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**HEALTH SEEKING BEHAVIOUR AND
PARTNER NOTIFICATION BY CLIENTS
WITH SEXUALLY TRANSMITTED
DISEASES (STD's) IN MALAWI:
AN ETHNOGRAPHIC APPROACH**

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MAP OF MALAWI INDICATING STUDY SITES

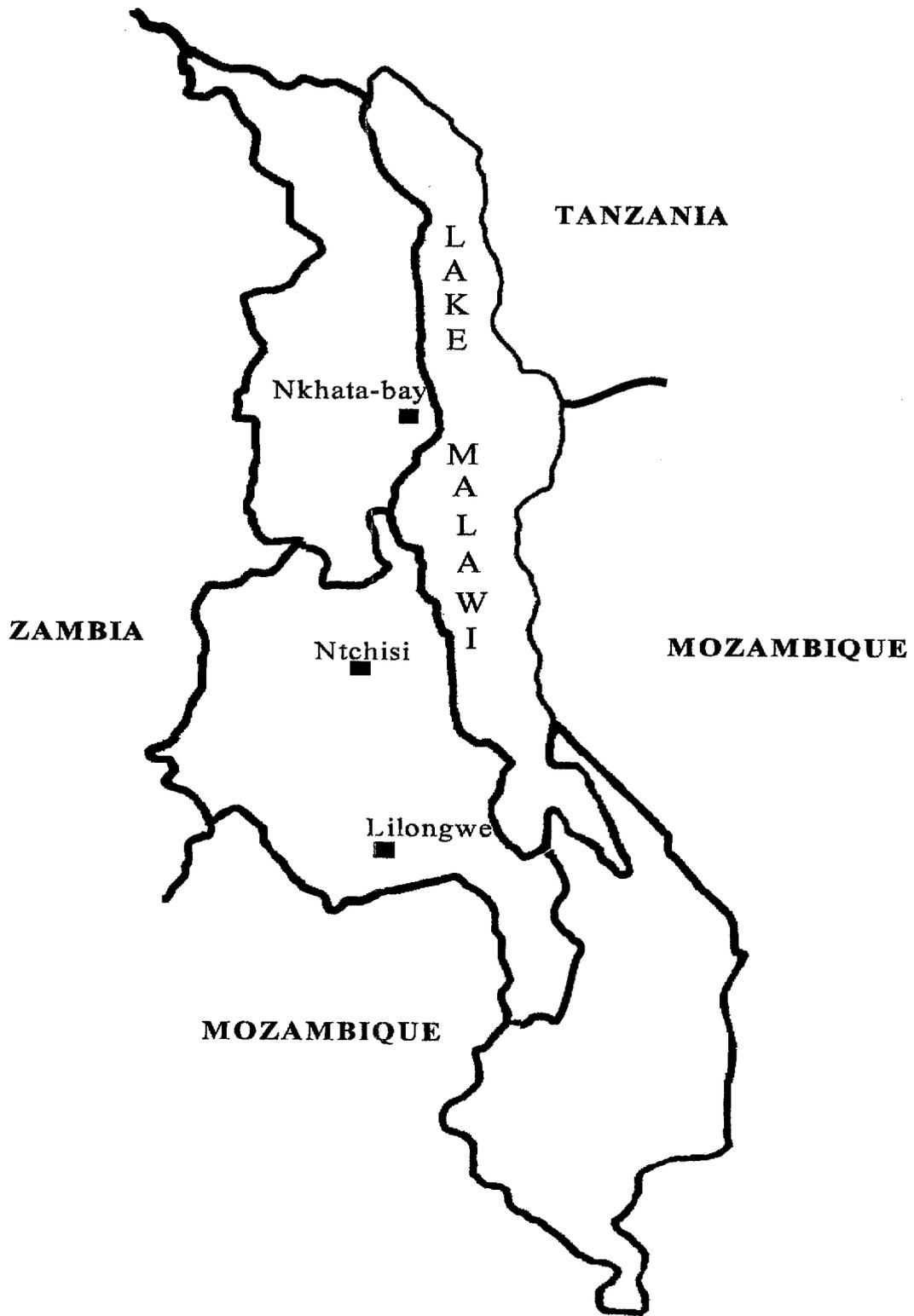


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Executive Summary

Study Objectives

The objectives of the study were to:

1. Identify social and cultural factors which function as barriers to, and those which contribute positively to, partner notification by STD clients.
2. Determine factors during the process of the consultations with an STD client which encourage or discourage clients to notify their sexual partners.
3. Determine health seeking behavior patterns of people who consider themselves to be suffering from an STD and determine the linkages between those patterns and partner notification and delay in seeking treatment.
4. Determine the role of traditional healers in STD client health seeking behavior and partner notification.

Methodology

The study used an ethnographic approach and a multiple-case design with in-depth interviews and observations. Three District Hospitals and their catchment areas were selected: one STD pilot site with high return of notified partners, one pilot site with low returns and one hospital which is not a pilot site but where STD clients are treated and where there is a high rate of STD's. These were Nkhata-Bay, Lilongwe and Ntchisi District Hospitals respectively.

Data was collected focusing on three main subjects, STD partner notification, STD health seeking behavior and the role of the traditional healers.¹

In-depth, open-ended interviews lasting from one to three hours were conducted with:

- Thirty-six male and 31 female clients identified at the STD clinics of the three District Hospitals and
- Twenty-two traditional healers who treated STD clients.

Shorter, open-ended interviews were conducted with seven STD clinic providers in the three hospitals.

Sixteen observations were made of the STD consultations at the three hospitals.

¹ A detailed report of traditional healers will appear under separate cover.

Many Informal discussion were held with key informants for background and contextual information and to help identify healers.

Major Findings

STD client health seeking behavior

The narratives given by the clients demonstrated that an STD episode represented not only an illness which affected an individual's health but was also a social event with consequences which affected various other important aspects of their life. This included the health of a spouse or another important person, the marital relation, the status in the extended family and community, respect from others, pride, and work.

The STD health seeking behavior involved up to twelve different steps. Some clients followed all of them, others only some. They are as follows:

1. Symptoms appeared--identification with a sexually transmitted infection.
2. Symptoms worsened.
3. Told someone-sought advice
4. Advice was given.
5. Went for treatment for the first time.
6. Were given treatment.
7. Were told by the traditional healer or the clinic provider to notify a partner.
8. Symptoms worsened or re-appeared after first treatment.
9. Told some one again/sought advice.
10. Sought treatment a second time.
11. Symptoms worsened or re-appeared after second treatment and client continued to look for a cure.
12. Client perceived him/self cured at time of interview.

There were strong similarities among the regions in steps one through six. But there were significant differences in the pattern of switching from hospital to healer or vice-versa. The most striking was the tendency of clients from Nkhata-Bay to start treatment at the District Hospital and then, as result of dissatisfaction with the hospital treatment to seek further treatment from a traditional healer.

Reasons for delay in seeking treatment were a) seeking treatment from a traditional healer instead of from the health center or hospital; b) waiting for symptoms to worsen so that the illness could be identified; c) remaining asymptomatic; d) fear and shame; e) travel; f) responses of spouse to STD information; g) the perception of certain type of vaginal discharge, itching, or

sores as being normal or attributed to other causes rather than a symptom of an STD; h) problems in services at the health centers or District Hospitals.

The final determinants of seeking treatment were a) responses to symptoms when they become unbearable or so visible that others could notice them, b) fear, c) disruption in sexual life and d) advice from others.

Partner notification

Partner notification is one of the many steps in the process of STD health seeking behavior. The study identified the many social aspects which surround partner notification which influence if, how and why an index client will, indeed, tell his or her sexual partners about the infection. At the time of the interview, the majority of clients, 70.59%, had already informed at least one of their sexual partners of their STD symptoms. About one fifth had not and of those only one male client indicated that he intended to do so.

The clients who told sexual partners, told different ones at different stages of their health seeking behavior, either before seeking treatment, after seeking treatment for the first or second time, or after they perceived themselves to be cured.

Factors which influence partner notification

There were eight main factors which influenced partner notification. They are the following:

1. The nature of the relationship to sexual partners.
2. To whom the transmission was attributed.
3. Region, ethnicity and marital customs
4. The marital status of the index client.
5. Expectation of repeated sexual intercourse
6. Severity of symptoms
7. Perceived importance of partner notification
8. Perceived consequence of telling

These way these factors function to influence partner notification and their inter-relation is discussed in detail.

Partner notification and seeking treatment

The data suggested that for married couples, if the husband told the wife he was infected and she should seek treatment, she tended to do so. Husbands who

were informed of the symptoms by their wives who accused them of transmitting the infection tended to be stubborn and refuse to go for treatment until they finally realized it would be better for the health of both himself and his wife if he did so. Single index clients usually did not know if their sexual partners went for treatment .

Spouses of index clients who went to healers were treated more frequently than those of clinic providers because the traditional healers gave their index clients medication for two which the clients took home.

Partner notification in the STD consultation

Clients report of provider or healer and partner notification

There was a much greater tendency for the STD providers in the two pilot sites, Lilongwe and Nkhata-Bay District Hospitals to tell their clients to notify a sexual partner than in the control , Ntchisi. According to the reports of STD clients at the two pilot sites, they were all told to notify a sexual partner and were given partner notification slips when appropriate. The contrary was true in Ntchisi.

While in both Nkhata-Bay and Lilongwe the subject of partner notification was raised by the provider, it was strongly biased toward the married couple. There was no or very little discussion about the number of sexual partners, who they were and how the client could notify each one. Married women were only given one slip for their husband and there was no discussion about any other possible sexual encounters.

In all three districts, all the clients reported that the healers consistently told them to bring their spouses for treatment or gave them treatment for themselves and their spouse to take home. However, the traditional healers, just as the clinic providers, biased their discussion concerning sexual partners toward the spouse and neglected to discuss other non-marital sexual partners.

Provider and traditional healer's reports of partner notification

According to the clinic provider interviews, the providers in the two pilot sites demonstrated a better understanding than did those in the control site of the concept of partner notification and the importance of stopping the chain of infection through partner notification. However, as also reported by the clients, the providers indicated a strong bias toward spousal notification only and reluctance to discuss multiple-partner relations with both married and unmarried clients. Those providers in Ntchisi appeared more reluctant to raise the issue than the providers in the pilot sites. They especially did not like to raise the issue with married women.

The providers thought the partner notification system with the return slips was appropriate and useful. Providers in Lilongwe expressed three concerns of the system. There is no way of knowing if the index client is going to give the partner notification slip to the sexual partner, there is no way of tracking a partner and the system relies too heavily on the index client to inform the sexual partners.

According to the interviews with the traditional healers, all indicated an understanding of a set of symptoms which they considered to be sexually transmitted and which were not the result of sorcery. They were aware of the necessity of treating all the people with whom the index client had had sexual intercourse. Unlike the clinic providers, all the healers either sent the index client home with medication for his or her spouse or told the index client to bring their spouse and gave them the medication together. According to the healers, the clients did return with their spouses when advised to. However, like the clinic providers, although the healers were aware of the necessity of treating all sexual partners, they still maintained a bias toward the married couple.

Conclusion

STD client health seeking behavior

In conclusion, the health seeking behavior surrounding the experience of a sexually transmitted disease involves several steps. The process of going through these steps contributes to delays in seeking treatment. Most clients ask someone for advice when they discover their symptoms, and this advice strongly influences the further activity of the client including the place where first treatment is sought. The experience at the first place of experience, then influences where the clients will go next if the symptoms persist past the time that they expect them to disappear.

There is a greater tendency to switch from hospital to healer than vice-versa. This is mainly because the clients are more satisfied with the explanations given by the healers than those given by the clinic practitioners. The healers give the prognosis of the illness where they inform the clients of a long duration of the symptoms during which time they must continue to take medication. The clinic practitioners tend to neglect explaining a prognosis and the clients leave the STD consultation believing their symptoms will disappear immediately after taking the medication. They expect a difference after taking just one pill which is only part of the required dosage necessary for a complete cure. Thus, when their symptoms have not disappeared as they expected, they seek treatment elsewhere, usually from a traditional healer.

STD client partner notification

Partner notification is one step in the process of health seeking behavior which occurs either at the time the client discovers the symptoms, or after the client has gone for treatment the first or second time. The nature of the relationship to the people with whom the index client has sexual intercourse directly influences whether or not he/she will inform that person of the STD and is strongly mediated by the fear of the perceived consequences of informing that person. Where the fear of marital disruption or another sort of social disruption in the client's life is strong, there is a great tendency not to inform or to postpone informing the particular partner who would cause that disruption. However, if the perception of social disruption is low, then the client has a greater tendency to inform that sexual partner from whom he could expect cooperation. Fear of the perceived consequences of partner notification is, in turn, mediated by the sexual partner to whom the STD transmission is attributed, which is, in turn mediated by gender and marital status of the sexual partners.

The importance of STD providers as a catalyst for partner notification is somewhat diminished because a large percentage of the clients tended to inform at least one sexual partner of the STD before they ever came to the clinic. In addition, the social implications of partner notification override the clients understanding of the importance for both personal and community health reasons as a determining factor for informing sexual partners. However, the providers can have an important influence on those index clients who are undecided as concerns notification. But to do so, they must address the clients fear of the perceived consequences and other social factors deterring the clients from partner notification. In addition, the provider can play a large role in convincing the clients to tell all their sexual partners.

The system of partner notification slips are a useful and appropriate way to help clients notify partners. However, as long as the providers, both clinic and traditional healers, remain biased towards notification of single dyads, either the married couple, or a "couple" comprised of two single people, then the effectiveness for arresting STD transmission is very limited and their influence will remain low.

Recommendations

This report contains much detailed information which can be used as the basis for the development of both community and clinic-based education for STD clients and for ways for both clinic providers and traditional healers to treat STD clients. The authors advise that the elaboration of the messages targeted for clients and providers respectively be developed by a group of practitioners,

healers, specialists in public health education and clients. Several recommendations are suggested .

Background

Studies indicate that the risk of sexually transmitted diseases and human immunodeficiency (HIV) transmission is very high in Malawi (Kaluwa:1996). Control has become even more urgent since STD's have been found to increase the risk of HIV transmission. The risk of sexual transmission of HIV may be increased five to ten fold in the presence of an STD, either ulcerative or non-ulcerative (Chimango et al:1997).

Partner notification and contact tracing of STD infected clients has been identified as an effective way to reduce the transmission rate of sexually transmitted diseases. It is also an especially effective way to identify asymptomatic infected persons (Woodhouse et al: 1985, Mills and Satin:1978, Andrus et al:1990, Potterat and Kind:1981).

In 1994, in Malawi, five pilot sites for treating STD's and five expansion districts were established. In the pilot sites, the STD service providers are supposed to give the index patient a partner notification slip for each of his/her sexual partners. The slip invites him/her to either come personally to that clinic or to report to any of the nearest listed hospitals. In both the expansion districts and in several (eventually all twenty-five) CHAM (Christian Hospitals of Malawi) hospitals, the health workers have been trained to stamp the reverse leaf of the out patient department ticket or any other paper available requesting the partner-(s) to report to that, or any other nearest health center. The partner notification slips or stamped papers are to be presented to the health worker by the sexual partner(s) of the index patients.

A limitation of the system of partner notification is that it is voluntary. Return rates of the distributed partner notification slips in the pilots sites are low, ranging from 18 to 29 percent. However, little is know why. In addition clients tend to delay visits to the clinics until their physical symptoms are full blown. Since for effective STD treatment it is best that clients come at the earliest appearance of symptoms or when they are still asymptomatic, is important to determine, (a) why clients wait so long to seek treatment at the health clinics; and (b) the reason for their reluctance to inform sexual partners.

Study Objectives

1. Identify social and cultural factors which function as barriers to, and those which contribute positively to, partner notification by STD clients.

2. Determine factors during the process of the consultations with an STD client which encourage or discourage clients to notify their sexual partners.
3. Determine health seeking behavior patterns of people who consider themselves to be suffering from an STD and determine the linkages between those patterns and partner notification and delay in seeking treatment.
4. Determine the role of traditional healers in STD client health seeking behavior and partner notification.

Methodology

Approach

The study used an ethnographic approach and a multiple-case design with in-depth interviews and observations. The ethnographic approach provided qualitative information which reflected the conceptual framework of the subjects studied and made it possible to collect information of a sensitive nature as is the subject of sexually transmitted diseases.

Population studied

The study was conducted both on the clinic and community level. Three sites and their catchment areas were selected: one STD pilot site with high return of notified partners, one pilot site with low returns, and one hospital which is not a pilot site but where STD clients are treated and there is a high rate of STD's. These were three District Hospitals, Nkhata-Bay, Lilongwe, and Ntchisi respectively.

The population studied were:

- people who had sought treatment for STD's from three District hospitals and from traditional healers in the catchment areas of the hospitals
- traditional healers who treat STD's
- STD service providers in the three District Hospitals
- Key informants including clinic service personnel, village headman and other community leaders.

A total of sixty-eight case studies were collected of almost equal numbers of male and female clients divided almost evenly between those identified by traditional healers and those by clinic STD providers. It was a purposive, convenience sample.

According to the original study design case studies were to be developed of at least three traditional healers from each catchment area of the three District Hospitals, totaling nine. Twenty-two traditional healers were interviewed, ten from Nkhata-Bay, seven from Ntchisi and five from Lilongwe. Those interviewed were identified by

villagers and hospital personnel as healers who were well known in the community for their treatment of STD clients. Detailed findings from the twenty two case studies will be published under separate cover. In this report only findings directly related to STD client health seeking behavior and partner notification was included.

Sixteen observations were made of STD consultations at the District Hospitals, four in Lilongwe, six in Nkhata-bay and 6 in Ntchisi. These were used to help understand the reports of the clients and the providers concerning the consultations.

Seven interviews were conducted with District Hospital STD providers, two from Nkhata-Bay, two from Ntchisi and three from Lilongwe. These were the providers who regularly staff the hospital STD clinic.

Study instruments

Data was collected focusing on three main subjects, STD partner notification, STD health seeking behavior and the role of the traditional healers.¹

In-depth open-ended interviews lasting from one to three hours were conducted:

- with male and female clients identified at the STD clinics of the three District Hospitals and also clients identified by traditional healers in the villages of the catchment areas of the hospitals.
- In-depth open-ended interviews were also conducted with traditional healers who treated STD clients.

Part of the interviews constituted narratives which described the STD illness episode in detail.

Shorter, open-ended interviews were conducted of the STD clinic providers in the three hospitals.

Observations were made of the STD consultations at the three hospitals.

Informal discussion were held with key informants.

Data analysis

Data was analyzed using descriptive and some inferential statistics to determine social and cultural and other types of factors which functioned as barriers or contributing factors to partner notification. Qualitative data on health seeking behavior was analyzed manually. Matrixes were constructed from which models were constructed for the steps in health seeking behavior and patterns of partner notification. STATCALC in Epi-info was used to calculate Chi squares.

¹ A detailed report if traditional healers will appear under separate cover.

Findings and Discussion

Section One: Demographic data of STD clients

Summary of Demographic Data

Table 1: AGE

		Nkhata-Bay	Ntchisi	Lilongwe
Age	range	16-45	15-49	17-47
	median	26	28	24
	mean	28.7	29.0	28.2

The age range for Nkhata Bay, was from 16-45 years, for Ntchisi was 15-49 and Lilongwe 17-47 years. The mean was 28.7 for Nkhata-Bay, 29.0 for Ntchisi and 24.0 for Lilongwe. There were no major differences in the age range and mean amongst the three sites. However, Lilongwe had the lowest median of 24 and Ntchisi had the highest median of 28 and Nkhata Bay had a median of 26.

Table 2: SEX

		Nkhata-Bay	Ntchisi	Lilongwe
Sex	male	59.1% (n=13)	63.6%(n=14)	39.1%(n=9)
	female	40.9% (n=9)	36.4%(n=8)	60.9%(n=14)
Total		100% (n=22)	100% (n=22)	100% (n=23)

In Nkhata-Bay 59.1% (n=13) were male and 40.9% were female. In Ntchisi 63.6% (n=14) were male while 36.4% (n=8) were female and in Lilongwe 39.1% were male and 60.9% (n=14) were female. The differences in the numbers of males and females in the different regions reflects the gender differences in the clients we found at the time of the study attending either the district hospital STD clinics or traditional healers. While the intention was to have even numbers of males and females from the hospitals and traditional healers respectively, time constraints made this impossible.

Table 3: Marital Status

		Nkhata -Bay	Ntchisi	Lilongwe
Marital Status	married	68.2%(n=15)	50.0%(n=11)	65.2%(n=15)
	singles	22.7%(n=5)	31.8%(n=7)	17.4%(n=4)
Totals	divorced	4.5% (n=1)	9.1%(n=2)	none
	cohabiting	none	4.5%(n=1)	none
	separated	none	none	8.7%(n=2)
	window	none	none	4.3%(n=1)
	missing data	4.5 %(n=1)	4.5%(n=1)	4.3%(n=1)
			100%(n=22)	100%(n=22)

The majority of the clients were married , Nkhata Bay, 68.2%(n=15), Lilongwe 65.2% (n=15) and Ntchisi 50.0%(n=11). The second largest were singles and the least were divorced, separated, widows and cohabiting in descending order.

Table 4: Education

		Nkhata -Bay	Ntchisi	Lilongwe
Education	no education	4.5% (n=1)	9.1%(n=2)	-
	primary	63.6%(n=14)	45.5%(n=10)	65.2%(n=15)
	secondary	22.7% (n=5)	22.7%(n=5)	34.8% (n=8)
	college	-	-	-
	missing data	9.1%(n=2)	22.7%(n=5)	-
Total		100%(n=22)	100%(n=22)	100%(n=23)

The majority had primary level education Nkhata Bay, 63.6%(n=14), Ntchisi, 45.5% (n=10) and Lilongwe, 65.2%(n=15) respectively. Few had secondary education 22.7%(n=5), 22.7%(n=5) and 34.8%(n=8) Nkhata Bay, Ntchisi and Lilongwe, respectively.. None had college level education.

Table 5: Religion

		Nkhata -Bay	Ntchisi	Lilongwe
Religion	Christians	86.4%(n=19)	95.5%(n=21)	95.7%(n=22)
	Muslims	9.1%(n=2)	4.5%(n=1)	4.3%(n=1)
	missing data	4.5%(n=1)	-	-
Totals		100%(n=22)	100%(n=22)	100%(n=23)

The majority of the clients interviewed were Christians (Catholics and Protestants) in Nkhata Bay, Ntchisi, Lilongwe 86.4% (n=19), 95.5% (n=21) and 95.7% (n=22) respectively. Few were Muslims Nkhata Bay, 9.1%(n=2), Ntchisi, 4.5% (n=1) and Lilongwe, 4.3% (n=1) respectively.

Table 6: Ethnicity

		Nkhata -Bay	Ntchisi	Lilongwe
Ethnicity	Tonga	68.2%(n=15)	9.1%(n=2)	4.3%(n=1)
	Tumbuka	22.7%(n=5)	none	8.7%(n=2)
	Chewa	4.5%(n=1)	90.9%(n=20)	34.8%(n=8)
	Yao	4.5%(n=1)	none	none
	Lomwe	none	none	30.4%(n=7)
	Ngoni	none	none	21.7%(n=5)
Total		100%(n=22)	100%(n=22)	100%(n=23)

The ethnic groups identified by the clients were Tonga, Tumbuka, Ngoni, Yao, Lomwe and Chewa. Tonga and Chewa were the only ethnic groups who were found in all three study sites. In Nkhata-Bay, 68.2% (n=15) identified themselves as Tonga whereas 90.9% (n=20) of the clients identified themselves as Chewa in Ntchisi. In Lilongwe the predominant ethnic groups were Chewa 34.8% (n=8) and Ngoni, 21.7% (n=5). There were few Lomwe, Yao, Ngoni and Tumbuka in the three study site. This ethnic mix was expected as it reflected the generally believed ethnic distribution in Malawi.

Table 7: Occupation

		Nkhata -Bay	Ntchisi	Lilongwe
Occupation	Student	4.5%(n=1)	22.7%(n=5)	4.3%(n=1)
	Housewife	9.1%(n=2)	13.6%(n=3)	30.4%(n=7)
	Farmer	9.1%(n=2)	27.3%(n=6)	4.3%(n=1)
	Small business	13.6%(n=3)	9.1%(n=2)	8.7%(n=2)
	no occupation	18.2 %(n=4)	none	4.3%(n=1)
	missing data	13.6%(n=3)	4.5%(n=1)	4.3%(n=1)
	semi-skilled: driver, barman, carpenter	31.8%(n=7)	22.7%(n=5)	43.5%(n=10)
Totals		100%(n=22)	100%(n=22)	100%(n=23)

The largest group were semi-skilled workers, (carpenters, drivers, barmen, bricklayers, photographers) 31.8% (n=7), 22.7% (n=5) and 43.5% (n=10) for Nkhata-Bay, Ntchisi and Lilongwe respectively. The second largest were housewife Nkhata-Bay, 9.1% (n=2), Ntchisi 13.6% (n=3) and Lilongwe 30.4.%(n=7) for Nkhata Bay, Ntchisi and Lilongwe respectively. The students (22.7%, n=5) in Ntchisi were mainly single young men in secondary school.

