne in mind that sexual issues have not enjoyed wide, open discussions in the Malawian society, especially in the rural areas where it has always been considered a taboo. In view of this, respondents may experience some psychological problems in the course of the study. Should such instances come up, subjects will be free to discontinue the interviews and counselling services will be provided by the researcher accordingly.

Participants will be informed that there will not obtain financial privileges by virtue of their participation in the exercise. However, the research findings will be used to improve and promote their lives in the long run.

3.7 DATA COLLECTION

The data will be collected using questionnaire. A consent form will be given to prospective participants and verbal explanation will follow in order to ensure a thorough understanding of the nature of the study before a questionnaire is administered to participants.

3.7 DATA ANALYSIS

Data will be analyzed manually. Quantitative data will be coded and analyzed using a computer.

3.8 DISSEMINATION OF FINDINGS

The findings of the study will be made available, on publication, to various institutions including Kamuzu College of Nursing library. A copy will also be available to the Ministry of Health through the Lilongwe District Health Office.

3.9 LIMITATIONS OF THE STUDY

The study will be conducted by during clinical experience, creating a scramble for time for the two. Financial support for the project is not available, making it difficult to carry most of the activities effectively.

4.0 CHAPTER FOUR

4.1 THEORETICAL FRAMEWORK

A theoretical framework has been used in order to demonstrate the theoretical basis of this study. The health promotion model seems more relevant to the study because of its emphasis on the influence of knowledge on behavioral change. This model was developed by Pender and was drawn from the expectancy value theory and the social cognitive theory developed by Albert Bandura (Tones, 2001).

4.1 The Health Promotion Model

The model provides nurses with conceptual basis for understanding factors that affect s the health behavior of people. http://www.etr.org/recapp/theories/hbm/Resources.htm). According to Polit and Tatanobech (2007), Pender's Health promotion model is a model for explaining and predicting the health-promotion component of life style. The health promotion model describes the multidimensional nature of persons as they interact within their environment to pursue health. The model focuses on the following three areas: individual experiences and characteristics, behavioral specific-knowledge and affect and behavioral outcomes.

Becker (2005) notes that each person has unique personal characteristics and experiences that affect subsequent behavior. The variables for behavior-specific knowledge and affect have important motivational significance. This shows that health promotion is the desired behavioral outcome and is the end point of Health Promotion activities. The health care providers should bear in mind that the model should be used for the improvement of the lives of clients.

According to Robothaim (2005), the main factors influencing behavior (as identified by Pender) are cognitive perceptual factors and the modifying factors (fig 1). Cognitive perceptual factors determine how a person perceives participating in those behaviors which are meant to promote health. Pender identified modifying factors as those factors in a person's environment which can influence him or her to change the initial thoughts leading to an action. As Pender argues these modifying factors can be biological, demographic and social-cultural factors in ones environment (Allender, 2005).

