

UNIVERSITY OF MALAWI

KAMUZU COLLEGE OF NURSING

**A STUDY OF ATTITUDES AND PERCEPTIONS OF STI CLIENTS TOWARDS
PROVIDER INITIATED HIV TESTING AND COUNSELLING**

BY

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**RESEARCH PROPOSAL SUBMITTED TO THE FACULTY OF NURSING IN
PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF
BACHELOR OF SCIENCE DEGREE IN NURSING
SUPERVISED**

BY

MR M. MUOCHA

30TH JUNE, 2010

DECLARATION

I, Diana Nyama, hereby declare that this proposal is completely a result of my own investigation and it has not been submitted for any other degree.

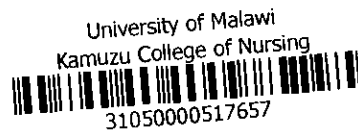
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Date ..*15/07/2010*.....

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Signature.....*[Handwritten Signature]*.....



DEDICATION

This research is dedicated to God, the Father, for his endless love, protection and encouragement during the entire course of my study.

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May God bless you all.

ABBREVIATIONS

HIV	Human Immunodeficiency Virus
STI	Sexually Transmitted Infections
PITC	Provider Initiated Testing and Counseling
AIDS	Acquired Immune Deficiency Syndrome
WHO	World Health Organization
HBM	Health Belief Model
MHP	Ministry of Health and Population
QECH	Queen Elizabeth Central Hospital
NHAP	National HIV and AIDS Policy
CCAP	Church of Central African Presbyterian
SDA	Seventh Day Adventist

ABSTRACT

This study aims at exploring clients' attitudes and perception towards provider initiated HIV testing and counseling. Specifically, it aims at assessing their knowledge on PITC, their perceived benefits of PTIC, their attitudes and factors that influence their choice not to test for HIV. The study will employ the qualitative study method and it will be conducted at Queen Elizabeth Central Hospital. The subjects will be clients attending the STI clinic and the sample will be ten. The significance of the study is to help health workers to have an insight on the fears that clients have hence to find strategies of initiating HIV testing and changing the negative attitudes that client have. The data will be collected by interviewing the clients for about 30 minutes using an interview guide by the researcher and it will be analyzed manually.

CHAPTER ONE

INTRODUCTION

Although progress has been made in treating and decreasing HIV infection and AIDS in Malawi from 14% in 2005 to 12% in 2007, the epidemic remains a critical public health issue in all communities across the country and around the world. HIV is the causative agent of AIDS which is the severe disorder of the immune system function and results in an impairment of body to fight diseases (Brunner and Suddarths, 2008).

Sexually Transmitted Infections are diseases that are acquired through sexual contact with an infected person. This include; Gonorrhoea, Syphilis, Chancroid, Lymphogranuloma Inguinale and Lymphogranuloma Venerum and HIV inclusive. (Stellenberg and Bruce, 2007).

HIV and the other STIs have a major common way of transmission thus through body fluids mostly when doing unprotected sexual intercourse. These body fluids include; seminal fluids, vaginal secretions, amniotic fluids and breast milk. This is showing the relationship between HIV and other STIs.

HIV testing is a test that is done to detect the presence of antibodies directed specifically against HIV. Pre and post counseling is done to the client for the test. This means encouraging the client to find his or her own solutions to problems, feelings and to build a support system. (Stellenberg and Bruce, 2007).

Due to this relationship, it has been found that people with STIs are prone to HIV infection and hence if a client has an STI, it is important to consider whether he or she has HIV infection. In Malawi, this is initiated by the health care provider in STI clinics and hence the researcher would like to find out the perception of STI clients towards this provider initiated HIV testing and counseling.

BACKGROUND OF THE STUDY

HIV was first recognized in more than 30 years ago. The earliest confirmed case of HIV infection was found in blood drawn from an African man in 1959 as Brunner has quoted Stephenson 1998. Worldwide, AIDS kills more than 8,000 people everyday, 1 person every 10 seconds (UNAIDS, 2006). Since the beginning of the epidemic, AIDS claimed almost 39 million lives. Unsafe sexual intercourse has been the predominant mode of transmission as this is also the main mode of transmission of other STIs.

Malawi is one of the country of which it is highly affected by HIV. In the first place, there was only VCT where people go voluntarily to test for HIV. But now HIV testing and counseling has been incorporated in the management of other infection. One of this is in the management of STIs. STIs significantly increase the risk of HIV infection and their effective control has been shown to decrease the risk of HIV transmission. Thus STI clients need to be encouraged on HIV testing and counseling (National HIV and AIDS Policy).

As one way of implementing this policy statement, the National AIDS Control Program of the Ministry of Health and Population (MHP) adopted and approved the published guidelines on syndromic management of STIs in 1998. In these guidelines, it is stipulated that on management of every STI, HIV testing and counseling should be preceded. These are the guidelines that are being used now in STI clinics. This HIV testing and counseling is still voluntary only that it is initiated by the health care provider and as all tests, the patient has the right to refuse the test.

Looking at the importance of the test in treating STIs, there is really a need that every client with STI should be tested after being given enough information until the client gives an informed consent. However, some clients refuse to be tested despite being given the information on the importance of the test. This study is designed to explore the perceptions of clients who refuse the test towards provider initiated HIV testing and counseling.

PROBLEM STATEMENT

Malawi is one of the countries in Sub Saharan Africa seriously affected by STIs including HIV (WHO, 2005). According to the Syndromic management guidelines for Malawi, it is expected that every client should be tested for HIV after being counseled and after giving an informed consent. The researcher has observed despite this protocol, some patients refuse to be tested. Instead, they just want to be treated for the STIs.

