

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

A DISSERTATION SUBMITTED TO THE FACULTY OF NURSING IN PARTIAL FULFILMENT OF THE AWARD
OF BACHELOR OF SCIENCE IN NURSING

BY


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NOVEMBER 2010

DECLARATION


I declare that this research dissertation 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 dissertation 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.

ABSTRACT

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 findings that aimed at investigating the knowledge, attitudes and perceptions of women who use vaginal agents in the light of HIV. The study was conducted at Kawale health centre. The main aim of the study was 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 can be used 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 study adopted a descriptive approach. Data was collected from a sample of 15 women of ages ranging from 15-45 years, using a semi-structured questionnaire. The subjects were recruited at random to avoid bias. The data was analyzed manually and content analysis was used to come up with the main points from the responses. Quantitative data was coded and analyzed using the computer. The study has established that women who use vaginal agents are aware of the mode of transmission of the HIV. However, these women are not aware of the dangers of using vaginal agents in as far as HIV transmission is concerned. In light of these findings, it is important to include information on dangers of using vaginal agents in reproductive health education in order to reduce transmission of the Virus.

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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 indirectly. Civic and Wilson (1996) links these structural changes 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 LUBRICATION

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. Inflammatory 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 attitude on the same.

3.0 METHODOLOGY

This is an account of the approach the research will take. It will include the design of the study, the population from which the sample was 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 adopted a descriptive approach. This approach involves gathering narrative 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 was also be used as is the case with qualitative research in order to obtain a deep understanding of the data to be obtained. This ensured that all the variables have been correctly treated.

3.2 SETTING

The study was conducted in Lilongwe district at Kawale Health centre. This area was 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 recruited women of ages ranging from 15 to 45 years. This was chosen because the average age at which sexual debut occurs is 15 years and sexual practice is likely to continue during the reproductive period (Lema, 2003). 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 was eligible to participate in the study. These were 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.

3.6 ETHICAL CONSIDERATIONS

In the course of the research, measures were taken to ensure that the study was free from human rights as well as society morals violation. The study was conducted on permission of the Research and Proposal committee, and Lilongwe district office. This was done to ensure that legal standards are met.

The subjects' recruitment into the study was on voluntary basis. In order for them to arrive at an informed decision, thorough explanation of the nature of the research was done. No coercion or persuasion was used to force them to participation in the study. Even after recruitment, they participants were free to quit participation without attracting any penalty from the researcher.

The subjects were not exposed to any experiences that could lead to physical harm during the course of the study. The information obtained from the participants was not linked to anyone at any moment in time. To achieve this, subjects were identified by numbers. This ensured that the participants rights to privacy and confidentiality. At the end of the exercise, all information obtained was destroyed by burning.

Participants were informed that there would be no financial privileges by virtue of their participation in the exercise. However, they were told that the research findings will be used to improve and promote their lives in the long run.

3.7 DATA COLLECTION

The data was collected using semi-questionnaire and this took place in four days . A consent form was given to prospective participants and verbal explanation followed in order to ensure a thorough understanding of the nature of the study before a questionnaire was administered to participants.

3.7 DATA ANALYSIS

Data was analyzed manually. Quantitative data was coded and analyzed using a computer. Content analysis involves analysing written and verbal communication and putting this information in meaningful categories (Burns & grooves, 1997).

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 was conducted during clinical experience, creating a scramble for time for the two. Financial support for the project was 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

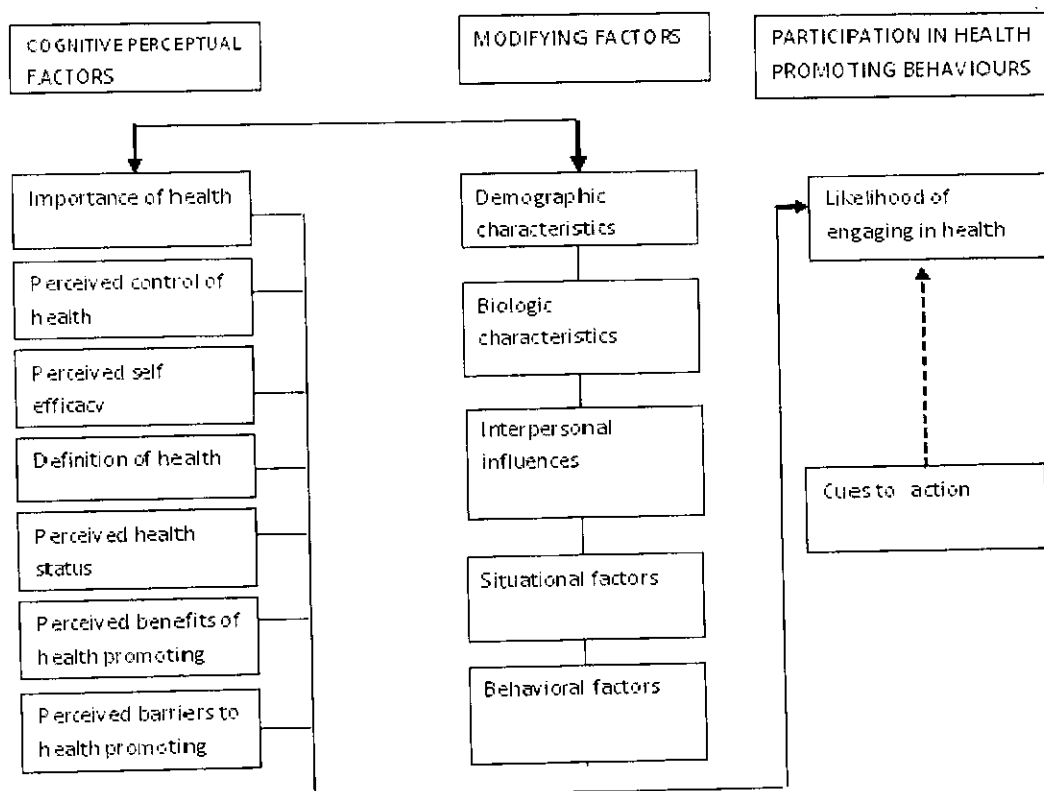


Fig 1

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

4.2 ASSUMPTIONS OF THE MODEL

The model is an 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 than 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, they 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 APPLIED MODEL

