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**WHY THE GAP BETWEEN AWARENESS (KNOWLEDGE) AND  
PRACTICE AMONG THE YOUTH IN HOHOE DISTRICT:  
HIV/AIDS AND CONDOM USE.**

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**DISSERTATION; PRESENTED TO THE SCHOOL OF PUBLIC  
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A MASTERS DEGREE IN PUBLIC HEALTH, 2002**



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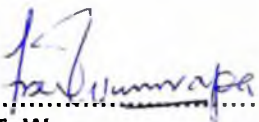
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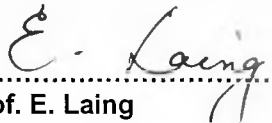
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**DECLARATION**

I declare that all the work in this study has been the result of my own research, except where specific references have been made, and that it has not been submitted for any other degree, nor is it being submitted concurrently in candidature for any other degree.

  
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.....  
**Dr. F. S. Ali**

## DEDICATION

This piece of work is dedicated to my daughter **Louisa Mwiningkumo** and the mother **Fulera** for all the patience and difficulties they endured during my stay in school (University of Ghana, Legon).





## **ACRONYMS**

<b>AIDS</b>	<b>Acquired Immune Deficiency Syndrome</b>
<b>HIV</b>	<b>Human Immune Deficiency Virus</b>
<b>FGD</b>	<b>Focus Group Discussion</b>
<b>IDI</b>	<b>In-Depth Interview</b>
<b>ANC</b>	<b>Antenatal Clinic</b>
<b>DHMT</b>	<b>District Health Management Team</b>
<b>STI</b>	<b><u>Sexually Transmitted Infections</u></b>
<b>DA</b>	<b>District Assembly</b>

## Acknowledgment

I would like to thank Hohoe DHMT for the immense effort they accorded me in my data collection. Special thanks worth extended to **Dr. S. K. Atimpo** (DDHS Hohoe). This write up would not have been possible if not through the co-operation of the sub-district leaders. My candid regards to them. I also acknowledge the effort made by **Dr. Awuakye** (Director of Oncho unit, Hohoe) to help me analyse my data on EPI-info computer software. I really value and appreciate the DA willingness to provide me with all the information I needed.

To my Academic Supervisors on **Dr. F. Wurapa** (Director School of Public Health, Legon) and **Prof E. Laing** I say big thanks to them for all that they have done to make this work a success.

**SUMMARY**

Since the beginning of the HIV/AIDS pandemic, more and more people get infected everyday worldwide. At the same time, there is increasing evidence that people become more and more aware of the causes and preventive methods of the scourge.

Despite the high knowledge of HIV infection, and sexual health-enhancing benefits of condoms, condom use is still very low among the sexually active youth in Ghana.

It is against this background that this study was designed to assess knowledge on HIV/AIDS amongst the youth, to determine the preventive methods, and identify factor non-use of condoms.

Methodology involved a combination of both quantitative and qualitative techniques. 364 questionnaire were administered to both males and females aged 15 to 24 years. This was to solicit responses on knowledge, types of preventive methods known to them and level of condom use among them.

Also 220 questionnaire on sexual behaviour were administered to a separate youth within the same age group. In-depth interviews were done together with Focus Group Discussions.

Qualitative data was analyzed manually after necessary translation and transcriptions were done. The quantitative data was analyzed using Epi-Info(version 6) computer programme.

Major findings indicate that the main reason for lack of condom use despite the rather high awareness is that use of condoms reduces sexual satisfaction especially among the males. This is given more credence given the fact that the use condom males have more dominating decision-making power regarding sex than their male counterparts. Another significant finding is that the use of condoms generates suspicion that one has HIV/AIIDS and since no one wants to be stigmatized, the tendency is to use of the condom.

It is recommended that the youth be given social/political empowerment to youth organization that will address HIV/AIDS with special reference to condom use.

## 1.0 INTRODUCTION

Acquired Immune Deficiency syndrome (AIDS) was first recognized in June 1981 as a disease, which affected young, previously healthy homosexual men in United States of America. It was characterized by unexplained opportunistic disease particularly pneumocystis carinii pneumonia and kaposi sarcoma, leading to death. AIDS is caused by a retrovirus known as HIV [Human Immune Deficiency Virus ] HIV damages the immune system by destroying T-helper lymphocytes ( $T_4$ ). When the body's supply of T-helper lymphocytes ( $T_4$ ) is depleted; it cannot fight off infections effectively and becomes vulnerable to disease.

AIDS was first reported in Ghana in March 1986. Since 1986 there have been increasing numbers of HIV/AIDS cases nation wide. HIV/AIDS control strategies include safe sex promotion, condom promotion, safe blood transfusion and treatment of STI and surveillance. HIV is spread by sexual acts, blood and blood products, instruments and from a mother to her unborn child or a baby she is breast-feeding. There are two types of HIV; HIV-1 and HIV-2. HIV-1 is found everywhere in the world, whilst HIV-2 is found mostly in West Africa.

### 1.1 BACKGROUND INFORMATION

The actual number of AIDS cases in the country is not known. As at the end of 1994 MOH had reported 15,000 AIDS cases in the country. These reported cases represent only the visible part of the epidemic. As at 31<sup>st</sup> December 1994, Volta Region recorded 533 cases of AIDS (National AIDS/STD control programme MOH, 1995). In the Hohoe District, using the sentinel surveillance result (ANC), HIV

prevalence in 1994 was about 2.8% (National AIDS/STD control programme MOH 1995) and cumulative reported AIDS cases as at 1999 for Ghana is 37,298 (The Health of the Nation, Analysis of Health sector programme of work; draft MOH, May 2001), for Volta Region 1,116 and about 10% of this comes from Hohoe District.

Knowledge on HIV/AIDS is high but practices to prevent HIV infection are low. Condom is one of the commonest contraceptive devices that can be used to prevent HIV infection. Condoms are cheap and easy to acquire, then why the low patronage, in the communities?

## 1.2 **AGE DISTRIBUTION**

Almost 90% of all reported AIDS cases occur in adults between ages 20 and 49 years. Adolescents (15 – 19years) and young adults (20 – 24 years) constitute the potential economic age group of the population. High incidence of AIDS is within the adult population is 25 – 29years (for females) and 30 – 34 years (for Males).

## 1.3 **KNOWLEDGE AND PRACTICE**

In Ghana research has shown that there is a high level of awareness of HIV/AIDS (MOH Ghana 1994). Also among the youth, they are aware of contraception (especially condom and the pill) but very low use. In Hohoe District a survey on current use of any modern FP – methods showed very low rate of condom usage

#### 1.4 **HIV TRANSMISSION MECHANISM**

AIDS is mainly a sexually transmitted disease. It can also be transmitted through blood transfusion or blood products and the use of common non-sterile injection equipment. In summary, HIV-virus is transmitted in three ways.

