
Filename: Thaimu_060704
Diarist: Eliko Thaimu
Typist: Nicole Angotti

4 July 2006 Mkono

"Why do you bypass my house? Come here and test me. I want to know my blood."

This was a young man of about 26 years of age. His friends were trying to stop by. He continued and came closer to where I was standing.

"It seems that he doesn't know about the research," I pondered. Then I started responding by telling him about the selective group which is to be tested in this village.

But he said this is not good because for him to go to the hospital just for blood test it's not good. He doesn't want people to know he has been tested for HIV. For him, door to door counseling is 100% super.

Then I told him about the research in details, mainly on the number of people in the study, why coming to the very same people? What they benefit? He understood this but he concluded to say that this type of counseling should be for the entire public.

14 July Ogasi

It's in the afternoon around 3pm when I was chatting with my respondent. He is a man of 45 years of age, living in a thatched house with six members in his family including his wife.

He is an irritable man but has managed to send some of his children to school where others are in form 2. He says, "My parents died when I was very young, so I survived in a family which disliked school because according to them, school was Christians only and not Muslims.

He got married in 1982 and since then his family has never been on separation.

When I reached his house from the MDICP tent, he and his wife welcomed me and prepared me a place inside the fence. Then he told the wife to go away with some children who were making noise. His wife is also a respondent in this research and was already attended by one of our fellow counselors.

After greeting and some general discussions, I took him through the consent form in which I tacked the main objectives of the study, how many people are HIV + or – in this area. (translated from Chichewa) "And also the relationships between the HIV virus and the opinions of people in this village." I also dwelled on confidentiality issues, time

consumption and that there would not be any payment after everything I would do to him, etc.

He then consented me with eagerness and promised to answer all questions he was asked.

On the basics of HIV/AIDS knowledge, he seemed to know very little of what I was asking. For instance, he defined AIDS as a disease which affects the bowels (translated from Chichewa) "AIDS is an open bowels disease," he said. And he also failed to distinguish between AIDS and HIV to which I enlightened him that HIV is the virus that impairs the immune system while AIDS is the acquired immunodeficiency syndrome and other diseases that result due to immune impairment.

On the modes of transmission, he stressed on sex as the major entry of the virus. He said an unprotected sex can lead to the transmission of the virus if one of the sex partners is already infected. Then I included mother to child transmission which I said can take place during gestation, deliver and breastfeeding. And he finalized with blood, which he clarified that contaminated instruments i.e., those that have been in contact with blood which is already contaminated, can easily transmit the virus if not properly handled or carelessly used.

To reduce the risk of contracting the virus, he said people should just stop huricanism (prostitution). Instead they should indulge themselves in activities that will lead them to the closing of the day. With him, he says he cannot contract the virus because he is faithful to his partner. Maybe it could be the wife who can take in the problem.

The respondent was very ready to learn results on the spot whether positive or negative for what he wanted to know was nothing but his sero status. I quote him saying (translated from Chichewa) "I will be happy if I know the results today because I will be able to know how I will live in the future if I am HIV positive. I will try to search for ARVs while if I am negative, I will maintain this for the rest of my life."

23/07/06

A woman of four children who is also a respondent says she doesn't want to be tested for HIV because she has heard that the blood we are collecting is being sold somewhere. Her husband also came and commented on this, but asked me to show them all the equipments we are using for the test.

He continued to say "it's rumoring out that you have big bottles which you use when sucking people's blood."

Then the wife added, "It is so surprising that you first come with urine test kits, now you want blood. What for?"

The situation prompted me to tell them that the blood we use is just a drop or two, and even the equipments we use are very small than the bottle they are talking about. Then I

fished out whatever we use during testing and start showing them how the process go like by pricking myself just as I did in Mchinji.

"How painful is it and how long does it take for the pain to last?"asked the husband.

I told them that as soon as [I] finish pricking, [the pain] goes. "You only feel as if you have being pricked by a small thorn"I said.

"Ah! You have really convinced me"said the husband.

Then the wife asked about waiting period for the results to be ready. When I told her about 15 minutes she said "then I should be tested so that when I hear my results now I can easily see my future. If this type of test continues many people will easily be convinced,"she added.

27 July 2006 Mwantaya Village

Mwantaya village is one of the villages among others whose people [are] interested in HIV testing. We had very few refusals in this village and apart from dealing with those who are in this research, as I was walking to and from where our respondents were, time would also be consumed answering people's plea that they should also be tested, for most of them thought that it was for the entire public.

One of the these people grumbled [when] I told him that the testing we are doing is specifically meant for those whose names are in the study.

This is what he said "you the Let's Chat people [MDICP researchers] are biased. Please, when you come like this, try to help everybody. We want to know our status but we fail to go to Ulongwe because it is too far for us here."

Some three boys also came to the tent asking for testing but were told by Layika to go to Ulongwe.

For women and girls who were at the borehole, they said "some of us, our husband, doesn't move well [they have extramarital relationships]. So it is better for one to know one's sero status."

This would also happen during counseling. For instance, I was interrupted by a woman who just came to tell me to also test her when I finished with the one I was chatting with.