Raw data of QECH for 2009 from July to December; out of 6646 clients who attended the STI clinic, 1997 clients had their HIV tested. This is representing 44% of clients who tested and 56% of clients who did not test. This problem has provoked the interest of the researcher to find out how these clients perceive provider initiated HIV testing and counseling.

RELEVANCE OF THE STUDY

The results of this study will be used to find strategies of initiating HIV testing and counseling and changing the negative attitudes that people have towards it. Hence, proper treatment will given as early as possible and this will help in preventing other complications that may come due to recurrence and difficulty in treating STIs. The results will also help policy makers to formulate policies that will encourage STI clients to be tested for HIV.

THE TOPIC

A Study on attitudes and perceptions of STI clients towards provider initiated HIV testing and counseling at QECH STI clinic.

OBJECTIVES FOR THE STUDY

BROAD OBJECTIVE

To explore the attitudes and perceptions of clients with STIs towards provider initiated HIV testing and counseling.

SPECIFIC OBJECTIVES

1. To find out clients knowledge on provider initiated HIV testing and counseling.
2. To assess clients' perceived benefits of HIV testing and counseling when they have STIs.
3. To identify clients attitude towards provider initiated HIV testing and counseling.
4. To identify factors that influence clients' choice not to test for HIV.

CHAPTER TWO

LITERATURE REVIEW

INTRODUCTION

Literature review is a systematic and critical review of the most important published scholarly literature on a particular topic (Wood and Heber, 1994). The overall goal of literature review is to develop a strong knowledge base to carry out research and other non research scholarly activities in the clinical settings. Literature review equips the researcher with what has already been done in relation to the study thereby minimizing unintentional risk of duplication (Polit and Hungler, 1991). It also determines the gaps that are there in the literature about the subject of study.

THE RELATIONSHIP BETWEEN HIV AND OTHER STIS

Research has shown presence of genital ulcer disease and some non-ulcerative STIs enhance the transmission of HIV while an HIV infected person is likely to have a greater susceptibility to infection with other STIs if they engage in unprotected sexual intercourse with an infected person (<http://www.books.google.co.uk>). This is so because; genital ulcers create openings in the mucous membranes through which HIV can easily move.

Genital inflammation increases receptors to which HIV attach itself in preparation to enter the body. STIs in there are excessive inflammatory vaginal secretions as in pelvic inflammatory disease, may promote HIV transmission because of the presence of large numbers of virus infected cells in the genital tract (Bruner and Suddarth's, 2008). Patients who have persistent and recurrent STIs that require continuous therapy should be evaluated for the evidence of deterioration of the immune system of which one of causes of decreased immunity is HIV and AIDS. STIs are more acute where an HIV infected is present and are also more difficult to treat. It has to be noted that most people with STIs live a promiscuous lifestyle thus with multiple partners. People with HIV also increase the spread of STIs because the healing process may be delayed due to more severe or complicated STIs hence leading to a higher drug failure. Many researchers have indicated that the control of STIs may also be the key to combating HIV and AIDS (Stellenberg and Bruce, 2007).

BENEFITS OF HIV TESTING AND COUNSELLING IN STI MANAGEMENT

Pre and post counseling that is done, motivates positive behaviour change, it gives an opportunity for the person to ascertain HIV status thus if infected with the virus to prevent further transmission to others and also to prevent reinfection. It also offers a chance to access care in relation to the infection such as CD4 count and initiation of ARVs at an earlier stage (NHAP).

Incorporated testing in STI management is more of diagnostic since it helps the health care provider to make proper diagnosis and to decide proper treatment. According to NHAP, experience has shown that people fearing HIV infection have difficulty making

an informed decision to have a test. The fact that the client presents voluntarily with a health problem allows the assumption that he or she would be grateful to be guided by a qualified health care provider in diagnosis and management. In such instances and where HIV infection is suspected, testing has to be part of diagnostic process.

STUDIES DONE ELSEWHERE

Deblonde et al, (2009), did a systemic review of literature on the barriers to HIV testing in Europe. This was done because it was observed that opportunities were being missed to diagnose HIV particularly in regular health care settings hence there was a need to understand better the barriers to HIV testing and counseling. After the systemic review of literature it was found that 14 studies reported the barriers at the level of the clients and 6 on barriers at health care provider level. The barriers described are centralized around low risk perception thus some clients do think that they are not at high risk of contracting the virus. Fear and worries to be told that they are HIV positive and reluctance of health care providers on addressing HIV issues. This is so critical to be looked at to improve effectiveness of HIV testing and counseling. Here in Malawi, the refusal of some clients to be tested , might be due to some of these reasons hence there is a need for this study to be done so as to find out the exact factors.

Heijman et al,(2008), found out that PITC increased HIV testing in a large sexually transmitted infections outpatient clinic in Netherlands after collecting data and analyzing it from 2006 to 2007. The data was collected and analyzed separately from men who have sex with men (MSM) and from heterosexuals. Though it was like this, there were also a number of clients who refused testing and factors associated with the refusal were identified. Men and non Dutch visitors refused more often; those warned of STI exposure by sexual partners and those diagnosed with gonorrhoea or syphilis refused more often. In 2006, 38% of MSM and 27% of heterosexuals declined testing. In 2007, it decreased to 12% of MSM and 4% of heterosexuals. The factors associated with the refusal were; fear and low risk perception. Fear is the most common reason for declining test both among MSM (40%) and heterosexuals (36%). 12% of MSM and 22% of heterosexuals considered themselves at no or low risk of HIV. 21% of MSM and 7% of heterosexuals

reported that they tested HIV negative 3 months ago. Identification of personal barriers to HIV testing is important in order to improve HIV testing to all clients who intend to decline testing.

