THE IMPACT OF HIV/AIDS EDUCATION ON JUNIOR HIGH SCHOOL PUPILS IN THE CAPE COAST METROPOLIS OF GHANA

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ABSTRACT:
The purpose of this survey was to study the impact of HIV/AIDS education on JHS pupils in Christ Church Anglican and St. Nicholas Anglican schools in Aboom Circuit of Cape Coast Metropolitan Assembly. The sample was hundred (100) JHS two pupils. Descriptive research design was used to guide the study and a questionnaire was used to collect data for the study. The questionnaire was administered and responded to by one hundred (100) JHS two pupils.

The data collected was cleaned, coded and analyzed using frequencies and percentages whereas the results were presented in tables and a pie chart for discussion. The results revealed that Christ Church Anglican JHS and St. Nicholas Anglican JHS pupils in the Cape Coast Metropolis in the Central Region of Ghana generally, have much knowledge about HIV/AIDS and have positive attitude towards HIV/AIDS education messages. However, the pupils had no knowledge about blood donation and its related issues.

Keywords: impact; attitude; HIV/AIDS; blood donation; HIV/AIDS education.

1. Introduction

HIV/AIDS pandemic has become a ‘big typhoon’ blowing across the five continents of the world; the developed and the developing countries, the rich and the poor, adult and children, even babies are either infected or affected through their parents. In the U.S., approximately one million people have HIV or AIDS, and forty (40) thousand Americans become newly infected with HIV each year (CDC, 2006). AIDS has replaced malaria and tuberculosis as the world’s deadliest infectious disease among adults and is the fourth leading cause of death worldwide. At least, half of the 40,000 Americans newly infected with HIV each year are under the age of 25 years. Roughly two young Americans become infected with HIV every hour and many of the people are now living with HIV in the U.S.; these people became infected when they were teenagers (amfAR, 2007).

Statistics showed that among the 12th graders, 60 percent of American youth are sexually active and two-thirds of sexually transmitted infections (STIs) affect people under age twenty-five (25). Many young people also use drugs and alcohol, which can increase the likelihood that they will engage in high-risk sexual behaviour (amfAR, 2007). Generally, most of the efforts to prevent the spread of HIV has been directed to the HIV-negative rather than to the HIV-positive populations (King-Spooner, 1999). Studies in Ghana have reported social, cultural, economic and political factors as predictors of sexual risk behaviours (Anarfi & Mill, 2002).

2. Literature review

This section looked at pupils’ knowledge about HIV/AIDS, Attitudes of pupils toward HIV/AIDS education and the importance pupils attached to HIV/AIDS education.

2.1 Pupils’ knowledge about HIV/AIDS

In the phase of increased information, knowledge and awareness about AIDS in relation to people’s behaviour are changing faster as compared to illiterates and poor people in terms of delaying first sexual encounter, reducing the number of partners, increasing condom use and other actions to decrease risk of infection (Vandemoortele & Delamonica, 2000). Young women who want to protect themselves against HIV must often change their behaviour in ways that conflict with traditional values and customs (Vandemoortele & Delamonica, 2000). Agha and Rossem (2004) found out...
that school-based peer sexual health intervention was successful in reducing multiple regular partnerships. The school has been used as a ‘platform, to impact specific AIDS related issues to those peers and it had achieved result.

A survey in Portugal showed adolescents in general have a good knowledge about the main HIV/AIDS transmission routes and how to protect themselves from becoming infected. However, young people still lack knowledge about many issues related to HIV/AIDS (Dias, Matos & Goncalves, 2005). Despite HIV/AIDS knowledge, young people underestimated their own risk of becoming infected with HIV. A lot of the adolescents believed infected people experienced discrimination and social exclusion in a way but are careless about the disease (Dias, Matos & Goncalves, 2005).

