UNIVERSITY OF CAPE COAST

# ATTITUDE OF STUDENTS OF SECOND CYCLE INSTITUTIONS TOWARDS HIV AND AIDS PREVENTION: A CASE STUDY OF KOMENDA EDINA EGUAFO ABREM MUNICIPALITY

NANA ASIMAH ADAM YAWSON

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BY

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Dissertation submitted to the Department of Educational Foundations of the Faculty of Education, University of Cape Coast, in partial fulfillment of the requirements for award of Master of Education Degree in Guidance and Counselling

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## DECLARATION

### Candidate's Declaration

*I hereby declare that this dissertation is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.*

Candidate's Signature……. Date……

Name: Nana Asimah Adam Yawson

### Supervisor's Declaration

*I hereby declare that the preparation and presentation of the dissertation were supervised in accordance with the guidelines on supervision of dissertation laid down by the University of Cape Coast.*

Supervisor's Signature:…… Date……

Name: Mr. Eric Nyarko- Sampson

## ABSTRACT

The scourge of Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) has almost overwhelmed mankind of late and given a lot of sleepless nights to almost everybody. For over thirty years after the first case was diagnosed, scientists have not been able to find an antidote to help halt its spread. This dissertation sought to examine the attitudes of students of second cycle institutions towards HIV and AIDS prevention. The research work was carried out in Komenda Edina Eguafo Abrem (K.E.E.A) Municipality in the Central Region of Ghana. Five research questions were formulated to guide the research work. The sample for the study consisted of 300 students from three second cycle institutions in the K.E.E.A. Municipality. The study showed that though much education had been carried out in various places to help curb the spread of HIV and AIDS the fight should continue. The type of research design used was descriptive survey.

It revealed that people should be encouraged to change their behaviours. This is because no matter how HIV and AIDS education is carried out, if the people are adamant and continue to do things in their indifferent ways the spread would still continue. Also, adolescents should abstain from pre-marital sex till they are matured for marriage. It further suggested the use of condom (male/female) to fight the spread of the HIV and AIDS epidemic. The sharing of the use of sharp objects such as blade should be discouraged as it is a factor to the spread of HIV and AIDS.

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## DEDICATION

To my dear children Mariama, Suraj, Hamza, Abdur-Rahaman and Ayuba Jnr.

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# CHAPTER ONE

# INTRODUCTION

## Background to the Study

There are many diseases of which the sources are not known to mankind. There are other known diseases caused by viruses, which include Sexually Transmitted Diseases (STDs). These STDs include Molluscum Contagiosum; a benign viral skin infection characterized by numerous small round dimpled pearly white nodules, Infectious Mononucleosis (IMN); It is often called simply mono or "the kissing disease" because the virus is usually transmitted in saliva. Condyloma Acuminatum; a growth resembling a wart on the skin or a mucous membrane, usually of the genitals or anus, Cytomegalovirus; a virus that causes enlargement of epithelial cells, usually resulting in mild infections but causing more serious disorders in AIDS patients and in newborn babies, Genital Herpes; it is applied to several types of skin eruptions characterized by formation of blisters, Viral Hepatitis; inflammation of the liver caused by viruses, bacterial infections, or continuous exposure to alcohol, drugs, or toxic chemicals, such as those found in aerosol sprays and paint thinners, and Acquired Immune Deficiency Syndrome (AIDS), a type of opportunistic disease which emerges from Human Immune Virus (HIV) among others. Some of these diseases come simultaneously to the infected person (Crewe, & Maritz, 2005).

Among the above identified STDs, Acquired Immunodeficiency Syndrome (AIDS), human viral disease that ravages the immune system, undermining the body's ability to defend itself from infection and disease is the most recent to be detected. The disease is caused by the Human Immunodeficiency Virus (HIV) (Boler & Carroll, 2003). Humans infected with Human Immune Virus (HIV) result in complex chronic diseases known as Acquired Immune Deficiency Syndrome (AIDS) which may take ten (10) years or more to develop (Ministry of Education Science and Sports [MoESS], 2006). This AIDS was isolated from other STDs in 1983 and since then has spread wider than all the known STDs (MoESS, 2006). This has had adverse effects psychologically, socially and emotionally on human beings.

Since the Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) were first diagnosed by Dr Gottlieb an immunologist and professor at the University of Los Angeles, (UCLA) in California, discovered what was considered as the first case of AIDS in January 1981 a lot of programmes, activities, campaigns, commissions and projects have been designed and implemented to halt the spread of the pestilence. Many doctors and scientists have researched and written about its infection rate. Many researches are also still on going. HIV and AIDS have received much media attention within a very short period of its emergence than any other disease known to mankind.

To help in the HIV and AIDS Awareness Education and to fight against its spread, The Teacher Education Division (TED) of Ghana Education Service (GES) has made it compulsory for all students from Colleges of Education to offer a one credit hour course in HIV and AIDS Education during the second semester in the first year and another two credit hour methodology course in teaching HIV and AIDS during the first semester in the second year. After completion of their Diploma in Basic Education programme, they are expected to disseminate the knowledge acquired to students from the Ghanaian basic schools. This is meant to inculcate awareness before they find themselves in the second cycle institutions. Also, many Social, Government and Non-Governmental Organization (NGOs) had organized many programmes to support HIV and AIDS Education but all to no avail.

Despite the attention given to HIV and AIDS in the media, its spread is still on the ascendancy. Many might wonder if the spread of the disease happens due to the fact that people do not get the message as required of them or they do not believe that AIDS is real. This has created apprehension and a source of worry to many researchers. Some diseases such as Malaria, Small Pox, and Polio are detected but very soon vaccines are found to curb its spread. HIV and AIDS have undergone a lot of scientific research for years but HIV and AIDS is still spreading. With the HIV and AIDS disease, no vaccine has been found to curb the spread of this dangerous pandemic as it is found in other diseases such as malaria. Many developed countries have made a lot of donations aimed at helping to check the spread of this pandemic in specifically, Sub-Saharan Africa. Many

programmes have been organized to help check the spread of the pandemic but all these efforts are to no avail.

HIV and AIDS have become global epidemic since its emergence in the 1980s. The rapid spread of HIV and AIDS is said to be prevailing in the developing world which has become more alarming to all governments and other stakeholders. The disease has become very common among all nations in general but the developing countries in particular of which Ghana is not an exception. Records from National AIDS Campaign Programme (NACP) in 2004 were that 40 million people around the world were infected with HIV and AIDS. Out of this, more than 70% is found in sub-Sahara African countries. In the light of this special attention has been given to Ghana's problem (MoESS, 2006). How best can this problem be reduced? This had been a problem haunting and perturbing many governments all over the world. Many are advocating for the application of the "A, B, C" Principle of fight against the spread of HIV and AIDS. That is "A" stands for abstinence (one should not go in for sex if one is not married), "B" stands for 'being faithful' (one being faithful to ones wife or husband) and "C" stands for the use of condom (if the two strategies fail then the use of condom is suggested).

The spread of HIV/AIDS seems more alarming because the African population is estimated to be about 10% of that of the world but HIV and AIDS rate is between 70%-80%. Records available at National AIDS Campaign

Programme (NACP) indicate that one in four adult in Sub-Sahara Africa is carrying the virus (MoESS, 2006).

Currently, the estimated number of people living with HIV and AIDS (PLWHA) world wide in 2007 was 33.2 million according to the AIDS epidemic update by UNAIDS (2007). Sub-Sahara Africa bears the greatest burden with more than two-thirds (68%) of all persons infected with HIV and AIDS world wide. An estimated 1.7 million adults and children became infected with HIV in Sub-Sahara Africa and 1.6 million people had died of AIDS by 2007. By the close of 2008, 249,145 people were living with HIV and AIDS in Ghana alone. Out of these people, 231,840 of them were adults while 17,305 were children ( MoESS, 2006).

The prevalence rate in 2000 was 2.3% and between 2003 and 2004 it had reached 3.6%. The rate in 2008 was 1.9%. Out of this number of people living with HIV and AIDS, 52.2% were females and 47.8% were males (Bankole & Mabekoje, 2008). Are the reductions of the infection rate from 3.6% in 2004 to 1.9% in 2008 an authentic reduction in the spread of HIV and AIDS or the figure is based on reported cases at the hospitals? This might be very difficult to determine because people had died of some diseases which might have not been diagnosed.

National AIDS and Sexually Transmitted Infection (STI) Control Programme, the leading health sector agency that has been providing prevention, treatment, care and support services as well as vital surveillance data on persons

living with HIV and AIDS indicates as at the end of 2008 that, 117 antiretroviral sites and 524 Prevention of Mother to Child Transmission (PMTCT) centres had been established by National AIDS Control Programme (NACP). The National AIDS Control Programme (NACP) is a state institution aimed at advocating for and campaign against the spread of HIV and AIDS. The NACP projects average national prevalence rate to increase to 6.4% by 2004, 8.2% by 2009 and 9.5% by 2014 if the current rate continues without appropriate and effective control mechanism (Bankole & Mabekoje, 2008).

Further, in adopting a psycho-social approach to check the spread of the disease the Government of the Republic of Ghana also set up the Ghana AIDS Commission (GAC) in the year 2000 under the auspices of the President of the Republic of Ghana to coordinate and supervise all activities relating to HIV and AIDS control in Ghana (Ghana AIDS Commission, 2001) This clearly shows how important the pandemic is viewed by the government of Ghana so as to fight the spread. Even these days, pregnant females are made to under go HIV and AIDS test in some hospitals to check their HIV and AIDS status before they give birth. When the statuses of the mothers are known the unborn babies would then be protected from getting the deadly disease from their mothers. Rationale for adopting these strategies are all meant to help fight the deadly disease. Whether these approaches are going to yield positive results is yet to be realized. The researcher is of the view that the fight would continue till an antidote is found to the problem.

## Statement of the Problem

Records from National AIDS Commission indicate that out of those infected with HIV and AIDS majority of them are in the working group (active group) between 15 to 45 years. For example, HIV and AIDS prevalence infection rate among ages 20-24 in Cameroon is 11% while pregnant girls aged 15-19 with HIV and AIDS were very high (Ministry of Education Science and Sports [MoESS], 2006). HIV and AIDS among Ghanaian children were 17,305 in 2004 but have increased to 267,000 by 2011 (GAC).

Furthermore, the Ghanaian government is spending greater percentage of the annual budget on educating the youth which include the adolescents in the secondary schools. If much effort is not put in place to check the spread of HIV and AIDS pandemic, many of the youth would die of the disease after their secondary and tertiary education which would make the government's expenditure on education go waste. Information available at World Health Organization (WHO) estimates half of all HIV and AIDS infection worldwide occur between ages 15 and 19. The researcher decided to look into the students of second cycle institution whose ages range between 15 and 19 and their attitude towards the prevention of the deadly disease. This research became necessary since it appeared not much had been done in terms of scientific research in the KEEA municipality.

