

**HIV/AIDS PREVENTION:**

**IS ABSTINENCE AMONG THE YOUTH FEASIBLE**

**Presented by:**

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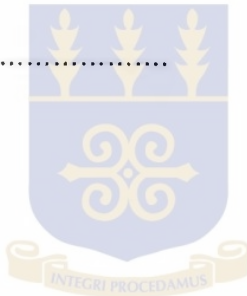
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**DECLARATION**

I, Mary Aboagye, hereby declare that this submission is my own work and that to the best of my knowledge, it contains neither material previously published nor written by another person nor material which, to a substantial extent, has been accepted for award of any degree or diploma of a university or other Institution of learning except where acknowledgement is made in the text.


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RESIDENT



**CERTIFICATION**

The under-mentioned persons supervised the conduct of this study from proposal development stage, collection and analysis of the data and the write up and its submission.

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## **DEDICATION**

This study is dedicated to.

My husband, His Worship Mr. Kwaku Aboagye, my two daughters, Maame Yaa Gyamera Aboagye and Awura Amma Among Aboagye, my two nieces: Maame Yaa Brenya and Nana Amma Mmra, and my mother. Madam Amma Akvama, whose prayers, love and support made it possible.



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**ACRONYMS**

<b>AIDS</b>	<b>Acquired Immune Deficiency Syndrome</b>
<b>HIV</b>	<b>Human Immunodeficiency Virus</b>
<b>STDs</b>	<b>Sexual Transmitted Disease</b>
<b>ABC</b>	<b>Abstinence, Being Faithful to one's Sexual Partner &amp; Condom use</b>
<b>FGD</b>	<b>Focus Group Discussion</b>
<b>WHO</b>	<b>World Health Organization</b>
<b>DHA</b>	<b>District Health Administration</b>
<b>IDI</b>	<b>In-depth Interview</b>
<b>VHC</b>	<b>Village Health Committees</b>
<b>DHMT</b>	<b>District Health Management Team</b>
<b>GDHS</b>	<b>Ghana Demographic Health Survey</b>
<b>NGOs</b>	<b>Non-governmental Organizations</b>
<b>MOE</b>	<b>Ministry of Education</b>

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## **ABSTRACT**

Abstinence as a preventive method against HIV/AIDS has attracted the attention of demographers, planners and public health practitioners for some time now. Concern has been expressed that as yet there is no available evidence that adopts an analytical approach to the effectiveness of abstinence programmes based upon the evidence available. Rather, descriptions and discussion tend to be based on moral positions. This cross-sectional descriptive study sought to explore the phenomenon from the perspective of stakeholders. The focus was on the perspective of all stakeholders about HIV/AIDS and abstinence with reference to the available literature on the subject.

A structured questionnaire was administered to One hundred and fifty youth from Ejisu community and 15 others within the sub-district. In addition FGD was held with Queenmothers, Parents, Teachers and Church leaders. In-depth interview was held with religious leaders and health workers. The respondents demonstrated a high level of awareness about the issue with respect to the health and socio-economic effects.

The Majority of Community Leaders acknowledged the high rates of indiscriminate sexual activities among the youth and the general problem of lack of adequate parental supervision as a result of economic hardships.

The study revealed that a number of motivating factors including good parenting, traditional/ Religious beliefs, school and Virgins' Club programmes among others have helped them to abstain from sex.

It was further indicated that abstinence among the youth as a preventive measure against HIV/AIDS could be feasible if more attention is given to the campaign on abstinence (88% of respondent were abstinent). The youth said that they know the benefits associated with abstinence as a preventive method against HIV/AIDS. The 76 members of the Virgins Club interviewed demonstrated a high level of contentment and a sense of pride as virgins.

## **CHAPTER ONE**

### **1.0 INTRODUCTION**

#### **1.1 HIV/AIDS IN GHANA**

HIV/AIDS is primarily a sexually transmitted disease, and much of its transmission is behaviour driven. A small percentage of transmitted cases include the use of blood products through the use of shared needles in drug abuse and babies born to infected mothers. With an estimated 30 million people living with HIV Infection and a global incidence of selected curable sexually transmitted diseases (STDs) at 333 million in 1996, STD and HIV infection are a public health crisis of enormous proportions. More than half of the infected people are young adults between the ages of 10 and 19 years. Studies show that about 55% of the youth are sexually active and a greater percentage do not practise safe sex (UNAIDS, 2000).

In Ghana, findings from the National AIDS Control Programme indicate that 600,000 people are infected with the virus and 43,000 have the disease AIDS. Of those infected 90% are in the reproductive age group (15-49).

Both International and National Organizations have launched various educational programmes in Ghana over the years to educate the public on preventive measures in curbing the spread of HIV/AIDS. For instance the Johns Hopkins Communication Centre in Accra launched the "Journey of Hope" Programme on the three major preventive methods in the fight against HIV/AIDS, namely, Abstinence, Being Faithful to one's sexual partner and Condom Use (ABC).

#### **1.2 HIV/AIDS IN THE STUDY AREA**

The prevalence rate of HIV/AIDS in the country has been on the increase (3.6%). Report from the Ghana AIDS Control Unit indicates that 90% of the infected are in their reproductive stage (15-49).

The Ashanti Region where the Ejisu-Juabeng District is located recorded the highest number of HIV/AIDS in the country. As indicated in the Report of the National AIDS Control Unit, 2000, 168 new infections were recorded.

The high levels of abortion coupled with the increasing incidence of teenage pregnancy presupposed that there could be a real threat of HIV/AIDS to the youth in the sub-district. For instance at the Ejisu Government Hospital, 21% of the total reported pregnancies were teenagers.

As a result to this, the Senior Medical Assistant together with Queen mothers and some health workers within the Ejisu sub district came together to form the Virgins' Club in July, 2001. The group enrolls the girls after they had been screened by midwives and gynecologists to ascertain their virginity. The club has a membership of over 120 girls from the 30 communities in the sub district.

The aim of the Virgins' Club is to prevent HIV/AIDS and immorality among the youth.

#### **SPECIFICALLY ITS OBJECTIVES ARE:**

1. to educate and encourage the youth to abstain from sex
2. to re-institute the moral impact of traditional puberty rites (bragoro) as a means of instilling good morals in the youth and preventing HIV/AIDS.
3. to create awareness on HIV/AIDS among the youth
4. to organize the youth and give them income-generating skills
5. to use them as peer educators in their various communities

The Club is formed on the basis that if the youth are motivated and encouraged to abstain from practicing sex.

- there will be no drop out from school\they will not be exposed to abortions

- social vices like drug abuse will be checked
- population growth will be checked as well.

## **ACTIVITIES**

The activities of the Club include:

- education on health issues
- entrepreneurship skill training and
- peer education in the communities

This study aims at examining the feasibility of the concept of abstinence as an effective method for HIV/AIDS prevention.

### **1.3 OTHER FACTORS THAT CONTRIBUTE TO EARLY SEXUAL ACTIVITIES.**

These can be summarize as:

#### **1.3.1 Complex and conflicting messages**

There are several factors that contribute to early sexual activity among the youth. This includes conflicting messages on sexual behaviour, breakdown of traditional values system, poverty, knowledge, and taboo system. The youth today are exposed to all kinds of pornographic activities both in the print and the electronic media. In the past, it was not like that; hence one could say that there was not much sexual harassment and enticement as compared with what prevails today. The enticing erotic television advertisements and scenes communicate to our young people to be sexually active. Yet concerned parents and religious groups as well as traditional value system say 'wait or abstain' and promote abstinence as the standard for young people.

#### **1.3.2 Breakdown of traditional system**

Currently, raising up children is occurring in the absence of institutional structures of the family unit, the extended family system and the traditional village support systems, which in the past helped in the control of young ones in terms of good morals. Now, most homes are just empty shells and 'strangers' care for children (Sarpong 1974).

### **1.3.3 Poverty**

A major problem for many Ghanaian children now is how to cater for themselves since their parents cannot shoulder all the responsibilities towards them. Most working parents are in the low-status jobs such as farming, artisan-mechanic, manual labor, and petty trading among others. It follows therefore that most of the children in the streets are part of a cycle of poverty and gross disadvantage. Most girls go in for sex for financial favor and there appears to be very few ties between most children and their parents.

### **1.3.4 Knowledge of AIDS and STD's**

AIDS education has been carried out in Ghana for about a decade now. However, it cannot be said with certainty that all societies have had equal access to the diverse sources of information in the developing country. It is therefore appropriate to assume that some people may not have heard of AIDS. Also, it is important to ascertain the quality of information the people have about the disease. Being aware of AIDS and other STDs and having accurate information about modes of transmission do not guarantee that a person will take precautions against contracting them. Constant education is necessary to sustain the awareness and to prepare the individual to a threshold where informed decisions are made about socially acceptable behavioral change.

### **1.3.5 The Taboo System**

Traditionally, a boy or girl is supposed to be completely ignorant of sexual matters until he/she is physiologically and socially mature (that is by reason of the performance of her initiation rites). In some tribes, a test of virginity is said to have in the past formed part of the ritual of the wedding night of a newly married girl and failure to produce the evidence, a bloodstained white cloth was a humiliating disaster, which could lead to the breaking of the marriage contract. Juvenile immorality was severely punished, sometimes by death or perpetual banishment. However, currently, the combination of delayed marriage, early menarche and the breakdown of most social institutions have resulted in an increase in teenage sexual promiscuity.

### **1.3.6 Biological and Sociological Maturity**

When the gap between biological and sociological maturity is too wide apart the marriage of the average number of young people is likely to be prolonged. This is in contrast with what prevailed in the past where most young people married just after their menarche, which was around 15-17 years. This meant that the individual young person did not go through a long period before enjoying sex. Many young people today are sexually active long before marriage and the incidence of HIV/AIDS among them is becoming increasingly common.

## **1.4 OBJECTIVES OF THE STUDY**

### **1.4.1 General Objective**

The general objective of the study was to examine the feasibility of Abstinence from sex as a preventive measure against HIV/AIDS among the youth in the Ejisu sub district of the Ejisu-Juaben District.

### **1.4.2 Specific objectives:**

- To determine the perception of all stakeholders eg. Queenmothers, parents and youth about abstinence as a preventive measure against HIV/AIDS among the youth
- To describe the source of the youth's information on HIV/AIDS and Abstinence and the credibility of the sources.
- To describe the general sexual practices and behaviours that exist among the youth in the communities in which they live
- To determine their preference for preventive methods against HIV/AIDS
- To determine the motivating factors for abstinence.