Carey (2008) did a randomized controlled trial on improving HIV rapid testing among STI clinic clients in Huntington. This was done to evaluate two approaches to increasing rapid testing. These were using a DVD to provide information about HIV and the benefits of HIV testing and involving behavioural counseling that was delivered by a nurse provider. The primary outcome was whether patient agreed to be tested, secondary included knowledge and attitudes of clients. 6 of 31 (19%) clients who received the DVD, agreed to be tested and 13 of 29 (45%) clients who received the counseling agreed to be tested. The other clients who declined testing (36%), indicated reasons for their decision. The most frequently endorsed reasons were; “ I don’t think I have HIV” (66%), “I already know my HIV status (49%), “I will be too upset if I find out that I have HIV” (41%) and “I don’t like thinking about HIV” (34%). Following this, it has been seen that clients have different attitudes towards HIV testing and hence exploring this in, Malawi will help to determine the reasons for refusal and plan for interventions to deal with the problem.

Kharsany et al, (2010) did a study on the uptake of PITC among women attending an urban STI clinic in South Africa from July 2005 to June 2006. Women were offered HIV testing following information and education at the clinic waiting area. Of these women, 56.5% refused to be tested the reasons being; (61.8%) were having already tested for HIV some time back, (32.5%) felt unready to test, (0.9%) they reported that they need to consult their partner and (4.8%) refused with no explanation. In settings where high risk patients are found such as STI clinic, failure to implement PITC is a missed opportunity for patients to benefit from counseling, prevention, early diagnosis and referral in terms of HIV infection. Hence reasons for refusal of these clients are very important to be assessed here in Malawi.

The medical research council of South Africa in 2007 conducted a study on the impact of provider initiated HIV testing and counseling of patients with STIs in Cape Town. This was to evaluate whether PITC approach increased HIV testing amongst patients with a new episode of STIs as compared to the standard voluntary HIV testing and counseling at primary level in South Africa. The results were that a significantly higher proportion of new STI clients in the intervention group tested for HIV as compared to the control group with 56.4% intervention versus 42.6% control. This increase was achieved despite a significantly higher proportion of intervention group refusing testing when offered 26.7% intervention group versus 13.5% control. A study of this type has not been done in Malawi and hence with the large proportion of clients who refuse to be tested might not be indicating good progress of the program hence; studying the perceptions of these clients may determine the reasons for the impact.

Carla and Michelle (2007) conducted a study in Switzerland on the utilization of testing and counseling for HIV: a review of the social and behavioral evidence. This was to address the debates about expanding HIV testing and counseling. The results of the study summarized the evidence on the social and behavioral dimension of testing and its implications on the programs. The main reason of which a large proportion of people refuse to be tested was fear to test positive and disclosing their status. This fear was grounded on the social consequences of the illness such as rejection by loved ones, loss of job, housing, discrimination and violence. Other reasons were reluctance to acknowledge that they are at risk, doubting the existence of HIV, denying dangers, fears related to stigma and negative reactions to disclosure and gender differences. It was found that men tend to underestimate their risk for HIV infection more than women do. Despite reporting high risk behavior, women have more fears about testing than men. The results of this study can be applied to the study to be done since the social and behavioral factors have a considerable impact on one's decision making to accept testing. Whether testing does open the gate to treatment and promotes prevention depends in large part on the extent to which fears of testing are overcome, adverse consequences of disclosure are avoided. This in turn, requires understanding of the contextual factors that facilitate or hinder testing.

Thornton et al (2005) did a study on the reactions to voluntary HIV testing and counseling in rural Malawi. The subjects were ever married women and their husbands, adolescents. The majority accepted to be tested and the refusal rate was 23.1% with a higher number of women. The overall substantive conclusion of this study is that there is considerable fear of testing and anxiety about hearing one's own status. These can be overcome at least by conducting similar studies so as to explore more on clients' views.

SUMMARY OF LITERATURE REVIEW

The literature reviewed, emphasized on the relationship between STIs and HIV, the perception of other clients on HIV testing and counseling. From the literature, there is a clear indication that some have positive attitude towards testing while others have a negative attitude of which apart from the presented reasons, there might be other unsurfaced reasons as to the clients here in Malawi.

According to the literature reviewed, there are limited studies done both world wide and no study here in Malawi was done to find out clients perception on provider initiated HIV testing and counseling. Therefore, this justifies the need to conduct this study.

CHAPTER THREE

CONCEPTUAL FRAMEWORK

THE HEALTH BELIEF MODEL

The results of a research which has been done within the context of a theoretical framework are more significant and are utilized in the nursing practice (Polit and Hungler, 1995). This study is based on the Health Belief Model. It integrates the psychological theories of goal setting, decision making and social learning (Bullough and Bullough, 1990). This model has three principle concepts and individual perceptions, modifying factors and variables affecting the likelihood of initiating actions. Individual perceptions include one's own judgment of the susceptibility to seriousness of the disease and perceived threats of the illness.

The modifying factors in this model include; age, gender, race, ethnicity, personality, social class, peer pressure, knowledge about the disease. Prior contact variables affecting the likelihood of an individual to initiate action include; perceived benefits, perceived barriers and motivation.

