RIGHT TO PRIVACY AND CONFIDENTIALITY FOR PEOPLE LIVING WITH HIV AND AIDS IN ACCESSING HEALTH CARE SERVICES

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RIGHT TO PRIVACY AND CONFIDENTIALITY FOR PEOPLE LIVING WITH HIV AND AIDS IN ACCESSING HEALTH SERVICES

By

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A Dissertation Submitted in (partial) Fulfillment of the Requirements for the Degree of Masters of Science in Bioethics of Muhimbili University of Health and Allied Sciences

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CERTIFICATION

The undersigned certifies that she has read and hereby recommends for acceptance by Muhimbili University of Health and Allied Sciences a dissertation entitled ***Right to privacy and confidentiality for People living with HIV and AIDS in accessing health services*** in partial fulfillment of the requirements for the degree of Masters of Science in Bioethics of Muhimbili University of Health and Allied Sciences.

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I **Nelson Majura Lusatho Kebeyo,** declare that this **dissertation** is my original work and that it has not been presented and will not be presented to any other University for a similar or any other degree award.

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Finally, I remain wholly responsible for any shortcomings in this work. Any error that may appear in it remains my sole responsibility.

DEDICATION

This work is dedicated to my beloved parent Mrs. Elizabeth Nyakenda Kebeyo for her encouragement and to my fiancée Leah Wilson Mayombya and my sister Wambura Nyangi Kebeyo for their passion and love while I was pursuing my studies. I thank you so much.

ABSTRACT

People living with HIV and AIDS have a lot of serious ethical challenges including respecting their right to privacy and confidentiality when accessing health services, challenges that may cause psychological problems as well as stigmatization. Since HIV and AIDS are highly sensitive and emotionally charged issues, information about the clients' HIV and AIDS sero-status must be considered the most confidential information and must be protected at all times. Discussions between counsellors or health care providers and supervisors, including case discussions in supervision, shall protect the privacy of PLWHA. Individuals' confidentiality is supposed to be protected in conversations between counsellors and other staff members.

A total number of 15 informants, involving 10 People living with HIV and AIDS and 5 heath care workers were interviewed.

Data analysis was done by using content analysis technique with the help of Computer Assisted Qualitative Data Analysis Software (CAQDAS) called NVivo software following the study objectives and the emerging themes as reported by the study informants, as well as in line with the observation made in the study area.
The findings show that a high percentage of People living with HIV and AIDS are still stigmatized by their relatives, friends and their co-worker hence they seek care and treatment far from their residents for taking anti-retroviral therapy.

A combination of intertwined factors like mismanagement of patients' files, lack of counseling rooms in infectious disease wards as well as lack of privacy and confidentiality trainings for health care personnel accounts for dis-respecting right to privacy and confidentiality for People living with HIV and AIDS when access health services at Muhimbili National Hospital. Dis-respecting right to privacy and confidentiality undermines patients' relationships with health care workers and also it can adversely affect the quality of care, stigmatization and discrimination as well as loss of reputation, loss or denial of their health insurance and personal embarrassment.

The study concluded that there is a challenge in respecting right to privacy and confidentiality for PLWHA in accessing health care services. It is recommended that health care workers should be given short courses on ethical issues for people living with HIV and AIDS as they are in much concern with maintaining privacy that in turn protects individuals from unwanted intrusions into their file records.

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Table 2: Socio-demographic characteristics of HCWs

LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral Drugs
CTC	Care Treatment Clinic
HCW	Health Care Worker
HCWs	Health Care Workers
HIV	Human Immuno-deficiency Virus
IDI	In depth interview
MUHAS	Muhimbili University of Health and Allied Sciences.
NACOPHA	National Council of People Living with HIV and AIDS
PLWHA	People Living with HIV and AIDS
TACAIDS	Tanzania Commission for AIDS
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

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DEFINITIONS OF KEY TERMS

Confidentiality: means holding patient's information confidential or private. Patient's information refers to all identifiable patient information, whether written, visually or audio recorded or simply held in the memory of health professionals or computerized is subject to the duty of confidentiality.

Confidentiality covers any clinical information about an individual's diagnosis or treatment, photograph, picture, video, audiotape or other images of the patient, the name of the patient's doctor and what clinics patients attend and when, anything else that can be used to recognize patients directly or indirectly so that any of the information upstairs, combined with the patient's name or address or full postcode or the patient's date of birth, can categorize them (1,2)**.**

Privacy: Refers to a state or condition of limited access, with an agent's control over privacy or right to privacy, which involves the agent's right to control access. Privacy as limited access extends to bodily products and objects intimately associated with the person, as well as to the person's intimate relationships with friends, lovers, spouses, physicians and others (3).

For the purposes of this paper, privacy refers to the daily practices of protecting clients' personal data or information far away from other people as well as guaranteeing that the intention for a client's physical attendance at the health facility is not known by other external people.

HIV-related stigma and discrimination: Refers to prejudice, negative attitudes and abuse directed to people living with HIV and AIDS. In 35% of countries with available data, over 50% of men and women report having discriminatory attitudes towards people living with HIV (4).

Disclosure

Disclosure in the context of HIV and AIDS, refers to the act of informing any individual or

organization of the HIV status of an infected person, or to the fact that such information has been transmitted, by any means, by the person him or herself, or by a third part, with or without consent. Except in exceptional circumstances, when disclosure to another person is required by the law or ethical considerations, a person with HIV and AIDS has the right to privacy and to exercise informed consent in all decisions about disclosure of his/her status (5).

CHAPTER ONE

INTRODUCTION

1.1 Background Information

The United Nations Universal Declaration of Human Rights manifestly carries on hand an imprint of people living with HIV and AIDS. The Declaration was adopted by the General Assembly on 10th December 1948 has altogether 30 articles covering both civil and political rights and economic, social and cultural rights. Articles 1 and 2 of the Declaration are general articles, stating that all human beings are born free and equal in dignity and rights (6). The civil and political rights which are set out and recognized in articles 3 to 21 provide inter alia for the right to life, liberty and security of person; freedom from slavery and servitude; freedom from torture or cruelty, inhuman or degrading treatment or punishment; and the right to recognition as a person before the law (6).

African Governments accepted the United Nations Universal Declaration of Human Rights. In article 3 to 19 of chapter 1 part 1 the African convention on Human and peoples' Rights in Africa reiterates the same rights and freedoms as are recognized and protected under the United Nations (7). The Declaration of Human Rights, Article 30 of chapter I part II provides for the establishment of an African Commission on Human and peoples' Rights within the A.U whose function is to promote human and people's rights including the rights of people living with HIV and AIDS. Tanzania is a signatory to the UN Declaration of Human Rights and it has already signed the African convention on Human and people's Rights hence rights of privacy and confidentiality for people living with HIV and AIDS in Tanzania must be respected by health care workers (8).

The constitution of the United Republic of Tanzania provides for the right of privacy. It prohibits an abusive interference with his private life. The article gives a right to the protection of the law against interference. It is now internationally accepted that the application of relevant human rights freedoms reduces both vulnerability to infection by HIV and the impact on those already infected and affected (9).

