A DESCRIPTIVE STUDY OF THE ATTITUDES AND PRACTICES OF HEALTH PERSONNEL TOWARDS CLIENTS WITH STD HIV

ANNE MULENGA MAKANTA_CHIPUNGU

BACHELOR OF SCIENCE NURSING DEGREE

OCTOBER 1995

A DESCRIPTIVE STUDY OF THE ATTITUDES AND PRACTICES OF HEALTH PERSONNEL TOWARDS CLIENTS WITH STD/HIV

ANNE MULENGA MAKANTA CHIPUNGU

ZRN/ZRM/ZRTN

SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENT OF THE DEGREE OF NURSING

UNIVERSITY OF ZAMBIA SCHOOL OF MEDICINE

OCTOBER 1995

DECLARATION

I declare that all of my work presented in this study is my own, except where specific references have been made and appropriate recognision of these documented.

I further declare that this work, neither in part nor entirely, has been submitted towards any other degree or award.

A. MAKANTA CHIPUNGU

E. MUTENUKILE (CHIEF ADVISOR).

P. NDELE (COURSE CO-ORDINATOR)

DEDICATION

IN LOVING MEMORY OF THE MOST WONDERFUL PERSON THAT I'VE EVER KNOWN, MY HUSBAND, MAJOR CHRISTOPHER CHITALU CHIPUNGU

ACKNOWLEDGEMENTS

I should like to express my sincere and profound gratitude to the people who have contributed, through their advice, valuable time and encouragement throughout the course of study.

I would particularly like to thank my sponsors D.H.R.D. for awarding me a Scholarship to undertake the degree of BSc Nursing.

I should also like to thank my advisor Mrs. E. Mutenukile, who provided advice and encouragement from the conception of the study to its final completion. Her advice and whole hearted support, as well as critical comments, helped to ensure that the project was duly completed.

My thanks go to Mrs. P. Ndele my Course Co-ordinator for her encouraging words.

Thanks must duly go to my mother, Mubanga, my sister and Chewe for being supportive to me during the course of my study.

My sincere thanks go to Mr. and Mrs. Anne Mwaanga for the support rendered to me during the course of my study.

I would like to thank WHO for sponsoring this project.

My thanks go to Mrs. Sinyangwe for typing my work.

Finally my thanks must duly go to the Lord Almighty and Saviour, for making it possible.

ABSTRACT

INTRODUCTION

STDs are not only a problem to Zambia but are a global concern as well. The STDs mainly affect adolescent any young adults in all social and economic strata. The current status of STDs is causing great concern, hence the need to prevent its spread. Failure to effectively halt its spread can be associated with many factors like client compliance, partner identification or attitudes of health personnel. In order to try and find out why STDs were on the increase a research into the attitudes of health personnel was conducted. The study sought to determine the attitudes of health personnel towards clients with STDs/HIV.

A sample of sixty (60) subjects comprising of 31 (51.7%) males and 29(48%) females was selected randomly. The respondents were drawn from three health centres of Lusaka, namely University Teaching Hospital (U.T.H.), Kabwata Clinic and University of Zambia Clinic.

Data was collected between 25th to 30th August, 1995. A self devised questionaire was used and this was complimented by a Focus Group discussion. The method was convinient and cheap considering the time limit, in which the study had to be completed. Before data could be collected, a letter to the Ethical Committee was sought and permission was granted.

The study revealed that attitudes of the respondents towards clients with STDs/HIV varied. The majority of respondents showed a positive attitude which was closely related to educational status attained. Respondents 7(100%) with University status showed a positive attitude.

The results of the study showed that to a certain extent the negative attitude of health workers did contribute to the increase in STDs because some health workers did not maintain confidentiality. The study also revealed that clients with STDs/HIV are at times discriminated. The majority of respondents felt that the only way to change this practice was through education while some respondents thought an extra allowance would change the attitudes of health personnel.

Based on the study results the researcher concluded that it is very important for health workers to develop positive attitudes if the fight against STDs/HIV has to succeed.

TABLE OF CONTENT

CHAPTER I.

1.0 INTRODUCTION.

1.1 Background.

Sexually transmitted diseases (STDS) are not only a problem to Zambia but are a global concern as well. ~Population Report" magazine reported that "Sexually Transmitted Diseases (STDS) are everywhere. Gonorrhea, Syphilis, and now Acquired Immune Deficiency Syndrome (AIDS) are the most widely known..... On average an estimated 685,000 people are infected everyday with an STD. Every year there are about 250 million new cases...(5)"

The current status of STDS is causing great concern, hence the need to prevent the spread od STDS. Failure to effectively halt the spread of STDS can be associated with many factors like client compliance, partner identification and attitude of health personnel.

The population at risk for STDS has increased. The increase was particularly noted in the 1960s and 1970s in Western Countries. In many developing countries sharp population increases and the changing social patterns have led to a larger group of young adults at risk of STDS. (9)

The disease mainly affects adolescent and young adults in all social and economic strata. Youth have high rates of STDS. In a study at Kenyatta National Hospital in Nairobi 23 % of women aged between 15 - 19 seeking antenatal care ad gonorrhea, clamydia, or herpes.(4) In the United states women aged between 15 - 19 have the highest incidence of gonorrhea, and men aged between 15 - 19 have the second highest incidence of any age group.(11)

The impact of STDS on health services is now very obvious. It is estimated that in the United States the cost of Pelvic Inflammatory Disease (PID) often caused by gonorrhea or chlamydial infection is over two billion United States dollars annually. In many African Countries more than 40 % of acute admissions to gynaecology wards are related to PID, and are generally linked to gonorrhea. In Zambia, syphilis and gonorrhea are the most common STDS, and about 5% of all cases attending out-patients are related to STD. These STDS are due to bacteria, Viruses, fungi and protozoa. They cause a variety of diseases in man ranging from mild genital infection to very serious and even fatal diseases. STDS have been associated with the incurable condition of acquired immune deficiency syndrome.

Sexually transmitted diseases are associated with stigma and display medical, social, psychological or sexual consequences. Hence the need for health personnel to be comfortable with their own sexuality and sensitive o patients' sexual concerns or problems. Worldwide, many people with HIV are discriminated and stigmatised thus denied their human rights. Some are put into quarantine, imprisoned, or forcibly tested, and people have been deported from or denied entry into countries. (7)

The person who has a venereal disease is in many instances upset about it. He may feel embarrassed or stigmatized or that he has been wronged by the source of his infection. His feelings of self respect and personal worth may be damaged.(3)

The attitude of health personnel towards STD/HIV has a great influence on public opinion. Thus appropriate knowledge about HIV and its routes of transmission and professional behavior are crucial. At present AIDS which can also be transmitted sexually as well as by other routes can cause a lot of anxiety in health personnel attending to these patients. The effect of anxiety may modify work performance of health care givers. The health worker in her/his ability to help the client. The approach when dealing with these clients must realise and understand his/her ability to help the client. The approach when dealing with these clients require a non-judgmental and

It is necessary to put away all thoughts of judgement or blame and do all that is possible to help the patient experience the feeling of being accepted.

