A STUDY TO DETERMINE THE ATTITUDES OF WOMEN IN THE CHILD BEARING AGE TOWARDS VOLUNTARY HIV TESTING IN LUSAKA URBAN

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TABLE OF CONTENT

LIST OF TABLES

LIST OF ABBREVIATIONS

AIDS	-	Acquired Immune Deficiency Syndrome
HIV	-	Human Immune-deficiency Virus
STD	-	Sexual Transmitted Disease
NAPCP	-	National Aids Prevention and Control Programme
WHO	-	World Health Organisation
MOH	-	Ministry of Health
NGO	-	Non Governmental Organisation
SWAAZ	-	Society of Women And Aids in Zambia
YWCA	-	Young Women's Christian Association
MCH	-	Maternal and Child Health.

DECLARATION

I hereby declare that the work presented in this study for the Bachelor of Science Degree in Nursing has not been presented either wholly or in part for any other degree and is not being currently submitted for any other degree.

SIGNED BY ..... DATE.....

SIGNED BY ..... (Lecturer) DATE Nov 1995

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ABSTRACT

The aim of this study was to determine the attitudes of women in the child bearing age toward voluntary HIV testing which is one of the prophylaxis measures in the transmission of HIV to unborn children.

The study was descriptive in nature. Data was collected using a structured interview method from a sample of 50 women who came for services at the MCH unit of the health centre.

The study revealed that there was high acceptance rate 37 (74%) of the women who were willing to have an HIV test. The main determinants for this acceptance was their concern for the future of their families i.e. that knowing their HIV status will help them plan for the future of their families. Fear of the stress due to positive HIV results was the main factor found to prevent women from Volunteering to have HIV testing.

The following recommendation were made:-

1. Strategies to be developed to improve the acceptance rate for voluntary HIV testing especially in high risk groups.

2. Increase the accessibility/availability of HIV Counselling services to expel fears towards HIV testing.

3. Coordinate the activities on voluntary HIV testing.

4. Further work in this area to include larger sample studies of women from both urban and rural areas and women from different socio-economic, occupational and educational backgrounds.

OPERATIONAL DEFINITIONS AND TERMS

1.	ATTITUDE	-	Settled mode of thinking.
2.	KNOWLEDGE	-	Information possessed by respondents on a certain condition.
3.	PARTURIENTS	-	Women in child bearing age.
4.	VOLUNTARY TESTING	-	Test given to the willing candidates.
5.	VERTICAL TRANSMISSION	-	Mother to child transmission.
6.	FEARS	-	What prevents women from volunteering to test.
7.	DETERMINANTS	-	Reasons for acceptance of the test.
8.	PROPHYLAXIS	-	Prevention.

INTRODUCTION

BACKGROUND INFORMATION

Zambia is a third world, land locked country in Central Africa sharing borders with Zimbabwe, Botswana and Namibia in the South, Angola in the West, Zaire and Tanzania in the North and Malawi and Mozambique in the East.

Zambia has a total land mass of 763,0089 Km, with a total population of 8.3 million and annual growth rate of 3.2 per annum. Out of this population 42% live in the Urban Areas while 58% live in the rural areas (MOH 1992).

The rural urban drift caused by industrialisation has led to mushrooming of shanty compounds in the periurban areas. These compounds are poorly planned and have no municipal services because they are illegal settlements. The skewed urban population consist of people with upper, middle and lower social and economic status.

Zambia has always operated on a mono economy in that there has always been dependance on copper as a foreign exchange earner. Zambia's Copper Mining Industry produces 75% of the country's Export earnings.

Other alternatives like agriculture, tourism have not been fully exploited. The fall in copper prices and production, rapid population growth and poverty are confounding matters that had led to poor economic performance resulting in indebtness and reduced health expenditure (World Bank 1992). To revive the ailing economy the Structural Adjustment Programme (SAP) was introduced in 1992, unfortunately this has resulted in work redundancies and unemployment. The drought that has hit the region has also brought a lot of food shortages and suffering among the people. Income per capital is low, people are living below the poverty datum line (world bank 1992). The social cultural background of Zambia is that of mixed ethinic groups living together especially in towns. This has led to aculturisation with loss of customery laws, social norms, values and beliefs. Deviant behaviours such as prostitution, early indulgence in sexual relationship and general loss of sexual moral has resulted as people gained freedom from the cultural laws that once controlled them. This moral decay has facilitated the spread of sexually transmitted diseases like HIV/AIDS.