DIAGRAMATIC ILLUSTRATION OF HPM THEORETICAL FRAMEWORK

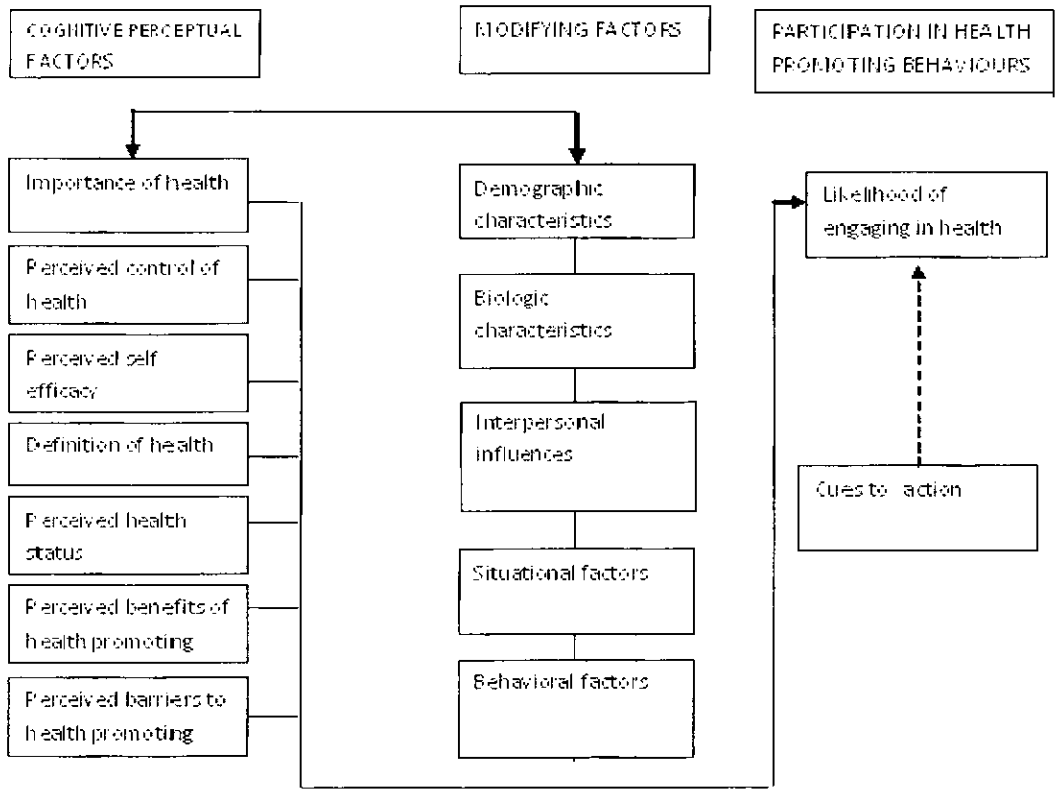

Fig 1

The health promotion model: Adapted from Craven F.R and Hirnle C.J (2007).

4.2 ASSUMPTIONS OF THE MODEL

The model is en extension of the health belief model which assumes that a person will take a health-related action if that person:

1. feels that a negative health condition (i.e. HIV) can be avoided,
2. has a positive expectation that by taking a recommended action, he/she will avoid a negative health condition (i.e., using condoms will be effective at preventing HIV), and
3. Believes that he/she can successfully take a recommended health action

According to Pender (1996), a person is in constant interaction with the environment. During this interaction, the two modifies each other. This entails that individuals should not be seen as passive in their environment, but rather as active agents capable of shaping and maintaining health behaviors and in modifying their environments to suit the behaviors.

The current understanding of Pender's model is that three variables are crucial to the understanding, and hence the influence, of health of behavior of people. These variables are the activity – related effect, commitment to a plan of action and the immediate competing demands and preferences. These have been depicted (fig 1) above and the relationship among them has been illustrated with arrows.

APPLICATION OF THE MODEL

4.3 INDIVIDUAL CHARACTERISTICS AND EXPERIENCES

These have both positive and negative effects. A woman, who has grown up in an environment where vaginal agents are used, is likely to have a desire to experience how they are used. As such she may use them herself. In the same way a woman who has used the vaginal agents and experienced inflammatory responses will be reluctant to use these agents.

Cultural beliefs are a major contributing factor in use of vaginal agents since the use is perpetrated by cultural norms regarding dry sex (Braunstein, 1998). Unless they are re examined the practice is feared to escalate at a faster rate that the present one.

Other personal factors such as biological and psychological factors work in the like manner. It is expected of a psychologically sound woman to make sound decisions concerning their health.

4.4 BEHAVIOR –SPECIFIC COGNITIONS AND AFFECTS

Meaning of health

Health has a different meaning to different people. Fig 2 below shows that those who wait for symptoms to manifest to a large degree before they visit medical professionals may be viewed as having less regard to their health. Some, however, rush to the hospital for check up. This means that women who use vaginal agents and observe some changes in the body may rush to the hospital or not, depending on what health means to them.

Perceived benefits of action

Women who know that curing STI reduces their risk of acquiring HIV will likely seek medical attention than those who don't know. This is so because people are more likely to seek medical attention if they predict that the health services being sought will contribute positively to their health.

Perceived barriers to health

Barriers such as long distance to health services need to be removed. Other barriers include lack of qualified health personnel, unwelcoming health personnel, lack of money to pay for the health services, language differences as well as lack of information on where to access health services as shown (fig 2).

Interpersonal influences

The influence comes from families, friends as well as the general cultural expectations. A young girl learns about the use of vaginal agents mainly from those she is surrounded, including her mother, and this practice will be passed down the generation (fig 2). In order to control it, it has to begin from these mentors.

Perceived self-efficacy

According to Bandura as quoted by Browning (2005), Self efficacy refers to a person's confidence or belief that they can change and regulate a specific behavior or cognitive state. If a woman learns from their models that they can have normal sexual pleasure without the use of vaginal agents, they will be motivated to try this by themselves. Unless they confirm so during the experience, thy will not change their behavior. Nurses' intervention should therefore focus on increasing the self esteem of the young ladies.