Misinformation concerning a cure for AIDS is one of the risk factors for contracting the disease, although better knowledge does not necessarily lead to behavioural change as noted by Stiffman, Earls, Dore, Cunningham (1992). Agrawal, Rao, Chandrashekar and Coulter (1999) believed repeated talks with teachers and advisors in the classroom about this important subject would have positive influence upon a certain percentage of the students in Iranian schools. A large population based survey of HIV among youth and adults in Monicaland, Zimbabwe during 1999-2002 showed that HIV prevalence rates are much lower among 15-19 year olds who are attending school and infection were very low among children in their mid-teens, but increased exponentially during late adolescence (Bennel, Hude & Swainson, 2002). And according to Bennel et. al (2002), formal education plays a key role in protecting children against HIV infection and the importance of providing children with accurate age specific information about HIV prevalence should be encouraged.

A survey in Ghana showed that increase in knowledge about AIDS is associated with condom use. Low level of knowledge about the transmission and prevention of AIDS among adolescents was a predictor of non use of condoms (MacDonald, Wells, Fisher, 1990; Shaeffer, Boyer, 1991; Anderson, Kann & Holtzman, 1990). However, many studies have indicated that despite the increasing levels of AIDS knowledge, adolescents do not use condom consistently in other parts of the world (Hingson, Strunin & Berlin, 1990).

2.3 Attitudes of pupils toward HIV/AIDS education message

Voluntary Counselling and Testing (VCT) for HIV/AIDS, indicated that the prevalence was 4% and it was a little above the national figure of 3.6% in the Twifo Praso district in the Central Region of Ghana. Participants who attended a forum at Twifo Praso on curbing the disease were urged to continue to educate the community members on positive behaviour change in order to have the desired effect though there is drug available to manage those living with HIV/AIDS (Vinorkor, 2005).

According to Dias, Matos and Goncalves (2005), high levels of sexual activity were perceived as normative for both sexes in their 2005 study. Sexual activity for young boys were socially accepted, whereas attitudes towards girls’ sexual activity were more variable. Although some girls chose to abstain from sexual intercourse and peers respected their choice, others reported a great deal of partners’ pressure to become sexually active. The researchers concluded that these adolescents’ viewed sexual behaviour, sexual partners and condom use as elements within a complex script that governs heterosexual interactions.

The use of condom is influenced by factors like confidence and stability in the relationship, which have to do with the perception of low risk of infection and with misperceptions of partner risk (Fromme & Emihovich, 1998). HIV prevalence in Uganda has declined and researchers believed this was directly linked to change in sexual behaviour by the youth (Asiimwe-Okiiror, Opir, Musinguzi, Madraa, Tembo & Caraol, 1997 quoted in “The impact of the HIV/AIDS Epidemic on the Education Sector in Sub-Saharan Africa, (2002)’.

Growing number of Uganda adolescents, especially those still attending school are having sex at a later age. Those adolescents who are sexually active are adopting condom use faster than other sections of the population (Bennell, Hyde & Swainson, 2002). Higher school enrolment of all children below age 15 in Uganda. Botswana extended its universal enrolment to ten (10) years of schooling which ends on completing Junior Secondary. Secondly, education about HIV/AIDS both in and out of school is slowing the rate of sexual initiation. Finally, for those who do become sexually active at a young age are willing to use condom (Bennell, Hyde & Swainson, 2002).
2.4 The importance people attach to HIV/AIDS education

In Ghana, UNICEF (2007) has estimated that mother-to-child HIV transmission in 2005 of women (aged 15+) to be one hundred and eighty thousand and mother-to-child transmission of HIV prevalence rate in young pregnant women (aged 15-24) in capital city-Accra to have a median of 3.9%. Yilo-Krobo district in Ghana has been identified to have HIV prevention programmes for youth to emphasize personal vulnerability to AIDS and instill in youth self-belief that they can use condoms any time and also know how to address barriers to condom use (Adih & Alexander, 1998).

3. The Problem

The journal of United Nations (UN) on HIV/AIDS (UNAIDS, 2006) estimated that there are now forty (40) million people with AIDS in the world, most of whom do not know that they are carrying HIV virus and may be spreading it to others. About 60%-70% of those infected live in the Sub-Saharan Africa.

At the end of 2006, there were 2.3 million children living with HIV/AIDS most of them live in Sub-Saharan Africa with the Caribbean also having quite a number. Every hour, forty children die as a result of AIDS (UNAIDS/WHO, 2006). According to UNAIDS/WHO (2006), large numbers of children with HIV also live in the Caribbean, Latin America and South East Asia. Ninety-five percent of the world’s AIDS orphans lived in Africa. The number of orphans will continue to rise throughout the next decade reaching 40 million by 2010 (UN AIDS, 1999).