## Purpose of the Study

Generally, the purpose of this study was to provide preliminary data on HIV/AIDS knowledge and awareness among secondary school students in KEEA municipality. The specific purpose of the study was to:

1. investigate students' perception on HIV and AIDS disease.
2. investigate the students' knowledge level on the prevalence of the HIV and AIDS.
3. investigate the students' attitudes towards abstinence from pre-marital sex.
4. investigate the attitudes of SHS students towards the use of condom.
5. investigate whether early marriage promotes the spread of HIV and AIDS or not.

## Research Questions

1. What is the students' level of knowledge about the causes of HIV and AIDS?
2. What information do students have about HIV and AIDS prevention?
3. What knowledge do the students have about the use of condom?
4. How do the students feel about the acquisition and possession of condom?
5. How does gender influence the students' attitudes towards HIV and AIDS prevention?

## Significance of the Study

The study will be noteworthy in finding out the attitudes of students from the second cycle institutions in the prevention of HIV and AIDS. It also seeks to determine the knowledge base of the students of the second cycle institutions

towards the spread of HIV and AIDS prevention. It would also be of immense benefit to curriculum planners of HIV and AIDS Education of the Teacher Education Division (TED) of Ghana Education Service (GES), who craft the curriculum for the Colleges of Education, policy makers as well as Educational Administrators to incorporate HIV and AIDS education in the school curriculum.

The study will also be of great assistance to the Ghana AIDS Commission as a policy maker and the National AIDS Control Programme (NACP) and the Ghana Health Service (GHS) as policy implementers towards the fight against HIV and AIDS prevention. Adolescents would also take a cue from the information made available to them and guide themselves against the spread of such deadly disease. This would make them protect themselves from the disease.

## Delimitation of the Study

The research work was confined to the attitudes of students of second cycle institutions towards HIV and AIDS prevention. Adolescents of similar ages who were not in second cycle institutions were not captured in the research work. Also, the researcher considered only second cycle institutions in the Komenda-Edina- Eguafo-Abrem Municipality because the whole country was too broad for the research work to be effective. Further, there were other areas of HIV and AIDS studies which would not be looked at. These areas include; causes of HIV and AIDS, Behaviour Change Communication, Voluntary Counselling and Testing etc. The researcher would confine himself to only K.E.E.A Municipality for accurate, effective and efficient research work.

## Limitations of the Study

The researcher confined himself to only KEEA Municipality. As the condition prevailing in KEEA Municipality might be different from other districts, its finding might be different from others. This might affect the generalization of the research findings.

In the second cycle institutions, the researcher asked some tutors to assist him in organizing students for the filling of the questionnaire, who in turn did some briefing to the students before responding to the questionnaire. This in the researcher's opinion could affect the way the students answered them. The researcher believed vital information might be lost. There is vital information about the acquisition and the use of condom of which students might feel reluctant to present accurate responses. These could adversely affect the authenticity of the result.

Also, literature in HIV and AIDS education is very difficult to come by particularly attitudes towards HIV and AIDS prevention.

## Definition of Terms

**AIDS:** It is an acronym for Acquired Immune Deficiency Syndrome.

**Behaviour:** Behaviour is regarded as any activity of an organism which is either overt or covert. Overt behaviour is one that can be observed and its frequency recorded while covert is not observed or seen.

**Attitudes:** Attitudes are combination of beliefs, feelings and evaluations coupled with some predisposition to act accordingly.

**Knowledge:** Information, understanding, or skills acquired through learning and experience.

**Sexually Transmitted Infection:** These are diseases that are passed from one person to another through sexual (vaginal, oral or anal) intercourse.

**Sexually Transmitted Diseases:** They are diseases such as herpes, gonorrhea, AIDS that are acquired through STI.

**Human Immune Virus (HIV):** This refers to a human virus that attacked the natural human immune system so that it is not able to protect the body against infection.

## Organisation of the Rest of the Study

Chapter one looks at the background of the study, statement of the problem, purpose of the study, research questions, significance of the study, delimitation, limitation, and organization of the study. Chapter Two reviews the literature related to the study. The review involves theoretical and empirical studies of the problem under study. The third chapter describes the methodology used in the study. Specifically, the research design, the research instrument, the piloting procedure, the procedure for data collection and the data analyses were discussed. In Chapter Four, the main focus was the presentation, analysis and discussion of data collected. Finally, summary of the dissertation, conclusion, recommendation and further suggestion for further research were presented in chapter five.

# CHAPTER TWO

## REVIEW OF RELATED LITERATURE

In carrying out the study, series of literature on the subject matter was reviewed. For purposes of clarity and coherence the review was divided into the following sub-topics.

1. Gender and HIV and AIDS prevention.
2. Women and HIV and AIDS infection
3. Adolescents and their sexual behaviour.
4. Early marriage and HIV and AIDS infection.
5. Knowledge about condom use.

### Knowledge on HIV and AIDS Infection

For every nation to fight the HIV and AIDS pandemic, people should be given adequate information about the dangers of the disease. For the information to be effective and relevant all efforts are being made to reach every corner of the nation. There had been bill boards on our roads indicating caution to road users. Some of these inscriptions read, “AIDS is real” “AIDS is a killer” Love life” “If it is not on it is not in” and many others. Some had suggested providing schools with information on HIV and AIDS. This would promote prevention as essential tool for students to stay uninfected. In order for HIV educators to achieve these goals, it had been suggested that teaching methods must evolve from the style in which educators lecture their students from the front of the classroom to more

participatory teaching method wherein students play an active role in the learning process. Information available to NACP indicates that people lack knowledge about the causes, effects and prevention strategies and that is the reason why infection rate of HIV and AIDS is on the increase.

Research conducted on Knowledge, Attitudes, Practices and Behaviours (KAPB) demonstrate that while adolescents' knowledge of HIV and STIs is high, many continue to engage in risky sexual behaviour, underscoring the complex interplay of factors that influence sexual decision-making (Abdul Karim & Abdul Karim, 1992). A criticism of the KAPB approach is its individualistic framework, and lack of systematic analyses. Evidence from research suggests interventions that target individuals for change and are knowledge-based are not adequate.

Kirby (1992) indicated that HIV and AIDS infection rates are high in areas where access to education is also low and poverty rate is also high. In many countries throughout the world, higher rates of infection with HIV and AIDS are directly related to areas where illiteracy rates are high and there is a lower demand for education services. According to the report by the National Association of Boards of Education (2001), school children may stop schooling and take care of their sick relatives or as a result of AIDS related discriminations. The effect will be that the Ghana government's effort to provide quality education for all citizens of Ghana as enshrined in the 1992 constitution would not be a mirage. Also, vulnerability to HIV and AIDS is greater among out -of-school youth and adults who lack a basic level of education.

Achievement of the education for all goals, including the goal of gender quality, promises to be an effective preventive measure against the HIV and AIDS pandemic and as the incidence and impact HIV and AIDS is reduced, government will find it easier to expand the coverage and quality of education systems. Schools are a strategic point of intersection where these efforts meet. Though coverage is rarely universal for a majority of children in the world between the ages of 15 to 25, the infection rate is high and keeps rising (Van Dyke, 2001).

Schools with their unparallel access to a population that is critical to reach, their trained teachers and their links to the families and communities they serve, must participate prominently in government plans for HIV and AIDS prevention education (Kirby, 1992). School-based HIV and AIDS education should focus on specific student population of each school, while maintaining close links with their parents and the community at large. These links allow for the strengthening of protective influences on young people from both the school and the home. They also help teachers gain support for introducing and sustaining education for HIV and AIDS prevention in schools (Van Dyke, 2001).

HIV and AIDS prevention cannot be taught effectively if fear and uncertainty surrounding the disease is not removed. These fears, attitude, feelings and anxieties may inhibit students' learning. To curb this problem, interactive strategies have proved effective in facilitating learning in all domains, as well as in encouraging changes toward desirable behaviour. Additionally, it helps students to explore their feelings and gain insight into their own attitudes, values and perceptions (National Association of Education, 2001). Traditional classroom

techniques like lectures, memorization and textbook reading should be used more sparingly as they tend to restrict participatory learning (Abdul Karim & Abdul Karim, 1992). The spread of the HIV and AIDS is as a result of people's lack of information about the causes and how the virus spread from one infected person to another (Van Dyke, 2001).

To ensure that adequate and effective knowledge is given to students, series of workshops on HIV and AIDS issues should be organized for both teachers and students. In the Colleges of Education, a compulsory course in HIV and AIDS Education is taught. In countries such as South Africa, certificate and degree courses are available to guarantee adequate information (Abdul Karim & Abdul Karim, 1992).

## Gender and HIV/AIDS Prevention

As HIV and AIDS are sexually transmitted diseases, HIV should be considered in the context that are gender sensitive and gender appropriate taking into account the fact that more than 75% of infections world-wide are due to unprotected heterosexual intercourse (UNAIDS, 2007). Teaching HIV and AIDS prevention to both boys and girls at the same time and at the same period would encourage them to talk and discuss about HIV and sexuality among themselves and to establish social norms. From the above statement it had been made clear that, it requires a mutual understanding among both males and females to agree upon the exact approach to check the spread of the deadly disease.

There have been female managed prevention strategies that need to be mentioned as options for those who are sexually active and unable to conform to

the practice of abstinence. The female condom was found to be effective in HIV and STI prevention. Women and girls who have been exposed to the virus through rape can be given post-exposure prophylaxis but this procedure is only available in a few countries to date (Oxlay, 2001). When discussing prevention of HIV, ample time should be devoted to refusal skills that may protect young girls from unwanted sexual relationships. Gender-specific education can help female adolescents to address the needs of both boys and girls and promote teaching about HIV and AIDS to gender.

It also talks about the use of the female condom. It should not only focus solely on condom for males to relate the problem to the existing balance of power between boys and girl, and strengthen the girls to negotiated skills. There should also be carefully presented scenarios with explicit situations to enhance girls' refusal and negotiated skills (UNAIDS, 2007).

Attention should be paid to the development and monitoring of supportive HIV and STI-related policies. Supportive policies guide the planning, implementation and evaluation of efforts to promote health, prevent HIV and STI infection, and eliminate HIV and AIDS related discrimination. In a 1997 publication entitled Integrating HIV and STI prevention: a position paper, UNAIDS called for school policies that address issues such as Human Rights, including the rights to education, non-discrimination, confidentiality, protection of employment, and protection from exploitation and abuse, (UNAIDS, 2005).

