

**The University of Malawi  
KAMUZU COLLEGE OF NURSING.**

**NURSING RESEARCH DISSERTATION**

**A STUDY ON ATTITUDES OF EMPLOYEES AT SOUTHERN BOTTLERS  
MALAWI LIMITED (LILONGWE) TOWARDS VOLUNTARY COUNSELLING  
AND TESTING**

**SUBMITTED TO:  
THE FACULTY OF NURSING IN PARTIAL FULFILLMENT OF THE AWARD  
OF BACHELOR OF SCIENCE IN NURSING.**

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**NOVEMBER, 2005**

## DECLARATION

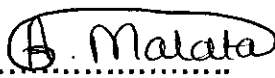
I hereby solemnly declare that this dissertation is completely a result of my own investigation. This work has not been accepted in substance for any degree and is not being concurrently submitted in candidature of any degree.

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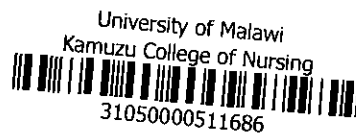
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## DEDICATION

To my mum Cathy Mnunkha and my one and only brother Grey, whose care, love and support have been the wind, that constant and true, has given my life direction.

## **ACKNOWLEDGEMENTS**

Special thanks and profound gratitude to God Almighty for the knowledge, wisdom and divine protection through out the time I was busy with this dissertation.

I owe my Research Supervisor, Dr. A. Malata words of thanks for the support, teaching and guidance, which have been of great importance for me to come up with this dissertation, despite her busy schedule.

Management, staff of Southern Bottlers Malawi Limited (Lilongwe) and the participants for allowing me to conduct the study at their institution deserve words of thanks.

My mum Cathy Mnunkha also deserves a word of thanks for the material, psychological and social support she gave me through out the time I was writing this proposal.

My acknowledgements would be partially complete without the mentioning of my boy friend, Rodwell Gundo, for his academic, emotional, and psychological support he tirelessly rendered to me during this time. He was always there; ready to assist me although he was also busy with his studies.

### **ABSTRACT:**

This qualitative study aimed at describing the attitudes of Southern Bottlers' (SOBO) workers towards Voluntary Counselling and Testing (VCT). The study was conducted at Southern Bottlers Limited in Lilongwe. Pender's Health Promotion Model was used as a conceptual framework. Convenience method was used to come up with a sample of 10 workers who participated in the study. An interview guide was used during interviews. The purpose of the study was to determine the attitude of the workers towards Voluntary Counselling and Testing (VCT). The specific areas in the study included the workers' knowledge towards VCT, importance of VCT and assessment of factors that either promote or hinder workers from going for VCT. It is anticipated that the research findings will help management and health personnel in the company to develop policies for effective implementation of VCT services.

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## ABBREVIATIONS

AIDS	:	Acquired Immunodeficiency Syndrome
ART	:	Anti-retroviral Therapy
HIV	:	Human Immunodeficiency Virus
SOBO	:	Southern Bottlers Malawi Limited
VCT	:	Voluntary Counselling and Testing
STP	:	Short Term Plan
MTP	:	Medium Term Plan
NAC	:	National AIDS Commission
HPM	:	Health Promotion Model
HPA	:	Health Promotion Activity

## **CHAPTER I**

### **1.0 INTRODUCTION**

AIDS was first described in 1981 among home sexual men in North America. Globally, 38 million people are infected by HIV and most of these are in developing nations of Africa, south of Sahara. Malawi like other countries in the Sub Sahara African region has been severely affected by the HIV/AIDS pandemic. In Malawi, since the first case of AIDS was identified in May 1985, epidemiological morbidity and mortality continue to show rapidly escalating epidemic. It was estimated that in 2000, Malawi had up to 10% of its 10 million inhabitants infected by HIV (Zulu, et al, 2002). However it was not until mid to late 1980s that most African countries began regular reporting of HIV/AIDS cases to World Health Organisation (WHO). The situation has changed dramatically and today Malawi faces challenges as a result of the epidemic.

The provision of Human Immunodeficiency Virus (HIV) education and services are an integral part of meeting employees' basic right to life, health, education and information. Rodgers (1994) cited in Lancaster (2004), that work is viewed as important to one's life experience, most adults spend about one third of their time at work, therefore there is a need to provide these people with HIV services such as Voluntary Counselling and Testing (VCT), within their work places.

National AIDS Commission (2002) defined VCT as a collection of preventive interventions intended to facilitate knowledge of HIV status, HIV prevention, support, risk reduction elimination and assists in linkage to care and support services. Similarly, VCT according to Ministry of Health (2004) is one model of counselling and testing where individual to be counselled and tested voluntarily seeks to know his or her HIV status and without coercion or proxy proceeds to receive confidential counselling and testing for HIV. VCT involves pretest counselling to prepare and encourage the client for testing, HIV testing to determine the client's sero status, and post counselling to tell the client of his or her sero status as well as helping the client make future life style plans (Ministry of Health, 2004). However, SAFAIDS (2002) defines VCT as a confidential dialogue between a client and a care provider aimed at enabling the client to cope with stress and take personal decisions related to HIV.

Malawi has VCT services which are provided at government hospital, Christian Hospital Association of Malawi (CHAM) and Non-Governmental Organisations such as Banja La Mtsogolo, Malawi AIDS Counseling and Resource Organisation (MACRO). Clients are not charged for VCT services.

VCT being a health promoting behavior is also being implemented in Malawi as one of the behavioral change interventions towards HIV/AIDS prevention. However, according to Pender (1987) there are two major factors that lead to health promoting behavior which are cognitive-perceptual factors and modifying

factors (Creasia & Parker, 1992). These factors determine the likelihood to participate in health promoting behavior.

## **1.2 BACKGROUND**

HIV is the virus that causes Acquired Immuno-Deficiency Syndrome (AIDS). The virus attacks the body immune system and compromises its ability to resist other infections, giving rise to the opportunistic infections characteristic of AIDS. With a weakened body defense system, symptoms appear severally. As the immune system weakens further, more severe diseases manifest themselves, with this phase characterized by progressively longer periods of illness lasting for one to two years before death (WHO, 2002).

AIDS symptoms include wasting syndrome (more than 10% weight loss) fever for more than a month, lymphadenopathy, chronic diarrhea, fungal infections such as oral candida, pneumocystis carinii pneumonia (PCP), protozoa infections such as chronic intestinal cryptosporidiosis, bacterial infections such as mycobacterium tuberculosis (any site), recurrent pneumonia, and cancers like invasive cervical cancer, kaposi's sarcoma, burkitts lymphoma, immunoblastic lymphoma (Lewis & Heitkemper, 2004).

HIV is transmitted under specific conditions that allow contact with body fluids, including blood, semen, vaginal secretions and breast milk. Transmission of HIV occurs through sexual intercourse with an infected partner, exposure to HIV

infected blood or blood products and perinatal transmission during pregnancy, at the time of delivery or through breast feeding (Lewis & Heitkemper, 2004).

Malawi's response to the HIV/AIDS epidemic began in 1986 with the implementation of a Short Term Plan (STP 1986-1988), which emphasized on issues of blood safety, this was followed by the first Medium Term Plan (MTP 1989-1993) which also emphasized on blood safety and added management of Sexually Transmitted Infections (STI). The second MTP was implemented from 1994-1998. Following the review of the second MTP Malawi developed the National HIV/AIDS Strategic Framework for the period 2000-2004 in order to upscale and accelerate the national HIV/AIDS response. The overall goal of the National HIV/AIDS Strategic Framework was to reduce the incidence of HIV and other Sexually Transmitted Infections (STIs) and improve the quality of life of those infected and affected by HIV/AIDS. One of the major activities of the framework, which was included in its thematic areas, was Voluntary Counseling and Testing (Zulu, et al, 2004).

Due to the increase of the HIV/AIDS in Malawi, many institutions including companies are also assisting the Government to fight against the pandemic by introducing HIV/AIDS preventive measures within their institutions. One of these institutions is Southern Bottlers Malawi Limited (SOBO). The study proposed to explore attitudes of employees of SOBO Malawi Limited in Lilongwe. The company has 380 employees, 361 male and 19 female.

The factory has responded to the HIV/AIDS scourge in the country by developing an HIV/AIDS policy, which aims at dealing with HIV/AIDS issues within the company. The policy stipulates that when an employee suffers from HIV/AIDS related diseases, the company pays 75% of the care and treatment while the individual foots the remaining 25%. The company has a clinic where Voluntary and Counselling (VC) services are done but testing is not done. There are pre and post test counselling done for employees who voluntarily seek the counselling. An Enrolled Nurse who was trained by Banja La Mtsogolo (BLM) does the pre and post counselling. The employees are then referred to MACRO or government hospitals for the testing since they do not have the reagents at the clinic.