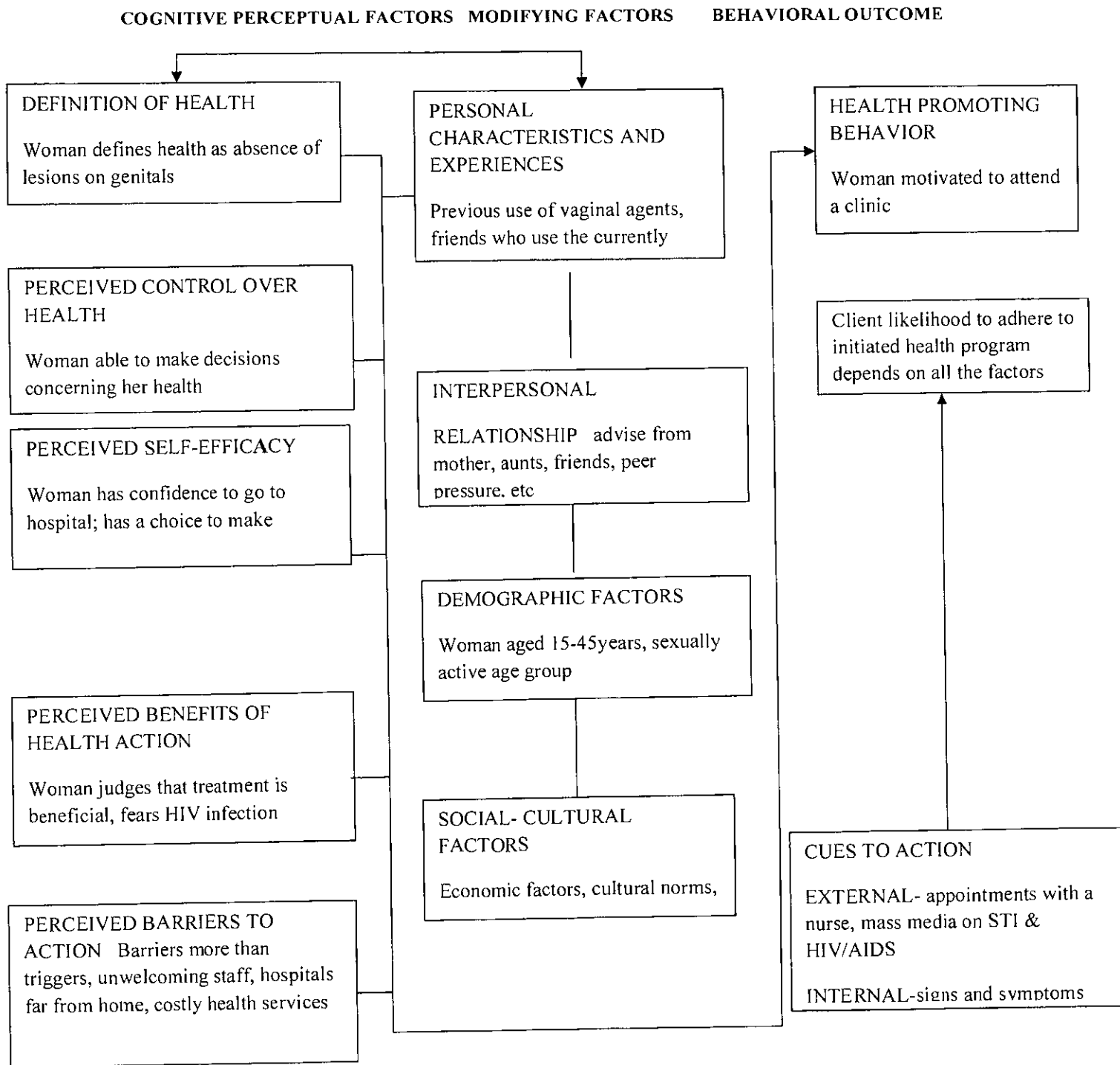


Fig 2 application of the health belief model

5.0 CHAPTER FIVE

5.1 RESEARCH FINDINGS

5.2 INTRODUCTION

This chapter presents the findings of the study on knowledge and attitudes on the use of vaginal agents among women in light of HIV transmission. The findings have been presented according to the objectives of the study.

5.3 DEMOGRAPHIC DATA

Demographic data includes sex, age, marital status, tribe, educational level and religion. A sample of 15 participants was used in the study and all of them were women.

5.3.1 AGE OF SUBJECTS WHO PARTICIPATED

The participants' age ranged from 15-45 years. Table 1 below shows that the majority of the participants were in the age group of 26-30 years.

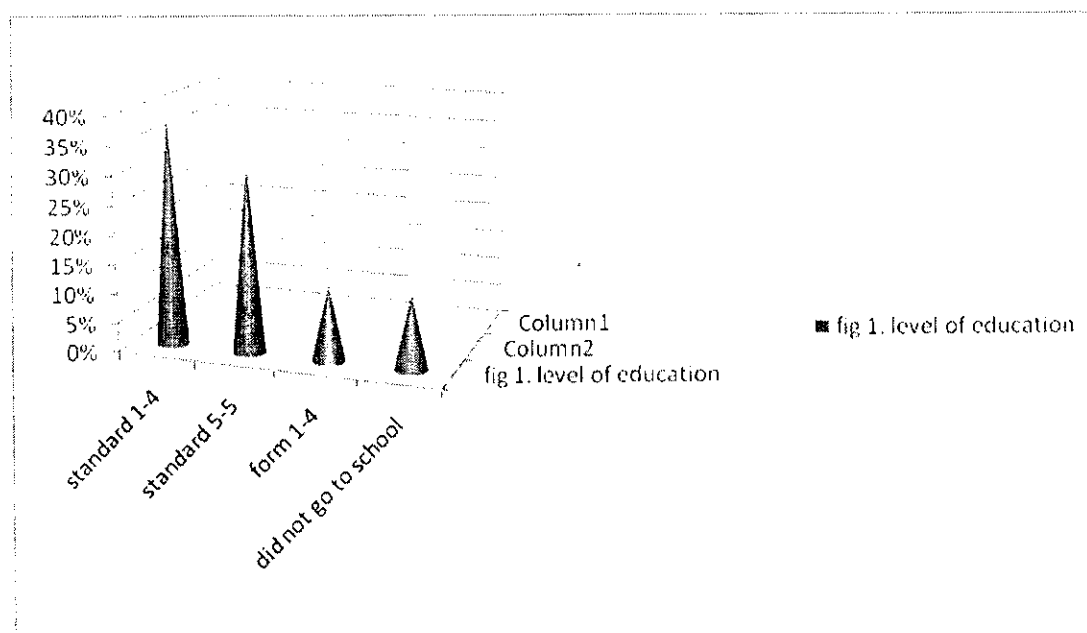
Table 1.