There should be an access to school by students and school workers living with HIV, including those with AIDS, pre-and in-service teacher training to equip

them with adequate information that will involve effective community and parent participation. UNAIDS (2007) suggested the content of curricula and extra-curricular activities that would link with health services capable of providing diagnosis and treatment of STI for young people as well as the means of protection against unwanted pregnancy and HIV and STI including contraceptives and condoms.

Statistics available to UNAIDS indicates that in Botswana, 33% of women under 25 and 16% of men under 25 are infected with HIV (UNAIDS, 2005). Eighty-seven percent of the world's Sero-positive infants are born in Africa. Today half of our young people are at risk of not living to reach adulthood. Their education would have served for nothing. Also in Malawi a recent study revealed that the annual rate of HIV infection among female adolescents reached 6% whereas among women over 35, was below 1%. It was further envisaged that, 50% of the new cases of HIV infection in the world each year occur in young people between the ages of 15 and 24 of which majority of them are females.

Information available to UNAIDS (2007) indicates that each year, approximately 7,000 young people between the ages of 10 and 24 contract HIV in other terms, five per minute. An estimated 11.8 million young people aged 15-25 are living with HIV and AIDS. Majority of them are girls. Half of all new infections almost 6,000 daily are occurring among young people. AIDS has orphaned at least 10.4 million children under 15 (that is they have lost their mother or both parents to the epidemic). The future trajectory of the global HIV and AIDS epidemic depends on whether the world can protect young people

everywhere against the epidemic and its aftermath. (UNAIDS, 2005). From the information above, to address the spread of the HIV and AIDS, gender should be a key variable that need to be considered.

## Women and HIV/AIDS Infection

According to UNAIDS (2007), the total number of people living with HIV and AIDS in Ghana as at the year 2007 was 260,000. Out of this figure, 150,000 which represent 57.7% were women while mother to child transmission of HIV and AIDS was 17,000 representing 6.5%. From this figures, females and children are more vulnerable than men considering the rate of infection. This is because the female when infected also transmits the virus to their children. Research has shown that breast-feeding account for an estimated one-third of all HIV infection among infants. Also, prostitution for pleasure and wealth quest for fashion, rape, peer pressure, early sexual activities, and female circumcision among others make women more vulnerable than men (NACP, 2001).

Infection rate in women is said to be different from that of men. Female circumcision increases HIV and AIDS infection while circumcision in male is said to be different. Research has established that male circumcision is used to fight HIV and AIDS in South Africa. Expects have called for men's circumcision programme after studies revealed a reduced rate of HIV infection by up to 60 percent (Crewe & Maritz, 2005). Some scholars attribute this to the fact that some African cultures had relegated many African women to the background. The reasons assigned to this are that, living up to society's definition of a good woman

may be hazardous to one's health at least when it comes to AIDS. Being passive, submissive and naïve in sex matters as well as unquestioning of male partner's fault have made women more vulnerable to HIV. The virus, which causes AIDS, experts have noted is high in women than men. Cultural factors accelerate the risks of HIV transmission. In many cultures, women are not expected to know more than their husbands, especially when it comes to sex matters.

Geeta Rao Gupta of the Washington D.C Based International Center for Research on Women (as cited in Conveying Concerns: Media Coverage of Women and HIV and AIDS, 2001) noted that many societies dictate that 'good' and morally upright women are expected to be ignorant about sex and should be passive in sexual interactions. This makes it difficult for women to be well informed about risk reduction or makes it difficult for them to be pro-active in negotiating safer sex.

Also across many cultures, women are not expected to discuss or make decisions about sexuality, so suggesting condom use, is out of the question. They are also expected to trust their husbands unconditionally. Feelings of love and trust often paralyze women and prevent them from perceiving the real risk, taking preventive measures, and seeking safer sexual relations. In some societies women cannot object to their husbands having multiple partners, because polygamy is culturally accepted. In some other cultures, men believe that sex with young virgins can clean them from sexually transmitted diseases (STIs) and HIV (Crewe & Maritz, 2005).

According to Crewe and Maritz (2005), research has shown that male circumcision reduces the risk of their being infected with HIV. They further said that it reduces the transmission rate by 60% to 70% because certain characteristics of the foreskin of the penis make it easier for HIV to enter. Therefore men who are not circumcised are at greater risk of being infected. As part of the social factors, unsafe work environment in which one works increases the risk of HIV infection. These include: women who travel for business, or migrate to find work. Spouses of migrant or mobile workers, women who are in small minority at the work place, female domestic workers and female sex workers. Power imbalances in the work place also expose women to threat of sexual harassment than men.

World Health Organization (WHO), statistics show that the rate of HIV infection is higher for women than for men in most African countries and that in several big cities, one out of three pregnant women are polygamous and have been infected by their husbands with HIV. The president of the Society for Women and AIDS in Africa (SWAA), Mrs. Bernice Heloo had stated that unless African countries address the undercurrent of the causes of a HIV and AIDS, slogans such as Abstinence, Behavioural change and the use of Condoms (ABC) meant to fight the pandemic will come to naught. Studies in several African countries have found that African girls 15 to 19 years are five to six times as likely to have the virus, as boys of their same age (UNAIDS, 2007). This has endangered many prospective husband and wife to be. From the forgoing discussions it is very clear that the youths of today who are going to be the future leaders are not safe.

The SWAA which is currently in 45 African countries was given a special award by President Olusegun Obasanjo of Nigeria, as champions in the crusade against HIV and AIDS. It was disclosed that improving young girls' access to education and information would not only give them economic options but would also prevent them from engaging in sex trade thereby reducing the spread of HIV/AIDS.

They further suggested any means which would develop female controlled prevention methods like female condoms and microbicides rather than addressing the issue of desire for children by developing microbicides that are not spermicides. They also suggested reinforcing women's economic independence by multiplying and strengthening existing training opportunities, credit programmes, saving schemes and women's activities. Their suggestions include integrating STD's treatment services with family planning services so that women can access them without fear or social censure, by supporting women's groups in community organizations that question dangerous behaviours like child abuse, rape, sexual coercion and the like. As Doctor Groharlem Bruntland, Director General of WHO, puts it "we will not achieve any progress against HIV and AIDS until women gain control of their sexuality. This indicates that he sees female to be very vulnerable if it comes to the spread of the HIV and AIDS disease.

## Adolescents and their Sexual Behaviour

The term adolescence is derived from Latin word "growing up". (Gleitman, 1991). It is a period of transition in which the individual changes from

a child to adult. There are biological changes; a physical growth sports, a change in bodily proportions and the attainment of sexual maturity (Gleitman, 1991). These include the progressive maturing of sex attitudes and behaviours.

According to Van Dyke (2001), this change is accompanied with dangers of confusion. They are found in cliques and crowds. This intimate stage may lead to falling in love to opposite sex. Adolescents' intense desire to belong and their local behaviour are characterized by an increasing interest in and involvement with their peers. Interactions with friends satisfy the adolescents' emotional needs with opportunity for socialization (Van Dyke, 2001).

An important developmental task that adolescents face is to satisfy their sexual needs in a socially acceptable way so that their sexual experiences will contribute positively to the development of their identities. There is widespread evidence that adolescents are more and more sexually active and that they are becoming sexually active at a younger and younger age than adolescents previously did. Perhaps these changes can be attributed to earlier sexual maturation, peer group pressure, changed values and attitudes in society and the powerful influence that the mass media exert on young people. Although adolescents understand that behaviours have consequences on individuals they often do not believe that the consequences may happen to them.

Adolescents also tend to be unconsciously under the spell of an illusion of personal immortality and this dangerous illusion might well make them more willing to engage in unsafe sexual practices (Van Dyke, 2001). Therefore, those conducting intervention for this age group have an opportunity to bring changes to

reduce vulnerability to HIV and AIDS infection through fostering and developing more equitable, safe, democratic and joyful norms of behaviour. In addition, they need to acknowledge that learners and educators' participation in such intervention in the school setting connects with the diverse world beyond the school walls and that the social context of adolescents and schooling also needs changing.

In most countries the obstacles that make it difficult for young people to protect their sexual and reproductive health include lack of access to effective and adequate information that would make them aware of the dangers of the disease and lack of health services to meet their specific needs, as health workers seldom receive special training in issues pertinent to the sexual health of adolescents. The youth were also advised to seek medical help immediately after they are diagnosed of having sexual transmitted disease (STD).

There are many factors contributing to the excess vulnerability of young people to infection with HIV that range from biological to social and structural. First, adolescents developmental characteristics tend to render them vulnerable to HIV and other sexually transmitted infections (STIs). Writing on adolescents in the United States, Bowser and Wingood (1992) assert that characteristics that pose a threat to adolescents' sexual health include: the fact that they are social and sexual beings; they tend to experiment and take risks; and most importantly, while they seek independence from their parents and other adults, they tend to conform to peer pressures. However, it is these same characteristics that present opportunities for researchers and activists in the field to develop meaningful

interventions that will curb the increasing incidence of HIV infections among this group.

Other reasons for the failure of many HIV prevention strategies targeting adolescents may lie in the continuing avoidance by parents of discussing HIV and AIDS and by implication, sex with their children, which renders the knowledge they receive from other sources (e.g. the media, peers, teachers and others) less credible (Hingson & Strunin, 1992) as cited in ( Mirrel et al, 2006). In addition, for various reasons which include being parents themselves, teachers have also been found to shy away from discussing HIV and AIDS and sex in their classrooms. School policies and practices also neglect to integrate these issues. Thus, schools and those who inhabit them continue to be important targets of interventions that aim to prevent and reduce HIV infection.

A more recent study of adolescent girls in Ghana by Nabila and Fayorsey (1996) revealed that the major cause of teenage pregnancy is unemployment and poverty. An additional dominant argument has explored the intersection of other variables like ‘class’ and ‘race’ with gender, by locating the problem of women and HIV and AIDS within the wider political economy. This view of women’s vulnerability maintains that because of their unequal position in society economic factors impact on men and women differently so that women often lacked power and social status and thus access to economic resources. As a result, they are usually poorer than men and more likely to be unemployed and are often single household heads. For many women then, social relationship with men offer a valuable source of material support, therefore for financial reasons, women might

come to rely on a number of sexual partners and or they might be less able to insist on the use of condoms thereby increasing their risk of HIV infection (Akrah, 1991; Schoef, 1998; Standing & Kisekka, 1989).