Other HIV/AIDS programs, which take place at Southern Bottlers clinic, include provision of Anti-retroviral Therapy (ART) to all the workers who are HIV positive and to their children who are below 18 years of age. Southern Bottlers has also a program, which involves peer education, this involves the training of other employees on issues of HIV/AIDS. These employees are trained so that they give other employees information about HIV/AIDS, and ways of preventive the virus. They are also responsible for distribution of condoms, which also help in prevention of HIV/AIDS transmission. BLM also trained these peer educators at the institution. The peer educators are from different departments and they distribute the condoms to their departments.

### **1.3. SCOPE OF THE PROBLEM**

According to a research done by National AIDS Commission in conjunction with Ministry of Health, most Malawians within the sexually active age group did have not had access to VCT services, and do not know their sero status. It was anticipated that 90% of people with HIV did not know that they were infected (NAC 2004). In Malawi it was estimated that 15% of adults aged 15- 49 were infected with HIV. According to National AIDS Control Program (2002), as cited in (UNAIDS, 2002), a minimum of 50% of working people were HIV positive and 25% had developed AIDS. Workplace prevention is neglected. The workplace is a prime location for applying policies that support prevention and establishing programs to further prevent. However most workers have been slow to recognise the threat of HIV/AIDS hence do not utilise the available resources to prevent themselves from contracting HIV (Rav, 2001).

### **1.4. SIGNIFICANCE OF THE STUDY**

HIV/AIDS being one of the major problems in Malawi, it is important to promote preventive measures to all groups of people and reach them even in their workplaces. This would help in giving out information to employees that can help them to prevent contracting the HIV, and avoid spreading it. Not many studies on factory workers may have been done so far in Malawi and the research findings obtained from this research study will help to add the body of knowledge on HIV/AIDS preventive measures in institutions such as factories.

## **1.5. GENERAL OBJECTIVE**

The general objective of the study was to explore the attitude of Southern Bottlers' employees in Lilongwe towards VCT.

### **1.5.2. Specific objectives**

The specific objectives of the study included the following

1. To identify the attitudes of employees towards VCT.
2. To assess the factors that influence the employees' attitudes towards VCT.

## **1.6. OPERATIONAL DIFINITIONS.**

### **▪ ATTITUDE**

According to Concise Oxford English Dictionary (2004), attitude is a way of thinking or feeling. It is a person's views as expressing some thought.

### **• VOLUNTARY COUNSELLING AND TESTING (VCT)**

Counseling according to WHO Guide Lines for Management of STI (2002), is an interactive confidential process in which care providers help clients to reflect on issues of HIV/AIDS and to explore possible lines of action. VCT is a collection of preventive interventions intended to facilitate knowledge of HIV status, prevention, support, risk reduction elimination and assists in linkage to care and support services (NAC, 2002).

- **KNOWLEDGE ABOUT VCT.**

Knowledge is the information and skills acquired through experience or education, the sum of what is known, true, as opposed to opinion, awareness of familiarity gained by experience (Concise Oxford English Dictionary, 2004). Therefore knowledge about VCT is the understanding of VCT, which involves what it is, its importance, and where to get it.

- **HUMAN IMMUNO-DEFICIENCY VIRUS**

Human immuno-deficiency virus is the virus that causes AIDS (Lewis & Heitkemper, 2004).

- **ACQUIRED IMMUNODEFICIENCY SYNDROME.**

This is a collection of syndromes that one presents with due to weakened body defense system as a result of HIV infection (WHO, 2002). AIDS symptoms include lymphadenopathy, chronic diarrhea, protozoa infections such as chronic intestinal cryptosporidiosis and fungal infections such as oral candida (Lewis & Heitkemper, 2004).

- **HEALTH PROMOTION BEHAVIOUR**

Health promotion behavior involves the activities that are directed towards achieving the greater level of health regardless of the results (Stanhope & Lancaster, 2004).

## **CHAPTER 2**

### **2.0. LITERATURE REVIEW.**

#### **2.1. INTRODUCTION**

The purpose of literature review is to show why the current study is needed and where it fits into the overall body of knowledge on the phenomenon being researched; it helps the researcher to know what has been carried out previously (Parahoo, 1997). This section outlines literature relating to HIV/AIDS and workers, impact of HIV/AIDS on industrial sectors, knowledge of workers towards VCT, practice of VCT among factory workers, importance of VCT, factors influencing as well as hindering people to go for VCT.

#### **2.2. HIV/AIDS AND WORKERS**

The AIDS and Sexually Transmitted Infections literature review shows that community contextual conditions are significant factors in explaining the prevalence of both HIV/AIDS and risky behaviours. The community, which includes workplace, may either affect the extent of exposure to HIV/AIDS or influence the behaviours that have important HIV consequences (Yang, 2005). In work place people are free with others both physically and socially, this plays an important role in determining the extent of workers exposure to infectious agents, including those transmitted through sexual contacts.

Another study done at Makande tea estate and tea processing factory in 1996 reported that many employees were infected with the HIV. In this study the researchers had counselled 25 workers for VCT from the factory. The results showed that 72% of those who participated in the study were HIV positive. The researchers in this study were also interested in those who were reported died due to HIV/AIDS from 1991 and 1995. The results indicated that the company people to be at risk of HIV/AIDS (NAC, 2004).

Shreedhar conducted a research in Thailand (1998). The research aimed at finding out HIV/AIDS preventive measures among workers. The researcher interviewed 30 group of working men from different occupations, which include teachers, lawyers, secretaries, street vendors and shop owners. The findings indicated that 86% of the sample had been involved in unprotected sexual intercourse with multiple partners. Shreedhar concluded that this was so because many workers tend to leave their wives and go to other place like to the city to work; this is where they meet different people whom they sleep with. Others who are with their families indulge in risky behaviours because they are overpaid therefore tend to spend the extra cash to buy sex. This makes working

According to the study done by Yang (2005) the results showed that the larger the working age population in a country, the more the drug use, and commercial sex reported and the higher the HIV incidence.

had HIV/AIDS related deaths increase from 4 per 1000 employees to over 23 per 1000 employees (UNAIDS, 2003).

In summary, the findings of the three studies indicate that workers are involved in risky behaviors that make them vulnerable for HIV/AIDS. Since VCT is a preventive measure of HIV then there is a need to provide the workers with cognitive perceptual factors such as imparting knowledge of VCT on them hence be able to perceive the importance of VCT. In so doing these workers will be able to change their risky behaviors hence prevent the spread of HIV/AIDS.

### **2.3. IMPACT OF HIV/AIDS ON SERVICE AND INDUSTRIAL SECTORS.**

The increase in number of HIV deaths among productive adults in public and private sector is draining Malawi's capacity and adversely affecting development effort. AIDS is mostly affecting the Malawians aged 15-49 (Zulu, et al, 2004). This is also the age group of people, which is economically productive. All aspects of socio-economic structures are weakened by the epidemic. Various sectors face increased costs due to reduced working time as the employees start getting frequent illnesses on the way to developing full blown AIDS and dying. When workers are ill due to HIV/AIDS they may be replaced with less experienced people which leads to a decrease in productivity. The institutions have to incur increased medical care costs and eventually funeral costs (Zulu, et al, 2004).

World Bank as cited in WHO (2000) conducted a study in Zambia, which was aimed at exploring the impact of HIV/AIDS on industrial sectors. The findings revealed that AIDS related deaths accounted for 62% among top management and 56% deaths among workers. The researchers also interviewed 10 companies on how their profits have been affected with HIV/AIDS. During the interview the interviewers concentrated on only those companies that reported of having some of their employees sick or died of HIV/AIDS. The results indicated that 7 companies out of 10, which is 70%, were making losses due to costs associated with replacing workers, recruitment, and training especially highly skilled and experienced workers which came in as a result of sickness and deaths due to HIV/AIDS (WHO, 2000).

A study was conducted at Brown and Clappertone, which was one of the largest companies in Blantyre in 1996. The researchers conducted a study titled 'HIV/AIDS in the workplace.' In this study the company was assessed on whether it was affected in terms of its annual profit due to the HIV/AIDS pandemic. The researchers found that out that there was a decrease in the profit the company was making annually. The company reported that it was losing up to 6% of its gross profit due to HIV/AIDS related cases (Community services for HIV/AIDS prevention, 1997).

A recent economic model by Rosen (2000), as cited in NAC (2004), showed that the cost to a South African of every additional employee affected by HIV/AIDS would amount to 60% more than the employee's annual salary. During this study a sample of eighteen HIV/AIDS patients was drawn from AB Associates Company in South Africa. The researchers were noting the number of days they were on sick leave yet on pay and pension benefits. They found that each of these employees had an additional cost of 60% more than his or her salary. The researchers concluded that, this cost was incurred in paid sick leave, pension benefits, recruitment and training of new employees. The research showed how severely business has been affected by the epidemic further justified the need to enrich work place policies and programs on HIV/AIDS (NAC, 2004).

#### **2.4. ATTITUDES OF EMPLOYEES TOWARDS VCT.**

According to a study done by Njobvuyalema on knowledge, attitude and practice of St. Johns College of Nursing in VCT (2003), the results showed out of 40 nurses who participated in the study, 10% of the total sample viewed VCT as important to those who have risky behaviours, 7.5 % said they feel VCT is supposed to be done by those who have HIV/AIDS symptoms and 55% said that they think VCT is for those people whose partners have HIV/AIDS symptoms (Njobvuyalema, 2003).