The Tanzania HIV and AIDS prevention and control Act and the constitution of the United Republic of Tanzania prohibits the unlawful disclosure of information regarding HIV and AIDS status of any person and breaching of medical confidentiality. Any person who is

convicted of disrespecting the stated prohibitions on the act is subject to a fine, imprisonment, or both. The confidentiality guidelines as stated in the HIV and AIDS Act applies to all health practitioners, workers, employers, recruitment agencies, insurance companies, data recorders, sign language interpreters, legal guardians and other custodians of any medical records, files, data or test results (9,10).

Privacy and confidentiality has been extremely significant for people living with HIV and AIDS (PLWHA), many of whom have been facing stigma, discrimination, and hostility from the earliest days of the epidemic (11). People living with HIV and AIDS organized themselves with a collective voice early in the epidemic, they declared their right to "ensure respect for the right of confidentiality of all medical records" as stated in the Denver Principles, which were signed up in 1983 as the foundation of PLWHA empowerment movements. With the development of the HIV antibody test, the landscape changed as AIDS advocates, civil liberties groups, and gay rights organizations fought efforts to create name-based HIV-reporting systems and sought to strengthen protections for all HIV-related information (12).

In both Tanzania Mainland and Zanzibar, people living with HIV and AIDS are still facing stigma and discrimination and they encounter hostile attitudes such as gossiping, verbally insulted, exclusion from Social, family as well as religious activities. Such stigma towards people living with HIV and AIDS hinders their ability to access a wide-array of HIV and AIDS-related services in prevention, care, treatment, and support that are currently available (13)**.** The effects of stigma and discrimination as well as breaching of privacy and confidentiality undermines prevention, care and treatment efforts and increase the impact of the epidemic on individuals, families, communities and the nation in general (14,15).

Tanzania is a signatory to the United Nations Declaration of Human Rights of 1948. It is also one of the countries that has already signed the African convention on Human and people's Rights. It is for this reason that the rights of HIV/AIDS victims must be supported. Moreover, individuals who suffer discrimination and lack respect for their human dignity are more vulnerable to becoming infected and less able to cope with the burden of HIV and AIDS (12,16)

In 9 surveyed regions in Tanzania such as Arusha, Mwanza, Mtwara, Dodoma, Tanga, Kagera, Kigoma, Kilimanjaro and Iringa, there was an indication that privacy and confidentiality were highly breached by medical personnel who are working in public

Hospitals. Threats to privacy and confidentiality emerged in many institutions with a capacity to store and disseminate confidential medical information, such as medical record on files, drug prescribed, medical tests administered, and reimbursement records (17,18). Health care professionals are ethically and legally required to keep all information about people living with HIV and AIDS confidential. Informants reported several negative interactions with health care workers (19). The need to respect the right to privacy and confidentiality for people living with HIV and AIDS is very important especially in developing countries like Tanzania for the reason that, when right to privacy and confidentiality is not respected it exposes people living with HIV and AIDS to stigma and discrimination (20).

Health care workers are required to think carefully about how to respect right to privacy and confidentiality for people living with HIV and AIDS in order to avoid stigma and discrimination which causes some effects such as reduction or loss of income or limited employment opportunities; loss of relationships with friends, family, partners; poor care within the health sector; withdrawal of care-giving in the home; feelings of shame and worthlessness; loss of social reputation; restrictions on personal freedoms, such as travel, given that some countries deny entry to people living with HIV and AIDS fear of criminalization for non-disclosure of HIV and AIDS positive status to sexual partners due to stigma as word of their HIV and AIDS status spread (16,21)

Right to privacy and confidentiality are commonly breached by hospital staff who reveal HIV-test results to other staff not involved in the health care and to family members or friends accompanying the patient (18). Health-service professionals should be equipped to protect privacy and confidentiality, to ensure informed consent and to have functioning mechanisms for redress when people living with HIV and AIDS face abuse and discrimination when accessing medical care (14). People living with HIV and AIDS have their right to privacy and confidentiality during delivery of any health care services at the hospital (21).

Respecting right to privacy and confidentiality by health care workers unlocks access to available treatment options and leads to regular and wide dissemination of information to the population in a non-stigmatizing way that will contribute to open up the understanding of the epidemic, reduction of denial and discrimination and increase commitment to fight

against HIV and AIDS epidemic (22,23).

Thus, protecting and respecting of right to privacy and confidentiality especially for people living with HIV and AIDS must be an integral part of all responses towards the HIV and AIDS epidemic. There must be marked files or specific codes to be used by health care workers to disclose client's health information as well as promoting comprehensive care services in different locations.

1.2 Problem Statement

Breaching of right to privacy and confidentiality is caused by absence of confidential consultation and confidential counseling rooms in most of hospital settings, few counselors in relation to the increasing number of PLWHA in accessing health care services, lack of general HIV and AIDS training and on respecting right to privacy and confidentiality for health care workers at the hospital settings as well as absence of locked area for medical records with limited access (4,17,24).

The problem of breaching right to confidentiality for people living with HIV and AIDS is described in Tanzania's 2013 "Multi Sectoral Framework for HIV and AIDS," which states that "*Stigma is highly prevalent in Tanzania at various levels and settings*". There is breaching of confidentiality through health delivery systems, gossip, inadvertent or unplanned breaches without malicious intent, protective breaches and malicious breaches. While 15% of the People living with HIV felt that health care providers did not keep their information confidential, whereby another 5.4% had their status disclosed without their consent (2,16,25).

Breaching of the right to privacy and confidentiality is high in Tanzania especially in rural areas where only 21% of women and 35% of men have positive arrogances toward PLWHA as compared to 36% of women and 54% of men in the urban regions (26). Few studies have been done in Tanzania addressing right to privacy and confidentiality among PLWHA in accessing health services (16,27).

Therefore, this proposal intended to explore the extent to which right to privacy and confidentiality are maintained for people living with HIV and AIDS in accessing health care services at infectious disease wards at Muhimbili National Hospital.

1.3 Rationale of the study

Since PLWHA do not feel good if their health status is well known to each other and to other people who interact with them without their informed consent, it is important to find out information that would be used to create better conditions that would improve their utilization of health care services at infectious disease wards at infectious wards at Muhimbili National Hospital such as the use of marked file using specific codes to avoid disclosure. . These study findings will contribute of knowledge to the general community on understanding the burden of breach of confidentiality especially for people living with HIV and AIDS in accessing health care services at infectious disease wards at Muhimbili National Hospital. Also will help in improving knowledge and awareness on stigma and its harmful consequences among people living with HIV and AIDS.

1.4 Conceptual Framework

Confidentiality is a distinctive feature of privacy in that it arises only within a distinct relationship, such as a physician patient relationship. While anyone may be liable for invading a person's privacy, only those health care workers with information derived from the special confidential relationship partake a duty to retain confidentiality. That is not to share it without the person's approval or in the absence of a compelling reason to do so. Confidentiality protects informational by requiring recipients of those information to be deemed confidential to restrict access to that information.