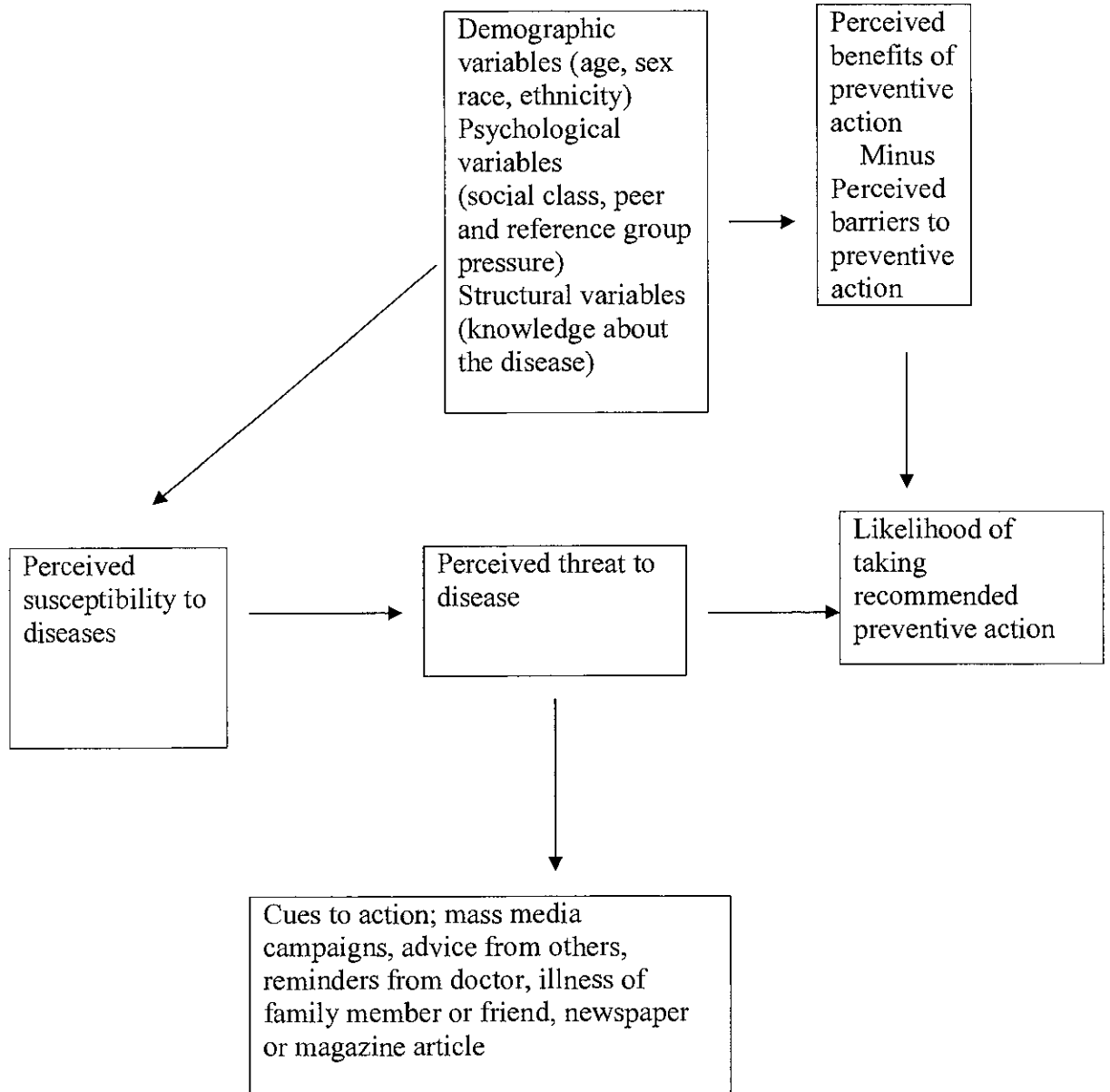
The health belief model suggests that people are more likely to take preventive measures to comply with professional medical advice if they feel concerned about their health and motivated to protect themselves. An individual complies with treatment if he or she believes that the consequence of the disease or condition would be more serious if left untreated.

THE HEALTH BELIEF MODEL

INDIVIDUAL PERCEPTION

MODIFYING FACTORS

LIKELIHOOD OF ACTION



APPLICATION OF THE MODEL

Perceived susceptibility and severity

A person is likely to accept to be tested for HIV only when he or she perceives that is susceptible to HIV infection and also when he or she perceives that if is infected, it will be more severe, serious and complicated if it is identified at a later stage. Hence, the person would definitely like to be tested so that if he or she has the virus, it should be detected earlier for early management.

Perceived benefits of preventive behavior

One will follow preventive measures of illness whenever he or she perceives the measures to be of great importance in his or her life. In this case, if a client knows his or her HIV status i.e. to be negative, will probably try as much as possible to prevent contracting the virus for example by having protected sexual intercourse. If one knows that is HIV positive, will prevent re-infection and infecting others.

Perceived barriers for taking actions to prevent

Potential barriers may be; fear and embarrassment hence there is a need to assess the barriers to accepting HIV test. Some barriers may be demographic such as sex and age, social-psychological variables such as attitudes towards health workers, structural variables such as knowledge of the disease that it is life threatening.

CHAPTER FOUR

METHODOLOGY INTRODUCTION

This chapter will describe the research design, setting, and sampling method, instrumentation, pre-testing of the instrument, data collection, data analysis, ethical considerations and dissemination of results.