Section Two: Health seeking behavior

STD episode as a social event

The narratives given by the clients demonstrated that an STD episode represented not only an illness which affected an individual's health but is also a social event with consequences which affected various other important aspects of their life including the health of a spouse or another important person, the marital relation, the status in the extended family and community, respect from others, pride, and work. The following are summaries of three typical case studies which illustrate the way in which the individuals interviewed experienced their STD episode.

Figure 1: Case One - Single Man

A 23 year old single young man presented at a traditional healer with a complaint of lower abdominal pains following sexual intercourse with a girlfriend 2 weeks prior. A week later lower abdominal pains were accompanied by burning sensations when passing urine. He was worried that his sickness would make him barren and probably jeopardize his chance of marrying his girlfriend. He sought advice from his male friend who told him to go to a health Center. The friend insisted on escorting him to health center in case the provider decided to operate or refer him to another hospital.

At the health center he explained his problem. The provider told him he had an STD and that both he and his sexual partner needed treatment. He was given three antibiotics for treatment. A week later his symptoms got worse and he noticed penile discharge. He still had not found courage to tell his girlfriend about the illness. However, he believed he had contracted the infection from her since he had no other girlfriends.

Finding no improvement he returned to his male friend and told him the situation. He followed the new advice of his friend to go to a traditional healer. He explained the problem to the healer. The healer did not examine him but gave him bottled medication to drink, two cups two times daily for one month. He also prescribed one month admission to ensure the patient took the medication. However, after one week of admission the patient requested a discharge to continue treatment at home.

After being discharged he went straight to his girlfriend to tell her that he has an STD and was being treated at a healer and that she needed treatment too. His girlfriend insisted she was well and did not require treatment. However, she told him she was pregnant and that he was responsible for the pregnancy. The young man accepted the responsibility and continued treatment. After completion of treatment at a healer the symptoms went away and he paid K50.00, although the healer did not ask for any money.

He continued having sexual intercourse with his girlfriend. After a couple of sexual encounters he developed penile discharge. He went to seek advice for the third time to his male friend. However, the friend had left for Mzuzu. In the absence of further advice, he decided on his own to return to the health center where he had gone in the first place. He went there to get some "relieving medicine" while preparing his trip to the healer who he thought had cured him earlier on. At the health center, he was given the same treatment he received during the first visit. He went to his girlfriend for the second time to tell her about the second episode. This time she agreed and accompanied him to a healer since she too was experiencing itching and vaginal discharge. The healer told them that the illness had re-appeared because his girlfriend was not treated during the first episode. He a similar concoction for both to the one he got in the first episode. Since the girlfriend was pregnant she was asked to get the medication through porridge to lessen toxicity to the unborn baby. Due to some commitments at their homes, both refused admission and requested to take medication at their respective homes. At this time, the healer demand K40.00 for the service and they paid.

While both were getting treatment news leaked to the grand mother of the young man that they were getting treated at a healer for an STD. The grand mother and an uncle of paternal side took up the matter with the kinsmen of maternal side that their daughter was a "huli" (prostitute) and not worth marrying their son so the engagement did not take place.

Figure 2: Case Two - Married Man

A 27 year old married man, a carpenter, presented at a hospital with penile sores. The man, a Ntcheu resident, had gone to Kasungu while on duty for a month. While in Kasungu he developed penile sores, got treatment and got cured. Upon return from Kasungu he had sexual intercourse with his wife and penile sores re-appeared. He informed his wife and a brother about his illness. His brother suspected that it was an STD and asked him, "Didn't you have sexual intercourse with another lady while you were away on duty?" And he reservedly responded, "yes, I had sexual intercourse with a businesswoman". When the wife was told about the story she was very disappointed. A series of arguments ensued and the wife proposed a divorce. The husband responded by apologizing. His wife eventually forgave him and advised him to go to hospital. She told him, "zimenezi mupite ku chipatala nokha. Ine sindingakuperekezeni". (With this you have to go to hospital alone I can not escort you). His brother also commented that what he was doing was not good and it could shorten his life span (*umenewu ndimuchitidwe woyipa, zikhoza kudula masiku anu*) and he can easily contract AIDS, assuming the woman he had sexual intercourse with had AIDS.

When he got to the hospital the provider told him that the illness was *chindoko* (syphilis). He told him complications of the illness, such as blindness, regular miscarriages in pregnant women and *jerewere* (warts). The provider also told him to abstain from sexual intercourse until he completed treatment. If he couldn't abstain, he should use condoms. The provider gave him a partner notification slip and told him his wife should come for treatment. With persuasion, the wife accepted to go to hospital with husband and both got treated. At the time of the interview the man had come for review and thought he was cured.

Figure 3: Case Three - Married Woman

This 32 year old married woman presented at a traditional healer who told her she had *chizonono* (gonorrhoea). She believed she got *chizonono* from her husband who got it from a commercial sex worker. She remembered vividly how she acquired *chizonono* from her husband and she narrated the following story. Her husband had gone to Lilongwe to sell tobacco at the auction floors. He couldn't return home that day and spent a night in Lilongwe where he had sexual intercourse with a commercial sex worker. When her husband returned the next day she had sexual intercourse with him. Two days later she started experiencing lower abdominal pains, followed by vaginal discharge. She confronted her husband to explain the symptoms and he admitted having had extra- marital affair. Other than her husband, she did not tell anybody about this illness as she thought it embarrassing and shameful. The husband felt offended and decided to take her to a traditional healer. Both accepted to go to a healer as the symptoms were causing much pain.

The traditional healer they consulted was the great grandfather of the wife. He told them they had a sexually transmitted disease named *chizonono*. Both were given medication, a powder to sprinkle on the vulva and penis and some medicated water with instructions to drink a full cup twice a day. They were not admitted at the healer's place. Three days after medication they noted great improvement as the discharge was disappearing. Both took treatment for three weeks after which they considered themselves cured.

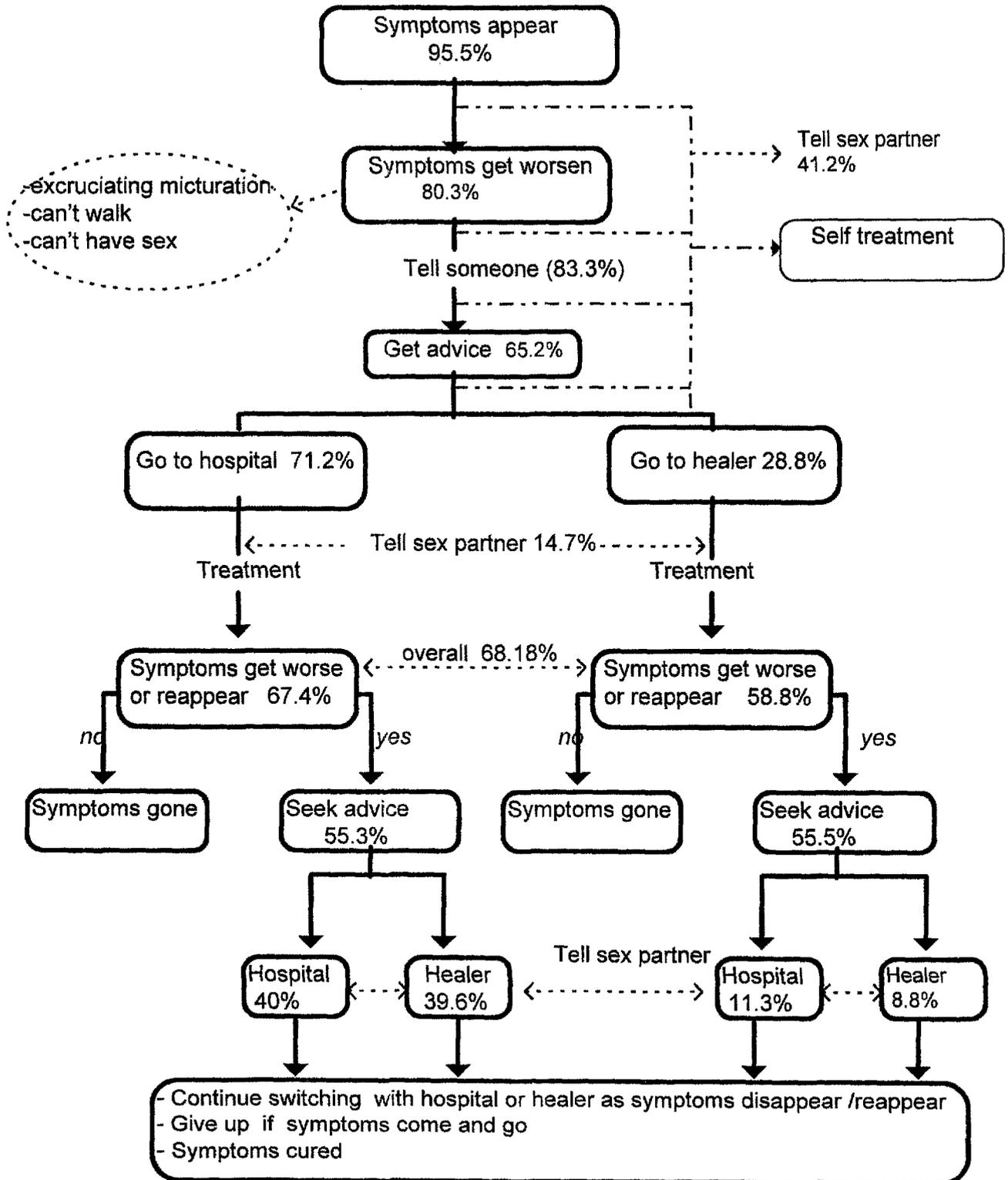
Steps in the STD Illness Episode

Sixty six case studies were analyzed to determine the steps the clients took in one STD illness episode. The case studies were based on thirty-four people interviewed at the time they were clients of a traditional healer and thirty-two interviewed at the time they were clients in the District Hospital.

Prototype of health seeking behaviour

From the analysis of the data emerged patterns of STD health seeking behavior. Figure 4 summarizes these patterns in the form of a flowchart. Within each pattern a series of steps taken by each client took during the illness episode was clearly discernible.

Figure 4: STEPS IN STD HEALTH SEEKING BEHAVIOUR



The STD health seeking behavior involved up to twelve different steps. Some clients followed some of them, other only some. Table 8 lists the steps and shows the percentage of clients that followed each one.

Table 8: Steps In STD Illness Episode And Percent Of Clients Who Followed Each Step

STEPS IN STD ILLNESS EPISODE	PERCENT	NUMBER
1. Symptoms appeared--identification with a sexually transmitted infection	95.45%	63
2. Symptoms worsened	80.30%	53
3. Told some one/seek advice	83.33%	55
4. Advice was given	65.15%	43
5. Went for treatment for the first time	100%	66
6. Were given treatment	100%	66
7. Were told by the traditional healer or the clinic provider to notify a partner	62.12%	41
8. Symptoms worsened or re-appeared after first treatment	68.18%	45
9. Told some one again/sought advice	54.5%	36
10. Sought treatment a second time.	80.3%	53
11. Symptoms worsened or re-appeared after second treatment and client continued to look for a cure.	33.33%*	11
12. Client perceived himself-herself cure at time of interview	53%	35

*Percentage of those whose symptoms worsened or re-appeared after second treatment

The following is a discussion of each step.

Step 1: Symptoms appeared-- identification with a sexually transmitted infection.

The patients described many symptoms. The following are translations from Chichewa , Tumbuka and Tonga, the common languages spoken. (See appendix for a glossary of expressions in the three vernacular languages)

Pus from the penis---painful sensations---sores on the penis---scrotal swelling---smelly discharge---wetting of pants---vaginal discharge---vaginal itchiness---vaginal soreness---vaginal sores---swollen labia---swelling in the groin---bad smell---lower abdominal pain---back ache---head ache---skin rashes.

The manner in which male clients reported the onset of the STD clearly indicated that they were well aware of sexually transmitted infections. They understood the relation of particular symptoms to those infections as they linked the symptoms directly with a particular sexual encounter that they had had. The male clients usually reported experiencing a certain symptom after having sexual relations with a woman after a few days. Married men mainly described an extra-marital sexual encounter as the cause and single clients, an encounter with an acquaintance or friend.

However, the data suggested that the married female clients did not always immediately associate the symptoms with sexual encounters. Some did not realize the relation until their husbands told them of their symptoms. Others, though, especially in Ntchisi and Lilongwe were well aware of their husbands' extra-marital sexual encounters. They related the symptoms in the genital area directly to the sexual activity of their husbands. When the symptoms appeared, they accused their husbands of transmitting the infection to them.

The data strongly suggested, that asymptomatic people were very reluctant to seek treatment. Only 4.55% or three of the clients had sought treatment when they were asymptomatic. These were mainly married women whose husbands had advised them to do so. Even asymptomatic people who were warned by their spouses or sexual partners that they may be infected refused to believe it and insisted on waiting until symptoms appeared before seeking treatment. There was only one asymptomatic male client who said he had gone to the hospital on the advice given his wife by the health care provider. In this case the husband was not convinced that his wife actually had an STD but was willing to be treated to help her.

Step 2: Symptoms worsened.

The clients waited as their symptoms worsened anywhere from one to sixty days before they sought treatment. During this time some became very worried. Others did not pay much attention until the symptoms got so bad they could not stand the pain or they could no longer perform properly sexually. Others expected the symptoms to self-resolve.

Seeking treatment was delayed from three to ninety days. Since only one client reported ninety days, a more accurate representation of the range would be from three days to thirty days. Without including the 90 days in the calculation, the median waiting time is seven days, the average is 7.71 days. If the 90 days is included in the calculation, the average is 14.60 days and the median number of days of delay was seven.

A typical report given by a male client of a healer in Ntchisi is the following. In June 1996 he had slept with a woman after having beer and experienced a burning sensation on his genital area after four days. On the fifth day he developed sores on his foreskin and penis. After a week he felt a funny sexual/arousal (*zotokosa*) inside the penis and started producing pus (*umuna mafinya*). Then one week after these symptoms he decided to go to the hospital.

Married women reported a shorter duration than men between the onset of the appearance of symptoms to the time they sought treatment. However, the data suggested that the married women may have experienced the symptoms for quite a while before identifying them as related to STD's. Many married women only realized that the symptoms were related to an STD after their husband suggested it and advised them to seek treatment. In other cases, the wife told her husband about the symptoms, but he did not reveal the connection with a STD in order to avoid the implication of his extra-marital sexual relations.

Step 3: Told some one/seek advice

The married women mainly told their spouse. They sometimes told a friend as well. The men, both married and single mainly told either a close male friend or sometimes a brother. The single women sometimes told their mother, especially the younger ones or a female friend. The data suggests that those who told no one did so mainly because they perceived their "disease" as "shameful which should be kept private." One woman insisted on telling her mother so that if she should have any further problems with the STD, she would not be blamed for its transmission.² Reasons for choice of who they told about the STD is discussed in depth in the section of the report on Partner Notification.

Step 4: Advice was given.

When the clients told some one about the symptoms, that person usually gave them advice as to where to go for treatment. The clients had a very strong tendency to follow the advice of that person without question and went wherever was suggested. Usually the advice was to go directly to either a healer or a hospital.

Only in a few cases did the person give the client medication or advise him to obtain some from a vendor. Eighteen percent (n=12) reported taking any medication before going to a traditional healer or hospital. Of these, a few did so on advice and others sought the medication themselves before telling any one.

² Fortenberry's study (1997:418) of adolescents STD health seeking behavior in the United States found the contrary to the Malawi findings. The single American adolescents told their sexual partners more than anyone else about the STD.

The "medication" obtained was either capsules of some kind or herb or roots to be made into a drink or porridge. It was either given to them by some one or purchased in the market. When the symptoms worsened they would then seek advice again.

Step 5: Go for treatment for the first time.³

There was a greater tendency to go to a hospital for first time treatment than to a healer. Of all the clients interviewed, whether at a traditional healer's or at a District Hospital, 71.21% (n=47) went to a hospital first. Twenty-eight percent (n=18) went to a healer first. Of those interviewed at a healer's, 12% (n=8) had gone to a hospital first. These were mostly from Nkhata-Bay.

Step 6: Were given treatment.

In the hospital they were mainly given an antibiotic of some sort. The most common treatment given by the traditional healers were roots of a plant which were either soaked in water or boiled and taken in porridge or drunk as an infusion. Some traditional healers put a powder made from an organic base on sores and a very few made incisions on the infected areas in which they put ash or another type of powdered substance.

Step 7: Were told by the traditional healer or the clinic provider to notify a partner.

Sixty-two percents of the clients reported that they were told either by the healer or STD provider to tell their sexual partner about the STD and advise them to seek treatment. Many traditional healers gave the married clients medication to take home with them to give to their spouses. Or they told them to bring their clients for treatment. The providers never gave medication, but told the clients to tell their spouses or friend in the case of single people to go for treatment. (See section three on partner notification)

Step 8: Symptoms worsened or re-appeared after first treatment.

Sixty-eight percent of all the clients interviewed reported that their symptoms worsened or re-appeared after first treatment. A greater percentage of clients who had gone to the hospital for the first treatment reported this than those who had gone to a healer for the first treatment. Of all clients seeking treatment at the hospital for the first time, 67.39 % (n=31) reported symptoms worsening.

³ The sample was purposely selected as people who had gone for treatment either to a traditional healer or a district hospital.

Less, 58.82% (n=10) of clients seeking treatment at a healer's for the first time reported this.

There is no plausible biological explanation for this difference between the reports of the clients from the hospitals and traditional healers. However, a difference in information given by the healers and clients could account for a difference in the perception of the expectation of the duration of symptoms.

The traditional healers gave the clients a prognosis of a long waiting time, from one to three months before they could expect to be cured. The STD providers at the hospitals did not give any prognosis at all.

Accordingly, the clients of healers did not expect their symptoms to go away very quickly after the first treatment. The hospital clients, on the other hand, expected that as soon as they began taking a pill or had been given an injection they would be cured. The prognosis of the healer appears to have resulted in their clients having more patience to wait for recovery after going to a traditional healer than after going to the hospital where the clients were not told what to expect.

The belief that the healer's "medication" was more effective than that given by the hospital was further confounded by another experience reported by the clients. The clients who first went to the hospital took an antibiotic and then after only a couple days went to a healer where they were given traditional herbal treatment. In a few more days the symptoms disappeared. The client attributed the disappearance of the symptoms to the medication of the traditional healer. However, it was more likely due to the antibiotic taken prior to the herbal concoction. Research in the chemistry and efficacy of the concoctions given by the healer may prove otherwise.

The data also suggested several other reasons for the reports of worsening or the re-appearance of symptoms after the first dose of medication given at the hospital. they are:

- 1) The STD providers may have given the client inappropriate medication;
- 2) The clients did not always complete the full course of anti-biotic when given them;
- 3) The rate of re-infection may be quite high because the clients tended to continue to have sexual intercourse. This was because:
 - They did not understand about re-infection.
 - The married men may have ceased having extra-marital encounters but continued sexual intercourse with their wives

because their wives were asymptomatic and therefore perceived not to be infected.

- The Married men wanted to maintain secrecy as, if they ceased have sexual relations with their wives, they would become suspicious, suspect them of an STD and accuse their husbands of extra-marital sexual relations.

Step 9: Told some one again/sought advice again.

When the symptoms worsened, 54.5% of the clients interviewed discussed the problem again with some one. The percentage was the same for those clients who had gone for treatment at a healer or at the hospital for the first time. Either they talked with the same person with whom they had initially sought advice or turned to a different person whom they thought may have more knowledge about their problem. For example, one client had told her husband when the symptoms first appeared, followed his advice and went to the hospital. However, when more symptoms developed, she turned to her neighbor for advice who subsequently suggested she go to a traditional healer for treatment.

Step 10: Sought treatment a second time.

Eighty percent (n=53) of all the clients sought treatment for a second time. Of those clients who went for treatment for a second time, 45.28% (n=24) went to the hospital for second treatment; 54.72% (n=29) clients went to a traditional healer for second treatment.

Going to a hospital or a traditional healer for the first time did not appear to influence whether the client sought treatment for a second time or not. Of all the clients who went to the hospital for the first time, 82.97% (n=39) went for second treatment. Of all those clients who went to a healer for the first time, 77.77% (n=14) went for second treatment.

The clients strongly tended to follow the advice for the selection of their place of treatment.

Step 11: Symptoms worsened or re-appeared after second treatment and the client continued looking for treatment.

Once the clients went for treatment for a second time and their symptoms still appeared to worsen or re-appear the actions they took thereafter tended to vary

quite a bit.. Some demonstrate the complex social implications of experiencing an STD and others the general lack of any sort of foreseen plan for the health seeking behavior. Examples are as follows:

- One female client decided to go to a third healer for treatment where she was admitted for treatment for one week. When this treatment did not prove successful she continued on to yet a fourth healer.
- A male client who had gone to the hospital for his second treatment, having experienced no improvement after taking two days of a seven day cycle of medication, ceased taking the treatment and sought advice from a friend who advised him to go to a healer. After going to the healer he thought he was cured. But, he returned to the hospital to have his urine checked to determine if it was free of infection.
- After continuing to experience lower abdominal pains after two hospital visits, the provider suggested this woman go to the family planning unit at Nkhata-Bay hospital where she was referred to the STD clinic.
- After his second treatment, this male clients chased his wife from his home because she refused to go for treatment. Subsequently he married another woman and his symptoms re-appeared and his new wife also began experiencing the same symptoms (blisters on the genitalia). He explained that he realized it would be wrong to chase this wife from his house also, as he recognized that it was himself who had transmitted the STD to her. So, he showed his symptoms to a friend and then to his wife and he shared some herbal medication he had gotten from his friend, with his wife.
- This female client's marriage ended after she refused to go for treatment to a traditional healer after second treatment because she did not believe in healers. She explained the problem to her sister who advised her to go to the hospital. When she arrived at the hospital there was no provider that day. Two days later she returned to the hospital and was given treatment. However, she continued having sexual intercourse with different men.
- A male client asked advice from a friend who told him to go to the hospital for treatment. A week later symptoms did not improve. He went to the same friend for advice again. This time he was told to go to a healer and he did so. A month later, after having sexual intercourse with his girl friend, his symptoms re-appeared and he went to his friend for yet a third time who again told him to go to a healer.

Step 12: Client perceived himself/herself cured at time of interview.

Fifty-three percent (n=35) of the clients perceived themselves to be cured at the time of the interview. The others were still suffering from symptoms and were still in the process of health seeking behavior. Several of these clients had been purposely recruited by healers as "successful" clients and therefore lend a bias to the reports of "already being cured" of the respondents.

Comparison of Steps by Region

Similarities in steps one through six

The main similarity is that in each region, the vast majority of clients (68 to 100 percent) followed the first six steps:

Step 1: They first became symptomatic.

Step 2: They allowed the symptoms to worsen.

Step 3: Either because the symptoms became too painful or because the respondents were afraid of the consequences of lack of treatment, they asked someone's advice.

Step 4: They followed that advice and went either to the hospital or traditional healer where they received treatment.

Step 5: The symptoms either got worse or re-appeared.

Step 6: They asked advice again.

After they asked advice, their actions became more diverse .

Place of second treatment

Table 9: Place of second time treatment

Region	Hospital	Healer	Total
Nkhata-Bay	33.33%* (n=8)	37.93%** (n=11)	35.85%** (n=19)
Ntchisi	37.5%* (n=9)	24.14%** (n=7)	30.19%** (n=16)
Lilongwe	29.17%* (n=7)	37.93%** (n=11)	33.96% ** (n=18)
Total	100% (n=24)	100% (n=29)	53

*Percentage of total number of clients who sought second treatment at hospital.

**Percentage of total number of clients who sought second treatment at the

traditional healer. ***Percentage of total number of clients who sought any type of second treatment.

Table nine shows that about the same percentage of clients in all three regions chose hospitals as their second place of treatment . However, less clients in Ntchisi (24.14%) chose to go to a healer for their place of second treatment than did the clients in Nkhata-Bay and Lilongwe which were the same, 37.93% respectively.

Differences in Switching

The greatest differences were found in the choice of type of treatment sought after the first treatment was considered to have failed. Table 10 summarizes the data by region.

Table 10: Switching Types Of Treatment By Region

TYPES OF TREATMENT	NKHATA-BAY	NTCHISI	LILONGWE	TOTAL
From hospital to healer	52.63%*(n=10)	37.5%** (n=6)	27.78***% (n=5)	39.62%**** (n=21)
From healer to hospital	5.3%* (n=1)	12.5%** (n=2)	16.67***% (n=3)	11.32%**** (n=6)
From hospital to hospital	36.84% (n=7)	43.75%** (n=7)	22.22%*** (n=4)	33.96%**** (n=18)
From healer to healer	5.3% (n=1)	6.25%** (n=1)	33.33% (n=6)	15.09%**** (n=8)
Total	19	16	18	53

*Percentage of all clients who sought second treatment in Nkhata-Bay. **Percentage of all clients who sought second treatment in Ntchisi. ***Percentage of all clients who sought treatment in Lilongwe. ****Percentage of all clients of all three regions who sought treatment for a second time.

Table 10 shows that there were four patterns of choice between first and second place of treatment. The clients either switched the place of treatment from the first time to the second time starting at the hospital and switching to a healer, or started at a healer and switched to a hospital. Or, they returned the second time to the same place of their first treatment. The application of Chi square test of significance indicated that these differences in choice of treatment between first and second time were statistically significant. (significant at $p > .01$, $p = .000$).