- i. Through sexual intercourse, whether heterosexual or homosexual
- ii. Through HIV-infected blood, blood products or transplanted organs or tissues or through the use of improperly sterilized needles and syringes.
- iii. Through HIV infected pregnant woman to the foetus or infant before, during or shortly after birth.

#### 1.5 **INCUBATION PERIOD**

HIV has a long incubation period from 6 months to 10 years or even 15 years. This contributes to the spread of the disease, since the person can transmit the infection to others without realizing it.

#### 1.6 **SEROPREVELANCE**

AIDS was first reported in the U. S. in 1981, and in 1983 the microbial agent responsible for the condition was identified and eventually named the human immunodeficiency virus type 1 (HIV-1). It was not until 1985 that assays to detect the antibody to the virus became commercially available. Also in 1985, a related

virus was reported in Guinea-Bissau and named HIV-2. This virus is believed to circulate predominantly in West Africa. Surveillance and testing of HIV started in Ghana in 1985.

## 1.7 CONDOM USE AND HIV TRANSMISSION

Although condom has been in use since ancient times, Casanova was the first to popularize its use. They were first made up of linen or animal intestines. There are now many types of condoms available. Most are made up of latex rubber but some are on polyurethane or even animal tissue (skin). They may be lubricated or treated with spermicides.

Condom (male) traps semen and prevents them from the penis from entering the vagina during sexual intercourse. It should be worn on an erected penis but before intercourse. Using of condoms during sexual intercourse can help both partners from giving each other STI including HIV. Average failure rate is 14%.

## 2.1 **PROBLEM STATEMENT**

The alarming rate with which HIV infection is spreading especially in sub-Saharan Africa should be given attention by mankind. Current evidence of transmission is mainly through sexual intercourse. The low level of contraceptive use (condom) puts every one at risk. The youth are very adventurous socially. They are highly exposed to HIV/AIDS because they are highly sexually active.

Social risk factors must relate to the youth (especially women), because their subordinate status in society and economic insecurity reduce their power in sexual relationship and thus losing their control over their sexual activity. The youth lack power over decision making in most African communities. Any attempts to boost up their knowledge in sexual health may be ignored by the elders and chiefs.

The demographic structure of Ghana is made up of relatively young population with a median age of 17.5 years. According to the 1984 population census, the proportion of the population under 15 years of age represents 48% and only 3.5% is 65 years old or more. Between 1970 and 1993, the youth (15 – 24) accounted for 30% of the total fertility rate (slightly over 6.4 children).

In Ghana the fertility rate among the 15 – 19 years old age group was 124 per 1000 women and 20 – 24 years age group was 258 per 1000 (GDHS, 1988). Although evidence from the current surveys (GDHS 1993) show a declining trend in the total fertility rate (5.5 children per woman), the rates for the 15 – 19 and 20 –

(1988) estimated the adolescent and young adult female population to be 1.3 million, representing 40% of the women of reproductive age sexual activity among adolescent and young adults in Ghana for that matter in Hohoe district is widespread; resulting in unwanted pregnancy and illegal abortions. High levels of sexual activity among the youth also add to the increasing prevalence of HIV/AIDS. HIV prevalence in Hohoe district is 2.8% {Reports Ghana AIDS commission 1999}.

## **PURPOSE OF STUDY**

To assess the extent to which the youth use their knowledge in HIV/AIDS to protect themselves against it (HIV infection). I also intended to determine their attitude about condom usage in Hohoe district.

## **2.2 GENERAL OBJECTIVES**

1. To determine why there is high level of HIV/AIDS awareness but low condom use.

### **Specific Objectives**

- i. To assess the knowledge on HIV/AIDS among the youth
- ii. To determine the preventive methods used among the youth in prevention of HIV/AIDS
- iii. To identify the factors contributing to low condom use.

- Hohoe District is at the centre of the Volta region and serves as a transit point between the south and the north of the region. Commercial truck drivers from northern Ghana also use this route.
- HIV/AIDS prevalence has been 2.8% since 1993
- Condom use in the District is very low. (Sentinel Survey on contraception use in Hohoe district 2000, unpublished: Hohoe DHMT)
- It is a tourist attraction site because of mountain Afadjato (the highest in Ghana and the second highest in Africa) and many natural water falls.
- The district has an international boundary with the republic of Togo
- The youth are sexually active,
- Thirty percent of the total fertility rate is attributed to adolescents and young adults (GDHS, 1988)
- Forty percent of women in reproductive age are the youth (GDHS, 1988).

### 3.1 REVIEW OF LITERATURE

World Bank has identified HIV/AIDS as a special case for development, because failure to control the epidemic at an early stage will result in far more damaging and costly consequence in the future (World Development Report 1993). The following reasons have been outlined by the world bank as to why AIDS needs special attention not only from governmental level but also the wider international level:

- i. AIDS is spreading worldwide, its impact is greater in developing countries.
- ii. Since there is no cure or vaccine for AIDS, primary prevention is the only way to fight the disease. Early and efficient targeting of HIV intervention is critical in preventing infections from high-risk groups to the general public (World Development Report, 1993).
- iii. AIDS is affecting mainly people of economically productive age and this has negative effects on households, general productive economy and national economies (World Development Report, 1993).
- iv. Prevention of AIDS involves sensitive and politically charged issues and this makes it special indeed. Prevention of HIV/AIDS involves not only targetting highly risk people like commercial sex workers but every one especially the youth who are sexually active. (World Development Report, 1993)

People such as sex workers, truck drivers, drug users, and young people have been identified as high-risk groups. (World Development Report 1993). The spread of AIDS was reported to follow the 'Wake of travel and trade' (Bassett and Mhloyi, 1991, Obbo 1993, Zwi 1993). For instance half of the deaths reported in Kasensero town in Uganda was attributed to AIDS, the town being situated on the trunk route to Kampala the capital (Basset and Mhloyi,1993).

Emphasis on AIDS prevention has been on high-risk groups such as the youth. Despite high levels of knowledge, it is often difficult to translate awareness into safe behaviour (ZWI 1993). In Obbo's study in Uganda though members of the sexual network are worried about AIDS some members were sexually active both inside and outside the network. Members felt it was safer to confine relationship within the network. Women in the network find it difficult to ask their male friends to use condoms and there was the illusion that there was no need of use of condoms because sexual relationships with the network were with known people and presumed safe. This illusion began to crumble by the death of close friends (Obbo 1998).