4.5 MODIFYING FACTORS

The modifying factors include demographic variables, interpersonal influences, situational factors as well as biologic factors.

Demographic factor

Older women are more likely to seek medical attention than young girls. This is so because sexual issues are always discussed in private and most of the young ladies are imitated into the practice by their elder mentors. This means that they also seek medical help at the discretion of their mentors. It has also been documented that the use of the vaginal agents is common among black women than among the whites, indicating that race plays a role in certain malpractices.

Situational influences

Women are expected to prepare for sex all the times in case their husbands will demand it. In places where this is the case, women may be forced to use vaginal concoctions regardless of the situation.

4.5 DIAGRAMMATIC REPRESENTATION OF THE APLLIED MODEL

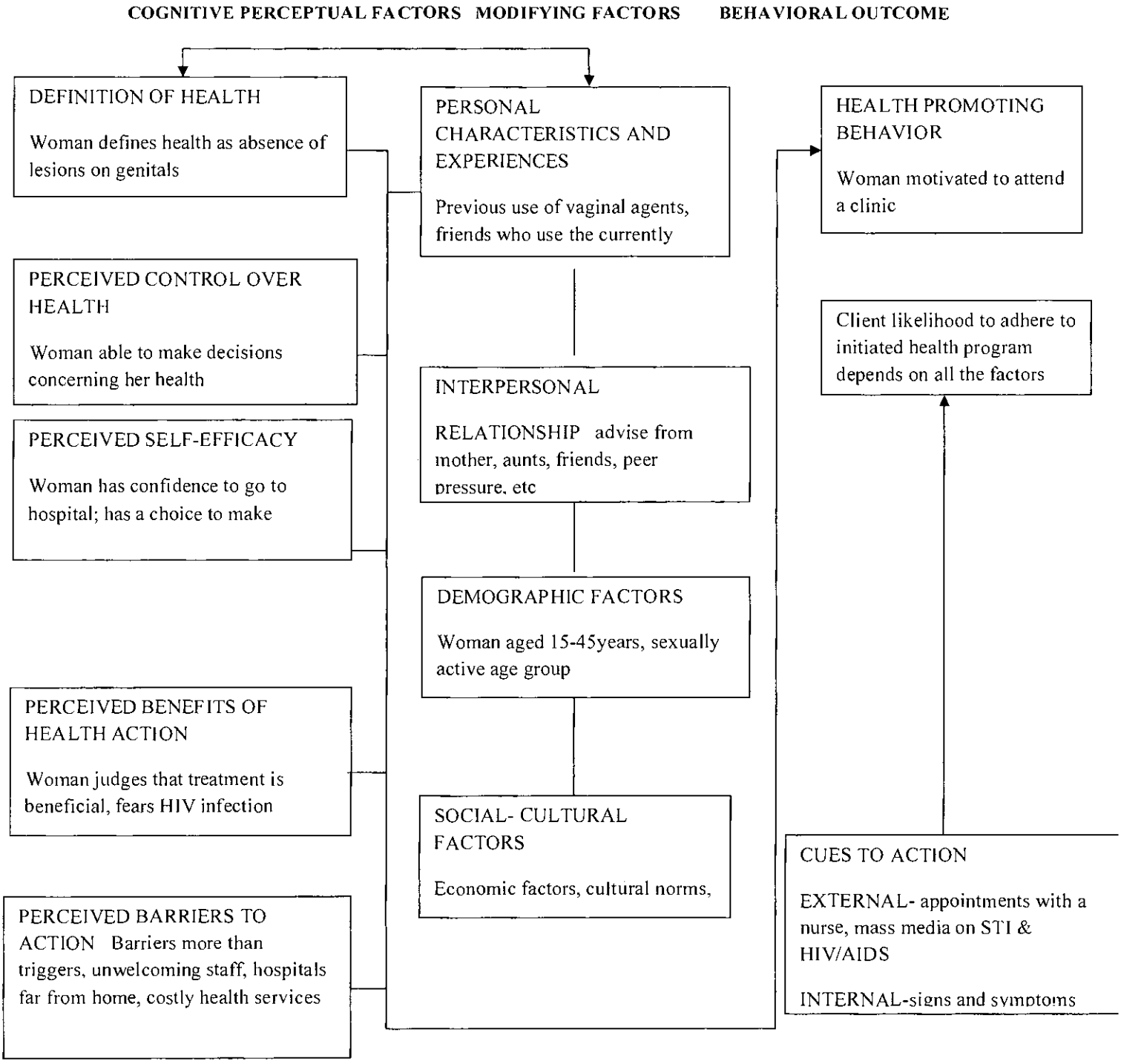

Fig 2 application of the health belief model

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QUESTIONAIRE

Whatever information you are going to give in this study will be kept confidential and will not be linked to you in any way after the study.

