

CENTRAL UNIVERSITY
SCHOOL OF MEDICINE AND HEALTH SCIENCES
DEPARTMENT OF NURSING



**ASSESSING THE KNOWLEDGE AND PERCEPTION ON HIV/AIDS OF FIRST
YEAR STUDENTS OF CENTRAL UNIVERSITY CUMPUS –MIOTSO**

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DECLARATION

We, Augustine Bayelle Bayor and Gertrude Sackey, do hereby declare that this project work was undertaken by us and supervised by Mr. Sulleh Gbande of Central University Nursing Department. This project has not been submitted anywhere in any form for the award of a diploma or a degree. We duly acknowledge in the text and list of references, authors and publishers whose work we have used in this study.

Candidate signature

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Supervisor's signature

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Date

DEDICATION

To our parents and friends.

ACKNOWLEDGEMENT

We would like to first and foremost, express our deepest gratitude to the almighty god for his abundant goodness, mercies, and favor, without whose help we would not have gone this far.

We honestly appreciate our family for the guidance and support they offered us during our period of study.

We are equally indebted to Mr. Sulleh Gbande our supervising tutor whose counsel, encouragement and guidance has made us pass through the storms.

Finally, we would like to thank all friends and colleges who assisted us in one way or the other so far as this project is concerned.

We accept responsibility for the ideas and opinions expressed, as well as any errors or omissions that may be identified

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ABSTRACT

Each day, about 16,000 persons are newly infected with HIV/ AIDS. Similarly, in every minute six persons below 24 years are also infected with HIV/AIDS. From anecdotal evidence, many believe that this alarming incident rate is due to low awareness levels of vital information about the risk factors of HIV/AIDS among people with others suggesting that poor attitude towards HIV/AIDS prevention among the youth could be a factor. To under this context scientifically, the researchers therefore adopted a quantitative cross-sectional survey to assess the level of knowledge and perception on HIV/AIDS and its risky behaviors among university students in Central University. Convenience sampling technique was therefore used to sample 50 respondents. To ensure validity and reliability of the study, the questionnaires were deigned in line with the objectives of the study and pretested on 10 students from a different institution. Ethical considerations of participants were adhered to by not disclosing their identity and, only those that consented were recruited to participate in the study. Data were analyzed using statistical package for social sciences (SPSS) version 23. Results indicated that: 1. majority (42, 84 %) of the respondents had good level of knowledge on HIV/AIDS especially on the causes of HIV/AIDS, 2.majority (27,54%) of the respondents were females and majority of the respondents were between the age groups of 23-24years (21,42%) and 3.slightly above average agreed that intravenous drug users are at high risks of contracting HIV/AIDS. The study therefore recommended that, the Ghana health service should strengthen education on HIV/AIDS awareness in schools and also, the Ghana AIDS commission need to increase its awareness creation on HIV/AIDS among the youth.

CHAPTER ONE

BACKGROUND AND LITERATURE REVIEW

1.0 INTRODUCTION

This chapter (study) focuses on the background of the study, problem statements, purpose of the study, research objectives, significance of the study and literature review

1.1 BACKGROUND OF THE STUDY.

Ever since 1986 when the first Human Immunodeficiency Virus (HIV) / Acquired Immunodeficiency Syndrome (AIDS) HIV/AIDS case was unveiled, HIV has become one of the country's most serious health and development challenges. Over a period of years, HIV prevention has seen tremendous biomedical and behavioral advances in preventing, diagnosing, and treating HIV diseases. (Saad, Tan & Subramaniam. 2015)

The HIV/AIDS infection among the youth has being a public health concern since it is among the top diseases causing mortality of human beings in the world. Young people are always at the core of HIV/AIDS epidemics. Their behavior, level of awareness and how their rights are protected determine the quality of life of the general population of a society (Saad, Tan, & Subramaniam., 2013).

Human immunodeficiency virus (HIV) infection ranks fourth among the world's top mortality of mankind. (Kartikeyan, Bharmal, Tiwari & Bisen, 2017). Globally; 36.9 million people were living with HIV in 2017 and about 21.7 million people were assessing antiretroviral therapy (Tetteh, 2018). In 2017 about 1.8million people became newly infected with HIV.

There are about 1.3million people who died from HIV/AIDS related illness in 2017 (UNAIDS, 2018). About 90 percent of the deaths occur in developing countries and over 40 percent of those infected are women. About half of the newly infected persons belong to the

age group of 15–24 years. Thus, the disease leads to loss of income to the nation, as well as to individuals and families (Kartikeyan et al, 2017.).