| AGE | FREQUENCY | PERCENTAGE |
|-------|-----------|------------|
| 15-20 | 4 | 26.7 |
| 21-25 | 4 | 26.7 |
| 26-30 | 7 | 46.8 |
| 31-35 | 0 | 0 |
| TOTAL | 15 | 100 |

5.3.2 LEVEL OF EDUCATION

Figure 1 below shows that 40% of the participants in this study had gone to school up to standard four, 33 % (n=5) had graduated in standard 5 and 13% (n=2) had attended secondary school.

Fig 1. Level of education



5.3.4 MARITAL STATUS

The participants were asked if they are married or single. The responses shows that 93% (n=14) of them were married. This is illustrated in table 3 below.

TABLE 2

| MARITAL STATUS | FREQUENCY | PERCENTAGE |
|----------------|-----------|------------|
| MARRIED | 14 | 93 |
| SINGLE | 1 | 7 |
| TOTAL | 15 | 100 |

5.4 USE OF VAGINAL AGENTS

Table 3 below shows that 80% of the respondents use vaginal agents. The remaining percentage denied having used the vaginal agents themselves but have heard about the practice. Of the women who reported having used them, 50% reported that they are still using them now. A variety of reasons were mentioned on the use of these agents and this includes promoting male infidelity (n=12), after giving first birth to contact the vagina (n=5), to satisfy the male partner for sustainability of a relationship, as medication against sexually transmitted diseases (n=2), and to make the woman beautiful (n=6).

Table 3. use of vaginal agents

| USE | FREQUENCY | PERCENTAGE |
|--------------|-----------|------------|
| USES | 12 | 80 |
| DOES NOT USE | 3 | 20 |
| TOTAL | 15 | 100 |

5.5.1 KNOWLEDGE ON MODE OF HIV TRANSMISSION

100% of the respondents were aware about the mode of HIV transmission. Some of the modes of transmission of HIV cited by the participants were having sex with an infected person without using a condom, and coming into contact with body fluids of an HIV positive person. Some respondents claimed that using sharps of an HIV patient can lead to acquiring the virus.

5.5.2 KNOWLEDGE ON DANGERS OF THE USE OF VAGINAL AGENTS

Table 4 below shows that 33.3% of the respondents know the dangers of using vaginal agents. Among the dangers cited were itching on the genitals during and after use, pain during coitus and the fact that these vaginal agents. Another respondent added that due to the increased sexual pleasure experienced during the use of these agents, the practice can increase promiscuous sexual behaviours.

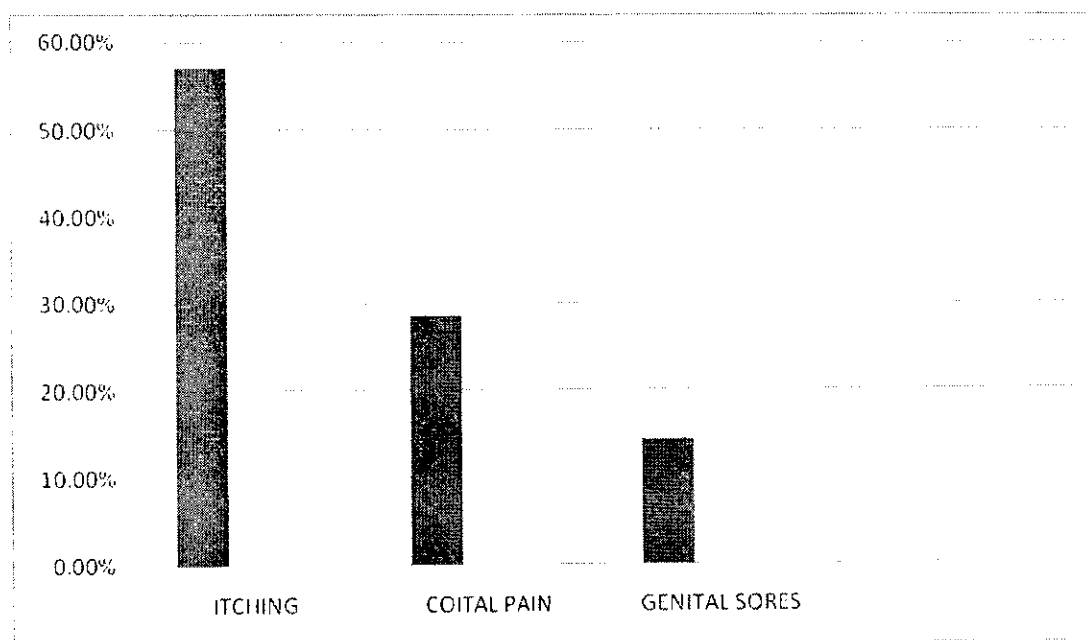
Table 4.

| KNOWLEDGE | FREQUENCY | TOTAL |
|-----------|-----------|-------|
| KNOWS | 5 | 33.3 |
| DONT KNOW | 10 | 66.7 |
| TOTAL | 15 | 100 |

5.5.3 PROBLEMS WITH USE OF VAGINAL AGENTS

figure 2. below shows percentages of women who have problems due to the use of vaginal agents. It can be seen that 33.3% of the women experienced some problems of one type or the other. Out of this, 57.1% were experiencing itching, 28.6% experienced pain and 14.3 percent experienced sores on the genitalia.