ID CODE NO.....

SECTION A

DEMOGRAPHIC DATA

1. Age

   (A).15-20 ( )

   (B).21-30 ( )

   (C).31-40 ( )

   (D).41-50 ( )

   Marital status

   Married ( ) Single ( )

2. Education level

   (A). Standard 4-8 ( ) (B). Form 1-4

   (C). Others (specify).....

3. Nationality

   Malawian ( ) Non Malawian ( )

SECTION B

KNOWLEDGE ON HIV TRANSMISSION

4. Do you know anything about HIV/AIDS?

   Yes ( ) No ( )

5. Do you know how it is transmitted?

   Yes ( ) No ( )

6. If yes to Q7, how is it transmitted?

   .....

.....

7. Have you ever used vaginal agents before?

8. Yes ( ) No ( )

9. If yes, when did you begin using them? Specify.....

10. Do you use them now?

11. Yes ( ) No ( )

12. 10. If yes to Q10 How do you use them? (Explain)

.....
.....

13. If no when did you stop using the vaginal agents?

.....

14. Why did you stop using them?

.....

SECTION C

KNOWLEDGE ON THE DANGERS OF USING VAGINAL AGENTS

15. Do you know any dangers associated with the use of vaginal agents?

Yes ( ) No ( )

16. If yes, mention them

(A).....

(B).....

(C).....

17. Do you have any problems associated with the use of vaginal agents now?

Yes ( ) No ( )

18. If yes to Q16, what are the problems

(A).....

(B).....

(C).....

19. do you think vaginal the use of vaginal agents can contribute to the spread of HIV?

Yes ( ) No ( )

20. 13. If yes, how?

.....

SECTION D

METHODS OF PROTECTION AGAINST HIV INFECTION

21. Have you ever had sex with someone?

Yes ( ) No ( )

22. If yes to Q21, at what age did you first sleep with someone?

(A). 15-20

(B). 21-25

(C). 26-30

(D).others, specify.....

23. Do you know any methods of protection of HIV transmission?

Yes ( ) No ( )

24. If yes, mention them

(A).....

(B).....

(C).....

(D).....

25.How do you protect yourself against HIV when using these vaginal agents?

(A). use a condom

(B). Faithfulness to one partner

(C). No protection used

SECTION E

ATTITUDES TOWARDS USE OF VAGINAL AGENTS

25. Do you know any people who use vaginal agents?

26. Yes ( ) No ( )

27. If yes to Q24, why do you think people use these agents?

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

28. Do you use vaginal agents?

Yes ( ) No ( )

29. If yes, why do you use them?

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

30. If no to Q25, why don't you use them?

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

SECTION F

MISCONCEPTIONS ASSOCIATED WITH USE OF VAGINAL AGENTS

31.Are there any beliefs associated with the use of these vaginal agents?

Yes ( ) No ( )

32. If yes to Q24, explain

.....
.....

END OF QUESTIONAIRE , THANK YOU FOR PARTICIPATING.

TSAMBA LA MAFUSO

Ziwani kuti chilichonse muyankhe pa tsamba lamafunsoli chizakhala cha chinsinsi ndipo sichizaulilika kuti mwanena ndinu.

NAMBALA YANU.....

GAWO LOYAMBA

MBIRI YANU

1. Zaka zanu
   (A). 15-20
   (B). 21-25
   (C). 26-30
   (D).31-35
   (E).36-40
2. Mulipabanja?
   Inde ( ) Ayi ( )

3. Sukulu munalekeza muli zaka zingati?
   (A) Standade 1-4
   (B) Standade 5-8
   (C) Foromu 1-4
   (D) Zina (Tchulani).....