The question therefore is would identification of high-risk groups and situations place us in better positions to intervene? (Zwi 1993). Measures for successful HIV prevention activities need regular involvement of members of the communities affected. This would require an approach, which takes into account ethnic and cultural differences (ZWI 1993).

Sexual activity in Ghana within the youth is high and wide spread resulting in unwanted pregnancies and illegal abortions. Data from Kole-Bu teaching hospital, Accra and other selected government hospitals and MCH – clinics in Ghana reveals that the pregnancy

rate among the youth is very high (Ampofo, 1989; GDHS, 1988 and 1993; Nabila et al, 1996). High incidence of adolescent pregnancies is an indication of low condom use. High levels of sexual activity among the youth also add to increasing prevalence of sexually transmitted infection including HIV. In North America and Western Europe, the first people to get HIV were drug injectors and homosexuals men, just like in Latin America. But as, in Latin America, HIV is now spreading outside these groups. In Europe, sex between men and women was the cause of 11% of AIDS cases in 1990. In certain cities in Argentina, Brazil, and Uruguay close to 50% of the people who inject drugs are HIV positive (Reuben Granich et al).

In 1997, 2.4 million South Africans were living with HIV. In trading centers in rural Uganda, where more than 30% of the people have HIV, nearly 90% of deaths among the youth were caused by AIDS.

Just like in many areas in the world HIV is more common in cities. However the rate of new infections of HIV is increasing fastest in rural areas. Hohoe District is a rural area with HIV prevalence of 2.8%. In Ghana, about 15,000 cases of AIDS have been reported to the Ministry of Health as at the end of 1994. These reported cases represent only the visible part of the pandemic. However, there is much more to the epidemic than the number of reported cases. The actual AIDS cases in the country are not known. It is however estimated that the officially reported cases represent less than 50% of all AIDS that have occurred in Ghana. Approximately 10% of all cases of HIV infections in the Volta region originate the Hohoe district

## 4.0 METHODOLOGY

### 4.1 Study design

The study was a descriptive cross-sectional study comprising of both qualitative and quantitative data to determine the factors contributing to low level of condom use. The study also looked at the level of awareness of HIV/AIDS and sexual behaviour among the youth (15 – 24yrs). Focus group discussions were carried out as the main method and were supplemented by structured questionnaire.

### 4.2 Study Population

The target population was the youth, aged between 15 – 24yrs in three sub-districts (Alavanyo, Akpafu and Have). As much as possible, the population was stratified by age group and by sex as follows:

One hundred and twenty-five people (70 males and 55 females) took part in the FGDs from three sub-districts (Alavanyo; Akpafu and Have) in Hohoe District. Three hundred and sixty-four people responded to structured questionnaire on HIV awareness and condom use whilst two hundred and twenty people were interviewed on sexual behaviour.

Using Formula;

$$N = Z^2 [A (1 - A)] / D^2$$

Where N = Sample size

Z = 1.96 (at 95% confidence interval)

A = Level of acceptance = 50%

D = 5% Level of significance.

N = 384

Out of the six sub-districts, the DHMT purposively selected three sub-district for the study. Each sub-district has a sub-district leader who were entrusted to help recruit participants for focus group discussions. The sub-district health team in collaboration with village volunteers helped to identify the various categories of the youth. The sub-districts were chosen because of their strategic location along the main road and because the DHMT believed HIV/AIDS prevalence in those areas is high.

For logistical, financial and time reasons 364-structured questionnaire were administered. An additional 220-structured questionnaire on sexual behaviour were designed and administered as well, in a separate survey.

#### 4.4 Study area (HOHOE DISTRICT)

Hohoe district is one of the twelve districts in the Volta region of Ghana. It shares boundaries to the north with Jasikan district, to the East with the republic of Togo, to the South with Ho district and to the West with Kpondo district. Total surface area is 1117 km<sup>2</sup>. The general landscape of the district is mountainous with the highest point in Ghana at Mt. Afadjato, (which is in the district). The vegetation is transitional forest-savanna.

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Both forest crops and staple crops thrive well in the district. Farming is the main economic activity in the district.

There are several ethnic groups in Hohoe district. The main languages of communication are English and Ewe. Majority of the people are Christians. There is only one government hospital at Hohoe town that serves as the main referral centre. Health wise, the district is divided into six sub-districts with at least a health centre at each sub-district. Also, there are a number of clinics that provide health care in the district. Also, the national Oncho research unit is located in Hohoe town. In the district they provide clinical, laboratory and public health services. Major operations are carried out in the district hospital. There is a midwifery training school in the district.

#### **4.5 Data collection Techniques**

Both qualitative and quantitative data were collected. Three research assistants, who previously had had health research background were trained in conducting focus group discussion. They were also trained on how to administer the study questionnaire, notwithstanding the sensitive nature of some of the questions. The three assistants were taken through basic ethical issues. At the sub-district the various in-charges who helped in the selection of the subjects were cautioned on the choice of their language towards participants.

The FGD and survey instruments were translated from English into the local language (Ewe) and the discussions and interviews were conducted in the local language and translated back into English. All instruments were pre-tested before the interviews. Separate Discussions were held for boys and girls..

Questionnaires were pre-tested in Leklebi and Likpe Sub-districts. Fifty questionnaires in all were administered. The results were evaluated and some aspects modified. Because of the sensitive nature when discussing sexuality, the questionnaires on sexual behaviour were pre-tested separately. Tools for interviews were pre-tested prior to all focus group discussions.

#### **4.5.2 ETHICAL ISSUES:**

HIV/AIDS and sexual issues are always very sensitive so, care was taken to explain and train research assistants how to go about the subject matter. Local non-offensive language was used in all discussions. On sexuality, the usual terms adopted by the communities to address sexual issues were used.

Further, in all group discussions, opinion leaders were consulted and the purpose of the discussions explained to them. The purpose of the study was also explained to the respondents and that they had the right not to take part in the discussions. Respondents were assured of keeping all matters discussed confidential. After every discussion all proceedings were played back to the participants for them to comment on.

#### **4.6 DATA MANAGEMENT AND ANALYSIS**

All FGDs were transcribed and analyzed. The Principal investigator compiled the entire transcript and discussions done with the consequent recommendation and conclusion.

All questionnaires were sorted out, and arranged according to the codes and responses and fed into the computer using EPI-INFO (version 6) software programme. The Programme was used to calculate the frequency distribution of variables. In the discussion, quantitative results were used to support qualitative findings.