Fig 2. Problems associated with use of vaginal agents

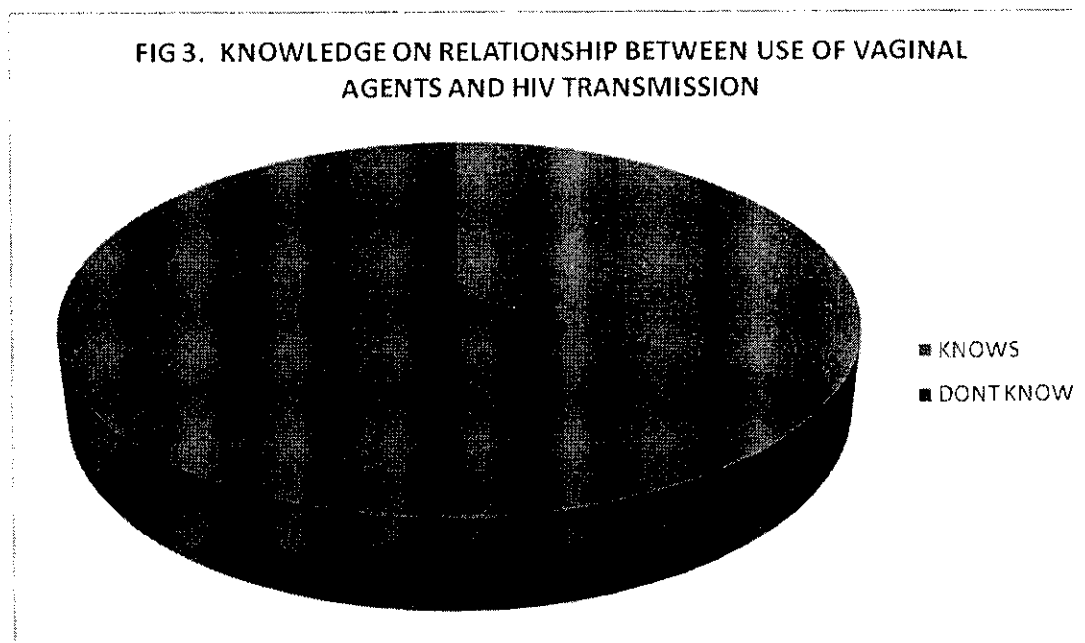


5.6 KNOWLEDGE ON THE RELATIONSHIP BETWEEN USE OF VAGINAL AGENTS AND TRANSMISSION OF HIV

Out of 15 respondents, only 3 reported a relationship between use of vaginal agents and HIV transmission. This represents 33.3% of the sample. 66.7% reported they don't know about any relationship between the two. Among the ways of HIV transmission could be facilitated are that vaginal agents don't prevent contact of genitals during coitus and that long term use can lead to sores on genitals. Vaginal agents are said to increase promiscuous behaviour among people since these agents' leads to increases sexual pleasure. It has also been reports that using condoms during sex is not common when using these agents, hence increasing the chances of HIV acquisition.

However, one respondent claimed that she uses vaginal agents with the hope of reducing HIV transmission. The respondent believed that since the vaginal agents' contracts the urethra in men, it follows that the fluids a man deposits into the female genitalia is reduced. Since the HIV load is concentrated in the secretions, these respondents think the transmission is reduced in this way. They further argue that the semen will be deposited on the agents and not the skin of the female partner, hence reducing HIV transmission.

Fig. 3 knowledge on relationship between use of vaginal agents and HIV transmission



5.7 PERCEPTIONS ON USE OF VAGINAL AGENT

The participants were asked if they know how HIV acquisition can be prevented. Of the 15 participants, all of them reported having had sex in their lives. Out of them, 8 had their sexual debut when they were between 15-20 years while 5 reported to have forgotten. 2 of the participants reported having their sexual experience before the age of 12. The table below shows the results. The reasons for using these vaginal agents vary.

Of the 15 respondents, 66% (N=10) claimed that they as long as they don't experience any problem, they are likely to continue using these agents. 13.3% (n=2) reported that they don't use these agents because they normally use wet cotton which is expensive for them to buy. Interestingly, another 13.3% reported that they don't use the vaginal agents now because they don't believe in herbs, and that using them is prohibited by their religious beliefs.

Table 5. Age at sexual debut

| AGE | FREQUENCY | PERCENTAGE(%) |
|---------------|-----------|---------------|
| 15-20 | 8 | 53.3 |
| <12 | 2 | 13.3 |
| CANT REMEMBER | 5 | 33.3 |
| TOTAL | 15 | 100 |

5.8.1 KNOWLEDGE ON HIV/AIDS PREVENTION

The participants were interviewed on the preventive measures of HIV acquisition. Various responses were obtained as follows. 60% (n= 9) of the participants reported that they know how to prevent themselves from being infected with HIV. Among the methods of prevention cited were using condom(40%), blood screening (6%), abstaining from sexual intercourse (26.7%), and being faithful to one sexual partner (13.3%). One respondent cited using herbal concoctions (6%) as a way of HIV prevention during coitus. Still others cited using gloves when taking care of the sick (6%).

5.8.2 PREVENTING HIV TRANSMISSION WHEN USING VAGINAL AGENTS

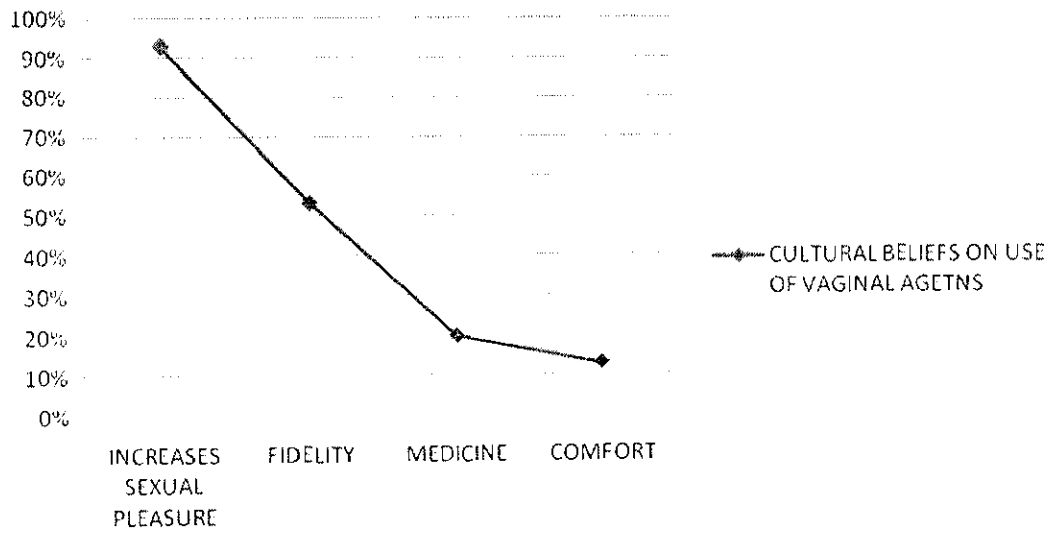
Participants were asked on the ways they use to prevent themselves from contracting HIV as they use the vaginal agents. Of the 15 participants, 26.6% (n=4) said by being faithful to one sexual partner. 20% (n=3) said there is no way of prevention while the majority, 53.3 % (n=8) did not answer on the same.