Findings of this study also revealed that people have different attitudes regarding consequences of VCT. In this case it was found that 25% of the participants said VCT can help in reducing HIV transmission, while 40% of the participants responded the VCT can make a person miserable for the rest of his or her life when the results are positive.

Many people also think that not much of benefit can be done if they go for VCT. This feeling make people to develop a negative attitude towards VCT, as they feel not much will be done to help them when they are HIV positive as a result they can live miserably so they better not know and continue live positively as they do while they do not know their status (SAFAIDS, 2002).

## **2.5. PRACTICE OF VCT AMONG EMPLOYEES.**

The active promotion of VCT both a public service and potential preventive measure has been realised in many Malawian companies. According to UNAIDS (2002), voluntary counseling and confidential HIV counseling and testing allows people to evaluate behaviors and their consequences. A controlled trial conducted in Kenya and Tanzania (1997) showed that many working people do not utilise VCT services despite the good effects that VCT brings to those who had undergone for it. The results of the trial also showed a reduction in risk behaviour to a significantly greater degree after people had undergone VCT. The results of the study showed that people who received VCT reported to reduce unprotected intercourse from 30% to 18%. The study concluded that VCT

appears to attract high-risk individuals and to result in reduction of risk behaviours with no adverse reaction (UNAIDS, 2002).

It can be assumed that many workers do not have time to go for VCT if the services are not available within their workplaces. If they do not have time to listen to the radio, read papers, then the workers may also lack knowledge on VCT which is a cognitive perceptual factor for the practicing of VCT, hence may not be able to go for it.

## **2.6. IMPORTANCE OF VCT.**

There are a lot of benefits for knowing one's HIV status. It is important to know that you cannot tell by merely looking, the only way to tell to know if you are infected with the HIV is by having a blood test (NAC, 2004).

Testing enables people to have control over their lives (NAC, 2004). For example couples who know their sero-status can make an informed decision on whether or not to use condoms. They also have a basis for planning their families, choosing whether or not to have babies. In these days of anti-retroviral drugs (ARVS) knowing one's status is the first step in deciding whether or not to go for these life-prolonging drugs.

Knowledge of one's sero status also helps when deciding one's life style, for example kind of food to eat, beverages to drink, exercises to take part in and the

need to urgently seek treatment against opportunistic infections. According to Southern Africa HIV/AIDS action (2002), VCT helps both those found positive and negative. If a person's results are negative, he or she can make changes to his or her behaviour so as to maintain his negative status by being faithful to his or her partner, or using condoms whenever he or she has sexual intercourse with others. If one's results are positive, one can look at his or her life more carefully and pay attention to positive living by stopping drinking alcohol, smoking tobacco, and start practicing safe sex or abstaining (SAFAIDS, 2002).

There is a growing body of evidence that people who received counseling and know their sero status are more likely to adopt safe behaviour either to protect themselves from infection if they are uninfected or if they are infected to protect their partners from infection. A study done in Ethiopia on Effects of VCT on People found that most groups reported decrease of 40%-46% in unprotected casual sex among those who received VCT. The interviewers then concluded that people change their behaviour after going for VCT (UNAIDS, 2003).

## **2.7. FACTORS INFLUENCING PEOPLE TO GO FOR VCT.**

There are several factors that influence people to go for HIV testing. According to a research done by Njobvuyalema (2002) on knowledge, attitudes and practice of St Jones College of Nursing, which had a sample size of 40 students, the results indicated that 43% wanted to know their sero status, 64% of the sample indicated

that they wanted to plan their future while 21% went for the test because they had sexual intercourse with partners whom they did not trust.

Lwanda (2002) conducted a study on role of gender on VCT Services in Lilongwe. The results showed that out of the 34 participants, 23 decided to go for HIV testing because their husbands indulged in unprotected extramarital sex. This showed that 67 % of people view men's behaviour as one of the factors that lead to VCT.

## **2.8. FACTORS HINDERING PEOPLE TO GO FOR VCT.**

There are several factors that hinder people from going for VCT. Some of these factors according include:

### *CULTURAL BELIEFS*

Sex and death are a taboo in most African societies. Many people do not discuss HIV/AIDS issues even death issues. This makes many people not to go for VCT as they associate it with a death threatening condition. Therefore if employees in workplace do not discuss the dangers of HIV/AIDS, and do not encourage each other on HIV/AIDS preventive measures then VCT services cannot be effective (SAFAIDS, 2003).

### *STIGMA AND DISCRIMINATION*

Stigma and discrimination also make many people not want to go for VCT. The social meaning ascribed to HIV testing by individuals and their communities are significant barriers to getting tested and disclosing results (WHO, 1998) related stigma and resulting discrimination is a key barrier to all activities, from prevention (for example VCT), to care and treatment. A joint report by UNICEF, UNAIDS, WHO (2002), stated that fear of stigma and discrimination makes people to be less likely adopt HIV preventive strategies such as using condoms, seeking HIV testing, adhering to treatment or disclosing their HIV status to sexual partners. HIV is highly stigmatised in many countries and infected people may experience social rejection and discrimination. It can also be assumed that in workplaces, if workers stigmatize and discriminate themselves as a result of knowing their sero status then they cannot utilise the available VCT services in fear of being discriminated.

### *LACK OF INFORMATION*

Lack of knowledge on HIV/AIDS, which allows fears of casual transmission to endure, strong norms about improper and proper sex and its association with HIV/AIDS also prevents people from going for VCT (SAFAIDS, 2003). In this case if workers do not have knowledge on VCT, which include what it is, its importance and where it is offered, then they cannot go for VCT. If workers also have misconceptions in relation to VCT, then they may not utilise the available VCT services.

### *POOR HIV SERVICES*

According to Community Services for HIV/AIDS Prevention and Family Planning in the Private Sector (1997), private and other institutions do not have uniforms on an on-going system of providing HIV/AIDS services and information to their employees, more over many of the companies' past policies have emphasized on curative rather than preventive measures. If the company does not have good HIV/AIDS services policies, VCT center so that workers may access the services, then they would not have the opportunity to go for the preventive measures.

### *PERCEPTION OF RISK*

Many people, especially from the sub-Saharan Africa, do not think they are at great risk from HIV, for example in Zambia 64% of young men consider themselves at no risk despite the fact that they have unprotected sex with multiple partners (WHO, 2002). If the workers think they are at risk of contracting the HIV, then they can effectively utilise the available HIV/AIDS services. If they do not perceive themselves as not being at risk then they cannot utilise the available services.

### *LACK OF PERCEIVED BENEFITS AND ILLITERACY.*

Many people think that even if they go for HIV testing and know their sero status nothing will happen or they feel not much will be done to help them (SAFAIDS, 2002). This means that for the workers to engage himself or herself in a health activity there is a need to see the benefits of the outcome

## *GENDER.*

In many countries women worry if they would suffer shame and discrimination if they were known to be HIV positive. Many women are particularly vulnerable and risk violence, abandonment, rejection or even loss of their homes and children if their sero positive becomes known (UNAIDS, 2005).

## **2.9. SUMMARY OF LITERATURE REVIEW.**

Many studies show that HIV/AIDS prevalence is high within the Sub-Saharan African region, Malawi being one of the countries in the region is also greatly affected. Literature has revealed that Voluntary Counseling and Testing is one of behavioural change interventions towards HIV/AIDS prevention that is being promoted in the country to all age groups. Lack of perceived benefits, stigma and discrimination, poor HIV services have been found by many researchers as some of the barriers to VCT.

## **CHAPTER 3.**

### **3.0. CONCEPTUAL FRAMEWORK.**

#### **3.1. INTRODUCTION.**

Voluntary Counseling and Testing is one of the health promotion behaviours in the sense that it promotes HIV/AIDS prevention. The people who go through VCT tend to change their behaviours accordingly. Therefore Health Promotion Model by Pender (1987) guided the study. According to Stanhope and Lancaster (2004), health promotion is the behaviour directed towards achieving a greater level of health. In this case going for VCT is a behaviour that directs towards achieving the greater level of health regardless of the results.

#### **3.2. THE HEALTH PROMOTION MODEL (HPM) BY PENDER (1987).**

The HPM as stated in Clemen-Stone (2001) examines health-promoting behaviours that are wellness rather than disease focused. Pender's behaviour specific cognitions and affect components of the model are considered the major motivational determinants of behavioural outcome. This means that for an individual to be involved in a health promotion activity then there must have cognitive-perceptual factors and this is facilitated by modifying factors as illustrated in Figure 1.

#### COGNITIVE-PERCEPTIAL FACTORS.

Cognitive is the mental action or process of acquiring knowledge through thought, experience and senses (Concise Oxford English Dictionary, 2004), while perception is the ability to see, hear or become aware of something through the senses. It is the state of being or process of becoming aware of something, away of regarding, understanding and interpreting something.