Also, it is known that there is lack of HIV knowledge among youth between the ages of 15-24. The world health organisation states that the youth are the epicentre for preventing the progression of the HIV/AIDS pandemic (WHO 2004) the WHO estimates that youth ages 15-24 comprise 50% of all new HIV infections and consequently must be targeted for education in decreasing transmission and reducing the stigmatisation of an HIV diagnosis.(WHO,2004) In many parts of the world, young people in this age group are at particularly high risk of HIV infection from unprotected sex, sex between men and IV drugs use because of the very high prevalence rates often found among people who engage in these behaviours.(WHO,2004)

Sub-Saharan African countries of which Ghana is one, is the global epicenter of HIV epidemic, while Myanmar is the epicenter of the Asian epidemic. (kartikeyan, et al 2017). International studies have shown that the indirect costs of the epidemic are 50-60 times more than the direct costs because the virus selectively affects the age groups that are involved in the national economy and socially productive activities. Sub-Saharan Africa accounted for 70 % of new infections and approximately 74 % of all deaths related to AIDS (Nubed & Akoachere, 2016).

Even a more serious challenge today, is the growing infection rates among the young people in Sub-Saharan Africa. Studies have shown that the highest group found be infection with the virus is the age-group 15-24. This adolescent high-risk group account for 60% of all new infection in many countries (world bank.2002). Studies have that the transaction sex is very common among the youth of Africa and has been identified as one of the critical pathways for the transfer of the virus in Africa (cote et al., 2004)

HIV was first confirmed in Ghana at the Noguchi Memorial institute for medical research in 1986. The infection has since spread to all parts of the country and is established within the whole society. (Yawson, Addo, Dornoo, & Seneadza, 2010). This study therefore seek to examine the knowledge and perceptions and to identify high risk behaviors associated with HIV/AIDS among level 100 students in central university, (meiotso).

1.2 PROBLEM STATEMENT

AIDS ranks fourth among the world's top killers of mankind. Tuberculosis, respiratory tract infections, and malaria are among the top three killers. AIDS has killed more than 25 million people since it was first recognised in 1981, making it one of the most destructive epidemics in recorded history (UNAIDS/WHO, 2005). Of the HIV-infected persons, 90% live in developing countries and over 40% of those infected are women. Youth (15–24 years) is the fastest growing segment among the newly infected population. About half of the newly infected person belongs to the age group of 15-24 years. Each day, about 16,000 persons are newly infected, and every minute six persons below 24 years are infected. The number of AIDS orphans is expected to swell up to 25 million by 2010 (Petros, Belayneh, & Mekonnen, 1997).

The number of people living with HIV worldwide as of December 2005 was 40.3 million. Of these, the estimated number of infected adults and children under 15 years was 38.0 million and 2.3 million, respectively. The proportion of women infected with HIV is steadily rising. In 2005, 17.5 million women were infected, one million more than in 2003. The number of people newly infected with HIV worldwide in the year 2005 was 4.9 million. This included 4.2 million adults and 700,000 children less than 15 years. (UNAIDS/WHO, 2005).

In view of the risks, vulnerability, prevalence and new HIV infections and AIDS-related deaths among the youth the researchers therefore decided to assess the knowledge and perception on HIV/AIDS of first year students of Central University Miotso campus.

1.3 PURPOSE OF THE STUDY

The purpose of the study is to assess the knowledge and perception on HIV/AIDS of first year students of Central University Miotso campus

1.4 RESEARCH OBJECTIVES

The objectives of the study are:

1. Assess the knowledge and perception of Central University level 100 students on HIV/AIDS
2. To identify high risk behaviour associated with HIV/AIDS among first year students in central university

1.5 RESEARCH QUESTIONS

1. What knowledge and perception do the level 100 students of Central University have about HIV/AIDS?
2. What are some of the high-risk behaviors associated with HIV/AIDS among level 100 students in Central University?

1.6 SIGNIFICANCE OF THE STUDY

The findings of the study will serve as a valuable reference material for Central University, Ghana Health Services and Ministry of Health with information that will help in policy direction and intervention in healthcare services.

Additionally, results of the study will shed more lights on the mode of transmission, risk behaviors and control/preventive measures of HIV/AIDS. Finally, this research work will serve as a reference material for other researchers, academicians, institutions and organizations conducting similar research.