1.2 STATEMENT OF THE PROBLEM.

STDS and their sequelae are costly to individuals and the health care system. STDS also reduce the productivity of men and women in the prime of their lives. STDS can increase a women's risk of ectopic pregnancy. Studies done in the 1980's in developing countries found that ectopic pregnancy caused 1 % - 15 % of all maternal deaths.
In Sub-Saharan Africa with a high prevalence of STDS, syphilis causes the loss of an estimated nine productive days per capita per year for the entire urban population. HIV infection leads to the loss of forty eight days.

In Zambia 5 % of all out-patient attendances is related to STDS and it takes the third place in terms of the number of patients attending the health institution . In 1979, ten thousand three hundred and eighty eight (10388) cases of STDS were treated at the University Teaching Hospital.
In 1991 there were a total of fifty six thousand nine hundred and thirty seven (56,937) new cases being treated national wide, and in 1992 fifty seven thousand six hundred and seventy five (57,675) new cases. In 1993 there were thirty four thousand, two hundred and nine (34, 209) new cases of STDs from 38 STD Centres. (10

The public are aware that STDs are transmitted through sexual intercourse,and condoms can be used as a means of protection. Inspire of this knowledge the rate of STDs still remains high. A study done in Zimbabwe in 1993 concluded that most people knew how STDs were transmitted and that condoms can be used for protection. The question is what can be the cause of this increase in STDs, despite people's knowledge on STDs and its consequences?

1.3 ASSUMPTIONS

The researcher assumes that maybe:

The attitude of the health personnel is negative towards clients with STDs. The negative attitude promotes clients to seek unprofessional help which results in symptomatic relief but in reality the clients still remain infectious.

The lack of privacy at most health centres causes patients to shun hospital/health centres is too lengthy in comparision to time spent at a private clinic or traditional healer.

Problems in patients' compliance to treatment.

1.4 THE PURPOSE OF THE STUDY

The purpose of the study is to determine the attitudes and practices of health personnel towards clients with STDs/HIV. Depending on the results, recommendations will be made to the Ministry of Health.

The recommendations will enable health personnel to render care to STDs/HIV clients without discrimination on the basis of how the disease was contracted. It is an essential study because health personnel are key people in the control and prevention of STDs. The environment open to these clients when they seek help matters a lot.

It is hoped that the findings of this study will add to the body of knowledge for health personnel. Through this study it is hoped that un-necessary fear, misunderstanding and discrimination will be over come. The findings will provide challenges for personnel responsible for health education, policy and services in Zambia to plan better.

1.5 GENERAL OBJECTIVE

The study will try to determine the attitudes and practices of health personnel towards clients with STDs/HIV.

1.6 SPECIFIC OBJECTIVES

To determine whether conditions of service contribute to negative attitudes of health personnel towards STDs/HIV Clients.

To determine whether increased number of clients contributes to the negative attitudes of health personnel towards STDs/HIV Clients.

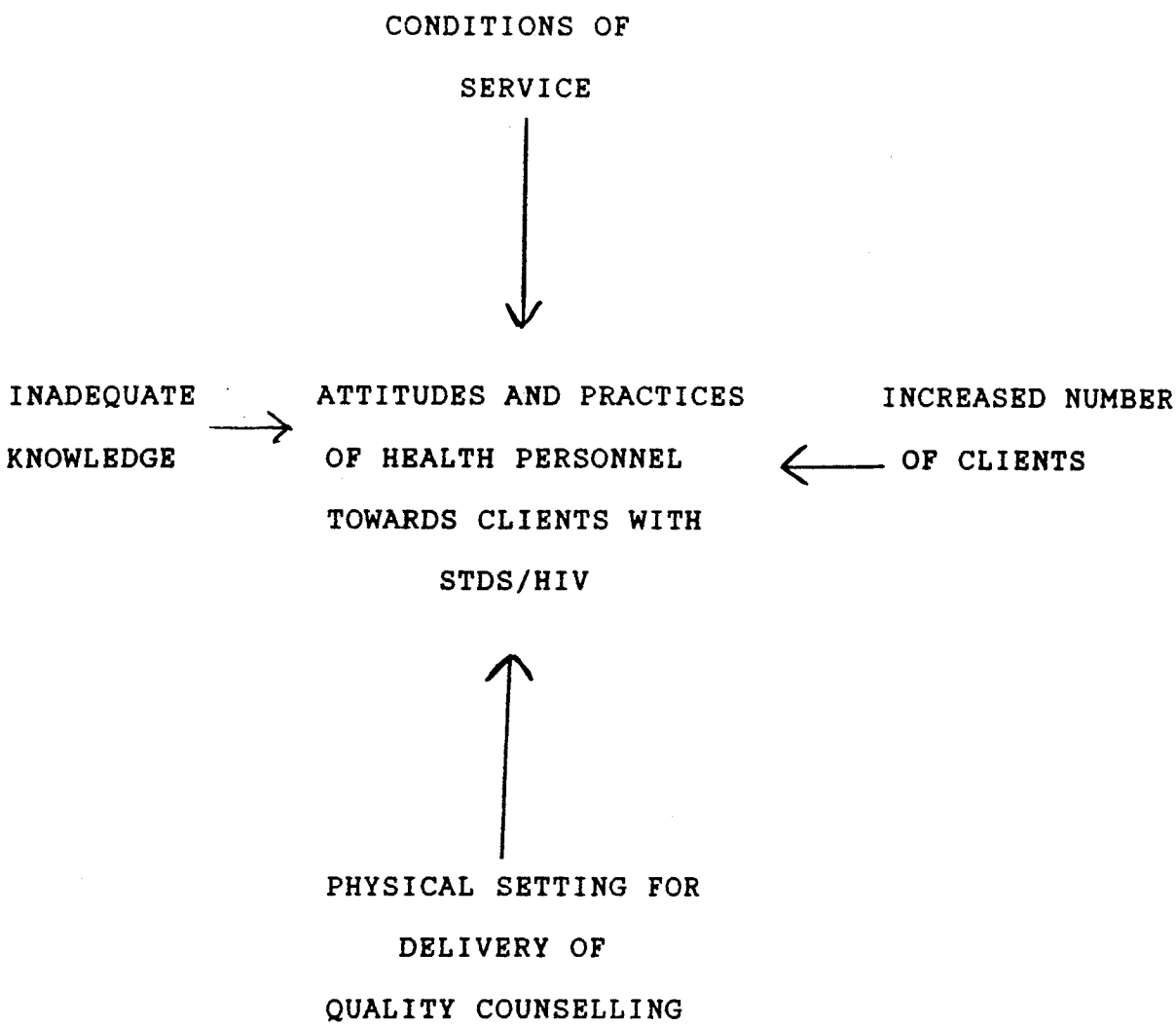
To determine whether lack of knowledge contributes to the negative attitudes of health personnel.