However some enthinic groups still carry out some cultural practices like sexual cleansing of the widows, polygamy, remarrying of widows by the brothers or nephews of the deceased husband, escarification and making of totoes to innoculate traditional medicine. Such practices are concormitants for HIV/AIDS tramission.

AIDS is Acquired Immuno Deficiency Sydrome. It is a disease caused by the Human Immunodeficiency Virus (HIV). AIDS can affect anyone

and the number of HIV/AIDS World Wide is increasing.

A global picture shows that 8 - 10 million people were estimated to have been infected with the HIV infection and that one third of this number are women and also that 60% of transmission is hetero sexually (NAPCP 1990).

Figures released by WHO in 1993 showed that by the year 2,000 over 13 million women would have been infected by HIV and about 4 million of them would have died. As infections in women rise, so do infections in the infants born to them. On average world wide, about one third of babies born to HIV infected mothers are infected (WHO press 1993).

Zambia like other countries in the world face the problem of HIV/AIDS. AIDS was officially announced in Zambia in 1994. Since the first AIDS cases were diagnosed, notified AIDS cases (including AIDS related complex) has increased to 29,734 as of October, 1993 (National AIDS/STD/TB & Leprosy Programme 1994).

AIDS is more than disease. It is a threat to social-economic development and stability of the country to the extent that it affects men and women in the most productive phase of their lives and causes fear and intolerance in the population (WHO 1992 - 1993).

The long incubation period of HIV infection has facilitated its spread. Many people are at risk and denial or refusal that HIV/AIDS exists in a community or that it is a problem, can seriously delay prevention efforts.If people know their HIV positive status and if through counselling they are convinced to change their behaviour, HIV infection transmission would reduce. HIV test is a test done to detect whether someone's blood has antibodies to HIV. However testing without counselling and consent is an abuse of a person's right, therefore the advocation of voluntery testing(Meadows 1993).

STATEMENT OF THE PROBLEM

Acquired Immuned Deficiency Sydrome (AIDS) is becoming a major issue in maternal and child health and family planning (WHO 1990).

AIDS infection is increasing rapidly in women because they are vulnerable, socially economically and biologically for example because of poverty and the low status of women (MOH 1994).

Another possible contributing factor is the high prevalence of STDs which is less readily diagnosed and treated in females.

In Saharan Africa women becoming infected with HIV/AIDS outnumber men by 651 (Press release WHO 1993). Between 1986 to 1992 7,124 cases of adults with HIV/AIDS were reported out of the population of 8.3 million in Zambia. 51% were women while 49% were men (MOH Bulletin 1992). Also a short term projections done in 1993

indicated the number of new infections to be between 125,000 to 145,000 in adults and 20,000 to 25,000 children (mother to child transmission) (MOH 1994). It was also estimated in the same year that HIV was spreading at the rate of 400 - 500 new infection cases a day.

As the number of women with HIV increases, so does the number of children born with HIV and who eventually die from AIDS, for example the annual AIDS deaths was projected to be doubled during a four year period from 1993 to 1997, from 40 - 50,000 to 80 - 100,000. About 30% of the death figure were likely to be children infected by their mothers. These AIDS related deaths increase the child mortality rate as in a projected increase of child mortality from 183/1000 in 1990 to 269/1000 in 2005 (MOH 1994).

Apart from child mortality, there is a lot of suffering both physically and emotionally for both the sick children and their parents. A lot of resources, are also required to care for the chronically ill children.

Since there is a 60% transmission hetero sexually, women may play a great role to reduce both child morbidity and mortality due to HIV/AIDS infection by having an HIV test voluntarily and make an informed choice following counselling as to whether to bear children or not.

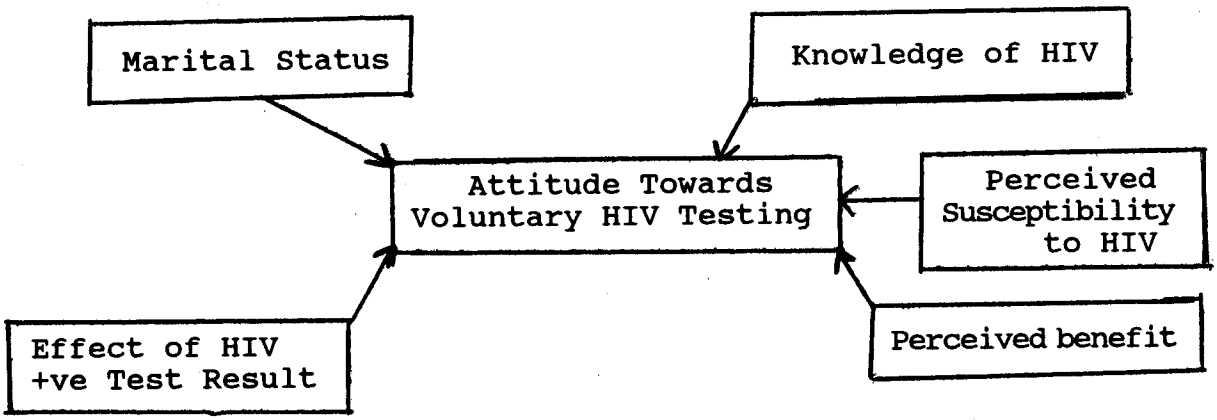
Most studies show that 25 to 50% of all mothers with HIV pass on the virus to their babies (by 1989). There is a risk when an HIV infected mother decides to have a child. The child may be born with HIV and become chronically ill sooner or later and even if the child is HIV negative it will grow as an orphan when the mother dies(WHO 1989).