## Early Marriages and HIV and AIDS Infection

In Tanzania law allows girls aged as young as 15 to get married with parental consent and between 20% and 40% do so before reaching adulthood. In Ghana, young girls of 18 years and above are eligible to marry but some girls get married at times earlier than that age. Mwinchande (2006), reported that based on pregnant adolescent girls attending hospital in the densely populated South Eastern Coast and Central Morogoro Provinces commented that their husbands "characteristically have had multiple partners which put girls at the risk of being infected with HIV and AIDS. Immature and financially dependent, the adolescent brides are unlikely to be able to negotiate safer sex. "The girls are too young and ignorant about the importance of knowing their HIV and AIDS status and lack the courage to convince their partners to know their sero-status (Mwinchande, 2006).

Many a time adolescent girls have their first sexual intercourse with male partners who are many a time far older than the female and who had had sex before (Mwinchande, 2006). In Ghana it is very normal for the male to be older than the female. On the other hand, it is news if the female partner is far older than the male partner.

Although information available to TANWA as indicated in Crewe and Maritz (2005) indicates that 76.6% of a study sample was aware of the risk posed

by HIV and AIDS most of the expectant girls who were married refused to go for HIV and AIDS test, even after counseling. Over 6% of those tested were found to be HIV positive, just one percent below the national prevalence rate.

The education system is not protective of young girls. Some young girls walk long distances to and from school, which exposes them to the risk of rape or abduction into marriage. The case in Ghana here is not far from what is prevailing in Tanzania. The laws do not criminalize anti-girls practices such as early marriages (Mwinchande, 2006). She also said the coastal Morogoro regions still had higher level of girls' illiteracy. Girls are still traditionally discriminated against in coastal regions, and some as young as 11 years are withdrawn from school to be married off. In health terms this is too dangerous, because the tissues of the sexual organs are delicate and therefore prone to rapture during sexual intercourse creating entry point for HIV and AIDS. Girls who dropped out of school were increasingly forced into marriage or early sexual debuted to support themselves financially. The infected are poorly informed, the poor are motivated by sheer pride of having a husband.

Young girls have virtually no control over their sex lives as they are no more than human toys in marriage matters. The findings became challenging to the Tanzanian government which announced a new education policy which would emphasize the education of girls, starting in 2007. The government planned to build more district boarding schools to counteract the low number of girls making transition from the primary to the secondary school. Mwinchande (2006)

indicated that the policy was long overdue and if implemented could help tackle HIV and AIDS infection among highly vulnerable adolescents.

## Knowledge about Condom Use

There had been a lot of publicity which gave the impression that the condom was a secure method of prevention against HIV and AIDS infection. Condom is said to be one of the most used methods for avoiding pregnancy and sexual transmitted diseases including HIV and AIDS. As it is directly related to sex, many people had had divergent views about its usage. Some are of the view that condom use is good but others too speak against its usage. People also regard those who use condom as promiscuous.

The possession of condom may have many interpretations from various people. Kirby (2002), addressing ways to reduce the risk of HIV and AIDS infection and other sexually transmitted diseases said that, to include discussion of the correct and consistent use of condoms help a lot in HIV and AIDS education. In some countries, the possession of condom would make others regard the one as a deviant or a harlot. In such a culture, the condom used as a means of fighting the spread of HIV and AIDS would totally be out of order.

For fear of catastrophic consequences of HIV and AIDS infection many have adapted to the use of condom. The use of condom had become a household name worldwide. Records from encyclopedia of Health and Education indicate that, in Japan, 850 million condoms are sold each year while in United States of America, 750 million are sold. Also, it is stated that more than 80 million are

purchased in France annually. This clearly shows how condom is being patronized in the Western world. The case in Ghana is not different. There have been many reports by many hotels, pharmacy shops and drinking bar operators that during cultural festivals and occasions such as valentine days in Ghana there is always a higher demand for condom even though there is no official report on that. Records available to World Health Organization and Encyclopedia of Health and Education also indicated that when condom is not properly used, it loses its protective function as it could burst.

# CHAPTER THREE

# METHODOLOGY

Methodology refers to the principles, procedures, and practices that govern research. Kazdin (2003) pointed out that "Methodology" should be thought of as encompassing the entire process of conducting research (planning and conducting the research study, drawing conclusions, and disseminating the findings). Thus this chapter covers the research design, the target population, the sample and sampling technique(s), the data collection procedure and the analytical procedure of the study.

## Research Design

These are the methods of research used, their characteristics, how it is used in the thesis, why that particular method and the explanation of the method. Descriptive Survey methods have been used in this research. The Descriptive Survey (also known as the Normative Survey) seeks to examine the situation at hand and simply describes what the researcher sees. This goes beyond physical facts. According to Gay (1992) a survey is an attempt to collect data from members of a given population in order to determine the current status of that population with respect to one or more variables. Descriptive survey tells the true nature of what exists. The research design also attempts to describe activities and attitudes. Also, information gathered from descriptive research could be

meaningful in disposing a situation, since it involves description, recording, analyzing and interpreting existing conditions of phenomena. The research design was directed towards determining the nature of a situation as it exists at the period of study. Unlike causal-comparative studies, descriptive research is not generally directed towards hypothesis testing. The aim is to describe what "exist" with respect to a variable or conditions in a given situation (Ary, Jacobs & Razavich, 1990).

The descriptive design was chosen because the research seeks to determine the attitudes of the students of second cycle students towards HIV and AIDS prevention. With the study of attitudes which requires anonymity, some people might feel reluctant to furnish the researcher with the accurate information. Fraenkel and Wallen (1993) list the following as advantages of descriptive research. It include provision of a good number of responses from numerous people, provision of a meaningful picture of events, and seek to explain people's perception and behaviour on the basis of information obtained at a given point in time. On the order hand, its demerits are that, answers could vary greatly depending on the exact wording of questions or statements, could produce untrustworthy result because they might delve into someone's private and emotional matters that respondents might not be completely truthful about.

## Population

The population for the research work was the students in all the three second cycle schools in the Komenda-Edina-Eguafo-Abrem (K.E.E.A.)

municipality in the central region of Ghana. The population was 1800 students. It was made up of Edinaman Senior High School 850 students, Eguafo Secondary Technical School; 450 students, and Komenda Secondary Technical School; 500 students.

## Sample and Sampling Procedure

A sample size of 300 was selected from the total population of 1800 based on the mathematical table of Krejcie and Morgan (1970). According to the table, a population of 1800 should not have a sample size of more than 317. This was the justification for the selected sample size for this study. Due to the disparities in enrolment of the 3 schools the researcher used proportionate technique to determine the specific sample size picked from each school.

## Instrument

The instrument for data collection was questionnaire, designed by the researcher under the guidance and supervision of the research supervisor. It was in the form of both close-ended and open-ended questions. The close-ended questionnaire was to request for short responses. The open-ended questionnaires called for free responses in the respondents own words. The researcher used only questionnaire as the instrument for information gathering. Craig and Metze (1986) were of the view that "questionnaires are series of questions or statements posed to individuals to obtain information about present or past conditions and behaviours. The questionnaire was used due to its numerous advantages over other types of instruments such as interview and observation. The advantages

include being more economical and that the researcher could reach many respondents and at their own expedient time.

The questionnaire was divided into two sections, “A” and “B”. The “A” part demanded personal information about the respondents. The respondents were asked to tick appropriately in the boxes provided before the question or the statement. The section “B” seeks to answer questions based on the research questions. The section “A” part were close-ended questions for the respondents to tick appropriately while the “B” were made up of both close-ended and open-ended for the respondents to supply brief responses.

The questionnaire was used because it enabled more respondents to be questioned fairly, quickly and administered at least cost. Also, since the questions were structured, there were less bias in analyzing the data yielded. There were also fewer influences from the dynamics of interpersonal variables such as personality influence. To mitigate the demerits of the questionnaires, respondents were assured of anonymity and confidentiality of their individual responses since their names were not required in the questionnaires. Besides, opportunities were given to the respondents to elaborate on their responses where they had other information to give.

**Validation of instrument**

Validity is the property of a test actually measuring what it purports to measure. Gay (1992) posits that validity is when a test covers adequately what it intended to measure. There are different kinds of validity which includes construct validity and content validity; to ensure content validity the researcher

was mindful that appropriate questions were designed to solicit for the needed information from the respondents. Adequate questions were asked to cover the area of the study. This was done to ensure that information collected related to the research topic. The research topic was on HIV and AIDS hence the questions for the questionnaire were concentrated on only that. Also, the language used in the questionnaire was at the level of the respondents for clear understanding and response to.

The researcher ensured construct validity in crafting the questionnaire. This is because the research topic has to do with attitudes which is not directly observed or measured. To ensure construct validity the students were made to communicate their attitudes and behaviours through the use of open-ended questions when they were made to comment on the attitudes. For instance, the students were asked to comment on "how do you feel about the acquisition and possession of condoms" .

**Reliability of instrument**

Reliability is the degree to which a measure is consistent or stable at any point in time (Cozby, Worden & Kee, 1989). To ensure reliability of the research instrument the researcher was concerned about the consistencies of the respondents on the questionnaire. Firstly, the instrument was subjected to scrutiny by lecturers and friends (Jury validity or peer review). Secondly, the features of the questionnaire such as ease of completion, time to be spent, sensitivity of the questionnaire were all considered. The importance and benefits of the instrument was also stressed. The instrument was also pilot-tested to measure its reliability.

**Pilot-testing of instrument**

A pilot-test of the questionnaire was carried out to test its reliability and validity. The pilot-test was necessary as the questionnaire was a prepared by the researcher. The wording of questionnaire is of paramount importance and that pretesting is crucial to its success. A pilot-test has several functions, principally to increase the reliability, validity and practicability of the questionnaire (Morrison, 1993). Thus pilot test checks the clarity of the questionnaire items, instructions and layout. It is also used to gain feedback on the validity of the questionnaire items. It is also used to eliminate ambiguities or difficulties in wording of the questionnaire among others (Morrison, 1993).

The result of the study enabled the researcher modify the original instrument to establish the reliability for the items in the questionnaire. Thirty students from Komenda College of Education were used for the pilot-test. A Cronbach's Alpha of 0.88 was arrived at. Pallant (2001) recommended 0.7 for internal consistency of the item that make up a scale to measure an attribute, indicating that the questionnaire was reliable.

## Data Collection Procedure

Prior to the data collection the researcher went personally to the Headmasters of the 3 second cycle institutions in the KEEA Municipality. The purpose was to seek their permission and cooperation during the period of data collection from the institution as they were the chief executives of the institution. The headmasters then permitted the researcher to have access to the students in

the three second cycle institutions in the KEEA Municipality. They also allowed the researcher to use the facilities in the institutions with the cooperation of some tutors in the institutions.

The researcher travelled to all the three institutions in the KEEA Municipality and briefed the students on the purpose of the research. The researcher then briefed the students on how to respond to the questionnaires. Even though 300 questionnaires were administered, 290 were retrieved.