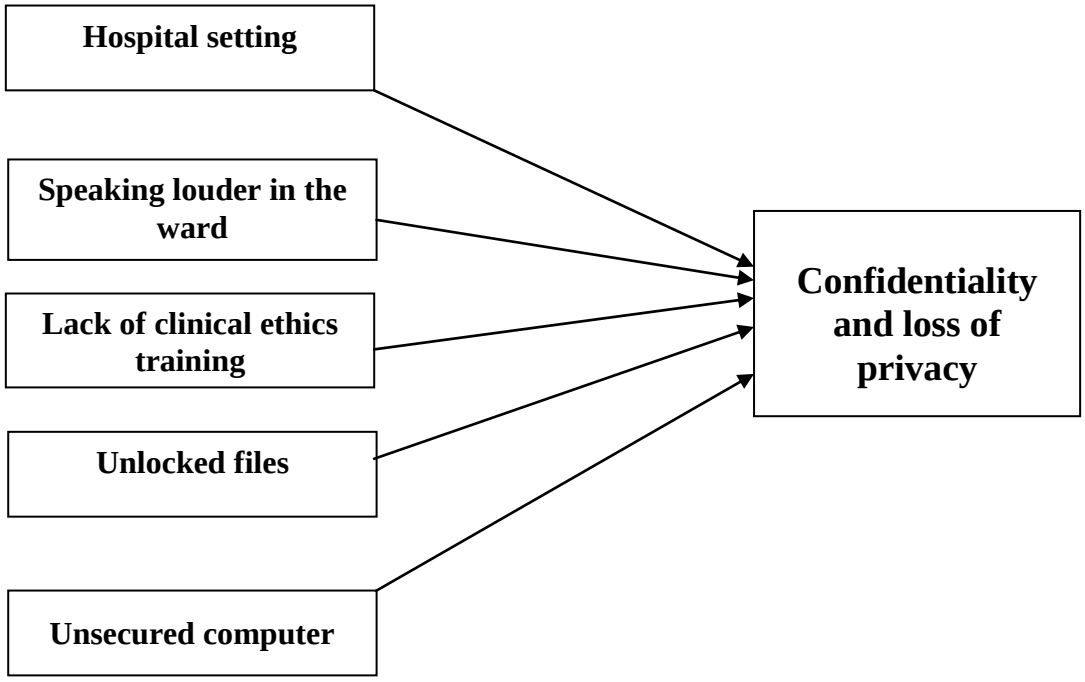


Fig: 1 Conceptual Framework

The conceptual framework depicted in Figure 1 above, hospital setting, speaking louder in the ward, lack of clinical ethics training, unlocked files and unsecured computers are hypothesized to cause breaching of the right to privacy and confidentiality for PLWHA at infectious disease wards at MNH.

1.5 Research Questions

- What are the causes of breaching right to privacy and confidentiality to people living with HIV and AIDS among health care workers at infectious disease wards at MNH?
- What are the available strategies on addressing the challenges on respecting right to privacy and confidentiality for PLWHA at infectious disease wards at MNH?

1.6 Broad Objective

The overall aim of this study is to explore the extent to which right to privacy and confidentiality are maintained to people living with HIV and AIDS in accessing health care services at infectious disease wards at Muhimbili National Hospital**.**

1.7 Specific Objectives

1. To explore contributing factors on breaching of right to privacy and confidentiality among HCW attending people living with HIV and AIDS.
2. To examine proposed strategies used to address the loss of the right to confidentiality for PLWHA at infectious disease wards at MNH.
3. To examine how hospital settings especially at infectious disease wards interferes with the right to privacy and confidentiality for PLWHA at MNH.

CHAPTER TWO
LITERATURE REVIEW

2.1 INTRODUCTION

Few studies have been done to assess right to privacy and confidentiality for people living with HIV and AIDS in accessing health care services in Tanzania as follows:

A study conducted in Arusha, Dodoma, Iringa, Kigoma, Kilimanjaro, Mtwara, Mwanza and Tanga regions in Tanzania in 2001 focused on obtaining information useful in the planning and control of HIV and AIDS. The study indicated that the rights of people living with HIV and AIDS were often violated on the sole basis of their known or presumed HIV and AIDS status (16,28). The study indicated that health care were identified as contributing to stigmatization, and were seen as responsible for breach of privacy and confidentiality. There was lack of policy guidance on confidentiality at both national and facility level; as a result, service providers made individual decisions about who should be informed (24).

Service providers were said by service users that they don't understand the concepts of confidentiality or consent (29). Additionally, the study indicates that computer records in medical institutions are growing rapidly, and data in these records can easily be searched quickly and thoroughly by anyone else (16).

Article 17 of the International Covenant on Civil and Political Rights states that "*No one shall be subjected to arbitrary or unlawful interference with his privacy, family, home or correspondence, nor to unlawful attacks on his honor and reputation. Everyone has the right to the protection of the law against such interference or attacks*"(30).

Right to privacy and confidentiality encompasses obligations to respect physical privacy, including the obligation to seek informed consent to HIV testing and privacy of all medical information and respecting confidentiality of all health information relating to a person's HIV and AIDS status (31).

Mixed studies done in Tanzania in 2016 by Angaza zaidi program in nine Regions, shows that there is lack of privacy at the VCT clinics due to some counselors not adhere to ethics and inability to maintain medical confidentiality were major barriers from accessing and utilizing health care services (32).

Similar findings are reported in a systematic review in Sub Saharan Africa which shows major barriers on VCT uptake are due to lack of privacy and inability of some counselor to maintain confidentiality (32).

Findings from another study done in Ghana indicates that that the mere existence of a person at the HIV and AIDS counselling center/clinic is adequate for the person to be categorized as or suspected to be HIV patient. It establishes that stigmatization may happen not only in the community but also obviously or clandestinely in the health facility itself. Consequently, for many people living with HIV and AIDS, access to antiretroviral therapy and treatment of interrelated nosocomial infections are challenging. Also, the study found that so many clients and possible users of services remained uncomfortable with the quality of health care given by some health care workers, precisely as they overtly and covertly breached confidentiality about their clients' health status (31).

CHAPTER THREE

METHODOLOGY

3.1 Study design

This study adopted cross section design employing qualitative methods of data collection in seeking to explore the extent to which right to privacy and confidentiality are maintained to people living with HIV and AIDS in accessing health care services at Muhimbili National Hospital. In cross section design, data are collected only one and multiple outcomes can be studied (33).

Study Area

This study was conducted in Dar-es-Salaam region which is a largest commercial city in Tanzania having a total population of 4, 386, 541 of which 2, 125, 786 (48.5 %) are male and 2, 238, 755 (51.0 %) are female (34).

This research was specifically undertaken at Muhimbili National Hospital HIV care and treatment clinic because the clinic has many medical practitioners than any other hospital in Dar-es-Salaam, also MNH receives patients from different areas within the country attending care and treatment clinic once in a month for clinical evaluation and refill of ART (26).

3.2 Study Population

The study informants for this study were of two types, PLWHA aged 18 years and above accessing health care services as well as infectious unit clinic workers at MNH Infectious unit. These participant were selected purposively by considering those who have rich information regarding this study. A sample of 15 interviewees were selected. Two third of these informants that is 10 were PLWHA while the other 5 were health care workers. The sample size was determined after the attainment of the saturation point. Study informants were informed about the study objectives, its justification and benefits expected. Written informed consent for participating in the study were obtained from informants before the interview (35).