Over all the most frequent pattern of first to second place of treatment was from hospital to hospital or from hospital to healer. Thirty-four percent of all the clients who sought treatment for a second time returned to the hospital. More, 40% of all the clients who sought treatment for a second time switched from a hospital to a healer. Much less, 15.09% started at a healer and returned to a healer. Even less, 11.32%, switched from the healer to the hospital when dissatisfied with their first choice of treatment.

Overall, there was almost the same tendency for the clients to go from the hospital to healer or hospital to hospital when they were dissatisfied with the treatment of their first choice. However, there was a difference in the pattern of switching from hospital to healer between Nkhata-Bay as compared to both Ntchisi and Lilongwe. More clients 52.63%, of all clients who sought second treatment in Nkhata-Bay first went to the hospital and then, when dissatisfied with the treatment at the hospital switched to a traditional healer than in either Ntchisi 37.5% of all clients in Ntchisi who sought treatment for a second time, and Lilongwe 27.78% of all clients in Lilongwe who sought treatment for a second time.

In both Ntchisi and Lilongwe there was a greater tendency for those clients who were not satisfied with the first treatment at the hospital, to return to the hospital, rather than switch to a traditional healer.

In Ntchisi 33.3% and in Lilongwe 38.1% of the clients who started with the hospital as their first choice of treatment also chose to return after their symptoms had worsened. Whereas, those in Nkhata-Bay (47.6%) chose to try a different treatment with a traditional healer.

In Lilongwe there was a much greater tendency for the clients (38.1%) to return to healers for their second treatment than in either Nkhata-Bay (9.5%) or Ntchisi (4.8%).

Overall there was little tendency (9%) to go from the healer to the hospital when dissatisfied with place of first treatment. There was, though, a bit greater tendency for clients in Lilongwe (14.3%) to switch from the healer to the hospital than in Ntchisi (9.5%) and Nkhata-Bay (4.8%).

In order to determine if these differences among the regions were due to chance or not, Chi square tests of significance were conducted. There was no significant difference among the three regions in choosing to go first to a healer and then to a hospital or going to the hospital for the first time and then returning to the hospital for the second source of treatment. ($p > .01$ $p = .026$)

However, there was a significant difference between the three regions in seeking health care for the first time from the hospital and for the second time from a healer. (significant at $p > .01$, $p = .001$.) There was also a significant difference among the three regions in going to a healer for the first time and then returning to a healer. (significant at $p > .01$ $p = .000$). There was a significant difference among the three regions from seeking health care first from hospital and returning there. ($p > .01$ $p = .003$).

Differences in perception of worsening of symptoms after going to hospital or traditional healer.

The reasons for the greater tendency to switch from hospital to healer than healer to hospital may be explained by the difference in the reports of the perception of the degree to which symptoms worsen or re-appear after treatment in the hospital or by a traditional healer. More clients (67.39%) reported that their symptoms became worse after seeking treatment at the hospital for the first time than after seeking treatment from a traditional healer for the first time (58.2%) .

While in Nkhata-Bay a greater percentage of clients sought treatment at the hospital for the first time than in Ntchisi and Lilongwe, more clients in Nkhata-Bay (83.33%) also reported that their symptoms became worse after going to the hospital than did those clients in Ntchisi (69.23%) and Lilongwe (42.85%).

The reports of the clients in Nkhata-Bay suggested that they expected that the medication given at the hospital would have almost immediate effect. When after only a couple of days there was no change in the symptoms, they interpreted the lack of change as meaning that the medication was not effective.

Then they went to a traditional healer. Once at the traditional healer, they were told that it would take anywhere from a month or more for their symptoms to disappear, and with this information they were willing to wait and stay with the healer.

Reasons for Delay in Seeking Treatment

The analysis of the steps in an illness episode and what happened within and in-between those steps, revealed reasons for delay in seeking treatment. The major reasons were the following:

- Seeking treatment from a traditional healer instead of from the health center or hospital
- Waiting for symptoms to worsen so the illness could be identified
- Remaining asymptomatic
- The time it takes seeking advice from people
- Fear and shame
- Travel
- Responses of spouse to STD information
- The perception of certain types of vaginal discharge, itching or sores as being normal or attributed to other causes rather than a symptom of an STD
- Delays resulting from problems in services at the health centers or District Hospitals

Below is a discussion of these reasons for delay.

Seeking treatment from a traditional healer instead of from the health center or hospital

From a bio-medical perspective, the correct treatment for a sexually transmitted infection consists of certain antibiotics that have been demonstrated through scientific method to be effective in the cure of those infections. This type of treatment is given at the health centers or District Hospitals. Most of the clients, however, acted based on a combination of two perspectives. One is the bio-medical perspective, and the other is based on beliefs in the efficacy of herbal and other sorts of medicines and the power of spirits and sorcery of which traditional healers or people perceived to practice witchcraft are believed to control.

From the perspective of the clients, they were taking a positive action to cure their STD by either going to a traditional healer or by going to a health center. However, from the bio-medical stand point, the time taken being treated by a traditional healer, was time delayed before seeking the antibiotic treatment which is necessary to cure the infection.

From this point of view then, the largest reason for the delay in, or for not seeking treatment from, a health clinic or hospital was the obtaining of treatment from a traditional healer or of herbal medicines purchased in the market or given by a friend.

Clients chose to go to healers' rather than the hospital for several reasons:

- They were advised to go to the healer.
- The healer explained the illness better than the health center provider.
- The healer shows more concern for the entire situation of the person.
- Clients believe that the traditional medication is more efficacious than bio-medicine.
- Traditional healers were believed to be very powerful and therefore better able to treat the illness than the hospital.
- The general atmosphere at the healers is more comfortable because it resembles more the home atmosphere of the village.

Waited for symptoms to worsen so illness could be identified

In many cases the clients deliberately waited to see how the symptoms would develop in order to determine if they were sick enough to warrant seeking medical care either at the hospital or traditional healer. Many waited until they

were incapacitated in some way and could no longer function properly in their everyday life before seeking treatment.

Asymptomatic

Asymptomatic sexual partners who were informed of the possibility of having contracted an STD did not believe they could be infected if they did not have symptoms. They refused to go for treatment with their spouses until they had symptoms which, from their perspective, would prove that they were really infected.

The time it takes seeking advice from people

Seeking advice from people added time onto the delay already resulting from waiting for the symptoms to further develop. For example, it took up to a week or two to seek advice from more than one person, or to find a particular person with whom the client wanted to consult

Fear and shame

A dynamic of fear and shame delayed clients from asking advice, going to the clinic and from telling sexual partners, especially spouses about the infection.

Clients were afraid to tell others because of the consequence of the knowledge, such as accusations of extra-marital relations and disruption to their marriage.

The fear was further mitigated by shame. STD's were associated with extra-marital sexual relations. Those married clients who considered extramarital sexual relations a moral transgression reported feeling ashamed to admit this transgression, not only to their wives, but to other family members and health care workers, friends or just anyone.

Some husbands were ashamed that they had broken a trust of fidelity that they believed their wives had in them. However, while these same husbands expressed shame, some of them had extra-marital sexual relations relatively frequently but just kept them secret from their wives. When they contracted the STD they could no longer keep these sexual relations secret.

Some of the men also expressed a sort of public shame due to their status in the community. An example was a client who was a church elder who felt ashamed to go to the clinic since it would reveal he had committed this moral transgression.

Shame also contributed to the refusal to accept that one had an STD at all. This was especially the case of asymptomatic sexual partners who were told of their

possibility of infection. In some cases, the wives expressed shame for their husbands and wanted the infection to be kept a secret.

Travel/accessibility

Clients delayed seeking treatment because of traveling for various types of reasons. For example, husbands who travel for their jobs waited until they got home to seek treatment. Other clients did not go for treatment at the time they intended to because they had to travel for a funeral. In Nkhata-Bay, on some days the lake is too rough to travel by boat, which is the main means of transport from some neighboring villages to the District Hospital. In other cases, it took clients time to travel far to go their traditional healer of choice.

Responses of spouse to STD information

Clients reported that informing a spouse of an STD sometimes resulted in a dispute between the two which, until it was settled, delayed seeking treatment. For example, in an extreme case, the husband and wife had such a serious dispute that they physically attacked one another and had to call in family members to calm them down. After much consultation with family and advice from friends, they finally both agreed to go for treatment. This process took several days.

The perception of certain types of vaginal discharge, itching or sores as being normal or attributed to other causes rather than a symptom of an STD

The data suggested that certain types of vaginal discharge or itching, which could be symptoms of STD's, were considered as normal and therefore did not require treatment. Also some types of vaginal and vulva sores were perceived simply as *masungu* (a chichewa term that is translated as vaginal sores) which are usually treated by home remedies known by certain women in the community. The women sought those home remedies for the sores and if they disappeared, as they frequently do self-resolve, the women thought they were cured. Only after they re-appeared several times would they consider re-defining the source of the symptom and consider going to a health center for treatment.

Delays resulting from problems in services at the health centers or District Hospitals

Mis-diagnosis and mis-treatment

There were examples of reported cases and observations in the hospitals which strongly suggested mis-diagnosis and mis-treatment. The evaluation of STD

syndromic training confirmed this. One recurrent example in the present study was the difficulty of distinguishing pelvic inflammatory disease (PID) and other lower abdominal pains. Another was some confusion concerning the application of syndromic management to STD treatment.

For example, a female client presented with genital rash. A hospital provider told her the rash was due to friction of her underwear and was not an STD, however, she was treated for genital ulcer syndrome. Another example was a young man who complained of pain when passing urine and was requested by a provider to submit urine for a laboratory test. The laboratory test result was negative. He was not given any treatment and was advised to return to the hospital when the symptoms became visible. A few days later he presented with penile discharge and then received treatment.

Irregular hours of the STD clinic

In the larger District Hospitals STD services were provided daily. But in the smaller one, Ntchisi, they were supposed to be provided twice a week. However, this was not done consistently. Clients reported having delayed an entire week before receiving any service after having returned to the hospital on two different days and finding no one present. The knowledge of this lack of the consistent availability of an STD provider also discouraged clients from seeking treatment at the hospital at all, as they preferred going to a traditional healer who was certain to be present.

Long waiting hours

Long waiting hours also discouraged clients from seeking treatment. For example, in one of the District Hospital hospitals, the STD provider had to serve general illnesses in one room and STD clients in another during the same period of time. Patients had to wait for a long time before they could see the STD provider. In such cases some of the clients were reported to go back home and either returned some time later or simply never returned at all.

Final determinants of seeking treatment

Responses to symptoms

When certain symptoms appeared, the clients responded by seeking treatment. The symptoms that were the final cause to seeking treatment were most often:

- Scrotal swelling or vaginal pain that inhibited walking
- Extremely offensive smelling vaginal or penile discharge that was continuous enough to wet the client's pants
- Extremely painful and difficult micturation.

- Symptoms could no longer be hidden either from a sexual partner or even from others as when it was evident that the client was having a hard time walking.

At the point that those symptoms had developed, they would seek advice from someone before going to a traditional healer or health center.

Fear

Just as fear functioned as a reason for delay, it also functioned as a reason to seek treatment. For some clients, treatment was sought at the point when they became very scared because they believed that if the symptoms went untreated any longer:

- They would become sterile.
- They would develop HIV/AIDS.
- They would pass the infection on to an unborn baby.
- Their genitalia would "rot".

Disruption in sexual life

The data suggested that some clients decided to seek treatment at the point when they could no longer have sexual intercourse either due to pain or, for males, impotency. It was at this point that they could no longer keep the symptoms hidden from their sexual partners. This was especially important for married couples who expected to have intercourse with each other regularly.

If the wife refused or the husband showed less interest than usual, than the respective spouse would become suspicious and demand to know what was wrong.

Advice from others

Choice of treatment was strongly influenced by the people with whom the client consulted. There was a tendency to directly follow whatever advice was given and to go to either the traditional healer or the hospital depending on the suggestion made.

Section Three: Partner Notification

Partner notification is one of the many steps in the process of STD health seeking behavior. This study has tried to identify the many social aspects which surround partner notification which influence if, how and why an index client will,

indeed, tell his or her sexual partners about the infection. The discussion is divided into the following sections:

1. The stage in the STD episode at which the clients told their sexual partners
2. The type of relationships they had with the person(s) they told
3. Strategies used or proposed for notifying sexual partners
4. Factors which influenced telling sexual partners about STD's
5. Clients' report of STD provider or traditional healer and partner notification,
6. Partner notification from the point of view of clinic provider and the traditional healer.

1. The stage in the STD episode at which the index clients told their sexual partners

.At the time of the interview, the majority, 70.59% (n=48), of the clients had already informed at least one of their sexual partners of their STD symptoms. About one fifth (21.41%, n=20) had not and of those only one male client indicated that he intended to do so.

The steps in STD health seeking behavior can be grouped into stages. The index clients who told a sexual partner about their symptoms, did so at varying stages of the STD illness episode. Also, those who told more than one sexual partner, told each of them at a different stage. This is important because the stage at which partners are notified determines the interval between the onset of the infection and treatment seeking of the sex partner as well the duration that that individual would have been infecting possibly others.

Table 11 summarizes the stages in the episode of the illness when the clients told sexual partners.

Table 11: Points in Illness Episode when Clients told Sexual Partners

	Number	Percentage
Before seeking any treatment	28	41.18%
After seeking treatment for the 1st time	10	14.71%
After seeking treatment for the 2nd time	6	8.82%
After perceived themselves to be cured	4	5.88%
Did not tell	20	29.41%
Total	68	100.00%

According to the STD clients' narratives, more of them (41.18%) told a sexual partner before they ever sought treatment than after seeking treatment for the first or second time (29.41%). The following is a discussion of which type of sexual partner they told at each stage of the STD episode.

Before seeking treatment for the first time

At the time the client saw the symptoms before going to seek treatment.

Of all the clients interviewed, there were twenty-five cases (35.76%) reported where the index client had told a sexual partner at the time they noticed their symptoms and before they went for treatment either at a hospital or a healer.

The following descriptions of these cases provides revealing insights.

- ◆ Ten female married clients reported that they had told only their husbands before seeking treatment. Of these, two female married clients from Ntchisi reported that they had told their husbands at the point that they, themselves, become symptomatic. It was at that time that their husbands revealed to their wives that they, too, had experienced similar symptoms. In both cases their husbands advised their wife to go see a traditional healer. Their husbands had continued having sexual relations with their wives until the wives developed symptoms, even though the husbands knew they were already infected.
- ◆ Eight male married clients reported that they had told only their wives before seeking treatment and not their extra-marital sexual partner to whom they attributed the infection. One had told his second wife but did not intend to tell his first wife. He explained, that she had just

given birth and he did not intend to have sexual relations with her until after the customarily prescribed sexual restrictions after childbirth.

- ◆ Two male married clients reported that they told both their wife and their girlfriend before seeking any treatment.
- ◆ One single male client reported he had told his girlfriend before seeking treatment.
- ◆ Three married male clients reported they had told their girl friends about their symptoms before seeking treatment but did not and would not tell their wives.
- ◆ One male married client wrote to his wife about the first symptom of abdominal pain because she was staying in his home at the time.

When returned from a trip with the symptoms or when visiting wife.

There were three cases where either because of travel or because the spouses did not live together regularly there was a delay in revealing the symptoms to the spouse.

- ◆ A male married client told his wife after returning to Lilongwe from a trip. He had been in Ntcheu where he had had a sexual encounter with a woman and experienced problems passing urine four days later. When he returned home he told his wife he had an STD.
- ◆ A female married client from Lilongwe Central Hospital reported that she was no longer living with her husband because one night she had been awakened by a bar girl who was angry at her husband.
She left and was living at her maternal home when she experienced symptoms. When her husband came to visit and they had sexual intercourse, she told him about her vulva sores.
- ◆ A female client from a traditional healer reported that she experienced swelling in both her groins, vaginal discharge and itching in the vulva area. Some time later her husband came home and accused her of giving him an STD as he had swellings on both groins and itching around the penis. She did not seek treatment until two weeks after her husband had visited her.

After getting treatment for the first time either at the hospital or from a traditional healer while still experiencing the symptoms.

Fourteen clients (20.58%) either told their sexual partners or were told by their partners, after their first visit at the hospital or traditional healer. Ten of those were index clients and four were partners who had sought treatment as a result of their notification.

Of the index clients six were wives and four were husbands who told their spouses as a result of advice given by the traditional healer or health practitioner where they had sought treatment. Two other index clients were married men who had told their girlfriends after seeking treatment. They were both clients of healers. One of these told his wife he had *likozo* (bilharzia) and had told his girlfriend he had an STD. The other one told both his wife and the girlfriend he was infected with an STD. Two single female clients of traditional healers told their boyfriends.

After obtaining treatment for the second time at the hospital or from a traditional healer while still experiencing the symptoms.

Six of the clients interviewed waited to tell a sexual partner after they had gone for treatment for a second time. These included a married female client who after going to the hospital for the second time was told to bring her husband. She reported that she told him because she no longer had enough money to continue seeking treatment for herself. A male client, who had already told his girlfriend after seeking treatment for the first time at the hospital, told his wife after going to a healer where he obtained a second set of medication. Two other married clients, who had no intention of ever telling their wives told their girl friends after going for treatment a second time. And, two single male clients told their girlfriends after going to their second place of treatment at a traditional healer's.

After having gone to the traditional healer or hospital and considered him/herself to be cured as all the symptoms had disappeared

Four single clients, two men and two women told their sexual partners after they had recovered. They had all obtained treatment from a traditional healer.

Comparison of married and single men and women

Table 12: Point in Illness Episode Told Sexual Partner by Gender

	Males		Females		Total
	Single	Married	Single	Married	
Before Treatment	0 (00.00%)	16 (66.66%)	3 (30%)	8 (36.36%)	27 (52.94%)
After 1st treatment	2 (18.18%)	6 (25%)	6 (60%)	0 (00.00%)	14 (27.45%)
After 2nd treatment	1 (9.09%)	0 (00.00%)	2 (20%)	3 (13.63%)	6 (11.76%)
After "cured"	2 (18.18%)	0 (00.00%)	2 (20%)	0 (0.00%)	4 (7.84%)
Total					51 (100%)

Table 12 shows that there was a much greater tendency for married than single clients to tell a sexual partner before treatment than to wait until afterward. The few single men that did tell a sexual partner told them after the first or second time they had sought treatment. Or, they waited until they perceived themselves to be cured before telling. However, none of the married men who told a sexual partner waited until they had gone for treatment for a second time or perceived themselves to be cured.

2. Who the index client tells

The STD clients interviewed have different kind of relationships with the people with whom they enjoy sexual relations.

For married clients they included:

- Spouses
- Second and third wives for men practicing polygamy
- Friends
- Acquaintances
- Commercial sex workers in the case of husbands

Single clients had sexual relations with :

- Their betrothed
- Close friends
- Acquaintances
- Commercial sex workers.

The type of relationship determined whether or not and when the index client told about the STD. Tables 13, 14 and 15 summarize the data.

Table 13: Summary Of The Relationship To The Sexual Partner Notified

Spouses told Spouses	Husband told only extra-marital partner	Told spouse and extra-marital partner	Single person told sexual partner	Did not tell any sexual partner	Total of all clients
31 (46.26%)	7 (10.44%)	4 (5.97%)	7 (10.44%)	18 (26.86%)	67 (100%)

Table 13 shows that of all the clients interviewed, 46.26 percent were married and told their spouse. Ten percent were married but only told their extra-marital sexual partner. Even less, 5.97% percent told both their spouses and an extra-marital partner. Ten percent were single people who told their sexual partner. Twenty-seven percent had not told anyone about STD.

Table 14: Married Women By Region

Region	Told only husband	Told only extra-marital partner	Told husband + extra-marital partner	Did not tell any sexual partner	Total
Ntchisi	6 (100%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	6
Lilongwe	7 (80.00%)	0 (0.00%)*	1 (10.00%)	2 (20.00%)	10
Nkhata-Bay	5 (83.33%)	0 (0.00%)	0 (0.00%)	1 (16.67%)	6
Total**	19 (86.36%)	0 (0.00%)	1 (4.5%)	3 (13.63%)	22

*One wife admitted having an extra-marital sexual partner.**Percentages are based on the total of all married males or females.

Table 14 shows that the vast majority of wives (86.36%) told their husbands about their STD. Regional differences ranged from 100% in Ntchisi to 80% in Lilongwe. Only one wife, interviewed in Lilongwe, admitted having an extra-marital sexual partner and she told both him and her husband. This woman had

left her husband when she still was infected and had gone to stay with another man. She told him about her symptoms also.

Only 13.63% of the wives did not tell a sexual partner. These numbers are so small that no visible difference between regions can be estimated.⁴

Table 15: Married Men By Region

Region	Told only wife	Told only extra-marital partner	Told wife+ extra-marital partner	Did not tell any sexual partner	Total
Ntchisi	5 (71.43%)*	0 (0.00%)	2 (28.57%)	0 (0.00%)	7
Lilongwe	5 (71.43%)	0 (0.00%)	1 (14.29%)	1 (14.29%)	7
Nkhata-Bay	2 (20%)	7 (70%)	0 (0.00%)	1 (10.00%)	10
Total	12 (50.00%)	7(29.17%	3 (12.50%)	2 (8.33%)	24 (100%)

*Percentage of married males. ** Percentage of married females. ***Percentages are based on the total of all married males or all females.

Table 15 shows that of the married male clients, 50% told only their spouse. There was a big difference in spouse notification behavior of married men in Nkhata-Bay from those in both Ntchisi and Lilongwe. In Nkhata-Bay only 20% of the husbands told their wife as opposed to over 70% in both Ntchisi and Lilongwe.

In Nkhata-Bay, the married men (70 percent) mainly told only their extra-marital sexual partner while no married men in Ntchisi and Lilongwe reported telling them. In Nkhata-Bay no married men told both their wife and extra-marital sexual partner, while in Ntchisi and Lilongwe a few did, but the numbers are too small to determine if the difference is significant.

Table 16 : Single Men And Women By Region

Region	Told sexual partner		Did not tell any sexual partner		Total	
	Male*	Female**	Male*	Female**	Male	Female
Ntchisi	1 (16.66%)	1 (33.33%)	5 (83.33%)	2 (66.66%)	6 (100%)	3 (100%)
Lilongwe	1 (50.00%)	1 (40,00%)	1 (50.00%)	3 (75.00%)	2 (100%)	4 (100%)
Nkhata-Bay	1 (33.33%)	1 (33.33%)	2 (66.66%)	2 (66.66%)	3 (100%)	3 (100%)
Total**	3 (27.27%)	3 (30%)	8 (72.72%)	7 (70%)	11 (100%)	10 (100%)

*Percentage of single males in region. ** Percentage of single females region. ***Percentages are based on the total of all males or all females.

Table 16 shows that most of the single clients (73%) did not tell their sexual partners about their STD symptoms. Only 28.63% did. There was little difference between the regions.

Differences in marital status, gender and regions in choice of who is told about an STD

Differences between Married and Single Clients

There was a much greater tendency for the married clients to tell their spouses than for the single clients to tell their sexual partners. Of all the married clients interviewed, 76% (n=35) told their spouses. Only 33.33% (n=6) of the single clients interviewed told their sexual partners.

Gender Differences

There were no pronounced gender differences among all the clients interviewed in terms of telling a sexual partner of their symptoms. Also, the data did not suggest any gender differences among the single clients interviewed.

However, the data does suggest a gender difference between husbands and wives.

- There was a much greater tendency for the wives to tell their husbands than for the husbands to tell their wives.
 - ⇒ Eighty-six percent of the wives told their husbands while 62.50% of the husbands told their wives.
- There was a difference between husbands and wives as to the types of sexual partners they had and notified.
 - ⇒ All but one or two married men admitted to having extra-marital sexual partners and indicated that they thought they had transmitted the infection to their wives as a result of those sexual encounters.
 - ⇒ Of those 50% (n=12) told only their wives while 29.17% (n=7) told only their extra-marital partner. A very few, 12.50% (3) told both their wives and extra-marital partner.
 - ⇒ Only one married woman interviewed admitted to having an extra-marital sexual partner. She reported that she had told him about her STD symptoms.

Regional Differences

There were regional differences between clients as to whether they notified a sexual partner and who they notified.

- There was a major difference between married men of Nkhata-Bay as compared to those of Ntchisi and Lilongwe.
 - ⇒ In Nkhata-Bay there was a much greater tendency for the husbands to only tell their extra-marital partner (70%) than to tell their wife (20%).
 - ⇒ In both Ntchisi and Lilongwe it was the reverse. There was a much greater tendency for the husbands to tell their wives than to tell their extra-marital partners . Seventy-one percent of the married men, in both Ntchisi and Nkhata-Bay respectively, told their wives while none told only an extra-marital partner. Twenty-nine percent and 14.29 percent in Ntchisi and Lilongwe respectively, told their wives and an extra-marital partner.
- There were small differences among single clients in the three regions.
 - ⇒ In Ntchisi a total of 22.22% of the single clients told a sexual partner where as in both Lilongwe and Nkhata-Bay respectively, 33.33% of the clients told a sexual partner.

The reasons for these differences will be discussed in the section on the factors which influence partner notification

3. Strategies used or proposed for notifying sexual partners

Male married clients in Nkhata-Bay were more worried about revealing to their wives that they had an STD than they were in Lilongwe or Ntchisi. Several married male clients in Nkhata-Bay explained indirect ways they could tell their wives about the infection and need to obtain treatment, such that their wife would not realize that the symptoms were associated with sexual transmission and therefore would not suspect them of infidelity. These include telling the wife he has bilharzia which is transmitted both sexually and otherwise, describing the symptoms without revealing to the wife their relation to sexually transmitted diseases. These same husbands were willing to tell their girl friends directly of the STD since that knowledge would not cause any disruption in their life.