According to Pender's Health Promotion Model (1987), cognitive-perceptual factors are considered as primary motivational mechanisms for the acquisition and maintenance of health promotion behaviours and these are knowledge of VCT, perceived benefits of HPA such as VCT, self-efficacy, perceived barriers of health promotion behaviours. Therefore there is a direct relationship between the cognitive-perception factors and health promoting behaviours. This means that for a person to be engaged in health promoting activity, he needs to have cognitive-perceptual factors. It is according to one's understanding and the availability of the cognitive—perceptual factors that lead to health promoting activity or not.

#### MODIFYING FACTORS.

To modify according to Concise Oxford English Dictionary (2004), means to make partial and more acceptable changes. Pender's model (1987) stated that modifying factors are those that influence health promotion activities in the sense that these influence cognitive-perceptual factors and lead to health promotion

activities. Modifying factors are indirectly linked to health promotion activity. Examples of modifying factors include availability of VCT services, mass media, gender, and conversation.

Creasia and Parker (1992) also stated that all these factors are believed to affect patterns of health promoting and through their impact on cognitive-perceptual mechanics. This means that modifying factors facilitate the involvement of one's health promoting activity. In this case a person has to make a decision on whether to engage in health promoting activity depending on the availability and understanding of the modifying factors.

### **3.3. APPLICATION OF THE HEALTH PROMOTION MODEL TO THE STUDY**

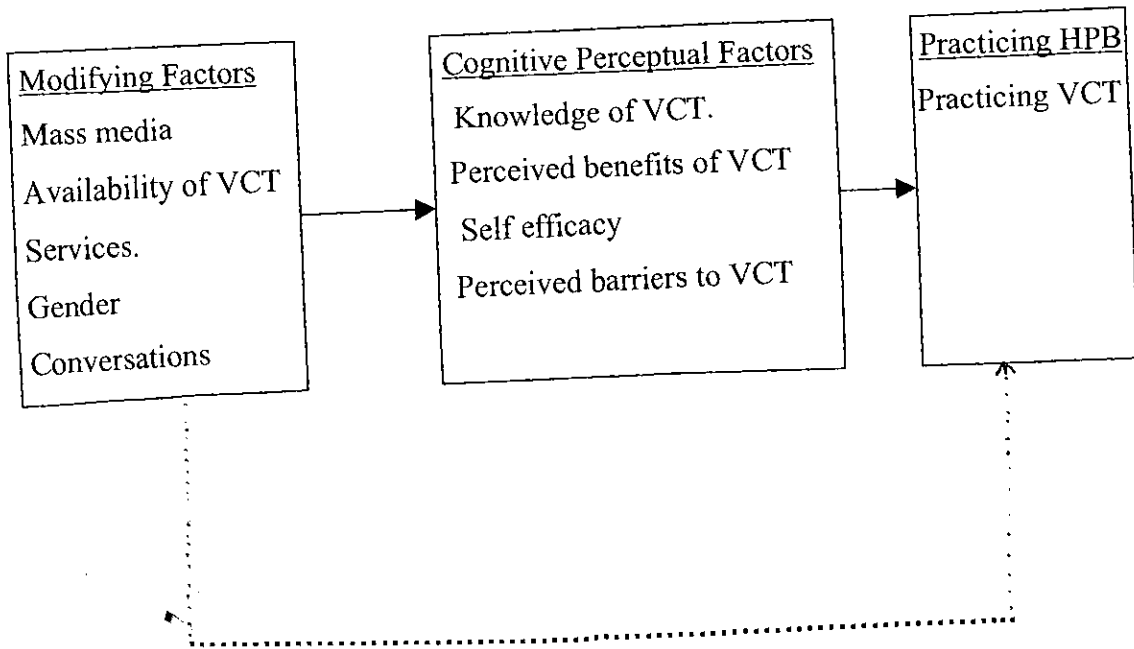
Pender's health promotion model was used to guide the study because of its emphasis on health promotion, which involves health prevention activities. Therefore the study on Attitudes of Employees at SOBO towards VCT, also aims at finding out if the workers practice VCT as health promotion behaviour with the availability of cognitive-perceptual factors and the modifying factors.

Pender's model states that for a person to change health risky behaviour then he or she should have an understanding of cognitive-perceptual factors. Therefore for factory workers to be involved in VCT which is a health promotion activity, the cognitive-perceptual that should be available include: knowledge of VCT, perceived benefits of health promotion activity such as VCT, self-efficacy, perceived barriers to health promotion activity and these barriers include stigma

and discrimination. Knowledge for VCT is needed as it leads to people's understanding of VCT, its importance and can help them make a helpful decision (Creasia & Parker, 1992).

Modifying factors such as gender, conversation with others, mass media, availability of VCT services can facilitate the understanding of the benefits of practicing VCT as well as the barriers that hinder the workers from practicing VCT. When there is a room for conversations within workers such as that is found at SOBO, which involves peer education then the workers will have, enough knowledge on VCT hence might practice it or not depending on how they perceive its importance. If also issues of stigma and discrimination are well addressed at the working place, if there are VCT services within the premises and if the workers have time to listen to the radio, read newspapers, then they may also gain enough knowledge that can help them in making critical decisions on whether to go for VCT or not (Creasia & Parker, 1992).

**FIG 1: CONCEPTUAL FRAMEWORK.**



**KEY**

————→ Directly linked with Health Promotion Behaviour (HPB)

.....→ Indirectly linked with Health promotion Behaviour (HPB)

## **CHAPTER 4**

### **4.0. METHODOLOGY.**

#### **4.1. RESEARCH METHODOLOGY.**

This section describes the research design that was be used, the sampling technique that was carried out, methods of data collection, plan for data analysis and how the results will be disseminated.

#### **4.2. RESEARCH DESIGN.**

Research design refers to the overall plan for obtaining answers to the research questions and for testing research hypothesis (Polit & Hungler, 1997). The study aimed at uncovering SOBO workers' attitudes towards VCT. In this qualitative study the subjects were able to express their feelings. The study used qualitative design because it provides the researcher means to describe, and give the clear picture of the situation understudy (Polit & Hungler, 1997). Burns and Grove (2001) also added that a qualitative research is used because it seeks to gain insight through discovering the meaning of a given phenomenon. Qualitative study was also used in this study because literature review indicated that little is known about the phenomenon.

### **4.3. SAMPLING AND SETTING**

According to Burns and Groove (2001), a sample is a subset of a population that is selected for a study. The research targeted workers of Southern Bottlers Malawi Limited in Lilongwe, and it was conducted at Southern Bottlers Malawi Limited in Lilongwe. Those who have worked for 4 years or more were considered because they were able to express their feelings about the availability of VCT services in their organization. Convenient method was used in the selection of the sample of ten participants. Ten participants were enough for the analysis of the qualitative data as participants gave detailed information.

### **4.4. DATA COLLECTION AND DATA COLLECTION TOOL.**

A demographic profile of each interviewee was also obtained for easy identification of the participants in terms of their age, tribe, nationality and marital status (see appendix A). An interview guide was used for data collection (see appendix A). The guide was formulated basing on the objectives of the research. The guide was distributed to the selected sample. The guide consisted of open-ended questions and it was reviewed by two lecturers at Kamuzu College of Nursing to check for clarity and content. Open-ended questions were important as they help respondents to be free to answer questions in their own words, therefore providing more information on their attitudes and views (Cormark, 2000).

#### **4.5. DATA ANALYSIS.**

This is the process whereby the collected data is described, analyzed and presented in a clear and unambiguous form (Cormark, 2000). The study elicited qualitative data which was analysed manually using content analysis. Content analysis according to Polit and Hungler (1991) is a research for the objective, systematic and quantitative description of the manifest of communication. Common themes in relation to attitudes of Southern Bottlers employees towards VCT were identified and clustered together for easy analysis. Demographic data was analysed using descriptive statistics by the use of frequency distribution. Frequency distribution is the arrangement of all numerical values assigned to variables, from the lowest to the highest, along with the listing of the number of times each value was obtained (Massey, 1991).

#### **4.6. DISSEMINATION OF RESULTS.**

The findings were communicated to the staff of Southern Bottlers Malawi Limited in Lilongwe through a written report. Copies of the dissertation are available at Kamuzu College of Nursing Library and at Lilongwe Southern Bottlers.

#### 4.7. ETHICAL CONSIDERATIONS.

Before the study was conducted a proposal was submitted to Kamuzu College of Nursing research committee for approval (see appendix H). An approval from the Managing Director of SOBO was obtained before the research started (see appendix J). Subjects were notified of the intention, procedure and duration of the study, methods of data collection and how the data will be used. Those interested were required to sign a consent form to indicate that they were informed about the study (see appendix C). Confidentiality of the subjects was maintained throughout, in this case codes were used on the interview guides and no names were written. The diskettes and papers that contained the information were not given to any person.

## CHAPTER 5

### 5.0. RESULTS AND FINDINGS

This chapter presents the findings of the study. Content analysis was used to identify the common themes that were clustered together. The presentation is divided as follows: Demographic data and attitude of employees towards VCT. Tables, Pie and Graph diagrams have been used in the presentation.

#### 5.1. DEMOGRAPHIC DATA

All the 10 participants who were interviewed in the study are Malawians and the following were the demographic characteristics of the respondents.