RESEAECH DESIGN

A descriptive qualitative research design will be used in this study. Qualitative research is an artistic approach to produce more understanding holistic nature of phenomena (Swain and Reynolds, 2001). Interview guide will be used. This will give the respondents opportunity to express themselves as to how they feel.

STUDY SETTING

The study will be conducted among STI clients attending QECH STI clinic. It has been chosen because the clinic receives people from different places of the country with different views. Hence, this will make my data not to be biased.

SAMPLING

Sampling includes selecting groups of people, events, behaviors or other elements with which will help to conduct a study (Burns and Groove, 2001). It is also a process of selecting subjects that are representative of the population being studied. Convenient sampling will be used and a sample of 10 clients will be used.

INSTRUMENTATION

This is a tool that is used to collect data. A semi-structured interview guide will be used to collect data. According to Swain and Reynolds, 2001, a semi-structured interview guide uses open and close ended questions to guide the interview. The interview will be developed in English and translated into Chichewa because some respondents will not be able to understand and communicate effectively in English.

PRE-TESTING

Pilot testing of the interview will be done at Zomba Central Hospital to refine the data collection tool. It will be administered to 2 subjects who will not be included in the population sample. This will help the researcher to correct any problems to make it clear and appropriate for the intended study population. Pre-testing will be done at

DATA COLLECTION

Data will be collected within 5 days. Each interview will be approximately 25 minutes and 2 interviews in a day. The guide has a pre determined set of questions that will be asked during the interview. Probing will be done for the clients to explain more. The interview guide will serve as a check list during the interview and it will ensure that the same information is being obtained from the clients. It will be the researcher conducting the interviews to make sure that quality data is obtained.

DATA ANALYSIS

This is a process by which the researcher summarizes and describes data that has been collected. The data in this study will be analyzed manually.

ETHICAL CONSIDERATIONS

For this study to be done, it will first be approved by the college research and publications committee. Permission will be sought from QECH i.e. from the hospital director and the chief matron.

The rights of the subjects will be carefully observed. These rights include; the right to information, the right to self determination and the right to stop participating in the study, this will be observed by providing adequate information regarding the study and obtaining an informed consent from the clients.

The clients will be assured that there is no punishment or any form of penalty that will be given if they refuse to be part of this study or if they withdrawal. The participants will get information on HIV, STIs and Provider initiated testing and counseling. There is no

direct benefit to the participants at the time of data collection such as money. But other clients or themselves will benefit in the future when the data will be analyzed and decisions on how to solve the problems will be made. A known risk is that some patients may feel that their private life is being interfered by some questions. Counseling will be done to such clients and confidentiality will be assured.

DISSERMINATION OF RESULTS

The findings of this study will be communicated through writing a report. The report will be put in the college library; a copy will be given to the director of QECH and the KCN research committee.

CHAPTER FIVE

TIME LINE (WORK PLAN)

This is the description of the period in which the whole research will be done. It starts from proposal writing, data collection, analysis and dissemination of results.

RESEARCH ACTIVITY	TIME IN MONTHS/2010
Literature review, proposal writing	May to June
Clearance	July
Pre-testing	August
Data collection and interpretation	September
Compiling results of the dissertation	October
Submission of dissertation	November

BREAK DOWN OF THE BUDGET

ITEM	QUANTITY	COST(MK)
Realm of papers @ 750 each	2	1,500.00
Ball pens @ 30 each	5	150.00
Printing and binding research proposal @ 500 each	4	2,000.00
Folder @ 50 each	1	50.00
Printing, photocopying and binding dissertation @ 1000 each	4	4,000.00
Transport		2,000.00
Telephone calls @160 each dollar	5 dollars	800.00
Internet services		500.00
Envelopes both small and large @ 20 and 50	6	270.00
Printing and photocopying interview guides @ 30 each	15	450.00
Printing and photocopying application letters @ 10 each	5	50.00
Printing and photocopying consent letters @ 20 each	15	300.00
Food cost		2,000.00
Flash disk @ 2000 each	1	2,000.00
Contingency		2,000.00
Grand total		18,070.00

JUSTIFICATION OF THE BUDGET

The researcher has come up with this budget for the resources that are needed to develop the proposal, to conduct the study and to develop the research dissertation. The papers will be required when collecting information from books and for printing and photocopying since sometimes there are no papers at the college library. The ball pens will be used during data collection. Money will also be needed for the printing and binding of the proposal, the dissertation, consent letters, application letters and interview guides. A folder will be required for carrying interview guides at data collection site. Due to the clinical allocation, sometime I will be away from my supervisor hence, I will need units to call him. At some time I will need internet services and money to pay will be

required. By the time of data collection, I will be at a district hospital for preceptorship and I will need money for transport to go to QECH and for food. For the keeping of information, a flash disk is also needed. Since circumstances can not be predetermined, money for the contingencies will be required.