This is a problem in maternal and child health management because it affects women in the child bearing age.

The researcher having identified this problem would like to carry out a study to determine the attitudes of the women in the child bearing age towards voluntary HIV testing.

The findings of this study would help to make recommendation to the relevant authorities such as the policy makers, MCH care givers, womens, Lobby groups and the community in coming up with the solution to this complex problem.

FACTORS THAT COULD AFFECT THE ATTITUDES OF WOMEN TOWARDS VOLUNTARY HIV TESTING



LITERATURE REVIEW

INTRODUCTION

The HIV/AIDS pandamic has an impact on the social, cultural, physical, economical and psychological as peels of people's lives. These factors may affect, influence the attitudes of women towards HIV testing.

Attitude refers to the settled mode of thinking (oxford dictionary 1982). On this study attitude will mean the way women think and view voluntary HIV testing. Consetiting for testing needs courage as the ultimate results may affect one's life. It is therefore a major decision in one's life.

There is scanty literature pertaining to attitudes of women toward voluntary HIV testing in Zambia but worldwide several studies have been carried out to ascertain the attitudes of women toward voluntary HIV testing. Unfortunately most of these studies have been confined to pregnant women (paturients) attending antenatal clinic and not women in general. It is for the above reasons that the researcher found it necessary to carryout such a study to find out what the local situation is on the women's attitude to voluntary HIV testing.

Literature review shows a lot of controvesry on voluntary HIV testing. The advocates urgue that vountary HIV testing will benefit all the women whatever the results would be. The reason being that a negative HIV test would allay any fears the woman might have about her HIV status and that the women with a positive result would have an opportunity for further counselling, where they would acquire knowledge of available medical care and support. For the pregnant women the results would help them decide whether to continue with the pregnancy or have it terminated (Dossier 1990).
Women need information on HIV and related preventive measures before they become pregnant, only then can the maternal-child transmission be reduced (Haer 1989).

The Paris declaration on women/children and AIDS in 1990 put forth many recommendations of which one of them was to all governments and united nations systems to ensure HIV testing is offered to women and children as an integral part of health programmes (WHO 1990).

Realising the extraordinary magitude of the AIDS pandamic, the Zambian Government in 1988, set up a National AIDS Prevention and Control Programme which was later continued with other programmes to form the National AIDS/STD/TB/Lperosy Prevention and Control Programme. The policy of this programme on HIV testing is to allow for voluntary HIV testing. In line with this policy there are a

few government and non government centres which offer voluntary HIV testing such as Kara counselling, Swedish Counselling Services and Son Fracisco Counselling Services.

Knowledge of the HIV status would be beneficial to the client and health workers. Health workers would be helped to plan for appropriate care for the mother and her new born baby if she decides to go ahead with the pregnancy after knowing her positive results. Another advocate of HIV Christian sen urgues that prophylaxis of vertical transmission (mother to child transmission) of HIV should be aimed at by testing all pregnant women (Dossier 1990).

However some authors like Behrendt and his colleagues urgue against mandatory HIV testing saying it is unethical and discriminatory but recommend or suggest for strategies to improve acceptance of voluntary testing, especially in high risk groups like women (Behrendt et al 1984). Behrendt's suggestion seems feasible as results of some studies show.

In a seven month's study done in Atlanta, Georgia to find out the women's attitude to voluntary testing and the determinants for acceptance, 97% (4589) of the 4731 women who had registered for prenatal care consented for HIV testing. The main determinant for acceptance for 35% of the women who agreed was their concern about the risk of the HIV infection to their fetus. The data collected suggested that most innercity parturients viewed voluntary testing for HIV as an important and valuable component of their prenatal care (Lindsay 1991).