AGE

The majority (60%) of the respondents were within the age of 26 to 35, 20% were in the age group of 36 to 45, 10% in the age group of 15 to 25 and 10% in the age group of above 45. details are presented in table 1.

Table1. Showing age of respondents

Age of the respondents	Frequency	Percentage
15-25	1	10%
26-35	6	60%
36-45	2	20%
45 above	1	10%
<b>Total</b>	<b>10</b>	<b>100%</b>

### RELIGION

Many respondents were Christians from two denominations, Church of Central Africa Presbyterian (C.C.A.P.) and Seventh Day Adventist (S.D.A) while 10% of the respondents were pagans. Details are presented in Table 2.

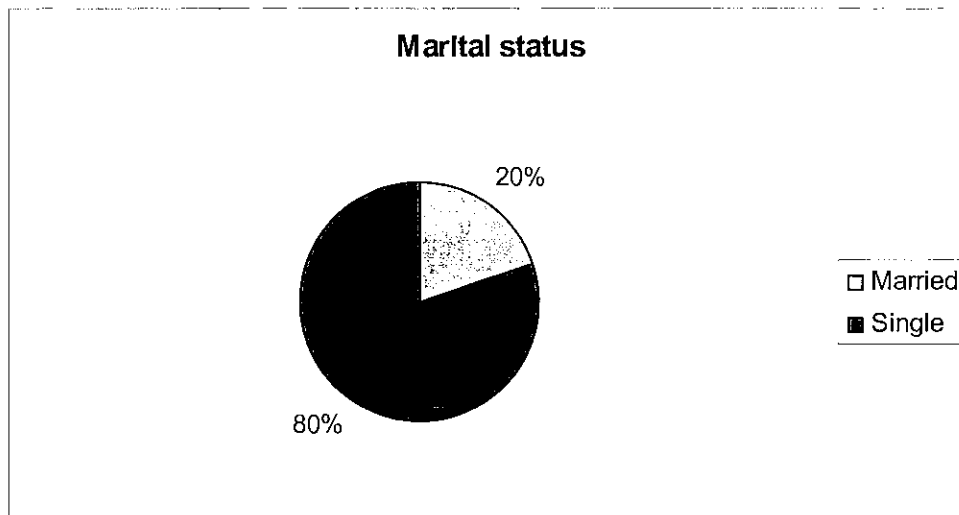
**TABLE 2. Showing denominations of the respondents.**

Denomination	Frequency	Percentage
C.C.A.P.	5	50%
S.D.A	4	40%
Pagan	1	10%
<b>TOTAL</b>	<b>10</b>	<b>100%</b>

### MARITAL STATUS

The majority of the respondents were single. Details are presented in figure 3.

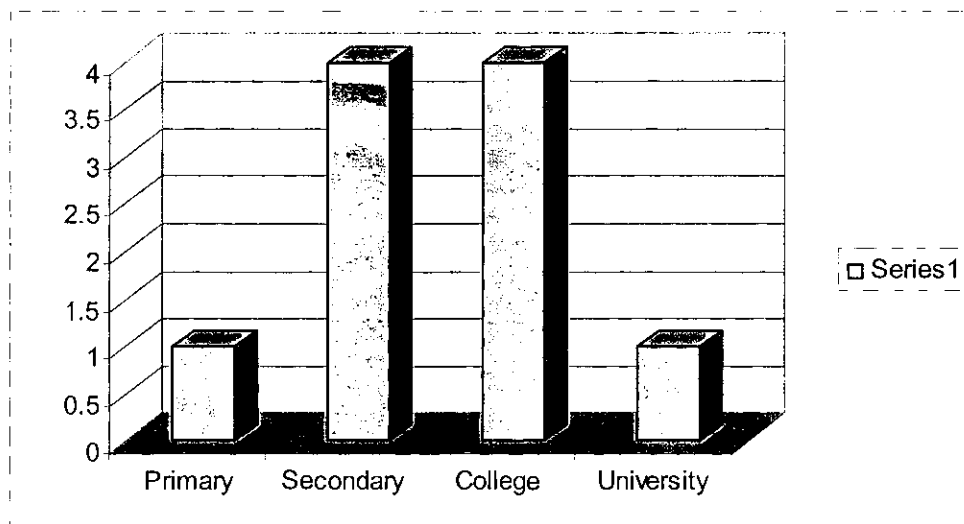
**Figure 3. Showing marital status of the respondents**



## LEVEL OF EDUCATION

The respondents' level of education varied from primary to tertiary level as presented in figure 4.

Figure 4. Showing level of education for the respondents.



## 5.2 ATTITUDES TOWARDS VCT

### THEME 1: RISK PERCEPTION

When asked if the employees think that they are at risk of acquiring HIV the majority of the participants responded that they feel they are at risk.

One participant stated that:

*"I feel that I am at risk because I am not sure about my wife's behaviour" (E6).*

## **THEME 2: UTILISATION OF VCT SERVICES**

Employees were asked if they are supposed to go for VCT. The majority responded said that they are supposed to go to VCT.

One participant stated that:

*"It is good to go for VCT as it will help one to know how one's body is." (E9).*

## **THEME 3: REASONS FOR GOING TO VCT**

Varied reasons were given as responses to why employees should go for VCT.

The majority of the participants stated that people can be counselled on how to live positively if HIV positive and how to maintain negative status when HIV negative.

Other participants stated that management could provide lighter job when one is HIV positive.

While other participants stated that management can provide you with specific care such as ARVs.

One participant stated that:

*"One can be counselled on good diet, good behaviours like abstaining from sex or use of condoms and can stop drinking beer." (E7)*

#### **THEME 4: REASONS FOR NOT GOING FOR VCT**

However other respondents said that employees might develop fear when he or she is HIV positive, therefore they better not know.

One participant said that *"it is better not to know your sero status because whether you are positive or not you are living positively other than knowing that you are positive because nothing can be done to remove the virus since counseling does not remove the virus."* (E9).

The other reason that was given was by one participant was:

*"Can kill himself because sometimes the counseling is not effective".*

#### **THEME 5: WHO SHOULD GO FOR VCT**

Different responses were also given in responds to the question of who else should go for VCT. The majority of the participants said that every human being as HIV does not have boundaries when striking.

One participant said that:

*"Those who are very sick should go for VCT".* (E1).

Another participant said that:

*"Those with signs and symptoms of HIV/AIDS and have been suffering for along time."* (E3).

One participant said that:

*"When a couple wants to get married".* (E8)

## THEME 6: EMPLOYEES ATTITUDES TOWARDS VCT

The respondents were also asked on what are their attitudes towards VCT. Varied answers were given as to why each employee holds that attitude. Under this concept, employees gave both positive and negative attitude towards VCT. The majority of the respondents who gave a positive attitude said they view VCT as important as it helps to one to live positively after being counselled and it helps one to live longer because of the ARVs that one can have as treatment.

One participant stated that:

*“One can be able to keep himself health and avoid spreading the virus to others if one has the virus. He or she can abstain from sex.”(E2).*

Another one stated that:

*“It helps pregnant women to protect their new born babies because they can be counselled on how to take care of them for example they can be counselled not to breast feed their young ones.”(E6).*

Another one stated that:

*“VCT helps people to remove the fears that they have and they may live freely.”(E9).*

Another participant stated that:

*“People change their behaviors if they do not have the virus after going for VCT; hence, they prevent contracting the virus.”(E10).*

Those who showed a negative attitude towards VCT stated that they feel VCT causes low self esteem and fear to people.

One participant states that:

*"Employees are afraid of the positive results that may come"(E3).*

Another participant stated that:

*"People may kill himself after being told that they are HIV positive because even after the counselling, the virus remains in the person's blood and you cannot be cured because of whatever counselling you have received."(E4).*

Another one said that:

*"VCT is bad and there is no any good point attached to VCT since whenever you go for VCT the results can not make you change much and nothing much can be done to you whenever you are positive therefore its better not to know than know and develop fears then failing to perform or live positively."(E8).*

## **THEME 7: FACTORS POSITIVELY AFFECTING EMPLOYEES ATTITUDES TOWARDS VCT.**

In response to the factors that affect employees' attitudes towards VCT, the majority of the employees said that the provision of the ARVs by the company motivates people to go for VCT.

Four participants said that the availability of the services within the company premises is a motivating factor.

Other participants said that the company gives you lighter tasks when you are sick due to HIV.

Another participant said that:

*"Counselling that is done at the VCT center on how to live positively motivates them to go for VCT". (E7)*

#### **THEME 8: FACTORS NEGATIVELY AFFECTING EMPLOYEES ATTITUDES TOWARDS VCT.**

When the participants were asked on what are the factors that negatively affect their attitudes towards VCT, there were different responses that were given, but the majority stated that fear of stigma and discrimination are the main factors that negatively affects them to go for VCT.

Other participants said that fear of loosing their job positions makes the employees not to go for VCT.

Other participants said that lack of trust among the medical personnel within their institution also makes the employees not to go for VCT.