## CHAPTER TWO

### 2.0 LITERATURE REVIEW

#### 2.1.1 DEFINITIONS

Human immunodeficiency virus/acquired immunodeficiency syndrome [HIV/AIDS] was recognized as a global crisis by the mid 1980s [UNAIDS 2001]. The virus that causes AIDS is transmitted through sexual intercourse, sharing of sharp instruments with infected persons e.g needle and blade, blood transfusion and mother to child (at birth or through breast feeding).

Until recently, prevention and control of sexually transmitted diseases especially among the youth was a low priority for most countries and development agencies.[Mba,2002]. The stage of life during which individuals reach sexual maturity has come to be known as adolescence. It is the period of transition from childhood to adulthood. Although the change is biological, the duration and nature of adolescence are primarily a social construct and thus vary greatly from culture to culture [Abraham and Kumah,1999;Senderowitz,1995;Bledsoe and Cohen, 1993.] The World Health Organization [WHO] identifies the age range 10-19 years as the period of adolescence, while the term "youth" denotes the age group 15-24[WHO, 1986]. The WHO definitions have been widely adopted, while in some studies, the term "ADOLESCENCE" and "YOUTH" are used interchangeably [Bracher, 1999;Darroch and Singh, 1999].

Among demographers and other social scientists, there is growing attention to young people because this period of development is increasingly recognized both as an important determinant of future health and as an especially vulnerable period of life. HIV/AIDS is now clearly worst among the youth. It is said that over a period of 20 years, more than 60 million people have been infected with HIV, half of them became infected between the ages of 15 and 24 (WHO, 2001). Prevention is said to be the first line of defense against HIV/AIDS (UNAIDS, 2001). This includes key messages on abstinence, mutual fidelity between partners and consistent condom use (West Africa Newsletter, 1998).

Research findings show that 90% of HIV/AIDS transmission among the youth is caused by unprotected sex. Many young people are ignorant about the basic facts of human sexuality and reproduction. This is an issue, which is culturally regarded as a 'taboo' subject. Furthermore they are denied access to factual information with the intention of discouraging them from being sexually active. Many lack the social skills that help to avoid high-risk sexual activities. They are also very often denied access to health care and counseling services (Zwenner, 1998).

As already mentioned, the methods so far proposed for prevention against HIV/AIDS are Abstinence, Mutual Fidelity between partners and consistent condom use. Abstinence, which this paper seeks to address, is avoiding sex. But sex can have different definitions for different people. Some people define sex as penis-vagina intercourse. Others include oral sex, anal sex or even kissing and touching. For the purpose of this research we will focus on abstaining from penis-vagina intercourse. Most religions and cultural groups prescribe abstinence from sex before marriage.

### **2.1.2 Perception of Abstinence**

Many adolescents are under pressure to have sexual intercourse these days. The impression therefore given is that all the young people are sexually active. But this is not true (Community Life Project, 2002). If half of young people in schools are having sex, we can safely assert that half of all young people in schools are also abstaining from sex.

In the traditional system, the people upheld abstinence before puberty rites were performed and marriage was contracted. In the Ghanaian traditional society, a boy or a girl is supposed to be completely ignorant of sexual matters until he/she is physically and socially mature. This is when initiation rites were performed. (Sarpong, 1974).

According to Awedoba (Kasena Norms and Reproductive Health 2002) girls went into their first marriage as virgins and men who courted pubescent girls avoided sexual contact with them.

In some tribes (Sarpong, 1974), a test of virginity is said to have in the past, formed part of the ritual of the wedding night or a newly married girl. Failure to produce a blood stained white cloth, as evidence was a humiliating disaster, which could lead to the breaking of the marriage contract. Juvenile immorality was severely punished, sometimes by death or perpetual banishment. This made the whole society to be vigilant in assisting to promote sexual abstinence among the youth.

Among the Ashantis, "Bragoro" was an initiation ceremony performed to usher their adolescent girls into womanhood. This was done after the menarche, which was usually between the ages of 15 and 17 years. Queen mothers had the prerogative right to examine girls to rule out unchastity before a go ahead was given to parents to perform "Bragoro" (Sarpong, 1974). In the opinion of elders, if a girl was found to be pregnant without going through "Bragoro" ceremony, it was considered as "kyiri Bra" which literal means "someone who detests puberty rites". This was an offence, which attracted punishment by banishment of both the girl and the boy who impregnated her. Traditionally certain rituals had to be performed by the traditional leaders to avert any bad omen against the entire community.

### **2.1.3 SOURCE OF INFORMATION ON ABSTINENCE**

Recent studies also show that parents and educational programmes can have very significant impact on teens. Teenagers who had good communication with their mothers and received a clear "no sex now" messages from their mothers with no promotion of contraceptives were less likely to have sex than teens who had less of these three things (Panzer, 2002).

Schools also have a great influence on teens with abstinence messages. School based sexuality education is an essential source of factual information. It is also an important place for building decision - making skills and learning concepts that are important for healthy sexuality. Students need early and balanced information to best prepare them to make the responsible choices necessary to prevent STDs and unplanned pregnancy (Landry 2002). Public schools sexuality education teachers report that the focus on abstinence only on instruction increased remarkably during 1990s.

In 1999, 23% of these teachers taught abstinence as the only way of preventing pregnancy and sexually transmitted diseases compared with 2% in 1998 (Darroch, Landry and Singh, 2000).

Teachers' interest in abstinence seems to be rising. According to surveys conducted in 1998 and 1999, when the teachers were asked what they considered their most important messages, four in 10 teachers thought that students who received education that stressed abstinence were less likely to have intercourse than students who did not.

#### **2.1.4 SEXUAL PRACTICES AND BEHAVIOUR AMONG THE YOUTH**

Initiation of sexual and reproductive capability generally occurs in the second decade of life (Mba, 2001). The events that define entry into sexual and reproductive life among Sub-Saharan youth, and their timing, are important determinants of sexual and reproductive health and have important implications for the future life course for these young men and women. At the same time, the factors that motivate young people to initiate and continue sexual activity are not well understood (Mba, 2001).

The timing and circumstances of first sexual intercourse before marriage are of interest for a number of reasons. The timing marks the onset of the risk of early childbearing and exposure to health hazards, while the circumstances may have implications for future sexual behaviour. The growing body of survey data reveals that sexual behaviour among young people varies widely (Pillai and Bene, 1995; Gage and Meekes, 1994). In some areas of the world, intercourse begins early and is frequently pre marital, while in others it is dictated by strong social sanctions and commonly coincides with marriage, although marriage may occur at a very early age.

Defined as any sexual activity before legally or traditionally sanctioned marriage, premarital sex is frowned at in many traditional African societies. However, several studies indicate a discrepancy between a persistent ideal of virginity before marriage and actual levels of pre marital activity. In his study, Anarfi (1997) found that three-quarters of both men and women said that they believed women should be virgins at marriage, but barely 1 in 10 of either sex maintained that he or she was a virgin.

He further found that two-thirds of ever-married men and one-half of ever-married women reported having had two or more pre-marital partners. Similarly, Ogbuagu and Charles (1993) in their study found that 40 percent of the respondents in Calabar City, Nigeria, said that they held virginity at marriage as ideal but fewer than half that proportion could report no sexual activity before marriage.

Also, Meekes (1994), using several demographic and health survey data shows that Botswana and Kenya display strong evidence of a rise in premarital sex. Furthermore, Cleland and Ferry (1995) found that between 45-60 percent of both sexes are sexually active by the age of 15 in Cote d'Ivoire and the Central African Republic. Carael (1995) contends that in Kenya and Guinea-Bissau, over one-half of all those aged 15-19 years are already sexually experienced.

Anarfi and Awusabo-Asare (1993) found that people recall that they first had sex when as young as 8 or 10. This young age at first sexual intercourse is important when targeting populations for interventions, particularly in light of the work by Konings and Associates (1994) which shows a correlation between early sexual debut and large number of partners. The findings of the latest nationally representative survey in Ghana, the 1998 Ghana Demographic and Health Survey indicate that the likelihood of the commencement of sexual activity among young people residing in urban areas is quite high, while their counterparts who are rural dwellers tend to delay their sexual debut (Ghana Statistical Service and Macro International Inc, 1999). The results further show that whereas 40 percent of women were sexually active in the four weeks preceding the survey, the corresponding values for Cameroon, Niger, and Senegal were 58 percent, 57 percent and 63 percent, respectively.

In his study of early and premarital sexual behaviors among female Ghanaian, Mba (2001) found that modernization and geographic region of residence increase the propensity to engage in early and premarital sexual activity. Several researchers note that young women sometimes feel under pressure to engage in premarital sex in order to prove their love to the boy friends (Preston-Whyte, 1994; Anarfi, 1993; Goldstein, 1993).

Despite the paucity of systematic data and the variability in sexual behavior of young people, three broad patterns of their sexual and reproductive behavior can be identified. The first pattern is common in Asia and is characterised by marriage at an early age, followed by early childbearing (McDevitt, 1996; McCauley and Salter, 1995).

The second pattern is generally representative of the developed World (Brander et al, 2002; Council of Europe, 1998). Here, initiation of sexual activity is frequently premarital and occurs from the middle to the late teens and age at marriage is generally late. According to this pattern the incidence of premarital pregnancies is high and abortion is legal and common but not in all countries. The third pattern is intermediate or transitional and is found particularly in urban settings in developing countries, where lifestyles are rapidly changing owing to socio-economic development (Darroch and Singh, 1999; McDevitt, 1996; Pillai and Benefo, 1995; Gage and Meekes, 1994). In this pattern, sexual initiation is increasingly premarital as is pregnancy, while age at marriage and age at first birth are, in general rising.

These three models fail to account for the behaviour observed among young people in Africa. It can be argued that the first model is the best fit for patterns of sexual and reproductive behaviour in Africa barring an important difference, namely that premarital sexual activity is common in the region.

#### **2.1.5 PREFERENCE FOR PREVENTIVE METHODS**

AIDS today is widely seen as a social crisis as well as a problem of individual behaviour (Thompson, 2002). It is increasingly clear, however that the youth must be at the centre of strategies to control HIV/AIDS. Most Activists argue that condom use is integral to any prevention programme (Nxesi, 2001). According to WHO/UNAIDS Information, condoms have long been a mainstay of HIV Prevention programmes. It is said to be the only contraceptive methods that can protect against HIV as well as against pregnancy among the youth. It is advocated that condoms should be widely accessible, and their use promoted among sexually active people of all ages. (Sternberg 2001).