1.7 OPERATIONAL DEFINITION

Knowledge: The awareness of the university students on HIV/AIDS

Perception: How the university students accept and see HIV/AIDS.

Student: Any personnel in level 100 who is between the ages of 15-24

HIV; Human immune virus is the virus that causes the disease AIDS.

AIDS; Acquired immune deficiency syndrome is the disease caused by the virus HIV

HIGH RISK BEHAVIOUR: a lifestyle that makes one more prone to being infected with HIV/AIDS

1.8 LITERATURE REVIEW

HIV is a sexually transmitted infection (STI). It can also be spread by contact with infected blood or from mother to child during pregnancy, childbirth or breast-feeding.

Globally, it is known that there is a lack of HIV knowledge among youth between the ages of 15-24. The World Health Organization states that youths are at the epicenter for preventing the progression of the HIV/AIDS pandemic (WHO, 2004). The WHO estimates that youths ages 15 to 24 comprise 50% of all new HIV infections and consequently must be targeted for education in decreasing transmission and reducing the stigmatization of an HIV diagnosis (WHO, 2004).

1.8.1 KNOWLEDGE AND PERCEPTIONS ON HIV/AIDS

There is evidence for the need to reduce the gaps in knowledge and decrease stigmatizing attitudes towards people living with HIV/AIDS (Anouti et al., 2016)

Thanavanh, Rashid, Kasuya & Sakamoto (2013) carried out a cross-sectional survey to assess HIV-related knowledge, attitudes and practices (KAPs) of high school students in Lao People's Democratic Republic (PDR). Their findings indicated that most students were aware that HIV could be transmitted through sexual intercourse, from mother to child and through sharing needles or syringes. However, misconceptions about the transmission of HIV were observed among 59.3% to 74.3% of respondents whereas positive attitudes towards HIV/AIDS were observed among 55.7% of respondents. Students with medium and high levels of knowledge were found to be many times more likely to display positive attitudes towards people living with HIV. There is moderate awareness levels of HIV/AIDS among school girls who are the most vulnerable group in sub Saharan Africa (Saad, Tan, & Subramaniama, 2013). In a similar study, Zunurene (2014) reported that about 50% of their respondents have heard of HIV/AIDS and out of this number, 35.9% said they heard of HIV/AIDS from the television.

Additionally, safe practices including safe sex were also observed among students with medium and high levels of knowledge. The researchers recommended increased educational programmes on HIV to prevent new infections among students.

Relatedly, Magni, Karim, Weiss, Bond, Lemba and Morgan (2002) in a study (personal interviews) of 2,328 Zambians in Lusaka to identify risk and protective factors for behaviors that exposed Zambian youth to risk of HIV infection, detected that only two factors: school attendance and knowledge of AIDS, were associated with both lower levels of sexual activity and consistent use of condoms. On the contrary, Appiah-Agyekum and Suapim (2013) found in a survey of Senior High School girls that though most of the girls had knowledge of some of the modes of transmission of HIV, most of them were reluctant to use condoms as a preventive measure.

Similarly, Leblanc & Andes, (2015) showed that men had basic knowledge of HIV and its presence in their communities. However, certain cultural gender- based beliefs were still pervasive in the men's understanding of HIV transmission. In contrary, Maimaiti e tal (2010) reported that 79% of males knows the transmission of HIV/AIDS.

In Ghana studies found that, most of the caregivers had inaccurate HIV transmission knowledge and high level of perceived HIV stigma. Furthermore, HIV positive status and low level of formal education were significantly associated with HIV knowledge and stigma perception (Paintsil et al., 2015). According to Global journal of health science (2010), university students had good knowledge, but negative perception on HIV/AIDS and attitude toward HIV/AIDS patients, and 15% of them reported having at least one high-risk behavior related to sex and unprotected sex. Thus HIV/AIDS health education efforts should be intensified to change attitude and practice among university students in Xinjiang especially among female students, newly enrolled students, and among the Uyghur and other minority students.

Men's willingness to test for HIV were found to be related to level of HIV awareness, perceived risk for HIV transmission, and capacity and perceived needs of clinical staff and stakeholders (Leblanc & Andes, 2015).