In Lilongwe and Ntchisi, however, the clients who told their sexual partners mainly reported telling them directly about the sexual transmission and the need

for treatment. In Ntchisi. A single male stressed the importance of telling a girl friend privately so others would not know and she wouldn't be too embarrassed to seek treatment.

Others "tested " the knowledge of sexually transmitted diseases before telling the sexual partner directly. They first showed the partner the symptoms to found out if he or she knew what caused them. Then the conversation concerning the need to seek treatment would follow from there.

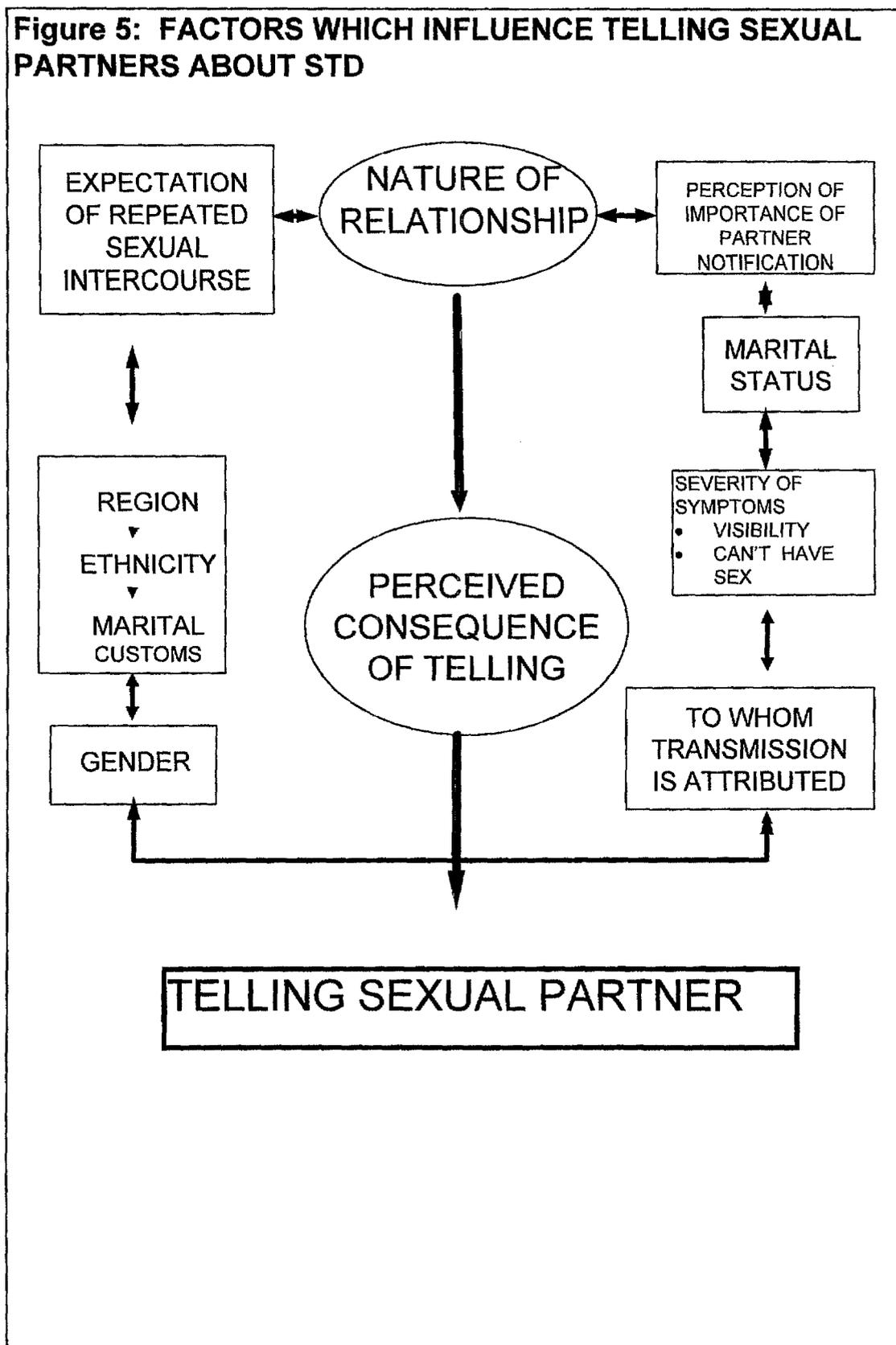
4. Factors which influence telling sexual partners about STD's

At any one moment many things are happening in a person's life. The perception of symptoms related to sexual transmitted infections is only one and the way an individual will respond to these symptoms varies depending on his/her particular life circumstances at that moment. Such circumstances were defined by several interacting factors which influenced partner notification

The factors identified are the following:

- 1) The nature of the relationship to sexual partners.
- 2) To whom the transmission was attributed.
- 3) Region, ethnicity and marital customs
- 4) The marital status of the index client.
- 5) Expectation of repeated sexual intercourse
- 6) Severity of symptoms
- 7) Perceived importance of partner notification
- 8) Perceived consequence of telling

Figure 5: FACTORS WHICH INFLUENCE TELLING SEXUAL PARTNERS ABOUT STD



Below is a discussion of each factor and how they inter-related and functioned as a basis for the decision concerning informing a sexual partner about an STD.

1) The nature of the relationship to sexual partners

The data indicated that the STD clients had different types of sexual relationships. Depending on the relationship they told one, the other or both (all) of the sexual partners.

Types of relationships:

- Male or female clients in a monogamous marriage who did not have sexual relations with anyone other than their spouse.
- Male clients in a polygamous marriage with two wives who also had extra-marital sexual relations.
- Male or female clients in a monogamous marriage who had sexual relations with their spouse as well as with other people. The majority of the men interviewed were of this category. Only two married women admitted to having extra-marital sexual relations, and two men reported that their wives had had extra-marital sexual relations but that they did not. These relationships fell into three types:
 - ⇒ Married men who, in addition to his wife, had frequent sexual relations with a particular woman with whom he had a friendship. This was an on-going relationship where the man knew the woman's name and whereabouts and felt concern for her as well.
 - ⇒ Married men who regularly and frequently had sexual relations with several different women to whom they were not married and with whom they maintained no special friendship. They had repeated relations with these various women in addition to the sexual relations with their wives. The men sometime knew their name and where abouts and sometimes did not.
 - ⇒ Married men who, only rarely, had one time only sexual encounters with a woman other than his wife. Others who frequently had one time only sexual encounters with women for example when traveling. In these cases, the men did not know the women's names nor how to find them again.
- A single man who was betrothed but had sexual relations with another woman.

- A single man who had sexual intercourse with a woman regularly whom he wanted to marry.
- A single man or woman who had sexual intercourse on an impersonal and casual basis with many different people. They know the names and whereabouts of some of things and of others not.
- A single woman who had sexual intercourse with one individual man on a fairly regular manner for short periods of time, like three months.

Feelings toward the sexual partner:

The clients' feelings toward the sexual partner influenced whether or not they told them about the STD. Such feelings included:

- The degree to which they cared about one another.
- Whether or not the spouse believed the other was faithful or knew they were not.
- The openness between husbands and wives concerning their bodies and sexuality.
- For the single people, the seriousness or closeness of the friendship and their openness with each other.

The husbands' perception of whether or not his wife knew he had extramarital sexual relations influenced whether or not he told his wife. If they knew his wife was aware of the extra-marital sexual relationships and were open with their wives concerning their bodies and sexuality, they were more likely to tell their wife than if they thought she was unaware of them and were uncomfortable concerning sexual matters.

Caring for a person did not function in a simple way to influence partner notification. In one case, a single betrothed man cared a lot about his impending marriage. He was very reluctant to tell the betrothed because he was afraid that she would break off the marriage. Or, if her parents found out, they would. In another case, the single man's betrothed did find out about the STD and the parents had postponed the marriage.

On the other hand, there were cases of single clients who did not care about their sexual partners, but told them because they were angry at them for transmitting the infection. This also functioned in reverse, where because of the anger they did not tell, so that the sexual partner would become very sick as a punishment for the transmission.

2) To whom transmission is attributed

The clients had less difficulty telling the person from whom they attributed the STD transmission than telling the person to whom they transmitted the infection. For example, if the wife thought she had contracted the STD from her husband she had little difficulty telling him about the symptoms. But if she thought she had contracted the infection elsewhere, then she hesitated to tell. The same was true for husbands in relation to their wives. Single people were also more willing to tell a sexual partner from whom they had contracted the infection than one to whom they may have transmitted it. The reason for this was that, if the client believed that he/she had contracted the STD from their sexual partner, then he/she could not be blamed for having sexual intercourse with a different person and thus be accused of being unfaithful.

3) Region, ethnicity and marital customs

The data suggested that there was a greater expectation of marital fidelity among the clients of Nkhata-Bay than those of Ntchisi and Lilongwe. The Tumbuka and Tonga, who dominate Nkhata-Bay, and who have the practice of "bride price" (*lobola*) and are patrilocal may be more exigent on the requirement of marital fidelity than the Chewa, who dominate Ntchisi and Lilongwe, who are virilocal, and do not give a "bride price". The Tumbuka and Tonga clients tended to believe that their wives thought they were faithful. They were more concerned about the prospects of their wives finding out that they really had extra-marital relations than were the clients in Ntchisi and Lilongwe.

There were more reports in Nkhata-Bay, than in Ntchisi and Lilongwe, of wives who were surprised to learn for the first time of their husband's infidelity when he revealed his STD symptoms. Whereas, the male clients, both in Ntchisi and Lilongwe, expected that their wives knew they had extra-marital sexual relations. Reports of the married female clients confirmed this as well. If the husbands suspected that their wives believed they were faithful or if, the wives actually did expect they were faithful, then the knowledge that the husband had an STD and hence must have had extra-marital sexual intercourse resulted in more negative consequences than if the extra-marital sexual relations were commonly known.

4) Marital status

Married and single clients responded differently to their STD symptoms because they affected their social life in different ways. Generally, the knowledge of the STD was more disruptive to married couples than for single individuals.

However, it was more disruptive for single couples who were betrothed or who had a more serious relationship and were contemplating marriage than for those with only casual relations. It was also more disruptive for the life of a man if he told his wife than if he told a casual sexual partner because no one had any particular social expectations concerning that person.

Three aspects of the quality of the marriage influenced the sharing of information concerning STD symptoms:

- **General openness with each other about any illness or problem.** For example some married clients reported that they always discussed any illnesses with their spouse. Therefore talking about STD symptoms was the same as talking about any other health related problem.
- **Expected frequency or regularity of sexual intercourse.** Some married clients who lived together with their spouses reported that they had sexual intercourse on a regularly expected basis such that if a change were introduced to this routine the spouse would question it and become suspicious of extra-marital sexual relations. In these cases, then, the husband would be questioned and forced to tell about the STD.
- **Regular pattern of being away from the household.** Some husbands reported that they traveled frequently as part of their work. They came home only on weekends or after various intervals of time. In these cases the wives expected that their husbands had sexual relations when away from the household. Some married couples did not live together for economic reasons or were separated for emotional or other reasons. In those cases where there was much separation, when the married male client told his wife of the symptoms or she discovered them first on herself, neither spouse was surprised and little disruption in their marriage occurred.

5) Expectation of repeated sexual intercourse

If the index client did not expect to have intercourse ever again with the sexual partner, or until he or she was recovered from the infection, then there was a tendency not to tell the sexual partner about the STD. This was the case with some of the men who only had one time sexual encounters, or in cases when they claimed they didn't know the name of the woman or her whereabouts. Also some male index clients reported they wouldn't have sex with the extra-marital

partner again because they were angry at her since she had transmitted the disease to him.

6) Severity of symptoms

The severity of the symptoms influenced whether or not the index clients told their sexual partners. If the symptoms were highly visible and could not be hidden, then the sexual partner(s) found out just by seeing and did not need to be told. However, usually at the point when the symptoms were highly visible, the clients reported telling the sexual partner about the symptom rather than leaving it to him or her to notice by themselves. In addition, if the symptoms were so bad that the client could no longer have sexual intercourse, either because of the pain, and/or in the case of male clients, they could no longer have an erection, then the spouse would inquire as to why they weren't having sexual relations.

The data strongly suggested that married couples had sexual intercourse in a pattern that was regular enough that when one partner refrained it was highly noticeable to the other and cause for concern. For this reason, for those male and female clients who did not want their spouses to know about the symptoms, there was a tendency to continue having sexual intercourse as long as they could. For single people, this was less of a concern because sexual relations with any one person was sporadic. Therefore ceasing to have sexual intercourse did not have any special social implications.

7) Perceived importance of partner notification

Most of the clients interviewed knew that their symptoms were sexually transmitted, and knew from whom they had contracted the infection. Most of the married clients knew that if they continued having sexual intercourse with their spouses that they would transmit the infection to them. They also knew they had to be treated if they were to be cured from the infection. But, in spite of this, many continued having sexual intercourse and did not seem to realize that if they were treated and their wife were not, they could be re-infected.

For example, several male clients in Nkhata-Bay, who reported that they were afraid to tell their wives because of the consequences, continued having sexual relations with them. They reported that the medication taken at the hospital had not worked because their symptoms had not disappeared or had re-appeared. As a result they went to a healer. In these cases they had interpreted the re-infection as failure of the efficacy of the medication.

While most of the single clients understood the importance of treating the sexual partner, they perceived the importance more in terms of only their own

protection. They had little concern about the fact that the women they had sexual relations with would continue to infect other people. For example a single 21 year old male client in Ntchisi said, "it was not good to tell the sexual partner to get treated because then he will refuse to have sexual relations with you. If you told the woman you had the disease, she would tell the other ladies and they would also refuse to have sex with you." Male married clients, especially in Lilongwe and Ntchisi also reported this attitude.

However, two wives, interviewed in Lilongwe, were a bit more broad minded than some of the husbands. They said that the women with whom their husband had contracted the disease should be treated so that they wouldn't continue to spread it. On the other hand one wife said "It's good to treat the spouse but not the *hule* (whore) because if she is treated then the husband will go back to her and could divorce his wife.

Male married clients also expressed different attitudes toward informing their wives and their extra-marital partners. For example, a client in Ntchisi narrated that the traditional healer had given him treatment for both himself and his wife. This was a good idea he said, in order to avoid transmitting the infection to his wife. He was free to give her the medicine as she had told him she did not want to develop the symptoms and since they had taken the medication together he felt assured they would not develop. However, he doubted that the woman from the bar with whom he had had sexual intercourse would agree to go for treatment because she would probably deny that she had transmitted the STD. He said, "It is only good to take the other woman he had had sexual intercourse with to the hospital if she complains of the symptoms, but if she has no symptoms there is no need for treatment. If she has symptoms, tell her that we slept together and I feel pity for you. Lets go for treatment to the hospital or traditional healer."

While perceived importance of partner notification was a factor that influenced partner notification, it was not a sufficient motivation for clients to tell their sexual partners. In some cases other factors took priority over the understanding of the importance of partner notification. For example, there were cases where the married male clients knew that they would transmit the infection to their wives and could be re-infected themselves, but the perceived consequences of telling the partner were so great that they continued having sexual intercourse without telling.

In other cases, they only reluctantly informed their spouse because the symptoms had become so severe that they could no longer be kept secret

8) Perceived consequence of telling

All of the above factors contributed to the estimation made by the client as to the consequence of telling a sexual partner about the STD. If they perceived that the consequences of telling a particular sexual partner would be very disruptive to their current life situation, then they either did not tell that sexual partner or were very hesitant and resisted until it was impossible to keep the fact that they had an STD a secret. On the other hand, if they perceived that the consequences would not be disruptive then they easily told.

If the threat to the marital relation was high they resisted telling their spouse. If it were low then they told the spouse. A high or low threat situation was partially determined, as described above, by whether or not the client already knew that their spouse had extra-marital relations and more or less accepted it or were resigned to it, or whether they believed that their spouse was faithful.

Generally, for married couples, the person to whom the transmission was attributed would be accused of extra-marital sexual relations. This accusation was more or less disruptive depending on the attitude toward those extra-marital sexual relations. Among almost all the married couples, the transmission to the wife was attributed to the husband. Usually transmission to the husband was attributed to an extra-marital sexual encounter.

From the point of view of the wives who were index clients, telling their husbands was not a great threat to them because, along with telling the husband they would also accuse him of extra-marital relations. In these cases the "damage" was already done just by the fact that the wife had symptoms of an STD. However, for the husbands who believed that their wives thought they were faithful, there was great hesitation to tell their wives about the symptoms as that revelation would also reveal his extra-marital sexual encounters. The husbands, especially in Nkhata-Bay, were afraid of the responses of their wives to that revelation.

High threat situations

Examples of the type of consequences that resulted from partner notification in high threat situations were the following:

- Wife told *ankhoswe* (traditional marriage counselor or advocate)
- Wife left husband.
- Wife felt devastated, hurt and bitter after discovering for the first time that her husband was unfaithful, resulting in a loss of trust.
- The husband was humiliated by the wife and her family.

- There was a very large argument between husband and wife where the husband beat his wife and she had to be taken to the hospital.
- The marriage was terminated.

In the few cases where the wife is believed to have transmitted the infection the consequences were a bit different. In one case, a male client who was interviewed reported that after he told his wife about his symptoms she ran away. In another case a husband who was interviewed reported that he knew that he had been faithful and expected that his wife had had sexual relations while she was away staying with her relatives. He was willing to accept that she had had this sexual encounter because he blamed himself for sending her to her family at a time when he had lost his employment and couldn't take proper care of her. At the time of the interview he planned to go see his wife and discuss the situation with her.

Low threat situations

Examples of the type of consequences that resulted from partner notification in low threat situations were the following:

- Wife knew that the husband had extra-marital relations so just accepted the situation and went for treatment.
- Husband and wife discussed the situation together and both sought treatment.
- The husband and wife had a mild argument that was resolved and they both sought treatment.

9) Gender Differences

The factors influencing partner notification affected men and women differently because of differences in expectations of social behavior. These gender differences will be discussed according to the relevant factors identified above.

Types of sexual relationships

The male and female clients interviewed had different types of relations with their sexual partners. All the married women claimed they had sexual relations only with their husbands, whereas the vast majority of married male clients reported having extra-marital sexual relations.

The single male and female clients did not report much difference in the nature of their relationships although there was a tendency for the single female clients to talk of the person with whom they had had sexual relations as a husband

rather than as a "friend". Further probing during the interview revealed those clients were not formally married to the men about whom they were speaking.

To whom transmission is attributed

There was a greater tendency for the female married clients to attribute the transmission of the STD to their husbands than vice-versa. In most cases the husbands attributed the transmission to an extra-marital sexual encounter. The married women also attributed the transmission to those other women with whom they thought their husbands had had sexual intercourse.

Region, ethnicity and marital customs

In general the wives were more tolerant than the husbands concerning extra-marital relations. The men had a greater tendency to believe that their wives were faithful than did the wives believe in the fidelity of their husbands. However, there were regional differences which cross-cut the gender differences.

Severity of symptoms

It frequently takes longer for symptoms to manifest themselves in women than men. Therefore women have a longer contagion period than men during which time they have no way to know that they are infected. This has two implications for partner notification. One is that the female index clients have more occasions than men to have sexual intercourse before they would even know to tell a sexual partner about their STD status. And two, since the clients indicated that they did not think they were actually infected unless symptoms were manifest, there was a greater delay for women than men to seek treatment. The data suggested that even when husbands informed their wives of their STD status, asymptomatic wives frequently refused to go for treatment claiming that they were not ill.

The data also indicated that the female clients were able to continue sexual intercourse while experiencing symptoms for a longer time than men. This was because, while having sexual intercourse may cause pain, it does not physically prevent women from doing the act. Whereas, some of the male symptoms inhibit the male from erection and therefore from having sexual intercourse. Therefore, it was easier for the women than the men to hide their symptoms and they were physically able to continue to infect their sexual partners for a longer period than could the men. There were reports given by both male and female

clients of cases where after the husband showed or told their wives about their symptoms, their wife then revealed to him that she, also, already had symptoms.

Perceived consequences of telling

Since there was a tendency for the married couple to assume that the STD was transmitted through the husband, then the wives had less fear of the consequences of telling their husbands of their symptoms than the husbands had of telling their wives. Rather when the wife told the husband of her symptoms, the implication was an accusation of his infidelity, whereas when the husband told the wife it was an admission of his own infidelity. This assumption of the married couple could possibly function as protection of any accusation of infidelity and thus make it easier for her to secretly have extra-marital relations.

Figures 6, 7, and 8 illustrate three scenarios which summarize the process of partner notification as described above.