APPENDIX ONE

REFERENCE

- Brunner and Suddarths', (2008). Textbook of Medical-Surgical Nursing, (11th Edition), Lippincott, New York.
- Bullough and Bullough, (1990). Nursing in the community, The C.V. Mosby Company, Philadelphia, New York.
- Burns N. and Groove K.S. (2001). The practice of nursing Research, Conduct, Critique and Utilization, (5th Edition), St Louis, Missouri.
- Carey M.P. et al, (2008). Improving HIV Rapid Testing Rates among STI clinic patients; A Randomized Controlled Trial. Huntington. Volume 27 (6), 833-839.
- Carla M.O. and Michelle O. (2007). The Utilization of Testing and Counseling for HIV; A review of the social behavioural evidence. Switzzland, American Journal of public Health, Volume 97 (10) 1762-1774.
- Deblonde J. et al, (2009). Barriers to HIV Testing in Europe: a systemic review. The European Journal of Republic Health. Volume 20 (3) 1093.
- Heijman J et al, (2008). Provider Initiated HIV Testing and Counseling increases HIV Testing in a large sexually transmitted infections outpatient clinic; an international peer-reviewed journal for health professionals and researchers in all areas of sexual health. Amsterdam, Netherlands. Volume 85 (4) 249-255.
- Kharsany A.B.M. et al, (2010). Uptake of Provider Initiated HIV Testing and Counseling among women attending an urban STI clinic in South Africa. Missed opportunities for early diagnosis of HIV infection. Volume 22 (5) 533-535).
- Medical Research Council of South Africa (MRC) (2007). The impact of Provider Initiated HIV Testing and Counseling of patients with STIs in Cape Town.
- National AIDS Commission (2003). National HIV and AIDS Policy: A call to Renewed Action, Lilongwe.
- Polit D.F. and Hungler B.P. (1991). Nursing Research: Principles and methods. (4th Edition) Philadelphia, J.B. Lippincott Company.
- Stellenburg L.E. and Bruce J.C. (2007). Nursing Practice, Medical-Surgical Nursing for hospital and community, African Edition, Churchill, New York.

Stanhope M. and Lancaster J. (2008). Community Public and Health Nursing: st Louis.
The C.V. Mosby Co.

APPENDIX TWO

INTERVIEW GUIDE IN ENGLISH

CODE NUMBER.....

DATE OF INTERVIEW.....

SECTION A: DEMOGRAPHIC DATA

- 1. Sex: Male ()
 Female ()
- 2. Marital status:
 - Married ()
 - Single ()
 - Divorced ()
 - Widower ()
 - Widow ()
 - Other specify.....
- 3. Age: 15-20 ()
 21-30 ()
 31-40 ()
 41-50 ()
 Above specify.....
- 4. Tribe: Yao ()
 Lomwe ()
 Ngoni ()
 Chewa ()
 Tumbuka ()
 Other specify.....
- 5. Religion: Roman Catholic
 - C C A P
 - S D A
 - Anglican
 - Muslim
 - Other specify.....

SECTION B: KNOWLEDGE OF CLIENTS ON PROVIDER INITIATED HIV TESTING AND COUNSELLING

- 1. Have you ever heard of provider initiated HIV testing and counseling?
Yes () Explain.....
.....
.....
No ()
- 2. If yes, where did you hear it from?.....

3. Why do you think it is done.....
.....
4. What do you think are the benefits of this
program.....
.....

SECTION C: ATTITUDES AND PERCEPTION TOWARDS PITC

1. Do you think HIV testing and counseling is important in the management of STIs? Yes () no ()
If yes explain.....
.....
If no explain.....
.....
2. Can you mention some factors that can affect your decision whether to accept HIV testing or not
To test.....
.....
Not to test.....
.....
3. Would you be willing to test for HIV? Yes () no ()
If yes explain.....
.....
If no explain.....
.....
4. Would you recommend anybody for PITC?
Yes explain.....
.....
No explain.....
.....
5. What are your areas of concern on PITC at the STI clinic.....
.....
.....

THANKS FOR PARTICIPATING IN THIS STUDY!

APPENDIX THREE

INTERVIEW GUIDE IN CHICHEWA

NAMBALA.....

TSIKU.....

GAWO LOYAMBA: MBIRI YANU

1. Wamwamuna ()
Wamkazi ()
2. Kodi muli pa banja?
Eya ()
Ayi ()
Zina tchulani.....
3. Muli ndi zaka zingati?
15-20 ()
21-30 ()
31-40 ()
41-50 ()
Kuposera apa.....
4. Mtundu wanu
Yao ()
Lomwe ()
Ngoni ()
Chewa ()
Tumbuka ()
5. Chipembedzo chanu
Roman Catholic ()
CCAP ()
SDA ()
Anglican ()
Muslim ()

Zina tchulani.....

**GAWO LACHIWIWI: ZOMWE MUKUDZIWA POKHUDZANA NDI
KUYEZETSA MAGAZI KOCHITA KULIMBIKITSIDWA NDI OGWIRA
NTCHITO KU CHIPATALA**

- 1.Kodi inu munamvapo za kuyezetsa magari lochita kulimbikitsidwa ndi ogwira ntchito
Ku chipatala?
Eya ()
Ayi ()
2. Ngati eya munamvera kuti?
3. Inu mukuganiza kuti ubwino wake ndi wotani?.....

**GAWO LA CHITATU: MAGANIZO ANU NDI MMENE MUKUONERA PA
KUYEZETSA MAGAZI KOCHITA KULIMBIKITSIDWA
NDI OGWIRA NTCHITO KU CHIPATALA**

1. Kodi inu mukuona ngati kuyezetsa magari pamene muli ndi matenda opatsirana
pogonana ndi kofunika?
Eya, chifukwa.....
.....
Ayi,chifukwa.....
2. Mungatchulepo zifukwa zimene zingakupangitseni inu kulora kuyezetsa magari
.....
.....
3. Mungathulepo zifukwa zimene zingakupangitseni inu kukana kuyezetsa magari
.....
.....
4. Kodi inu muli ofuna kuti muyezetse magari ?
Eya ()
Ayi ()
5. Ngati eya chifukwa.....
6.
Ngati ayi chifukwa.....
.....
7. Maganizo anu ndi otani pa kuyezetsa magari kochita kolimbikitsidwa ndi ogwira
Ntchito ku chipatala.....
.....
8. Ndi Madera ati amene inu mukukhudzika nawo kapena muli oopa pa mchitidwe
umenuwu.....
.....