However the problem of inconsistent use of condoms among the youth is a worry. A study among some youth in Ghana (Anarfi 1993) revealed that although 83% of the young people knew about condoms only 28% had ever used them. 8% just do not like them and a few said they do not make sex enjoyable or that they can burst. Some also, do not use condoms for religious reasons (7%) 8% do not use condoms because they think their partners are faithful.

In the U.S.A a survey among high school students (Tift, 2002) revealed that 46% of them do not use any form of contraceptive. Granted that the use of male and female condoms offers protection against STDs including HIV, yet the risks of condom slippage cannot be wished away and these risks increase with the prevalence of intercourse. Moreover, the probability of having sex without condom rises with the frequency of intercourse. Yet it does not take more than one sexual intercourse to contract or transmit the virus (Mba 2002). In many societies, having multiple sex partners is considered essential to being a "man". For those who do not conform to this expectation of society are considered homosexuals. According to Kathleen Henry Sears (2002), the prejudice against homosexual men is particularly harmful for young men who have sex with men, leading to denial of sexual risk, low self-esteem and even suicide. Results from qualitative research among young men in nine Latin American countries found that they considered health risks to be far less important than perceived threats to their masculinity (Shears 2002).

Furthermore, results from a study of youth and sexuality and sexual health in Lima, Peru, revealed high levels of unplanned pregnancy, coerced sex, STI symptoms or diagnoses, and abortion, but also indicated that some positive change might be under way among sexually active adolescent. Some virgins feel shy or even ashamed of their virginity because they are afraid their friends who have started having sex will laugh them at. Such friends boast about being more "grown up" and "smart" just because they are having sex. However, in recent past, virgins or abstinence clubs are springing up and having great impact on members. According to Kerby Anderson commentary (2002), over 200,000 teenagers pledging to refrain from sex until marriage signed "True love waits" cards in Washington Mall.

Churches and crisis pregnancy centers also provide speakers and counselors who address the issue of abstinence. Other groups with names like "Aim for Success", "Postponing Sexual Involvement" and "Children Having Children" are helping young women keep from being social statistic. One abstinence - only program for girls run by Elayne Bennett in Washington D.C. has seen only one of four hundred girls become pregnant when twenty to seventy pregnancies are common for this age-group in the District of Columbia. Even among teens who have had sexual intercourse there is more room for hope. Roper Poll(1994) found that 54% of sexually active teens regretted having had sex and wished they had waited. A study by the Center for Disease Control (1992) found that among sexually active only 39.4% had had sexual intercourse during the previous three months, more than 60% of those "sexually active" teens in fact had been abstinent.

The gap here is how long should the teens abstain from sex. When the biological and sociological maturity is too wide apart, the marriage of the average number of young people is likely to be prolonged. This is in contrast with the past where most young people marry just after their menarche, which was around 15-17 years. This meant that the individual youth did not go through a long period before enjoying sex. Besides, in the past the average youth was not exposed to all the pornographic activities both in the print and electronic media hence one could say that there was not much sexual harassment and enticement as compared with today. The enticing erotic Television advertisements and scenes communicate to our young people to be active. The focus is on immediate sexual gratification. Our young people are therefore getting mixed signals about sexual behaviour (Mcdowell and Day 1987). The media not only distorts sexual realities but it also cultivates feelings of inadequacy among young viewers. A tremendous emphasis on the value of a person is based on the physical. First the media communicates that the value of a person is primarily his or her physical attractiveness. What the movies and the soap operas do not tell us about is the devastation and the broken hearts that occur due to amorous affairs and premarital sex.

### **2.1.6 Motivating factors for abstinence**

Results from surveys in the U.S.A. indicate how abstinence clubs are having positive impact on members. According to Richard A. Panzer (2002) nearly all of Best Friends Washington D.C. participants strongly believe in and practice sexual abstinence. Weekly meetings with a mentor, fun activities and exposure to successful role models in the community further reinforce these girls commitment to delay sexual involvement.

Religion plays a major role in people's attitude and behaviour. It is believed that religious faith is very important in teaching young people abstinence. A survey in USA found that the factor that most influence whether a child grows up well is the child's religious faith or that of her parents (if either of them has a religious faith). The survey also indicated that Church Youth groups also challenge children to resist sexual temptations (Anderson, 1998).

The view of many Religious leaders is against the wide promotion of condom use among the youth. Southern African Catholic Bishops condemned the use of condoms to fight the HIV/AIDS pandemic, saying it was immoral and dangerous. The Bishops regard the widespread and indiscriminate promotion of condoms as an immoral and misguided weapon in the battle against HIV/AIDS. Their stand was that condoms were no substitute for abstinence and sexual responsibility. Dr. Hyams a member of "Doctors for Life" held the view that condoms haven't worked" and despite all the money and effort that that had been put into the distribution of condoms, the problem of HIV/AIDS had escalated. She suggested that people adopt the message of abstinence, as this was the only effective way of controlling HIV/AIDS (Hyams 2001).

Many are the view about the benefits of abstinence. According to Tift (2002), the benefits include:

1. more self respect and more respect for each other
2. security that you are not being pursued for sexual reasons
3. greater chance of faithfulness in marriage, and trust in your partners' ability to control him/herself with other people
4. chance to develop more depth in relationship

5. **less worries regarding pregnancy, birth control, STDs, emotional betrayal**
6. **peace of mind and joy in the knowledge that you are obedient to God .**

## CHAPTER THREE

### 3.0 RESEARCH METHODOLOGY

#### 3.1.1. STUDY AREA

The study area was the Ejisu-sub district. It is one of the five sub districts of Ejisu Juaben district in Ashanti Region. It is the biggest among the sub-districts with 30 communities. Ejisu is both the capital of the sub-district and also the district with a population of 10,923 (2000 census). The 2000 census figures for the whole population of the sub-district was not available at the time that the study was conducted, however, a projected figure by the MOH/DHA indicated 43,440.

The main occupation of the people in the area is subsistence farming. Food crops grown are cassava, plantain, cocoyam and maize. Cash crops include cocoa and oil palm. Few are employed as factory hands in the wood industry and the oil palm plantation at Juaben, one of the sub-districts. Many of the women are engaged in trading as a secondary occupation. Weaving is also an important occupation in one of the communities, Bonwire. Generally, incomes tend to be unstable and employment is often seasonal.

#### 3.1.2. Type of study

The study was a cross sectional descriptive and exploratory study.

#### 3.1.3 STUDY VARIABLES

##### TABLE OF VARIABLE

VARIABLE NAME	VARIABLE DEFINITION	VARIABLE MEASURES
Source of information on abstinence	Where do young people hear about abstinence	-Peers -Community -Parents
Credibility of Information	How Trusted is the Source?	Stated trust of the information of stakeholders on abstinence
Perception about Abstinence /HIV/AIDS	Knowledge Level	-Media -School

### **3.1.4 Data Collection Techniques.**

- a. An interview using a structured questionnaire was administered to 156 youth.
- b. An in-depth interview guide was used to interview three opinion leaders - a Moslem leader and two health personnel.
- c. Focus Group Discussion (FGD) was conducted using an FGD guide among four groups namely: Queenmothers, parents, Teachers and church leaders.

### **3.1.5 Selection and Training of Interviewers.**

Two interviewers were selected and trained to administer the structured questionnaire

**3.1.6 Study Population.** The study population was all in and out of school young people between the ages of 10-24 in the Ejisu sub-district.

### **3.1.7 Sampling**

Purposive sampling was used to get a sample of young people from different socio-cultural and socio-economic groups in the community into the sample.

This included:

- All attendants at the Virgins Club meeting on 21<sup>st</sup> June 2002. They were 76 out of the 120 members.
- 30 males and 10 females to make a total of 40 young people from the Main Lorry Station/market place were interviewed on three consecutive days.
- In Zongo/mosque area, 12 boys and 8 girls were interviewed to give a total of 20. This was to try and get Moslem youth. Two consecutive days were used. Moslem youth had to be purposeful sought for because almost all the young people obtained in the other samples were Christians.
- 20 school students from Ejisuman Secondary School, with equal number of male and female were interview. We chose to go to Ejisuman secondary school out of the three secondary schools within the sub-district because of proximity. The interview was conducted on two consecutive days.

Before the research started, consent was sought from the district assembly. Chiefs, Queenmothers and the elders of the communities were informed about the study and their assistance was also sought through the village health committees (VHC) before the research was carried out. At the Virgins Club consent was sought from the Senior Medical Assistant of Ejisu Health Centre and also the Queenmothers. At the Zongo consent was sought from the Imam. In the school consent was sought from the headmaster, and at the main lorry station consent was sought from the 'Bookmen' to use their facilities for the interview of the street youth. Consent was also sought for from the head Pastor of Church of Christ to conduct FGD among the leaders. Consent was sought from all the individuals interviewed before the interview.

### **3.1.8 Pre-testing of the Questionnaire**

Pre-testing was done at Juaben Secondary School and the main town. This was a community which was not selected for the study.

Reactions of the respondents to the research procedures were observed, taking into consideration respondents daily work/school schedule and their willingness to answer questions and to collaborate with the investigator.

The questionnaires and the guides were also tested for their accuracy and reliability and whether there was the need to revise them. The sampling procedures and the interviewers activities were also checked.

**3.1.9. Data quality :**To ensure quality of the data, interviewers checked if the questionnaires were filled in completely after each interview.

During the data collection period, the Principal Investigator was also checking the data at the end of each day. Her checks included whether the questionnaires were filled in completely, and whether the recorded information made sense.

### **3.2.0 Data handling**

Questionnaires were counted at the end of the interviews and the data collected were kept in designated files open for various category of information by the principal investigator.

Epifo version 6 was used for data processing and analysis. The statistics used were: frequency, percentage, and cross tabulation.

### **3.2.1 LIMITATIONS**

- The study was carried out within a short period of time and so there were constraints due to time factor.
- The study was also restricted to Ejisu due to financial constraints. Purposive sampling was used in order to obtain a variety perception among the different group groups. The data cannot therefore be assumed to be completely representative of the country as a whole.

However, it is hoped that the study, in spite of these limitations, will set the baseline for subsequent studies on abstinence among the youth. This will also be a tremendous source of information to the Virgins Club members and its leaders, the staff at Ejisu Health Center and the Nation at large.

## CHAPTER FOUR

### 4.0 RESULTS AND OBSERVATION

This chapter is based on the interviews and the FGD in the earlier chapter.