Figure 6: Process Of Partner Notification - Married Woman

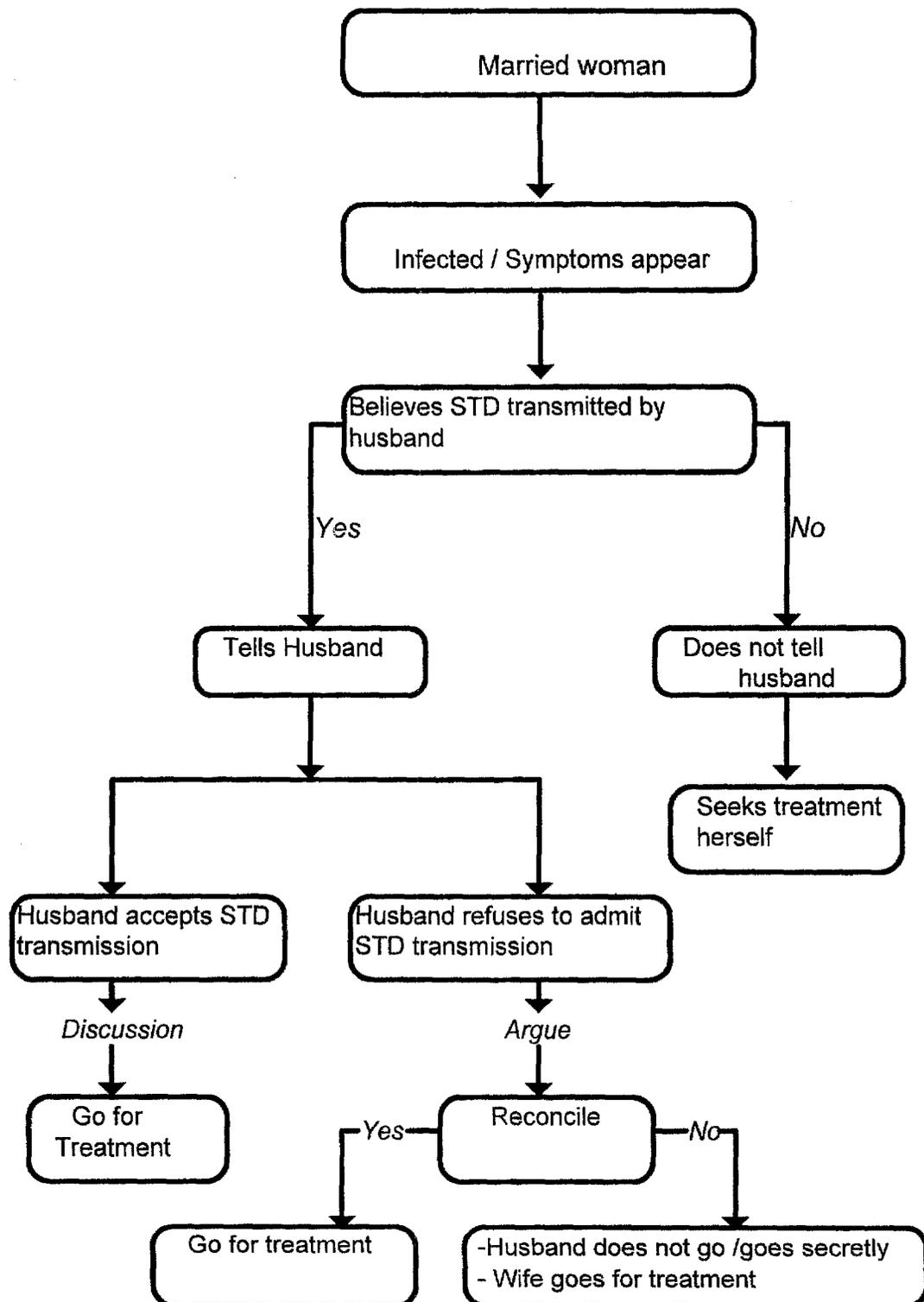


Figure 7: Process Of Partner Notification - Single Male Or Female

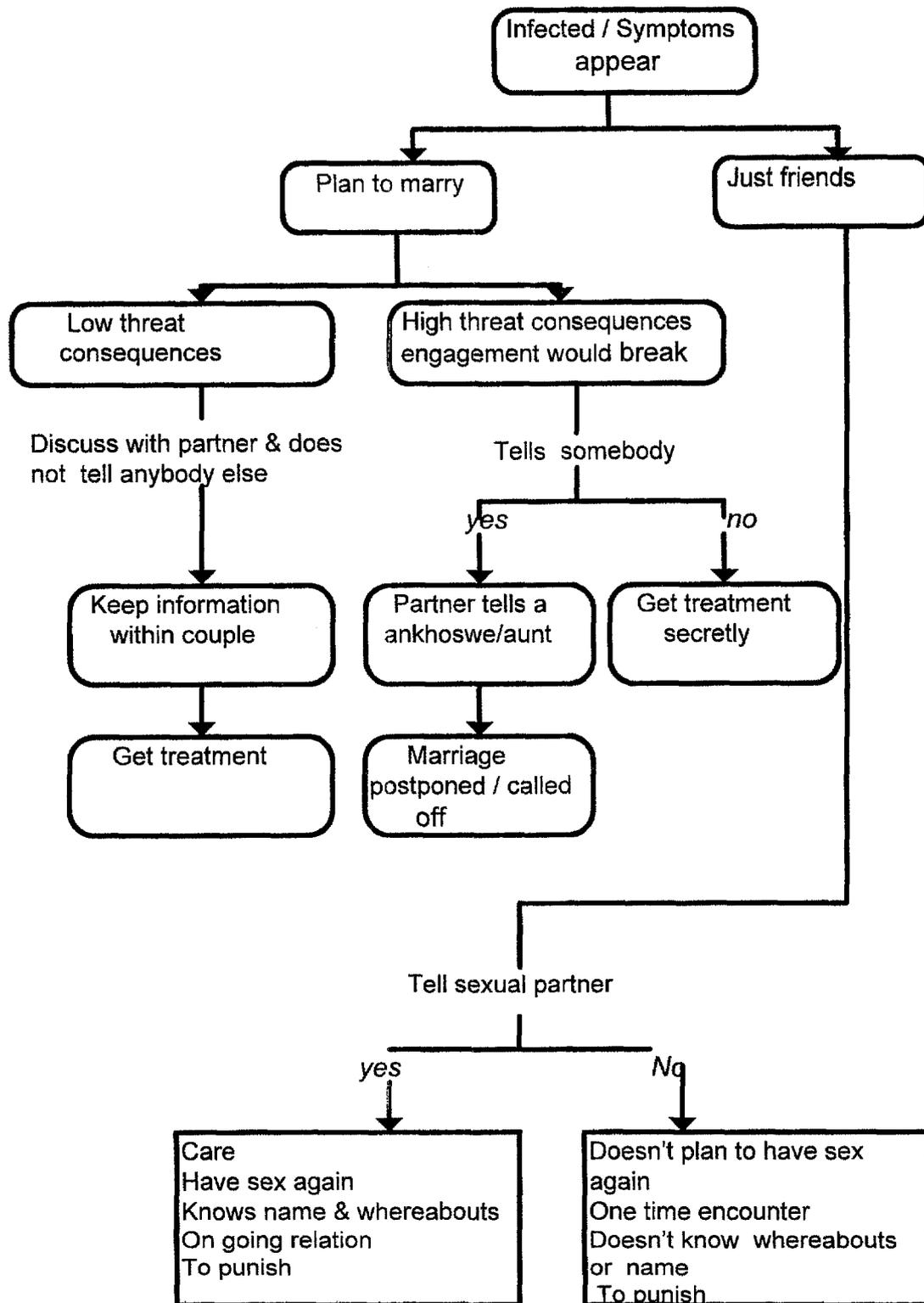
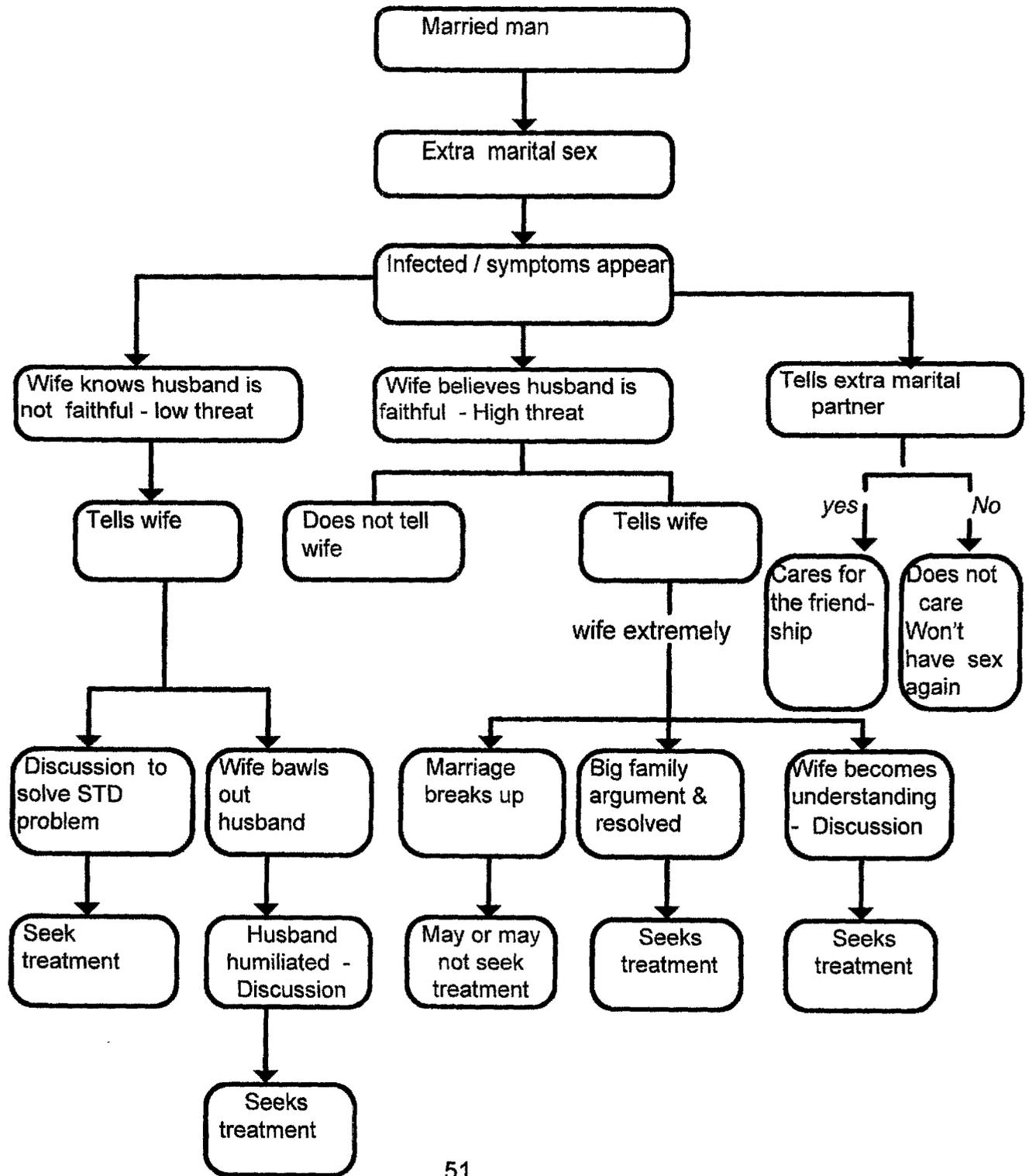


Figure 8: Process Of Partner Notification - Married Man



5. Relation of partner notification and treatment seeking

It was difficult to determine the extent to which the notified partners sought treatment after being informed of their sexual partner's infection because the clients frequently did not know. Also, unfortunately, they frequently left this detail out of their narrative and the interviewers failed to question them on the subject. However, the data does suggest that, at least for married couples, if the husband told the wife he was infected and she should seek treatment, she tended to do so. Husbands who were informed of the symptoms by their wives who accused them of transmitting the infection tended to be stubborn and refuse to go for treatment until they finally realized it would be better for the health of both himself and his wife if he did so. Single index clients who told their sexual partner who was only a casual acquaintance usually did not know if they had sought treatment or not.

The narratives strongly suggested that the factors described above had a stronger influence on whether or not the client told a partner and whether or not that partner sought treatment than the advice given by the provider. For many of these clients, it was before any contact with a provider that a decision was made as to whether they would both seek treatment or not. This was particularly apparent in cases where the client, after telling the provider he would inform his sexual partners, revealed to the interviewer that he had no intention of doing so at all.

Since the healers sent home medication for two people with the client, then those spouses also tended to take the treatment. However, especially in Nkhata-Bay, the husbands would not reveal to the wives why they were taking the treatment, so if the wife took it along with her husband it was not necessarily because she thought he had an STD. Many clients of healers reported consistently that they and their spouse did take the medication given them by the healer.

6. Partner notification in the STD consultation

1. Clients' report of provider or traditional healer and partner notification

The data clearly indicated that there was a much greater tendency for the STD health practitioners in the two pilot sites, Lilongwe and Nkhata-Bay District Hospitals to tell their clients to notify a sexual partner than in Ntchisi District

which is not a pilot site and was chosen as a control . However, there was little difference among the traditional healers in the three research sites as, in all three places they tended to advise their clients to tell their spouses to get treatment.

Clinic STD providers information according to STD clients

According to the reports of STD clients interviewed at Lilongwe and Nkhata-Bay District Hospitals , they were all told to notify a sexual partner and were given partner notification slips when appropriate. The contrary was true in Ntchisi, where the providers had not received any special STD training or supervision. Only two of the thirteen clients interviewed at Ntchisi District Hospital were told to notify a sexual partner.

While in both Nkhata-Bay and Lilongwe the subject of partner notification was raised by the provider, it was strongly biased toward the married couple. They mainly referred only to the spouse of the client and did not discuss the other possible sexual partners. There was no or very little discussion about the number of sexual partners, who they were and how the client could notify each one. In Nkhata-Bay almost all the male clients were given one slip either for a wife or for an extra-marital sexual partner, but not for both the wife and all the other types of sexual partners. In both Lilongwe and Nkhata-Bay, the married women were only given one slip for their husband. There was no discussion about any other possible sexual encounters. In Lilongwe the providers more regularly gave condoms to the male clients than the female clients. They only on occasion inquired into the marital or sexual situation of the client in order to help the client be able to actually tell their spouse or others.

Traditional healers' information according to the STD clients

In all three districts, all the clients reported that the healers consistently told them to bring their spouses for treatment or the healer gave them treatment for themselves and their spouse to take home. However, the traditional healers, just as the clinic providers, biased their discussion concerning sexual partners toward the spouse and neglected to discuss other extra-marital sexual partners. In Nkhata-Bay only on occasion the question of extra-marital encounters was mentioned in regards to the married men, but never with married women clients. Single clients were told to bring their sexual partner, but again little discussion was ever had of multiple sexual partners.

2. Provider and traditional healer's reports of partner notification

The clinic provider's self reports

Interviews with the providers in the two pilot sites, Lilongwe and Nkhata-Bay District Hospitals, demonstrated a better understanding than did those in the control site Ntchisi District Hospital, of the concept of partner notification and the importance of stopping the chain of infection through partner notification. However in all cases, there was a strong bias toward spousal notification only and reluctance to discuss multiple-partner relations with both married and unmarried-married clients. Those providers in Ntchisi appeared more reluctant to raise the issue than the providers in the pilot sites. They especially did not like to raise the issue with married women.

Reasons for bias toward spousal notification

In all three regions providers expressed discomfort in talking about sexuality with their clients. In Ntchisi they said they were embarrassed to raise the subject of multiple sexually partners because it implied their client or their client's spouse was having extra-marital sexual relations. They did not have an adequate way to talk to married couples about such sexual relations. The STD providers claimed that married women did not easily admit to extra-marital relations as they did not want any possible extra-marital sexual encounters to be known.

In Nkhata-Bay, the providers reported a similar difficulty. Their main concern about advising the STD clients to notify their spouses was that the clients would accuse them of causing marital problems. They believed that this knowledge would cause problems for both the couple and in the end for the provider as well. They were afraid of being sued or beaten up by the client, although neither of these things had ever happened. But, they did give an example of two co-wives becoming so angry with each other that they started fighting with each other upon leaving the consultation room and had to be broken apart by the provider and the wives' husband

In Lilongwe, although the providers reported during the interview that they were comfortable telling clients about notifying sexual partners, they also indicated that they had difficulty discussing sexuality with clients. This hindered any in-depth discussion with the clients about their multi-sexual relations.

The providers in Ntchisi had other concerns as well. They reported that, they, themselves, did not care about the welfare of those extra-marital sexual partners because they should not have been having sexual relations with the married

people to begin with. Also, the clinic providers too easily accepted the excuse given by single clients that they could not contact their sexual partners because they could not find them.

As a result, they did not pursue the issue with them. The interviews with those same clients indicated that they did know how to contact their sexual partners but just did not want to do so.

Usefulness of partner notification system

The providers in both pilot sites, Nkhata-Bay and Lilongwe, thought the partner notification system with the return slips was a good idea. The providers in Ntchisi said that it would be useful to establish such a system in their hospital as well. But they expressed the opinion that marital problems could be created if a spouse was given more than one card as it would arouse suspicion of extra-marital relations.

It is interesting to note that many of the married clients who had come to the hospital had already spoken to their spouse about the STD. Therefore, any knowledge of their spouses extra-marital sexual relations and marital disruption as a result of this knowledge would have already occurred before the client ever came to the hospital and thus, need not have been a worry of the provider.

Ways to convince client to bring partner

In Nkhata-Bay, one provider emphasized the name of the illness and mode of transmission, while the other the risk of re-infection if both partners were not treated as ways to convince the client of the importance of bringing their sexual partner for treatment. The providers in Ntchisi and Lilongwe had no ideas on this subject.

Suggestions of ways clients could notify partners.

The providers in Nkhata-Bay gave several suggestions as to different ways clients could notify sexual partners: (The providers in Ntchisi and Nkhata-Bay had no ideas on this subject.)

- The client should explain the problem to the sexual partner before bringing him or her to the hospital emphasizing the importance of

treatment and the mode of transmission. Then when they both come, the provider should give an explanation to both of them together.

- The partner notification slip is the most effective way of notifying partner because in the past when there were no slips, even though individuals were told to bring or notify their sexual partners to come to the hospital very few came. Now, even the more difficult partners show up. When they receive the slip they get disturbed and are sure to come so that they could find out what was happening.
- The providers indicated that the information they give the client along with the partner notification slip, and with the health education given during the health talks could help bring asymptomatic clients. The education should emphasize the importance of the sexual partner reporting to the hospital whether or not they have symptoms. Emphasis should be placed on the incubation period and the complications which could result if the STD is not treated. This usually evokes fear in most individuals which influences them to go to the hospital.
- Both providers thought the partner notification slips were acceptable to the clients. One suggested that the names of the clinics be removed from the slips and the partner be advised to go to the nearest hospital.

Concerns about the partner notification system

The providers in Lilongwe expressed concerns about the partner notification system that were not mentioned either in Nkhata-Bay or Ntchisi. They are:

- There is no way of knowing if the index client is going to give the partner notification slip to the sexual partner or not.
- There is no way of tracking a partner of a particular index client to find out if they did seek treatment somewhere.
- The system relies too heavily on the index client to inform the sexual partners.

B. The traditional healers' self reports

As regards partner notification, there was a great similarity between the healers of the three regions. In all three districts, the traditional healers interviewed indicated an understanding of a set of symptoms which they considered to be sexually transmitted and which were not the result of sorcery. They were aware

of the necessity of treating all the people with whom the index client had had sexual intercourse. They understood that if all the sexual partners were not treated then the disease would continue to spread. They also understood that the index client would be re-infected if he/she continued having sexual intercourse with an infected person.

Unlike the clinic providers, all the healers either sent the index client home with medication for his or her spouse or told the index client to bring their spouse and gave them the medication together. According to the healers, the clients did return with their spouses when advised to. There was only one healer who stated that she only treated the index client and did not advise the need for treatment of sexual partners.

However, like the clinic providers, although they were aware of the necessity of treating all sexual partners, they still maintained a bias toward the married couple. This was mainly because they did not want to cause problems in the household. They explained that they were particularly concerned about this because they were part of the community of their clients. In Ntchisi, one healer explained that if he were accused of causing marital problems he was afraid someone would harm him through witchcraft.

They tended to try to avoid probing into the sexual life of their clients. However, they did try to find ways to advise the married clients to inform their extra-marital sexual partners without disturbing the marriage.

For single clients, they reported that they told the client of the importance of treatment for the people with whom they had had sexual intercourse. They did not send two sets of medication home with them on a regular basis as they did with married couples. But, if requested, they would. There was variation as to how much each healer actually reported discussing the sexual partners with the single clients. Also, while they may have been aware that the single client had multiple sexual partners, they still tended toward referring to a single individual.

In the case of young girls, some of the healers were hesitant to treat them because, they explained, if something should happen to the young client, he or she could be accused by the parents of harming her. Rather, they preferred to inform the parent and then give the medication.

Conclusion

STD client health seeking behavior

In conclusion, the health seeking behavior surrounding the experience of a sexually transmitted disease involves several steps. The process of going through these steps contributes to delays in seeking treatment. Most clients ask someone for advice when they discover their symptoms, and this advice strongly influences the further activity of the client including the place where first treatment is sought. The experience at the first place of experience, then influences where the clients will go next if the symptoms persist past the time that they expect them to disappear.

There is a greater tendency to switch from hospital to healer than vice-versa. This is mainly because the clients are more satisfied with the explanations given by the healers than those given by the clinic practitioners. The healers give the prognosis of the illness where they inform the clients of a long duration of the symptoms during which time they must continue to take medication. The clinic practitioners tend to neglect explaining a prognosis and the clients leave the STD consultation believing their symptoms will disappear immediately after taking the medication. They expect a difference after taking just one pill which is only part of the required dosage necessary for a complete cure. Thus, when their symptoms have not disappeared as they expected, they seek treatment elsewhere, usually from a traditional healer.

STD client partner notification

Partner notification is one step in the process of health seeking behavior which occurs either at the time the client discovers the symptoms, or after the client has gone for treatment the first or second time. The nature of the relationship to the people with whom the index client has sexual intercourse directly influences whether or not he/she will inform that person of the STD and is strongly mediated by the fear of the perceived consequences of informing that person. Where the fear of marital disruption or another sort of social disruption in the client's life is strong, there is a great tendency not to inform or to postpone informing the particular partner who would cause that disruption. However, if the perception of social disruption is low, then the client has a greater tendency to inform that sexual partner from whom he could expect cooperation rather than problems.

Fear of the perceived consequences of partner notification is, in turn, mediated by the sexual partner to whom the STD transmission is attributed, which is, in turn mediated by gender and marital status of the sexual partners. For most of the married clients, the attribution of the STD transmission is to the husband who expects he contracted the infection from an extra-marital sexual encounter. As this puts the husband to blame for the introduction of the infection to the married couple, he is at greater risk of causing the marital disruption when he tells his wife about the STD than when the wife, who attributes the transmission to her husband, tells him. However, if the wife has contracted the STD from elsewhere, then the risk of telling her husband is greater than the reverse.

For single STD clients, partner notification is much simpler because, unless the partners are planning marriage, the social consequences of this information are not very important for the current life situation of the persons infected. For them the major consideration is simply obtaining treatment and being cured of a disease. In these cases reasons for not notifying partners are related to the client's focus on him or herself as an individual suffering with an illness rather than as a social being with responsibility of preventing the further transmission of that illness.

The importance of STD providers as a catalyst for partner notification is somewhat diminished because a large percentage of the clients tended to inform at least one sexual partner of the STD before they ever came to the clinic. In addition, the social implications of partner notification override the clients understanding of the importance for both personal and community health reasons as a determining factor for informing sexual partners. However, the providers can have an important influence on those index clients who are undecided as concerns notification,. But to do so, they must address the clients fear of the perceived consequences and other social factors deterring the clients from partner notification. In addition, the provider can play a large role in convincing the clients to tell all their sexual partners.

The system of partner notification slips are a useful and appropriate way to help clients notify partners. However, as long as the providers, both clinic and traditional healers, remain biased towards notification of single dyads, either the married couple, or a "couple" comprised of two single people, then the effectiveness for arresting STD transmission is very limited. As long as providers rarely address the social issues concerning partner notification as identified in this study, their influence will remain low.

Recommendations

This report contains much detailed information which can be used as the basis for the development of both community and clinic-based education for STD clients and for ways for both clinic providers and traditional healers to improve client treatment. The authors advise that the elaboration of the messages targeted for clients and providers respectively be developed by an appropriate group of practitioners, healers, specialists in public health education and clients. The following are only a few recommendations suggested by the findings.

1. Since the dynamic of partner notification is different for men and women, providers must address the subject differently for male and female clients.
2. Since friends have much influence over choice of place of treatment, "friends" should be targeted as a special social category in public health messages where it is suggested they give their friends the best advice about STD's.
3. Since there are important gaps in the communication process of the STD consultation which result in switching from hospital to healer for treatment and which do not necessarily encourage partner notification, the communication process must be strengthened to:
 - include a better discussion of the prognosis of the STD, emphasizing a) the importance of taking the full course of medication, explaining that the symptoms won't disappear until after all the medication has been taken, b) the possible long duration for the symptoms to disappear, and c) the possibility of continued re-infection, especially for married men who cease having sexual intercourse with their infected extra-marital partner, but continue with their spouse whom they have infected.
 - directly address the clients' fears of the consequences of partner notification and devise ways for the client to deal with these fears
 - address the importance of notifying all the sexual partners, not just the dyad of the married couple or of two single people engaging in sexual intercourse and help the client to devise ways to do so.
4. Since clients appear to be more satisfied with the communication process with traditional healers than with hospital practitioners, those positive aspects of healer-client communication could be adopted by the hospital practitioners.
5. Since there are gender differences in both the social and physiological experiences of STD's affecting the various steps in health seeking behavior,

they should all be taken into account when developing community and clinic based messages

6. Community messages concerning STD's should focus on:
 - the length of time it may take for STD symptoms to disappear and for the infection to be cured, differentiating expected duration of the different types of symptoms;
 - the concept of re-infection as a reason to both notify all sexual partners and to cease having intercourse with them until they are all cured;
 - the fact that the sexual partner of an STD client may be infected but asymptomatic
 - direct the client on ways to convince the asymptomatic partner to come to the clinic; especially for asymptomatic wives of infected husbands;
 - since visible symptoms develop at a different rate for males and females, information concerning symptom development and the possibility of being infected and asymptomatic should reflect this difference.
 - consequences of lack of treatment emphasizing sterility and transmission to the unborn child.
7. Since there is a very great tendency for STD clients to seek treatment from both healers and clinical practitioners for the same STD episode:
 - recognition of the STD services provided by the healer needs to be made and training on managing STD's could be given to the healers where, if they were not willing to give up on offering their herbal concoctions as medications, they may be willing to refer to hospitals for additional treatment by an antibiotic.
 - a system of coordination of referral of the patient from the traditional healer to the hospital could be established where the healer could be trained to recognize STD symptoms and be given some type of incentive to refer clients to the clinic for treatment.

Since there is a tendency for clients to switch from the hospital to the traditional healer, all of the efforts currently underway in Malawi to strengthen the quality of STD treatment are extremely important and should take priority in programmatic and budgeting considerations.

Appendices

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Glossary

	English	Tumbuka	Tonga	Chichewa
1	Pus from the penis	Mafira ku mbolo	Mafira ku mbolo	Mafinya ku mbolo
2	Painful sensations	Kuwinya kumatako	Kunyenye ku moyu	Kuyabwa kumaliseche
3	Sores on the penis	Vilonda pa mbolo	Vilonda pa mbolo	Zilonda pa mbolo
4	Scrotal swelling	Kutupa machende	Kutupa tchende	Kutupa machende
5	Smelly discharge	Wanakazi wakununkha	Uthikazi wakununkha	Chikazi chonukha
6	Wetting of pants	Kuzumbwiska kabuthu wamukati	Kuzumbiska kabuthu wa mukati	Kunyowesa kabudula
7	Vaginal discharge	Wanakazi	Unthikazi	Chikazi
8	Vaginal itchiness	Kunyelenyeska kwa choli	Kunyenye kwa kumusundu	Kuyabwa kumaliseche
9	Vaginal soreness	Tuvilonda thyaku choli	Tuvilonda twakumusundu	Tizilonda kumaliseche
10	Swollen labia	Chakutupa pa choli	Chakutupa pamusundu	Chotupa kumaliseche
11	Swelling in the groin	Chakutupa m'mbambavu	Chakutupa m'mbambavu	Chotupa mpheche peche
12	Bad smell	Kununkha	Kununkha	Kununkha
13	Lower abdominal pain	Kuwinya pa m'doto	Kuwawa pa m'mbera	Kupyeteka chinena
14	Backache	Kuwinya msana	Kuwawa msana	Kuwawa musana
15	Headache	Kuwinya mutu	Kuwawa mutu	Kuwawa mutu
16	Skin rashes	Mphere	Kamukono	chipele/zipele

Data Collection Tools

A. STD-CLIENT INTERVIEW GUIDE

English & Tonga

Please note that this is not a typical survey questionnaire but a discussion guide to collect ethnographic data. Questions are asked in an open-ended manner to allow for serendipitous responses.

Greet the client and introduce yourself by name and the organization you are working for. Inform the client the purpose of the study and that the interview will last about 2 hours and then seek their consent to participate.

I. HEALTH SEEKING BEHAVIOR

Let's talk about everything that happened that led you to finally seek medical care for the problem you are suffering from.

Kwasono ndikhumba kuti tikambepu cho chachitika kwa ku imwi kuti muzi kuno ku chipatala kuzidandaula mo muvwiya muluwavu mwinu.