GAWO LACHIWILI
KAFALIDWE KA KACHILOMBO KA HIV

4. Mukuziwapo chani chokhuzana ndi kachilombo ka HIV ndi matenda a Edzi?

5. Mukuziwa m`mene kachilomboko ka HIV kamafalira?
   Inde ( ) Ayi ( )

6. Ngati mukuziwa, kodi kachilomboka kamafala bwanji? (fotokozani)
   .....
   .....
   .....

7. Munagwiritsapo ntchito mankhwala azitsamba kapena kenakalikonse oika kumusi?
   Inde ( ) Ayi ( )

8. Ngati munagwirisapo ntchito, munayamba liti (fotokozani)?
   .....

9. Mukugwirisabe ntchito mankwalawa kapena chilichonse choika kumutsi pano?
   Inde ( ) Ayi ( )

10. Ngati mukugwiritsa kapena munkagwiritsa ntchito mankhwalawa, munkagwiritsa ntchito bwanji ? (fotokozani)
    .....
    .....
    .....
    .....

11. Ngati munasiya kugwiritsa ntchito mankhwalawa, munasiyilanji ? (fotokozani)
    .....
    .....

GAWO LACHITATU
ZOMWE MUKUZIWAPO ZA KUOPSA KWAKUGWIRITA NTCHITO MANKWALA KAPENA ZINTHU ZOIKA KUMASO

12. Mukuziwapo za kuipa kogwiritsa ntchito mankhwala oika kumusi?

    Inde ( ) Ayi ( )

13. Muli ndi mavuto omwe anabwera chifukwa chogwiritsa ntchito mankhwala oika kumusi?

    Inde ( ) Ayi ( )

14. Ngati mavuto alipo tchulani

    (A) .....
    (B). .....
    (C). .....
    (D). .....

15. Mukuganiza kuti mankhwala oika kumusi angathandizire kufala kwa kachilombo ka HIV?

    Inde ( ) Ayi ( )

16. Ngati mukuganiza choncho, angathandize bwanji? (longosolani)

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

GAWO LACHINAYI

NJIRA ZOZITETEZERA KUTENGA KACHILOMBO KA HIV

17. Munayamba mwakhalira limodzi ndi munthu wam`muna?

    Inde ( ) Ayi ( )

18. Ngati munayamba mwakhalirapo limodzi, munayamba muli ndi zaka zingati?

    (A). 15-20
    (B). 21-25
    (C). 26-30
    (D).31-35
    (D). Dzina, tchulani.....

19. mukuziwa za njira zozitetezera kuti musatenge kachilombo ka HIV?

    Inde ( ) Ayi ( )

20. Ngati mukuziwa, tchulani
    (A).....
    (B).....
    (C).....
    (D).....

21. Mumaziteteza bwanji kuti musatenge kachilombo ka HIV mukamagwiritsa ntchito mankwala oika kumusi?
    (A). kugwirita ntchito kondomu
    (B). kukhala wokhulupilika kwa munthu m`modzi
    (C). Palibe

GAWO LACHISANU

MAGANIZO ANU PAKUGWIRISA NTCHITO MANKWALA KAPENA ZINTHU ZOIKA KUMASO

22. Mukuziwa aliyese amene anayamba wagwiritsapo ntchito mankhwala oika kumso?
    Inde ( ) Ayi ( )

23. Ngati mukuziwa, amagwiritsa ntchito chifukwa chani?
    .....

24. Mumagwiritsa ntchito mankwala oika kumaso?

    (A). Inde (B).Ayi ( )

25. Ngati mumagwiritsa ntchito, tchulani zifukwa
    (A).....
    (B).....
    (C).....

26. Ngati simugwiritsa ntchito, ndichifukwa chani simugwiritsa ntchito? (tchulani)
    (A).....
    (B).....
    (C).....

GAWO LACHISANU NDI CHIMODZI

ZIKHULUPILIRO ZOKHUZANA NDI MANKHALA OIKA KUMASO

27. Kodi pali zikhulupiliro zokhuzana ndi kugwiritsa ntchito mankhwala oika kumusi?
    Inde ( ) Ayi ( )

28. Ngati zikhulupiliro zilipo fotokozani

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

MAFUSO ATHWERA PANO, ZIKOMO POTENGA NAWO MBALI .

APPENDIX (i) TIME TABLE

TIME TABLE/ WORK PLAN

According to Polit and Tatanobech (2007), the researcher has to indicate the sequence of tasks to be performed, the anticipated length of time required for their completion, and the people responsible for s pecified tasks. Polit(2008), suggests that a work plan helps the researcher to know when to do what.