#### 4.1 DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS

A total of 150 young people were interviewed. Majority of them were within the ages 15 and 19 years (58.7%) and another 27.3% were in the age group 20-24 (See Table 1). Only 14% were aged 10-14 years. More females than males were covered in the survey (65.3% against 34.7%). This was because of the emphasis is on the Virgins' Club, which enrolls girls only. They were 76 out of the 150. It can be inferred from Table 1 that most respondents both from the Virgins' Club and the non-Virgin's Club were matured enough to answer questions on HIV/AIDS and abstinence.

**Table 1**

#### **DISTRIBUTION OF RESPONDENTS BY AGE AND SEX**

AGE GROUP	FEMALES				MALES			
	FREQUENCY		PERCENTAGE		FREQUENCY		PERCENTAGE	
	VIRGINS	OTHERS	VIRGINS	OTHERS	VIRGINS	OTHERS	VIRGINS	OTHERS
10-14	-	10	-	46%	-	7	-	13
15-19	54	8	71%	36%		26	-	50
20-24	22	4	29%	18%		19	-	37
<b>TOTAL</b>	<b>76</b>	<b>22</b>	<b>100%</b>	<b>100%</b>		<b>52</b>	<b>-</b>	<b>100</b>

##### 4.1.1 Educational level

The people surveyed were relatively well educated. Only 15% from the Virgins' Club and 23% from the non-Virgins' Club said they had no formal education. About 4% from the Virgins' Club, and over 26% from the non-Virgins' Club had only primary Education. The bulk of the rest (48%) had JSS education and another 23.3% had SSS education. (Both Group).

At least one person from the Virgins' Club had post secondary education. It can therefore be said that the respondents from both sides had appreciable level of knowledge to discuss the phenomenon under study as shown in Table 2.

**TABLE 2**  
**DISTRIBUTION OF RESPONDENTS BY EDUCATIONAL LEVEL**

EDUCATION	FREQUENCY		PERCENTAGE	
	VIRGINS	OTHERS TOTAL	VIRGINS	OTHERS
NO FORMAL EDUCATION	11	17 28	15	23
PRIMARY	3	19 13	4	26
JSS	50	22 72	66	30
SSS	10	16 26	13	21
POST SEC	1	- 1	1	-
OTHERS (SPECIFY)	1	- 1	1	-
TOTAL	76	74 150	100	100

#### 4.1.2 Religion

The study population was predominantly Christian, over two thirds of them belonging to various denominations (Table 3). Moslems constituted the next most important religious group (20.0%) with the rest being members of traditional religion (0.7%). A significant proportion (4.0%) did not belong to any religion. It is worth noting that most of those without religion were youth from Moslem homes. They became Christians but their parents banned them from practicing Christianity.

It was further observed that 54.7% practise their religion on weekly basis. This is because many of them were apprentices and they were only free on Sundays. About 30. % do that on daily basis, they were mostly Presbyterians and Methodists who go for early morning devotion every day in the Church. Another 2.7% said they did not practise their religion and 0.7% engages in occasional prayers.

**TABLE 3****DISTRIBUTION OF RESPONDENTS BY RELIGION**

RELIGION	FREQUENCY			PERCENTAGE		
	VIRGINS	NON VIRGINS	TOTAL	VIRGINS %	NON VIRGINS	TOTAL
NO RELIGION	2	4	6	3%	6 9	
CATHOLIC	10	7	17	13%	10%	23
PROTESTANT	15	18	33	20%	24%	44
PENTECOSTAL	40	23	63	52%	31%	83
MOSLEM	9	21	30	12%	28%	40
TRADITIONAL	-	1	1	-	1 %	1
TOTAL	76	74	150	100%	100 %	

**4.1.3 Occupation of Respondents**

The survey population is basically unemployed (Table 4) over 67 (88%) of the Virgins' Club members and 72 (97%) of the "non Virgins" Club members were not working at all. About one-quarter of both groups were apprentice, while 7 (12%) of Virgins' Club members and 2 (3%) "non Virgins" were self-employed. The Virgins' Club members and the "non Virgins" members who were still in school were also over a quarter (20% and 34% respectively), with a few members of both groups waiting to enter SSS and tertiary institutions.

Generally majority of respondents (both virgins club members and non virgins) praised their mothers for all their financial assistance and support.

**TABLE 4****DISTRIBUTION OF RESPONDENTS BY OCCUPATION**

OCCUPATION	FREQUENCY			PERCENTAGES	
	VIRGINS	NON VIRGINS TOTALS		VIRGINS	NON VIRGINS
Apprentice	28	11	39	36.8%	14.8%
Helping Parents	1	2	3	1.3%	2.7%
Helping relative	3	1	4	3.9%	1.3%
Helping non- relative	1	-	1	1.3%	-
Self employed	9	2	11	11.8%	2.7%
Not working	10	31	41	13.1%	41.8%
In school	15	25	40	19.7%	33.7%
Others	9	2	11	11.8%	2.7%
Total	76	74	150	100%	100%

**4.1.4 Ethnicity**

About 91 (60%) of the respondents were Ashantis (41 Virgins' Club members and 50 "non virgin" members). Among other tribes, (46) the virgins and the "non virgins" form 38% and 23% respectively significant proportions among the other tribes were of the Northern descent. However, most of them interviewed said that they were born in Ejisu-Zongo. They could understand and speak the Ashanti Twi clearer than their parents as it was shown during the interview. This put the study area in a more of homogenous setting, and it could also explain why some Moslem youth were converted to Christianity at their parents' displeasure.

**TABLE 5****DISTRIBUTION OF RESPONDENTS BY ETHNICITY**

ETHNIC GROUP	FREQUENCY			PERCENTAGE	
	VIRGINS	NON VIRGINS	TOTAL	VIRGINS	NON VIRGINS
Ashanti	41	50	91	53	68
Akwapim	2	4	6	3	5
Fanti	2	3	5	3	4
Ewe	2	-	2	3	-
Others	29	17	46	38	23
Total	76	74	150	100	100

**4.1.5 Dependency**

The study population was basically young people who have never married before (100%). More than 36% of the Virgins' Club members and 41% of "non virgin" club member were staying with both parents (Table 6).

Another 39% of the Virgins' Club members and 28% of "non Virgins" Club members were staying with their mothers only. The relatively high percentage of the young people surveyed staying with their 'mothers only' could be due to divorce and fathers' travels. A further analysis of the data shows that out of the 77 respondents whose parents were not living together both virgins and non virgins, (71.4%) was due to divorce and the next highest was fathers' who have traveled outside the locality (11.7%). Interestingly respondents staying with other relatives accounted for 26% and 22% (for virgins and non virgins respectively). This indicates that the extended family system plays a significant role.

**TABLE 6****DISTRIBUTION OF RESPONDENTS BY WHOM THEY STAY WITH**

STAY WITH WHOM	FREQUENCY			PERCENTAGE	
	VIRGINS	NON VIRGINS	TOTAL	VIRGINS	NON VIRGINS
Both parents	19	22	41	37%	42%
Other relatives	20	16	36	26%	22%
Non-relatives	2	1	3	3%	1.3%
Mother only	30	20	50	28%	27.0%
Father only	1	4	5	1%	5%
Girlfriend	-	-	-	-	-
Boyfriend	-	-	-	-	-
Others (bros/sis)	4	11	15	5%	3.7%
<b>TOTAL</b>	<b>76</b>	<b>74</b>	<b>150</b>	<b>100%</b>	<b>100%</b>

**4.2 AWARENESS AND KNOWLEDGE ABOUT AIDS****4.2.1 Level of Awareness**

Among the female respondents however, all the 76 of the Virgins Club (100%) and the 22 of the "non virgins" (100%) said they have heard about AIDS. Only one male said that he has not heard about AIDS. Therefore we can say that the level of awareness among both the Virgins Club and the "non virgins" about AIDS was high as can be seen from Table 7. This level of awareness was also exhibited during the focus group discussions. All the opinion leaders said they have heard about AIDS.

**TABLE 7****DISTRIBUTION OF RESPONDENTS BY LEVEL OF AWARENESS ABOUT AIDS**

HEARD ABOUT AIDS	MALE		FEMALE		
	VIRGINS	NON VIRGINS	VIRGINS	NON VIRGINS	TOTAL
YES	-	51	76	22	149
NO	-	1	-	-	1
TOTAL	-	52	76	22	150

**One male said he has not heard about AIDS**

#### 4.2.2 Sources of Information

There were many responses with regards to their source of information, but priority is being given to the first four responses. As shown in Table 8, 45% (34) virgins and 26% (19) of "non virgins" said their parents were their source of information about AIDS. For the virgins, this was followed by school 28% whilst the "non virgins" was friends (32%).

Only 12% of virgins club and 18% "non virgins" said it was through the media. This is in contrast with the report by Ghana Demographic Health Survey (GDHS 1998), which indicated that Adolescents are more likely to receive information about STD/AIDS from the media and the workplace.

Furthermore, most respondents (Both Virgins' Club and non virgins) mentioned that the information and the source were highly reliable.

**TABLE 8**

#### **DISTRIBUTION OF RESPONDENTS BY SOURCE OF INFORMATION**

SOURCE OF INFORMATION	FRIENDS	PARENTS	MEDIA	SCHOOL	TOTAL
VIRGINS	12	34	9	21	76
NON VIRGINS	24	19	13	18	74
TOTAL	36	53	22	39	150

VIRGINS	12	34	9	21	76
NON VIRGINS	24	19	13	18	74
TOTAL	36	53	22	39	150

#### 4.2.3 MODE OF TRANSMISSION

The questions on the mode of transmission required multiple answers. However the first five responses were analyzed. About 88% of the Virgins' Club and 81% of the "non virgins" said one could get AIDS through unprotected sex. Sharp instruments like blade/needle followed with 5% by virgins club and 9% by "non virgins" group. Table 9 shows that a greater percentage of the respondents had the right knowledge about the mode of transmission.

**Table 9**

#### DISTRIBUTION OF RESPONDENT BY MODE OF TRANSMISSION

GET	UNPROTECTED SEX	BLADE/ NEEDLE	BLOOD TRANSFUSION	TOOTHBRUSH	KISSING	TOTA
VIRGINS	67	4	2	1	2	76
NON VIRGINS	60	7	3	2	2	74
TOTAL	127	11	5	3	4	150

#### 4.2.4 SIGN AND SYMPTONS OF AIDS

As shown in Table 10, there is a high level of knowledge of the signs/symptoms of AIDS by respondents. Five different signs/symptoms were mentioned by those interviewed. Typical among them was weight loss(mentioned by 26 (34%) of the Virgins' Club and 20 (27%) of the other respondents, dry cough (28% for "non virgins" and 13% of Virgins' Club), diarrhoea (22% Virgins' Club and 12% non virgins members), loss of appetite (20% of Virgins' Club and 11% of non virgins), shyness was mentioned 8 times by members of the Virgins' Club and 16 by the non virgins. The explanation was that when most of the people living with AIDS returned from their various locations, first they display affluence, especially among the women, but as soon as the AIDS virus 'over powers', them, they begin to hide themselves. The next stage is

they go to prayer camps instead of them going to hospital because most of the camps are remote from their original locations. They only emerge again when at best their prophets have declared them spiritually healed and at worst, they are physically at the threshold of death.