The feasibility of introducing voluntary HIV testing in MCH centres as part of the routine services offered can be further supported by the results of another study done in the metrolitan area of Los Angels in USA. The findings were of high acceptance rate of 76% (6892) out of 9,069 women approached (Cozen et al 1973).

The integration of voluntary ;HIV testing as part of MCH services can be forth supported by the results of an evaluation of the state run programme in Newyork. The programme was for post portum HIV Counselling and testing run in various hospitals. On evaluation of this programme it was found that 43.3% of the HIV positive women delivering at the participating hospitals were identified by voluntary testing during the postnatal period. The conclusion of the study demonstrated need for and feasitility of voluntary HIV testing among women in the child bearing age (Holman S et al 1994).

Women's attitude to voluntary HIV testing may be affected by many factors such as fear of testing positive, fear of rejection by significant others, lack of access to testing centres and lack of knowledge on HIV/AIDS and HIV testing and inadequate counselling(Acta Clinica Belgia 1990).

Fear of testing positive and the subsequent results of rejection by significant others may be the main reason why women may not

volunteer to be tested for HIV. For example in a cohort study done from 1988 to 1991 in Rwanda to identify the social and counselling needs of the HIV women, the results showed same fears earlier but later the results showed that acceptance and sympathy were the common reaction of the partners and relatives after disclosure of HIV positive results (Keogh 1991).

The studies reviewed give an impression of the feasibility of voluntary HIV testing in women of the child bearing age. They also show that women are willing to take up the test out of the concern of them transmitting the infection to their babies. This therefore shows that it is possible to integrate HIV testing as part of MCH services.

STUDY OBJECTIVES

GENERAL OBJECTIVES

To determine the attitudes of women in the child bearing age group toward voluntary HIV antibody testing.

SPECIFIC OBJECTIVES

1. To identify what fears women have toward HIV testing.

2. To assess the relationship between knowledge of HIV/AIDS and womens attitude to voluntary HIV testing.

3. To find out the main reason why women would volunteer for HIV test.

4. To utilize the study results to make recommendations for the introduction of voluntary HIV testing as part of the MCH services.

METHODOLOGY

A non-intervention qualitative descriptive study involving the identification and exploration of a number as related factors that may influence the women's attitude towards voluntary HIV testing. It was a non-intervention research in the sense that it was concerned with opinions on, or perceptions of issues of crucial interest.

Research Setting:

The study was conducted in Lusaka Urban district, one of the four districts of Lusaka Province. Lusaka Urban district has an estimated population of 1.2 million (MOH 1992) and is served by three main hospitals namely, the University Teaching Hospital which is a referral hospital, Chainama Hills Mental Hospital and Maina Soko Military Hospital. It also has 21 static health centres and a number of private clinics. One of the health centres namely: Civic Centre was chosen for the conduct of the study because of its vicinity to the department of post-basic nursing at the School of Medicine where the researcher is studying in order to serve on transport cost and travelling time. The catchment area of Civic Health Centre, includes Garden Compound, Sikanze Police Camp, Fairview, North-mead, Rhodespark Residential Areas and the area around the Civic Centre along Mzuzi Road, and therefore caters for a population from the high, medium and low density areas of Lusaka. The centre also operates a supermarket type of services where all MCH services i.e. antenatal care; family planning and children's clinic are provided simultaneously daily.

Sample Selection and approach

Study population

The study population consisted of the women in the child bearing age who attended the clinic.

Sample size

Considering the little time the researcher had before the required date for the submission of the study, the researcher had purposely selected a population of 50 women.

Sampling method

A quota sampling method was used in the study. Consideration had to be made concerning the time required to compile a list of clinic attendants, conduct a random selection and follow them up for interviews. Therefore the subjects were selected as they came into the premises. All those who volunteered to be interviewed were picked, until the sample number, was reached n=50.

Data collection techniques/tool

Data collection techniques allow the researcher to systematically collect data.

On this study, a primary method of data collection was used, that is a schedule - structured interview, with both open and closed ended questions. This method involved oral

questioning of the respondents using a questionnaire whose questions, working and phrasing were fixed and identical for all the respondents.

This method was chosen because it gave chance even to the illiterates to respond, considering that the study population consisted of women from different education background. The method also permitted clarification of questions because some questions in the questionnaire required further explanatories, and has a higher rate of response than a written questionnaire. Unfortunately the presence of the interviewer can influence the responses of the study subjects.

Plan for data analysis

Data analysis has been done manually by the researcher.