Moreover, stigma is one of the barriers to testing for HIV as demonstrated in a survey interview. This was demonstrated by a response from an interviewee "since we became aware of HIV/AIDS, most youth do not want to go to the hospital because they know your blood will be tested. And when it is tested, it will not be made known to them because maybe they are not supposed to know it. They fear that when they test their blood they should be positive or negative, even if they don't want to hear it, they don't want for it to be known by the nurses or the doctors that are around"(Leblanc & Andes, 2015)

1.8.2 RISKY BEHAVIORS THAT FACILITATE THE TRANSMISSION OF HIV

Studies have demonstrated that man's behavioral and attitudinal contributions to HIV transmission in the society. However men's discussions of behaviors that facilitated transmission were focused on youth and women, not on the behavior of men (Leblanc & Andes, 2015). In some studies, premarital teenage sex, unsafe sexes were identified as some of the risky behaviors that facilitate HIV transmission. Casual transmission like sharing a tub, mosquito bites, coughing/sneezing reported in some African countries as risky behaviors (Kilembe et al., 2015).

World- wide, over 40 % of new infections are among young people 15–25 (Nubed & Akoachere, 2016). The youth are much more prone to HIV infection as well as other sexually transmitted infections as a result of a lack of correct health information, engagement in risky behaviors; economic exploitation, regional and national conflicts and a lack of access to adequate reproductive health services(Nubed &Akoachere, 2016).

Adolescents can mimic the actual or imagined behavior of their peers, or it could be that once adolescents initiate sexual activity, they are more likely to assume that their peers are also

sexually active. Peer norms could be a risk factor, possibly contributing to early sexual activity

(Nubed & Akoachere, 2016).

CHAPTER TWO

RESEARCH METHOD

2.0 INTRODUCTION

This chapter is concerned with the presentation of the method of gathering and analyzing data received from study participants. The chapter outlines the research design, research setting, target population, sample method and size, data collection tool, data collection procedure, validity and reliability of the study, ethical considerations and limitation of the study.

2.1 RESEARCH DESIGN

The study was designed to be quantitative cross-sectional. Quantitative research expresses data in a numerical form using tables and figures. It places emphasis statistical, mathematical models or numerical analysis of data through surveys, interviews or by manipulation secondary data using mathematical techniques. The cross-sectional approach is a type of research which involves gathering data from participants of a population at a specified time frame. Such participants differ in variables such demographic features.

2.2 RESEARCH SETTING

The setting for the work was at Central University, Miotso campus. The University was founded by the International Central Gospel Church (ICGC) in Accra, Ghana. It is a privately own university. It started off as a pastoral training institute in 1988. It was then known as the Central Bible College, which later was named the Central Christian College in 1993 and eventually became Central University College (CUC) in the year 1997 and by 2016 it became a fully-fledged university with about 4000 students. The university has campuses in Accra and Kumasi with Miotso being the main campus

The University has four schools and two faculties, School of Theology and Missions, Central Business School, School of Applied Sciences, Graduate School of Business, Faculty of Arts and Social Sciences, Faculty of Law.

The Miotso campus consists of expanding number of structures on the 248-acre (1.00 km²) plot of land. It houses the new 'face' of CU. Miotso is 58.2 km away from Accra Central. This permanent campus accommodates the Central Business School (CBS), the School of Applied Sciences (SAS), the Faculty of Law and The Faculty of art and social science. Also, the administration section of the University College is also located at the Miotso. The motto of the university is faith, integrity and excellence. The researchers will use it main campus Miotso .

2.3 TARGET POPULATION

The target population of the study includes all level 100 students in miotso campus at Central University College.

2.3.1 INCLUSION CRITERIA

All level 100 students aged between 18 and 24 years of the Central University college mietso campus have consented to participate in the study.

2.3.2 EXCLUSION CRITERIA

Level 200 students and above and student who are between the ages of 15-24 in level 100 but are married.

2.4 SAMPLING METHOD AND SAMPLE SIZE

The study was done to employ convenient sampling technique in selecting participants of the study. The convenient sampling technique was chosen because of their proximity and easy accessibility to the researcher. With this sampling technique, each participant available and willing to participate in the study has equal right of being selected

and does not discriminate against participants or based on the judgment of the researcher. A structured questionnaire was used to collect data from the participants. The estimated sample size for the study was 50 students in level 100 at Miotso campus.

2.5 DATA COLLECTION TOOL

The data collection tool that was used for the study is a structured questionnaire. The questionnaire is made of only close-ended questions. The first section contains the demographic characteristics of the respondents. The second section will be on their knowledge and perception on HIV/AIDS.