1. What is the nature of the problem you are having now?
Kumbi cho chakusuzgani msanawale ntchine?
2. How long ago was it that you first thought you had a problem?
Pato nyengo yitali wuli kwambiya po munguwona kuti mwendi suzgu?
3. What happened first that made you think you had a problem?
Kumbi cho chinguchitika ntchine kuti mughanaghani kuti mwendi suzgu ili?
4. Lets talk about the symptoms. Describe to me each symptom that appeared and the order in which they appeared. (Make a list of the symptoms in the order that they appeared or worsened.)
Sono mundikambikiyi vinthu vo vingulongo kuti mutama. Mukonkhoski cho munguwona chakwamba mpaka chakumaliya.

Check list of question topics:

- a. Where on the body was it?
Kumbi suzgu yingwambiya pachili nampha muliwavu mwinu?
- b. How did it make you feel? (Itch, pain etc.)
Kumbi mwavwanga wuli? Kunyenye pamwenga kuwawa?
- c. Did it cause a lot of discomfort? Describe.
Kumbi munguvwa wuli muliwavu? Konkhoskani.
- d. How did you feel about it? Were you worried, scared?
*Kumbi suzgu iyi ingukupaskani maghanaghanu ghamutundu wuli?
Mwadandawulanga pamwenga mwachitanga mantha?*
- e. How do you suppose you got it? ((Probe for both biological, social and spiritual/witchcraft explanations)
Mughanaghana kuti suzgu iyi mukuyito wuli?
- f. What do you think were the causes?(Probe for both biological, social and spiritual/witchcraft explanations)
Sonu mughanaghana kuti chikwambiska suzgu iyi ntchine?

Sonu mughanaghana kuti chikwambiska suzgu iyi ntchine?

5. As soon as you saw or felt that symptom what did you do? How did you do it? With whom? Why. And then what? Then what? (Continue until all the symptoms have been discussed.)

Po munguwone vyakulongo kuti mutama munguchitanji? Munguchitanji? Mwenga ndiyani? Chifukwa wuli?

Check list of question topics:

- a. Did you get advice on what to do about that symptom?
Kumbi mungunjilikizgika ndi munthu weyose pa suzgu yeniyi?
- b. Why? Why not?
Chifukwa wuli? Mungulekiyanji?
- c. From whom?
Ndiyani yowangukunjilikizgani?
- d. What was the advice?
Angukunjilikizgani kuti wuli?
- e. Did you do it? Why? Why not?
Kumbi munguchita vyoangukunjilikizgani? Chifukwa wuli? Mungulekiyanji?
- f. If you did it, what happened? Did you go look for treatment?
Asani ndi viyo, chochinguchitika ntchine? Kumbi munguchipenja munkhwala?
- g. Where did you go? Why did you go there?
Kumbi munguluta pani kwachipenja munkhwalawo? Nanga ntchifukwa wuli munguluta kweniko?
- h. Did anyone go with you? Who? Why?
Munguluta ndi weyosi? Ndiyani? Chifukwa wuli?
- i. What were you told?
Angukukambiyaniji?
- j. Were you given some treatment? What was the treatment?
Kumbi angukupaskani munkhwala wewosi? Wenga munkhwala wuli?
- k. Did you follow treatment? Describe exactly how the treatment was done? Explain.
Kumbi mungulondo kachitilu ka munkhwala? Akambani pomunguchitiya. Konkhoskani.
- l. Who else was involved in the treatment, what did he or she do? Why?
Ndyaniso munyaki yo wangukwaskika pa kachitidu ka munkhwala, ndipu wanguchitanji? Chifukwa wuli?
- m. What happened when you took the treatment?
Mwati mwagwiliskiya ntchito munkhwala, cho chinguchitika ntchine?
- n. Did the treatment help? Did the symptoms go away?
Kumbi munkhwalawo mungulonde ungugwila ntchitu? Ndipu munguwona kuzintha kwekosi?
- o. Did the symptoms go away for good? Did other symptoms appear later? If so what were these symptoms? How much time passed until the next symptoms appeared, or until the same symptoms got worse?

Viziwisku venivo mwawonanga pa suzgu yeniyi vingumaliya limu panyaki vingwambaso? Asani vingwambaso, munguwonanji? Pangujumphu nyengu yitali wuli kuti viwonekiso?

- p. Where else did you go for treatment for that/those same symptom/s? Why? Tell about all types of treatment, traditional and modern.

Kumbi pekunyakiso komunguluta kuchilonda munkhwala pa suzgu yeniyi? Chifukwa wuli? Mundikambiyi munkhwala wewosi womukulondiyapu, kaya ngwachifipa pamwenga wachizungu.

- q. What happened at each place? How did you respond? What did you do? Who else was involved?

Chinguchitika ntchine ku malu kwekosi komunguluta kuchipenja chovyu? Imwi mwaweni munguchitanjipu? Ndiyaniso munyaki yo wangukwaskika?

- r. How long did you wait to seek treatment from the time the symptoms appeared to the time you sought treatment? Why?
Panguto nyengu yitali wuli kwamba poyingwambiya suzgu kufikiya po mungughanaghana kwachilonde chovyu? Chifukwa wuli?

- s. What happened that made you finally seek treatment?

Ukongwa ntchine cho chingukupangiskani kuti mukapenji chovyu?

6. Let's talk about others who may know about these symptoms. Did anyone else know about those symptoms?

Kwasonu tikambepu zawanthu wanyaki wewosi wowaziwa za suzgu iyi. Kumbi walipu?

If no one else knows:

Asani palivi weyosi wowaziwa:-

- a. Why?

Ntchifukwa wuli?

- b. How is it that the person(s) you have sexual relations with did not know?

Cho chinguchitika ntchine kuti munthu mweniyo mugonana nawu waleki kuziwa?

- c. Could the person(s) you have sex with see the symptoms?

Wanthu womugonana nawu wanguwona chechosi chakulongo suzgu iyi?

- d. Why didn't he/she see the symptoms?

Ntchifukwa wuli anyinu womugonana nawu anguleke kuwona chechosi chakulongo suzgu iyi?

- e. Did you continue having sexual intercourse with that person(s). Specify type of person.

Kumbi mungulutiliya kugonana nawu anyinu weniwo? Wenga ayani?

f. Did you change anything about the way you usually have sexual relations with the person(s). Why? Describe. Specify for each type of sexual partner.

Kumbi mungusintha kekosi panthowa yeniyu mugoniyana ndanyinu? Chifukwa wuli? Konkhoskani pomungusinthiya pamunthu weyosi yo mukugonanapu nayu.

g. Did you stop having sexual relations? With whom? Why?

Kumbi munguleka kugonana nawu anyinu? Mbayani? Chifukwa wuli?

If others know:

Asani anyaki aziwa:

h. Who?

Mbayani?

i. Why did you tell that particular person?

Ntchifukwa wuli mungusankha kuwakambiya weniwo?

j. How did they find out?

Anguziwa wuli?

k. How did they respond? (Ask for each person he/she told.)

Wati wavwa wanguchitanji?

l. Did the person(s) you have sexual relations with see the symptoms?

Kumbi wanthu womugonana nawu wanguwona viziwisku vya suzgu iyi?

If yes:

Asani ndiviyo:-

i. Which person? Spouse, friend, sex worker, other___?

Mbayani? Alumu winu / Awoli winu? Abulu winu? Akugwila mubala?

ii. Which symptoms did the person(s) you have sex with notice first?
Specify relationship to person and symptom.

*Wanthu womugonana nawu chakwamba anguwoniyanyi kuti mwendisuzgu?
Mbane winu?*

iii. (for each person) How did he/she react?

Pakuweyosi yowanguwona suzgu yinu wanguchita wuli?

iv. Did you continue having sexual intercourse with that person(s). Specify type of person.

Kumbi mungulutiliya kuja pamoza? Mbane winu?

v. Did you change anything about the way you usually have sexual relations? Why? With which type of person you have sexual relations with? Describe.

Kumbi mungusintha kekosi panthowa yeniyu mugoniyana ndanyinu? Chifukwa wuli? Mungusintha ndiyani? Konkhoskani.

- vi. Did you stop having sexual relations with any of the people you have sex with? Which person(s)? Why?

Kumbi munguleka kujaliya pamoza ndi weniwo mugonana nawu? Mbayani? Chifukwa wuli?

- vii. Did he/she advise you to do something? If yes What? Did you do it? Why? Explain.

Kumbi angukunjilikizgani chechosi? Munguchita mowangukunjilikizgiyani? Chifukwa wuli? Konkhoskani.

7. Let's talk about what you told your spouse.

Sonu mundikambiyi vyo munguwakambiya alumi winu / awoli winu vya suzgu iyi.

Check list for question topics:

- a. Did you tell your spouse about the symptom(s)?

Kumbi munguwakambiya alumi winu / awoli winu viziwisku vya suzgu yinu?

- b. Why? Why not?

Ntchifukwa wuli? Mungulekiyanji?

- c. Which symptoms did you tell about?

Munguwakambiya za viziwisku nivi?

- d. Why did you chose those particular symptoms?

Ntchifukwa wuli mungusankha kuwakambiya za viziwisku ivi?

- e. How did your spouse respond?

Kumbi alumu winu / awoli winu anguchitanji / angumukanji?

- f. Did you continue having sexual intercourse with your spouse?

Kumbi mungulutiliya kuja pamoza ndanyinu?

- g. Did you change anything about the way you usually have sexual relations?

Kumbi mungusintha kekosi panthowa yeniyu mugoniyana

- h. Did you stop having sexual relations with any of the people you have sex with? Your Spouse? Why?

Kumbi munguleka kujaliya limoza ndi wanthu wanyaki womugonana nawu? Nanga Alumu/ awoli winu? Chifukwa wuli?

- i. Did he/she advise you to do something or did you advise him/her?

Kumbi angukunjilikizgani pamwenga imwi munguwanjilikizga?

j. If yes What? Did you do it? Why? Explain.

Asani ndi viyo, angukunjilikizgani wuli? Munguchita? Chifukwa wuli? Konkhoskani.

k. Did he/she do it?

Kumbi anyinu anguchita?

8. Let's talk about whether you told any other person you have sexual relations with about the symptoms? (give answer for each type of sexual partner)

Sonu mundikambiyepu za wanthu anyaki womugonana nawu wongukambiyapu za suzgu yeniyi.

Check list for question topics:

- a. Which symptoms did you tell about? Why did you chose those particular symptoms?

Ndiviziwisku nivi vomunguwakambiya? Ntchifukwa wuli cho mungusankhiya kuti muwakambiyi viziwisku venivi?

- b. How did he/she respond?

Anguchitanji /Angumukanji?

- c. Tell about any advice he/she gave?

Mundikambiyi vyo angukunjilikizgani.

- d. Did you follow it? Why? Explain.

Kumbi mungulondo vyo angukunjilikizgani? chifukwa wuli? Konkhoskani.

- e. Did you change anything about the way you usually have sexual relations? Describe for each type of person you have sexual relations with other than your spouse.

Kumbi mungusintho nthowa yakujaliya pamoza pamunthu weyosi yo mugonana nayu kupatuwaku alumi winu /awoli winu? Mundikambiyi pomungusinthiya.

- f. Did you stop having sexual relations with any of the people you have sex with? Which person(s)? Why?

Kumbi munguleka kujaliya pamoza ndi wanthu anyaki womugonana nawu? Mbayani? Chifukwa wuli?

- g. Tell about any advice you gave him/her? What was his/her response?

Akambani zavomunguwanjilikizga. Anguchitanji /Angumukanji?

9. Did you tell other people about the symptoms besides the person(s) you have sexual relations with?

Kumbi munguwakambiyapu wanthu anyaki za suzgu yinu, kupatuwaku weniwo mugonana nawu?

Check list for question topics:

- a. Which symptoms did you tell about? To whom?

Munguwakambiya za viziwisku nivi? Mungukambiya yani?

- b. Why?

Ntchifukwa wuli?

- c. What did you tell them?
Munguwakambiyaji?
- d. How did they respond? Were they worried, concerned, indifferent, angry? Why?
Angumukanji? Kumbi wangudandawula pamwenga wenga wakugongowa, wangukwiya, panyaki aganzangakucha? Chifukwa uli?
- e. Did they give you advice? Why?
Kumbi wangukunjikizgani? Chifukwa wuli?
- f. What advice? Why?
Angukunjilikizga wuli? Chifukwa wuli?
- g. Did you follow the advice? Why?
Kumbi munguchita vyo angukunjilikizgani? Chifukwa wuli?
- h. Explain everything you did.
Konkhoskani vyosi vyomunguchita.

10. Let's talk about symptoms of any of the people you have sexual intercourse with. (Obtain information about spouse and other sexual partners.)

Sonu mundikambiyepu viziwisku vyosi vyo anyinu womugonana nawu wenavu.

Check list for question topics:

- a. Did any of the people you have sexual intercourse with also have any symptoms?
Kumbi pe anyinu wo mugonana nawu wowendiso viziwisku venivi?
- b. If yes, describe them.
Asani ndi viyo, akonkhoskani.
- c. Are some of the symptoms the same as yours?
Viziwisku vyo mwenavu venge vinu?
- d. If yes, why do you think he/she had the same or similar symptoms as you? (Probe for both biological, social and spiritual/witchcraft explanations)
Asani ndi viyo, mughanaghana kuti ntchifukwa wuli venga vakukozgana ndivinu?
- e. How did he/she get these symptoms? (Probe for both biological, social and spiritual/witchcraft explanations)
Vinguza munthowa wuli viziwisku venivi mwanyinu?
- f. How did he/she respond to them? How did you respond to them?
Anyinu anguchitanji watiwawona viziwisku ivi? Nanga imwi munguchitanji?

- g. Did you talk about them together?
Kumbi mungukambilanapu za viziwisku va suzgu linu ndanyinu womugonana nawu?
- h. What did he/she do about them?
Anyinuwo anguchitanji mwatimwakambilana?
- i. Did he/she tell anyone else?
Kumbi anyinuwo angukambiyapuso wanthu anyaki?
- j. Who?
Ayani?
- k. Why? Why not?
Chifukwa wuli? Ntchifukwa wuli anguleka kwakambiya?
- l. What were their responses? (Get this information for each of the people with whom the subject has sexual intercourse.)
Anyinuwo anguchitanji /angumukanji?

11. Tell me about any treatment your sexual partners tried to obtain.

Sonu mundikambiyi za munkhwala wewosi wo anyinu womukugonanapu nawu akulondiyapu.

Check list for question topics:

- a. Was your sexual partner experiencing symptoms?
Kumbi anyinu womugonana nawu wanguwona viziwisku vevosi?
- b. If no did they seek treatment anyway. Tell about it?
Kumbi asani anyinu wengavi viziwisku vevosi, wanguluta bwenu kuchilonde munkhwala? Andikambiyenipu.
- c. If they had symptoms, for what symptoms did they seek treatment for?
Asani nawu wenga ndi viziwiskuvyo, ndi viziwisku nivi vyovinguwapangiska kuti wakapenji munkhwala?
- d. How bad were they? Did he/she tell you about them? Explain.
Viziwisku venivo, angukowa navu? Angukukambiyani? Konkhoskani.
- e. Where did he/she seek treatment? Why?
Anguchipenja pani chovyu? Chifukwa wuli?
- f. Did you seek treatment together? Why?
Kumbi munguluta mosi kuchipenja chovyu? Chifukwa wuli?
- g. Did anyone else go with him/her? Who? Why?

- Kumbi penga, munthu weyosi yowanguchiwalinda? Ndiyani? Chikufwa wuli?*
- h. Do you know what he/she was told? If so, what?
Kumbi muziwa vyo wanguwakambiya ? Wanguwakambianji?
- i. Was he/she given some treatment? What was the treatment?
Kumbi anyinu angulondiyapu chovyu chechosi?
- j. Did he/she follow the treatment? Do you know exactly how the treatment was done? If yes, describe it. Explain. Were you involved in any way? How?
Kumbi anyinuwo anguchita vyosi vyakwenele pa chovyu chowangulonde ? Nanga muziwa powanguchitiya nawu munkhwalawo? Konkhoskani po anguchitiya nawu. Nanga imwi mungukwaskika munthowa wuli?
- k. Who else was involved in the treatment, what did he or she do? Why?
Mbayaniso anyaki wowangukwaskika ndi chovyu chenichi? Anguchitanji? Chifukwa wuli?
- l. What happened when he/she took the treatment?
Chinguchitika ntchine watiwatilonde chovyu?
- m. Did the treatment help? Did the symptoms go away?
Kumbi chovyu chomungulonge chingukovyani? Viziwisku vingumala?
- n. Did the symptoms go away for good? Did other symptoms appear later? If so what were these symptoms? How much time passed until the next symptoms appeared, or until the same symptoms got worse? (Ask the questions concerning treatment for each of the symptoms.)
Viziwisku vyomwenganavu vingumaliya limu pamwenga vingwambaso? Asani viwiziwisku vinguwonekaso venga vamutundu wuli? Pangujumpha nyengo yitali wuli mwechendawoniso viziwisku venivi, pamwenga mwechendakomwi navu?
- o. How long did he/she wait to seek treatment from the time the symptoms appeared to the time he/she sought treatment? Why?
Pangujumpha nyengu yitali wuli kutuliya po angwambiya kusuzgika kufikiya po angulutiya kuchipenja chovyu? Chifukwa wuli?
- p. Where else did she/he go for treatment for that/those same symptom/s? Why?
Anguyaso pani kuchilonda chovyu cha viziwisku vowenganavu? Chifukwa wuli ?
- q. What happened at each place? How did he/she respond? What did he/she do? Who else was involved?
Kumalu kwekosi kowanguluta kunguchitikanji? Angukambanji? Anguchitanji? Wanyaki wowangukwaskika mbayani?
- r. What made him/her finally seek treatment?
Chochinguchitika ntchine kuti yiwu waghanaghani vyakuchipenja chovyu?

- s. Did he or she get better? If not, what is he/she doing about it?

Wati walonde chovyu wangusintha? Asani pengavi kusintha kwekosi anguchitanji?

(Repeat the same set of questions above for each person with whom the respondent had sexual intercourse)

12. How do you compare care given by the traditional healers and that given by the health worker in the clinic?

Kumbi chovyu chomukulondiyapu kwa A ng'anga ndi ku chipatala vipambana wuli?

Check list for question topics:

- a. accessibility

Kumbi nkhutali wuli ndikomuja?

- b. time taken for treatment

Mwatimwafika kuchipatala pamwenga kung'anga, panguto nyengu yitali wuli mwechemundalonde chovyu ?

- c. perceived efficacy of treatment

Mwati mwalonde munkhwalawo wungugwira ntchitu?

- d. privacy

Penga pakubisama?

- e. confidentiality

Kumbi asunga chisisi?

- f. friendliness

Mbakusangaluka ndi wanthu?

- g. comfortable atmosphere

Mungufwaska pomunguja?

- h. like/dislike about the traditional healer or health worker

Chomungwanjaku pamwenga chomungutinkhaku mwati mwaya kung'anga pamwenga ku chipatala ntchine?

13. Let's discuss the payment of the healer.

Sonu tikonkhoskiyeni zamalipilu ngomungulipa kung'anga.

Check list of question topics.

- a. Did you pay the healer. What? How much?

Kumbi ang'anga munguwalipila? Munguwalipanji? Zilinga?

- b. Why were you willing to pay?

Ntchifukwa wuli mwenga wakunozgeka kuwalipa?

- c. Would you pay for care at the health center? Why?

Kumbi mwewakunozgeka kulipa pachovyu chomungalonde kuchipatala? Chifukwa wuli?

II. PARTNER NOTIFICATION CHECK LIST FOR TOPICS NOT COVERED IN HEALTH SEEKING BEHAVIOR INTERVIEW.

1. Did you and your sexual partner (tell relation) go to the healer or health clinic together?

Kumbi mungulutiya limoza kung'anga pamwenga ku chipatala imwi ndanyinu womugonana nawu?

Check list for topic questions:

- a. Who suggested going, you or your partner?

Pakati pa kuyimwi ndi munyinuyo, ndiyaniyo wangusachizga kuluta ku chipatala pamwenga kung'anga?

- b. Did the healer/health worker tell you what illness you had? What was it?

Kumbi a Dokotala/Ang'anga angukukambiyani za matenda ngomwatamanga? Angukukambiyani kuti mutama matenda wuli?

- c. Did he/she tell you how it is transmitted? If yes, how?

Kumbi angukukambiyani za nthowazo matenda ngenanga ngatoleke? Asani angukukambiyani, ngatoleka munthowa wuli?

- d. What was your response? Why?

Wati wakukambiyani munguchitanji? Chifukwa wuli?

- e. What was the response of your partner? Why?

Wati wavwa anyinuwo mugonana nawu wanguchitanji? Chifukwa wuli?

2. Did the service provider/traditional healer tell you to notify the people with whom you have had sexual relations? If yes, what did he/she tell you?

Kumbi a Dokotala ku chipatala pamwenga kwa ang'anga angukukambiyani zakwachiziwiska anyinu wosi womugonana nawu? Asani ndiviyo, angukukambiyani kuti wuli?

3. Do you think it is good advice? Why?

Kumbi mughanaghana kuti angukunjilikizgani umampha? Chifukwa wuli?

4. Before you ever came for help had you already told the people you have sexual relations with about this illness?

Spouse? ____, Friend ____, Sex worker ____, other people you have sexual relations with? ____

- a. Why could you tell ____ (name of relation of person) and not ____ (name of relation of person)?

Mwechemundazi kunu kwazilonde munkhwala, munguwakambiyapu anyinu womugonana nawu za matenda ngomwenangu? Alumu winu/Awoli winu? ____ Abulu winu wo angwira ntchitu mubala ____ Abulu winu anyaki? ____

Ntchifukwa wuli chomunguwakambiya a ____ kwambula kukambiya ____?

5. If yes, for each person you told specify:

- a. What did you tell him/her?
Munguwakambiyaraji?
- b. Did you tell him/her to seek treatment?
Munguwakambiya kuti wapenji munkhwala?
- c. Why?
Ntchifukwa wuli?
- d. If so, what kind of treatment? Where?
Asani ndiviyo, munguwakambiya kuti akapenji munkhwala wuli? Kuti wakapenji pani munkhwala?
- e. What was his/her reaction?
Mwati mwawakambiya wanguchitanji?
- f. Did they go seek treatment?
Kumbi anguluta kwachipenja munkhwala?
6. If no, Will you be able to talk to your wife, friend, sex worker, other about this illness? (if the person had more than one sexual partner, ask for each type of person.) Why? (probe for all possible reasons and expected problems and concerns.)
Asani mulivi kuwakambiya, kumbi mwewakunozgeka kuwakambiya a _____ (Alumu winu/Awoli winu, Abulu winu wamubala, Abulu winu anyaki) za matenda ngoyimwi mutama. Chifukwa wuli?
7. (For returning client both at health center and traditional healer)
IF NOT SUBSEQUENT CLIENT SKIP TO Q.8
When you were at the clinic last or saw the healer last did he/she tell you to notify the people with whom you have sexual relations?
Penipo mungulutiya ku chipatala pamwenga kwa ang'anga kumbi angukukambiyani kuti mukawaziwiski anyinu womugonana nawu?
- a. If yes, what did he/she say?
Asani ndiviyo, angukambanji?
- b. If yes, did you notify any of the people you have sexual relations with? If so, which ones, wife, friend, sex worker etc.?
Asani ndiviyo mungukambiyapu weyosi yomugonana nayu? Mukukambiya yani ndi yani? Alumu winu/Awoli winu, mubulu winu, mubulu winu wamubala, etc.
- c. What was the response of the person you notified? Spouse, friend, sex worker etc.
Womungumuziwiska wanguchitanji wati wavya? Alumu winu/Awoli winu, mubulu winu, mubulu winu wamubala, etc.
8. Compare information on notifying your partner given by the traditional healers to that given by the health workers?

Mungalekaniska wuli pakati pa nthowa za kuziwiskiwa anyinu womugonana nawu zomunguvwa kwa ang'anga ndizo angukukambiyani ku chipatala?

9. Even if you did not go with your sexual partner(s), did the healer and/or health worker give you something for yourself and for your sexual partner(s)? If yes, what?

Chingana wuli munguluta nawu cha anyinu womugonanawu kumbi a Dokotala pamwenga Ang'anga angukupaskani kekosi imwi pamwenga kakuti mukawapaski anyinu? Asani ndiviyo, angukupaskaninji?

- a. Were you comfortable to give it to your sexual partner? Why?

Pomwapelekanga munkhwala kwakuwo mugonana nawu, kumbi mwenga wakufwatuka? Chifukwa wuli?

- b. Did you give it to him or her? How did they react?

Kumbi munguwapaska ndimwi? Pakuwapaska wanguchitanji?

10. Would your partner be willing to go to the traditional healer even though he/she had to pay? Why? Explain.

Kumbi anyinu womugonana nawu wanganja kuluta kwa ang'anga chingana viwi alipiliska? Chifukwa wuli? Mukonkhoski.

11. Would they go even if they had no symptoms? Why? Explain.

Kumbi angazomela kuluta kwa ang'anga pamwenga ku chipatala chingana kuti walivi viziwisku vyakulongo kuti yiwu watama? Chifukwa wuli? Konkhoskani.

12. What do you think about the idea of your sexual partners being notified? Is it different for different types of people? Explain.