**TABLE 10**

**DISTRIBUTION OF RESPONDENTS BY LEVEL OF KNOWLEDGE OF SIGNS/SYMPTONS**

<b>SYMPTOMS</b>	<b>WEIGHT LOSS</b>	<b>DIARRHOEA</b>	<b>LOST OF APPETITE</b>	<b>DRY COUGH</b>	<b>SHYNESS</b>	<b>TOTAL</b>
<b>VIRGINS</b>	26 34%	17 22.4%	15 20%	10 13.1%	8 10.5%	76 100
<b>NON VIRGINS</b>	20 27%	9 12%	8 11%	21 28%	16 22%	74 100

#### 4.2.5 PERCEPTIONS ABOUT AIDS

From Table 11, it could be deduced that a great number of respondents had the right perception about HIV/AIDS. However about 14 (18%) of members of the Virgin Club and 38 (51%) of "non virgins" members have misconceptions about the modes of HIV transmission. This includes eating from the same plate, wearing of the same cloths and the use of the same toilet with people living with HIV/AIDS.

**TABLE 11**

**DISTRIBUTION OF RESPONDENTS PERCEPTIONS ABOUT AIDS.**

<b>SOME PERCEPTIONS</b>	<b>YES</b>		<b>A. NO</b>		<b>DON'T KNOW</b>	
	<b>VIRGINS</b>	<b>NON VIRGINS</b>	<b>VIRGINS</b>	<b>NON VIRGINS</b>	<b>VIRGINS</b>	<b>OTHERS</b>
a.talk with someone with AIDS			76	74		
b.touch someone with AIDS						

			76	74		
c.eat with someone with AIDS	3	10	73	64		
d.use clothing of someone with AIDS	1	9	73	61	2	4
e.use razor/needle with someone with AIDS	76	74	-	-	-	-
f.use the same toilet with AIDS	10	19	57	49	7	6
g.have sex with someone with AIDS	76	74	-	-	-	-

#### 4.2.6 METHOD OF PROTECTION

For the males, 38 (73.1%) out of the 52 mentioned abstinence. This was followed by condom use, (19.2%) 20 (99%) of the females from the non-Virgins' Club mentioned abstinence and only 2 (1%) mentioned condom. However all the 76 of the Virgins' Club mentioned abstinence, with the strong misconception that condom can burst and that it is highly unreliable. On the issue of both partners being faithful 5 (6%) of the

Virgins' Club and 2 (1%) of the females from the non-Virgins' Club were of the opinion that, the campaign on HIV/AIDS should highlight more on both partners being faithful with emphasis on males. Since the greater percentage of females are infected by men.

#### 4.2.7 CURE

From Table 12 a high percentage of those interviewed said that AIDS has no cure. (93% among the Virgins' Club and 86% among both males and females from the "non virgins"). This meant that the majority of respondents are aware that as at now, there is no known cure for AIDS. However those who indicated that AIDS has cure, were those with strong religious view from the "non virgins" group. Most religions and traditional leaders during the FGD also upheld this view. This sounds like over spiritualizing the AIDS issue as against that of other diseases. As to what should be done with people with AIDS, more than 46% of respondents said that AIDS patient should be cared for, 36% said they should be kept in hospitals while 16% indicated that nothing should be done for them. Only 2.0% said they should be isolated. From the Focus group discussion, majority of the opinion leaders said they should be kept in hospitals for experts to care for them.

More than 35% also said that the government should set up camps as it was done in the Bible time to isolate them. They felt that some of the AIDS people are wicked and they rather go on to infect more people, as they are aware that they will die soon. A few indicated that they should be cared for in their homes but this was because, they felt that it was less expensive caring for them in a home, so that some money could be saved to take care of other members when the person dies.

**TABLE 12**

**DISTRIBUTION OF RESPONDENTS AS TO WHETHER AIDS HAS CURE**

CURE	MALE				FEMALE			
	FREQUENCY		PERCENTAGE		FREQUENCY		PERCENTAGE	
	VIRGINS	NON VIRGINS	VIRGINS	NON VIRGINS	VIRGINS	NON VIRGINS	VIRGINS	NON VIRGINS

Yes		2			1	5		
No		49			74	15		
Do not know		1			1	2		
Total		52			76	22		

### 4.3 PERCEPTIONS ABOUT ABSTINENCE

#### 4.3.1 Definition of Abstinence

All respondents indicated avoidance of sex as abstinence, which is a clear indication that most respondents knew what abstinence meant. However during the FGD, some individual held the view that abstinence also meant avoiding romance and anything that could give equal satisfaction like penetrative sex.

Others also mentioned that abstinence is holiness in terms of sex. This also had the explanation that the youth are to be holy before they enter into marriage. This view reveals how sex is considered as exclusively for marriage and also how marriage is held in high esteem.

#### 4.3.2 PREVENTION

All the 76 (100%) members of the Virgins' Club said abstinence is the best prevention of HIV/AIDS. Of the "non virgins" group, 43 (82.7%) of males and 13 (59%) females ("74 non virgins") also indicated this as shown in Table 13. The reasons were that since sexual intercourse is the major mode of HIV/AIDS transmission, to avoid premarital sex puts one in a better position of not contracting it. Again, they indicated that people can easily afford to buy their own needles and blades therefore that is not anything to worry about.

To buttress the above response, most of the females from the Virgins' Club said that there is great happiness and peace in abstinence because they do not have to worry about teenage pregnancy. Besides they do not panic when their menstrual period is delayed.

For instance, the Virgins Club has a slogan in Ashanti Twi which says "twe wo ho", and the response is "Asomodwee nkoa" which literally means there is peace in abstinence.

As should be expected from their religious background (Virgins' Club), 2.1% of respondents remarked that they are able to serve God better as they abstain from sex, knowing that they were obeying the commandments of God.

For those who indicated that abstinence was not the best, they also explained that about 15% of the mode of transmission constitute blood transfusion, sharing of sharp instruments, and from mother to child. Therefore one is not absolutely protected since there could be incidents that can make one to be exposed to the AIDS virus. Few also said they cannot stay without sex and their expression was that unless one wants to be a Catholic Priest or Nun.

Furthermore about 5% ("non virgins") of respondents mentioned that abstinence has negative effect on individuals. They said it prevents the person practising it from interacting with others especially the opposite sex. This act they believe rob them of making friends which could expose them for a better choice of a future marriage partner. Again they indicated that abstinent do not dress well, they do not make themselves attractive and they look miserable.

This negative aspects of abstinence was also touched on during the FGD. Some of the teachers indicated that most abstinent feel shy to express themselves in public. In the classroom, some try to coil themselves in corners to avoid answering questions in class.

On the positive aspect over 32% members of the Virgins' Club and 25% of "non virgins" said that abstinence helps individuals to avoid AIDS. Most of the Virgins' Club members (88%) commented that by abstaining from sex it will enable them to get good marriage in future and also help bring honour to their parents and to themselves. They also (20%) indicated that they would avoid pregnancy and besides enjoy long life. Only 3.6%, mostly the males, said they want to abstain in order to complete their education/vocation.

However, 43 (83%) out of the 52 (males) also mentioned that one could avoid AIDS by abstaining from sex.

**TABLE 13**

**DISTRIBUTION OF RESPONDENTS BY ABSTINENCE AS THE BEST PREVENTION OF HIV/AIDS**

	MALE				FEMALE			
	VIRGINS		NON VIRGINS		VIRGINS		NON VIRGINS	
PREVENTION								
YES			43		76		13	
NO	-		7				4	
DON'T KNOW			2				5	
TOTAL			52				22	

#### 4.3.3 ABSTINENCE PROMOTION

As should be expected most respondents indicated that they have heard about abstinence promotion. About 50% of the members of Virgins Club and 30% of "non virgins" said the abstinence promotion touched on the need for the youth to avoid sex, over 35% of the virgin and 25% of non virgins heard that they should avoid bad company while over 80% virgins and 50% "non virgins" head about "STOP AIDS", "AIDS IS REAL", AIDS is a Killer", "Waiting, The Best", "Have Faithful Partners", and "No Pregnancy".

Asked about their source of information over 90% virgins and 68% "non virgins" mentioned their parents. 80% virgins and 88% "non virgins" indicated school, while durbar, other relatives, Health workers, News Media formed about 41% and 29% for the virgins "and non virgins" respectively.

Unfortunately the Church and the Mosque formed a little more than 6% for both the virgins group and the "non virgins". One would have expected that the religious bodies would have spearheaded the abstinence promotion.

They are very much dogmatic about their teaching against pre-marital sex. Over 98% (both virgins and “non virgins”) said the information and the source were very reliable. With regards to how often they hear about abstinence promotion, about 80% virgins and 63% “non virgins” hear it on a daily basis. Majority of this category were apprentices whose Saloons and workshops almost always have their Radio sets on all the time. More than 26% (both virgins and “non virgins”) also said they hear about abstinence promotion on weekly basis. Most of them were respondents who said “Mma Nkomo” is the program that best educate them on abstinence. Some of those who indicated monthly were from the Virgins’ Club. They said that each month as they meet, they shout several times the slogan “TWE WO HO”, “ASOMDWEE NKOOA”. About 8% who represent occasional and other responses were those from the “non virgins” group.

#### **4.3.4 CHOICE OF METHOD FOR PREVENTION**

As to their choice of method for prevention against HIV/AIDS, all members, 76 (100%) of Virgins’ Club and 64 (86%) of the “non virgins” club mentioned abstinence. This was also applied to those who have opted for secondary virginity. For faithfulness to one’s partner, over 13% of males and only 3% females (2% of Virgins’ Club) indicated for that. About 7% of males also said condom use but no female did mention that.

Judging by these three choices of methods, it can be argued that most of the girls have a misconception about condom use. Almost all the females indicated that condom could burst. This could be regarded as an imbalance education since many of the youth have the right to know all the protective methods.