A schedule has been developed showing how much time has been allocated to a specific activity.

APPENDIX (iii)

BUDGET

According to Polit and Tatanobech (2007), the Budget is a statement of how much money will be required to accomplish the various tasks. The Budget translates the project activities into monetary terms.

The following is a detailed presentation of this study's activities and their corresponding costs.

BUDGET FOR RESEARCH PROJECT

ITEM	QUANTITY	COST PER ITEM IN MWK	TOTAL AMOUNT IN MWK
Plain paper reams	3	900	2700
Pens and Pencils	20	20	400
Ruler	2	50	100
Envelopes	10	35	350
Questionnaire photocopy	40	10	400
Proposal printing and binding	4	650	2600
Dissertation printing and binding	4	800	3200
Transport to and from the field		8000	8000
Meals			2000
Contingency			4937.50
Total			24,687.50

APPENDIX (iv)

JUSTIFICATION OF THE BUDGET

The budget has been drafted in order to accommodate the purchase of items using their current prices as follows;

STATIONERY

There is need for enough stationery for the printing of both the proposal and the dissertation. This will require ream of plain papers, envelopes, pains as well as ruler

TRANSPORT

The researcher will be required to travel to and from the research site to collect data. The questionnaire will have to be tested to a different site. All these require transportation to and from.

SECRETARIAL SERVICES

Adequate fund will be needed to do the photocopying and binding of the research proposal and dissertation.

CONTINGENCY ALLOWANCES

There is need for a package from which funds will be withdrawn to sort out the unexpected issues.

APPENDIX (v) CONCENT FORM

INFORMED CONCENT FOR THE STUDY ON KOWLEDGE, AND PERCEPTIONS OF WOMEN WHO USE OF VAGINAL AGENTS IN LIGHT OF HIV

I am Spain Chimaliro, a fourth year student at Kamuzu College of nursing. In partial fulfilment of my degree program, there is a need to carry out a study on the use of vaginal agents in light of HIV.

The results of this study will be used by the Ministry of Health to develop proper information and education programs o how to address the problem of increases HIV transmission rate.

The results information you give will not be made public and all measures will be taken to make it confidential. Participants are assured that there will be not experience any physical harm by virtue of participation in the study. On the other hand, some participants may find the subject embarrassing. Those will be free to discontinue from the study and counselling will be done to those who may experience some psychological stress.

Your participation in the study is voluntary and you are free to with draw in the study at any stage without suffering any undesirable consequences.

I therefore request you to respond to the questions in this questionnaire as far as your judgment determines.

If you have understood the consent form and are willing to take part in the study, pleaese sign below:

Participant signature..... Date.....

Researcher's..... Date.....

Appendix (vi)

CONSENT FORM: CHICHEWA VERSION

KALATA YOKHUZA KAFUKUFUKU WA ZOMWE AZIMAYI OMWE AMAGWIRITSA NTCHITO MANKHALA OIKA KUMUSI AKUZIWA ZAKUFALA KWA MATENDA A HIV/EDZI

Moni. Ndine Spain Chimaliro ophunzira pa sukulu ya Kamuzu College of Nursing chaka chachinayi. Ndikuchitya kafukufuku wa zomwe azimayi omwe amagwiritsa ntchito mankhala azisamba oika kumusi akuziwa zakufala kwa matenda a HIV/EDZI. Inu mukupemhedwa kutenga nawo mbali pa kafukufukuyu chifukwa ndinu mali omwe zaka zanu zili pakati pa 15 ndi 45. Mukupemphedwa kuyankha mufuso. Mafunsowa atenga mphindi zosapitilira makumi atatu.

Palibe aliyese amene adzadziwe zomwe inu mwanena kupatula mphuzitsi wanga ndi ineyo. Pachifukwa chimenechi, ndagwiritsa ntchito nambala m'malo mogwiritsamwa dzina lanu, komanso kuti ndizathe kusiyanisa mapepala. Pamapeto pa kafukufukuyu, zomwe mwayankha tizaziwotcha ncholinga choti pasakhale munthu wina wozipeza.

Ndinu omasuka kusatenga nawo mbali kapena kusiya kuyankha mafunsowa popanda vuto lina lililonse. Ziwaniso kuti palibe cholowa chomwe mulandile pamapeto pakafukufuku. Koma zosatila za kafukufuku zizathandiza kupitisa msogolo chithanditso chomwe azimayi amalandira kuchipatala.