Kumbi mughanaghana kuti nkhwazelu kukambiya wanthu womugonana nawu za matenda gho mutama? Kumbi patenele kuja kupambana kwekosi mukaziwiskilu? Konkhoskani.

13. What would be the best way to do it?

Kumbi mughanaghana kuti nthowa yamampha yakuwaziwiskiwa womugonana nawu ndiniyi?

14. Should different kinds of people with whom you have sexual relations with be notified in different ways? Why? How? Explain.

Kumbi wanthu wakupambana-pambana womugonana nawu wateneleke kuziwiskika munthowa zakupambana-pambana? Chifukwa wuli? Munthowa wuli? Konkhoskani.

15. There are many people who have a role in dealing with STD's. Let's talk about the role of each: *ankhoswe*, uncles, aunt, grandmother, grandfather, in-laws, brothers, sisters, mother, father.

Asani munthu wato nthenda munthowa ya kugonana paja wanthu wanandi wowato wowakwaskika. Sonu ndipenja kuti mundikambiyeku za wanthu wenawa ndipuso kuti akwaskika munthowa wuli: Ankhoswi, Asibweni, Apongozi, Ambuya anthikazi, Ambuya anthulumi, Amulamu, Abali, Azichi, Ama, Ada.

III. GENERAL PERCEPTION OF THE ILLNESS

Now I'd like to know a little more about what your are suffering from.

Sonu ndinkhumba kuti mundiziwisekeku mwakulufiliya pa za matenda ngo mutama?

1. Do you think you are suffering from a specific illness? If yes, what is its name?
Kumbi mughanaghana kuti mutama ndi nthenda yeyosi? Asani ndiviyo, mutama nthenda wuli?
2. How do you know (what makes you think) that you have _____(name of illness)?
Kumbi imwi mwaziwa wuli kuti mwendi _____ (zina la nthenda)
3. How do you think you got _____(name illness)?
Kumbi mughanaghana kuti munguto wuli _____? (zina la nthenda)
4. Have you ever had it before? (If yes, how many times)
Kumbi ngakukukonipu ndi kali matenda ngenanga? Asani ndiviyo, ngakukukonipu kalinga?
5. Are there other signs associated with _____(name of illness) that you have not suffered from? What are they? Why didn't you have them?
Kumbi peso vyakuwoneske vinyaki vyo vilongo kuti munthu watama _____ (zina la nthenda) vyo imwi mulivi kuviwonapu? Mughanaghana kuti ntchifukwa wuli imwi munguleka kukoleka navu?
6. Can both men and women get _____ (name the illness)? Do men and women get this illness in the same way? Describe.
Kumbi nthowa yakutole nthenda yeniyo njimoza pakati panthulumi ndanthikazi? Konkhoskani.
7. What are the signs for men?
Kumbi cho chilongo kuti munthu munthulumi watama matenda ngenanga ntchine?
8. What are the signs for women?
Kumbi cho chilongo kuti munthu munthukazi watama matenda ngenanga ntchine?
9. How can men get it? (Probe for both biological, social and spiritual/witchcraft explanations)
Kumbi anthulumi ato wuli nthenda iyi?
10. How can women get it? (Probe for both biological, social and spiritual/witchcraft explanations)
Kumbi anthukazi ato wuli nthenda iyi?
11. What is the cause of the illness? Is there more than one cause? Explain. Are the causes different for men and women? If yes, explain.
Kumbi cho chitambiska _____ (zina la nthenda) ntchine? Kumbi peso chinyaki chakwambiska? Konkhoskani. Kumbi chakwambiska matenda mu wanthu anthulumi ndi anthukazi ntchakupambana? Asani ndiviyo, konkhoskani.

12. How did this illness come about?
Kumbi matenda yanga ngangwamba wuli?
13. Can babies get it? (Probe for both biological, social and spiritual/witchcraft explanations)
Kumbi wana walitema wangato matenda yanga?
14. How can boys get _____(name the illness)? (Probe for both biological, social and spiritual/witchcraft explanations)
Kumbi wana anyamata angato wuli _____ (zina la nthenda)
15. How can girls get it? (Probe for both biological, social and spiritual/witchcraft explanations)
Kumbi wana asungwana angato wuli nthenda?
16. Is it different for babies and for older children? Describe.
Kumbi wana walitema ndi wana walawala wangato nthenda munthowa ya kupambana? Konkhoskani.
17. What are the causes of _____(name the illness) for children? Describe for boys, girls, babies
Kumbi cho chitambiska _____(zina la nthenda) muwana ntchine? (Konkhoskani chochitambiska mwa anyamata, asungwana ndi malitema).
18. Can a person have _____(name of illness) without any symptoms? If so how would he/she know he/she had the illness?
Kumbi munthu wangaja ndi _____(zina la nthenda) kwambula chakulongo kuti watama? Asani ndiviyo wangaziwa wuli kuti wendi nthenda?
19. Is this a very serious (dangerous) illness? Why? What makes it more serious? What makes it less serious?
Kumbi nthenda yeniyi njakofya? Ntchifukwa wuli cho yajaliya yakofya? Ntchifukwa wuli cho yajaliya yambula kofya?
20. Can _____(name illness) be prevented? If so, how is it important to avoid getting _____(name illness)? Always? Or just sometimes? When?
Kumbi pe nthowa yomunthu wangachita kuti waleki kuyito nthenda ya _____(zina la nthenda). Asani ndi viyo, Nkhwakuzirwa wuli kuti munthu waleki kuto _____(zina la nthenda) nyengu zosi? panyaki kamoza kamoza?
21. Who can treat _____(name illness)? Why? (Probe for both biological and spiritual/witchcraft treatment. Traditional healers, health center)
Ndiyani yo wangachizga _____(zina la nthenda)? Chifukwa wuli?
22. How can _____(name illness) be treated? (Probe for both biological and spiritual/witchcraft causes)
Kumbi yo watama nthenda ya _____(zina la nthenda) wangachiliskika wuli?
23. Is the treatment to relieve the symptom(s) or can _____(name illness) be cured. If so, by whom? How _____(name illness) be cured? (Probe for both biological and spiritual/witchcraft causes)

Kumbi munkhwala waki ngwaziziliska waka nthenda pamwenga ngwakuchiliskiye limu _____ (zina la nthenda) Asani ndi viyo, ndiyani yo wangachizga? Wachita wuli kuti munthu wachili?

24. Can a person transmit _____ (name illness) to someone else? How?
Munthu yo watama _____ (zina la nthenda) wangapaskakuso anyaki wanthu? Munthowa wuli?
25. What are the consequences of this illness? For men? For women? For boys, girls, male and female babies?
Kumbi chochingachitika ntchine kumunthu yowakoleka ndimatenda ngenanga: Munthulumi? Munthukazi? Mwana munthulumi, munthikazi, litema?
26. Are there consequences of not treating the symptoms of _____ (name illness) If yes, what are they?
Kumbi chochingachitika ntchine kumunthu yowakoleka ndimatenda ngenanga pawaleka kulonde munkhwala?
27. Are there consequences of not curing _____ (name illness)? If yes, what are they?
Kumbi chochingachitika ntchine kumunthu yowakoleka ndimatenda ngenanga kweni wachilacha?
28. Does _____ (name of illness) self resolve (cure by itself)?
Kumbi nthenda ya _____ (zina la nthenda) imala yija kwambula munkhwala wewosi?
29. When a person has _____ (name of illness) who else can be affected? (for example, children, wives, husbands, girlfriends, boyfriends.)
Asani munthu wendi _____ (zina la nthenda) ndiyani munyaki yo wakwaskika? (Mwakuyeluzgiyapo wanthu nge: wana, munthulumi, anthukazi, abulu winu).
30. Is _____ (name illness) perceived as a "rite of passage" (for example, in to manhood or womanhood, adulthood)
Kumbi asani munthu wato _____ (zina la nthenda) chilongo kukuwa?
31. Is _____ (name of illness) common here?
Kumbi kuchilikunu mbanthu wanandi wowendi _____ (zina la nthenda)
32. Is _____ (name of illness) appropriately treated only by certain health resources? Which ones? Are there reasons why a person would not go to seek help from other sources of care? If so, what are they?
Kumbi komuona kuti _____ (zina la nthenda) angachizga mwakwenele ndinunkhu? Pe chifukwa chechosi chakuleke kupenja chovyu kunyaki? Asani ndiviyo, pe vifukwa wuli?

B. STD CLIENT INTERVIEW GUIDE

Chichewa

Please note that this is not a typical survey questionnaire but a discussion guide to collect ethnographic data. Questions are asked in an open-ended manner to allow for serendipitous responses.

Greet the client and introduce yourself by name and the organization you are working for. Inform the client the purpose of the study and that the interview will last about 2 hours and then seek their consent to participate.

SECTION 1. HEALTH SEEKING BEHAVIOR

History of illness

Pakali pano ndikufuna kuti tikambilane zonse zomwe zinafuchitikirani ndi zomwe zinakupangitsani kuti inuyo mukafunefune chithandizo chifukwa cha mabvuto omwe mulinawowa.

1. Kodi pakalipano chikukubvutani ndi chiyani?
2. Papita nthawi yayitali bwanji kuchokera pomwe munadzindikira koyamba kuti muli ndi bvuto?
3. Kodi poyambirira chinachita ndi chiyani chomwe chinakuganidzitsani kuti muli ndi bvuto?
4. Tsopano ndikupempheni kuti mudiwuzze mwatsatanetsatane zizindikiro za matenda amene mukubvutika nawowo. (check out the following:)
 - a. Kodi matendawo anagwira mbali yiti yathupi lanu?
 - b. Mumamva bwanji m'thupi mwanu kamba ka bvutoli?
 - c. Kodi mumasowa mtendere kapena kusawutsidwa m'thupi mwanu chifukwa chabvutoli?
 - d. Nanga mumamva bwanji m'maganizo anu? Mumadandawura kodi, kapena mumawopa?
 - e. Inuyo mukuganiza kuti bvuto limeneli linabwera bwanji?
(Probe for both biological, social and spiritual or witchcraft explanations).
 - f. Nanga mukuganiza kuti chinayambitsa ndichiyani?
(Probe for both biological, social and spiritual or witchcraft explanations).
5. Tsopano ndimati mudiwuzeko bwinobwino mwatsatanetsatane komanso mwandondomeko, chizindikiro chiri chonse chomwe munawona pamatendawa. Mwachisanzo, chizindikiro choyamba chomwe munawona, chachiwiri, mpaka muthe kundiwuzwa zonse zotsatira.
6. Mutawona chizindikiro choyamba, kapena mutazindikira kuti simulibwino, munatani? Nanga mutawona zizindikiro zotsatira munatani?
 - a. Kodi munakafunsa malangizo kwa munthu wina aliyense mutawona chizindikiro choyamba chabvuto lanulo, ndiponso ndizizindikiro zotsatirazo munatani?
 - b. Chifukwa chiyani munatero? Chifukwa chiyani simunatero?
 - c. Malangizowo munapatsidwa ndindani?
 - d. Anakupatsani malangizo otani?
 - e. Kodi inuyo munatsatira malangizo omwe munapatsidwawo? Chifukwa chiyani munatsatira? Chifukwa chiyani simunatsatire?

- f. Ngati munatsatira malangizowo, chinachitika ndi chiyani?
 - g. Kodi munakafunafuna mankhwala?
 - h. Mankhwalawo munakafunafuna kuti? Chifukwa chiyani munapita kumeneko?
 - i. Popita kokafuna mankhwalawo anakuperekezani munthu wina aliyense? Munthuyo ndani? Chifukwa chiyani munaperekezedwa? Chifukwa chiyani munapita nokha?
 - j. Munawuzidwa zotani kumeneko?
 - k. Munapatsidwa mankhwala kodi? Mankhwala otani?
 - l. Kodi munatsatira malangizo onse omwe munapatsidwa okhudzana ndi mankhwala omwe munalandira? Tandifotokozerani m'mene mumagwiritsira ntchito mankhwalawo.
 - m. Kodi panalinso munthu wina amene anakhuzidwa ndi kagwiritsidwe ntchito kamankhwalawo? Munthu winayo ngati analipo, anchita chiyani? Chifukwa chiyani?
 - n. Chinachitika ndichiyani mutalandira mankhwalawo?
 - o. Kodi mankhwalawo anathandiza? Munadziwa bwanji kuti mankhwalawo anakuthandizani?
 - p. Mutatha kulandira mankhwalawo, kodi zizindikiro za matendawo zinatha? Nanga panabweranso zizindikiro zina? Ngati zinali choncho, zizindikiro zinazo zinali zotani? Zizindikiro zina zotsatira zisanawonekenso, kodi panapita nthawi yayitali bwanji?
 - q. Nanga munapitanso kwina kuti kukalandila chinthandizo chonkhudzana ndi zizindikiro zamatendawo? Chifukwa chiyani munapita kumeneko? Tatifotokozerani bwino bwino za mitundu yonse yamankhwala omwe munalandira, kaya ndi achikuda kaya ndi achizungu.
 - r. Tandifotokozerani zomwe zimachitika kumalo ali onsewo omwe munapitako. Kodi inu munachita chiyani? Kodi panali anthu ena omwe anakhudzidwa ndi kachitidwe kamankhwalawo?
 - s. Kodi zinakutengerani nthawi yayitali bwanji kuchokera pomwe munayamba kuwona zizindikiro zamatenda kufikira nthawi yomwe munaganiza zokafuna chithandizo? Chifukwa chiyani?
 - t. Kodi chenicheni chinachitika ndi chiyani kuti inu muganizire zokafuna chithandizo chamankhwala?
7. Mukaganizira chithandizo chomwe munalandira ku chipatala ndi chomwe munalandira kwa a sing'anga, kusiyana kwake kunali kotani?
- a. Ndikutali bwanji ndi kumalo komwe mumakhala?
 - b. Zinakutengerani nthawi yayitali bwanji kuti mulandire chithandizo m'mene munapita kuchipatala ndi m'mene munapita kwa a sing'anga.
 - c. Kodi mutalandira mankhwalawo, munawona ngati anagwira ntchito?

- d. M'mene mumalandira chithandizo kuchipatala kapena kwa a sing'anga, kodi malo olandilira chithandizochi anali malo obisika kapena a chinsisi?
 - e. M'mene munapita kuchipatalako kapena kwa a sing'anga, amene anakuthandizaniwo anasunga chinsisi?
 - f. Kodi amene anapereka chithandizochi anali munthu wasangala?
 - g. Malo amene amakupatsirani chithandizochi anali abwino ndi oyenera? awunkhondo?
 - h. Kodi chomwe munakonda mutapita kwa a sing'anga komanso kuchipatala ndi chiyani? Nanga chomwe simunakonde ndi chiyani?
8. Panopo tikambirane zamalipiro omwe munapereka kwa a sing'anga.
- a. Kodi munawalipira a sing'anga atakuthandizani? Munawalipira chiyani? Zochuluka bwanji?
 - b. Chifukwa chiyani munalolera kuwalipira a sing'angawo?
 - c. Kodi mungalolere kupereka malipiro mutalandira chithandizo chochokera kuchipatala? Chifukwa chiyani?
9. Tsopano ndikufuna kuti tikambirane za anthu ena amene akudziwa za zizindikiro za matenda anuwa. Koma ndifunse kaye, kodi pali anthu ena omwe akudziwa za zizindikiro za matenda anuwa?

NGATI PALIBE WINA AKUDZIWA

- a. Chifukwa chiyani?
- b. Nanga zatani kuti munthu kapena anthu omwe mumagonana nawo sakudziwa zabvuto lanuli?
- c. Kodi anthu omwe mumagonana nawowo amatha kuwona zizindikiro za matendawo?
- d. Nchifukwa ninji sanawone zizindikirozo?
- e. Kodi anthuwo mumagonana nawobe? Kodi anthu amenenewa ndi ndani?
- f. Kodi munasintha njira iliyonseyo mukakhalidwe kanu kokhudzana ndi kugonana ndi anzanu amene mumagonana nawowo? Chifukwa chiyani? Tafotokozani m'mene munasinthira kwa mzanu aliyense amene mumagonana naye.
- g. Kodi munasiya kugonana ndi anzanuwo? Ndani yemwe munasiya kugonana naye? Chifukwa chiyani?

NGATI PALI WINA AMENE AKUDZIWA:

- h. Munthuyo ndindani?
- i. Chifukwa chiyani munasankha kumuwuza munthu ameneyu?
- j. Ngati inuyo simunawawuze, anadziwa bwanji?

- k. Pa anthu onse amene munamuwuzwa kapena amene akudziwa, iwo anatani atadziwa?
 - l. Kodi anthu amene munagonana nawowo anawona zizindikiro za matendawo? Ngati sanawone, chifukwa chiyani?
 - m. Ngati munthu kapena anthu amene munagonana nawowo anawona zizindikirozo, anthuwa ndindani? Akazi/ Amuna anu kodi? Abwenzi anu kodi? Anali mkazi wogwira ntchito yam'bala kodi?
 - n. Pamunthu aliyense amene mwantchulayo mundiwuze ndi zizindikiro ziti za matendawa zomwe anayamba kuwona.
 - o. Tsopano mundiwuze zomwe anachita munthu aliyense mwantchulayo atawona zizindikiro za matenda anuwa.
 - p. Mwa anthu mwantchula aja omwe anawona zizindikiro za matenda anuwa, kodi munapitiriza kugonana nawo?
 - q. Mwa anthu mwantchula aja omwe anawona zizindikiro za matenda anuwa, kodi munasintha chiri chonse mwa njira za kugonana? Chifukwa chiyani? Tafotokozani.
 - r. Mwa anthu mwantchula aja omwe anawona zizindikiro za matenda anuwa, alipo omwe munasiya kugonana nawo? Ngati munatero, ndi ndani amene munasiya kugonana nawo? Chifukwa chiyani munasiya kugonana nawo?
 - s. Kodi mwa anthu amene munasiya kugonana nawowo alipo amene anakulangizani kanthu koti inu muchite? Ngati ndi choncho, anakulangizani chiyani? Nanga kodi Inu munatsatira malangizowo? Chifukwa chiyani? Tafotokozani.
10. Tsopano tikambirane zomwe munakambirana ndi amayi/ abambo a kunyumba kwanu.
- a. Kodi amayi/ abambo a kunyumba kwanu munawawuzwa za zizindikiro za matenda anu?
 - b. Ngati munatero, chifukwa chiyani? Ngati simunatero, chifukwa chiyani?
 - c. Mwazizindikiro zomwe munali nazo, munawawuzwa za zizindikiro ziti?
 - d. Chifukwa chiyani munasankha kuwawululira zizindikiro zimenezo?
 - e. Nanga amayi/ abambo a kunyumba kwanu anati chiyani?
 - f. Kodi munapitiriza kugonana ndi amayi/ abambo a kunyumba kwanu?
 - g. Pankhani yagonana ndi amayi/ abambo a kunyumba kwanu, panali chiri chonse chomwe chinasinthika atadziwa za matenda anu? Tafotokozani.
 - h. Ngati simunapitilize kugonana nawo akazi/ amuna anu, tafotokozani chifukwa chomwe simunapitilizire
 - i. Kodi amayi/ abambo a kunyumba kwanu anakupatsani malangizo woti muchitepo kanthu malingana ndi bvuto lomwe munali nalolo? Nanga inuyo munawapatsa malangizo aliwonse?

- j. Ngati ndi choncho, anakupatsani malangizo a mtundu wanji? Munawatsatira malangizowo kodi? Chifukwa chiyani? Tafotokozani.
 - k. Ngati ndichoncho, munawapatsa malangizo a mtundu wanji? Kodi anawatsatira malangizowo? Chifukwa chiyani? Tafotokozani.
11. Tsopano tikambirane zomwe munakambirana ndi amayi/ abambo ena omwe mumagonana nawo zonkhuzo zizindikiro za matenda omwe mulinawowa.
- a. Kodi akazi/ amuna amene mumagonana nawowo munawawudza za zizindikiro ziti za matenda anuwa? Chifukwa chiyani munasankha kuwawululira zizindikiro zimenezo?
 - b. Nanga akazi/ amuna amenewo anati chiyani?
 - c. Kodi akazi/ amuna amenewo anakupatsani malangizo woti muchitepo kanthu malingana ndi bvuto lomwe munali nalolo?
 - d. Ngati ndi choncho, anakupatsani malangizo a mtundu wanji? Munawatsatira malangizowo kodi? Chifukwa chiyani? Tafotokozani.
 - e. Pankhani yogonana ndi akazi/ amuna amenewo, panali chirichonse chomwe chinasinthika atadziwa za matenda anuwa? Tafotokozani
 - f. Kodi munapitiliza kugonana ndi akazi/ amuna amenewo? Akazi /amuna ati? Chifukwa chiyani?
 - g. Ngati simunapitilize kugonana nawo akazi/ amuna amenewo, tafotokozani chifukwa chomwe simunapitilizire.
 - h. Nanga inuyo munawapatsa malangizo aliwonse? Kodi nanga yankho lawo linali l otani mutawapatsa malangizowo?
12. Anthu omwe mumagonana nawo, kodi pali anthu ena omwe munakambirana nawo za zizindikiro za matenda anuwa?
(IF NONE, MOVE TO QUESTION 13.)
- a. Mwazizindikiro zomwe munali nazo, munawawuza za zizindikiro ziti? Munawuza ndani?
 - b. Chifukwa chiyani munawuza amenewo?
 - c. Munawawuza zotani?
 - d. Mutawawuza za zizindikiro, kodi iwo anatani chiyani? Kodi amawoneka odandaula? Amawoneka wonkhumudwa kodi? Amawoneka wokwiya kodi? Chifukwa chiyani?
 - e. Kodi anthuwa anakupatsani malangizo aliwonse? Chifukwa chiyani?
 - f. Iwowo anakupatsani malangizo otani? Chifukwa chiyani?
 - g. Kodi inu munatsatira malangizo anakupatsaniwo? Chifukwa chiyani?
 - h. Tandifotokozerani zonse zomwe munachita pamalangizo munapatsidwa.

13. Nthawi yonseyi takhala tikukambirana za zizindikiro za matenda omwe inu muli nawo. Tsopano ndikufuna kuti tikambirane za anthu omwe mumagonana nawo ndi zizindikiro zomwe alinazo zokhudzana ndi matendawa. APA NDIKUFUNA MUNDIWUZE ZA ONSA OMWE MWAKHALA MUKUGONANA NAWO, KUPHATIKIZAPO AAMAYI / ABAMBO A KUNYUMBA KWANU.
- a. Mwa anthu omwe mumagonana nawo, kodi alipo mwaiwo omwe ali ndi zizindikiro za matendawa?
 - b. Ngati ayi, chifukwa chiyani?
 - c. Ngati ndi choncho, tandifotokozerani zizindikiro zakezo.
 - d. Kodi zizindikiro zomwe analinazozo zinali zofanana ndi zomwe zinali ndi inu?
 - e. Ngati ndi choncho, chifukwa chiyani mukuganiza kuti zizindikiro zinali zofanana ndi zomwe zinali ndi inu? (PROBE FOR BOTH BIOLOGICAL, SOCIAL, SPIRITUAL ND WITCHCRAFT EXPLANATIONS).
 - f. Kodi anakufotokozerani kuti zizindikiro zimenezi zinabwera bwanji? (PROBE FOR BOTH BIOLOGICAL, SOCIAL, SPIRITUAL AND WITCHCRAFT EXPLANATIONS).
 - g. Anzanuwo atadziwa za zizindikiro za matendawo anatani? Inuyo atakuwuzani munatani?
 - h. Kodi munakambiranapo za zizindikiro za matendawo?
 - i. Mutakambirana, anzanuwo anatani? Chifukwa chiyani?
 - j. Kodi anzanuwo anakawuzanso wina aliyense?
 - k. Ngati anawuza anthu ena, anthuwo ndani?
 - l. Chifukwa chiyani anawawuza? Chifukwa chiyani sanawawuze?
 - m. Atawuzidwa anthu enawo anatani?
14. Tsopano ndikufuna kuti mundiwuze chinthandizo chamankhwala chomwe anthu onse omwe mumagonana nawo analandira.
- a. Kodi anthu omwe mumagonana nawo anali ndi zizindikiro za matenda?
 - b. Kodi anzanuwo anakalandira chinthandizo chamankhwala ngakhale analibe chizindikiro chiri chonse cha matenda? Tafotokozani.
 - c. Kodi anzanuwo anakafuna chithandizo chamankhwala atawona zizindikiro za matendazo? Kodi zizindikiro za matenda zomwe zinawapangitsa kuti akafune chinthandizo chamankhwala ndiziti?
 - d. Tandifotokozerani momwe zizindikiro zimawonekera.
 - e. Anzanuwo anakafuna kuti chithandizo chamankhwala? Chifukwa chiyani?
 - f. Kodi mankhwalawo munakafunira limodzi ndi anzanuwo? Chifukwa chiyani?
 - g. M'mene anzanuwo anakafuna chinthandizo chamankhwala pali anthu ena omwe anawaperekeza? Munthuyo ndi ndani? Nanga chifukwa chiyani anaperekezedwa? Chifukwa chiyani sanaperekezedwe?