More than 92% (Virgins’ Club) and 84% (“non virgins”) said they have had training on abstinence. About 8% (virgins) and 14% (“non virgins”) said NO, while 7% (boys) said they do not know. But it seems this question was misunderstood as answers point to confirm it. The kind of training the Researcher was seeking for answers were a formal training but not the informal one. However, the answers indicated an informal training. The answers to the question ‘how long was the period of the Training brings out interesting insight. About 42% (virgins) and 33% (“non virgins”) said this training on abstinence was from childhood. Over 20% (virgins) and 18% (“non virgins”) said on

monthly basis, this was applied to most females as their mothers cease the opportunity to educate them when they ask for money to purchase sanitary pads for their menstrual flow.

Those who indicated the training on daily basis (83% virgins and 11% “non virgins”) said each day as they leave home for school among others, the ‘training’ comes in the form of warning, “Be careful with Boys”, “Don't come home with Gifts” and other expressions. These mothers and Aunties who because of their unsuccessful marriage seek to prevent any such repetition in the family cycle.

This was evident in the FGD as most of the women used their past life's as “examples”. They recounted the hardships, which they had to go through because of teenage pregnancy and improper marriages. For some females the ‘training’ was more of a threat. Others 7% (virgins) and 20% (“non virgins”) said the training on abstinence started at their menarche and it has continued to date. Only 6% (virgins) said it started just when they joined the Virgins’ Club.

Areas that their informal training had touched on were to:

avoid opposite sex

wear decent dress

avoid bad company

avoid gifts from men

#### **4..4 STAYING WITHOUT SEX**

From Table 14, 74 (97%) out of 76 virgins and 57 (77%) out of 74 “non virgins” who responded said it is possible for normal person to stay without sex. 2 (3%) out of 76 virgins and 14 (19% out of 74 non virgins) indicated that it is not possible to stay without sex. 3 (4%) respondents out of the 74 “non virgins” were indifferent. Majority of those (both virgins and non virgins) who said NO indicated that because of marriage, one cannot stay without sex throughout their lifetime.

Among the reasons for YES, responses were that it is not a taboo (87% virgins), (21% “non virgins”) which by all means one has to go in for sex. Another 91% virgins and

39% "non virgins" said it is possible for an individual to decide to abstain. More than 16% virgins and 11% non virgins indicated that one can chose to be a Catholic Father or Nun. Furthermore 14% of virgins members said sex is not food, therefore it is possible to abstain, over 8% both virgins and non virgins also said that AIDS is real hence the need to abstain from sex.

Judging by these responses, it can be said that individuals attitude towards sex is a great determinant in choosing abstinence. Again, the environment of one's upbringing is also a contributing factor in such a decision. If right from childhood, one is given the training as indicated earlier on. Besides if parents continue to guide their children from time to time with abstinence messages, it can have a greater influence on the youth.

**TABLE 14**

**DISTRIBUTION OF RESPONDENTS BY STAYING WITHOUT SEX**

WITHOUT SEX	MALE		FEMALE	
	VIRGINS	NON VIRGINS	VIRGINS	NON VIRGINS
YES	-	40	74	17
NO	-	11	2	3
DON'T KNOW	-	1	-	2
TOTAL		52	76	22

**4.5 FRIENDSHIP BETWEEN BOYS AND GIRLS WITHOUT SEX.**

Table 15 shows that 57 (75%) out of 76 virgins and 62 out of 74 non virgins (44%) male responses indicated that is normal for a boy and a girl to be friends without sex. While 19 (25%) of the 76 virgins and 8 (11%) of "non virgins" said it is not normal. However, no response from 4 "non virgins". The reasons given by the later respondents revealed that because of temptation, it is not wise to befriend the opposite sex (25% virgins and 11% "non virgins". They also indicted that people are not trustworthy therefore it is better to avoid such relationship. They also mentioned that unless they are believers otherwise it is not possible.

When questioned further as to whether they have friends who have ever had sex before, over 49 (64%) of virgins and 54 (73%) of "non virgins" respondents indicated they have such friends, while about a quarter of both groups said they do not have friends who have ever had sex. However as indicated in Table 17, 18 (19%) out of 74 "non virgins" group (14 males and 4 females) said they have ever had sex. For the rest, 56 (76%) said they have never had sex before.

Asked what triggered their having sex for the first time, 4 (28%) of males and 1 (25%) of females said their friends convinced them. Another 28% males also said that they wanted pleasure. About 7% males and 25% females indicated that they needed financial support, and more than 35% males and 50% females said they had sex out of curiosity.

**TABLE 15****DISTRIBUTION OF RESPONDENTS BY BOY/GIRL FRIENDSHIP WITHOUT SEX**

FRIENDSHIPS	MALES		FEMALE		TOTALS
	VIRGINS	NON VIRGINS	VIRGINS	NON VIRGINS	
YES		44	57	18	119
NO		5	19	3	27
<b>TOTAL</b>		49	76	21	146

3 Males and 1 female of "non virgins" did not respond

**4.5.1 AGE AT FIRST SEXUAL EXPERIENCE**

The study revealed that of those respondents who have ever had sexual experience, majority of them, 44% had their first encounter within the age range of 10-14 years (Table 16). About 38% were within 15-19 years and few more (16%) between ages 20-24 years.

**TABLE 16****DISTRIBUTION OF RESPONDENT ACCORDING TO AGE AT FIRST SEXUAL EXPERIENCE**

AGE	FREQUENCY		PERCENTAGE	
	VIRGINS	NON VIRGINS	VIRGINS	NON VIRGINS
BELOW 15	-	8	NONE	NONE
15-19	-	7	-	-
20-24	-	3	-	-
<b>TOTAL</b>		18	-	-

**4.5.2 REGULAR SEXUAL PARTNERS**

All the females indicated that they neither have regular nor casual partners at the time of the study. However, among the males 7 (38%) indicated that they have regular sexual partners. About 2 of the 7 also said that they have casual partners.

The males who reported having regular sexual partners as well as casual partners are of particular interest. This amounts to risky behaviour in the face of the HIV/AIDS epidemic.

#### 4.5.3 Number of sexual partners for various periods by respondents.

Although greater percentage of respondents said they did not have sexual partners as at the time of the study, continuous creation of awareness and education cannot be overemphasized (Table 17). The number that reported more than one sexual partners is of great worry and it shows that there could be more multiple sexual partners by males which could be dangerous to their female counterparts. This is because males infect more females with STDs than vice versa. This observation certainly has some relevance for AIDS intervention programmes within the sub-district.

**TABLE 17**

#### **DISTRIBUTION OF NUMBER OF SEXUAL PARTNERS OVER VARIOUS PERIODS BY RESPONDENTS**

	FREQUENCY		PERCENTAGE	
	VIRGINS	NON VIRGINS	VIRGINS	NON VIRGINS
<b>ONE WEEK</b>			NONE	NONE
NONE	76	71	-	-
ONE		3	-	-
<b>ONE MONTH</b>			-	-
NONE	76	63	-	-
ONE		8	-	-
TWO		1	-	-
<b>ONE YEAR</b>			-	-
NONE	76	54	-	-
TWO		9	-	-
<b>LIFE TIME</b>			-	-
NONE	76	56	-	-
ONE		10	-	-
TWO		6	-	-
THREE		2	-	-

## **MOTIVATING FACTORS FOR ABSTINENCE**

Premarital sex is a common practice in most communities. Some youth who therefore chose abstinence as a preventive measure against HIV/AIDS must have some motivating factors.

From the survey, various answers were given by respondents. Over 68 (89%) of virgins and 57 (77%) of “non virgins” said fear of pregnancy, 42 (55%) of virgins and 60 (81%) non virgins indicated religious grounds, 59 (78%) of virgins and 34 (46%) of “non virgins” and 50 (68%) “non virgins” said for fear of STDs including HHIV/AIDS, while over 60 (79%) virgins and 28 (38%) indicated traditional belief, Virgins’ Club, good spouse and the desire to go through training.

All respondents, who belong to the Virgins’ Club, mentioned role model, honour, fear of STDs, among others as factors that made them join the “abstinence” Club. Out of the 150 respondents, 76 were from the Virgins’ Club. All of them indicated that they were virgins before joining the Club. At the time of the study all the 76 (100%) claimed that they were still virgins. About 92% said they hope to be virgins until they get married. More than 7% said until they get a good job. Asked whether the Virgins’ Club has any programme for them, the response was positive. Over 203 multiple answers were given. They included talks on: HIV/AIDS (24%), personal hygiene (18%), abstinence (17%), respect for parents (15%), bad friends (10%), and a significant number (19%) on teenage pregnancy, decent dressing among others. This was confirmed during the FGD among the Queenmothers and parents.

Those who were not members gave various reasons including:

The Club not for Boys

Not Being a Virgin

Don’t Know about the Club

No time for Club meetings.

For the boys it came out in the in-depth interview that there is not yet a Virgins’ Club for them because of lack of scientific method of ascertaining their virginity.

## **CHAPTER FIVE**

### **5.0 DISCUSSION**

This study has attempted to find out whether abstinence among the youth as a preventive measure against HIV/AIDS is feasible.

The study has revealed that majority of the female (63%) and male (50%) are within the age group of 15-19 years which is the most sexually active group. In addition to this, almost a quarter did not have the basic education. Majority of them also did have just the basic formal education. This scenario has some implications for the design and implementation of AIDS abstinence programs, since education is a necessary factor to change behaviour of people. Therefore in designing training manuals on the importance of abstinence, a feasible method in prevention against HIV/AIDS, it must specifically be tailored to meet the peculiar needs of this segment. Training manuals could be incorporated into the non-formal education programmes currently being implemented in Ghana. Education can also take the form of role-plays, short dramas and posters designed in local languages. Since majority of respondents were also Christians but not members of the Virgins Club, messages on abstinence could be channeled through the Churches. The same thing applies to those in the Virgin's Club.

Most of respondents are unemployed. This information is useful as it must be taken into consideration how to handle their idleness and how to assist them in developing their talents for gainful employment in the near future. Again the study revealed the key role parents have played with regards to information on HIV/AIDS and abstinence to their children. There should therefore be a formal way of training parents that can enhance their communication of abstinence messages to their children.

Furthermore the study has showed that majority of the youth were brought up by single parents. This calls for marriage enrichment programmes for couples to empower them for positive parenting.

The survey also found out that the Virgins Club, which was inaugurated in February 2002 is active. Members meet once in a month at the Ejisu Health Centre with their Queenmothers some Health personnel. However, the Club needs a strategic plan, which will help them work systematically to achieve their objective. Again they need the necessary logistics to run their programmes smoothly.