#### 4.7 LIMITATION OF THE STUDY

- (1) There were financial and time constraints.
- (2) Sample size was not a good representation of the study population
- (3) Data collected might have been distorted because questionnaire and interviews were translated from English to Ewe and from Ewe back to English.

## **CHAPTER FIVE**

### **5.0 PRESENTATION OF FGDS**

A total number of 125 participants (70 males and 55 females) were involved in 17 Focus group discussions and 4 in-depth interviews. These were conducted in 3 sub-districts (Have, Alavanyo and Akpafu). The age group was 15 –24 yrs. Comprising of both sexes and from different social, religious and educational backgrounds. Discussions were held using an interview guide. The essential contents of all discussions were basically concerning awareness of HIV/AIDS and condom use as a preventive method of contracting HIV/AIDS. Discussions lasted 40 minutes on the average. Males and females were separated in different groups and as much as possible, participants of the same age, social and educational background were put together.

Before any discussion, participants were informed that they could opt not to participate and that all information would be treated confidentially. No participant's name was written. Instead, they were addressed as participant 1, 2, 3, etc. with their ages, level of education and occupation appended to the respondent's number. All group discussions were held in the open horseshoe form. The number of participants ranged from 6 to 10 in every discussion. Intruders were urged to keep to a distance away from site of discussions. Discussions were held at participant's own convenient time (Morning, afternoon or night). About 4 of such discussions were held in the night (Madina – Zongo and Kpoeta communities). After every group discussion a 15- minute question time was given to participants in which the principal investigator answered questions appropriately and offered some messages where necessary.

All group discussions were facilitated by a moderator, note taker and a recorder and of course the principal investigator was present in all group discussion who over saw all proceedings. The main language used for all discussions were English language and Ewe.

**(1) ALAVANYO SUB-DISTRICT**

**TABLE 1**

**SUMMARY OF FGDS**

COMMUNITY	AGE GROUP	OCCUPATION	SEX	NUMBER OF PARTICIPANTS
1. Madina – Zongo, Hohoe	18 – 20	<ul style="list-style-type: none"> <li>• Student</li> <li>• Apprentice</li> </ul>	Female	7
	16 – 19	<ul style="list-style-type: none"> <li>• Student</li> <li>• Apprentice</li> </ul>	Male	7
2. Madina-Zongo Hohoe	15 – 16	<ul style="list-style-type: none"> <li>• Student</li> <li>• Apprentice</li> </ul>	Female	7
3. Kpoeta	15 – 23	<ul style="list-style-type: none"> <li>• Student</li> <li>• Apprentice</li> </ul>	Male	8
4. Kpoeta	15 – 21	<ul style="list-style-type: none"> <li>• Student</li> <li>• Apprentice</li> </ul>	Male	9
5. Gbi - Wegbe	15 – 24	<ul style="list-style-type: none"> <li>• Student</li> <li>• Unemployed</li> </ul>	Female	6

**Age and sex distribution of participants**

**TABLE 2**

Age group.	Total	Male	Percentage	Female	Percentage
15 – 19	26	14	53.8%	12	46.2%
20 – 24	18	10	55.6%	8	45.6%
All Ages	44	24		20	

Summary of FGDs

**TABLE 3**

<b>COMMUNITY</b>	<b>AGE GROUP</b>	<b>OCCUPATION</b>	<b>SEX</b>	<b>NO OF RESPONDENTS</b>
1. Akpafu-Odomi	17 – 24	<ul style="list-style-type: none"><li>• Student</li><li>• School dropout</li></ul>	Male	6
2. Akpafu-Mempesem	15 –16	<ul style="list-style-type: none"><li>• Student</li><li>• School dropout</li></ul>	Male	7
3. Akpafu-Mempesem	16 –22	<ul style="list-style-type: none"><li>• Student</li><li>• School dropout</li></ul>	Male	9
4. Akpafu-Mempesem	15 – 16	<ul style="list-style-type: none"><li>• Student</li><li>• School dropout</li> <li>• Student</li><li>• School dropout</li></ul>	Female	6

3 **HAVE SUB-DISTRICT****Summary of FGDs****TABLE 4**

COMMUNITY	AGE GROUP	OCCUPATION	SEX	NO OF PARTICIPANTS
1. Have Township	15 – 20	<ul style="list-style-type: none"> <li>• Students</li> </ul>	Female	7
2. Have Township	18 – 25	<ul style="list-style-type: none"> <li>• Self employed</li> <li>• (Seamstress)</li> </ul>	Female	6
3. Have Township	18 – 21	<ul style="list-style-type: none"> <li>• Apprentice</li> <li>• (Car</li> </ul>	Male	6
4. Have Etoe	14 – 20	<ul style="list-style-type: none"> <li>• Mechanics)</li> <li>• Students</li> </ul>	Male	8
5. Have Akleme	17 – 24	<ul style="list-style-type: none"> <li>• Unemployed</li> </ul>	Female	6
6. Have EP – JSS	14 – 18	<ul style="list-style-type: none"> <li>• Students</li> </ul>	Female	10
7. Have EP - JSS	15 – 18	<ul style="list-style-type: none"> <li>• Students</li> </ul>	Male	10

The objective of all discussions was to ascertain the knowledge on HIV/AIDS and HIV/AIDS prevention with regards to the use of condom. An interview guide was used for all FGDs [ Appendix].

### 5.2.1 AT ALAVANYO SUB-DISTRICT

**FEMALES:** Twenty participants (age 15 – 24) were involved in three FGD.

**FGD1: AT MADINA-ZONGO.** All seven participants admitted they heard of HIV/AIDS from the mass media, friends and Health Workers. They could not specify the causative agent of the disease but were aware of the mode of transmission. Participants considered high risk groups of contracting HIV/AIDS as being; prostitutes, people sharing the same blade and people using the same needles.

All the seven participants had heard of and used condom before to prevent unwanted pregnancies. They however, pointed out that they don't often use condom because their partners are faithful to them.

**FGD2: (AT GBI-WEGBE):** Only six participants participated in the discussion. All participants had heard of HIV/AIDS and know the cause, high-risk groups and mode of transmission. On preventive measures they made mention of the use of condom being faithful and abstinence from sex. All participants admitted that they use condom regularly.

**FGD3: (AT KPOETA):** All participants admitted hearing of HIV/AIDS through the mass media, school, friends and youth organization (YMCA) and that AIDS is real. They were aware of the mode of transmission but a participant had a thought that a white lady first transmitted the disease through sex with a dog. On condom use they all said they had

The age group for this discussion was 15 – 16 years.