One participant said that:

*"The fact that there is no cure for HIV/AIDS, then no much can be done to help after VCT if you have he virus, then this makes one not to go for VCT". (E6).*

## **THEME 9: EMPLOYEES PERCEPTION OF VCT AS PREVENTIVE MEASURE.**

When asked on how they perceive the effectiveness of VCT the majority of the respondents said that VCT is a preventive measure because when one has gone for VCT he or she can behave accordingly, in this case when you are HIV negative you can refrain from immoral behaviours that could have led you to get the virus hence it is a preventive measure.

However another participant explained that:

*“VCT is not a preventive measure, because even if people have undergone VCT they still can get the virus from their sexual partners”.*

## **SUMMARY OF FINDINGS**

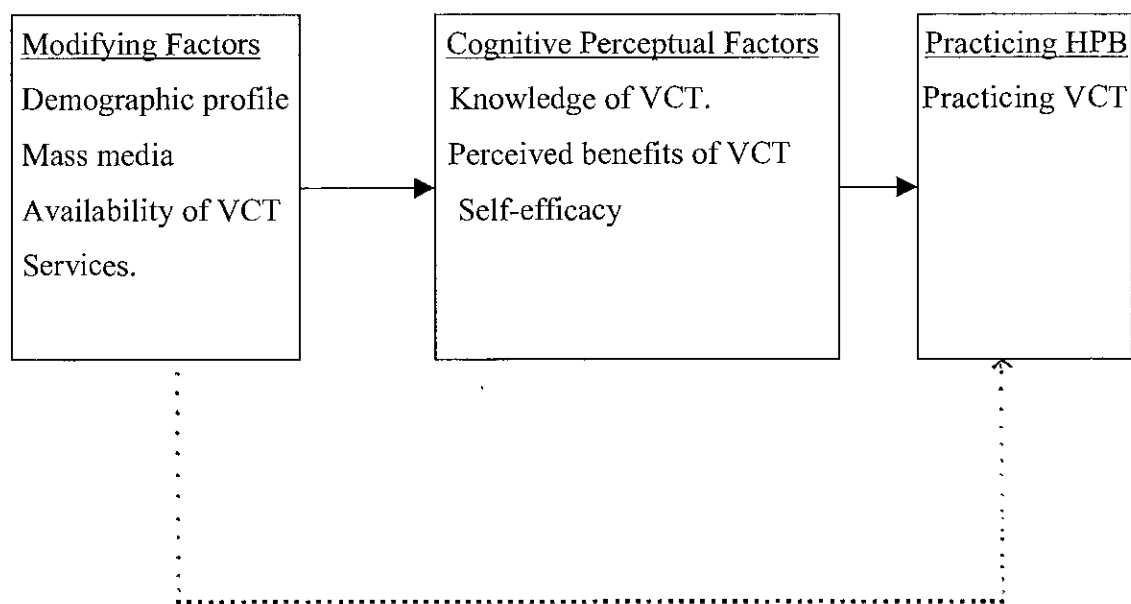
In summary the findings showed that the study had more single participants who were educated. The findings also indicated that the majority of the participants felt that they are at risk of getting HIV and they are supposed to go for VCT as it can help them either to prevent them from getting the virus or to live positively when they have the virus.

## CHAPTER 6

### 6.0. DISCUSSION OF THE FINDINGS

This chapter presents discussion of the findings of the study on attitudes of SOBO employees' towards VCT. The discussion is based on the three concepts within the conceptual framework that was developed to guide the study. These concepts are cognitive-perceptual as well as modifying factors of the conceptual framework. The details have been presented in the figure 1.

**FIG 1: CONCEPTUAL FRAMEWORK.**



#### KEY

————→ Directly linked with Health Promotion Behaviour (HPB)

.....→ Indirectly linked with Health promotion Behaviour (HPB)

## **6.1. CONCEPT: MODIFYING FACTORS**

These were used in the study because Pender (1987) explains that modifying factors facilitate the involvement of one's health promotion activities, which in this case is the practice of VCT. Modifying factors are indirectly linked with health promotion activities. Hence in the study the modifying factors are demographic profile, mass media, as well as the availability of VCT services.

### **DEMOGRAPHIC DATA**

#### *AGE*

The majority of the respondents (60%) were between the ages of 26-36. This was the appropriate age range for the study as it has been discovered that the most vulnerable age population for HIV/AIDS is between 15-45 (NAC, 2002), therefore the study targeted the vulnerable group.

#### *SEX*

The majority of the respondents were male (80%), but there was no difference in the way the two sexes viewed VCT. This means that both male and female have the same understanding in the concept of VCT.

#### *TRIBE*

The majority of the respondents were from Chewa tribe but no difference was noted due to the fact that there were more than two types of the tribe accommodated in the study. Others were from Tumbuka, Yao, Ngoni and Sena

tribes. This means that tribe of people does not have any influence in making people utilize VCT services.

#### *.MARITAL STATUS*

Despite the majority of the respondents (80%) being single, it did not again influence the attitudes towards VCT. There was no difference on their attitudes between married and unmarried participants. According to NAC (2004), VCT is also for those who want to get married to prepare if they are to have children. Therefore, the study found the appropriate group to prepare them to consider going for VCT before they get married. This means that the findings would help determine how these unmarried people view VCT hence correct information would have been provided to them.

#### *LEVEL OF EDUCATION*

The majority of the respondents did their education up to secondary and college, but this did not show any difference in relation to their attitudes towards VCT. This also means that the level of education does not have much impact on people's views as far as VCT is concerned.

## **MASS MEDIA**

The findings showed that all the participants (100%) have information on VCT. The findings further revealed all the participants got the information from radios, television as well as newspapers. This is also supported by the results of Njobvuyalema (2003), Which also showed that the majority of the respondents (87%) have heard information on VCT from mass media.

This means that the media is contributing much to make people more aware of VCT services. This means that the people are able to understand the what VCT is, through mass media, and this indirectly motivate them to practice VCT which is health promoting activity.

## **AVAILABILITY OF VCT SERVICES**

The findings indicated that the majority of the respondents (40%) said that the availability of VCT services within the company motivated them to go for VCT. The findings further revealed that activities done by the VCT center such as the provision of ARVs also motivate people to go for VCT. This is also supported by the findings of Mpoola (2004) that stated that many people had undergone VCT because of the provision of ARVs. In reference to Pender's model (1987), availability of services is a modifying factor that promotes one's behaviour to participate in health promotion activity. The study has proved that the availability of VCT services as modifying factors promotes one's participation in health

promotion activity. Therefore there is a need to provide comprehensive VCT services so that many people will be attracted.

## **6.2. CONCEPT: COGNITIVE PERCEPTUAL FACTORS**

This concept was used because according to Pender's health promotion model (1987) cognitive-perceptual factors are considered as primary motivational mechanism for the acquisition of Health Promotion Behaviour, which in this case is VCT. This means that for a person to be engaged in HPB he or she needs to have an understanding of these cognitive-perceptual factors.

### **KNOWLEDGE ON VCT**

The findings show that the majority of the respondents 100% have knowledge on VCT. The findings were supported by the results of Njobvuyalema as stated in literature that 87% of the respondents in his study had knowledge on VCT. The findings were encouraging because people need to have knowledge of VCT as it is also one of the primary motivational mechanisms. Therefore this means that when people have knowledge on VCT, they will be in apposition to know what VCT is all about including its benefits hence can be able to go for VCT. This knowledge acts as a primary motivator, it is one of the cognitive-perceptual factors that one need to understand so as to be involved in health promoting activities. Furthermore SAFAIDS (2003) stated that lack of knowledge on HIVAIDS and VCT prevents people from utilizing the services.

## **PERCEIVED BENEFITS OF VCT**

The respondents were asked to give their opinions on why should employees go for VCT. The majority of the students (90%) indicated that they are supposed to go for VCT. The results showed that respondents know the importance of VCT, and they felt that VCT could help them. Most of the participants were able to give reasons on why they think they should go for VCT. These results indicated that the people know the benefits of VCT and this acts as a cognitive-perceptual factor, which primarily motivates them to participate in health promoting activities. The participants were also asked to comment on their perception towards VCT. The results were also very encouraging as the majority (60%) saw that VCT is a preventive measure. The results also mean that they know the importance of VCT and they have developed a positive attitude towards it hence they can utilize the VCT services.

## **SELF-EFFICACY**

The participants were also asked the question "do you think personally you are at risk of acquiring HIV?" the majority of the respondents felt that they are at risk of contracting the virus. This is supported by the study of Lwanda (2001), which find that the majority of the participants felt that they are at risk of contracting the HIV/AIDS because they do not know how their sexual partners behave. The participants were also asked to explain on what their attitudes towards VCT are. The findings indicated that the majority (60%) had positive attitudes towards VCT. These findings are of great importance because they show that the people

have a feeling that they too can contract the virus and they need to behave in a manner so as to prevent contracting the virus. In this case the participants can be motivated to participate in health promotion activity, which is practicing for VCT.