ZIKOMO KWAMBIRI POTENGA MBALI MUKAFUKUFUKUYI!

APPENDIX FOUR

INFORMED CONSENT (IN ENGLISH)

Dear Participant,

I am a fourth year student at Kamuzu College of Nursing pursuing a Bachelors Science Degree in nursing. In partial fulfillment of the academic award, I am required to conduct a study. My area of interest is on the attitudes and perceptions of STI clients towards provider initiated HIV testing and counseling. The findings will be used to help the health workers gain insight into and identify fears of clients and its origin as well as planning on how to alleviate the fears.

Interviews will be done to collect the data and it will take about 30 minutes. To you the participant, it is important because you will be equipped with information on PITC. You should know that nothing will be given to you such as money because of your participation. There are no risks to your participation. As a participant, you have the right to participate or not to or to withdraw from participating at any time. Code numbers will be used instead of your names to maintain confidentiality. Your information will be kept in secret so that no one will have access except me.

If you are willing to participate please sign the consent form.

Thank you for your cooperation

Yours Truly,

Diana Nyama.

CONSENT FORM

I, the undersigned have read and understood the information and conditions for participating in this research study. I agree to participate in the study.

Participant's signature.....Date.....

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

**APPENDIX FIVE
INFORMED CONSENT (IN CHICHEWA)**

**UTHENGA OPITA KWA OTENGA MBALI MU KAFUKUFUKU WA
KUYEZETSA MAGAZI KOCHITA KULIMBIKITSIDWA NDI OGWIRA
NTCHITO KU CHIPATALA**

Ine ndine Diana Nyama wophunzira wa kusukulu ya anamwino ya Kamuzu college. Pofuna kukwaniritsa mbali ina ya maphunziro anga, ndikuyenera kuchita kafukufuku. Ine ndikupanga kafukufuku wofuna kudziwa zomwe zimapangitsa kuti anthu ena akane kuyezetsa magazi komanso kuti avomere ndi cholinga chofuna kudziwa ngati ali ndi kachiroombo koyambitsa matenda a AIDS kapena ayi.

Mafunso akhala akufunsidwa ndipo ine ndikuyembekezera mayankho kuchokera kwa inu. Dziwani kuti mutenge nawo mbali mu kafukufuku ameneyu ndi mwakufuna kwanu. Kotero muli ndi ufulu osiya kutenga nawo mbali mu kafukufuku ameneyu nthawi iriyonse. Palibe phindu lina lirilonse lomwe mupeze pamene mwafunsidwa mafunso monga ndalama. Koma zotsatira zidzathandiza ena mtsogolo ngakhale inu nomwe popeza ogwira ntchito mchipatala adzafufuza njira zomwe zingathandize kupeza njira zothetsa mavuto amene alipo pofuna kuthandiza odwala bwino.

Mukulonjezedwa kuti simupwetekedwa mwa njira iriyonse ndipo uthenga umene inu mupereke usungidwa mwa chinsinsi ndipo dzina lanu sirilembedwa koma mmalo mwake nambala igwiritsidwa ntchito. Mukhale omasuka kufunsa mafunso okhudzana ndi kafukufukuyu.

Kutenga mbali kwanu kukhala kopambana kwambiri
Zikomo kwambiri
Diana Nyama
(wochita kafukufuku)

KUVOMEREZA KUTENGA NAWO MBALI MU KAFUKUFUKU

Ine amene ndasayina pansipa, nawerenga komanso ndauzidwa ndipo ndamva uthenga onse wokhudzana ndi kafukufukuyu. Ndafuna kutenga nawo mbali mwaufulu.

Wotenga mbali.....

Tsiku.....Wochita

kafukufuku.....Tsiku.....

.....

APPENDIX SIX

Kamuzu College of Nursing
P/Bag 1
Lilongwe
21st May, 2010.

The Chairperson
The Research and Publications Committee
University of Malawi
Kamuzu College of Nursing
P/Bag 1
Lilongwe

APPLICATION FOR CLEARANCE TO CONDUCT A RESEARCH STUDY

I am a final year generic student pursuing Bachelors degree in nursing at Kamuzu College of Nursing. I want to conduct a study on attitudes and perceptions of STI clients towards provider initiated HIV testing and counseling as a requirement for the degree.

There are minimal risks that may occur during this study and these include; beliefs, practices and fears about HIV testing and counseling. If such discomfort occurs, the researcher will support and counsel the participant and refer accordingly.

The purpose of writing to is to request for your approval to conduct the study.

I anticipate your favourable consideration.

Yours faithfully,

Diana Nyama
Principal Researcher

Mr. M. Muocha
Research Supervisor

APPENDIX SEVEN

Kamuzu College of Nursing
P/Bag 1
Lilongwe
21st May, 2010.

The Director
Queen Elizabeth Central Hospital
P.O.Box 95
Blantyre
Through: The Research Committee Chairperson
Kamuzu College of Nursing
P/ Bag 1

Dear Sir/ Madam,

APPLICATION FOR PERMISSION TO CONDUCT A STUDY

I am a final year generic student pursuing Bachelors degree in nursing at Kamuzu College of Nursing. I want to conduct a study on attitudes and perceptions of STI clients towards provider initiated HIV testing and counseling as a requirement for the degree.