## Data Analysis

Quantitative approaches were used in analyzing and interpreting the data gathered from the questionnaire. Analysis of the data for answers to the five research questions were done by using simple percentages. The data was grouped into frequencies and percentages and then converted into bar graphs for easy and simple understanding. The emerging relationships between the variables were described and conclusions were made based on frequencies and percentages.

# CHAPTER FOUR

# RESULTS AND DISCUSSION

This chapter deals with the results from the field work, analysis as well as its interpretation. The researcher has assembled data collected and has critically analyzed and soundly interpreted them. The research topic is "Second cycle students Attitude towards the HIV and AIDS prevention. The researcher conducted the research in Komenda-Edina-Eguafo-Abrem (KEEA) municipality in the central region of Ghana. In all, five research questions were used to guide the study. Frequencies and percentages were used to analyse the data. For purpose of clarity the results have been assembled in tables and graphs.

## Analysis of Personal Data

The researcher used frequency tables to analyse all the section "A" questions and the research questions one to three. The researcher then used both frequency tables and bar charts to analyse research question four and five.

## Distribution of Students by Sex

The researcher was interested in the sex of those who participated in the study. Even though 300 questionnaires were administered 290 were returned. Table 1 presents the summary of number of participants who returned the questionnaire according to gender.

**Table 1: Distribution of Students by Gender**

| Sex | Frequency | Percentage |
|---|---|---|
| Male | 142 | 49.0 |
| Female | 148 | 51.0 |
| **Total** | **290** | **100** |

Source: Field data, 2008

Table 1 indicates that 142 of the respondents representing 47% of the 290 participants who returned the questionnaire were males while 148 representing 51% were females.

## Distribution of Students by Age

The second aspect of the questionnaires dwelt on ages of students. This is because; many students in the second cycle schools are within adolescent group. Adolescents face important developmental tasks to satisfy their sexual needs in a socially acceptable way so that their sexual experience would contribute positively or negatively to the development of their identities. Also, adolescents are influenced under the spell of an illusion of personal immoralities and sexual promiscuity and these dangerous illusions might well make them more willing to engage in unsafe practices. The summary of this data is presented in Table 2.

**Table 2: Distribution of Students by Age**

| Age | Frequency | Percentage |
|---|---|---|
| Ages below 16 years | 34 | 11.7 |
| 17-19 years | 229 | 79.0 |
| 20 years and above | 27 | 9.3 |
| **Total** | **290** | **100.0** |

Source: Field data, 2008

From Table 2, it is observed that out of the number of respondents, 34 representing 11.7% were below age 16, 229 representing 79% fell between ages 17 to 19 years while 27 representing 9.3% were above 20 years. This gave clear indication that they were matured so as to decide for themselves. Furthermore, the researcher wanted to know the various programmes offered by the students in the various institutions. Table 3 shows the various programmes pursued by the participants.

**Table 3: Distribution of Students by Programmes Pursued**

| Programme | Frequency | Percentage |
|---|---|---|
| General Science | 30 | 10.34 |
| General Arts | 73 | 25.2 |
| Home Economics | 30 | 10.34 |
| Visual Arts | 16 | 5.5 |
| Business | 90 | 31.0 |
| Agriculture | 51 | 17.6 |
| **Total** | **290** | **100** |

Source: Field data, 2008

The researcher asked this question to know if their programmes offered in the secondary schools may have influence on their responses. From Table 3 data, 30 students representing 10.34 % were offering science programme, 73 respondents representing 25.2% were offering general arts, 30 students representing 10.34% were Home Economics students, 16 students representing 5.5% were pursuing Visual Arts programme, and 90 students representing 31.0% were Business students while 51 students representing 17.6% were Agricultural Science students. The number of respondents varied due to the variations in the number of students offering varied programmes. Some programmes are not been offered in some institutions. For example, a subject such as Visual Art is offered in only Komenda Senior High Technical School.

## Analysis of Results and Discussion of Research Questions

### Research Question 1

**What is the students' level of knowledge about the causes of HIV and AIDS?**

The rationale behind this question was to check if the various advertisements in print, electronic media and sign posts all over the country on HIV and AIDS education have gone down well with the students. These days, HIV and AIDS education has been introduced in the Colleges of Education for the trained teachers to impart the knowledge to students. Table 4 presents the summary of the result.

**Table 4: Distribution of Students by Level of Knowledge**

| Responses | Frequency | Percentage |
|---|---|---|
| Adequate | 180 | 62.1 |
| Not adequate | 94 | 32.4 |
| No knowledge | 16 | 5.5 |
| **Total** | **290** | **100** |

Source: Field data, 2008

From Table 4, out of the 290 respondents, 180 respondents representing 62.1% indicated that they had knowledge about the causes of HIV and AIDS, 94 (32.4 %) also indicated having inadequate knowledge about the causes of HIV and AIDS while the remaining 15 (5.5 %) indicated that they had no knowledge about the causes of the disease. This means that more education is required for all students to gain awareness about the cause of the disease. Statistics from Table 4 indicate that a greater majority said they have adequate knowledge about HIV and AIDS pandemic.

The researcher investigated the participants' efforts to deepen their knowledge about the causes of HIV/AIDS". Dichotomous questions were used to elicit the responses. Table 5 presents the summary of the findings.

**Table 5: Students Responses to Efforts to seek Further Knowledge on HIV/AIDS**

| Responses | Frequency | Percentage |
|---|---|---|
| Yes | 130 | 45.0 |
| No | 160 | 55.0 |
| **Total** | **290** | **100** |

Source: Field data, 2008

Table 5 shows that 130 respondents representing 45% indicated they have made efforts to look for more information about the causes of HIV/AIDS while 160 respondents representing 55% also indicated that they have made no efforts to expand their knowledge on HIV/AIDS. This result may imply that majority of SHS students in KEEA have not upgraded their knowledge on the causes of HIV/AIDS in particular and HIV/AIDS issues in general.

With the participants who indicated that they have made effort to increase their knowledge about HIV/IDS issues, the researcher went further to elicit responses on various sources where they have been obtaining the said information from. Table 6 presents the summary of this finding.

**Table 6: Students Responses on Source of Knowledge about HIV/AIDS Issues**

| Responses | Frequency | Percentage |
|---|---|---|
| Friends | 26 | 9.0 |
| Books | 108 | 37.2 |
| HIV/AIDS education | 156 | 53.8 |
| **Total** | **290** | **100** |

Source: Field data 2008

From Table 6, 26 respondents representing 9.0 % said they acquired their knowledge from friends, 108 respondents representing 37.2 % acquired their knowledge from books, and 156 respondents representing 53.8 % had their knowledge from HIV and AIDS education. These give clear indication that HIV and AIDS education is doing well with the students and must be encouraged.

Under the same research question one, the researcher went further to elicit

responses on exact location (school, home, church/mosque, others) where the students' knowledge on HIV/AIDS was acquired. This clarification was needed as a result of majority of the students responding that they had adequate knowledge. This would reveal the appropriate means to strengthen HIV and AIDS education. Table 7 presents the summary of this result.

**Table 7: Distribution of Students by where their Knowledge were Acquired**

| Responses | Frequency | Percentage |
|---|---|---|
| School | 252 | 86.9 |
| Home | 22 | 7.6 |
| Others | 16 | 5.5 |
| **Total** | **290** | **100** |

Source: Field data, 2008

From Table 7, 252 respondents representing 86.9 % said they acquired their knowledge from school, 22 respondents representing 7.6 % acquired their knowledge from home, 16 students representing 5.5% acquired their information from other sources apart from the two mentioned above. This gives clear indication that the school is making a head way in HIV and AIDS education because a greater majority acquired their information from the school. The programme needs to be strengthened to ensure 100% coverage if possible.

## Research Question 2

**What information do students have about HIV and AIDS Prevention?**

The purpose was to check whether the students have higher, average or no knowledge about HIV and AIDS prevention. Schenker and Nyirenda (2002) attribute lack of access to information as a factor to the spread of HIV and AIDS in sub-Sahara Africa. This question is to substantiate the assertion made by Schenker and Nyirenda (2002). Table 8 presents the summary of this finding.

**Table 8: Students' Responses to their Level of Information about HIV/ AIDS**

| Responses | Frequency | Percentage |
|---|---|---|
| Very high | 55 | 19.0 |
| High | 77 | 26.6 |
| Average | 131 | 45.2 |
| Below average | 22 | 7.6 |
| No knowledge | 5 | 1.7 |
| **Total** | **290** | **100** |

Source: Field data, 2002

Table 8 shows that 55 respondents representing 19% indicated that their level of knowledge about HIV/AIDS is very high. Similarly, 77 of the participants representing about 26% indicated that they have high knowledge about HIV/AIDS while 131 representing 45.2% indicated average knowledge. Twenty-two of the respondents representing 7.6% also indicated 'Below average' knowledge while 5 of the participants representing 1.7% indicated that they had

no knowledge.

Statistics from Table 8 indicates majority of the students had enough information ranging from average to very high. The researcher is of the view that further information on HIV and AIDS should be made available to students so as to help check the spread of HIV and AIDS in sub-Sahara Africa.

The participants were then asked to indicate their source of information about HIV and AIDS. “Clarify whether the use of condom should be encouraged”. The responses to this question are presented in Table 9.

**Table 9: Distribution of Students by their Source of Information**

| Responses | Frequency | Percentage |
|---|---|---|
| Books | 169 | 58.3 |
| Friends | 26 | 9.0 |
| Media | 95 | 32.8 |
| **Total** | **290** | **100** |

Source: Field Data, 2008

The finding in Table 9 shows that 169 respondents (58.3 %) acquired the information from books, 26 representing 9 % acquired the knowledge from friends while 95 representing 32.8% had the information about HIV and AIDS prevention from the media.

**Research Question 3**

**What knowledge do the students have about the use of condom?**

The purpose was to test whether students’ knowledge about condom was

adequate. The use of condom had had much opposition from some religious leaders. Some had criticized the use of condom openly. Researchers should be encouraged to write more books on HIV and AIDS. Also, Non-Governmental Organizations (NGO's) should partner the government to intensify HIV and AIDS campaign in schools. Table 10 presents the summary of this finding.

**Table 10: Students' Responses on the Adequacy of their Information**

| Responses | Frequency | Percentage |
|---|---|---|
| Adequate | 85 | 29.3 |
| Not adequate | 90 | 31.0 |
| Not sure | 115 | 39.7 |
| **Total** | **290** | **100** |

Source: Field data, 2008

Table 10 shows that 85 respondents constituting 29.3% indicated that they had adequate knowledge about the use of condom, 90 of them representing 31% did not have adequate knowledge while 115 representing 39.7% were not sure about having adequate or inadequate knowledge about the use of condom. This was not surprising at all to the researcher as many adults including married couples argue openly about the use of condom. This clearly indicates that if condom is to be used to fight HIV and AIDS then much education is needed.