2.6 DATA COLLECTION PROCEDURE

The researchers` sought for an introductory letter from the Department of Nursing, Central University to identify themselves in an effort to gain access to the school. Permission was sought from the management of the school. After obtaining formal permission and access to the facility, the students were engaged in a conversation by the researchers explaining the purpose of the research. The students who voluntarily agree to participate in the research were given the questionnaire. They were informed that there will be no punishment from any researcher if they choose to opt out.

2.7 VALIDITY AND RELIABILITY OF THE STUDY

Validity is the extent to which the questionnaire measures what it intends to measure. For the purpose of validity, the questionnaire was developed with respect to the objectives of the study and delivered to the supervisor for correction and approval. This was done to ensure that the questionnaire met the standard requirement before administering it to the study participants. Reliability refers to the consistency of findings. In order to ensure the reliability of results, the questionnaire was given to colleagues and to peer to review, after which the necessary inputs were made to the questionnaire.

2.7.1 PRE-TESTING OF TOOL

The pre-test of the study was conducted at Valley View University College. The purpose of the pre-test is to help the researcher test the data collection instrument and the guide whether the guide is cleared

2.8 ETHICAL CONSIDERATIONS

The researchers sought ethical clearance and permission from the Nursing Department, Central University before proceeding with this research work. Formal permission and access were sought from the management of the School before engaging with the students. Permission was also sorted from the Student Representative Council. The respondents were not coerced or threatened before participating in the data collection process. Hence, the researchers will also ensure the anonymity and confidentiality of the respondents while making sure that their views will be not divulged to any party before requiring their consent. The researcher declares no conflict of interest and no monetary compensation for respondents.

2.9 LIMITATION OF THE STUDY

The disadvantage of using the cross-sectional study is that its results cannot be generalized to all students at Central University but provide a snapshot of the prevailing situation. The sample size and time horizon required to produce the work will affect the ability of the researchers in producing comprehensive views of the students. There is no sponsorship for the study and as a result, only freely available literature publications and journals will be selected and utilized

EXPECTED OUTCOME

The perception of university students about HIV/AIDS will be assessed.

The risky behaviors of the level 100 students will be identified.

The knowledge on HIV/AIDS of central university students will also be assessed.

CHAPTER THREE

STUDY FINDING AND DISCUSSION.

3.0 INTRODUCTION

This chapter presents the results of the analysis of the data obtained from the responses of the respondents on their knowledge and perception and high-risk behavior associated with HIV/AIDS among level 100 students of central university Miotso campus.

The chapter is presented under the following headings: demographic characteristics of respondents, and specific objectives as follows;

1. Assess the knowledge and perception of Central University level 100 students on HIV/AIDS
2. To identify high risk behaviour associated with HIV/AIDS among first year students in central university. Out of 50 questionnaires administered, 50 were collected, accounting for a 100% questionnaire return rate.

3.1. APPROCH TO DATA ANALYSIS.

The collected data through a questionnaire were analysed using the Statistical package for the social sciences SPSS version 23. The responses were organized into categories such as demographic data of respondents, their knowledge and perception on HIV/AIDS and some high-risk behaviours of the respondents. The results, descriptive in nature were displayed in tables and figures.

3.2. FINDINGS

Demographic Characteristics

The study involved 50 respondents who were readily available and willingly participated in the study at the Miotso campus of Central University.

This section examined the socio-demographic characteristics of the respondents.

Table 1 Demographic Information of Respondents

Variable	Frequency (n)	Percentage (%)
Age (years)		
18 - 20	12	24
21 - 22	17	34
23 - 24	21	42
Gender		
Male	23	46
Female	27	54
Religion		
Christian	27	54
Muslim	14	28
Traditionalist	9	18

The age distribution of respondents was such that the largest group of respondents fell within the age range of 23-24 years representing 42%, this was followed by 21 - 22 years age group (34%). Lastly, 18 – 20 age groups were represented by (24%).

Gender wise, majority of respondents were female representing 54% and the rest were males representing 46% of the total respondent population.

For religion, majority of them were Christians (54%) with significant number (28%) been Muslims. Of the total respondent population, only (18%) of the respondents were Traditionalists.