To determine whether lack of space in most health centres contributes to the negative attitudes towards these clients.

CONCLUSION.

STDs are not only a problem to Zambia but are a global concern as well. The STDs mainly affect adolescent and young adults in all social and economic strata. In Zambia syphilis and gonorrhoea are the most common STDs.

The current status of STDs is causing great concern, hence the need to prevent its spread. Failure to effectively halt its spread can be associated with many factors like client compliance partner identification or attitudes of health personnel. The study aims to try and identify the attitude of health personnel towards clients, with STDs/HIV. It is hoped that the findings and recommendation will assist health personnel to assume a non judgmental and indiscriminatory attitude when dealing with STDs/HIV Clients.


CONDITIONS OF
SERVICE
INADEQUATE
KNOWLEDGE
ATTITUDES AND PRACTICES
OF HEALTH PERSONNEL
TOWARDS CLIENTS WITH
STDS/HIV
INCREASED NUMBER
OF CLIENTS
PHYSICAL SETTING FOR
DELIVERY OF
QUALITY COUNSELLING

CHAPTER TWO

LITERATURE REVIEW

INTRODUCTION

Sexually transmitted diseases (STDs) have plagued mankind for centuries now. In Canada the history of STDs can be traced way back in 1800. Public perception of STD patients hundred efforts mad in the prevention of these STDs. Social changes during the 1960s, new STDs appearing in the 1970s and the AIDs epidermic of the 1980s have redirected the STD campaign to focus on high risk groups and prevention rather than the moralcotic curative effects of the past. (12)

STDs are an enormous problem in Africa. Their high prevalence can be attributed to many factors such as raped population growth, Urban drift of young people seeking employment, low socioeconomic standards and sexual permissiveness in the new social order influenced by western civilization. The large influx of people into urban areas has overtaxed existing health care facilities which already suffer from inadequate manpower and material resources. The inadequate curative and preventive services coupled with lack of awareness of medical staff and also the population at large, constitute a vicious cycle that promotes the spread of STDs.

In Uganda STD was first noticed in 1863 by a European explorer. The STDs were cited as a major cause of morbidity and mortality throughout the century.

A survey conducted in Uganda 1991 revealed alarming incidence rates and in the light of the importance of STDs as a co-factor in the transmission of Human Immuno Deficiency Virus (HIV), it therefore becomes important to implement effective control measures. (13)

In Zambia STDs still continue to be a problem. In 1979 Zambia had a population of 5.6 million with a high growth rate of 3.1%. More than 40% of the total population were in the sexually active age range of 15 - 40 years. Since Independence in 1964, health services had only improved significantly (24) in the past the government expenditure on health amounted to £8 per capital.

The available man-power and resources were severely strained by several endemic health problems including STDs, which had shown an increase in incidence by 56% between 1973 to 1979 (24). By 1993 the population of Zambia was 8.850 million with a growth rate of 3.1%. Estimates show that about 10% of all attendances in health centres are related to STDs and are the commonest cause of hospital admissions (14).

With the expanding and increasing over crowded curriculum and the Medical Schools, the training of doctors in venereal disease management is still inadequate. More physicians are qualifying but often with less training in this subject than before. (25)

Clinic facilities have not consequently been brought up to the required standard in many areas, thus perpetuating the major obstacle to their usage. Hundreds and thousands of cases are still treated by private practioners who themselves are frequently inadequately trained. (25)

In spite of the facilities for easy diagnosing and treatment in countries with a highly-developed service, the figures for gonorrhoea have mounted starling all over the world. The other STDs are increasing which makes even greater demands on premises, personnel, and money not only for day -to- day management but also for the expanding research programmes now found to be necessary. (25)

There is no doubt that HIV infection can be transmitted by normal vaginal intercourse. In Africa transmission occurs primarily by sexual intercourse. The major factors in Africa are transmission by prostitutes and promiscuous hetero sexual persons who have a high incidence of many STDs. Knowledge of the facts not, in itself sufficient to change sexual behaviour in large numbers of those persons at risk of AIDs. (15)

The magnitude of this problem can not be overemphasized, hence the need to prevent STDs, promote safer sex and improve management of HIV infected individuals. Zambia has demonstrated the seriousness of this problem through the country's adoption of National STD Control. In 1980 there were two STD Clinics opened one in Lusaka and one in Kitwe to date there are 62 STD Clinics throughout the country.

In addition 30 centres have been strengthened with diagnostic equipment to facilitate early detection and treatment of SDTs and hence reduce the spread of AIDS.

The fundamental factor in the spread of STDs is the acquisition of infection from one sexual partner and its transmission to another. This in turn depends on the availability of partners. High risk groups got STDs include men aged 18 to 34 and women aged 16 to 24. Prostitutes, homosexuals and members of the armed forces or navy are also included in the high risk group (16). Rather than looking to presumed exotic sexual practices or promiscuity, the causes of relatively high STD rates in Africa are to be found more in poverty and its consequences such as chronic shortage of funds and personnel for STD prevention and treatment that constrain virtually all health programs in Africa, reluctance on the part of STD personnel, unappropriated self-medication relatively low condom user rates, and probably ineffective treatment from traditional healers, among other factors Literature reviewed that an STD sufferer may try two or more therapies in quick succession, or even simultaneously because of impatience to experience results or because he is not sure where to place his trust. This paper will address the attitudes of health personnel towards clients with STD/HIV in an attempt to try and find answers on why there is still an increase in STDs despite measures being taken by the government and the community.

Historically, attitudes towards people suffering from an STD, especially women, have been very negative. However, this did not influence the incidence of STD in the society (26) According to a study done in 1990 in Sweden on health personnel working with STD it revealed that the health personnel considered that they have a neutral and non-moralistic attitude towards patients with a chlamydia trachomatous (26)

Attitudes play an important part in dictating the extent that clients would use a health centre or refrain from using the facility. Attitudes are the way people think. They are the intellectual extension of the way people feel. Certain kinds of illness create apprehension in many health workers. If ones's feelings are appropriate to a situation his attitude will generally be appropriate.

Attending a client with an STD requires a very special type of person. Much of the contact with these people/patients is in out patient Department (OPD) which are usually open. The extent to which patients will be willing to come forward for treatments depends very much on the reception they meet in these treatment centres. Health professionals should be careful not to let their own personal feelings affect their own attitudes to their patients. No moral Judgements must be made or expressed. In addition all confidences must be respected and information should only be divulged only for the purpose of treatment (17)

Health personnel dramatically affect the experience people with STD/HIV have to avoid negative impact health personnel have to care for these clients with an extra measure of understanding because these clients usually encounter a reaction to the stigma, anger, denial and isolation. For instance the stigma associated with AIDS is impossible to ignore. There is a sexual connotation out spoken hostility towards the risk group people.