### Students Views about Use of Condom

Respondents were further asked to express their views on the use of condom. Many women are said to rely on a number of sexual partners and might

be less able to insist on the use of condoms thereby increasing their risk of infection. Some women too had not gained their economic independence from men and therefore rely solely on men for their daily life (Schenker & Nyirenda, 2002). Due to these they lack assertive skills to have a say in deciding on the use of condom or to refuse sex when the male counterpart decide on sex. This question was asked as an elaboration of research question 3. The students were expected to indicate whether they agree to the use of condom or not. This was to assist the researcher to be more certain about the question analyzed in Table 10. The details of the result are presented in Table 11.

**Table 11: Distribution of Students by how they View the Use of Condom**

| Responses | Frequency | Percentage |
|---|---|---|
| Agree to the use of condom | 173 | 59.7 |
| Do not agree to the use of condom | 74 | 25.5 |
| Not certain | 43 | 14.8 |
| **Total** | **290** | **100** |

Source: Field data, 2008

Table 11 shows that, 173 respondents representing 59.7% agreed to the use of condom, 74 representing 25.5% did not agree to the use of condom with 43 representing 14.8% not certain about the use of condom. Statistics from Table 11 support the data in Table 10. Both Tables indicate that more needs to be done to promote the use of condom. This gave clear indication that majority of them (students) are at risk of HIV and AIDS infection.

### Research Question 4

**How do students feel about the acquisition and possession of condom?**

The purpose of this question was for the researcher to collect views from students about the appropriate use of condom. The possession of condom may have many interpretations from various people. Kirby (2002), addressing ways to reduce the risk of HIV and AIDS infection and other sexually transmitted diseases said that, to include discussion of the correct and consistent use of condoms help a lot in HIV and AIDS education. The students were asked about how they feel about acquisition and possession of condom, in responses to these questions the students' views are presented in the Table 12.

**Table 12: Distribution of Students by how they feel about Possession of Condom**

| Responses | Frequency | Percentage |
|---|---|---|
| Extreme shy | 57 | 19.7 |
| Shy | 73 | 25.2 |
| Normal | 142 | 49.0 |
| Very normal | 18 | 6.2 |
| **Total** | **290** | **100** |

Source: Field data 2008

Table 13 shows that, 57 respondents representing 19.7% ticked extremely shy, 73 respondents representing 25.2% said they felt shy, 142 representing 49.0% felt normal with the acquisition of condom with 18 respondents representing 6.2% being very normal.

**Comment from Students about how they Feel about Condom Use**

Students were asked to comment on their responses. The statistics in Figure1 shows that the students gave multiple reasons.

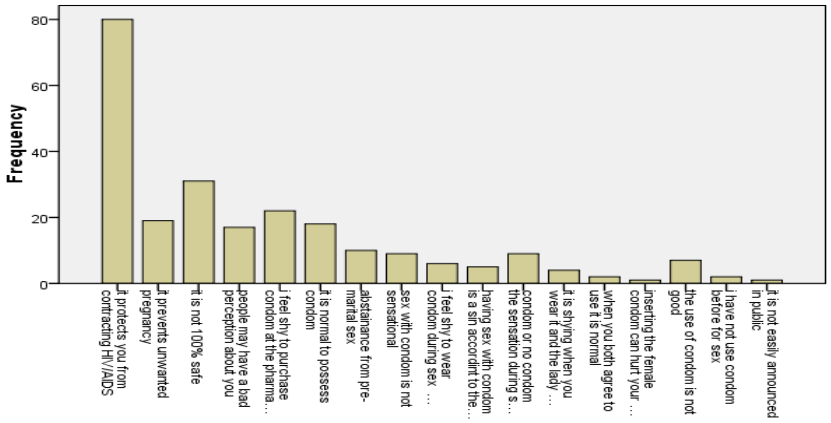


**Figure 1**. Showing participants' comments on responses in Table 12 Source: Field data, 2008

The unique among them were that 80 respondents which is 32.9% were of the view that condom protects one from contracting HIV and AIDS, 19 representing 7.8% were of the view that, it prevents unwanted pregnancy, 31 respondents which is 12.8% said condom use is not 100 % safe, 22 which was 9.1% felt shy to purchase condom, 18 which was 7.4% felt normal when they purchase condom, 10 which was 3.4% suggested abstinence from pre-marital sex. Data gathered in Table 12 indicated that 130 respondents felt shy to possess condom while 160 respondents felt normal to possess condom. This may then imply that those who felt shy to possess condom may refuse to use condom during sexual intercourse. If this happens then the fight against the spread of HIV and AIDS may be very difficult to overcome. The researcher suggests that the use of

condom should be intensified. This is supported by Kirby (2002) assertion to include discussion of the correct and consistent use of condom to help in HIV and AIDS education.

### Early Marriage and HIV and AIDS Infection

Respondents were further asked to express their views whether early marriage had any effect on the spread of HIV and AIDS. The purpose of this question was that data collected by Tanzania Media Women Association (TANWA) sponsored by United Nations Population Fund which addresses reproductive health and population issues shows a strong correlation between HIV and AIDS, early school exit, teenage marriage and pregnancy.

Also, Crewe and Maritz (2005) indicated, progress against HIV/AIDS would not be achieved until women gain control of their sexuality. He further revealed that the rate of HIV and AIDS infection is higher for women than for men in most African countries and that in several big cities, one out of three pregnant women have been infected by their husbands with HIV.

The students were also asked whether early marriage had any effect on the spread of HIV and AIDS. Their responses are presented in Table 13.

**Table 13: Distribution of Students by Early Marriage and HIV and AIDS Infection**

| Responses | Frequency | Percentage |
|---|---|---|
| Yes | 113 | 39.0 |
| No | 135 | 46.6 |
| Not sure | 42 | 14.5 |
| **Total** | **290** | **100** |

Source: Field data, 2008

Information gathered from respondents as shown in Table 13 indicate that 113 representing 39.0% were of the view that early marriage had effect on the spread of HIV and AIDS, 135 students representing 46.6 said early marriage had no effect on the spread of HIV and AIDS, 42 respondents representing 13.8% were not sure whether early marriage has effect on the spread of HIV and AIDS or not.

**Students' Reason on Early Marriage and HIV and AIDS Infection**

As an elaboration on the research question above, the researcher asked the respondents to indicate briefly why they selected the answers in table 13. Their responses are presented in Figure 2.

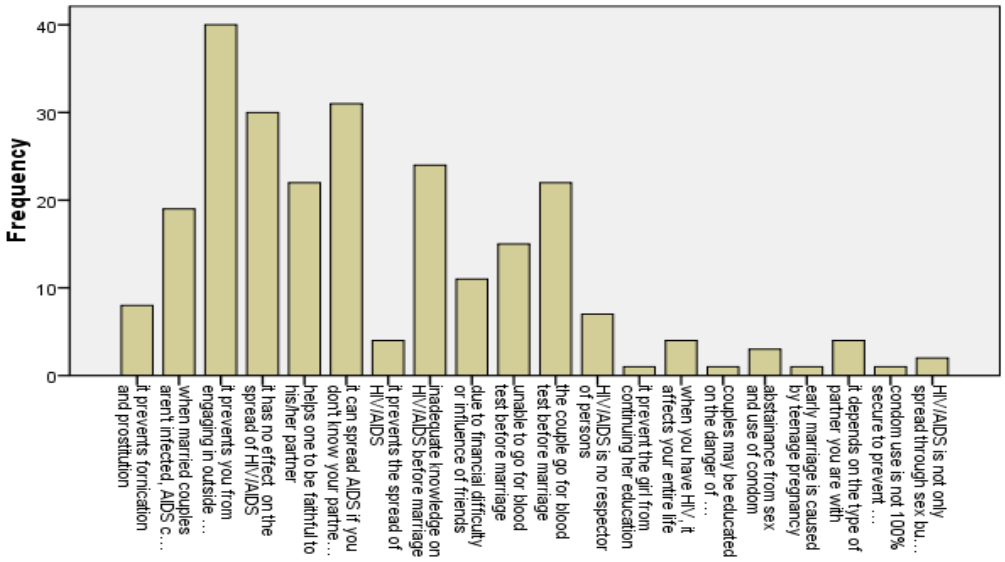


**Figure 2.** Student's responses to reasons on early marriage and HIV infection

Source: Field data, 2008

According to Figure 2 divergent opinions were given by respondents. However, 'Early marriage prevents engaging in outside sexual activities with

multiple partners' had the highest frequency among all the responses according to the bar chart displayed in Figure 2.

### Research Question 5

### How does gender influence the students' attitudes towards HIV and AIDS prevention?

The rationale behind this question was that there have been various researches supporting that females are more vulnerable if it comes to the spread of HIV and AIDS. This question was for the respondents to either confirm or disconfirm that notion. Records available show that Africa is hard hit so far as the spread of HIV and AIDS are concerned. Mathu (cited in "Conveying Concern", 2002) indicated that 55% of adults with HIV and AIDS in the African continent are women". The students' responses to that question are expressed in Table 14.

**Table 14: Distribution of Students by whether Males and Females have Similar Attitude towards HIV and AIDS Prevention**

| Responses | Frequency | Percentage |
|---|---|---|
| Yes | 189 | 65.2 |
| No | 57 | 19.7 |
| Do not know | 44 | 15.1 |
| **Total** | **290** | **100.0** |

Source: Field data, 2008

Table 14 shows that majority of the respondents 189 representing 65.2% said males and females have similar attitudes towards HIV and AIDS prevention

with 57 respondents representing 19.7% ticking that males and females do not have similar attitudes towards HIV and AIDS while 44 respondents representing 15.1% did not know whether they have similar attitudes or not. Majority of the respondents were of the view that males and females have similar attitudes towards HIV and AIDS prevention.

### Students' Reasons why Gender Influences HIV and AIDS Prevention

The respondents were further asked to give brief views about why they selected those responses. Summary of the findings is presented in Figure 3.