Ghana recorded its first AIDS case in March, 1986. By December 1986, there was 48% HIV/AIDS case reported and the median prevalence percentages of HIV in Ghana were 2.3(2000), 2.9(2001), 3.4(2002), 3.6(2003), 3.1(2004), 2.7(2005) and 3.2(2006). In addition, the mean HIV prevalence by age 15-19years were 2.3%(2002), 1.9%(2003), 2.0%(2004), 0.8%(2005) and 1.4%(2006). The alarming picture painted above has necessitated the Ghana government in 2002 to set up Ghana AIDS Commission by Act of Parliament 613(2002) to collaborate with Ministry of health, Ministry of Education and other Non-Governmental Organizations (NGOs) to launch a massive education campaign on HIV/AIDS to save the lives of Ghanaians adults and children especially those in school.

The 2006 HIV prevalence in Ghana showed seven out of the ten regions recorded increase over last year prevalence rate. Volta Region recorded the highest, an increase of 39% from last year’s result. Northern Region recorded a marginal 2.7% increase while Eastern Region which had the highest prevalence recorded 4% increase from last year (2005). Central Region recorded 19% decrease prevalence from last year with the exception of Northern Region; all Regions that recorded an increase over their last year’s result had prevalence of 3% or more. Central Region and Brong-Ahafo Region was the only Region that has shown some consistency with two consecutive declines (National AIDS/STD Control Programme, 2007).

It is in line with this that the researcher intended to carry out this survey on ‘the impact of HIV/AIDS education on Junior High pupils’ in Christ Church Anglican and St. Nicholas Anglican schools in Aboom Circuit of Cape Coast Metropolitan Assembly in Ghana to assess the outcome of pupils’ knowledge on HIV/AIDS issues and to what extent they practice this knowledge.

4. Research question

The purpose of the study was to investigate the impact of HIV/AIDS education on JHS pupils by various stakeholders to reduce the pandemic among pupils. Specifically the study sought to answer the following research questions:

(a) What level of HIV knowledge do pupils have?
(b) What are pupils’ attitudes towards HIV/AIDS education messages?
(c) To what extent is HIV/AIDS education important to pupils?

5. Methodology

The method used to approach this study has been discussed in this section which includes research design, population and sampling procedure, instrumentation and data collection procedure.

5.1 Research design

The study adopted a descriptive research design, in which a questionnaire was used to collect the data on impact of HIV/AIDS education on Junior High School (JHS) pupils in Aboom Circuit of Cape Coast Metropolis. This design had been adopted, having looked at the variable in the title of the script as well as the size of the sample for the study.

5.2 Population and Sampling procedure

The target population for the study was all the JHS two pupils in the Central Region. The accessible population was JHS two pupils in Cape Coast Metropolitan Assembly, which comprised five hundred and fifty-three (553) pupils in the Aboom Circuit.
The number of JHS two pupils in Christ Church School was seventy-five (75) as compared to that of Saint Nicholas JHS, which was one hundred and fifty-three (153). The JHS two pupils were selected for the study because they have more exposure to HIV/AIDS education as compared to JHS one pupils and they would still be in school before the study is completed. Systematic random sampling was used to select forty (40) out of seventy-five (75) in Christ Church and sixty (60) pupils out of one hundred and fifty-three (153) in the case of St. Nicholas Anglican schools to respond to the questionnaire.

5.3 Instrumentation

The instrument used for the study was questionnaire adapted from Bennell, Hyde and Swainson (2002). It was made up of three sections consisting of thirty (30) items, twenty-nine (29) were close-ended and one open-ended. The first part (Section A) of the questionnaire was to collect demographic data and the second part was to test the HIV/AIDS knowledge of the respondents while the last section was to collect data on respondents’ attitude about HIV/AIDS and the value placed on HIV education. The attitudinal items were of Likert-scale type and comprised of five positive and five negative statements. Each item however, has a response; strongly agree, agree, undecided, disagree and strongly agree.