Ndiyamika kwambiri ngati mungatenge nawo mbali pakafukufukuyu chifukwa mayankho anu apangitsa kuti kafukufukuyu atheke.

Ngati mutenge nawo mbali, sonyezani posaina pamisipa:

Kusaina kwa otenga nawo mbali :.....

Kusaina kwa ochita kafukufuku:.....

Appendix (vii)

University of Malawi

Kamuzu College of Nursing

P/Bag 1,

Lilongwe.

June 2010.

The District Health Officer

Lilongwe D.H.O

Lilongwe.

Dear sir/ Madam,

APLICATION FOR PERMISSION TO CONDUCT A PILOT STUDY ON 'KNOWLEDGE AND ATTITUDES OF WOMEN ON THE USE OF VAGINAL AGENTS IN LIGHT OF HIV'

I am a fourth year student at Kamuzu College of Nursing. In partial fulfilment of the award of the Bachelor of Science Degree in Nursing, I am supposed to carry out a research project. My study is titled 'Knowledge and attitudes of women who use vaginal agents on HIV transmission'.

The focus of my investigations is to fin out if women who use vaginal agents know the health consequences of the practice, especially the risk of HIV transmission. The results are believed to be important in alerting the women on the dangers the malpractice is associated with. The project will be conducted from July to November 2010.

A signed consent will be given to the prospective participants and verbal clarification will also be rendered in order that they make an informed decision regarding the same.

No participant will be forced to take part in the study and there will be no physical harm during the project. The purpose of this letter is to seek your permission to carry out a pilot study at your institution (Area 25 Health Centre).

Your assistance will be highly appreciated.

Yours faithfully,

.....

Spain Chimaliro.

University of Malawi

Kamuzu College of Nursing

P/Bag 1,

Lilongwe.

June 2010.

The District Health Officer

Lilongwe D.H.O

Lilongwe.

Dear sir/ Madam,

APLICATION FOR PERMISSION TO CONDUCT A STUDY ON 'KNOWLEDGE AND ATTITUDES OF WOMEN ON THE USE OF VAGINAL AGENTS IN LIGHT OF HIV'

I am a fourth year student at Kamuzu College of Nursing. In partial fulfilment of the award of the Bachelor of Science Degree in Nursing, I am supposed to carry out a research project. My study is titled 'Knowledge and attitudes of women who use vaginal agents on HIV transmission'.

The focus of my investigations is to fin out if women who use vaginal agents know the health consequences of the practice, especially the risk of HIV transmission. The results are believed to be important in alerting the women on the dangers the malpractice is associated with. The project will be conducted from July to November 2010.

A signed consent will be given to the prospective participants and verbal clarification will also be rendered in order that they make an informed decision regarding the same.

No participant will be forced to take part in the study and there will be no physical harm during the project.

The purpose of this letter is to seek your permission to carry out a study at your institution, Kawale Health Centre.

Your assistance will be highly appreciated.

Yours faithfully,

.....

Spain Chimaliro.

University of Malawi

Kamuzu College of Nursing

P/Bag 1,

Lilongwe.

June 2010.

The Research and Publications Committee

Kamuzu College of Nursing

P/Bag 1

Lilongwe.

Dear sir/ Madam,

APLICATION FOR PERMISSION TO CONDUCT A STUDY ON 'KNOWLEDGE AND ATTITUDES OF WOMEN ON THE USE OF VAGINAL AGENTS IN LIGHT OF HIV'

I am a fourth year student at Kamuzu College of Nursing. In partial fulfilment of the award of the Bachelor of Science Degree in Nursing, I am supposed to carry out a research project. My study is titled 'Knowledge and attitudes of women who use vaginal agents on HIV transmission'.

The focus of my investigations is to find out if women who use vaginal agents know the health consequences of the practice, especially the risk of HIV transmission. The results are believed to be important in alerting the women on the dangers the malpractice is associated with. The project will be conducted from July to November 2010.

The purpose of this letter is to seek clearance to conduct the study at Kawale Health Centre. The subjects will be randomly selected in order to avoid bias and assigned consent will be given to the prospective participants and verbal clarification will also be rendered in order that they make an informed decision regarding the same.

No participant will be forced to take part in the study and there will be no physical harm during the project, and they will be free to withdraw from the study at any point without attracting any penalty from the researcher.

Your assistance will be highly appreciated.

Yours faithfully,

.....

Spain Chimaliro.