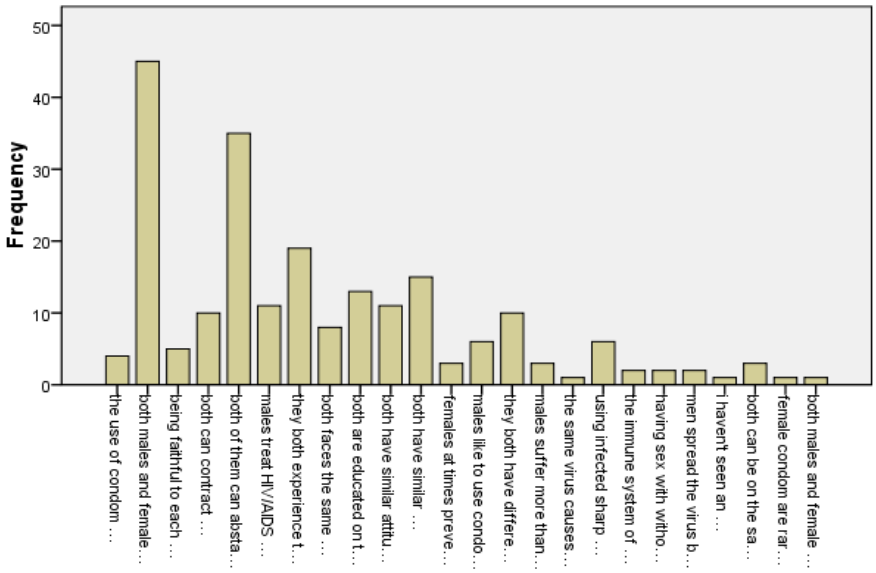


**Figure 3.** Reasons why gender influences HIV and AIDS prevention
Source: Field data, 2008

The bar chart in Figure 3 shows that about 47 of the respondents which form the majority in the attempt to justify the responses in Table 14 indicated that both males and females can abstain from sexual activities before marriage.

Additionally, they can all equally use condom to protect themselves. This was to buttress the earlier argument in Table 14 that both males and females have similar attitudes towards HIV/AIDS prevention.

As further elaboration on research question 5 the researcher asked the respondents to indicate whether gender had any effect on the spread of HIV and AIDS. The Responses are presented in Figure 4.

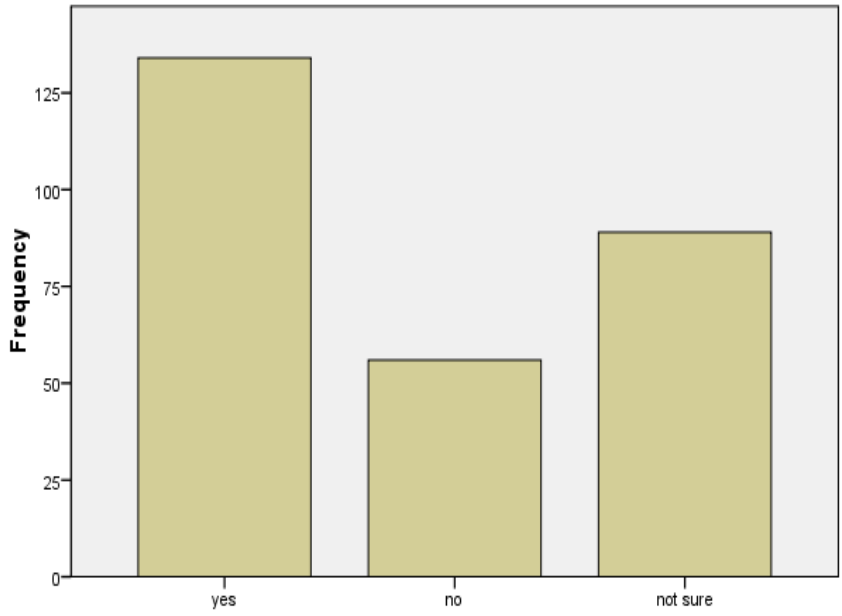


**Figure 4.** Showing responses to whether gender effect on spread of HIV/AIDS

Source: Field Data, 2008

Information derived from figure 4 shows that majority of the respondents (134) representing about 48% said gender had effects on the spread of HIV and AIDS, about 21% said gender has not got any effect on the spread of HIV and AIDS while 30.9% were not sure whether gender has effect or not on the spread

of HIV and AIDS. Gender and the spread of HIV and AIDS should be given much attention because Maths as cited in Conveying Concerns indicated that as at 2002, 55% of adult infected with HIV and AIDS in Africa are women. It further indicates that in some African countries, HIV infected young women outnumber infected young men by the ratio 2:1.

The researcher also investigated the participants' knowledge on appropriate use of condom in preventing the spread of HIV/AIDS. The purpose was to identify whether only men or female condoms should be put on at a time during sexual intercourse or both condoms should be used simultaneously during intercourse. Summary of the finding is presented in Figure 5.

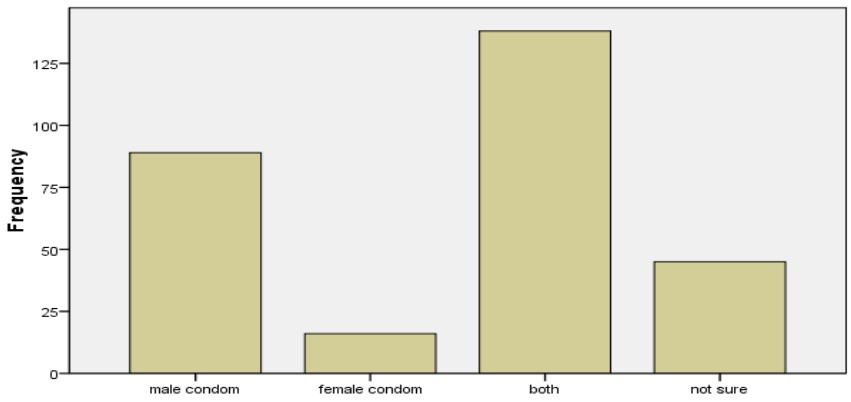


**Figure 5**. Showing responses to the appropriate use of condom to prevent spread of HIV/AIDS

Source: Field data, 2008

In Figure 5, majority of the respondents (44.1%) agreed in both the male and female using condom at the same time, 32.8% indicated men to use condom, 6.9% suggested the female to use the condom while 16.2% were not sure of who

is to use the condom. This clearly exposes their ignorance about the appropriate use of condom. This confirms Kirby's (2002) assertion that to reduce the risk of HIV and AIDS infection and other sexual transmitted discuss, the correct and consistent use of condom should be taught to help check HIV and AIDS infection.

### Strategy for the Prevention of HIV and AIDS

The respondents were further asked to indicate any strategy they think would be very appropriate for the prevention of HIV and AIDS. The summary of the finding is presented in Figure 6.

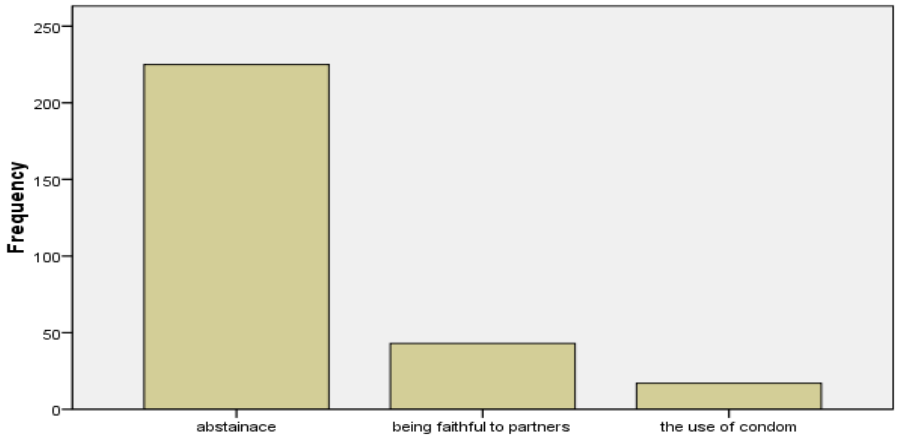


**Figure 6.** Showing participants' responses on other strategies for prevention of HIV/AIDS

Source: Field Data, 2008

According to Figure 6, majority of participants (225) suggested abstinence from pre-marital sex as a way to prevent the spread of HIV/AIDS infection while about 45 of them suggested were of the view that married couples should be

faithful to their partners. About 20 of them also prescribed the use of condom as a way to prevent the spread of the disease.

### Activities that Contribute to Contraction of HIV and AIDS

The researcher also found it necessary to elicit responses on activities which can contribute to the spread of HIV/AIDS. The idea was to investigate the level of knowledge of participants about the kinds of peoples' behaviour that can contribute to the spread of HIV/AIDS. Figure 7 contains the summary of this finding.

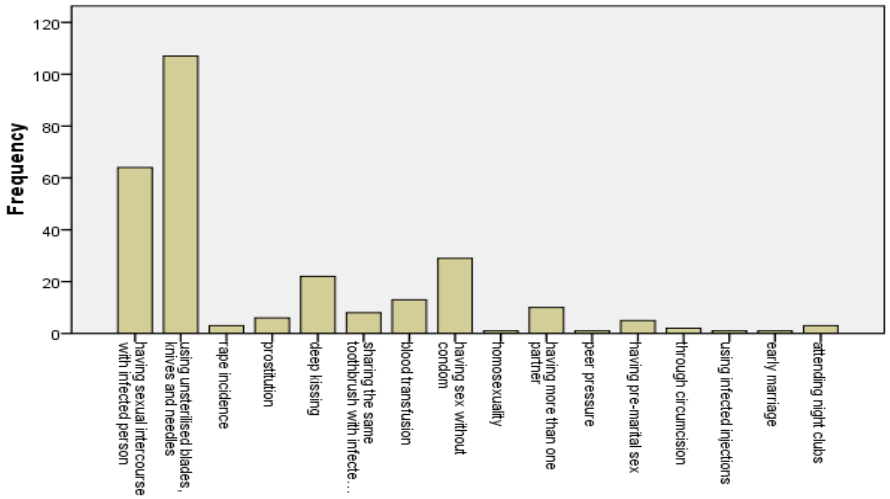


**Figure 7.** Behaviours that can lead to contraction of HIV and AIDS
Source: Field data, 2008

In figure 7, majority of the respondents (about 40%) indicated that using infected sharp objects and needles can lead to HIV/AIDS infection. Similarly, about 23% also indicated 'having sexual intercourse with an infected person'. About 10% also indicated that blood transfusion and deep kissing is a factor to the

spread of HIV and AIDS. Others also gave divergent views which are all possible ways one can contract the disease. This finding is in line with UNAIDS (2007) report on HIV/AIDS prevention which indicated that the availability of a screening test to detect HIV in donated blood has nearly eliminated blood transfusions as a possible source of infection. Also Anti-HIV drugs given to pregnant women and the promotion of safe alternatives to breast-feeding have dramatically reduced the rate of mother-to-child transmission in Africa. Other preventive efforts included education about safer sex practices, such as consistent condom use, and avoidance of needle sharing among people who inject drugs.