**MALE:** A total of 24 boys (age 15 – 24) took part in three FGDs

**FGD4: (AT MADINA-ZONGO):** Seven participants aged 16 – 19 years all admitted they had heard of HIV/AIDS and believed it is real. However the group had a strong belief that HIV/AIDS came about when a dog had sex with a woman elsewhere abroad. Their source of information about HIV/AIDS are from friends, YMCA and Anti-HIV/AIDS club.

Condom use, abstinence, medical examination prior to marriage, evidence eating infected foods, were some of the preventive measures mentioned by the group. They prefer sex without condom because it is more enjoyable.

**FGD5: (AT KPOETA):** Eight participants were involved in the discussion (age 15 – 23). On awareness of HIV/AIDS all participants had some knowledge of HIV/AIDS through the mass media, school, YMCA and friends. A number of them believe that a dog transmitted the AIDS virus to a white lady and subsequently she also spread it round the whole world.

They all knew the uses of condom as a preventive method but did not use condoms because no maximum satisfaction is derived with condoms. A cross section of them agreed that they have single partners who they are faithful to; therefore there is no need to use condoms.

**FGD 6: (GBI-WEGBE):** Nine participants agreed that they had heard and were aware of HIV/AIDS through several sources. They did not know what causes HIV/AIDS but were fully conscious of the modes of transmission. Participants also said every one is at risk of getting HIV infection no matter the social or educational class one might belong to. They enjoy using condom because as young men they don't want to become fathers at very tender ages.

**5.2.2 AKPAFU SUB-DISTRICT:** A total of twenty-eight participants participated in 4 FGDs. Twenty-two males in 3 FGDs and 6 Females in one FGD.

**FEMALES:**

**FGD 7:** Six young girls (age 15 – 16), were involved in the discussion. Participants heard of HIV/AIDS from NGOs health workers, parents and schoolteachers. They mentioned that HIV infection is spread through sexual intercourse and everybody is at risk. Ways of prevention of HIV/AIDS according to them are, abstinence, faithfulness to one partner and use of condom. On the frequency of condom use, they replied that they were not yet sexually active, but were aware that condoms could be used to prevent unwanted pregnancy, HIV/AIDS and other STIs.

**MALES:** Twenty-two young boys (age 15 – 24yrs) were involved in 3 FGDs.

**5.2.2 FGD 8: (AT AKPAFU-MEMPESEM):** Nine participants (age 16 – 22), took part in the discussion. They had all heard of HIV infection and the modes of transmission. They have the feeling that condoms do not give the right satisfaction so condom use is low. Some were of the notion that faithfulness and abstinence should rather be emphasized more than promotion of condom use.

FGD 9: (AT AKPAFU-MEMPESEM): They were all aware of the existence of HIV/AIDS and its reality. All participants also knew modes of transmission of the disease. They had heard the use of condom in the prevention STIs, but had never used them because they were not yet involved in sexual activity. A total of six participants were involved in the discussion (age 15-16).

FGD 10: (AT AKPAFU-ODOMI): In all, six participants (age 17 – 24) took part in this discussion. Participants said they got to know about HIV/AIDS through YMCA, AIDS awareness programme, NGOs, and FM broadcast. They were able to point out the main ways HIV/AIDS could be contracted.

**5.2.3 HAVE SUB-DISTRICT:** A total number of 53 participants were involved in 7 FGDs comprising of 29 Females (in 4 FGDs) and 24 males (in 3 FGDs).

### **FEMALES:**

**5.2.3 FGD 11: (HAVE TOWNSHIP):** This group (age 15 – 20yrs) claimed they heard of HIV/AIDS in school and public gatherings organized by various NGOs. However they were not very familiar with the causes of HIV infection but said the disease could be contracted through prostitution, unprotected sex, sharing of infected cutting instruments (blades, needles etc) and through mother to child if the former is HIV positive. Participants also had the notion that everyone is at risk of getting infected with HIV. Participants were aware of the uses of condoms and admitted they do not like condoms because with condom they did not enjoy sex.

**FGD 12: (HAVE H/C):** Participants were six in number (age 18 – 25). On awareness of HIV/AIDS all six participants answered in the affirmative that they were fully aware of the HIV/AIDS pandemic. According to them they did not know where the disease originated from, but gave the modes of transmission to be through sex, sharing of needles and blades and using the same toothbrush. Only one participant said she uses condom at times, but not always because, her partner may suspect her of having HIV-infection. The other participants refused to comment on this aspect of the discussion.

**FGD 13: (HAVE AKLEME):** A total of six participants took part in the discussion (age 18-24yr). They claimed they had been hearing of HIV/AIDS from social gatherings and anniversary days such independent day celebrations. They do not like using condoms because condoms are not 100% protective and also the use of condoms brings about suspicion between you and your partner.

**FGD 14: (HAVE ER JSS):** All ten participants said they heard of HIV first from school and the mass media. According to them, HIV infection can be transmitted through sex, blood transfusion and sharing of common needles and other sharp objects. They had heard about condoms but had never used it because they were not sexually active. [Ages, 15-18 yrs]

**FGD 15: (HAVE TOWNSHIP):** A total of six participants took part in the discussion and claimed they were all aware of HIV infection and heard of it from social gatherings, friends and health workers. They were able to mention correctly the various mode of transmission of HIV. Why the use of condom was very low was attributed to the fact that they don't derive maximum satisfaction with condom use so they prefer "Skin to Skin" (i.e. without condom). Age range of participants was from 18-24years.

**FGD 16: (Have Etoe):** Eight participants in number (age 14 – 20yr) were involved in the 45 minute discussion. All respondents admitted hearing of HIV/AIDS from school and friends. They also know the modes of transmission. With regular use of condoms, they said they were not sexually active so the aspect of the discussion was not applicable to them.

**FGD 17: (EP – JSS):** All ten participants (ages 15-18yrs) claimed they were aware of the HIV pandemic. Sources of their information on HIV/AIDS are from school, friends, NGOs and social gatherings. They were also able to enumerate the modes of transmission of HIV. They knew the uses of condoms but do not use them because they were not yet sexually active. [Ages 15-18]

#### **5.2.4 INDEPTH INTERVIEWS**

**Participant 1:** A fifteen-year old student leader was interviewed on awareness of HIV/AIDS and condom use as a preventive method. He said he had been hearing of HIV/AIDS from radio programmes, TV and school. The participant was able to mention the modes of transmission but did not know the cause of the disease.

He claimed he had not involved in sex yet so he could not comment much on condoms but what he knows is that most people prefer unprotected sex because that is where they derive maximum satisfaction from .