3.3 Sample size

The sample size of this study included PLWA and health care workers found in the selected area who were purposely selected. Participants were added until saturation point reached before terminating data collection process. Saturation point reached when no new descriptions and interpretations were coming from study participants. Therefore, a total of 5 health care workers and 10 PLWHA were obtained as a sample size of this study.

Inclusion and Exclusion Criteria

3.3.1 Inclusion Criteria

1. PLWHA accessing health care services at infectious disease wards at MNH.
2. HCWs working at MNH Infectious disease wards for at least two months and above.
3. Health care workers who are directly attending PLWHA at infectious disease wards at MNH.

3.3.2 Exclusion Criteria

1. PLWHA who are observed to be very sick or unfit for the interview.
2. PLWHA with mental disability.

3.4 Sampling procedures

Purposeful sampling of PLWHA and HCWs at infectious disease wards at MNH was used in this study. The available HCWs and PLWHA that suited the criteria and who were willing to participate in the study after being informed on the objectives of the study were selected. Some PLWHA refused to participate in the study because they said that they don’t feel good and they are unable to respond to questions. Moreover, some of the HCWs also refused to participate because they were attending clients and they didn’t want to be part and parcel of the study.

3.5 Data collection and Management

In depth interview guide was used to collect data on knowledge and attitudes from the

selected respondents. Also note taking and recorder were used to collect information from the respondents.

3.6 Study variables

This study involved an assessment of practices of health care workers attending PLWHA in relation to respecting their right to privacy and confidentiality.

3.7 Data Analysis and Interpretation

After every in-depth interview, all recorded interviews were transcribed verbatim and edited. After completing the transcription, reading and listening to the recording followed for the purpose of correcting spelling or some errors, anonymizing the transcript so that to avoid the participant to be identified from anything that was said such as names, places, or significant events, inserting notations for pauses, laughter, looks of discomfort; inserting any punctuation, such as commas and full stops and including some contextual information that affected the participant for example temperature or comfort of the room.

The transcribed text was translated from Swahili language to English and read several times to gain familiarity with the data. After reading all transcripts, demarcated segments of texts were created to represent the main issues emerged during data collection. Each segment were labeled with a "code" – such as ‘feelings about rejection’, ‘stigma’ in line with research questions and objectives. After completing coding, we created a summary of the common/recurring codes, taking into account the similarities and differences in related codes across the entire transcripts, distinct original sources/contexts, or comparing the relationship between one or more codes. Coded transcripts were arranged according to themes such as cultural beliefs, attitudes and knowledge to answer the study objectives.

Content analysis was used in this study whereby coding categories were derived directly from the text data. This was assisted by NVIVO Software version 11 Descriptive approach was used where direct, verbatim quotes from the transcripts were used to explain the trends based on the objectives.

Minor differences on renaming of the codes were discussed with research assistants for consensus. Observational notes were summarized to complement with the information

which were obtained through the interviews. Direct quotations from informants were also presented to ensure that the informants 'concerns are reflected in the final report. All analyses were done manually.

3.8 Recruitment and Training of the Research Assistants

Two experienced research assistants were recruited three days before starting the main data collection. Selection of research assistants was based on previous experience with data collection procedure (interviews), experience or affinity with study population (patients and/or professionals), knowledge of, or experience with the research topic, experience with NVivo software, ability to work accurately, ability to work independently, have good communication skills, presentable, flexible and their availability for the whole study period.

The role of research assistants included organizing, interviews and observations, checking data transcripts and work collaboratively with the principle investigator to analyze data and maintain datasets to be used to assist in the preparation of final report.

All research assistants were trained on how to collect data basing on the general overview of the study, interviewing skills and procedures and finally, familiarization with the study instruments such as tape recorders. The training was emphasized on how to obtain consent and respecting the informants, privacy and all ethical issues. IDIs were tape recorded, transcribed, and translated into English. Translated transcripts and text notes were read independently by multiple investigators including principle investigator.

The principal investigator was responsible for preparation of the proposal, assuring compliance with applicable university policies and regulations and oversight of the research study and the informed consent process during data collection.

3.9 Pre-testing of research instrument

Pre-testing of the research instruments in data collection were done to health care workers at MNH in order to ensure its validity and reliability. This exercise was carried out one week before starting the study. No any correction was made because the research instruments worked well.

3.10 Data collection procedure

In depth interview and observation methods were used to collect data from PLWHA accessing health care services and from HCWs at Infectious disease wards. English version of the interview guide was used to HCWs taking into account that they are conversant with English language. For PLWHA, Kiswahili guide was used. Tape recorder were used to record all data what was said during the in-depth interview. Note taking was also done for commenting all impressions, environmental context and non-verbal cues that was not able to be captured through the audio-recording. Filed note provided important context to the interpretation of audio-taped data and helped in reminding situational factors that were important during the data analysis process.

The entire in-depth interview was done at Infectious disease wards at Mwaisela Block Muhimbili National Hospital.

3.11 Trustworthiness

In order to assess trustworthiness in this study, two methods were used in data collection process. In depth Interview and observation methods were used in collecting data. Data were collected by using high quality tape recorder to ensure that all information is well captured. Analysis was done more than once in order to avoid some errors. Moreover, in this study informants were selected according to the objectives of this study.

3.12 Ethical consideration

Ethical clearance to conduct this study was obtained from Directorate of research and Publication of the Muhimbili University of Health and Allied Sciences. Also the approval to conduct this study was obtained from MNH Directorate of Clinical services Unit. Detailed information about the study were explained to the health care workers as well as PLWHA. Before entering into actual interviewing, each participant was requested to fill in the consent form as his/her acceptance to participate in research and provide the required information voluntarily. Each study informant was well informed on objectives, procedure, benefits, confidentiality, and contact details in case of any enquiries. The informants appended their signatures to the consent form to show their voluntary consent.

Through informed consent forms, all informants were briefed about their right to participate or not to participate in this study and all those information will be kept confidential. Code numbers were used instead of names in the in depth interview guide for maintaining privacy and confidentiality.

CHAPTER FOUR

FINDINGS

4.1 Introduction

The data in this study were mainly derived from PLWHA and Health care workers following in-depth interviews. Some of them were somewhat reluctant to be interviewed. The PI also used observation of the study area to see the situation on respecting right to privacy and confidentiality for PLWHA in accessing health care services at MNH.

4.2 Socio-demographic characteristics of informants

A total of 15 informants that is 10 people living with HIV and AIDS and 5 health care workers were interviewed by in depth interview guide. All of them participated during in-depth interviews in-patient and out-patient at Mwaisela block infectious disease ward number 4 and ward number 6 and New Outpatient Department at Muhimbili National Hospital. Table below shows the socio-demographic characteristics of respondents.

Table 1. Socio-demographic characteristics of PLWHA

Sex:	Male	4
	Female	6
	Total	15
Age in Years:	20-29	2
	30-39	4
	40-49	3
	50-59	1
	Total	10
Education level:	Graduates	1
	Diploma	1
	Secondary Education	5
	Primary Education	3
	Total	10

Occupation:	Employed	2
	Not Employed	7
	Student	1
Total		10

The age of PLWHA ranged between 26 to 51 years and their education level ranged between primary to University level.