### **6.3. CONCEPT: PRACTICE OF HEALTH PROMOTION ACTIVITY (VCT).**

The participants were asked to comment on whether they should go for VCT, the majority showed that there is a need for them to go for VCT. This is supported by the findings of Gundo (2003), that the majority in his study showed that they had knowledge and they involved themselves in preventive measures such as VCT.

### **6.4. SUMMARY**

The findings of the study indicated that many of respondents felt that VCT is for every one. In this case the respondents showed an understanding of both the modifying as well as the cognitive-perceptual factors hence had the feeling of practicing in health promotion activity, which in this case is VCT.

## 6.5. LIMITATIONS OF THE STUDY

During the research, the researcher had the following limitations.

### *SAMPLE SIZE*

The sample only comprised of the employees from one company, therefore generalisation will be for the SOBO Company in Lilongwe not in other regions as well as other companies that exist in Malawi.

### *FUNDS*

Due to limited funding, a larger sample was not used but it could have been better in the researcher did the research at more than one company so as to have a true representation of the employees.

### *TIME*

Time was very limited. Since the researcher was, busy with other academic studies than it was difficult to put much effort for the study to have thoroughly search in literature review as well as consulting.

## 6.6. CONCLUSION

The study has revealed that the majority of employees have heard about VCT. This means that the knowledge of VCT is high among the employees. The study has also revealed that there are different factors that positively affect attitudes towards VCT, of which the major one being the provision of ARVs within the company.

The study also revealed that there are other factors that positively affect the employees' attitude towards VCT services. These factors include the availability of VCT services within the company's premises, the provision of ARVs by the company as well as the counseling that is done to the worker's on how to live positively when ever they have the virus and how to maintain the HIV negative status when they are negative.

The study also reviewed that the respondents viewed VCT as a preventive measure because of when has gone for VCT she or he is able to behave accordingly, in this case when you are HIV negative you can refrain from immoral behaviours that could have led him or her to get the virus. However other respondents said that VCT is not a preventive measure because even after going for VCT then you cannot change behaviour in fear of contracting the virus. People still get the virus even after going for VCT.

## 6.7. RECOMMENDATIONS

The company should continue with *the VCT programs* such as holding workshops, seminars as well as the provision of ARVs as they seem to motivate people to go for VCT.

The management should make sure that the seminars and workshops they hold should be for all the employees to benefit all of them, as it seems that other workers hold the negative attitude towards VCT.

The workers should be given an opportunity to go wherever they feel they will be comfortable for the VCT services since other respondents said that lack of trust among the medical staff is the demotivating factor for them to go for VCT.

Alternatively, the company should hire counselors from other organizations such as Banja La Mtsogolo to counsel the employees and help them on issues of HIV/AIDS since they are not comfortable with those medical practitioners within their company.

## 6.8. AREA FOR FURTHER RESEARCH.

The research needs to be conducted at a larger scale that is to assess the attitudes of employees towards VCT.

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## 8.0 APPENDICES

### APPENDIX A : INTERVIEW GUIDE

TITLE :

A STUDY ON ATTITUDES OF EMPLOYEES AT SOUTHERN BOTTLERS  
MALAWI LIMITED (LILONGWE) TOWARDS VOLUNTARY COUNSELLING  
AND TESTING.

ID CODE :.....

#### PART A : DEMOGRAPHIC PROFILE

1. Age
  - a. 15-25 [ ]
  - b. 26-35 [ ]
  - c. 36-45 [ ]
  - d. 45, above [ ]
2. Sex
  - a. male [ ]
  - b. female [ ]
3. Tribe
  - a. Ngoni [ ]
  - b. Chewa [ ]
  - c. Tumbuka [ ]
  - d. others, specify.....

4. Religion

- a. C.C.A.P. [ ]
- b. roman catholic [ ]
- c. moslem [ ]
- d. others, specify.....

5. Marital Status

- a. single [ ]
- b. Married [ ]
- c. Divorced [ ]
- d. widowed [ ]

6. Nationality

- a. Malawian [ ]
- b. Foreigner [ ]

7. Level of education

- a. primary [ ]
- b. secondary [ ]
- c. college [ ]
- d. university [ ]
- e. others, specify.....

**PART B : ATTITUDES TOWARDS VCT**

8. Have you ever heard of VCT?

- a. Yes [ ]
- b. No [ ]

9. What was the source?

- a. Radio [ ]
- b. Newspaper [ ]
- c. Television [ ]
- d. Class [ ]
- e. others, specify.....

10. Do you think that personally you are at risk of acquiring HIV?

- a. Yes [ ]
- b. No [ ]

11. Do you think that employees should go for VCT?

- a. Yes [ ]
- b. No [ ]

12. If yes, why?.....  
.....  
.....  
.....  
.....

13. If no, why?.....  
.....  
.....  
.....  
.....

14. Who else do you think should go for VCT?  
.....  
.....  
.....  
.....  
.....

15. What is your attitude towards VCT? .....  
.....  
.....  
.....

16. What do you think are the factors that positively affect employees' attitudes toward VCT?  
.....  
.....  
.....

.....  
.....

17. What do you think are the factors that negatively affect employees' attitudes towards VCT?

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

18. How do you perceive the effectiveness of VCT as a preventive measure?

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

**END OF QUESTIONS**

**THANK YOU FOR PARTICIPATING!**

**APPENDIX B : KALATA YA MAFUNSO**

**MUTU :**

**KAFUKUFUKU WOFUNA KUONA M'MENE ANTHU OGWIRA NTCHITO PA  
KAMPANI YA SOUTHERN BOTTLERS AMAGANIZILA PA ZA KUYEZETSA  
MAGAZI POFUNA KUDZIWA NGATI ALI NDI KACHILOMBO KOYAMBITSA  
MATENDA A EDZI.**

**NAMBALA :.....**

**GAWO LOYAMBA : ZAMBIRI YANU**

1. Zaka.....

- a. 15-25 [ ]
- b. 26-35 [ ]
- c. 36-45 [ ]
- d. 45, above [ ]

2. Ndinu

- a. amuna [ ]
- b. akazi [ ]

3. Mtundu

- e. Ngoni [ ]
- f. Chewa [ ]
- g. Tumbuka [ ]
- c. others, specify.....

4. Mpingo

- a. C.C.A.P. [ ]
- d. Roman catholic [ ]
- e. Chisilamu [ ]
- d. zina.....

5. zabanja

- a. sindili pabanja [ ]
- b. ndili pa banja [ ]
- d. banja linatha [ ]
- d. anzanga adamwalira[ ]

6. Dziko

- a. Malawi [ ]
- b. wakunja [ ]

7. Kodi munalekera kalasi iti pa maphunziro

- a. Pulaimale: [ ]
- b. Sekondale: [ ]
- c. koleji [ ]
- c. koleji ya ukachenjede [ ]
- d. zina.....

**GAWO LACHIWIRI : MAGANIZO PA ZA KUYEZETSA MAGAZI**

8. Kodi munamvapo za kuyezetsa magari pofuna kudziwa ngati munthu ali ndi kachilombo koyambitsa matenda a EDZI ?

- a. inde [ ]
- b. ayi [ ]

9. Ngati munamva, munazimvera kuti ?

- a. Pawailesi [ ]
- b. panyuzipepala [ ]
- c. patelevisioni [ ]
- d. malo ena, ntchulani.....

10. Kodi mumaganiza kuti mutha kutenga HIV ?.....

11. Kodi anthu omwe akugwira ntchito ndi oyenera kuti adziyezetsa magari

Kuti adziyezetsa magari kuti adziwe ngati ali ndi HIV ?.....

12. Ngati eya, fotokozani zifukwa zake

.....

.....

.....

.....

.....

13. ngati ayi, fotokozani zifukwa zake

.....

.....

.....

.....

.....

14. kodi amene ali oyenela kuyezetsa magazi kuti adziwe ngati ali ndi HIV ndi ndani ?

.....

.....

.....

.....

.....

15. Kodi maganizo anu pa za kuyezetsa magari mosakakamizidwa kuti mudziwe ngati muli ndi HIV ndiotani?

Fotokozani.....  
.....  
.....  
.....  
.....

16. Kodi ndi zifukwa ziti zimene zimapangitsa anthu ogwira ntchito kuti aziona ubwino woyezetsa magari pofuna kudziwa ngati ali ndi HIV ?

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

17. Kodi ndi zifukwa ziti zimene zimapangitsa anthu ogwira ntchito kuti aziona kuipa koyezetsa magari pofuna kudziwa ngati ali ndi HIV ?

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

18. kodi kuyezetsa magari pofuna kudziwa ngati munthu ali ndi HIV kumathandiza bwanji kupewa HIV?

.....

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.....

**MAFUNSO ATHERA APA.**

**ZIKOMO KWAMBIRI POTENGA NAWO MBALI.**

## **APPENDIX C: INFORMED CONSENT.**

### **5.0 APPENDIX E: INFORMED CONSENT.**

I am a student at Kamuzu College of Nursing, a constituent college of the University of Malawi in Lilongwe.