- h. Kodi inuyo mukudziwa zomwe anzanuwo anawudzidwa komwe anakafuna chinthandizo chamankhwalacho? Ngati mukudziwa, anawudzidwa zotani?
- i. Kodi atapita kofuna mankhwalako anapatsidwa mankhwalawo? Kodi anapatsidwa mankhwala otani?
- j. Kodi iwo anatsatira zoyenera zokhudza mankhwalawo? Nanga inu mukudziwa momwe anachitira nawo mankhwalawo? Ngati ndi choncho, tafotokozani momwe zinaliri. Pokhudzana ndi zochitika za mankhwalawo, kodi inu munayenera kuchitapo chiri chonse? Tafotokozani.
- k. Kodi ndani wina anakhudzidwa ndi kachitidwe kamankhwalawo? Ngati panali ena omwe anakhudzidwa iwowo anatani? Chifukwa chiyani amachita zimenezo?
- l. Anzanuwo atalandira chinthandizo chamankhwalacho chinachitika ndi chiyani?
- m. Kodi chithandizo chamankhwalacho chinathandiza? Kodi zizindikiro zomwe zinalipozo zinatha?
- n. Kodi zizindikiro za matendazo zinatheratu? Kodi kapena zizindikiro zinanso zinazayambiranso? Ngati zinali choncho, zizindikirozo zinali zotani? Panapita nthawi yayitali bwanji zizindikiro zinazo zisanawoneke? Kodi abwenzi anuwo anakalandira chithandizo chamankhwalala chifukwa chachizindikiro chiri chonse chomwe anali nacho?
- o. Kodi anzanuwo anakhala nthawi yayitali bwanji asanakafune chinthandizo chamankhwalala kuchokera panthawi yomwwe anayamba kuwona zizindikiro za matendawo? Chifukwa chiyani?
- p. Nkuti kwina komwe anapita kukafuna chinthandizo chamankhwalala? Chifukwa chiyani?
- q. Chinachitika ndichiyani konse komwe anapita? Anatani? Ndani wina anakhudzidwa ndi kukafuna mankhwalawo?
- r. Chinawapangitsa anzanuwo kukafuna chinthandizo chamankhwalala ndi chiyani?
- s. Kodi anapeza bwanji atalandira mankhwalawo? Ngati sanapeze bwino, iwo anachitapo chiyani?

SECTION 2. PARTNER NOTIFICATION CHECK LIST.

- 1. Kodi inuyo ndi anzanuwo munapita limodzi kwa a sing'anga/ a mankhwala azisamba/ achikuda kapena kuchipatala?
 - a. Amene anayambitsa kuti mupite ndi ndani, inuyo kapena anzanuwo?
 - b. Nanga mutapita kwa asing'anga kapena kuchipatala, anakuwuzani kuti mukudwala chiyani? Anati matenda amene mukudwalawo dzina lake ndi chiyani?
 - c. Kodi anakuwuzani njira zomwe matendawo amafalikira? Ngati ndi choncho, anati amafala m'njira zanjji?
 - d. Mutawuzidwa, inu munatani? Chifukwa chiyani?
 - e. Nanga anzanu omwe mumagonana nawowo anati bwanji? Chifukwa chiyani?

2. Kodi a sing'anga kapena a dokotala akuchipatala anakuwuzani kuti mukadziwitse anthu onse omwe mumagonana nawo za matenda omwe muli nawowo? Ngati ndi choncho, anakuwuzani zotani?
3. M'maganizo anu, kodi malangizo omwe anakupatsaniwo anali abwino, kapena othandiza? Chifukwa chiyani?
4. Musanapite kukapeza chithandizo kodi munawuzapo anthu omwe mumagonana nawo za matenda anuwa? Anthu monga: (a) Akazi/Amuna anu (b) Anzanu (c) Ogwira ntchito m'bala (d) Anthu ena omwe mumagonana nawo.
Chifukwa chiyani munawawuza a _____ osati a _____?
5. Ngati munawawuza, mufotokoze izi pa munthu aliyense yemwe munamuwuzayo:
 - a. Kodi munawawuza chiyani?
 - b. Kodi munawawuza kuti akafune chinthandizo chamankhwala?
 - c. Chifukwa chiyani?
 - d. Ngati ndi choncho, chithandizo chake chinali chotani? Chithandizochi chinakalandilidwa kuti?
 - e. Anzanuwo anati bwanji?
 - f. Kodi anapita kukalandira chithandizo chamankhwala?
6. Ngati sichoncho, kodi inuyo mukatha kuwawuza akazi / amuna anu, abwenzi anu, kapena ogwira ntchito m'bala za matenda anuwa? Chifukwa chiyani?
7. Nthawi yomwe munapita kuchipatala kapena kwa a sing'anga, kodi munawuzidwa zoti mukawadziwitse athu omwe mumagonana nawo za matenda anuwa ndi kufunika koti iwonso apite kuchipatalako kapena kwa a sing'angawo?
 - a. Ngati ndi choncho, a sing'angawo kapena a dotolowo anati bwanji?
 - b. Ndipo ngati inu munawuzidwa, nanga munakawadziwitsa anthu omwe mumagonana nawowo? Ngati munawadziwitsa, munadziwitsa ndani? (a) Akazi/Amuna anu (b) Abwenzi anu (c) ogwira ntchito m'bala, kaya ena ndani?
 - c. Amene munawawuzawo anatani atawuzidwa?
8. Tsopano mundiwuze kusiyana kwake kwa m'fundo pakati pa zomwe munawuzidwa kwa a sing'anga ndi zomwe munawuzidwa kwa a dokotala a kuchipatala. (SKIP THIS QUESTION IF CLIENT DID NOT VISIT BOTH THE TRADITIONAL HEALER AND THE HOSPITAL HEALTH PRACTITIONER).
9. Ngakhale kuti munapita nokha kwa a sing'anga kapena ku chipatala, kodi anakupatsani chithandizo chamankhwala chokwana inuyo komanso anthu enawo onse omwe inuyo mumagonana nawo? Ngati zinali choncho, anakupatsani chiyani?
 - a. Mutakatenga chithandizo chamankhwalacho, kodi munali omasuka powapatsa chithandizo chamankhwalacho? Chifukwa chiyani?
 - b. Kodi munawapatsa nokha pamanja? Mutawapatsa chithandizochi iwo anatani?
10. Kodi anthu omwe mumagonana nawowo angalolere kupita kwa a sing'anga ngakhale kuti ayenera kulipira kuti apeze chithandizo cha mankhwala? Chifukwa chiyani? Tafotokozani.

11. Kodi anthu omwe mumagonana nawowo angalolere kupita kwa a sing'anga ngakhale alibe zizindikiro zili zonse za matenda? Chifukwa chiyani? Tafotokozani?
12. Kodi inu mukuganiza kuti nkoyenera kuti anthu onse omwe mumagonana nawo aziwudzidwa za zizindikiro za matenda omwe muli nawo? Kapena mukuganiza kuti ena akhoza kuwuzidwa koma ena ayi? Tafotokozani.
13. Mukuganiza kuti njira yabwino yowadziwitsira ingakhale yotani?
14. Mukuganiza kuti anthu osiyana-siyana omwe mumagonana nawo adziwudzidwanso munjira zosiyana-siyana? Chifukwa chiyani? Adziwuzidwa bwanji? Tafotokozani.
15. Pali anthu ena ambiri achibale omwe amakhudzidwa ndi nkhani ya matenda opatsilana m'njira yogonana mamuna ndi mkazi. Anthu monga ankhoswe, amalume, azakhali/ abamboo akazi, agogo amuna kapena akazi, azilamu, achimwene, achemwali, komanso makolo amene. Ndiye pakali pano ndikufuna kuti mundifotokozere m'mene aliyense waiwo amakhudzidwira ndi nkhani ya matenda opatsilanawa.

PERCEPTION OF THE ILLNESS

Tsopano ndikufuna ndidziwitsitse mwatsatanetsane zamatenda omwe mukudwala.

1. Kodi mukudwala matenda anji?
2. Kodi mwadziwa bwanji kutmukudwala _____?
3. Mukuganiza kuti nthenda ya _____ mudayitenga bwanji? Kodi munayamba mwadwalapo nthenda ya _____? Kangati?
5. Kodi pali zizindikiro zina zokhudzana ndi nthenday ya _____ zimene inuyo simunadwalepo? Ngati ndichoncho ndi ziti Nchifukwa chiyani zizindikiro zimenezi sizinawoneke mwa inu? Nanga zimatheka bwanji kuti anthu na amakhala ndizizindikiro zomwe ena alibe pa nthenda yomweyo?
6. Kodi ndikutheka azimayi ndi azibambo udwala nthendayi? Kodi azimayi ndi azibambo akhoza kuitenga nthendayi mnjira yofanana? Fotokozani.
7. Kodi zizindikiro za nthendayi mwa azibambo ndi zotani?
8. Kodi zizindikiro za nthendayi mwa azimayi ndi zotani?
9. Kodi azibambo angayitenge bwanji thendayi?
10. Kodi azimayi angayitenge bwanji thendayi?
11. Kodi chimayambitsa nthendayi ndi chiyani? Kodi pali njira zina zoyambitsa nthenda ya _____? Nanga zoyambitsa nthendayi pakati pa azimayi ndi azibambo zimasiyana bwanji? Fotokozani.
12. Nanga inuyo zinayamba bwanji? kodi ana akhanda akhoza kuyitenga thenda ya _____. Bwanji?
14. Kodi anyamata ang'ono ang'ono angaitenge bwanji nthenda ya ___? Nanga anyamata akulu akulu angaitenge bwanji nthenda ya _____?
15. Kodi atsikana angaitenge bwanji nthenda ya _____? Nanga atsikana akulu akulu ogwa msinkhu angaitenge bwanji nthenda ya _____?
16. Kodi katengedwe kathendayi nkosiyana pakati pa ana akhanda ndi ana okulirapo msinkhu?

17. Kodi chimayambitsa nthenda ya _____ ndichiyani mwa ana akhanda, anyamata, atsikana, ana okulirapo?
18. Kodi munthu akhoza kukhala ndi thendayi popanda kuwonetsa zizindikiro? Ngati ndichoncho kodi munthu akhoza kuzindikira bwanji kuti ali ndi thendayi?
19. Kodi nthenda ya _____ ndi yoopsya kwambiri? Ndiyoopsya motani pang'ono/kwambiri?
20. Kodi nthenda ya _____ yingapewedwe? Ngati ndichoncho, mnjira yiti. Kodi ubwino wakupewa nthenda ya _____ ndiwuti? Kodi nkupewa nthawi zonse nthawi zina kapena nthawi yiti? Amayi, abambo, ana akhanda, achinyamata?
21. Kodi ndindani angachiritse nthenda ya _____? Ndichifukwa chiyani inu mukukhulupirira kuti ameneyo a khoza kuchiritsa? (Ku chipatala, mwankhwala a chikuda, mphamvu ya chauta, mizimu?)
22. Kodi matenda a _____ anga chiritsidwa bwanji? (Mnjira ya chauta, mizimu pena mankhwala achikuda)
23. Kodi mankhwala ngothetsa zizindikiro pena kuchiritsa nthenda ya _____?
24. Kodi nthenda ya _____ njopatsirana? Mnjira ziti? 25. Kodi zotsatira zathendayi ndichiyani? Kwa amuna, akazi, anyamata, atsikana, ana akhanda amuna pena akazi?
26. Kodi zotsatira zotsaladira thandizo pa zizindikiro za nthenda ya _____ ndi zotani? Fotokozani zotsatira zake.
27. Kodi pali zotsatira zanzi ngati simukuchiritsidwa pa nthenda ya _____? Tiuzeni zotsatirazo.
28. Kodi nthenda ya _____ nkutha yokha munthu asanalandire thandizo lina liri lonse?
29. Ngati munthu ali ndithenda ya _____ kodi ena amene angakhudzidwe ndi ndani? Ndipo angakhudzidwe bwanji? (Ana? bambo? Amayi? Anzanu?)
30. Kodi nthenda ya _____ kuno anthu amayifanizira ndikukula msinkhu kwa mnyamata pena mtsikana? Chifukwa chiyani?
31. Kodi nthenda ya _____ amadwala anthu ambiri mbali ya kwanu kuno?
32. Kodi matenda awa munthu akhoza kulandira thandizo kuchokera mzipatala zachizungu zokha? Kapena palizifukwa zina zoletsa munthu kukafuna thandizo kwinkulikose? Ngati ndichoncho kwina kungakhale kuti?

V. INTERVIEW GUIDE FOR TRADITIONAL HEALERS DONGOSOLO LA MAFUNSO A SING'ANGA

English & Chichewa.

A. Knowledge of STD's

Tsopano mundifotozere za zomwe mukuziwa zamatenda wopatsirana mnjira yogonanamwamuna ndi mkazi

1. Do people ever come to you with problems related to the genitalia?

Kodi anthu anthu amabwera kwa inu ndi mabvuto onkhuzanan/ kumusi/ kumaliseche?

- a. How many patients do you see per month?

- Kodi mumawona anthu angati pa mwezi?
- b. What is typical presentation?
Kodi nthawi zambiri odwalawo a mabwera ndi zizindikiro zANJI?
 - c. More males or female or the same?
Pakati pa akazi ndi amuna amene amabwera muchuluka ndindani?
2. Why do they come to you? Explain.
Kodi ndichifukwa chiyani amabwera kwa inuyo? Fotokozani.
 3. Tell me what you know about these problems.
Tandiu zani zimene mumadziwa zokhudzana mabvuto amenewa?
 - a. How do they come about?
Nanga mabvuto amenewa amabwera bwanji?
 - b. What causes them? And why?
Gwero la mabvuto amenewa ndi chiyani? Chifukwa chake ndi chiyani?
 - c. Do they have a name?
Maina a mabvutowa ndi chiyani?
 - d. Describe the symptoms that go with each name and give the cause for each name.
Fotokozani zizindikiro za nthenda ili yonse ndi gwero la nthendayo?
- B. Management of STD's
Chithandizo choyenera kuperekedwa kwa anthu a matenda wopatsirana mnjira yogonana mwamuna ndi mkazi.
4. How do you manage adults who come to you with these problems?
Kodi mumawathandiza bwanji anthu akulu-akulu amene ali ndi mabvuto amenewa?
 5. How do you manage pregnant women with STD's? And why?
Pali kusiyana bwanji pakati pa chithandizo chomwe mumapereka kwa mayi?
 - (a) Kodi ana akhanda akhoza kutenga matendawa mnjira yanji?
 - (b) Ngati ndichoncho mumawathandiza bwanji?
- C. Involvement of others in the management of STD's
6. When you are helping a person who is suffering from these symptoms which other people are involved? How? Why?

Kodi mukamathandiza anthu amene ali ndi matendawa ndani ena amene amakhuzidwanso? Mwanjira yanji? Chifukwa chake ndichiyani?
 7. Do you involve sexual partners of the sick person? How? Is it different for spouses and others types of people with whom the sick person has had sexual relations? How? Explain.
Kodi mukamathandiza munthu wodwala matendawa pamafunikanso kuti anthu ena amene amagonana nawo akhaleponso? Fotokozani.
Kodi pali kusiyana momwe mumathandizira anthu a babanja? Nanga a pathengo? Fotokozani.
 8. In what ways are sexual partners notified?
Nanga anthu ena ogonana nawowo amadziwitsidwa bwanji?
- D. Collaboration with other care givers

9. Have you ever collaborated with or referred STD clients to a health center?
Kodi pali mgwirizano wina wuliwonse pakati pa inu ndi zipatala wokhudza matenda wopatsirana mkugonana mwamuna ndi mkazi?
- a. If yes, why and how? Explain.
Ngati ndi choncho kodi mwakhala mukutumiza odwala thendayi ku zipatalazi? Ndipo mnjira yanji? Ndipo chifukwa chiyani?
- b. If no, why? Would you be willing to consider it? Why? Explain.
Ngati mugwirizano palibe chifukwa chiyani? Kodi ndinu okozeka kuyambisa mgwirizano umenewu? Chifukwa chiyani?
10. I hear in Malawi that there are categories of traditional healers. Tell us more about them. And when you are helping a person suffering from an STD do you ever confer with or send him/her to others. For each of the following explain how you collaborate. If you don't, would you be willing to?
- Tikumvetseta kuti muno m'Malawi muli magulu angapo a using'anga kodi munga titchulire?
- a. Kodi magulu amene mwaichulawa ntchito zawo zimasiyana bwanji?
- b. Nanga wodwala nthendayi mudawatumizako kwa asing'anga azanuwo kapena kukambirana nawo zathendayi?
- c. Ngati ayi, Kodi ndinu okonzeka kuyambitsa mgwirizanowu ndi a Sing'anga anzanuwo?
- E. Payment
11. Do you demand payment for your services. If so, how much, in cash, in kind?
Kodi mumawafunsa odwala kuti a kulipireni mukawathandiza? Ngati ndichoncho mnjira yanji; ndalama kapena zintu?
12. Are you given gifts? What? How are they given?
Kodi mumalandira mphatso mukathandiza odwala? Ngati ndichoncho mphatso zANJI? Ndipo mumapatsidwa bwanji?
13. Would you provide the services if you were not given anything? Why? Under what circumstances?
Kodi mungapereke thandizo ngati simukulandira china chirichonse? Chifukwa chiyani?

V. INTERVIEW GUIDE FOR TRADITIONAL HEALERS

English & Tonga

- A. Knowledge of STD's
1. Do people ever come to you with problems related to the genitalia?
Kumbi wazaku wanthu ndi masuzgu ngakukwaskana ndi kumphatako?
- a. How many patients do you see per month?
Kumbi muwona wakutama walinga pamwezi?
- b. What is typical presentation?
Muwanthu womutiwawona ngawoneka wuli matenda ngenanga?
- c. More males or female or the same?

Wowatuwa wanandi mbayani pakati pa anthulumi ndi anthikazi pamwenga mbakulingana?

2. Why do they come to you? Explain.

Ntchifukwa wuli watuza kwakuyimwi? Konkhoskani.

3. Tell me what you know about these problems.
Ndikambiyeniku chomuziwa chakukwaskana ndi matenda yanga.

a. How do they come about?

Kumbi matenda ngenanga ngatamba wuli?

b. What causes them? And why?

Ntchine chochitambiska matenda ngenanga? Ntchifukwa wuli?

c. Do they have a name?

Kumbi matenda ngenanga ngendi zina?

d. Describe the symptoms that go with each name and give the cause for each name.

Konkhoskani chomuziwiya kuti matenda yanga zina laki ndenilo ndipuso chakwambiska chaki ntchenicho.

B. Management of STD's

4. How do you manage adults who come to you with these problems?

Mutiwawovya wuli wanthu walawala wowatuza kwinu ndi masuzgu ngenanga?

5. How do you manage pregnant women with STD's? And why?

Mutiwawovya wuli anthuzaki weniwo wendi paluwavu kweniso weni nthenda yeniyi? Ntchifukwa wuli?

C. Involvement of others in the management of STD's

6. *When you are helping a person who is suffering from these symptoms which other people are involved? How? Why?*

Asani mutovya munthu yowendi matenda ngenanga, ndiyani munyaki yo wakwaskika? Wakwaskika wuli? Chifukwa wuli?

7. Do you involve sexual partners of the sick person? How?

Kumbi wanthu wowagonana nawu wakutama wakwaskikaso? Munthowa wuli?

Is it different for spouses and other types of people with whom the sick person has had sexual relations? How? Explain.

Kumbi pe kupambana wuli pakati pa wanthu akutolana ndi wanthu wanyaki wo agonana nawu? Apambana wuli? Konkhoskani.

8. In what ways are sexual partners notified?

Wangaziwiskika wuli wanthu wowagonana nawu?

D. Collaboration with other care givers

9. Have you ever collaborated with or referred STD clients to a health center?

Kumbi pekoliyanaku kwekosi imwi ndi anyinu aku chipatala chachizungu pakovya wanthu wowatama matenda ngakupaskana munthowa ya kugonana? Kumbi mutumizgaku kuchipatala chachizungu akutama matenda ngenanga?

a. If yes, why and how? Explain.

Asani ndiviyo, ntchifukwa wuli? Ndipuso munthowa wuli? Konkhoskani?

b. If no, why? Would you be willing to consider it? Why? Explain.

Asani ndiviyocha, ntchifukwa wuli? Kumbi mungakodweleskeka kukoliyanaku ndi a chipatala chachizungu? Chifukwa wuli? Konkhoskani.

10. I hear in Malawi that there are categories of traditional healers. Tell us more about them. And when you are helping a person suffering from an STD do you ever confer with or send him/her to others. For each of the following explain how you collaborate. If you don't, would you be willing to?

Ndituwwa waka kuti munu m'Malawi mwe ang'anga akupambana-pambana. Ndingakondwa asani mungandikambiyaku vyakukwaskana ndi ang'anga wenawa. Ndipuso asani mutovya munthu yowatama nthenda yakupaskana munthowa ya kugonana patuwa kukambiskana kwekosi ndi ang'anga anyinu pamwenga kutumizgiyana akutama?

a. Mukoliyanaku wuli ndi ang'anga anyinu?

B. Asani mukoliyanakucha mungakondweleskeka kukoliyanaku ndi ang'anga anyinu?

E. Payment

11. Do you demand payment for your services. If so, how much, in cash, in kind?

Pekekosi ko mulonde pachovyu chomupeleka ku wanthu wakutama? Asani ndiviyo, munthowa wuli? Ndalama pamwenga vinthu?

12. Are you given gifts? What? How are they given?
Kumbi atikupaskana chawezi chechosi? Atikupaskani munthowa wuli?

13. Would you provide the services if you were not given anything? Why? Under what circumstances?

Kumbi mungamovya munthu asani walivi kekosi kakuti wakupaskeni? Pa vifukwa wuli?

IV. INTERVIEW GUIDE FOR SERVICE PROVIDERS

1. How do you define "partner notification"?

2. What do you tell the clients about partner notification? Give specific examples.

3. How do the clients respond to what you tell them about partner notification? How do you respond to them?

4. What do you feel about telling clients about notifying sexual partners. Do you feel comfortable? Why? Why not?
5. How would you rate the importance of partner notification from 1 to 5. (five being the most important)
(1) unimportant. (2) a little important (3) important, (4) very important (5) extremely important
6. Do you see partners?
7. When you see them, usually what is their relation to the index client?
8. Do you ask the partner who comes to notify the other people they have sexual relations with?
9. If yes, what is their response?
10. If no, why don't you ask them?
11. Can you suggest different ways of notifying client's sexual partners that you would think the most effective, or would work best?
12. How would you evaluate the effectiveness of the partner notification system that is being used in this clinic? Is it appropriate? Is it acceptable to the clients? Would you change it to make it more effective? How?
13. Do you have any concerns about partner notification? What are they? How can they be dealt with?
14. Do you think traditional healers have a role in STD care? Why? What? Explain.

CHECK LIST FOR OBSERVATION OF STD CONSULTATION

PROVIDER'S DISCUSSION WITH CLIENT

1. Sex of client Male___ Female___
2. Yes___ No___ Asked regards comfort/ease on discussion sexual issues. Explain.
3. yes___ No___ Asked regards embarrassment about discussing sexual issues. Explain.
4. Yes___ No___ Asked regards comfort/ease in talking with partners about STD. Explain.
5. Yes___ No___ Asked regards embarrassment in talking with sexual partners about STD. Explain.
6. Yes___ No___ Asked action client will take regarding partner notification. Explain.
7. Yes___ No___ Made suggestions appropriate to client. Explain.
8. Yes___ No___ Client diagnosed as having a STD.
9. Yes___ No___ Client told he/she has an STD. Explain.
10. Yes___ No___ Asked number of sexual partners.
11. Number___ Number of sexual partners (if asked or number given)
12. Yes___ No___ Partner notification discussed. Explain.
13. Yes___ No___ Slip(s) given for partner(s)
14. Number___ Number of slips given for partners.
15. Yes___ No___ Clearly explained how to use partner notification slips. Explain.

RESPONSE OF CLIENT TO SUBJECT OF TALKING ABOUT SEXUAL ISSUES, STD'S OR PARTNER NOTIFICATION

1. Yes___ No___ Did not pay any attention/indifferent. Explain.
2. Yes___ No___ Expressed denial. Explain.
3. Yes___ No___ Showed interest. Explain
4. Yes___ No___ Asked questions. Explain..
5. Yes___ No___ Showed embarrassment. Explain.
6. Yes___ No___ Puzzled. Explain.

7. Yes__ No__ Expressed anger. Explain.
8. Yes__ No__ Client said he/she would tell partner(s). Explain.
9. Yes__ No__ Client took slip.
10. Yes__ No__ Client refused to take slip. Explain.
11. Yes__ No__ Client raised issue of partner notification him/herself. Explain.

JSI-STAFH PROJECT REPORT SERIES

<u>Serial no.</u>	<u>Report Title</u>
1	AIDS in Malawi: An Annotated Bibliography
2	Condom Initiative (Condom, Contraceptives and marriage)
3	Family Planning in Malawi: An Annotated Bibliography
4	Quality of Family Planning Community-Based Distribution Services in Malawi
5	Condom Use in Marriage among Urban Workers and their Wives
6	Condom Use in Marriage among Family Planning Providers in the Cities of Blantyre, Lilongwe and Mzuzu
7	Evaluation of AIDS Education in the Classroom: a National Survey
8	Female Condom Acceptability among Family Planning Clients of Blantyre City
9.	Cultural Practices Related to HIV/AIDS Risk Behaviour: Focus Group Discussions of Village Leaders in Malawi
10.	Cultural Practices Related to HIV/AIDS Risk Behaviour: A community Survey in Phalombe, Malawi