Table 2. Socio-demographic characteristics of HCWs

Sex:	Male	2
	Female	3
	Total	5
Age in Years:	20-29	2
	30-39	1
	40-49	1
	50-59	1
	Total	5
Education level:	Graduates	2
	Diploma	3
	Total	5

The age of the health care workers who were interviewed were aged between 26 and 35 years and their education level ranged between diploma to degree level.

4.3 Contributing factors on breaching of right to privacy and confidentiality for people living with HIV and AIDS in accessing health services at MNH.

Two third of the informants who were interviewed reported that right to privacy and confidentiality is not well respected at Muhimbili National Hospital especially in Mwaisela block, infectious disease ward No. 4 and No. 6. There is no counseling room for PLWHA

at each ward. They reported that health care workers do speak in a high tone by naming people living with HIV and AIDS who are admitted at ward 4 according to his/her HIV and AIDS related problem. The act of naming the disease by shouting causes other people to hear and know what is facing their fellow because there is no partition. A nurse who is living with HIV and AIDS and admitted at MNH, for instance, reported this:

> *"It's not good to shout in the ward, because I am also a nurse, you may find a nurse is calling someone by the naming his or her HIV and AIDS related disease. Because there are so many people living with HIV and AIDS admitted at this ward you may not know who and where he or she is coming from so shouting even if you are using foreign language others do understand and you create problems on him or her" (Interview, MNH, 11/07/2017).*

Commenting on breaching of the right to privacy and confidentiality, an informant living with HIV and AIDS accessing health care services at MNH stated:

"I have not done any follow up on it and I am not sure of that but I think there is disclosure. That disclosure is caused by HCW who are not supposed to leak any client's health information. On disclosure, health care workers do think that it is good and normal but they are not supposed to think so. I held 'that client bed number with this problem" This have been a tendency for some of the clinical health care workers at infectious disease wards at MNH, it's not only to PLWHA but also to other clients with infectious diseases in the wards (Interview, MNH, 11/07/2017).

Another HCW who was interviewed stated:

> *"We have to remember what we have been taught at school about respecting the right to privacy and confidentiality for people living with HIV and AIDS (Interview, MNH, 14/07/2017).*

4.4 Proposed strategies used to address the loss of the right to confidentiality for PLWHA at MNH

One of the objectives of this study was to solicit out proposed strategies used to address the loss of the right to confidentiality for PLWHA at MNH.

A health care worker suggested that:

> *"We don't give patient's information to any relative. What we ask him/her is that 'are you next of kin of the patient?' if he/she is the one and have been indicated on the file of the admitted patient as his or her next of kin, we will tell him or her about the status of the patient. By doing so, we manage to maintain confidentiality of the patient to those who are not required to know" (Interview, MNH, 12/07/2017).*

Another health care worker suggested the following:-

> *"There is a need of getting short courses on the importance of maintaining privacy and confidentiality of the patients. Health care workers should be taught on positive and negative effects on disrespecting right to privacy and confidentiality for PLWHA in accessing health services (Interview, MNH, 17/07/2017).*

4.5 Hospital settings affects respecting right to privacy and confidentiality for PLWHA at MNH.

Findings revealed that hospital settings at MNH contributes much on breaching right to privacy and confidentiality for PLWHA because there is only one room for counseling issues for Mwaisela block where there are so many wards. The room is located upstairs and most of PLWHA from Mwaisela infectious disease ward number 4 and ward number 6 are unable to go to that room for counseling's purposes due to their critical conditions. There is a need of having a counseling room for each infectious disease ward and to have more than one counselor in the ward. Doing so, counseling services will be easily accessible to the patients. One of the participants reported on some indication that they must be disrespecting the right to privacy and confidentiality:-

> *"Maintaining Confidentiality? I am not sure and I haven't heard that PLWHA information's have been known to people who are not supposed to know. I think there is no right to privacy and confidentiality for PLWHA. I think so because those who are serving us speak loudly that anyone can hear as you see we are in the hall, that's why I don't think that there is confidentiality" (Interview, MNH, 13/07/2017).*

On the same issue of maintaining privacy and confidentiality for PLWHA, health care worker who has been working at MNH for nine years narrated the following:

> *"For now, I am not sure that at this ward there is right to privacy and confidentiality for PLWHA. It depends on everyone who is working here. I can't comment on that as you know everyone differs from one another. I can say that there are those who keep secrets while others don't keep secrets of the patients" (Interview, MNH, 14/07/2017).*

She added;

> *"Let me be open, sometimes, you may find that we forget some of the files of the patients on their bed due to much work. This may cause some other people to know about the status of the patient especially those who may understand even though there are others who don't understand" (Interview, MNH, 14/07/2017).*

Some of PLWHA especially the aged have negative perception on young health care workers as they may not be able to keep secrets when they attend them. One of them said:

> *"What I suggest is that, it's better this department to have aged health care workers instead of having young ones like that…..those young look like they stigmatize us by looking at the way they are serving. Moreover, infrastructures of the hospital should be improved by making some partitions that will help to maintain privacy and confidentiality for PLWHA" (Interview, MNH, 13/07/2017).*

Data collected from observations conducted in the study area indicates that most of Health care workers are not complying with the national guidelines for HIV Testing and counseling in clinical settings. Medical records, including those with HIV and AIDS related information, should be managed in accordance with the stipulated standards of confidentiality in the health care facilities (37)

CHAPTER FIVE

DISCUSSION

5.1 Contributing factors on breaching of right to privacy and confidentiality for PLWHA at MNH

The use of infrastructure

Findings revealed that absence of counselling room at each specific ward contributes to the breaching of the right to privacy and confidentiality for PLWHA at MNH especially in ward 4 and ward 6 that are serving PLWHA.

It is important to have counseling room at each ward instead of depending on a single room for the whole Mwaisela block. The presence of enough counseling rooms for PLWHA can encourage the HCWs to have working morale and hence respecting right to privacy and confidentiality.

A study conducted in 2017 in Tanzania indicated that hospital infrastructure that do not favor respecting right to privacy and confidentiality for PLWHA should be improved (38). It is very essential that regular care is provided for to PLWHA. Most of PLWHA are required to have clinical sessions on ordered basis. They require counseling on how to live a healthy life, how to sidestep stigma and how to avoid further spread of the virus.

Without conducive working infrastructures for maintaining privacy and confidentiality and creating friendly atmosphere between the HCWs and PLWHA right to privacy and confidentiality will not be respected.

Human Resource

It is essential to ensure that there are adequate number of staff to make task-shifting active, to make sure staff have proper ethical trainings, to ensure helpful supervision and mentorship, to improve staff motivation and retention and to establish a safe work place for PLWHA to get regular counseling. At infectious disease wards at MNH there is only one counselor for PLWHA for the whole Mwaisela Block. From the findings, it is important to train more staff to be able to counsel even if the counsellor is absent because sometimes she is on leave while other times she is off duty hence it becomes a challenge to do counseling to PLWHA. There should be more counselors for each ward that serves

PLWHA due to the presence and periodic increase of high number of PLWHA to be counseled. This will pray a great role in discussing adherence, medication dosages and adverse reaction management. It is very essential that professional ethics and standards are shadowed in provision of care to PLWHA (39).