5.4 Data collection procedure

The researcher sought permission from the Regional Anglican Education Unit in Cape Coast and an introductory letter was given to the researcher to seek the assistance of head teachers of Christ Church and St. Nicholas Anglican Junior High School to administer the questionnaire to the pupils. The researcher administered the questionnaire personally in the two schools on Friday, 15th February 2008 between 10:00am and 12:05pm respectively since the schools were not far apart from each other. The items were explained to the respondents with regard to how to respond appropriately.

6. Results and discussion

Percentage was used to analyse the data collected to find out the knowledge of pupils about HIV/AIDS. The result is presented in Table 1.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional healers can cure AIDS.</td>
<td>16</td>
<td>84</td>
</tr>
<tr>
<td>You can get HIV by sharing materials with students who are HIV positive.</td>
<td>47</td>
<td>53</td>
</tr>
<tr>
<td>Only people with immoral behaviours get HIV.</td>
<td>26</td>
<td>74</td>
</tr>
<tr>
<td>It is possible to get HIV from a toilet seat.</td>
<td>20</td>
<td>80</td>
</tr>
<tr>
<td>The most common way of getting HIV is through sexual intercourse.</td>
<td>91</td>
<td>9</td>
</tr>
<tr>
<td>Pregnant women can pass HIV to their unborn children.</td>
<td>89</td>
<td>11</td>
</tr>
<tr>
<td>You can tell by looking at a person whether he/she is HIV positive or not.</td>
<td>38</td>
<td>62</td>
</tr>
<tr>
<td>One can get HIV by donating blood.</td>
<td>87</td>
<td>13</td>
</tr>
<tr>
<td>There is no cure for AIDS.</td>
<td>80</td>
<td>20</td>
</tr>
<tr>
<td>Using condoms helps to prevent AIDS.</td>
<td>85</td>
<td>15</td>
</tr>
<tr>
<td>Having sex with a virgin is one way to cure AIDS.</td>
<td>20</td>
<td>80</td>
</tr>
<tr>
<td>HIV can be transmitted by sharing toothbrush with infected person.</td>
<td>89</td>
<td>11</td>
</tr>
<tr>
<td>HIV can be transmitted by hugging someone infected with HIV.</td>
<td>18</td>
<td>82</td>
</tr>
</tbody>
</table>

The data in Table 1 for each of the items with exception to item 8 revealed that the sampled respondents have much knowledge about HIV/AIDS. This finding has confirmed the work of Bennell, Hyde and Swainson (2002) which was carried out in Malawi, among pupils in the younger age range in Junior Secondary Schools; that they are the most knowledgeable about HIV/AIDS as compared to pupils of the same age range and same level of education in Uganda. The fact that pupils know that there is no cure for AIDS/HIV and it can only be transmitted through unprotected sexual activity with an infected person and sharing pointed or sharp object is an indication that pupils have knowledge about the disease. Having knowledge about HIV/AIDS at their age level is something that is much encouraging to note.
Table 2: Attitudes of pupils toward HIV/AIDS education message

<table>
<thead>
<tr>
<th>S/ N</th>
<th>Positive item</th>
<th>SA</th>
<th>A</th>
<th>U</th>
<th>D</th>
<th>SD</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I wish to listen to HIV/AIDS education always</td>
<td>43</td>
<td>43</td>
<td>5</td>
<td>6</td>
<td>3</td>
<td>100</td>
</tr>
<tr>
<td>2</td>
<td>I am extremely careful not to be infected with HIV.</td>
<td>54</td>
<td>32</td>
<td>7</td>
<td>3</td>
<td>4</td>
<td>100</td>
</tr>
<tr>
<td>3</td>
<td>HIV/AIDS education is for both adult and children.</td>
<td>43</td>
<td>38</td>
<td>5</td>
<td>9</td>
<td>4</td>
<td>100</td>
</tr>
<tr>
<td>4</td>
<td>I am bothered about HIV/AIDS education.</td>
<td>28</td>
<td>32</td>
<td>12</td>
<td>18</td>
<td>10</td>
<td>100</td>
</tr>
<tr>
<td>5</td>
<td>I appreciate HIV/AIDS messages.</td>
<td>38</td>
<td>37</td>
<td>10</td>
<td>9</td>
<td>6</td>
<td>100</td>
</tr>
<tr>
<td>6</td>
<td>I am not interest in HIV/AIDS massages.</td>
<td>34</td>
<td>20</td>
<td>5</td>
<td>24</td>
<td>17</td>
<td>100</td>
</tr>
<tr>
<td>7</td>
<td>I do not care if I am infected with HIV.</td>
<td>8</td>
<td>12</td>
<td>16</td>
<td>21</td>
<td>43</td>
<td>100</td>
</tr>
<tr>
<td>8</td>
<td>HIV/AIDS education is for adult only.</td>
<td>4</td>
<td>7</td>
<td>12</td>
<td>40</td>
<td>37</td>
<td>100</td>
</tr>
<tr>
<td>9</td>
<td>I am not bothered about HIV/AIDS education.</td>
<td>7</td>
<td>17</td>
<td>15</td>
<td>36</td>
<td>25</td>
<td>100</td>
</tr>
</tbody>
</table>