In 1988, 570 and in 1990 425 health personnel were interviewed about their knowledge and attitudes with AIDs . The results of 1990 survey showed that 14% of the interviewed doctors and other health workers refused the care of AIDs/HIV patients. This result was double than it was in 1988 (17)

The WHO is concerned that discrimination against people with STDs/HIV is impeding efforts to slow the spread of the diseases. Every day throughout the world people with HIV/AIDS are suffering discrimination and social rejection(18) In some cases doctors have refused to operate on patients who are HIV positive. In others health workers receive bonus, payments for treating patients identified as HIV positive.(19)

The Medical Council was equally concerned with reports that some doctors were refusing to provide necessary care and treatment to patients who were HIV positive. It is the expectation of the council that professionals and the profession need to extend the same high standard of medical care and support which they render to other patients (20)

".....as is true in the broader community some doctors are quite definitely prejudiced as well as ignorant. Such doctors rarely understand that specific sexual practices, and not sexual preference, are responsible for the spread of this HIV." (21) A survey among health workers in the southern town of Sosnowiec found that 40% of respondents were unaware that HIV could be spread by insects, and 30% believed that daily contact with HIV infected people carried a risk of transmission. (22)

Fears among medical personnel about the risk of HIV infection have been expressed in many ways. The matter for concern is that with so much improvement and so many advantages failure to control and eliminate the STDs/ HIV has to be admitted. (23) Health personnel are like people every where. They do the best they can. Circumstances like conditions of services, over crowding and short hardness can lead to un-acceptable behaviour. The paper therefore will attempt to analyse the relationship between knowledge and attitudes among health workers toward clients with STD/HIV.

CONCLUSION

STD/HIV has become a major public health problem throughout the developing and developed world. For a long time, professionals responsible for detection, treatment, control and monitoring of STDs, the public and patients themselves felt shy of open discussion of STDs. This was because of the District Social and Cultural stigma associated with these conditions. The patients themselves were often furtive and ashamed, disposed by the general public, and by most of the Medical and Nursing profession. Now facilities have improved and patients are no longer regarded as criminals. Research into STD/HIV have been and are being done. Treatment is now being given promptly. In spite of all these efforts STDs/HIV are still on the increase. The question is could it because of the attitude of the health personnel?

CHAPTER 3

3.1 RESEARCH METHODOLOGY

INTRODUCTION

This was a descriptive study aimed at finding the attitude of health workers to wards clients with STD/HIV in Lusaka Urban. Research design refered to the researchers over all plans for obtaining answers to the research questions, and for testing the research hypothesis. The study was conducted systematically and the data collected was presented. This was done so that a clear picture of the attitude of health personnel towards clients with STD/HIV be obtained.

This chapter will address the following:-

* Variables
* Research setting
* Sample selection
* Sample method
* Data collecting instrument
* Focus group discussion
* Data collection
* Ethical consideration

3.2 VARIABLES

The dependent variable of the study was the attitude of Health personnel towards clients with STD/HIV. The independent variables included:

* Knowledge of health personnel
* Conditions of Service
* Socio-cultural background
* Health worker patient ratio

3.3. RESEARCH SETTING

The study was conducted in three health centres, namely University Teaching Hospital, Kabwata Clinic and University of Zambia Clinic. Lusaka is the capital city of Zambia whose population is roughly 1.2 million (29). Lusaka City is mainly urban and is an Industrial Commercial and Distributive centre. The transport system in the city is inadequate and unreliable. The population characteristics of the city vary greatly. They range from the very rich to the very poor and the educated to the uneducated. The life styles and health related behaviour differ to a certain extent. Due to rapid industrialisation and corresponding increase in population, a large number of the populace live in the squatter, over crowded compounds with obvious low standards of living (30). The three centres were selected for the study because they were easily accessible to the researcher.

3.4 THE SAMPLE SELECTION

Sampling is the process by which study subjects or objects are chosen from a larger population (31) sampling determines the extent to which research findings from the study sample can be generalised to the larger population. The sample comprised of sixty (60) respondents drawn from University Teaching Hospital, Kabwata Clinic and University of Zambia Clinic.

3.5 SAMPLING METHOD

A probability simple random sampling method was used when selecting the study population. A full list of health personnel was obtained from the relevant clinics.
Random sampling was then done in selecting the respondents.
The method was chosen because it allowed each element in the sampling frame to have an equal chance of being in the study.

3.6 DATA COLLECTING INSTRUMENT

A self devised questionaire schedule was used. This was complimented by a focus group discussion. The method was considered appropriate because it allowed the researcher to have a self report on the attitudes of the health workers towards clients with STD/HIV.
The method was also convenient and cheap considering the time limit, in which the study had to be completed.

3.7 FOCUS GROUP DISCUSSION

A foocus group discussion was held with eight health workers. A guide was developed that sought the attitudes of health workers towards clients with STD/HIV. The researcher facilitated the focus group discussion and recordings were made by a Registered Nurse/Midwife (Research Assistant).

3.8 DATA COLLECTION

Data were collected between 25th and 31st August, 1995. The researcher conducted the focus group discussion and distributed the self administered questionaire. Some difficulties were experienced during data collection. This included that most respondents thought they should be paid for participating in the answering of the self administered questionaire.

3.9 ETHICAL CONSIDERATION

In order to reach the sample, a letter to heads of the selected institutions requesting for permission was written and permission was granted. A letter to the ethical committee requesting for clearance was written and permission was granted. Those respondents who did not want to participate were not forced. To ensure anonymity of data, names and addresses were not recorded.

3.10 PILOT STUDY

This was done on 25th August, 1995 on five respondent from clinic three University Teaching Hospital. The purpose of the pretest was to appraise the potentiality and validity of the data collecting tool. The focus group discussion was held in English since all the respondents were conversant with the English language.

3.11 LIMITATION OF THE STUDY

The time factor in which this study had to be completed was too short since it was done alongside other courses of the study. Other limitations included insufficient funds which compelled the researcher to select only a small sample. Generalizations of the findings beyond the sample will not be made but the results can be compared with future studies on a similar subject.

3.12 OPERATIONAL DEFINITIONS

ATTITUDE - Relates to the way health workers behave towards clients with STD/HIV infected clients.

NEGATIVE - Attitude refers to inability of health workers to treat clients with STD/HIV just like any other disease

POSITIVE ATTITUDE - Refers to the ability of health workers to treat clients with STD/HIV just like any other case

CONDITIONS OF SERVICE - Refers to the environment under which the health worker executes her/his duties

OVERCROWDING - Refers to the congestion of patients in the health centres, leading to an increase in the health worker patient ratio.

PRIVACY - Refers to provision of a room or area where individualised care can be offered without other patients being in the room.

STD - Refers to sexually transmitted disease

HIV - Refers to Human Immuno-deficiency virus

HEALTH PERSONNEL - Any person working in the hospital. This includes Doctors, Nurses and other paramedicals.