Pilot study

A pilot study was carried out at Chainama health centre to check for appropriateness and clarify of questions. Some questions were found to give same responses and they were combined.

Ethical considerations

The researcher sought for permission from the research ethical committee of the Ministry of Health and from the Director of Public Health. Lusaka Urban District Council to conduct the study. The researcher also got verbal consent from all subjects and assured them of confidentiality of their responses. Those who did not give consent did not participate in the study.

ANALYSIS AND PRESENTATION OF DATA

Data for the study was collected using a structured interview with the woman who came to receive maternal and child health services at Civic Health Centre. The study subjects were purposively picked as they came in until the required number (n=so) was reached. Data was analysed manually by single counting with the aid of a calculator. In order that data can readily be understood it was summarised, organised, categorised and presented in tables according to the sequence of the variables looked at. All data elicited from open ended questions were categorised into major themes for presentation and interpretations were made. The responses to some questions exceeded the total number of respondents because some respondents gave more than one response to open ended questions. In such instances, the total number of responses were the basis of calculating percentages and fractions were rounded up to whole numbers.

The numerical presentation follows the sequence of the study variables. The demographic profile of the respondents are presented first, followed by the respondents knowledge of HIV/AIDS and the dangers of HIV/AIDS to women in pregnancy. Following the presentation of data on knowledge comes the respondents views in relation to their being at risk from contracting HIV infection and the reasons given as to why they perceived themselves to be at risk or not at risk. Finally, the respondents' opinions are presented concerning their willingness to have a voluntary HIV test and on how undergoing such a test could benefit them.

TABLE 1: BACKGROUND CHARACTERISTICS OF THE RESPONDENTS

CHARACTERISTICS	NO. OF RESPONDENTS	PERCENTAGE
AGE 15 - 20 21 - 30 31 - 40 Over 40	11 19 16 4	22 38 32 8
TOTALS	n=50	100%

MARITAL STATUS		
SINGLE	16	32
MARRIED	26	52
DIVORCED	2	4
WIDOWED	2	4
SEPARATED	2	4
SINGLE BUT LIVING WITH A MAN	2	4
TOTAL	n=50	100%

EDUCATIONAL LEVEL		
Not been to school	1	2
Grade 1 - 7	10	20
Grade 8 - 9	12	30
Grade 10 - 12	7	14
College level	16	32
University level	1	2
TOTAL	n=50	100%

Table 1 shows that the highest number 19 (38%) of the respondents were aged between 15 - 20 years, and that the majority 26(52%) were married. It also shows that all the respondents with the exception of 1 (2%) had some formal education.

KNOWLEDGE OF HIV/AIDS

All the respondents knew the cause and routes of transmission of HIV. On preventive measures for HIV infection 49 (98%) knew the preventive measures.

TABLE 2: AWARENESS OF THE EXISTENCE OF VOLUNTARY HIV TESTING

AWARENESS OF HIV TESTING SERVICES	NO. OF RESPONDENTS	PERCENTAGE
Yes	48	96%
No	2	4%
TOTAL	n=50	100%

Table 2 shows that the majority 48(96%) were aware that voluntary HIV testing services were being offered.

TABLE 3: AWARENESS OF THE POSSIBILITY OF TRANSMISSION OF HIV INFECTION FROM MOTHER TO CHILD

Awareness of vertical transmission	No. Of Respondents	Percentage
Yes No	47 3	94% 6%
TOTAL	n=50	100%

Table 3 shows that most of the respondents 47 (94%) were aware of the possibility of the transmission of HIV infection from the mother to the foetus.

TABLE 4: RESPONDENTS VIEW ON WHETHER THEY WOULD GET PREGNANT INSPITE OF POSITIVE HIV RESULTS

Get Pregnant inspite of HIV positivity	No. of respondents	Percentage
Yes No	31 19	62% 38%
TOTAL	n=50	100%

Table 4 shows that 31 (62%) would go ahead and get pregnant inspite of their HIV sero positivity.

TABLE 5: RESPONDENTS PERCEIVED RISK TO CONTRACTING HIV INFECTION

Perceived Susceptibility to HIV	No. of Respondents	Percentage
Yes No	28 22	56% 44%
TOTAL	n=50	100%

Table 5 shows that 28 (56%) of the respondents perceived themselves as susceptible to contracting HIV infection, the rest 22 (44%) did not perceive themselves to be at risk.