Knowledge and perception of level 100 students of Central University on HIV/AIDS

Table 2 Knowledge and Perception of level 100 students of Central University on HIV/AIDS

Variable	Frequency	%
have you ever heard of		
HIV/AIDS		
yes	39	78%
no	11	22%
source of information		
school	22	44%
social media	14	28%
friends	13	26%
newspaper	1	2%
causes of HIV/AIDS		
virus	42	84%
witchcraft	4	8%
curse	4	8%
All thin people have		
HIV/AIDS		
Yes	10	20%
no	40	80%
Transmitted by blood and		
blood products		
Yes		
no	39	78%

condom gives 100% protection	11	22%
yes		
no	18	36%
sharing infected sharps	32	64%
yes		
no	39	78%
must not share bathroom with infected person	11	22%
yes		
no	15	30%
	35	70%

From the table above, majority of the total respondent population have ever heard of HIV/AIDS representing 78% and the remaining 22% have never heard of HIV/AIDS before.

On their source of information on HIV/AIDS, 44% of the respondents said they heard about HIV/AIDS from school. While 28% acknowledging that they heard about HIV/AIDS from friends, 26% of them heard about HIV/AIDS from social media and only 2% of the respondents heard about HIV/AIDS from the newspapers.

Of the total respondent population, 84% representing majority of the respondents said HIV/AIDS is caused by virus whiles (8%) of them believed HIV/AIDS is caused by cures and (8%) also said it is caused by witchcraft.

As to the question of thin people having HIV/AIDS, 80% of the respondents said no representing majority and 20% saying thin people have HIV/AIDS.

About 78% of the population believed that HIV/AIDS can be transmitted through blood and blood products while 22% believed it is not transmitted through blood and blood products.

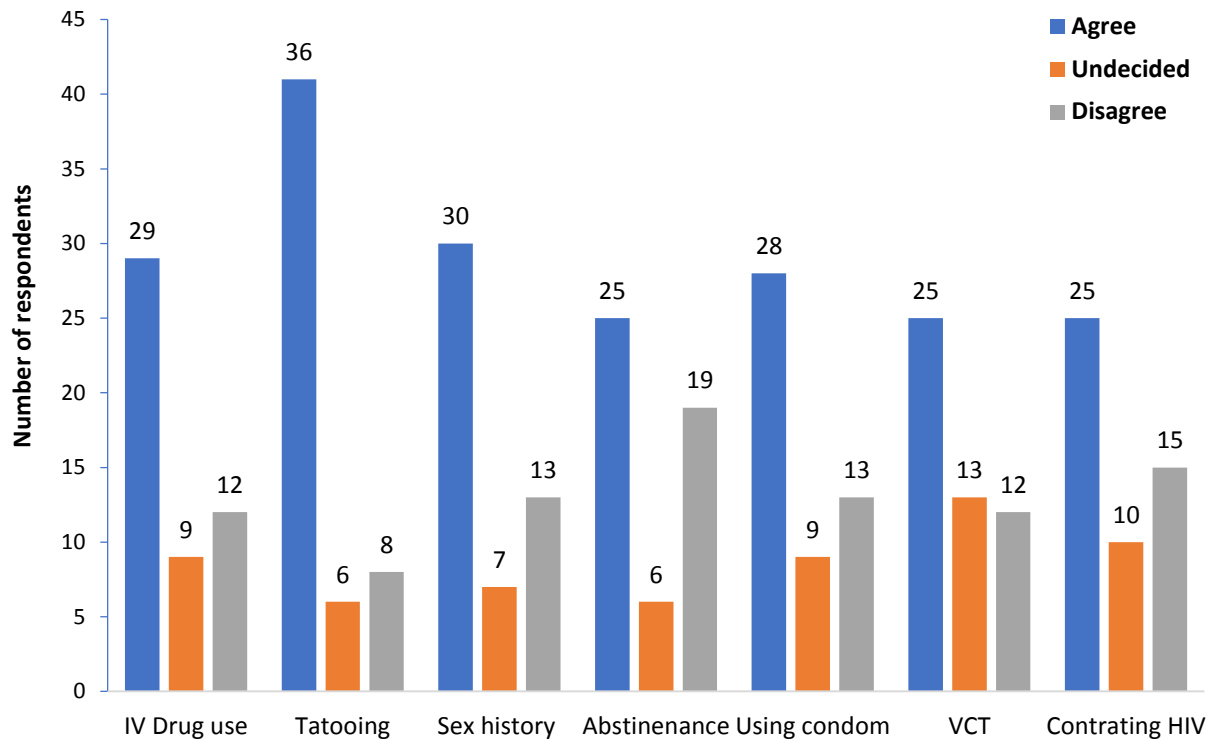
Furthermore, while a very good number of the respondents (64 %) said condom use does not give 100% protection from HIV/AIDS, 36% of them said condom gives a 100% protection.