Health care workers are very important as they directly deal with lives and wellbeing of PLWHA. If ethical and professional standards are not full followed to the effects would be adverse and devastating. Health care center should be a first place to one who has lost hope of living such as PLWHA and there should be sufficient and knowledgeable workers. There should be adequate personnel in order for PLWHA to get quality care and to ensure right to privacy and confidentiality is well maintained at MNH.

5.2 Proposed strategies used to address the loss of the right to confidentiality for PLWHA at MNH.

The findings of this study have shown that there is no any proposed strategy on addressing the loss of the right to privacy and confidentiality for PLWHA. Lack of proposed strategies may be due to several factors such as unprofessionalism, lack of budget on improving infrastructure and lack of knowledge on right to privacy and confidentiality for PLWHA. All of the above mentioned reasons are contributing factors that may force health care workers and the government to have proposed strategies on addressing the right to privacy and confidentiality for PLWHA.

Most of health care workers suggested having training on respecting right to privacy and confidentiality for PLWHA. Study done in Dar-es-Salaam, Tanzania indicated that respecting the right of confidentiality among health care workers was very poor (40).

5.3 Hospital settings in respect to right to privacy and confidentiality for PLWHA at MNH.

Crowded wards

Findings revealed that hospital settings especially within infectious disease ward No. 4 and 6 clients were crowded which leads to breach of right to privacy. Most HCWs discuss people's status openly such that other patients or other caregivers around the infectious disease wards can easily get the information and know patients statuses without the consent of the patient.

Poor file storage

Finding from this study shows that there is poor file storage at ward No. 4 and ward No. 6. Poor file storage leads to disrespecting right to privacy and confidentiality for PLWHA.

Ethical standards

The findings revealed that some of the HCWs at MNH infectious disease wards do not work ethically when serving PLWHA. They do shout in the ward and due to poor infrastructure, other clients do hear what is spoken. It is unprofessional for HCW to work to work unethical even if the environment is not conducive. HCW should treat client's information private and confidential. Failure to do this, PLWHA will not be free to access health care services at MNH. The study done in Tanzania indicated that the disclosure of patient's information was higher in government health facilities by 59.3%.

Such disclosure has been caused by poor infrastructure that allows the third person to hear when a health care worker speaks in a high tone on the problem facing someone and gossiping compared to private hospitals by 40.7% whereby there is good hospital settings and health care workers are prohibited to speak in a high tone especially when they are serving people living with HIV and AIDS (40).

Failure on respecting confidentiality by clearly identifying patients with HIV and AIDS and revealing sero-status to relatives without their prior consent appear to be a huge problem at MNH infectious unit department.

CHAPTER SIX

6.0 Study limitations and mitigation

The study used hospital set up involving informants who are living with HIV and AIDS. So, the findings may not be generalized to other hospitals and settings with different features. However, the informants were selected because of their experience with services provided at MNH and would recommend on how to improve the client-provider relationship to encourage respecting right to privacy and confidentiality issues with regards to sensitive topic such as HIV and AIDS.

Another limitation was how to get informants especially HCWs during office hours. It was very difficult because most of the time they were busy. I mitigated this limitation by making appointments of meeting with them after working hours and they accepted my request.

6.1 Conclusion

Health care workers serving PLWHA at Infectious disease wards should obey respecting the rights to privacy and confidentiality for PLWHA. Good relationship between the HCWs and PLWHA is built on relationship of trust based on the duty of respecting confidentiality between the two parties. This can be accomplished through periodic consultative seminars between PLHIV and HCWs at the infectious disease wards. Without good relationship of trust, PLHIV will not be capable to fully appreciate their right to full access to health care services.

HCWs are frequently the first point of interaction with PLWHA, they should be trained on the rights of PLWHA, with particular in respect to the right to privacy and confidentiality of their health conditions.

As an approach for reducing or eliminating stigma and discrimination due to disrespecting rights to privacy and confidentiality, there is a need for educating the society and the community at large on HIV and AIDS and the rights of PLWHIV. This can be done in collaboration with HIV and AIDS support groups, HCWs together with the ministry of health. Such organized and periodical teachings and collaborative partnership would help

to reduce community and institutional based stereotypes that spread stigma and discrimination to PLWHA.

Furthermore, health care workers need to satisfy themselves that they are acting on the individual patient's best interests hence they should know that the broader social benefits outweigh the social cost of compromising not only confidentiality but also privacy for PLWHA when accessing health services at infectious disease wards at MNH.

6.2 Recommendation

From the study findings, the following are recommended:

First, I recommend continuous training for clinical HCWs on respecting right to privacy and confidentiality for PLWHA. Training will help HCW to provide quality health care and services to clients. Health care workers especially at the infectious disease wards are key implementers in maintaining and respecting right to privacy and confidentiality for PLWHA. Most of health care workers who were interviewed suggested that there is a need of getting trainings which will recap them on maintaining and respecting right to privacy and confidentiality when attending PLWHA at infectious wards at MNH.

Second, I recommend counselling rooms that are comfortable and well ventilated with enough space that will allow privacy and free discussions between the counselor and the client should be located at every ward especially ward 4 and ward 6 that are special wards for infectious diseases.

Throughout Mwaisela block there is only one room for counselling and most of patients due to their critical condition are unable to go in that room because it is far from ward 4 and ward 6 as it is located upstairs. The government should consider improving the hospital setting to be conducive in counselling PLWHA.

Third, staffing at Mwaisela block especially ward 4 and ward 6 which serve PLWHA is not enough. From the study findings, health care workers who were interviewed, suggested that there are few staff compared to the number of patients they are required to attend that's why sometimes they forget the files of the patients on their beds due to overwork.

Therefore, I recommend that HCWs should be added to infectious disease wards at MNH in order to improve their services when serving PLWHA.

Moreover, with regards to confidentiality, I recommend that there should be clear framework of analysis and guidelines for decision making by providing a secure environment that will help PLWHA to seek medical care and to be given their right to privacy and confidentiality. Furthermore, all HCWs should be trained on ethical conduct when serving for PLWHA at infectious disease wards at MNH. This will help them to work ethically.

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APPENDIX 1: IN-DEPTH INTERVIEW GUIDE FOR KEY INFORMANT

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

DIRECTORATE OF RESEARCH AND PUBLICATIONS

Title: "Right to privacy and confidentiality for people living with HIV and AIDS in accessing health services"

ID No…….. Date of Interview_____/_____/2017

Name of Interviewer……

Starting time: ……... Ending time: ……...

Part I: Introduction

I thank you so much for taking your time to meet with me today and to agree to participate in this interview. My name is Nelson Majura Lusatho Kebeyo, a Master student at Muhimbili University of Health and Allied Sciences. Together with my colleagues, we are conducting a study concerning with Right to Privacy and Confidentiality for People Living with HIV and AIDS in accessing health care services at Muhimbili National Hospital.