TABLE 6: REASONS GIVEN BY RESPONDENTS FOR THEIR PERCEIVED SUSCEPTIBILITY TO HIV INFECTION

Reason for Perceived Susceptibility	No. of Respondents	Percentage
Unfaithful partner	15	54%
Multiple sexual partners	5	18%
Had unprotected sex	6	21%
Other responses	2	7%
TOTAL	n=28	100%

Table 6 shows that most 15 (54%) of the respondents perceived themselves to be susceptible to contracting HIV infection because they have unfaithful partners.

TABLE 7: WILLINGNESS TO BE TESTED IN RELATION TO MARITAL STATUS

MARITAL STATUS	WILLINGNESS FOR HIV TESTING				TOTAL	PERCENT
	YES	%	NO	%		
Single	6	16%	10	-	16	32%
Married	23	62%	3	-	26	52%
Divorced	2	5%	-	-	2	4%
Separated	2	5%	-	-	2	4%
Widowed	2	5%	-	-	2	4%
Single but living with a man.	2	5%	-	-	2	4%
TOTAL	37	74%	13	24%	n=50	100%

Table 7 shows that these who are married 23 (62%) were more willing to go for HIV testing.

TABLE 8: REASONS GIVEN BY RESPONDENTS FOR THEIR WILLINGNESS TO HAVE AN HIV TEST.

Reasons for the willingness to be tested	No. of respondents	Percentage
- Plan for the future of the family.	22	59%
- To help them decide whether to have children or not.	6	16%
- To help prevent spread of infection to others.	5	15%
- Not specified.	4	10%
TOTAL	37	100%

Table 8: Shows that the main reason given by those willing to have an HIV test as to why they thought it necessary to have the test was that knowing their HIV status would help them plan for the future of their families.

TABLE 9: REASONS GIVEN BY RESPONDENTS WHO WERE UNWILLING TO HAVE AN HIV TEST, FOR DECISION TO DO SO.

Reasons for the unwillingness to test	No. of respondents	Percentage
There is no cure to HIV	4	31%
It causes stress/worry	9	69%
TOTAL	13	100%

Table 9: Shows the reasons why 13 respondents were unwilling to have the HIV test. The majority 9(69%) feared that knowing their HIV status would cause stress and worry.

INTERPRETATIONS OF FINDINGS/DISCUSSIONS

The study has revealed that the respondents had knowledge of HIV/AIDS in that all the respondents know the cause and routes of Transmission of HIV/AIDS. The majority 49 (98%) also know the preventive measures. Other finding were: the awareness among the 48 (96%) respondents of what voluntary HIV testing was and of the possibility of vertical transmission by 47 (94%) of the respondents. This means that the majority of the women had knowledge that could help them to make a choice of whether to go for HIV testing or not.

Concerning the respondents willingness to have voluntary HIV testing, the study revealed that there was a high acceptance rate of 37 (74%) out of the 50 women studied and the majority 23 (63%) of these were married. These findings are similar with the result of a study that was done in the metropolitan area of Los Angeles in USA where there was a high acceptance rate of 76% (6892) out of the 9,069 women studied (Cozen etal 1993). This therefore means that many women were willing to have an HIV test. The knowledge possessed by the women may have influenced their willingness to have a test.

The study has also established the main determinants for the acceptance of voluntary HIV test as that of the respondents concern for the future welfare of their families and some to enable them make a decision as to whether to get pregnant or not. The majority 22 (59%) wanted to know their HIV status so as to help them plan for the future of their families (See table 9). This finding differs from the results of the study that was done in Atlanta, Georgia on voluntary HIV testing where there was a high acceptance rate of 97% (4589) out of the 4731 women who had registered for prenatal care. (Lindsay 1991). However the main determinant for acceptance for 35% of the women was their concern about the risk of HIV infection to their fetus. Despite the differences in their reasons for acceptances there is a similarity in that, both show that the women are concerned about their future and that of their own families, and especially that of their children.

The study had also aimed at Identifying fears that women might have towards HIV testing and has Identified the main fears as those related to stress. Out of 13 (24%) who were unwilling to have HIV results stated that it would cause them a lot of stress and worry. One of the opponents of HIV testing in his book "Patients are people" said consenting for testing needs courage as the ultimate results may affect one's life (Field 1988). The result further support the findings of the study done in Rwanda where women who had tested positive to HIV had similar fears (Keogh 1991). This is a normal reaction in every individual who may be undergoing such a sensitive test as HIV testing hence the need for pre and post test HIV counselling.