Majority of them (78%) also believed that HIV/AIDS can be transmitted through infected sharps and 22% saying it cannot be transmitted through infected sharps.

Lastly, out of the 50 respondents, 70% of them responded that HIV/AIDS cannot be transmitted through sharing of bathroom with infected person with the remaining 30% saying HIV/AIDS can be transmitted through sharing bathroom.

High risk behaviors associated with HIV/AIDS among level 100 students in Central University

Figure 1 High risk behaviors associated with HIV/AIDS among level 100 students



From the table above, it is evident that a slightly above average (58%) of the respondents said intravenous drug users are at high risk of acquiring HIV, 24% disagreed and 18% were undecided.

Greater proportion (72%) also agreed that the use of unsterile tattooing instruments pose higher risk of acquiring HIV with 16% disagreeing and 12% undecided. As for increasing the length of time dating someone before engaging in sexual intercourse reducing risk for HIV, 38% disagreed, 32% agreed and 30% undecided.

Majority (60%) were also of the view that knowing the sexual history of a partner reduces risk for HIV however, 26% disagreed and 14% undecided as shown on the table.

Half of the population (50%) agreed that abstinence from sex reduces risk of HIV/AIDS whiles 38% disagreed and 12% undecided.

Whiles 56% agreed that frequent use of condom reduces risk of HIV/AIDS, 26% disagreed with 18% neither agreeing nor disagreeing.

It is also evident that averages (50%) of the population were of the view that, visiting VCT reduces risk whiles 26% deciding and 24% disagreeing.

3.3. DISCUSSION

KNOWLEDGE AND PERCEPTIONS ON HIV/AIDS

The study revealed that majority of the respondents aged between 23-24 (42%). This finding is in line with the findings of Kartikeyan et al, (2017) where they reported that 47% of their respondents were aged between 20-24. With regard to gender, the study discovered that majority (56%) of the respondents were female. This finding is at variance with a study by Maimaiti. e tal, (2010) where it was reported that majority (79 %) of the respondents in that studies were male. The variation could be due to population density as in Ghana, the female are more than the male population. With religion, the studies revealed that majority (56%) of respondents were Christians. This agreed with the finding of Zunurene (2014) where they reported in their study that 89.8% were Christians.

On the knowledge of respondents on HIV/AIDS, the study revealed that, majority (78%) of the respondents have ever heard about HIV/AIDS .This corresponds with the finding of a study by Zunurene (2014) where they reported that (50%) have heard of HIV/AIDS .Again, 44% of the respondent heard about HIV/AIDS from the school. This is in opposing view by Zunurene (2014) that they reported majority (35.9%) of the respondents had their source of information about HIV/AIDS on television. This may be due to the increasing level of technology and modernization.

Also, respondents knew the cause of HIV/AIDS which was virus (84%) The study also found out that respondents have knowledge on the mode of transmission of HIV. About 78% of the respondents had the perception that HIV can be transmitted through blood and blood products and 78% with the perception that it can be transmitted through infected sharps and this agrees with Thanavanh, Rashid, Kasuya & Sakamoto (2013) in their findings that majority of high school students in Lao People's Democratic Republic (PDR) were aware

that HIV could be transmitted through sexual intercourse, from mother to child and through sharing needles or syringes.

On the use of condom as a protective measure, most (64%) had the perception that condom does not offer 100% protection and therefore will be less likely to use it as a protective measure. This was in line with the finding of Appiah-Agyekum and Suapim (2013) who found in a survey of Senior High School girls that though most of the girls had knowledge of some of the modes of transmission of (HIV), most of them were reluctant to use condoms as a preventive measure.

Interestingly, this study revealed that greater proportion of the population (70%) has the perception that HIV cannot be transmitted by sharing bathrooms. Also, 80% of the respondents were of the view that not all thin people have HIV and this show that they are likely not to stigmatize against people living with HIV/AIDS. These findings contradict that of Anouti et al., 2016 in their study suggested that there is evidence of gaps in knowledge and increasing stigmatizing attitudes towards people living with HIV/AIDS.