The level of awareness by stakeholders on the correct perception of HIV/AIDS and abstinence is high. Majority have heard about HIV/AIDS and they have such an enormous information about it.

They know that AIDS is a killer disease and that it has no cure, and also know its transmission and the signs and symptoms. They also have the correct perception about abstinence and could define it and they were convinced that it is the best preventive method against HIV/AIDS among the youth.

The study also revealed that the youth have various sources of information on HIV/AIDS and abstinence, and they believe that their sources of information were credible. The four top sources of information included parents, friends, school and other relations. This calls for the keen involvement of the above categories. Their views need to be sought for with regards to the right strategy in fighting the AIDS epidemic. Although religious groups are not among the four top source of information, nevertheless their views need to be sought since their role is very much strategic. This is because they command a large following from the youth.

The study also revealed that only a few of respondents have ever had sex (12 %) which shows majority were virgins. However, more than one half indicated that they have friends who have ever had sex. This is an insight into the high level of the general sexual practices and behaviors that exist among the youth. It therefore implies that the HIV/AIDS awareness campaign and education need to be intensified to promote secondary virginity among the youth.

Majority of respondents indicated abstinence as their preference for preventive methods against HIV/AIDS. Both policy makers and implementers must respect this view. It calls for balanced HIV/AIDS programs on our screens. For instance every effort should be made for on going abstinence program and advertisement on the news media. Workshops on training of trainers need to be put in place to train more resource persons on abstinence including peer educators for abstinence.

The study also indicated that a number of motivating factors have helped the youth to abstain and to remain abstinent till the period that the study was conducted. These factors include, religious belief, good parental care, fear of teenage pregnancy and STDs. Others were the desire to bring honor to their parents and to themselves and also for a better carrier and a future spouse.

## **CHAPTER 6**

### **6.1.1 RECOMMENDATIONS**

#### **CONCLUSION AND RECOMMENDATION**

The members of the virgins club were still virgins as at the time of the study, however, 18 (24%) out of 74 of the “non virgins” group have had sex before. Males make up for 14 (78%) while females, 4 (22%) among those who are already exposed to sexual experience.

It is interesting to observe the strong conviction of most respondents both virgins and “non virgins” groups about abstinence as the best preventive measure against HIV/AIDS. Most of those who have had sex before regretted. The Virgins’ Club however praised their leaders (Queenmothers and Health workers) for their initiatives in starting the club. They believe that the monthly interaction and education during their meetings have really enhanced their self esteem. They feel proud to be virgins as now society is being awakened to its traditional values by advocating for abstinence as the best for the youth.

Parents represent the major source of information on both HIV/AIDS and also abstinence promotion. Warning, threats and role models are some of the channels of communication about HIV/AIDS and abstinence to most children in their homes. However, among the Virgins’ Club, the situation was different. Either health personnel or the Queenmothers handle various talks on growth and development of the adolescents. Regards are attached to the Virgins’ Club that is all who are able to abstain from sex until marriage will be given some form of rewards. At their marriage ceremony, the Queenmothers will play key roles, contributing both gifts in kind and cash to them. As at the time of the study, some contribution by the Queenmothers and some money raised during the inauguration of the Virgins’ Club have helped them (Queenmothers) to sponsor over eight of the young girls into various vocational institutions with the sub-district.

The young girls seem very much enticed about the involvement of these Queenmothers in their lives and the positive contribution they are offering them. However, there is the need to consider a more appropriate and consistent program for them.

## **RECOMMENDATIONS**

Based on the findings, the following recommendations are made:

- Any intervention that seeks to address the problem of HIV/AIDS among the youth should be a collaborative effort between parents, schools, churches, traditional authorities, health/social workers and the youth.
- The district assembly should institute a technical committee that will involve the stakeholders mentioned above to plan holistic educational programmes that will touch on subjects such as adolescent reproductive health, carrier counseling, skills development among others.
- The DHMT should work with other stakeholders to train parents, Queenmothers and some teenagers as counselors to help educate the youth on the subject. Educational messages should also be developed to facilitate sex education in the home, churches, schools and virgins clubs.
- Educational campaigns should also be organized periodically in the communities to help create the necessary awareness about the problem. Such campaigns should initially focus on the socio-economic effects, which are mostly apparent to the people and their leaders.
- Traditional leaders can institute scholarship schemes for the youth in their localities in order to encourage them to go to school. Furthermore, there should be a strong support for the virgins club to help enhance the horizon of their members and also to equip them with skills for their economic development.
- The Ejisu-Juaben DHA should disseminate the findings of this study at an assembly meeting, to enable local government and assembly men/women appreciate the

situation on the ground with regard to the feasibility of abstinence as a method for the prevention of HIV/AIDS, and also confirm that abstinence method is a concern of all stakeholders. The forum should also be used by the DHA to educate the local government on the role of other sectors such as the MOE, multi and bilateral NGOs, Ghana AIDS commission in the creation of abstinence. Skills building on negotiation of abstinence should be paramount.

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**SCHOOL OF PUBLIC HEALTH  
QUESTIONNAIRE**

**ON THE FEASIBILITY STUDY ON**

**'ABSTINENCE FROM SEX AS A PREVENTIVE MEASURE AGAINST  
HIV/AIDS AMONG THE YOUTH' IN EJISU-SUB-DISTRICT OF EJISU-  
JUABEN DISTRICT.**

Dear Respondent, this questionnaire is designed to seek your view on whether "Abstinence " is the best preventive measure against HIV/AIDS among the youth. This work is strictly for academic purpose and we assure you of absolute confidentiality.

**PERSONAL BACKGROUND****CODE NO:****SERIAL NO:****INITIALS**1. **AGE:**2. **SEX: M (1) F (2)**3 **PLACE:**4. **EDUCATIONAL STATUS:**

No Formal Education (1)

Primary (2)

J.S.S. (3)

S.S.S. (4)

Post Secondary (5)

Other (Please specify) (88).....

5. **RELIGIOUS BACKGROUND:**

No Religion (1)

Catholic (2)

Protestant (3)

Spiritual/Pentecostal (4)

Other Christian (5) (Please specify).....

Moslem (6)

Traditional (7)

Other (specify) (88) .....

**6. HOW OFTEN DO YOU PRACTICE YOUR RELIGION?**

NO practice	(1)	
Daily Church/Mosque Fetish attendance	(2)	
Weekly Church/Mosque/Fetish attendance	(3)	
Occasional Church/Mosque/Fetish attendance	(4)	
Daily Prayers	(5)	
Occasional prayers	(6)	
Other	(88)	Specify

**7. (i) OCCUPATION**

Apprentice	(1)
Helping Parent	(2)
Helping Relative	(3)
Helping Non-Relative	(4)
Self-employed	(5)

**(ii) If in school what stage are you in ?**

J.S.S. 1	(1)
J.S.S. 2	(2)
J.S.S. 3	(3)
S.S.S. 1	(4)
S.S.S. 2	(5)
S.S.S. 3	(6)

Other (Please specify) (88) .....

(iii) **What do you aspire to become ?**.....

(iv) **Are you convinced that schooling will help you to attain your aspiration ?**

- |                   |                            |
|-------------------|----------------------------|
| Very convinced    | (1)                        |
| Somehow convinced | (2)                        |
| Not convinced     | (3)                        |
| Uncertain         | (4)                        |
| Do not care       | (5)                        |
| Other             | (88) (please specify)..... |

(v) **Do you face any problem in school ?**

Yes (1)                      No (2)

(vi) **If YES name your problems in order of importance:**

1..... 4.....

2..... 5.....

3..... 6.....

**8. TO WHAT ETHNIC GROUP DO YOU BELONG?**

- Ashanti (1)  
Akuapim (2)  
Fanti (3)  
Ga (4)  
Ewe (5)  
Other (88) (Please specify)

**9. CURRENT MARITAL STATUS**

- Married (1)  
Never Married (2)  
Separated (3)  
Divorced (4)  
Widowed (5)  
Co-habitation (6)  
Other (88) (Please specify)

**10. WITH WHOM ARE YOU STAYING ?**

- Both Parents (1)  
Relative (2)  
Non-Relative (3)  
Boy-Friend (4)  
Girl-Friend (5)  
Mother only (6)  
Father only (7)  
Other (88) (Please specify)

**B: PARENTS/GUARDIANS' PARTICULARS**

**1. WHAT IS THE HIGHEST LEVEL OF EDUCATION ATTAINED BY:**

- (i) Your Father.....  
 (ii) Your Mother.....  
 (iii) Your Guardian.....

No Education	(1)
Primary Incomplete	(2)
Primary Complete	(3)
Middle/JSS Incomplete	(4)
Middle/JSS Complete	(5)
Some Secondary/JSS	(6)
Complete Sec./SSS	(7)
Post Secondary	(8)
Other	(88) (Specify)

**2. ARE YOUR PARENTS/GUARDIAN WORKING NOW ?**

Mother	Yes (1)	No (2)	Don't know (3)
Father	Yes(1)	No (2)	Don't know (3)
Guardian	Yes (1)	No (2)	Don't know (3)

3. (i) **WHAT WORK DOES YOUR MOTHER DO ?**.....  
 (ii) what work does your Father do ?.....  
 (iii) what work does your Guardian do ?.....

(Write 88 for Don't know).....

- (ii) **IF NO GIVE REASON**.....

**5. ARE YOUR PARENTS HERE IN THIS LOCALITY ?**

- Both Parents deceased (1)  
Both Parents in locality (2)  
Father only in locality (3)  
Mother only in locality (4)  
Both outside locality (5)  
Don't know about both (6)  
Don't know about both (7)  
Father deceased (8)  
Mother deceased (9)  
Other (Please specify) (88).....

6. (i) **HOW MANY WIVES HAS YOUR FATHER ?**.....  
(ii) Are the wives staying in the same house (Yes) (1) No (2)

**7. HOW MANY CHILDREN HAS YOUR:**

Father .....

Mother.....

**8. WHO HAS BEEN RESPONSIBLE FOR YOUR UPBRINGING ?**

- Nobody (1)  
Both Parents (2)  
Mother only (3)  
Father only (4)  
Grandmother (5)  
Grandfather (6)  
Older brother/sister (7)  
Other Relative (8)  
Non-Relative (9)  
Other (specify) (88)

**9. HOW OFTEN DO YOU SEE YOUR PARENTS ?**

- (i) Mother.....
- (ii) Father.....

Daily	(1)	Monthly	(4)
Weekly	(2)	Occasionally	(5)
Chance meeting	(3)	Not at all	(6)
		Other	(88)

**10. WHEN WAS THE LAST TIME YOU SAW YOUR PARENTS ?**

- (i) Mother.....
- (ii) Father.....