In partial fulfillment of the Bachelor of Science degree in Nursing, I am supposed to conduct a research study. The topic of my study is 'ATTITUDES OF EMPLOYEES AT SOUTHERN BOTTLERS TOWARDS VOLUNTARY COUNSELLING AND TESTING' Apart from helping to add knowledge on how to disperse HIV/AIDS information so as to reach employees, the results will also help the company on ways of promoting their existing policy so as to be effective to the employees.

I request you to participate in this project by responding to the questionnaire to the best of your knowledge. Be assured that the responses given shall be treated as confidential, privacy and will be kept for education purposes. Your identity will remain anonymous by the use of numbers on the questionnaire and you will not be required to write your name on the questionnaire. You are free to participate or not, you are free to withdraw at any point. However, there are neither penalties

with involvement or refusal to participate in the study nor are there any risks associated with the study.

I understand that I am free to participate in the study or not.

I understand that I am free to withdraw at any point.

I understand the explanation related to the study given above and I hereby want to participate in this study.

.....  
SUBJECT'S SIGNINATURE

.....  
DATE

.....  
RESEACHER'S SIGNITURE

.....  
DATE.

## **APPENDIX D: CHIKALATA CHACHILOLEZO**

Dzina langa ndine Beatrice Mnunkha, ophunzira za unamwino pa Kamuzu College of Nursing.

Pofuna kukwanilitsa maphunziro anga ndikuyenela kuchita kafukufuku. Ndikuchita kafukufuku pa mutu wofuna kuona m'mene anthu ogwira ntchito pa kampani ya Southern Bottlers amaganizila pa za kuyezetsa magazi pofuna kudziwa ngati ali ndi kachilombo koyambitsa matenda a edzi.

Zotsatila za kafukufukuyu zidzathandiza kupezako nzeru pa momwe ogwira ntchito mumakampani angathandizidwire kuti adziwe zambiri za matenda a EDZI komanso zidzathandiza kampaniyi kupititsa mtsogoloza ndondomeko yake pa za matenda a EDZI kuti anthu ogwira ntchito azitha kugwiritsa ntchito ndondomekoyi.

Muli kupemphedwa kulowa nawo kafukufukuyu poyankha mafunso omwe alipo. Zonse zomwe tikambilane zidzakhala za chinsinsi, ndipo dzina lanu silidzalembedwa pena paliponse. Muli ndi ufulu kulowa nawo kafukufukuyu kapena ayi.

Ine ndamvetsa zomwe mwanena za kafukufukuyu.

Ndikufuna kulowa nawo kafukufukuyu mwa ufulu.

Ndili ndi ufulu wosiya kupitiliza kuchita nawo kafukufukuyu pamene ndafuna.

.....

SAINANI APA

.....

TSIKU

.....

POSAINA WOCHITA KAFUKUFUKU

.....

TSIKU

**APPENDIX E : APPLICATION LETTER**

**University of Malawi**  
**KAMUZU COLLEGE OF NURSING**

TO: The Managing Director

FROM: Beatrice Mnunkha

DATE: 14<sup>th</sup> September 2005

RE: **APPLICATION FOR PERMISSION TO CONDUCT RESEARCH STUDY AT SOUTHERN BOTTLERS MALAWI LIMITED.**

I am a fourth year generic student pursuing Bachelor of Science in Nursing. As part of the requirements of the degree programme, I am expected to conduct a research study. The title of my project is " Attitudes of employees of Southern Bottlers Malawi Limited (Lilongwe) towards Voluntary Counselling and Testing".

The purpose of this letter therefore is to ask for permission from your office for me to conduct the study at your institution. Participants in the study will be employees from your institution. The results that will be obtained from this study will help in giving out information to people that can help them to prevent contracting the HIV. The results will also help to add knowledge on how to disperse HIV/AIDS information so as to reach employees in their work place.

I am looking forward to your favorable response.

Yours sincerely,

**BEATRICE MNUNKHA**

Cc: Dr. A. Malata (Research Supervisor)

**APPENDIX F. TIME LINE**

**MONTHS IN YEAR 2005**

ACTIVITY	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DE
Topic selection		■										
Proposal writing, submission			■	■	■							
Waiting approval						■						
Data collection							■					
Data analysis								■				
Report writing									■			
Presentation of report to the supervisor										■		
Dissemination of results.											■	

## APPENDIX G. PROPOSED BUDGET

ITEM	COST
<b>STATIONARY</b>	
4 reams of photocopying papers at K400 each	K 2000
5 ballpoint pens at K10 each	50
3 pencils at K5 each	15
Rubber	50
5 big envelops at K10 each	50
5 small envelops at K10 each	50
5 diskettes at K100 each	500
5 Folders	250
Sharpener	65
Sub total	3030
<b>COMMUNICATION</b>	
Travelling to and from Ministry of Health	250
Travelling to United Nations Resource Center Library	250
Travelling to National AIDS Commission	250
Travelling to seek permission at SOBO	250
Travelling to collect data (4 trips)	1000
Making phone calls to the supervisor	300
Sub total	2300
<b>SECRETARIAL SERVICES</b>	
Typing and printing 50 paged proposal	1500
Typing and printing dissertation	1800
Photocopying 35 questionnaires at K30 each	1500
Photocopying 4 copies of proposal	1800
Photocopying 4 copies of dissertations	2000
Binding	1500
Sub total	10100
<b>TOTAL</b>	<b>K15430</b>
Contingence (10%)	1543
<b>GRAND TOTAL</b>	<b>K17,073</b>



University of Malawi  
**KAMUZU COLLEGE OF NURSING**

**RESEARCH AND PUBLICATIONS COMMITTEE**

**APPROVAL CERTIFICATE**

**TITLE:** *A STUDY ON ATTITUDES OF EMPLOYEES AT SOUTHERN BOTTLETS MALAWI LIMITED TOWARDS VOLUNTARY COUNSELLING AND TESTING*

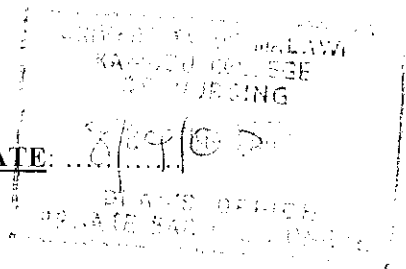
**INVESTIGATORS:** *BEATRICE CATHY MNUNKHA*

**DEPARTMENT/YEAR OF STUDY:** *BSc.N (GENERIC) YEAR FOUR*

**REVIEW DATE :**

**DECISION OF THE COMMITTEE:** *APPROVED*

**SIGNATURE:** ..... **DATE:** 8/29/10  
DEAN, POSTGRADUATE STUDIES & RESEARCH



cc Supervisor:

**DECLARATION OF INVESTIGATOR(S)**

*I/we fully understand the conditions under which I am/we are authorized to carry out the abovementioned 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.....SIGNATURE(S).....

**UNIVERSITY OF MALAWI**  
**KAMUZU COLLEGE OF NURSING**

PRINCIPAL  
(MRS) D.L N JERE MRN/M  
Dip Psych Nurse; Dip Nurse Inst  
MSc Nursing



P/BAG 1, LILONGWE, MALAWI  
TELEPHONE: 01 751 622/200  
TELEGRAMS: NURSING  
FAX: 01 756 424  
EMAIL: [dianajere@yahoo.co.uk](mailto:dianajere@yahoo.co.uk)  
[kcnll@sdp.org.mw](mailto:kcnll@sdp.org.mw)

Ref.: KCN/DOS/PF

14<sup>th</sup> September, 2005

**TO WHOM IT MAY CONCERN**

I write to certify that Beatrice Mnunkha is a student here at Kamuzu College of Nursing. She is in her fourth year and wants to do her research there at Southern Bottlers. Please assist her accordingly.

Thank you.

Yours faithfully,

A handwritten signature in black ink, appearing to be 'E.G.A. Chizimba'.

**E.G.A. Chizimba**  
**ASSISTANT REGISTRAR (ACADEMIC & STUDENTS WELFARE)**

APPENDIX J.

University of Malawi  
KAMUZU COLLEGE OF NURSING

TO: The Personnel Manager

FROM: Beatrice Mnunkha

DATE: 14<sup>th</sup> September, 2005

② JMM  
Please attend  
to her as  
discussed on phone  
ATTC  
sholwa

RE: APPLICATION FOR PERMISSION TO CONDUCT RESEARCH STUDY AT SOUTHERN BOTTLERS MALAWI LIMITED.

I am a fourth year generic student pursuing Bachelor of Science in Nursing. As part of the requirements of the degree programme, I am expected to conduct a research study. The title of my project is " Attitudes of employees of Southern Bottlers Malawi Limited (Lilongwe) towards Voluntary Counselling and Testing".

The purpose of this letter therefore is to ask for permission from your office for me to conduct the study at your institution. Participants in the study will be employees from your institution. The results that will be obtained from this study will help in giving out information to people that can help them to prevent contracting the HIV. The results will also help to add knowledge on how to disperse HIV/AIDS information so as to reach employees in their work place.

I am looking forward to your favorable response.

Yours sincerely,

*BM*

BEATRICE MNUNKHA

Cc: Dr. A. Malata (Research Supervisor)