SUMMARY, CONCLUSION AND RECOMMENDATIONS

The study revealed that majority of women in Zambia are willing to take up an HIV test. This is an indication that they are concerned about the future welfare of their families. The study has also shown that the HIV/AIDS educational campaigns currently going on are effective because most women are knowledge about HIV/AIDS infection. This knowledge background has contrited to lot to the high acceptance rate to voluntary HIV testing since women become aware of their susceptibility to the disease HIV/AIDS and its effect on their health and on the children to be born and their families. Lastly, the study has revealed that women undergoing HIV/AIDS test in Zambia, experience fears. This calls for quality counselling both before and after the test to achieve positive behavior change and adjustments.

In conclusion, this study has revealed that it is possible to do voluntary HIV testing in the women of the child bearing age.

IMPLICATION TO THE HEALTH CARE SYSTEM

Knowledge of HIV/AIDS may lead to more women to volunteer for HIV testing who may later take positive preventive measures such as refraining from getting pregnant or having children. This would benefit both the community and the government whose health care cost would be reduced. The study revealed that some women were scared of going for voluntary HIV testing and that some will still go ahead and get pregnant inspite of positive HIV results. Unless measure are carried out to remove these fears women have and the negative attitude possessed by these women who inspire of HIV positive will still get pregnant, there will be an increase in children with HIV/AIDS infection. This will cause more strain on the already inadequate resources in terms of drugs, material, money, manpower and space in hospitals. There will be also a lot of suffering as the number of sick babies increase. Therefore there is need to intensify health education in MC health centers to enable women to change their attitudes only then can maternal-child transmission be reduced.

LIMITATIONS OF THE STUDY

Time was a great limitation in this study, considering the short period in which the study was supposed to be completed and presented to the school. Due to time factor, only the data collection tool the structured interview method was used where by other methods such as focus groups discussion would have been used too. Also only one center was used to collect data which makes generalization of result not suitable. The sample size was also small in that only 50 women were interviewed.

The researcher also had problems in getting statistics on voluntary HIV testing because there was no central point where the reports are kept, each organization working on HIV testing kept their own reports.

RECOMMENDATIONS

1. Strategies to be developed to improve the acceptance rate for voluntary HIV testing especially in the high risk groups.

2. Counselling on HIV/AIDS should be made more accessible/available to all men and women to help remove fears towards HIV testing.

3. All voluntary HIV testing to have an organized and coordinated reporting system.

4. Further work in this area should include women from urban and rural areas, different social economic classes, occupation and education level in a larger sample.

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SCHOOL OF MEDICINE
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Telegrams: Unza. Lusaka.

15 November 1995

Ms Ellen Anaba
PBN
UNZA - LUSAKA

Dear Ms Anaba

RE : STUDY TO DETERMINE THE ATTITUDE OF WOMEN TOWARDS HIV TESTING IN LUSAKA URBAN

Reference is made to the above study and that it had been reviewed and is a straight forward study with no Ethical problems and therefore, has been aproved.

I wish to take this opportunity to wish you good luck and hope that this study will be successful.

Yours sincerely

DR N P LUO
HEAD PATHOLOGY AND MICROBIOLOGY

Lusaka City Council

Director of Public Health
Telegrams: "CITY"
Telephone: 250877
Ext.
Verbal Enquiries to:
Mr.....

PUBLIC HEALTH SERVICES DEPT.
CIVIC CENTRE
P.O. Box 30789
LUSAKA
Republic of Zambia

Reference: SSBK/bmk
PHD/33/10

Your Ref:

19th October, 1995

Ms. Ellen Anaba,
UNZA
School of Medicine,
P. O. Box 50110,
LUSAKA

Dear Madam,

re: REQUEST TO CARRYOUT A RESEARCH AT CIVIC CENTRE CLINIC

I acknowledge receipt of your letter of request dated 11th October, 1995 concerning the above mentioned captioned subject.

May I inform you that permission is hereby granted for your research to be conducted at Civic Centre Clinic.

Yours faithfully,

C. Mwamulume

Dr. Chibesa S. Wamulume
ACTING DIRECTOR OF PUBLIC HEALTH

c.c. The Sister In-Charge
Civic Centre Clinic

PBN/D/BSc IV - 95

29th August 1995

The Director of Health
Lusaka Urban District Council
LUSAKA

u.f.s. Mrs. Ndele
Course Co-ordinator

Dear Sir,

Re: REQUEST TO CARRY OUT A RESEARCH STUDY AT CIVIC HEALTH CENTRE

I am a fouth year student at the University of Zambia, School of Medicine, Department of Post Basic Nursing studying a Bachelor of Science Degree in Nursing.

In partial fulfilment of this programme, I am required to carryout a research study in my field of interest. I would like to investigate the Women's attitude Towards Voluntary HIV Testing in Lusaka Urban.