5.9 CULTURAL IDEAS ON USE OF VAGINAL AGENTS

The participants were asked on the cultural beliefs that possibly underlie the use of vaginal agents. The responses show that almost all the participants know someone who uses the vaginal agents or that they used them themselves.

The reasons for the use of these agents are varied but evidence links them to cultural beliefs. 66 % (n=6) reported that the use of vaginal agents is linked to cultural practices. The most common reason for the use of these agents as far as the study is concerned is to increase sexual pleasure in men as evidenced by a response rate of 93 (n=14), followed by the desire to make the marriage last long 53.3% (n=8), then to prevent diseases such syphilis 20% (n= 3). Some respondents claimed that they began using the vaginal agents in order to reduce coital pain.

FIG 5. CULTURAL BELIEFS ON USE OF VAGINAL AGENTS



CHAPTER 6

6.0 DISCUSSION OF RESEARCH FINDINGS

6.1 INTRODUCTION

The following is a discussion on the findings of the research on use of vaginal agents in light of HIV. Included are the demographic variables, the use of vaginal agents, the relationship between use of vaginal agents and HIV transmission and the cultural ideologies regarding the same.

6.2 DESCRIPTION OF DEMOGRAPHIC DATA

The data shows that the majority of the participants are from the ages of 26 years to 30 years. This has a score of 46.8% (n= 7). This shows that people are more sexually involved in the ages ranging from 15 years to 30 years which is the age at which most women get married and therefore start sexual activity. This agrees to the study done by Lema (2003) in Blantyre which found out that women start having sex at a tender age of 15 years. This early sexual activity hastens menarche following which sexual activity continues up to menopause.

The study shows that 86% of the respondents had attended school, with 40% (n=6) of them reaching standard 4 while 46% (n=7) had gone further than standard 8. Only two of the participants didn't go school. This shows that the use of vaginal agents is done irrespective of educational background, since both educated and uneducated individuals use them.

The study has also found out that a large number of women are married with a score of 93% (n=14) as opposed to single ladies with a score of 7% (n=1). This is not surprising since marriage, among other things, offers a platform for exclusive sexual intercourse in the name of ultimate expression of love.

6.3 USE OF VAGINAL AGENTS

The study has revealed that 80% (n=12) of the participants use vaginal agents. The remaining percentage claimed to know about vaginal agents even though they haven't used them themselves. Of those women who use vaginal agents, 50% reported that they still use these preparations. A variety of reasons have been mentioned for the use of these preparations.

80% claim that they use the vaginal agents in order to promote the fidelity of their husbands. This group of women said they began using the vaginal agents when they learnt that their husbands are not 'seeing' them anymore and that these men opt for other sexual partners. In order to keep them at home, the women resort to the use of vaginal agents. The study did not establish how exactly this occurs. However, the study has established that women use these vaginal agents so that they don't take time to reach orgasm, feels satisfied with the sex and make the vagina hot by contracting the vagina which increases sensation. These seem to be some of factors that keeps women use in order to keep the man at home. Similar findings were found by Reddy (1998) when investigating the acceptability of condom among women who use vaginal agents in a group of women in Soweto.

50% of those that use the vaginal agents claimed to use them for medicinal purposes. Syphilis is one such disease for which the vaginal agents are employed. Contrary to their belief, the vaginal agents simply mask the signs of the disease by absorbing excess vaginal discharges. This makes the disease to relapse since it is not completely cured. Others use the vaginal agents for contraceptive purposes. These findings seem to agree with the findings of a research conducted in Malawi among women at QECH by Dallabetta et al (1997). These found out that out of 6603 women, 46% were using vaginal agents and had signs of STI such as itching and vaginal discharges. This is a large number which means the use of vaginal agents, as it poses some health risk, needs attention.

Women did not indicate how the vaginal agents exert their contraceptive effect. In a study done by Braunstein (1998) in India, it was found out that the substances women employ into the vagina may possibly act as barriers to the sperms. Such substances include, but are not limited to wet cloth and scraped lemon.

6.4. KNOWLEDGE ON MODE OF HIV TRANSMISSION

The study has 100% of the participants are aware of HIV and its mode of transmission. The women said they know HIV as a disease in which the afflicted become wasted, does not get better and eventually dies of other diseases. This agrees to the findings of the Malawi DHS done in 2000 which revealed that about 93% of women and 98% of men have the necessary knowledge to prevent HIV. However, the same study showed that 14% of men and 5% of women use condoms during their last sexual encounter. In addition to that, women still use the vaginal agents. The respondents disclosed that one can get infected with the virus through unprotected sexual intercourse, sharing of sharps such as needles, touching the body fluids of an infected person and sharing of toothbrushes.

6.5 KNOWLEDGE ON DANGERS OF USING VAGINAL AGENTS

The study has established that 33.3% (n=5) of the respondents are aware and experienced the dangers of using vaginal agents. The respondents who knew of the dangers said that the use of vaginal agents is associated with itching on the genitals if used for a long time. This in turn leads to scratching the skin. This itching seems to be a reaction to the materials applied to the vagina. This leads to an inflammatory response and scratches. The scratched skin leaves the body unprotected hence acting as a good entry point for the HIV transmission.

The other problem identified was development of sores. According to the study, 57.1% of ladies with problems experienced vaginal itching, 28.6% experienced pain during coitus and 14.3% experienced genital sores. The study has found out that 58.3% of the ladies still use the vaginal agents despite the experienced problems.