## Measures to Fight the Spread of HIV and AIDS

The respondents were further asked to indicate their opinion on the measures they think could assist in HIV and AIDS prevention. The responses from the respondents are presented in Figure 8.

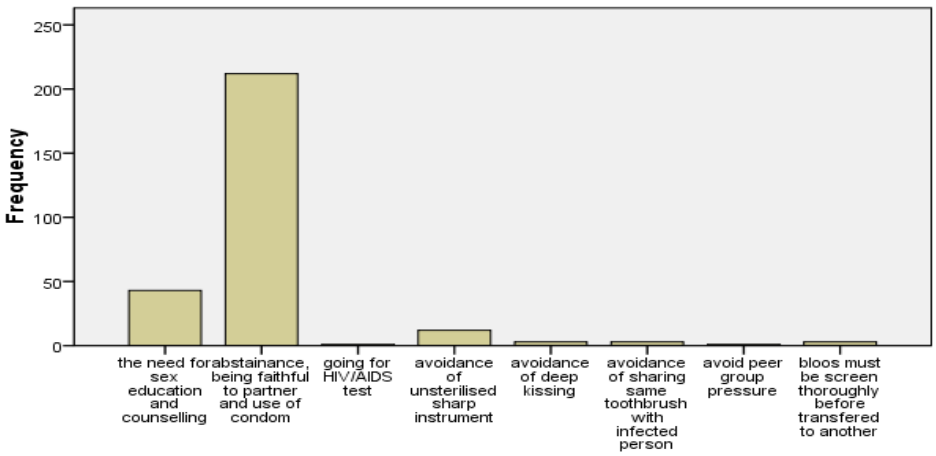


**Figure 8.** Measures which could assist HIV and AIDS prevention

Source: Field data, 2008

Figure 8 shows that 43 respondents representing 14.8% said that there is the need for sex education and counselling, 212 representing 73.1% indicated abstinence, being faithful to partners, and the use of condom. Twelve participants representing 4.1% chose avoidance of unsterilized sharp instrument while some gave divergent views. The responses are generally in line with (UNAIDS, 2007) report on the state of HIV/AIDS prevention in West Africa including Ghana. The report indicated that several West African countries present evidence of a shift towards behaviours that can limit the spread of HIVAIDS. In both Burkina Faso and Côte d'Ivoire, for example, condom use during sex with a non-regular partner increased substantially for women—from 39% to 58% between 1998/99 and 2003 in the former, and from 21% to 34% between 1998 and 2005 in the latter. Meanwhile, in both Benin and Mali, fewer men have been engaging in sex with a non-regular partner. That proportion decreased from 50% in 1996 to 30% in 2006 in Benin, and from 28% in 1995/96 to 21% in 2006 in Mali. Additionally, in Benin, those women and men who had sex with a non-regular partner were more likely to use condoms when doing so. Condom use in higher risk sex rose from 9% to 25% for women and from 22% to 40% for men between 1996 and 2006.

These responses from the participants actually indicate that most of the SHS students in KEEA have a general knowledge on how to avoid contacting with HIV/AIDS.

# CHAPTER FIVE

# SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter deals with the summary of the research findings, conclusions drawn from the findings, implications and recommendations based on the findings. In addition, the chapter explains and suggests areas for further research.

## Summary

This dissertation sought to examine the "attitude of students of the second cycle institutions towards HIV and AIDS preventions". The research was carried out in Komenda-Edina-Eguafo-Abrem (KEEA) Municipality in the Central Region of Ghana. The researcher used five research questions to direct the dissertation.

The population for the research was the students in all the three second cycle institutions in the KEEA Municipality in the Central Region. The target population was 1800 students with a sample size of 300. The return rate of the questionnaire was 290 out of the 300 administered.

The research design used in the research work was descriptive survey. The research instruments for the data collection were questionnaire. The approaches used for the data analysis and interpretation were quantitative. The responses to the five research questions were analyzed by using simple percentages. This was further grouped into frequencies and percentages and then converted into bar

graphs for easy understanding. Conclusions were made based on the analysis and interpretations of the data.

## Summary of Findings

The major findings of the study are:

1. Majority of the students of public SHS in the KEEA municipality have adequate knowledge about main causes of HIV and AIDS. The main causes of transmitting HIV/AIDS base on the respondents are sexual intercourse, use of infected needles and syringes, deep kissing and blood transfusion.
2. It was also clear that the students' reliable means of obtaining correct information on the subject of HIV/AIDS are through books, journals, internet, school and home.
3. The students also knew about HIV/AIDS prevention method such as the use of condom, (male and female condoms), abstinence from pre-marital sex and being faithful to one's partner. However, a good number of displayed ignorance about the appropriate use of condom by saying both male and female condoms can be worn simultaneously during sexual intercourse. It was also identified that about 44% of the students feel shy about the use of condoms.
4. Majority of the respondents were of the view that males and females have similar attitudes towards HIV and AIDS prevention.

## Conclusions

It is an undisputed fact that the adverse effects of HIV/AIDS on individuals, families and nations cannot be downplayed. Examples are falling life expectancy, increasing numbers of orphans, extra costs for business and the destruction of family and community structures. Since the early 1990s, it has been clear that HIV would help undermine development in countries badly affected by the virus. Its social and economic consequences are felt widely not only in health but in education, industry, agriculture, transport, human resources and the economy in general. As a result, HIV/AIDS has rapidly become the key issue for human security in Africa including Ghana today.

Even though the findings of the study showed that majority of students are not oblivious about HIV/AIDS issues, it is important that HIV/AIDS education is intensified in senior high schools in the country to create more awareness to prevent students endangering their future by contracting the disease since everybody is at risk.

## Recommendations

The researcher hereby makes these recommendations:

1. The school authorities and the other agencies concerned should come forward to design awareness campaigns for the benefit of the students in the study area and Ghana at large so as to help them develop proper understanding of what HIV/AIDS is, how it is spread, and how it is prevented.

2. It is also recommended that school libraries should be involved in activities that will promote easy access and retrieval of HIV/AIDS information materials.
3. Secondary school teachers should also be involved in educating students on HIV/AIDS and also inclusion of a specific chapter on HIV/AIDS in the school curricula which could help in preventing and curbing the spread of the epidemic to a great extent.

## Areas of Further Research

To further extend the literature on the attitudes of students of second cycle institution towards HIV and AIDS, the following recommendations for further research work are made.

There could be research into causes of increase in the spread of HIV and AIDS. This would in the researchers view enable the government to develop effective strategy to combat the spread of the pandemic. A Study should be done to compare the spread of HIV and AIDS between adolescent boys and girls. This would clear people's minds about whether HIV and AIDS pandemic are common among males than the females or females than males. A study could further be done to compare the spread of HIV and AIDS among adults and the adolescents in Ghana.

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**APENDIX A**

**UNIVERSITY OF CAPE COAST**

**FACULTY OF EDUCATION**

**COUNSELLING CENTRE**

**QUESTIONNAIRE FOR STUDENTS IN SECOND CYCLE INSTUTUTIONS**

This research is to investigate the attitudes of students of second cycle institutions towards HIV and AIDS prevention. The questionnaire therefore seeks to elicit information on your views in this regard. You have therefore been selected among other colleague students to respond to the items below as frankly as possible. It is the wish of the researcher that you respond to each question as directed by the instructions. The information provided is meant for academic work only, and would be treated with strict confidentiality. Counting on your usual cooperation. Thank you.

**SECTION A**

(Tick In the appropriate box provided)

1) SEX

a) MALE [ ]

b) FEMALE [ ]

2) AGE

a) BELOW 16 YEARS [ ]

b) 17-19 YEARS [ ]

c) 20 YEAS AND ABOVE [ ]

3) PROGRAMME

a) GENERAL SCIENCE [ ]

b) GENERAL ARTS [ ]

c) HOME ECONOMICS [ ]

d) TECHNICAL [ ]

e) VISUAL ART [ ]

f) BUSINESS [ ]

g) AGRICULTURE [ ]

4) FORM: ONE [ ]

TWO [ ]

THREE [ ]

**SECTION B**

1) What is your level of knowledge about the causes of HIV and AIDS?

a) ADEQUATE [ ]

b) NOT ADEQUATE [ ]

c) NO KNOWLEDGE [ ]

2) If not adequate have you made any effort to seek for the causes of HIV and AIDS?

a) YES [ ]

b) NO [ ]

3) How was the knowledge acquired?

a) FROM FRIENDS [ ]

b) FROM BOOKS [ ]

C) AIDS EDUCATION [ ]

4) Where was the knowledge acquired [ ]

a) SCHOOL [ ]

b) HOME [ ]

c) OTHERS [ ]

5). What is your level of information about HIV and AIDS prevention?

a) VERY HIGH [ ]

b) HIGH [ ]

c) AVERAGE [ ]

d) BELOW EVERAGE [ ]

e) NO KNOWLEDGE [ ]

6) Indicate the source of your information about HIV and AIDS prevention.

a) BOOK [ ]

b) FRIENDS [ ]

c) MEDIA [ ]

7) Do you think your knowledge about the use of condom is adequate?

a) ADEQUATE [ ]

b) NOT ADEQUATE [ ]

c) NOT SURE [ ]

8) What is your view about the use of condom?

a) AGREE TO THE USE OF CONDOM [ ]

b) DO NOT AGREE TO THE USE OF CONDOM [ ]

c) NOT CERTAIN [ ]

9) How do you feel about the acquisition and possession of condom?

a) EXTREMELY SHY [ ]

b) SHY [ ]

c) NORMAL [ ]

d) VERY NORMAL [ ]

10) Can you give reasons to your answer?

……

……

11). Do you think early marriage has any effects on the spread of HIV and AIDS?

a) YES [ ]

b) NO [ ]

c) NOT SURE [ ]

12) Indicate briefly why you think so.

……...

……...

13) Do males and females have similar attitudes towards HIV and AIDS prevention?

a) YES [ ]

b) No [ ]

c) DO NOT KNOW [ ]

14) Give reasons.

…….....

……

15) Do gender has any effects on the spread of HIV and AIDS?

a) YES [ ]

b) NO [ ]

c) NOT SURE [ ]

16) Which of the following condoms would recommend for use as s means of HIV and AIDS prevention strategy?

a) MALE CONDOM [ ]

b) FEMALE CONDOM [ ]

c) BOTH [ ]

d) NOT SURE [ ]

17) Which of the following strategies would suggest for prevention of HIV and AIDS?

a) ABSTINENCE [ ]

b) BEING FAITHFUL TO PARTNERS [ ]

c) THE USE OF CONDOM [ ]

18) Please state an y three activities that can contribute to the spread of HIV and AIDS?

……

……

19) What measures in our opinion could be used to assist in the HIV and AIDS prevention?

……...

……