The purpose of this study is to assess the extent to which privacy and confidentiality are upheld in health service delivery for PLWHA in accessing health care services at Muhimbili National Hospital. You have been selected among other patients/health care workers as an important key informant who is able to respond positively to my questions. All responses are accepted and thus there are no right or wrong answer, so kindly feel free. The research findings helps in improving the quality of healthcare services only.

I am requesting you to allow me to record this interview for easy analysis. The interview took about 30-45 minutes.

Are there any questions about what I have just explained?

Are you willing to participate in this interview?

Part II: Demographic information:

1. If you don't mind, may you tell me about your
   i. Age
   ii. Education level and
   iii. Marital status

Part III: General Information:

2. If you are not a patient, may you tell me about your role at MNH?
   (Probe: position, professional background)
3. If you are a patient, how long have you been here?
   (Probe: where did you came from, were you transferred from other hospital?)

Part IV General knowledge on privacy and confidentiality:

4. May you explain how do you know about the right to privacy and confidentiality do? (Probe: where did you learn about it?)
5. May you explain about the importance of maintaining privacy and confidentiality? (Probe depended on the response during the interview).
6. Basing on your opinion, do you think privacy and confidentiality is maintained at MNH? (Probe: if YES how? if NO how?)
7. May you explain about effects of breaching right to privacy and confidentiality for PLWHA?
8. May you explain what can be done for HCW who breaches privacy and confidentiality for PLWHA?
9. Is there anything more you would like to add?

Thank you

APPENDIX 2: FOMU YA HOJAJI

CHUO KIKUU CHA TIBA NA AFYA MUHIMBILI

KURUGENZI YA UTAFITI NA UCHAPISHAJI

Kichwa cha Habari: "Haki ya usiri na faragha kwa watu wanaoishi na virusi vya Ukimwi na upungufu wa kinga mwilini wanaopata huduma za afya"

Nambali ya Utambulisho…….. Tarehe ya usaili_____/_____/2017

Jina la Mhoji:……

Muda wa kuanza usaili: …… Muda wa kumaliza usaili: ……...

Sehemu ya I: Utangulizi

Ninakushukuru sana kwa kuchukua muda wako, kukubali kwako na kukubali kushiriki nami katika utafiti huu. Naitwa Nelson Majura Lusatho Kebeyo, mwanafunzi wa shahada ya uzamili katika maadili ya afya katika Chuo kikuu cha Tiba na Afya Muhimbili. Pamoja na wenzangu, tunafanya utafiti uhusuo haki ya faragha na usiri kwa watu wanaoishi na virusi vya Ukimwi wanaopata huduma za afya katika Hospitali ya Taifa Muhimbili.

Lengo la utafiti huu ni kujua ukubwa wa tatizo la kutokuzingatia faragha na usiri wakati wa kutoa huduma za afya kwa watu wanaoishi na virusi vya Ukimwi katika Hospitali ya Taifa Muhimbili. Umechaguliwa kuwa miongoni mwa watu tutakaowahoji kama mshiriki muhimu ambaye anaweza akawa na mwitikio mzuri kwa maswali tutakayokuuliza. Majibu yote toka kwako yatapokelewa na zingatia kwamba katika utafiti huu, hakuna jibu sahihi na jibu lisilo sahihi hivyo jisikie huru. Matokeo ya utafiti huu yatasaidia katika kuboresha huduma nzuri za afya.

Ninakuomba uniruhusu kunasa sauti ya mazungumzo yetu ili nitumie tuliyoyaongea kwa matumizi ya kuandaa taarifa ya utafiti huo. Usaili huu utachukua takribani dakika 30 hadi 45.

Je, una swali lolote kuhusiana na yote niliyoyaeleza?

Je, utapenda kushiriki katika utafiti huu?

Sehemu ya II: Taarifa za kidemografia:

1. Je, waweza kunieleza juu ya
   i. Umri wako
   ii. Kiwango cha elimu yako na
   iii. Hali ya ndoa

Sehemu ya III: Habari za ujumla:

2. Kama wewe si mgonjwa, waweza kuniambia jukumu lako hapa katika Hospitali ya Taifa Muhimbili?
   (Uliza kwa kina kuhusu: nafasi yake, Elimu yake)
3. Kama wewe ni mgonjwa, umekuwa hapa hospitalini kwa muda gani?
   (Uliza zaidi: umetokea wapi?, je, ulipata rufaa kuja hapa toka Hospitali gani?)

Sehemu ya III: Uelewa juu ya usiri na faragha:

4. Unaweza kuelezea jinsi unavyofahamu juu ya haki ya usiri na faragha?
   (Uliza zaidi: ni wapi ulipopata ufahamu huo?)
5. Waweza elezea umuhimu wa kutunza siri na faragha?
   (kuuliza zaidi kutategemea jibu litakalotolewa)
6. Kutokana na mtazamo wako, unadhani usiri na faragha upo katika Hospitali ya Taifa Muhimbili? (Uliza zaidi: kama NDIYO, kivipi? Kama HAPANA, kivipi?)
7. Je, waweza kuelezea juu ya madhara ya kutokuzingatia usiri na faragha kwa watu wanaoishi na virusi vya Ukimwi?
   (kuuliza zaidi kutategemea majibu yatakayotolewa).
8. Unadhani nini kifanyike kwa mfanyakazi wa Hospitali ya Taifa ya Muhimbili asiyezingatia usiri na faragha kwa mgonjwa mwenye virusi vya Ukimwi? (kuuliza zaidi kutategemea jibu litakalotolewa)
9. Je, una lolote ungehitaji kuongezea?

Ahsante

APPENDIX 3: INFORMED CONSENT FORM (English Version)

ID-No……

Consent to Participate in a Study

Greetings! My name is **Nelson Majura Lusatho Kebeyo,** I am a student at Muhimbili University of Health and Allied Sciences and on this research I am working a principle researcher with the objective of establishing the extent to which right to privacy and confidentiality are upheld in health service delivery for PLWHA in accessing health services at infectious disease wards at Muhimbili National Hospital in Dar-es-Salaam.

Purpose of the Study

The study is conducted in partial fulfillment of the requirement for the Degree of MSc. Bioethics with the aim of learning more about privacy and confidentiality for People Living with HIV and AIDS in accessing health services at infectious disease wards at Muhimbili National Hospital.

You have been selected as possible informant of this study because you are health care worker/ PLWHA. You are among other health care workers/ PLWHA which are to be interviewed directly.

What Participation Involves

Should you agree to participate, you are to be asked some questions convening your personal information, name and cadre, privacy and confidentiality, and it involved asking you relevant education background and experience into working as a health care.

Confidentiality

Names or any other identifying features were not included during individual interviews. All information collected from study informants were kept confidential.

The final report will be submitted to Muhimbili University of Health and Allied Sciences without disclosing your identity. To achieve this, your name will not be written on final analysis report/documents that might allow someone to identify you. Your name was not linked with the research information in anyway. All information collected on forms were entered into computers with only the study identification number. Confidentiality were

observed and unauthorized persons had no access to the data collected.