**Participant 2:** (24yrs-old youth counsellor with YMCA). The participant (24yr old youth counsellor with YMCA) said he knew of HIV infection through the mass media and as youth counsellor he works with a lot of NGOs to conduct research on KABP about

HIV/AIDS. He believes condom use is low because there was not enough health education on the use of condoms. He also pointed out a cross section of the society feels that through prayers, HIV-infection could be avoided so they did not see condom use as being very crucial.

**Participant 3:** (Student on attachment to YMCA): He works with an NGO, which deals with reproductive health including HIV/AIDS. On why condom use was low, he cited instances where most of the youth prefer “Skin to Skin” [without condom] because they derive maximum satisfaction from that. Some of the factors are also ignorance, low level of awareness, reality of the HIV/AIDS pandemic and religious influence.

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### **5.3 RESULTS OF FOCUS GROUP DISCUSSIONS**

Three hundred and sixty-four people were interviewed from 3 sub-districts. In another separate survey to ascertain sexual behaviour 220 people were interviewed. The age range was from 15-24yrs both male and female. The total number of respondents was 584.

Out of the 364 respondents 55.6% (N =202) were males whilst the remaining 44.4% (N = 161) were females. Sixty-one percent were between 15 and 19 yrs (N = 222), 32.9% (N =) were of age 20 – 24yrs 2.8% (N = 10) were age range 12 – 14 and 3.3% (N = 12)

- Most of the respondents were Christians (91.8%, N = 331); 7.4% (N = 27) were Moslems and 0.8% were traditionalists on educational status; 32.1% (N = 117) were JSS Scholars, 60.2% (N = 219) were SSS students and 5.8% (N = 21) school

dropout. Two hundred and twenty seven people (62.4%) lived in rural areas whilst the remaining 37.6% (N = 119) lived in peri-urban areas.

### **BACKGROUND CHARACTERISTIC OF STUDY POPULATION**

Out of the three hundred and sixty-four people interviewed in KAP, the mean age was 18.7yrs, median age 18.0yrs and mode 18.0yrs. The age range was 15 – 24yrs. Two hundred and two (55.6%) were males and 61 people (44.4%) were females. Most of the respondents were SSS – students 60. % (N = 219) followed by JSS 32.3% (N = 177) and others 7.2% (N=26). Christians made up 91.7% (N = 331), Moslems constituted 7.5% (N = 27) and traditional worshipper was 0.8% (N = 3). Marital status: 92.8% (N = 335) were single and 7.2% (N = 26) were married 34.4% (N = 119) lived in peri-urban areas whilst 65.6% (N = 227) lived in rural areas. (N= number of respondents).

### **5.3 AWARENESS OF HIV/AIDS**

Table 5 showing usual source of information on HIV/AIDS

<b>Usual Source of information on HIV/AIDS</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Friends	45	12.5
Family members	7	1.9
School	111	30.5
Health workers	62	18.6
Mass media	100	27.2
Others	5	14
NGOs	24	6.5

Total number of respondents = 354

**NB** Percentages did not add up to 100% because not all respondents answered the question.



### 5.3.2 Condom use

Three hundred and fifty seven people (99.4%) said they had heard of condoms before. One hundred and eighty-four (52%) said they had used condom before whilst 170 people (48%) said they have never used condoms. Two hundred and fifty respondents (75.1%) got their condom supply from chemical shops, 18.6% (N = 62) got their supply from Health facilities and 6.3% (N = 22) got their supplies from other sources. Eighty-nine percent (N = 312) said condoms could be used to prevent AIDS whilst 10.3% (N = 36) said you couldn't use condom to prevent AIDS. On how often they use condoms, 158 people (45.9%) claimed they used condom always. The question why condoms were not used often, 179 people refused to comment on it. out of the 185 comments, 108 people (58.4%) said because they are not engaged in sex, 23 people (6.3%) because they don't enjoy sex with condoms, 54 (14.8%) gave other reasons and 179 people (49.2%) did not give any reason why they don't often use condom.

### 5.3 Sexual behaviour

Out of the total of 220 respondents 51 people (23.2%) had no boyfriend or girlfriend and 169 respondents (76.8%) have boy or girlfriend. One hundred and thirty three (60.0%) had sex with their sexual partners. In the past 3 months, 96 people (43.6%) said they had no sex at all with their sexual partners, 9 people (4.1%) had sex once, 38 people (17.3%) had sex twice, 36 people (16.4%) had sex 3 times and 41 people (18.6%) had sex 4 or more times. The table below shows the number of sexual partners among the youth

Table 8 Illustrating frequency of sexual partners among the youth in Hohoe District

No of partners	Frequency	Percentage
0	122	55%
1	43	19.5%
2	32	14.5%
3	13	5.9%
4 or More	10	4.5%
Total	200	99.4%

On urethral or vaginal discharge, 176 people (80%) had never experienced any discharge and 44 (20.0%) of them had had discharge before. Twenty-eight respondents (12.8%) admitted having developed genital ulcers before. On condom use 122 people (56.7%) said they had never used condoms before whilst 93 people (43.3%) had used them.

## 5.4 DISCUSSIONS

### 5.4.1 AWARENESS OF HIV/AIDS

With regards to awareness of HIV/AIDS the discussions showed a variety of understandings about HIV/AIDS encountered, in Alavanyo Sub-district;

All respondents were aware of HIV/AIDS and its modes of transmission. They also know who is at high risk of getting AIDS. However, some respondents have myths about the causes of AIDS. From the KAP, 15.8% (N =56) shared such views and 2.2% (N = 13) had no idea of how HIV is transmitted. At 'Madina-Zongo' for instance, a respondent said, *"God wants to punish those engaging in premature sex. That is the reason why God sent HIV down"* People have many ways of explaining health and illness. Some people believe AIDS is caused by a virus. Others believed that AIDS is a punishment for wrongdoing, and is caused by bad spirits or is the result of Jealousy ( Granich et al,2001). Still in Madina-Zongo a male respondent stated *"A dog had sex with a woman and the woman gave it to man and AIDS started spreading"*. Similarly at Gbi-Kpoeta, two respondents believe that:

Respondent (1) *"A dog and a white lady had sex and brought about HIV"*

Respondent (2) *"Those having sex with dogs can transmit HIV/AIDS"*.

Not only did people have different ideas about the causes of AIDS, but they also have different beliefs about how the disease came about, modes of transmission and even cure.

1. *"A man saw the virus and injected it into his body to see whether he would get cured from some other disease but unfortunately he couldn't cure the initial disease and rather got HIV infection"*
2. *"A man brought HIV from abroad to Ghana"*
3. *"Eating contaminated food exposes you to high risk of getting HIV"*

The fact that the youth seeks alternative ways of getting information confirms their understanding and knowledge about HIV/AIDS. As in the FGD, participants got their information on HIV from friends, NGOs, schoolteachers, social gatherings, radio and television. More often than not, information is received from classmates or friends, who may be ill informed and therefore, contribute to the spread of the misconception.