There are minimal risks that may occur during this study and these include; beliefs, practices and fears about HIV testing and counseling. If such discomfort occurs, the researcher will support and counsel the participant and refer accordingly.

The purpose of writing this letter is to request your institution to be a research site. The research will involve in-depth interview STI clients attending the clinic.

I anticipate your favourable consideration.

Yours faithfully,
Diana Nyama
The researcher

APPENDIX EIGHT

Kamuzu College of Nursing
P/Bag 1
Lilongwe
21st May, 2010.

The Chief Matron
Queen Elizabeth Central Hospital
P.O.Box 95
Blantyre
Through: The Research Committee Chairperson
Kamuzu College of Nursing
P/ Bag 1
Lilongwe

Dear Madam,

APPLICATION FOR PERMISSION TO CONDUCT A STUDY

I am a final year generic student pursuing Bachelors degree in nursing at Kamuzu College of Nursing. I want to conduct a study on attitudes and perceptions of STI clients towards provider initiated HIV testing and counseling as a requirement for the degree.

There are minimal risks that may occur during this study and these include; beliefs, practices and fears about HIV testing and counseling. If such discomfort occurs, the researcher will support and counsel the participant and refer accordingly.

The purpose of writing this letter is to request your institution to be a research site. The research will involve in-depth interview STI clients attending the clinic.

I anticipate your favourable consideration.

Yours faithfully,
Diana Nyama
The researcher

APPENDIX NINE

Kamuzu College of Nursing
P/Bag 1
Lilongwe
21st May, 2010.

The Director
Zomba Central Hospital
P. O Box 21
Zomba

Through: The Research Committee Chairperson
Kamuzu College of Nursing
P/Bag 1
Lilongwe

Dear Sir/Madam

APPLICATION FOR PERMISSION TO CONDUCT A PILOT STUDY

I am a final year generic student pursuing Bachelors degree in nursing at Kamuzu College of Nursing. I want to conduct a study on attitudes and perceptions of STI clients towards provider initiated HIV testing and counseling as a requirement for the degree.

The purpose of this letter is to seek for permission to conduct a pilot study at your institution- STI clinic. This pilot study will be done on two clients and it will involve in-depth interview. It is proposed to be done in August, 2010.

I am looking forward for your favourable consideration.

Yours faithfully,
Diana Nyama
The researcher

APPENDIX TEN

Kamuzu College of Nursing
P/Bag 1
Lilongwe
21st May, 2010.

The STI Clinic in-charge
Queen Elizabeth Central Hospital
P.O.Box 95
Blantyre
Through: The Research Committee Chairperson
Kamuzu College of Nursing
P/ Bag 1
Lilongwe

Dear Madam,

APPLICATION FOR PERMISSION TO CONDUCT A STUDY

I am a final year generic student pursuing Bachelors degree in nursing at Kamuzu College of Nursing. I want to conduct a study on attitudes and perceptions of STI clients towards provider initiated HIV testing and counseling as a requirement for the degree.

There are minimal risks that may occur during this study and these include; beliefs, practices and fears about HIV testing and counseling. If such discomfort occurs, the researcher will support and counsel the participant and refer accordingly.

The purpose of writing this letter is to request your unit to be a research site. The research will involve in-depth interview STI clients attending the clinic.

I anticipate your favourable consideration.

Yours faithfully,
Diana Nyama
The researcher

APPENDIX ELEVEN

Kamuzu College of Nursing
P/Bag 1
Lilongwe
21st May, 2010.

The District Health Officer
P.O.Box
Blantyre
Through: The Research Committee Chairperson
Kamuzu College of Nursing
P/ Bag 1

Dear Sir/ Madam,

APPLICATION FOR PERMISSION TO CONDUCT A STUDY

I am a final year generic student pursuing Bachelors degree in nursing at Kamuzu College of Nursing. I want to conduct a study on attitudes and perceptions of STI clients towards provider initiated HIV testing and counseling as a requirement for the degree.

There are minimal risks that may occur during this study and these include; beliefs, practices and fears about HIV testing and counseling. If such discomfort occurs, the researcher will support and counsel the participant and refer accordingly.

The purpose of writing this letter is to request your permission and clearance. The research will involve in-depth interview STI clients attending the clinic.

I anticipate your favourable consideration.

Yours faithfully,
Diana Nyama
The researcher

APPENDIX TWELVE

Kamuzu College of Nursing
P/Bag 1
Lilongwe
21st May, 2010.

The Secretary for Health
Ministry of Health and Population
P.O.Box 30377
Lilongwe.

Through: The Research Committee Chairperson
Kamuzu College of Nursing
P/ Bag 1

Att: Controller of nursing services,

Dear sir/madam,

APPLICATION FOR PERMISSION TO CONDUCT A STUDY

I am a final year generic student pursuing Bachelors degree in nursing at Kamuzu College of Nursing. I want to conduct a study on attitudes and perceptions of STI clients towards provider initiated HIV testing and counseling as a requirement for the degree.

There are minimal risks that may occur during this study and these include; beliefs, practices and fears about HIV testing and counseling. If such discomfort occurs, the researcher will support and counsel the participant and refer accordingly.

The purpose of writing this letter is to request your permission and clearance. The research will involve in-depth interview STI clients attending the clinic.

I anticipate your favourable consideration.

Yours faithfully,
Diana Nyama
The researcher