Risk

There is possible minimal risks of using your time during this interview of which we apologize beforehand, emotional disturbances that will be counteracted by the researchers but eventual the outcome is for the betterment of people living with HIV and AIDS in accessing health services at infectious disease wards at MNH when their right to privacy and confidentiality will be respected.

Right to withdraw from the study and Alternatives.

Taking part in this study is completely voluntary. You can decide to withdraw your participation at any time, even if you have already given your consent. Refusal to participate or withdrawal from the study did not involve penalty.

Benefits

There is no direct benefit for you in participating into this study. However, the information that you are going to provide to us will provide a useful tool to health care workers in respecting rights to privacy and confidentiality for people living with HIV and AIDS in accessing health care services hence will assist in reducing stigma and discrimination.

Who to Contact

If you have any question about this study please contact the Principle Investigator **Mr. Nelson Majura Lusatho Kebeyo** of Muhimbili University of Health and Allied Sciences, P. O Box 65001, Dar-es-Salaam. If you have questions about your rights as an informant, you may call **Dr. Joyce Masalu**, Chairperson of the Senate of Research and Publications Committee, P. O Box 65001, Telephone +255 22 2152489 Dar-es-Salaam and Dr. Renatha Joseph who is the supervisor of this research through +255 784 875 641.

Signature:

Do you agree?

Informants agrees…….

Informants does NOT agree……..

I ……. Have read the contents in this form.

My questions have been answered. I agree to participate in this study.

Signature of Informants …….

Signature of PI or designee……

Date of signed consent……...

APPENDIX 4: FOMU YA RIDHAA (Toleo la Kiswahili)

Nambali ya Utambulisho……..

Wasalaam!

Jina langu ni **Nelson Majura Lusatho Kebeyo**, ni mwanafunzi Mwalimu katika Chuo Kikuu cha Tiba na Sayansi za Afya Muhimbili. Pamoja na wenzangu, tuna lengo la kufanya utafiti unaohusu faragha na kuweka usiri kwa watu wanaoishi na VVU / UKIMWI kupata Huduma za Afya katika Hospitali ya Taifa Muhimbili. Hii ratiba ya mahojiano itachukua muda wa dakika 20 tu. Maelezo ambayo yatakusanywa yatatumika kwa madhumuni ya kuboresha ubora wa huduma za afya tu.

Madhumuni ya Utafiti

Utafiti huu unafanyika kama sehemu ya kukamilisha Shahada ya Uzamili katika Maadili ya Kiafya katika Chuo Kikuu cha Tiba na Sayansi ya Afya Muhimbili. Utafiti unalengo la kuchunguza uwepo wa haki ya usiri na faragha …….. tafadhari kuwa mkweli na muwazi kwa vile matokeo ya utafiti huu yanaweza yakatoa maamuzi na mapendekezo ya baadaye.

Nini kinahitajika ili kushiriki

Kama umeamua kushiriki, nitakuuliza taarifa binafsi kuhusu jina na cheo chako katika utoaji *wa tiba katika kitengo cha magonjwa yaambukizayo, pia uelewa wako kuhusiana na haki za usiri na utunzani wa siri za mgonjwa na changamoto zake zinazojitokeza. Pia nitakuuliza kuhusu taarifa zako za kielimu na uzoefu wako katika utoaji huduma hapa katika kitengo hiki cha magonjwa yanayoambukiza Hospitali ya Taifa Muhimbili.*

Usiri wa Taarifa

Taarifa zozote zile zitakazopatikana katika utafiti huu zitakazo kutambulisha wewe zitabaki kuwa siri, taarifa ya mwisho ya utafiti huu itapelekwa Chuo Kikuu Cha Tiba na Sayansi za Afya Muhimbili pasipo kutambulisha taarifa zako binafsi.

Athari za kushiriki

Athari unazoweza kupata ni pamoja na kukupotezea muda wako wa kutoa huduma hapa

kituoni ambao ninaomba msamaha kwa usumbufu huo nikiwa na imani matokeo ya usaili huu yatakuwa mazuri kwa kuleta mabadiliko katika usiri na utunzani wa siri za mgonjwa.

Haki ya Kujitoa au Vinginevyo

Ushiriki katika utafiti huu ni wa hiari. Unaweza kuacha kushiriki katika utafiti huu muda wowote hata kama ulikwisha kutoa idhini yako ya kushiriki. Kukataa kushiriki au kujitoa kutoka kwenye utafiti huu hakutahusisha adhabu yoyote.

Faida

Matokeo ya utafiti huu yataweza kutusaidia kuwa na ufahamu wa kutosha kuhusu usiri na utunzani wa siri za watu wanaoishi na virusi vya Ukimwi.

Madhara

Hutegemewi kupata madhara yoyote kutokana na ushiriki wako katika utafiti huu.

Nani wa Kuwasiliana naye

Kama una swali kuhusiana na utafiti huu, wasiliana na Mtafiti Mkuu wa Utafiti huu, ndugu **Nelson Majura Lusatho Kebeyo** wa Chuo Kikuu cha Tiba na Sayansi za Afya Muhimbili, S. L. P 65001, Dar-es-Salaam.

Kama una swali kuhusu haki zako kama mshiriki wa utafiti huu unaweza kuwasiliana na **Dr. Joyce Masalu,** Mwenyekiti wa Kamati ya Utafiti na Uchapishaji- Chuo Kikuu cha Tiba na Sayansi za Afya Muhimbili, S. L. P 65001, Simu +25522 2152489 Dar-es-Salaam au Msimamizi wa Utafiti huu **Dr. Renatha S. Joseph** kwa simu namba +255 784 875 641.

Sahihi:

Je umekubali?

Mshiriki amekubali ……. Mshiriki hajakubali……..

Mimi ……..nimesoma maelezo ya fomu hii. Maswali yangu yamejibiwa. Nakubali kushiriki katika utafiti huu.

Sahihi ya Mshiriki……..

Sahihi ya Mtafiti Mkuu au Mwakilishi……

Tarehe ya kutia sahihi ya idhini ya kushiriki…….

ETHICAL CLEARANCE

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
OFFICE OF THE DIRECTOR OF POSTGRADUATE STUDIES

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Ref. No. MU/ PGS/SAEC/Vol. IX/

29th June, 2017

Mr. Nelson M.L. Kebeyo
MSc. in Bioethics
MUHAS.

RE: APPROVAL OF ETHICAL CLEARANCE FOR A STUDY TITLED: "RIGHT TO PRIVACY AND CONFIDENTIALITY FOR PEOPLE LIVING WITH HIV AND ADIS ACCESSING HEALTH SERVICES"

Reference is made to the above heading.

I am pleased to inform you that, the Chairman has, on behalf of the Senate, approved ethical clearance for the above-mentioned study. Hence you may proceed with the planned study.

The ethical clearance is valid for one year only, from 29th June, 2017 to 28th June, 2018. In case you do not complete data analysis and dissertation report writing by 28th June May 2018, you will have to apply for renewal of ethical clearance prior to the expiry date.

Prof. Andrea B. Pembe
DIRECTOR OF POSTGRADUATE STUDIES

cc: Director of Research and Publications
cc: Dean, School of Public Health and Social Sciences