At Akpafu sub-district; all respondents had heard of HIV/AIDS through the following sources: mass media, friends, school, family members and social gatherings. At Mepesem a male group had the following comments on their understanding of HIV/AIDS.

With regards to mode of transmission, causes and high-risk groups, this was what they said:

- 1) *"HIV is transmitted through sexual intercourse and blood transfusion"*
- 2) *"Those who have oral sex stand high risk of getting HIV"*
- 3) *"I will not use what an AIDS patient has use is a way of preventing HIV"*
- 4) *"AIDS is got through deep kissing"*
- 5) *Quack doctors are the people who cause AIDS"*
- 6) *The youth are at high risk of HIV-infection"*

HIV-infection (causes, mode of transmission and high risk groups) is understood in several ways by the youth. It raises conceptual, ethical and pragmatic issues, which need to be addressed. Deep kissing otherwise referred to as wet kissing can transmit HIV. Using an ELISA test, saliva can be tested for HIV the same way as blood. If saliva test is positive then, Western blot test is used to confirm the results ( Granich et.al,2001 ).

**HAVE SUB-DISTRICT:** The understanding of and beliefs of HIV/AIDS do not differ so much from those in the other two Sub-district.

**At Have township below are what participants said supported by KAP respondents;**

1. *"I heard that HIV is a new disease for those engaging in sexual promiscuity whether you use condom or not".* Eighty-three percent of KAP respondents said AIDS is a disease acquired through sex. Many young men have heard of HIV/AIDS and sex education in schools, but their knowledge has rarely been measured. Indirect measure of knowledge can be done through KAP whose primary aim is to evaluate the youth's knowledge and attitudes on HIV/AIDS.

Some evaluation studies have been conducted in the United States focusing on policies at the state and district levels, the content of classroom instruction, and difficulties encountered by teachers on HIV/AIDS as a subject. In short information and education are necessary conditions for behavioural change.

“HIV causes AIDS. HIV grows to become AIDS. It can be acquired through unprotected sex; HIV is spread through sex. Having safer sex reduces the chances of spreading HIV”. Understanding the difference modes of transmission can help people choose safer types of sex. People can be encouraged, for example, to have oral sex instead of vaginal sex, or to touch each other with their hands instead of oral sex. Making these choices will lower a person’s risk of getting HIV (Granich et al, 2001)

From structured interviews 98.6% respondents have heard of HIV/AIDS from various sources. Three hundred and eighty people (92.4%) know what the letters HIV stand for whilst 89.9% know that HIV is the causative agent of AIDS.

#### 5.4.2 Condom use

Majority of participants in the FGD had heard of condoms before. From KAP questionnaire, 99.4% (N = 357) had heard of condoms and 0.6% (N = 2) had not heard of condoms. Further discussion on the FGD reveal that majority of participants had seen condoms but might not have used them. All respondents in FGD knew the use of condoms. One participant of Madina-Zongo said, “*Condoms are used for sex and for balloon*”. 1 Three hundred and sixty-four respondents(100%) said they know the uses of condoms.

One hundred and eighty-four people (92.5%) said they had ever used condoms whilst 170 people (48%) had never used them. From FGD discussion about 50% of participants claimed to have ever used condoms. A participant at Have said, “*I use condom because I don’t know who is infected with STD or HIV*”

In all the FGD they don't use condom often because of suspicions, low sexual satisfaction and many others. These are what some respondents said:

*"People don't use condoms because their feelings are not achieved" (at Have)*

*"People want skin to skin and not rubber to skin"*

*"I don't use condom often because I do not enjoy sex, and no satisfaction is arrived".*

From the KAP questionnaire 158 people (45.9%) do use condoms always whilst 54.1% (N = 186) do not use condoms always.

### **5.4.3 SEXUAL BEHAVIOUR**

One hundred and sixty-nine people (76.8%) had sexual partners and 133 people (60.5%) are involved in sexual intercourse. Sexuality among the youth is relatively high. On contraception with regards to condom use, 122 people that is 56.7% of the youth said they don't use condoms during sex.

The focus group discussions showed a high level of awareness of HIV but low use of condom as barrier method to prevent HIV/AIDS. Divergent opinions were expressed on condom use which partially explains the contradictory findings between attitude, awareness and practice.

## Conclusion

The growing number of people with AIDS and AIDS-related complications will severely strain the health structure. To reduce these increasing numbers of HIV/AIDS cases, a positive behaviour change is necessary. Since the youth are the future of the nation, health education and health promotion on HIV/AIDS should be directed towards them. Knowledge of HIV must go hand in hand with practice for prevention.

From the study, 99.6% of respondents know that sex is the main way people in Ghana get infected with HIV, 60.5% of the youth are sexually active and those who use condoms always constitute 43.3%. Pragmatic measures should therefore be taken to bridge the gap between knowledge, sexual behaviour and condom use among the youth.

1. There are a number of challenges for communities and governments. The first challenge will be the type of behaviour change and prevention policies adopted by the youth to fight against HIV/AIDS. For as long as HIV continues to spread in the communities, high priority has to be given to behaviour and attitudinal changes. In Hohoe district community involvement in the campaign against HIV/AIDS and also the use of condom should be promoted.
2. The youth should be given political and social space and resources to form youth organisations that would address HIV/AIDS and its prevention with special reference to condom use.
3. Community response or approach to HIV/AIDS and condom use should be holistic and involve the youth, community leaders, health professionals, NGOs, trade unions, religious and political bodies, women's organization and many more. From the study, 91.8% of the youth were Christian and 7.4% Moslems, so religious bodies can play an important role in behaviour change in the district.
4. IE&C on HIV/AIDS need to be intensified and sexuality among the youth must be addressed in such a manner that they (youth) know the association between sex, and HIV/AIDS and protected sex (condom use). In the district, 60.5% of the youth were sexually active whilst 44.3% of them used condoms always.

5. The District Assembly and other corporate bodies and the local communities should fund youth organisations to launch a district-wide campaign on the contraceptive use (condom) as one of the major ways of preventing HIV-infection.
6. Clinics for Syndromic treatment of STIs should be established in the districts.