CHAPTER 4

DATA ANALYSIS AND PRESENTATION OF DATA

4.0 INTRODUCTION

This chapter will briefly describe how data collected was analysed. It will also include the presentation of the frequency tables. After collection of data there is need to analyse the collected data. Data analysis involves applying the principles of probability for calculating confidence intervals testing hyopothesis. Data collected are not useful unless it is arranged in a meaningful manner, so that it becomes possible to derive patterns of relationships.

The data collected from the 60 (sixty) respondents was analysed by computer using the EPI INFO Programme, this was counted and catergorised according to responses given for each variable. Descriptive statistics using frequency distribution and percentages have been used in tabulating. Tables have been selected because they conserve space and by presenting data in such a way reduces narration. In addition, tabulated data has the advantage, in that it facilitates one to remember easily, especially the fast reader.

4.1 TABLE 1.1.

SOCIO-DEMOGRAPHIC DATA

A.

AGE GROUP	FREQUENCY	PERCENTAGE
21 - 25	14	23.3
26 - 30	16	26.6
31 - 35	19	31.6
OVER 35	11	18.3
TOTAL	60	100

B.

SEX		
FEMALE	29	48.3
MALE	31	51.7
TOTAL	60	100.0

C.

MARITAL STATUS		
SINGLE	17	28.3
MARRIED	39	65.0
DIVORCED	4	6.7
TOTAL	60	100.0

D.

RELIGION		
CHRISTIAN	55	91.7
NON CHRISTIAN	5	8.3
TOTAL	60	100.0

E.

EDUCATIONAL BACK-GROUND		
SECONDARY	4	6.7
COLLEGE	49	81.7
UNIVERSITY	7	11.7
TOTAL	60	100.0

F.

OCCUPATION		
CLINICAL OFFICER	25	41.7
NURSE	19	31.7
DOCTOR	7	11.7
OTHER	9	15.0

INTERPRETATION OF TABLE 1.1

Table 1.1A shows that the majority 19 (31.6%) of the respondents were aged between 31 - 35 years.

Table 1.1B shows that the majority 31 (51.7%) of the respondents were males and female were 29 (48.3%)

Table 1.1C shows that the majority 39 (65%) were married and 17 (28.3%) were single.

Table 1.1D shows that the majority 55 (91.7%) were christians.

Table 1.1E shows that the majority 49 (81.7%) of the respondents had attained college status.

Table 1.1F shows that the majority 25 (41.7%) of the respondents were Clinical Officers.

TABLE 2 RESPONDENTS WHO ENJOYED WORKING WITH STD/HIV CLIENTS

	FREQUENCY	PERCENTAGE
Enjoyed working with client	45	75
Did not enjoy working with client	15	25
T O T A L =	60	100

Table 2 shows that 7.5% respondents enjoyed working with clients with STD/HIV while 25% did not enjoy working with STD/HIV clients.

Table 3 Reasons why respondents feel STDs are on the increase.

REASONS FOR INCREASE	FREQUENCY	PERCENT
High cost of living	25	42
Low morals	25	42
None Compliance to treatment	10	16
T O T A L =	60	100

Table 3 shows that the majority of the respondents thought the high cost of living and low morals were the cause of the increase in STDs. The percentage was 42% for both.

Table 4 Feelings of respondents towards clients with STD/ HIV

FEELINGS	FREQUENCY	PERCENTAGE
Feel that they need help like anyone	58	96.7
Feel that they are irresponsible	2	3.3
T O T A L =	60	100

Table 4 shows that the majority 58 (96.7%) felt that clients with STDs need to be helped while 3.3% thought that they deserved what they got since they were irresponsible people.

TABLE 5 NEED FOR SEPARATE CLINICS FOR STD/HIV CLIENTS

NEED FOR SEPARATE CLINIC	FREQUENCY	PERCENTAGE
YES	39	65
NO	21	35
TOTAL	60	100

Table 5 shows that the majority 43 (71.7%) of respondents were in favour of separate clinics for STD clients.

TABLE 6 EDUCATIONAL LEVEL AND ATTITUDES OF RESPONDENTS TOWARDS CLIENTS WITH STDS/HIV

EDUCATION	ATTITUDE		
	POSITIVE	NEGATIVE	TOTAL
COLLEGE	36	13	49(82%)
SECONDARY	2	2	4(7%)
UNIVERSITY	7	-	7(11%)
TOTAL	45	15	60 (100%)

Table 6 shows that 36 (82%) of the health workers who had a positive attitude towards clients with STD/HIV had attained college status together with all respondents 7(11%) with University Education.

Table 7 Respondents choice of treatment in relation to their occupation is suffered from STDs.

OCCUPATION	CHOICE	OF TREATMENT	
	GOVERNMENT HOSPITAL	SELF TREATMENT	TOTAL
Clinical Officer	19	6	25
Nurses	18	1	19
Doctors	5	2	7
Others	7	2	9
T O T A L =	49	11	60

Table 7 shows that the majority 25(42%) of respondents were Clinical

Officers. From this total 19%) said they would go to government Hospital for treatment. 6(10%) opted for self treatment.

TABLE 8 REASONS WHY STDS/HIV ARE ON THE INCREASE IN RELATION 60 CHOICE OF TREATMENT

REASONS	CHOICE	OF TREATMENT	
	GOVERNMENT	SELF TREATMENT	TOTAL
HIGH COST OF LIVING	20	5	25(42%)
LOW MORALS	22	3	25 (42%)
NON COMPLIANCETO		3	10 (16%)
TREATMEMT	7		
T O T A L	49	11	60 (100%)

Table 8 shows 25(42%) of the respondents said the increase in STDS/HIV was due to high cost of living. 25 (42%) said it was due to low morals. 25(42%) preferred to go to government hospital if lthey discovered they were suffering from an STD.

CHAPTER 5

DISCUSSION OF FINDINGS AND IMPLICATION FOR THE HEALTH SYSTEM

5.0 INTRODUCTION

The primary aim of this chapter is to discuss the findings of the study, the implication on nursing, conclusion and recommendations. Special emphasis will be placed on areas which bring out attitudes in the health personnel so that a meaningful conclusion can be drawn based on the findings of the study.

Sexually transmitted diseases are having an increasing impact on individuals,families and society. Not only is the number of persons infected with STD increasing, but there is difficulty in reaching the groups most at risk to promote positive behaviour changes. STD are a challenging health problem. Social and economic costs are expected to rise as a result of the chronic nature of some STDs and their association with some forms of cancers and neonatal morbidity. Despite all of the difficulties associated with STDs they result mostly from behaviours that can be changed. Health workers have many opportunities in their practice to identify risks and explore ways with individuals and groups of all ages to reduce these risks. Health workers can influence how others respond to people infected with STD by disseminating accurate, current information about STDs to community groups and by modeling appropriate behaviour towards those infected.

