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## EXPERIENCES DURING A VILLAGE MEETING

VILLAGE: Chiwawa

REASON: TO SENSITIZE THE VILLAGE ON DOOR TO DOOR VCT BY MDICP

Chiwawa is one of the villages south of the sample area in Kaunda, Mchinji District. This is probably one of the villages I felt we wouldn't face any problems with testing because of the atmosphere there. If you get there the village/houses are punctuated with various health messages on its walls ranging from family planning, preventive health, STI's, safe motherhood, HIV/AIDS to VCT. It's a very clean village sanitation wise. Some of the messages that gave me an impression to say we would have a warm reception are:

(1) VCT ndikhomo lolowera kokalandira ma ARV (VCT is a door to starting antiretroviral therapy) (2) Edzi ilibe mankhazla (AIDs has no cure) (3) kukewa kuposa kuchiza (prevention is better than cure) (4) Mukakhala ndi matenda opatsirana pogonana, monga chizomona, chiundoko ndi mabomu kalandireni chithaudizo kuchipatala msanga (if you have a sexual transmitted infection, like gonorrhea, syphilis or Bubo seek medical intervention promptly).

Because the research itself is not different from the messages above, I had all the hope that the response will be satisfactory. During VCT can't run away from STI's or AIDS and its treatment. We arrived at 1:30 pm for the meeting and we had to wait for about 2 hours before the actual meeting because the chief said he was misinformed on the date of the meeting and he had to call people the same time we arrived, lucky enough it's not a very big village and the houses are compacted together. People started arriving & eventually the meeting kicked off @ around 3:15pm. The meeting was patronized by both genders, ages from 20 to 65 years we didn't have somebody below 20 years - by estimation that is.

## GENERAL REACTION

We didn't have any adverse reactions but rather people were very attentive and able to express themselves. The chief said we were very welcome in the village [that] they do with everyone who comes into the village because they have several groups coming to them, and also because we aren't new to them, the door was open for us. After explaining to them the whole program and research, and demonstrating the HIV test and the amount of blood taken, people had questions and below are some of the questions.

- (i) Why do we get blood only on the 2 middle fingers and not the index or thumb, does it mean that HIV is found on these two fingers?
- (ii) In 2004 one of the respondent said he was told that sometimes a woman could be negative and the husband HIV positive because HIV can only be

transmitted through a wound , so could this be true with regards to discordant results?

- (iii) They never trusted oral sure results. Are they true & if so why have we engaged blood rapid test?
- (iv) How are we going to assist those who are not in the sample but want to be tested?
- (v) Are testing kits proportional to our respondents. If yes, can't we use the testing kits for those who have refused to test those who are willing?
- (vi) We use two parallel tests so we should be precise to the result. But is it possible for the tests to show 2 different t results, and are these kits the same as those at the hospital?

All questions were answered to the best of our knowledge and in line with the protocol.

Q1 Answer in short. Some areas are highly vascular and easy to access blood than others so it is with the fingers in question not that HIV is resident there.

Q2 Yes, it's true besides other factors such as window period and viral load because one could be negative because is still in the window period & test kits don't check HIV but antibodies against HIV & also mainly almost all methods of HIV transmission are blood related & you can get blood out of the body only when you have a wound & so you can't get HIV or transmit with an intact skin.

Q3 It is the same as the blood rapid test only that we had delayed blood results.

Q4 Mentioned to them that there is a national testing week so they should look to that. But the research regulations don't allow us conduct a test to a person outside the sample.

Q5 As above & usually the extra supplies are donated to a near by hospital so that the people can benefit from that after the research.

Q6 Yes we use the same kits as the hospital & really its possible to have 2 different results (indeterminate) and that's why using two tests is important because if we only used Unigold, only in case of indeterminate results, we use 2 a tie breaker but for the research we don't have & we only refer such cases.

#### SOME NOTABLE COMMENTS

- (1) One lady who has tested before the meeting helped us explain that it's not a painful procedure & it's good to be tested.
- (2) The incentive shouldn't be like a lottery, they should just be giving the prize, because it's painful to participate but not to be part of the incentive. We have never had a bad experience in the village but one day we might have one because "In English we say time is money" But we don't regard this, we spend a lot of

time with them and nothing is gained by them. One lady wanted also to know where we buy the sugar because some say there is HIV there but we told her that sugar is bought right here (Kaunda) Finally after the test people said the amount of blood is just very little compared to what one could lose when stumbles over a stump and for women it's no story because they lose more didn't elaborate on this one.

## SUMMARY

A very good village, willing to participate, open and worthy living in. The response itself was massive – nobody refused & those that we didn't test were reported temporarily away and we hope to catch them any day. But youth participation seems low as evidenced by lack of teenagers at the meeting. The chief too seems well informed and instrumental in helping his words to participate in many programs.