The findings agree with Kun (1998) who had found out that women who use vaginal agents are likely to render the mucosa of their vagina broken due to the chemical effect these agents have on the skin. On a similar note, Berer (1994) reported that out of 14 women who used vaginal agents, only one was left with an intact vaginal mucosa.

According to the study, women are willing to abide to their cultural beliefs at the expense of their health.

6.6 KNOWLEDGE ON RELATIONSHIP BETWEEN USE OF VAGINAL AGENTS AND HIV TRANSMISSION

The study has found out that most people are unaware of the link between use of vaginal agents and transmission of HIV. This has been evidenced by a knowledge level of 33.3% (n=3) among the subjects. For those who know the relationship, they claim that using vaginal agents leads to sore formation on the genitalia which could be the entry point for the virus.

However, one respondent seemed to believe that using vaginal agents can actually help to reduce the transmission of HIV. She argued that the vaginal agents help to constrict the male urethra which is a conduit for sperms and urine in the male. As a result, the man is less likely to deposit many viruses into the reproductive tract of the lady.

She further argued that should the man ejaculate, the products will fall on the agents and not on the skin of the lady. However, there is no scientific proof for these claims.

Literature has it that a number of changes occur in the genitalia that have a direct impact on the transmission of HIV. These changes are inflammation of the genitalia, the formation of ulcers on the genitalia as well as changing the vaginal acidity.

It has been documented that dry sex is not only painful during and after the exercise, but also it can lead to lesions and ulcerations due to the friction due to lack of lubrication in the vagina (Kun, 1998; Mc Cleland, 2006 & Jackson, 1994).

Johnson (2002), the products applied to the genitalia may be rejected by the body, hence inducing inflammatory response once they come in contact with the body. Such substances include soaked leaves and bark of trees. The bruising and stinging effects of these items lead to cuts which increases the chance of entry of the HIV virus.

Cottrell (2010) notes that the vagina a woman who does not insert foreign agents into her vagina, there is a normal balance of micro organisms. This ecosystem is disturbed when vaginal agents have been introduced. This lowers the vaginal PH to levels that promote the growth of endogenous bacteria at a very fast rate. This triggers the activation of T-lymphocytes and macrophages which are receptors for the HIV.

The study has also found out that women tend to use vaginal agents as a remedy for such diseases as Syphilis. In effect, the symptoms of the STI are suppressed, leaving the user with a feeling that she has been cured (Nicollosi, 1994; Reddy, 2007).

6.7 PERCEPTIONS ON THE USE OF VAGINAL AGENTS

The participants were asked if they have ever slept with someone and what their thoughts were on using vaginal agents when having sex. The study has established that all of them

have had a sexual debut, with the majority experiencing it after 15 years. This has been true for 66.6% of the participants. The rest had their sexual debut before the age of 12. According to Lema (2003), Malawi is one of the sub-Saharan countries with a low average age at sexual debut. It has been documented at 15.7 as of 2003. The findings are similar in neighbouring Zimbabwe and Zambia. Of the 14 respondents, 28% (n=4) reported using them for the first time after their first birth. This is done to contract the relaxed vaginal muscles with the overall aim of retaining cosmetic.

It has also been established that women use the vaginal agents in order to look beautiful to their spouses. One of the respondents said that as long as they don't experience serious problem, she is likely to continue using the vaginal agents. 13% of the respondents reported that they don't use the vaginal agents because they normally use wet cotton which, to her, is expensive. The other ladies claimed that the reason they did not use the vaginal agents was that the information on the same has reached them only recently. One respondent reported disbelief in herbs as a reason for not using these agents.

According to Braunstein (1998), use of vaginal agents is, among other things, influenced by many factors one of which is the relationship in which the woman is. It appears that women are willing to present their sexuality in the way their men demand it. This study has established that women use the vaginal agents in advance of sexual activity in order to present themselves in the most desirable way to their spouses. On the same note, Berer (1993) notes that Zimbabwean women who fail to achieve the right amount of lubrication are sent home for further training on the same.

This shows that the women are actually inclined towards using the vaginal agents. The reasons for not using them are either financial problems or religious barriers.

6.8 KNOWLEDGE ON HIV PREVENTION

The study has established that there is partial knowledge on the preventive measures of HIV transmission. According to this study only 60% reported to know how the HIV can be prevented. Among the methods of prevention stated are using a condom, blood screening, abstaining from sex and being faithful to one sexual partner. Some participants reported that HIV can only be prevented by using herbal preparations. Some said using gloves when touching the fluids of an HIV infected person would also help a great deal. Kun (1998) noted that women who use vaginal agents do not use a condom to protect themselves from HIV infection. This is so because using vaginal agents seems to be controlled by the men in some way. For instance, in one study, it was found out that women were reluctant to use the vaginal agents because they prevented their spouse from assessing the vaginal wetness. This means that women are aware of the methods to protect themselves from HIV but are unable to employ the methods because it is not their decision to make.

6.9 PREVENTION OF HIV TRANSMISSION WHEN USING VAGINAL AGENTS

It has been found out that out of 15 participants, 26.7% (n=4) were aware of and used some ways to safeguard themselves against HIV. This is a rather small percentage. Some of the

methods cited to be in use are the same methods used in the general population for the prevention of HIV transmission. These include being faithful to one sexual partner. They claimed that since they use the vaginal agents because they want to make their husbands faithful, so they have to be exemplary in faithfulness themselves. In a study done by Civic and Wilson (1998), it was established that even though women knew that a condom can help to prevent HIV transmission, they were reluctant to use it for a number of reasons. They claim that using the condom can hinder the elixir of the drying agents, the condom can, and frequently breaks in the course of use since the vagina is too tight. As a result, they prefer having sex without using a condom.

7. CULTURAL IDEAS ON USE OF VAGINAL AGENTS

A number of reasons were given for the use of the vaginal agents. Most of the respondents indicated that they use the vaginal agents because it is cultural. It appears that the use of vaginal agents is a practice shared among many cultures. However, the study did not test the hypothesis of which specific culture encourages the use of vaginal agents since it is a well known fact that the practice is done across all cultures. It has to be borne in mind that the setting of the study is a Chewa dominated area. The most common reason for use of the vaginal agents is to increase the sexual pleasure as far as the study is concerned. However, some respondents denied that use of vaginal agents has a cultural backing.