In Table 2, the responses to the positive items with the heading ‘SA’ and ‘A’ were more than 50% for each item with respect to the positive statements. The negative items (7, 8, 9 & 10) have the sum of their ‘D’ and ‘SD’ to be 64%, 77%, 61% and 76% accordingly for each item. On the other hand, the sum of ‘SA’ and ‘A’ of the same items (7, 8, 9 & 10) have a total percentage of 20%, 11%, 24% and 29% respectively for each statement. With the discussion of data presented in Table 2, it can be inferred that the pupils have positive attitude towards HIV/AIDS messages.

Attitude change leads to a change in a behaviour of how one approaches issues. And from the data available from this survey, it was clear that pupils in Christ Church and St. Nicholas Anglican schools have positive attitude towards HIV/AIDS education messages. If this positive attitude can really be translated into action, it would be something good for the future of Ghana. Children easily learn from each other so this positive attitude towards HIV/AIDS messages can be passed on to their peers.

**Extent to which HIV/AIDS education is important to pupils**

The responses sought to answer this question are presented in Table 3 and Figure 1.

Table 3: Importance of HIV/AIDS education to pupils

<table>
<thead>
<tr>
<th>Question</th>
<th>Category</th>
<th>No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is HIV/AIDS education important to you?</td>
<td>Yes</td>
<td>89</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>11</td>
</tr>
</tbody>
</table>

**Figure 1: Ways of protection against HIV/AIDS**

- Abstaining from sex
- By using condoms
- By avoiding indiscriminate sex
Looking at the responses in Table 3, the respondents agreed that HIV/AIDS education is important to them and had given reasons to support their stand. A few of the reasons given were: “because it helps students to learn how to abstain from sex”, “it helps to be well educated to prevent them from getting HIV/AIDS”, ‘it would help to know everything about HIV/AIDS’ and last but not least, “it makes them know what to do to prevent HIV/AIDS”.

The best and easy way to avoid contracting HIV/AIDS as pupils is to abstain from sex. Majority of the pupils in Christ Church Anglican and St. Nicholas Anglican Schools indicated that they would abstain from casual sex or would abstain from sex till they are married. From Table 3, and Figure 1, it clearly indicated that HIV/AIDS education is important to Christ Church Anglican JHS and St. Nicholas Anglican JHS pupils.

Value is an attachment placed on an item or issue which would be difficult to detach from a person no matter the situation. With the confirmation of the sampled pupils’, the value they have placed on HIV/AIDS message was a good thing to note. Pupils were very much aware of the negative effects that would be posed by HIV/AIDS so they were prepared to abstain from sex since it is one of the ways the disease thrives. Those who could not abstain from sex also have other options such as avoiding indiscriminate sex and the use of condoms. It is better to prevent the disease from affecting pupils than focusing only on abstinence from sex which might endanger pupils who wants to explore.

7. Conclusion

The findings of the study revealed that Christ Church Anglican and St. Nicholas Anglican JHS pupils had much knowledge about HIV/AIDS as well as positive attitude towards HIV/AIDS education. The use of condom and avoidance of indiscriminate sexual life style were some of the measures the pupils want to adopt to prevent HIV/AIDS.

REFERENCES