5.1 DISCUSSION OF FINDINGS

The results of this study are based on the analysis of responses obtained from 60 (Sixty) Health Workers. The respondents were selected randomly from three Health centres, namely U.T.H., Kabwata clinic and U.N.Z.A Clinic. A self administered questionaire was used since all the respondents were literate and the majority 49 (81.7%) had attained college status. A focus group discussion based on 8 respondents was also conducted to compliment the questionaire.

Data collected was analysed by computer (EP1-INFO) so that the question of the attitude of health personnel towards clients with STD/HIV could be answered. The researcher wished to have this question answered because, "The global importance of STDs including complications and sequealae in women and new borns as well as the emergence of the HIV pandemic, mandate the development and strengthening of STDs. Control programmes in all countries at all levels (10.

SOCIO-DEMOGRAPHIC DATA

The study revealed that the majority 19 (31.6%) of the respondents were between the age range of 31-35 years. Of the sixty (60) respondents selected for the study 31(51.7%) were male and 29 (48%) were female.

This age range most probably explains why some of the respondents felt that there was need to tell fellow colleagues about clients suffering from STD/HIV. The reasons given in the discussion was that it was necessary for consultative purposes and better examination of the patients. The Researcher felt that because most were young they most probably lacked the necessary training or experience in STDs/HIV to handle the cases alone.

In assessing the religion of the respondents the majority 55(91.7%) were christians. The study also revealed that most christians had strong feelings about STDs and thought STDs/HIV were on the increase because of the compromised morals. Results showed that most respondents were christians, it most probably explains why most of the respondents felt that it was not necessary to receive an extra allowance for attending to clients with STD/HIV. The researcher followed this question up in the discussion and concluded that as christian they felt it was their duty to serve each client with discrimination.

EDUCATIONAL BACKGROUND

On assessing the educational background it was discovered that the majority 49(81.7%) had attained college status, and the majority were Nurses and Clinical Officers. This probably explains why most respondents appeared to be quite conversant with the topic of STD/HIV. This was confirmed through the discussion held with some of the respondents. The respondents were able to demonstrate an understanding of STDs and the impact of a negative attitude of a health worker towards a client with STD/HIV. The respondents had the factual knowledge but still most felt that separate clinics should be held for clients with STD/HIV. A survey of 359 Norwegian health workers results showed that 75% responses revealed that factual knowledge was good. Fear of occupational transmission was substantial. A majority 79% of the sample held the view that every hospital patient should be routinely tested on admission. 74% advocated pre-operative screening, with special precautions if the results are positive. Knowledge did not seem to influence these attitudes. The study concluded that the behaviour of health personnel in relation to occupational risks were unrelated to factual knowledge.

Literature review revealed that fears among Medical Personnel about the risk of contracting HIV infection have been expressed in many ways. In some cases Doctors have refused to operate on patients who test HIV positive. In other institutions health workers receive bonus payments for attending to clients identified as HIV positive e.g. in Lublin 30 Male Nurses reported for work to transfer a single infected patient in the hope of receiving extra pay (2).

The study revealed that (11.7%) were of the opinion that an additional allowance should be given to health workers attending to clients with STD/HIV. The respondents felt this was necessary because they felt that their duty was quite taxing and it involved an element of the risk of contracting HIV if not careful. Most probably the respondents were revealing their fears through demanding for an extra allowance as compensation for the risk that they are taking when in attendance to clients with STD/HIV.

In order to assess attitude the respondents were asked as to whether they enjoyed or derived job satisfaction from working with clients with STD/HIV. The attitudes of health personnel has an influence on society's utilization of health care services available to them. Bad attitudes may turn away a good number of patients.

These patients would in turn seek treatment from other sources. The sources usually sought are not qualified and this results only in symptomatic relief but in reality the clients still remain infectious. This study was able to demonstrate that the majority 45(75%) responded positively while 15(25%) responded negatively saying that they had no choice but to work with these clients. Through the discussion held the researcher was able to say most probably the negative response was due to the young age of the respondents and the fact that at times health personnel are posted to wards or health centres where the supervisor feels there is a shortage. The health worker's interest is usualy not taken into consideration.

Most of the respondents thought that STDs were on the increase because of low cultural values and morals and also due to the high cost of living. This most probably explains that young girls find themselves on the streets at a very tender age in order to supplement their parents income. 10(16.7%) thought that STDs were on the increase due to non compliance to treatment. This most probably explains that health workers do not have the time to counsel clients on how to take their medicine and the consequences of not taking their treatment as prescribed. None compliance is closely associated with information and time spent with the patient by the health providers.

The researcher wanted to find out where respondents would go for treatment if found to be suffering from an STD. The majority 25(42%) were Clinical Officers and out of these 19(76%) said they would go to a government hospital for treatment 6 (10%) opted for self treatment. The reasons for self treatment were attributed to lack of confidentiality by the Health Workers. The study revealed that 8(13.3 were in favour of health workers telling their colleagues about clients suffering from STDs/HIV. This practice among the health workers may be answers to why 6(10% opted for self treatment. This study was able to demonstrate that the majority 30 (70%) of respondents felt sympathy towards clients with STD/HIV. They felt that they deserved to be treated without discrimination. Their views on whether to hold separate clinics with such clients revealed that 39(65%) thought that it was necessary because it would provide for better examination 21(35%) thought there was no need for a separate clinic as this will promote stigmatization. This probably explains that respondents know and feel pity for these clients but in reality practice discrimination. The WHO has emphasised to the world conference on Human Rights in Vienna, the need to protect HIV-infected people and people with AIDS from discrimination (5).

This is vital because to combat AIDS effectively societies must function on sound public health principles and not succumb to scape goating, stigmatizing or discriminating against HIV infected persons in the vain hope of curtailing the pandemic. Some of the respondents in the discussion were of the opinion that separate clinics should be promoted for STD/HIV clients.

Although the study revealed that the majority 45(75%) of health workers had a positive attitude towards STD/HIV clients, some respondents through discussion concluded that to a certain extent the health workers attitude contributed to the increase in STD/HIV states. Some participants said some health workers did not maintain confidentiality due to lack of space in the clinic especially in the treatment rooms. At times the patients were just too many and respondents felt that this caused them to display negative attitudes.

5.2. IMPLICATIONS ON HEALTH CARE

1. Health Workers dramatically affect the experiences people with STD/HIV clients with extra measure of understanding, which isn't always easy to master, frequently, the problems STD/HIV clients encounter a reaction to the stigma, anger, denial and isolation.

2. The stigma associated with STD/HIV is impossible to ignore. There is a sexual connotation, and out spoken hostility from individuals. One may wonder what this has to do with health workers.

3. Health Workers cannot avoid the possibility that, when they work with these people, they may take on a part of the stigma.

4. Health workers have a challenge in trying to work out how best they can bear with a situation of attitude, that is so difficult and so demanding and still give quality care to clients with STD/HIV. One way to achieve this is for health workers to clarify their personal feelings about STD/HIV. If Health workers disapprove of their clients lifestyles, it will come out in the quality of care. People are entitled to feel the way they do, but Nurses should recognise how they feel and should work on it if they are going to work with STD/HIV clients.