I am requesting for permission to interview women in the child bearing age at Civic Health Centre. I would like to gather Data between 30th of August to 5th of September. I will be very grateful if permission would be granted.

Yours faithfully,

Ellen Anaba
PBN - STUDENT

c.c. Head of Department of
Post Basic Nursing

emm.

INTERVIEW SCHEDULE

Introductions to the interviewer

Self introduction

- Explain purpose of the interview/study

No name, nor address of the respondent should be

Interview No. [ ]

SECTION **DEMOGRAPHIC DATA**

1. How old are you (last birthday)?
   (a) 15 - 20 years
   (b) 20 - 30 years
   (c) 30 - 40 years
   (d) Over 40 years

2. What is your marital status?
   (a) Single
   (b) Married
   (c) Divorced
   (d) Widowed
   (e) Separated
   (f) Single but living with a man

3. What is your religion?
   (a) Muslim
   (b) Hindu
   (c) Christian (specify)
   (d) Others specify

4. What is your tribe?
   (a) Nyanja
   (b) Bemba
   (c) Lozi
   (d) Tonga
   (e) Lovale
   (e) Other (specify)

How far did you go in your education?

(a) Never went to school

(b) Grade 1 - 7

(c) Grade 8 - 9

(d) Grade 10 - 12

(e) College level

(f) University level

SECTION 'B' KNOWLEDGE OF HIV/AIDS

Have you heard of HIV/AIDS

(a) Yes

(b) No

If answer is Yes, where did you hear it from?

(a) Radio

(b) Television

(c) Friends

(d) Books or Pamplets

(e) Health workers (specify)

(f) Health workers (specify)

(g) Others (specify)

What exactly did you learn about AIDS from these sources?

Explain.... .....

On your opinion what is HIV/AIDS ....

How common do you think AIDS is in Zambia?

(a) It does not exist

(b) Not common

(c) Fairly common

(d) Very common

How can an individual get HIV/AIDS?

(a) From shaking hands

(b) Eating together

(c) Sexual intercourse

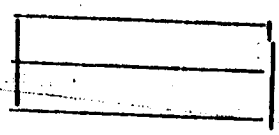
(d) Sharing the same toilet

(e) Others (specify)

11. Can an individual suffering from HIV/AIDS spread it to another person?

Yes

No



12. If answer is Yes, state the various ways an individual can spread the disease to another person.

EXPLAIN

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.....

.....

13. Who is at risk of getting HIV/AIDS?

(a) Homosexuals

(b) Prostitutes

(c) Drug dealers

(d) Anybody

(e) Others (specify)

14. Do you think you might be at risk of HIV infection?

YES

NO

15. If Yes, give reasons why you consider yourself at risk

EXPLAIN

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.....

If answer is NO why do you consider yourself not to be at risk

EXPLAIN :

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.....

16. Can a pregnant woman with HIV/AIDS transmit the infection to her unborn child in the womb?

YES

NO

17. If answer is YES, how?

EXPLAIN

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18. Is HIV/AIDS curable?

YES

NO

19. How are the individuals suffering from HIV/AIDS diagnosed?

.....

.....

SECTION: OPINION ON VOLUNTARY HIV TESTING

20. Would you be willing to have an HIV test done on you?

YES

NO

21. If answer is YES, when would you like to have the test done?

(a) Before getting married

(b) Before getting pregnant

(c) After delivery

(d) Anytime

(e) Others specify .....

22. Why would you like to have an HIV test done?

EXPLAIN

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23. If your answer to question 17 is NO, what are the reasons for not willing to have the test done?

EXPLAIN

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24. After HIV testing would you be willing to be informed of the results?

(a) When results are negative?

(b) When results are positive

25. Give reasons why, for your answer to question 21

EXPLAIN

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26. If you results were positive would you like your partner to know them?

YES

NO

27. If answer is NO, why wouldn't you like your positive HIV test results to be known by your sexual partner?

EXPLAIN

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.....

28. If the results to the HIV test is positive would you like your partner to be tested too?

.....

29. If answer is YES, why would you like your partner to be tested too?

.....

30. What do you think would be the reaction of your relatives if you told them you were HIV positive?

.....

31. If you were found to be HIV positive how would you prevent the spread of the disease/infection to other people

.....

32. What are the dangers of an HIV positive woman getting pregnant?

.....

33. What would you do if you were tested HIV positive while pregnant?

(a) Continue with the pregnancy and deliver

(b) Have the pregnance terminated

34. On your opinion is voluntary HIV testing beneficial to women ?

.....

35. Do you think it will be beneficial to woman if voluntary HIV testing was done in MCH clinic?

YES

NO