1. Jonathan R, Mermim J, 2001; HIV, Health and your community
2. MOH FPHP, AIDS in Ghana, Background projections impacts and interventions  
AIDS/STD control Programme, 1995.
3. Carovano K UNDP1993; HIV and the Challenges facing men.
4. Reid E 1992; HIV epidemic and development: The unfolding of the epidemic
5. Cohen D 1992; The Economic Impact of HIV Epidemic.
6. Hamblin D 1992; The role of Law and policy in HIV;
7. Reid E 1993: HIV and Development in Africa;
8. Narula S 1994; The Linkages amongst population development, women and HIV  
epidemic;
9. The HIV/AIDS Questions and answers handbook; MOH Ghana, 1994
10. Mensah. P. et al 1991; Ghana medical journal volume 31a page 802.

- Interview Guide for FGD and In-depth interviews
- Structured questionnaire
- Stationery (Pens, Pencils, Exercise books etc)
- Cassette record player
- Empty audio cassettes
- Dry cells batteries

**FGD/INDEPTH - INTERVIEW**

**A STUDY ON AWARENESS OF HIV/AIDS AND  
CONDOM USE AMONG THE YOUTH IN HOHOE DISTRICT**

QUESTIONNAIRE:

- (1) Have you heard of HIV/AIDS before and from what source?
- (2) What causes HIV/AIDS and how can one get it?
- (3) Who is at risk of getting HIV/AIDS?
- (4) How can you prevent getting infected with the HIV-Virus?
- (5) What are the uses of Condom?
- (6) Do you use Condom regularly?
- (7) Explain why you would always like to use Condom or why you do not like using Condom?
- (8) How is the male Condom used?
- (9) Do you prefer the male or female Condom why?

## INTRODUCTION OF QUESTIONNAIRE

STUDY ON AWARENESS OF HIV/AIDS AND CONDOM USE AMONG THE YOUTH  
IN HOHOE DISTRICT.

There has been a dramatic increase in awareness of HIV/AIDS but  
condom use in the Hohoe District. This study intends to  
explore the factors contributing to the gap between awareness of  
HIV/AIDS and condom use as a preventive method of contracting HIV/AIDS.

Count on your cooperation to answer the questions candidly. All  
responses would be treated with maximum confidence please  
indicate your response(s) by ticking the appropriate box(es) or  
write your answers in the space provided.

## BACKGROUND VARIABLES

1. Code Number #####

2. Age #####

Gender (a) Male <Y>  
(b) Female <Y>Religion (a) Christian <Y>  
(b) Moslem <Y>  
(c) Traditionalist <Y>  
(d) Others specify \_\_\_\_\_3. Education Status (a) JSS <Y>  
(b) SSS <Y>  
(c) School drop out <Y>  
(d) Other specify \_\_\_\_\_4. Profession (a) Student <Y>  
(b) Self employed <Y>  
(c) Not employed <Y>  
(d) Other specify \_\_\_\_\_5. Marital Status (a) Married <Y>  
(b) Single <Y>6. Place of Residence (a) Periurban <Y>  
(b) Rural <Y>

## AWARENESS OF HIV/AIDS

7. Have you heard of HIV/AIDS? (a) <Y>  
(b) <Y>

8. From where did you hear of HIV/AIDS first? (a) Friends &lt;Y&gt;

- (b) Family members <Y>
- (c) School <Y>
- (d) Mass media <Y>
- (e) Health workers <Y>
- (f) Others specify \_\_\_\_\_

What do the letters HIV stand for? \_\_\_\_\_

What do the letters AIDS stand for? \_\_\_\_\_

If you have HIV infection does it mean that you have AIDS? Yes <Y>  
No <Y>

Who can transmit the AIDS-Virus? \_\_\_\_\_

What causes AIDS? (a) Human immune deficiency Virus <Y>  
(b) Bacteria <Y>  
(c) Spirits <Y>  
(d) Others specify \_\_\_\_\_

What is sexually transmitted disease? \_\_\_\_\_

What do sexual transmitted diseases and HIV/AIDS have in common? \_\_\_\_\_

How is HIV/AIDS transmitted? \_\_\_\_\_

1. Who is at risk of getting HIV/AIDS? \_\_\_\_\_

1. How do I know if I have HIV infection? \_\_\_\_\_

1. Can I have HIV now and would not know? (a) Yes <Y>  
(b) No <Y>

1. Have you ever seen an AIDS patient? (a) Yes <Y>  
(b) No <Y>

1. Is sex the main way people in Ghana get infected with HIV? (a) Yes <Y>  
(b) No <Y>

#### CONDOM USE

1. Have you heard of condoms before? (a) Yes <Y>  
(b) No <Y>

1. Have you ever used condom? (a) Yes <Y>  
(b) No <Y>

26. Where do you get your condom supply? (a) Chemical shops <Y>  
(b) Health facilities/workers <Y>  
(c) Other specify \_\_\_\_\_

27. Can the use of condom prevent HIV infection? (a) Yes <Y>  
(b) No <Y>

28. Do you use condom often? (a) Yes <Y>  
(b) No <Y>

29. If NO to question (28) then why \_\_\_\_\_

30. What is the proper way to use a condom? \_\_\_\_\_

\_\_\_\_\_

## INTRODUCTION OF QUESTIONNAIRE

## A STUDY ON AWARENESS OF HIV/AIDS AND CONDOM USE AMONG THE YOUTH IN HOHOE DISTRICT.

There has been a dramatic increase in awareness of HIV/AIDS but Low condom use in the Hohoe District. This study intends to Explore the factors contributing to the gap between awareness of HIV/AIDS and condom use as a preventive method of contracting HIV/AIDS.

I count on your cooperation to answer the questions candidly. All Responses would be treated with maximum confidence please Indicate your responses(s) by ticking the appropriate box (es) or Write your answers in the space provided.

1. ~~Code~~ Number
2. Age
3. Gender (a) Male (b) Female
4. Religion (a) Christian  
(b) Moslem  
(c) Traditionalist:  
(d) Others -----
5. Educational status (a) Jss  
(b) SSS  
(c) School drop out  
(c) Others specify
6. Profession: (a) Student  
(b) Self employed  
(c) Not employed  
(d) Others specify
7. Marital status: (a) married (b) single
8. Place of Residence: (a) Peri-urban  
(b) Rural
9. Do you have a boy/girl friend?  
Yes No
10. Do you have sex with him/her?  
Yes No
11. In the last 3 months how many times  
Have you had sex? (a) 0 (b) 1 (c) 2 (d) 3 (e) 4 or more
12. How many different partners have you had  
sex with within last 3 months?  
(a) 0 (b) 1 (c) 2 (d) 3 (e) 4 or more
13. Have you had a vaginal or urethral discharge  
in last year? Yes No
14. Have you had a vulva/penal ulcer in the last  
year? Yes No
15. Do you use condom when having sex?  
Yes No