5. The magnitude of STDs problem is rising and this requires Nurses providing care to such patients to be understanding and sympathetic towards them and their contacts through health education.

The Health worker should be able to identify the high risk groups and educat them on prevention of STD/HIV.

6.3 CONCLUSION

The purpose of the study was to determine the attitude and practices of health personnel towards clients with STD/HIV.

In light of the findings in the study it can be said that the attitudes of health personnel towards clients with STD/HIV varied. The participants felt that to some extent STDs were on the increase because of the attitude of health personnel. The study also revealed that some staff did not maintain confidentiality.

The reason for this was attributed to lack of space to afford each client privacy. In addition one respondent felt that the patient overload was too much for them to cope. The study also revealed that most respondents felt that health workers should be provided with education on STD/HIV while some felt an extra allowance should be given to them.

LIMITATIONS OF THE STUDY

The time factor was too short since the study had to be done along side with other courses. It was not easy to collect data especially from U.T.H. respondents. They felt that they needed to be paid for their participation.

Generalization of the findings beyond the sample will not be made since the sample was small and was only limited to Lusaka area.

5.4 RECOMMENDATIONS FROM THE STUDY

There is need to offer education to health workers on sexually transmitted diseases so that they will know the precaution to take based on knowledge.

Extra allowance should be given to health workers attending to STD/HIV clients so as to motivate the health workers.

There is need for a follow up study on a larger scale for generalisation of results.

REFERENCES:

1. ASUZU M.C. ROTOWA, N.A and AJAYI I.O.

   The use of mail reminders in STD contact tracing in Ibadan, Nigeria East Africa Medical Journal 67 (2) : 75 - 78 fEB. 1990.

2. Brattebo G. Wisborg T. SJursenlt Health Workers and the Human immuno deficiency virus knowledge, ignorance and behaviour Public Health 104 (2) : 123 - 130 (1990 March)

3. Freeman and Henrich Community Health Nursing Practice W.B. Saunders Company 1981 P. 360 - 364

4. GERMAIN, A. HOLIMES, K.K. PIOT P. and WASSERHEIT, J.N. eds. Reproductive tract infections: Global impact and priorities for women reproductive health. New York Plenum Press, 1992 P. 61 - 91

5. KHANNA, J. VANLOOK, P.F.A. and GRIFFIN, P.D. Reproductive health: A. key to a brighter future: Biennial report 1990-1991 Geneva, WHO 1992 P. 171

6. LATIF, A.S. WHO (STD SERVICES IN Zimbabwe) Personal Communication, April, 13, 1992

7. MASINI T., Mwampeta S. Discrimination and Stigmatization in Tanzania Moghi Tanzania P. 912

8. MORAN J. (Centres for Disease Control) (S (STD Programs in developing countries) Personal Communication. Mar. 10, 1992

9. "OutLook" Magazine Vol.6. 1988.

10. Records from U.T.H. 1979 - 1993

11. UNITED STATES. Department of Health and Human Services. Centures for Diseases Control Division of STD/HIV Prevention 1991 Annual Report. Atlanta, Georgial, CDC, 1992 P. 313.

12. Mac Dongall H in Genito Urinary Medicine 70 (1): 56-73 February, 1994.

13. Lyons M. in Urinary Mdicine 70 (2) 138-45 April, 1994

14. Sunkutu R. M. (unpublished)

15. The Medical Journal of Australia September, 21 1987 Vol. 147 no 6 (P 266)

16. Macleod J. Edward E, Bouchier I, Davidson's Principles nad practice of Meidcine A Textbook for Students and Doctors Longman Group U.K. Lt 1987 (P. 415)

17. Chilman A.M. Understanding Nursing Care Longman group U.K. Lt 1986 (P23)

18. Press Release WHO/48 22.6 1993

19. British Medical Journal SAT. 30. 4, 1994 Vol. 308 P. P. 1145 - 1146

20. British Medical Journal 5 DECEMBER 1987 Vol. 2 995.

21. Vol. Berding P. HIV Infection as a Disease. The Medical Indication for Early Diagnosis in: Journal Acquired Immuno Deficiency Syndrome 1989: 2: 421 - 425.

22. British Medical Saturday 30 April Vol. 308 1994(P. 1145-1146)

23. The Practioner The Journal of PostGraduate Medicine Nov. 1980.

24. M.O.H. 1979 Records & 1989 Records

25. British Journal Venereal Disease (1976) 52, 88.

26. Scand J. Caring Science 1993; 7: 169-173

27. Edward O. Green. The Antropology of STD in Liberia in: Social Science Med. Vol. 35 No. 12 PP.

28. Medical Journal of Zambia Volume 17: Number 1. January 1983

29. Seaman, CHC (2987) rESEARCH METHODS (Principles, Practice and Theory for Nursing appleton and Lange, Norwalk connecticut.

30. Ketata M.L. 1995 unpublished.

31. Treece and Treece (1986) Elements of Research In Nursing The C.V. Mosby Co.

FOCUS GROUP DISCUSSION GUIDE FOR HEALTH WORKERS

DATE :

TIME :

PLACE :

INTERVIEWER :

RECORDER :

INTRODUCTION

The topic for discusion will be introduced to the participants. The purpose will be explained. The participants will be related in the sense that the will all be health workers.

1. From your observation and experience what would you say the attitude of health personnel towards clients with STD/HIV was?

2. In your opinion what do you think are the contributing factors to this type of attitude.

3. Why do you think STD/HIV is on the increase?

4. How is the interaction between clients with STD/HIV and health personnel.

5. What do you think could be done to redress the situation?

END OF DISCUSSION

THANK YOU

A STUDY TO DETERMINME THE ATTITUDE AND PRACTICES OF HEALTH PERSONNEL TOWARDS CLIENTS WITH STD/HIV

INSTRUCTION TO RESPONDENT

Your help and co-operation in faithfully answering the questions in this questionnaire will be acknowledged and appreciated.

1. No name should appear on this quesitionnaire.
2 Information give will be kept strictly confidential.
3. Tick using x against the appropriate number of the response in boxes provided.
4. For responses without alternatives, write the responses on the spaces provided.
5. Please answer all questions.

Code No:.....

Respondent Number:.....

Date of Interview:.....

Place of Interview:.....

Year and Month:.....

Demographic Data

1. What was your age the last birthday?

   e.g. 30 [ ]

2. What is your sex?

   (a) Male [ ]

   (b) Female [ ]

3. What is your religion?

   (a) Christian [ ]

   (b) Moslem [ ]

   (c) Hindu [ ]

   (d) None Believer [ ]

   (e) Any other [ ]

4. What is your marital stauts?

   (a) Single [ ]

   (b) Married [ ]

   (c) Widowed [ ]

   (d) Divorced [ ]

   (e) Separated [ ]

5. What educational level did you attain?

(a) Primary [ ]

(b) Secondary [ ]

(c) College [ ]

(d) Universtiy [ ]

6. What is your occupation?

(a) Doctor [ ]

(b) Nurse [ ]

(c) Clinical Officer [ ]

(d) CDE [ ]

(e) Others [ ]

7. What is your responsibility?

(a) In charge [ ]

(b) HIV counsellor [ ]

(c) Any other [ ]

8. Do you enjoy working with STD/HIV clients?

(a) Yes [ ]

(b) No [ ]

(a) If yes, why?