**11(a) WOULD YOU SAY YOU HAVE HAD ADEQUATE CARE AND SUPPORT FROM.**

- (i) Both Parents    yes(1)            No (2)            Not sure (3)
- (ii) Father            yes (1)            No (2)            Not sure (3)
- (iii) Mother            yes(1)            No (2)            Not sure (3)
- (iv) Guardian        yes(1)            No (2)            Not sure (3)

**11(b) IF NO, IN WHAT AREAS DID YOU LACK SUPPORT ?**

.....

.....

.....

**11(c) WHO DO YOU PERCEIVE WERE RESPONSIBLE FOR THE LACK OF THOSE THINGS**

.....

.....

**12 HOW WOULD YOU DESCRIBE THE RELATIONSHIP BETWEEN YOU AND YOUR**

- (i) Both Parents ? Excellent (1) Very good (2) Good (3) Fair(4) Bad (5)
- (ii) Father ? Excellent (1) Very good (2) Good (3) Fair(4) Bad (5)
- (ii) Mother ? Excellent (1) Very good (2) Good (3) Fair(4) Bad (5)
- (iv) Guardian ? Excellent (1) Very good (2) Good (3) Fair(4) Bad (5)

**C. PERCEPTION OF AIDS**

**1. HAVE YOU HEARD ABOUT AIDS (if No Go To D)**

YES (1) No (2)

**2. IF YES WHAT DID YOU HEAR ?.....**

**3. WHAT WAS YOUR SOURCE OF INFORMATION?**

- Friends (1)
- Parents (2)
- Other Relatives (3)
- School (4)
- At a forum/durbar (5)
- Health worker (6)
- News media (7)
- Church (8)
- Other (Specify) (88).....

**4. DO YOU THINK THE INFORMATION IS RELIABLE ?**

Very Reliable	(1)
Reliable	(2)
Indifferent	(3)
Unreliable	(4)
Very unreliable	(5)
Other (specify)	(88).....

**5. HOW RELIABLE IS THE SOURCE OF INFORMATION?**

Very Reliable	(1)
Reliable	(2)
Indifferent	(3)
Unreliable	(4)
Very unreliable	(5)
Other (specify)	(88).....

**6. HOW DOES ONE GET THE AIDS VIRUS ?**

(Name as many routes as possible)

(i) .....

(ii) .....

(iii) .....

(iv) .....

**7. WHAT ARE THE SIGNS /SYMPTOMS OF AIDS ?**

(i) .....

(ii) .....

(iii) .....

(iv) .....

**8. WHAT CAN YOU DO TO PROTECT YOURSELF FROM GETTING AIDS ?**

- |                         |     |
|-------------------------|-----|
| Nothing, no protection  | (1) |
| Abstain from sex        | (2) |
| Faithful to one partner | (3) |
| Both partners faithful  | (4) |
| Use Condom              | (5) |
| Non-Penetrative Sex     | (6) |
| Have few Sex Partners   | (7) |

**9. WILL YOU GET AIDS IF YOU:**

- |    |  |         |        |                |
|----|--|---------|--------|----------------|
| a. | Talk to someone with AIDS                  | Yes (1) | No (2) | Don't Know (3) |
| b. | Touch someone with AIDS                    | Yes (1) | No (2) | Don't Know (3) |
| c. | Eat from the same plate                    | Yes (1) | No (2) | Don't Know (3) |
| d. | Use clothing of someone with AIDS          | Yes (1) | No (2) | Don't Know (3) |
| e. | Use the razor of someone with AIDS         | Yes (1) | No (2) | Don't Know (3) |
| f. | Use the same needle with someone with AIDS | Yes (1) | No (2) | Don't Know (3) |
| g. | Use the same Toilet with someone with AIDS | Yes (1) | No (2) | Don't Know (3) |
| h. | Have Sex with someone with AIDS            | Yes (1) | No (2) | Don't Know (3) |

**10. CAN AIDS BE CURED ?**

Yes (1)                      No (2)                      Don't know (3)

**11. IF YES, WHO CAN CURE AIDS ?**

Medical Doctor (1)  
 Herbalists (2)  
 Spiritualists (3)  
 Fetish priests (4)  
 Other (88) Please specify

**12. WHAT SHOULD BE DONE WITH PEOPLE WITH AIDS ?**

Kept in Isolation (1)  
 Kept in Hospital (2)  
 Should be killed (3)  
 Should be castrated (4)  
 Should be cared for (5)  
 Nothing/left alone (6)  
 Other (88) please specify

**D. PERCEPTION ABOUT ABSTINENCE**

1. **What does abstinence from sex mean ? .....**
2. **Do you think that Abstinence is the best option for prevention against HIV/AIDS?**  
    Yes (1)                      No (2)                      Don't Know (3)
3. **If Yes, give reasons:**  
     (i) .....
- (ii) .....

4. **IF NO, GIVE REASONS:**

(i) .....

(ii) .....

5. **ARE THERE ANY NEGATIVE EFFECTS OF ABSTINENCE?**

Yes (1)      No (2)      Don't Know (3)

6. **IF YES WHAT ARE THEY ?.....**

7. **ARE THERE ANY POSITIVE EFFECTS OF ABSTINENCE?**

Yes (1)      No (2)      Don't know (3)

8. **IF YES WHAT ARE THEY ?.....**

9. **HAVE YOU HEARD OF ANY SPECIFIC PROGRAM O  
ABSTINENCE PROMOTION AS A PREVENTIVE MEASURE  
AGAINST HIV/AIDS**

Yes (1)      No (2)      Don't Know (3)

10. **IF YES, WHAT DID YOU HEAR ?**

(i) .....

(ii) .....

11. **WHAT WAS YOUR SOURCE OF INFORMATION?**

Friends                      (1)

Parents                      (2)

Other Relatives              (3)

School	(4)
At a Forum/durbar	(5)
Health worker	(6)
News media	(7)
Church	(8)
Other (specify)	(88)

**12. DO YOU THINK THE INFORMATION IS RELIABLE ?**

Very Reliable	(1)
Reliable	(2)
Indifferent	(3)
Unreliable	(4)
Very unreliable	(5)
Other (specify)	(88)

**13 HOW RELIABLE IS THE SOURCE OF INFORMATION?**

Very Reliable	(1)
Reliable	(2)
Indifferent	(3)
Unreliable	(4)
Very unreliable	(5)
Other (specify)	(88)

**14 HOW OFTEN DO YOU HEAR ABOUT THE  
PROGRAMME ON ABSTINENCE PROMOTION ?**

Daily	(1)
-------	-----

- Weekly (2)
- Monthly (3)
- Occasionally (4)
- Other specify (88).....

**15. WHAT METHOD OF PREVENTION AGAINST HIV/AIDS IS YOUR CHOICE ?**

- Abstinence (1)
- Faithfulness (2)
- Condom use (3)
- Other (specify) (88)

**16. IF ABSTINENCE IS YOUR CHOICE, HAVE YOU HAD ANY TRAINING ON ABSTINENCE ?**

- Yes (1)                      No (2)                      Don't Know (3)

**17. IF YES HOW LONG WAS THE PERIOD OF TRAINING ?**  
.....

**18. MENTION 4 AREAS THAT THE PROGRAMME TOUCHED ON:**

- 1.....
- 2.....
- 3.....
- 4.....

**E SEXUALITY**

1.

**(i) IS POSSIBLE FOR A NORMAL PERSON TO STAY WITHOUT SEX?**

Yes (1)      No (2)      Don't know (3)

(ii) If Yes why ?.....

(iii) If No why.....

2. **(i) IS IT NORMAL FOR A BOY AND GIRL TO BE FRIENDS WITHOUT HAVING SEX ?**

Yes (1)      No (2)

(ii. If NO why not ?.....

3. **(i) DO YOU HAVE FRIENDS WHO HAVE EVER HAD SEX ?**

Yes (1)      No (2)

(ii. **WHAT ABOUT YOU, HAVE YOU EVER HAD SEX ?**

(Yes (1)      No (2)

4. **(i) THINK OF YOUR BEST FRIEND/CLOSET FRIEND:  
AT WHAT AGE DID HE/SHE HAVE SEX?**

(write 99 for never had sex)

5. **(i) DO YOU HAVE REGULAR SEXUAL**

**PARTNER(S)NOW ?      Yes (1)      No(2)**

(ii) If Yes, how many regular partner ?.....

(iii) Do you have other casual sexual partners ?

(iv) How many casual partners ?

**6. TO THE BEST OF YOUR RECOLLECTION, INDICATE THE NUMBER OF PEOPLE YOU HAVE HAD SEX WITH DURING THE FOLLOWING PERIODS.**

(i) In the last one week.....

(ii) In the last one month.....

(iii) In the last one year.....

(iv) In your lifetime.....

**7. WHAT TRIGGERED YOUR HAVING SEX FOR THE FIRST TIME ?**

My friends convinced me      (1)

Out of curiosity      (2)

I wanted pleasure      (3)

I needed financial support      (4)

Raped/forced      (5)

Other (specify)      (88)

**F. MOTIVATING FACTORS FOR ABSTINENCE:**

**1. WHY WOULD YOU CHOOSE ABSTINENCE? TICK AS MANY AS POSSIBLE.**

- Traditional beliefs (1)
- Religious beliefs (2)
- Good parental care (3)
- To complete education (4)
- Fear of teenage pregnancy (5)
- Fear of STDs including HIV/AIDS (6)
- To be able to attend Virgins Club (7)
- To get a good spouse in future (8)
- Other (specify) (88).....

**2. ARE YOU A MEMBER OF THE VIRGINS CLUB ?**

Yes (1)      No (2)      Other (88) please specify

**3. IF YES WHY DID YOU CHOOSE TO BE A MEMBER OF THE VIRGINS CLUB ?**

.....  
.....

**4. IF NO, WHY NOT ?.....**

**5. AS A MEMBER OF THE VIRGINS CLUB WHAT KIND OF PROGRAM DOES THE CLUB RUN FOR YOU?.....**  
.....

**6. IS IT ONLY VIRGINS WHO ARE MEMBERS OF THE CLUB ?**

Yes (1)      No (2)

**7. IF YES WERE YOU A VIRGIN BEFORE JOINING THE CLUB ?**

Yes (1)      No (2)

**8. IF YES ARE YOU STILL A VIRGIN ?**

Yes (1)      No (2)

**9. IF NO WHY NOT ?.....**

**10. IF YES HOW LONG DO YOU HOPE TO REMAIN A VIRGIN  
?.....**