A number of studies however, have shown that genital manipulation is essentially a cultural ideology and that this ideology is supported or superseded by other factors including personality, orientation, religious factors, as well as social factors (Braunstein, 1998). For example, Berer (1993) found out that in India, some tribal women use a partly scaped-out lemon in the vagina to act as contraceptive. This is so because according to the study, a significant number of respondents claimed that they don't use the vaginal agents simply because they have got the information only recently, and that they are forbidden by various religious teachings.

7.0 CHAPTER 7

7.1 INTRODUCTION

This chapter will cover the conclusion of the research, the research implications, recommendations from the research and areas for further study.

7.2 CONCLUSION OF THE STUDY

The practice of using vaginal agents has been there for many years, not only in Malawi, but also in other parts of the world including South Africa, India, Brazil just to mention a few. It is clear that the practice has received cultural support ever since. However, from the study, it has been shown that there are many factors that influence the use of vaginal agents for whatever reasons. The most prominent reason for the use of vaginal agents is to increase sexual pleasure in order to make the man faithful to the woman.

Through the study, it has been shown that most women who use vaginal agents have knowledge on HIV transmission and prevention. However, these women do not use HIV preventive measures when using vaginal agents. The research has established that this is a problem since the use of vaginal agents has been shown to promote the acquisition of the Human Immunodeficiency Virus, whose cure is not yet discovered. Therefore, in order to successfully combat the problem of HIV transmission we need to focus on prevention much as the scientific fraternity has devoted its time and resources to finding the cure.

7.3 IMPLICATIONS OF THE STUDY

NURSING PRACTICE

1. There is need to carry out this study at a large scale and include women in other settings in the study in order to understand the issue in great detail. The following study should possibly involve men as they are affected in the use of vaginal agents indirectly.
2. Nurses need to know that some of the practices women indulge into, such as use of vaginal agents, are culturally perpetuated. Therefore there is need to identify the real source of the practice before behavioural change can be effected.
3. The nurses at Kawale health centre needs to bear in mind that some of the women in this area use vaginal agents and therefore should consider this when giving health education.

NURSING RESEARCH

There is need for further study to focus on the perceptions of men and their knowledge on the association between use of vaginal agents and risk of HIV transmission since most women use the vaginal agents in order to satisfy the sexual pleasure of their husbands.

MINISTRY OF HEALTH

1. There is need for further studies on the use of vaginal agents because this is one of the areas of sexual health that has received little attention. Uncovering more information on this can help to develop information, and education programmes which can help to reduce the practice. This can be done by including information on practice of dry sex in education curricula at various levels so that the youth should know of its dangers well in advance before they begin sexual activity. This will help to cut down the spread of HIV transmission.
2. The ministry of health needs to find means and ways of motivating people to use various ways of HIV prevention including use of condoms. This is so because it appears many people are aware of HIV and its modes of prevention, such as use of condom yet they are reluctant to adopt them.

7.4 RECOMMENDATIONS

The Ministry of health has to incorporate information on the dangers of dry sex in the education curricula with the aim of equipping the people with information. This will help the people to change their attitudes on the same.

Women to consider the health hazards of using vaginal agents against the benefits of using them

7.5 AREAS FOR FURTHER STUDY

1. There is need to study the perception of men on use of vaginal agents since sexual activity happens between a man and a woman. In order to understand the behaviour in full detail we need to include knowledge from these men.
2. There is need to find out the role of traditional birth attendants in the use of vaginal agents villages because most women in the villages seek obstetric care from these people. We may use these TBA's to disseminate information to the women in the villages so that we should prevent the transmission of HIV among our population.
3. There is need to conduct the study at a large scale in order to broaden the knowledge on the use of vaginal agents and its association with HIV transmission.

REFERNCES

1. Allender, J, & Spradley, B. (2005). *Community Health Nursing* (7th ed). New York: Lippincott
2. Bastood et al (1995). *Theory and Practice of Nursing: An Integrated Approach To Patient Care*. Champion Press Limited: Edinburgh
3. Berer M. (1993). *Women and Aids: An International resource Book*. Pandora
4. Becker, (2005) M.H. *The Health Belief Model And Personal Health Behavior, Health Education Monograph*. 2 (4).<http://www.etr.org/recapp/theories/hbm/Resources.htm>
5. Bordens, K.S & Abbott, B.B (2008). *Research Design and Methods : A Process Approach* (7th ed).: Boston: Mc Graw Hill
6. Braunsten, S. & Wijgert (1998) *A Critical Issue in Reproductive Health Cultural Norms and Behaviour Regarding Vaginal Lubrication During Sex: Implication for Acceptability of Vaginal Microbicides For prevention of HIV/STIs*, The Population Council: New York
7. Browning, C.J. & Thompson S.A (2005).*Behavioral Change: An evidence -Based Handbook For Social and Public Health*. Edinburgh: Churchill Livingstone
8. Burns N & Grooves S.K (2005). *Practice of Nursing Research, Conduct, Critique And Utilization*. Philadelphia: WD. Saunders
9. Civic D. & Wilson D. (1996). *Dry Sex and Implication for Condom Use*.*Social science and Medicines*. 42 (1):91-96
10. Jackson H (1994). *Aids Africa: Continent in Crisis*. SAfAIDS. Harare
11. Fan, H.Y., Conner, R.F., & Villareal, L.P. (2007).*AIDS: Science and Society* (5th ed). Boston : Jones And Bartlett Publishers
12. Hicks, C.M (1990). *Research, Appraisal and Appraisal*: (7th ed). Prentice Hall: New York
13. Mancionis, J.J & Plummer, K. (2008) *Sociology In Focus* (4th ed). Harlow Prentice Hall:

14. Nicollosi A. (1994). *HIV Epidemiology: Models and Methods*. Ranvan Press: New York
15. Pamella, B.J & Woods, M.J (2001). *Basic Steps In Nursing Research* (5th ed). Boston: Jones and Bartlett Publishers.
16. Polit F.D & Becks C.S (2006). *Essentials of Nursing Research: Appraisal and Utilization* (6th ed). Philadelphia, Lippincott Williams and Wilkins
17. Polit, F.D. & Tatanobech C. (2007). *Nursing Research: Principals and Methods*. (7th ed). Lippincott J.B: Philadelphia
18. Stanhope, M. & Lancaster, J (2000). *Community and Public Health Nursing*. (6th ed). St Louis: Mosby Inc.
19. Tones K. & Tilford S. (2001). *Health Promotion: effectiveness, Efficiency And Equity* (3rd ed). UK: Chapman Hall
20. Thompson W.E & Hickey J.V (2008). *Sociology in Focus* (6th ed). Boston: Pearson
21. Dallabetta Dallabetta G.A., Miotti P.G., Chimphangwi J.D., Liomba, G (1995) . *AIDS: Traditional Vaginal Agents: Use and association with HIV infection in Malawian women*. 9 (3), 293-297. <http://www.ncbi.nlm.nih.gov/pubmed/7755919>
22. Cottrell, B (2010). *Discourage Douching: The American Journal Of Maternal/Child Nursing*. 35(2), 103-106.
23. Brown R.C, Brown J.E & Ayowa O.B (1993). *Sexually Transmitted Diseases: The use and Physical Effects of vaginal Intravaginal Substances in Zairian Woman*. 20(2) :96-99.
24. Kun, K.E (1998) *Advancing Sexual And Reproductive Health World wide Through Research, Policy And Public Education: International Family Planning Perspective*. 24 (2), 1-4. <http://www.guttmacher.org/pubs/journals/24093>
25. Becksiska, M.E.,Rees, I, Kleinschmidt, & McIntyre J. (1999).*Sexually Transmitted Infections: The practice and Prevalence of dry sex among men and women in Africa: A risk for sexually transmitted infections?* Sexually Transmitted infections: 75, 178-180. <http://www.ncib.nih.gov/pmc/articles/pmc17858205/pdf>

26. Lema V.M (2003), *Reproductive Awareness Behaviour and Profiles of Adolescent Abortion Patient In Blantyre, Malawi*: East and Central African Medical Journal: 80: 7, July 2003. <http://ajol.info/index.php/eamj/article/viewFile/8715/1975>
27. *Medical Resource Education Africa*. September (2008), issue 37.
28. *Malawi National AIDS Commission: Malawi National HIV Policy* (2003). A Call for Renewed Action. The office of the president and Cabinet.
29. Reddy, P., Onoya, D.S., Sifunda S., Lang, D., Borne B., Ruiters R.A.C (2007). *Preference for dry sex, condom use and risk of STI among HIV negative black Women in the western Cape Province, South Africa*. 105,1-2. <http://www.scielo.org.za/pdf/sajs/v105n1-2/a2410502.pdf>
30. UNAIDS (2007). *HIV Prevention Needs and Success: A tale of three countries-An update on HIV prevention successes in Senegal, Thailand and Uganda*.
31. World Health Organisation (2006). *Working for Health. An introduction to World Health Organisation*, Switzerland.

APPENDIX A

QUESTIONNAIRE

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 QUESTIONNAIRE , THANK YOU FOR PARTICIPATING.

APPENDIX B

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 mankwalawa, munkagwiritsa ntchito bwanji ? (fotokozani)

11. Ngati munasiya kugwiritsa ntchito mankwalawa, munasiyanji ? (fotokozani)

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

12. Mukuziwapo za kuipa kogwiritsa ntchito mankwala oika kumusi?
 Inde () Ayi ()
13. Muli ndi mavuto omwe anabwera chifukwa chogwiritsa ntchito mankwala oika kumusi?
 Inde () Ayi ()
14. Ngati mavuto alipo tchulani
 (A)
 (B).
 (C).
 (D).
15. Mukuganiza kuti mankwala 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 mankhwala 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 C 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, please sign below:

Participant signature.....

Date.....

Researcher's.....

Date.....

APPENDIX D

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. Mukupemhedwa 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 kusiyansa 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 E

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,

APPLICATION 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,

APPENDIX F

University of Malawi
Kamuzu College of Nursing
P/Bag I,
Lilongwe.
June 2010.

The District Health Officer
Lilongwe D.H.O
Lilongwe.

Dear sir/ Madam,

APPLICATION 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.

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.

APPENDIX G

University of Malawi
KAMUZU COLLEGE OF NURSING
RESEARCH AND PUBLICATIONS COMMITTEE

APPROVAL CERTIFICATE

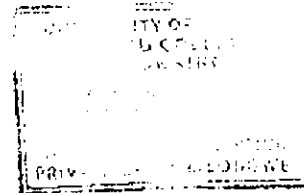
TITLE: Knowledge, Attitude and Perception of Women Who Use Vaginal Agent in
Light of HIV at Kawale Health Centre

INVESTIGATORS: Spain Chimaliro

DEPARTMENT/YEAR OF STUDY: Year 4

REVIEW DATE: 06/07/10

DECISION OF THE COMMITTEE: Approved



SIGNATURE: *[Handwritten Signature]* **DATE:** 06/08/10
DEAN, POSTGRADUATE STUDIES & RESEARCH

cc Supervisor:

Mr. M. M. M. M. M.

DECLARATION OF INVESTIGATOR(S)

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

DATE: 6-08-10 **SIGNATURE(S):** *[Handwritten Signature]*

University of Malawi

Kamuzu College of Nursing

P/Bag 1,

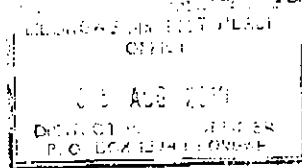
Lilongwe.

August 2010.

The District Health Officer

Lilongwe D.H.O

Lilongwe.



Dear sir/ Madam,

APPLICATION 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.

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.

APPENDIX H

THE RESEARCH TIME TABLE

ACTIVITY

TIME (MONTH)

| | March | April. | May. | June. | July. | Aug. | Sept. | Oct. | Nov. |
|---|-------|--------|------|-------|-------|------|-------|------|------|
| Literature review | | | | | | | | | |
| Proposal writing And submission | | | | | | | | | |
| Proposal clearance from authorities | | | | | | | | | |
| Questionnaire pretesting | | | | | | | | | |
| Data collection | | | | | | | | | |
| Data entry | | | | | | | | | |
| Data analysis | | | | | | | | | |
| Dissertation writing | | | | | | | | | |
| Dissemination of results | | | | | | | | | |

APPENDIX J

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 |

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