.....

.....

(b) If no, why?

.....

.....

10. How many hours do you work per day?

(a) 7-8 hours [ ]

(b) 8-10 hours [ ]

(c) More than 10 hours [ ]

11. Should employers pay an extra allowance to helath workers attending to STD/HIV clients?

(a) Yes [ ]

(b) No [ ]

12. (a) If yes, why?

.....

(b) If no, why?

13. Does the public shun clients with STDs/HIV?

(a) Yes [ ]

(b) No [ ]

(c) I do not know

14. Why do you think STDs are on the increase?

(a) Morales and cultural values are lower nowadays. [ ]

(b) Promiscuity has increased due to high cost of living. [ ]

(c) Lack of medicine in hospital and clinics. [ ]

(d) None compliance [ ]

(e) I do not know [ ]

ATTITUDES

15. What is your opinion about people suffering form STDs?

(a) They deserve to be helped like any other patients [

(b) They are irresponsible people [ ]

(c) They deserve what they are suffering from [ ]

(d) Any other specify

.....

16. Have you ever attended to a client suffering from an STD/HIV?

(a) Yes [ ]

(b) No [ ]

17. If yes, how did you feel about attending to such a client?

.....

.....

18. If you discovered today that you were suffering from an STD where would you go for treatment?

(a) Government hospital/clinic [ ]

(b) Private doctor [ ]

(c) Traditional healer [ ]

(d) Self medication [ ]

19. Should health woekers tell their workmates about clients sufferingfrom an STD?

(a) Yes [ ]

(b) No [ ]

20. Give reasons for your answer

.....

.....

21. Should a separate clinic be held for people suffering from STD/HIV?

(a) Yes [ ]

(b) No [ ]

22. Give reasons for your answer

.....

.....

PATIENT HEALTH WORKER RATIO

23. How many patients do you attend to per shift. [ ]

24. How many staff are on the shift? [ ]

25. Do you think this is an adequate number for staff to cope with?

(a) Yes [ ]

(b) No [ ]

26. How long does each client wait before being attended to?

(a) Less than 30 minutes [ ]

(b) 30 minutes - 1 hour [ ]

(c) 2 - 3 hours [ ]

27. Is the environment conducive for counselling or attending to clients in privacy?

(a) Yes [ ]

(b) No [ ]

28. If no, why:

.....

.....

29. What measures in your opinion should be put in place to improve the attitudes of Health personnel towards clients with STD/HIV?

.....

.....

.....

END OF QUESTIONNAIRE

THANK YOU

WORK PLAN

	TASK TO BE PERFORMED	TIME SPAN											
		J	F	M	A	M	J	J	A	S	O	N	D
1	Working on Research proposal. (Principle Researcher)												
2	Obtain Consent from Ethical committee												
3	Clearance with Natural finding authorities (Principle Researcher)												
4	Training Research assistants and pretesting (Principle Researcher)												
5	Data collection												
6	Preliminary Data analysis and final Data analysis (Principle Researcher amd Assistants)												
	Writing the Report Binding(Principle Researcher)												
	Submitting report (Principle Researcher)												
	Project Monitoring.												

THE UNIVERSITY OF ZAMBIA

INTERNAL MEMORANDUM

From: DR. N.P. LUO. **To:** ANNE MULENGA MAKANTA.

Ref. No: ..... **Date:** 25TH AUGUST, **19** 95.

Subject: RE: PERMISSION TO CARRYOUT RESEARCH ON A STUDY TO DETERMINE THE ATTITUDE AND PRACTICES OF HEALTH PERSONNEL/TOWARDS CLIENTS WITH STD HIV.

Your Research Projects entiled "A STUDY TO DETERMINE THE ATTITUDE AND PRACTICES OF HEALTH PERSONNEL/TOWARDS CLIENTS WITH STD/HIV." was reviewed for any ethical issues. On behalf of the Research and Ethics Committee on AIDS, I with to inform you that you proceed with the study.

I wish you all best.

Dr. N. P. Luo
S E C R E T A R Y.

NPL/em.

THE UNIVERSITY OF ZAMBIA
SCHOOL OF MEDICINE

Telephone: 252641
211440 (UTH) 254824 (Pre-Clinical) Ridgeway Campus
Telegrams: UNZA, LUSAKA
Telex: UNZALU ZA 44370
Fax: + 260-1-250753

P.O. Box 50110
Lusaka, Zambia

Your Ref:

Our Ref:

The Head of Department

Kabwata
P.O. BOX 50001
LUSAKA

U.F.S. HEAD OF DEPARTMENT PBN - LUSAKA

Dear Sir/Madam

RE: RESEARCH STUDY

Iam a final student at the School of Medicine, University of Zambia, Department of Post Basic Nursing.

Iam required to submit a research study in the area of my interest as part of the course requirement. My research topic is: **A study to determine the attitude and practices of health personnel towards clients with STD/HIV.**

I am seeking permission to collect data from your staff. Collection of data will be between 1st August, 1995 and 31st August, 1995.

Your favourable response to my request would be greatly appreciated.

Yours faithfully

A M MAKANTA

Permission Granted ..... Signature

Permission not Granted ..... Signature

KABWATA HEALTH CENTRE
P.O. BOX 371

THE UNIVERSITY OF ZAMBIA
SCHOOL OF MEDICINE

Telephone: 252641
211440 (UTH) 254824 (Pre-Clinical) Ridgeway Campus
Telegrams: UNZA, LUSAKA
Telex: UNZALU ZA 44370
Fax: + 260-1-250753

P.O. Box 50110
Lusaka, Zambia

Your Ref:

Our Ref:

The Head of Department
UTH Board (Clinic 3)

P.O. BOX 50001
LUSAKA

U.F.S. HEAD OF DEPARTMENT PBN - LUSAKA

Dear Sir/Madam

RE: RESEARCH STUDY

I am a final student at the School of Medicine, University of Zambia, Department of Post Basic Nursing.

I am required to submit a research study in the area of my interest as part of the course requirement. My research topic is: **A study to determine the attitude and practices of health personnel towards clients with STD/HIV.**

I am seeking permission to collect data from your staff. Collection of data will be between 1st August, 1995 and 31st August, 1995.

Your favourable response to my request would be greatly appreciated.

Yours faithfully

A M MAKANTA

University Teaching Hospital
Board of Management
31 JUL 1995
Personnel Management Division
P.O. Box 50001, Lusaka

Permission Granted .... **Signature**

Permission not Granted .... **Signature**