Considering the level of formal education of respondents (University students) and their level of knowledge on HIV in this study, there is still a gap in knowledge and this to some extent, disagrees with Paintsil et al., 2015 who suggested low level of formal education were significantly associated with HIV knowledge and stigma perception.

HIGH RISK BEHAVIORS ASSOCIATED WITH HIV/AIDS

In this study, slightly above average(56%) of the respondents agreed that frequent of condom reduces risk of contracting HIV which is in consonance with Kilembe et al., 2015 that premarital teenage sex, unsafe sexes were identified as some of the risky behaviors that facilitate HIV transmission in their study.

Moreover, in our study average respondents agreed that intravenous drug users (50%), use of unsterile tattooing instruments (72%), knowing sexual history of partners (60%), abstinence from sex (50%), visit to VCT (50%) and frequent use of condom (56%) were the risky behaviors,

Kilembe et al., 2015 in their study revealed that Casual transmission like sharing a tub, mosquito bites, coughing/sneezing reported in some African countries as risky behaviors.

3.4. CONCLUSION

The study was to assess the knowledge and perception on HIV/AIDS of level 100 students of central university miotso campus .The main objectives of the study were to assess the knowledge and perception on HIV/AIDS of level 100 students of central university and to identify high risk behavior on HIV/AIDS. A total of 50 respondents were sampled for the study using convenience sampling technique. Questionnaire was used for data collection. Results indicated that majority of respondents had a good level of knowledge on HIV/AIDS especially the cause of HIV /AIDS as about 84% indicated they had knowledge of the condition. With regards to the mode of transmission of HIV/AIDS, most of the respondents 78 % said it can be transmitted through blood and blood products. And also most of the respondent believed that it can be transmitted by sharing infected sharps as 78 %. Also, 80% of the respondents were of the view that not all thin people have HIV and this show that they are likely not to stigmatize against people living with HIV/AIDS. From the study, most of university students had fair knowledge about HIV/AIDS. This could be due to the series of education on HIV/AIDS University students might have gone through in the basic and secondary schools.

3.5. RECOMMENDATIONS

From the study, the following recommendations were made.

- There is the need to develop a curriculum that will focus on health especially on diseases of public health concern.
- Ghana Health service should strengthen education on HIV/AIDS awareness in schools.
- Ghana AIDS commission needs to increase its awareness creation on HIV/AIDS among the youth.
- The replication of the study on larger and more representative samples within the campus and other campuses would improve the generalizability of the findings.

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APPENDIX I: QUESTIONNAIRE

CENTRAL UNIVERSITY

SCHOOL OF MEDICINE AND HEALTH SCIENCE

DEPARTMENT OF NURSING

Dear respondents,

We are final year students from central university, department of nursing conducting research on the topic assessing the knowledge and perception of HIV/AIDS of first year student. We would be glad if you can participate in our study by answering the questionnaires. We wish to assure you that, all information given will be treated with the ultimate confidentiality. Hence your name and address is not required.

Tick where applicable { }

QUESTIONNAIRE

SECTION A DEMOGRAPHIC DATA

1. **Age**

a 18-20 [] b. 21-22 [] c.23-24 []

2. **Gender**

a. Male [] b. Female []

3. **Academic level.....**

4. **Religion**

a. Christian [] b. Muslim [] c. Traditionalist []

d.Others [] specify.....

SECTION B

INSTRUCTIONS: Please, TICK one number to indicate your answer to each Statement

KNOWLEDGE AND PERCEPTION ON HIV AIDS

5. Have you ever heard of HIV/AIDS

- a. Yes [] b. No []

6. If yes where did you hear about it

- a. School [] b. social media [] c. friend [] d. Newspaper []
e. Others specify []

7. And what is the cause of the disease

- a. AIDS virus [] b. witch craft [] c. curse []

8. All thin people have HIV/AIDS

- a. Yes [] b. No []

9. HIV can be transmitted by blood and blood products

- a. Yes [] b. No []

10. Condoms gives a person 100% protection against contracting the HIV from sexual practice

- a. Yes [] b. No []

11. I can get the disease by sharing an infected sharps (blade, needle etc) with an infected friend

- a. Yes [] b. No []

12. I must not share the bathroom with an infected individual

- a. Yes [] b. No []

SECTION C

OBJECTIVE 2; Determining the high risk behavior associated with the transmission of HIV/AIDS.

INSTRUCTIONS: Please, TICK one number to indicate your answer to each statement.

		AGREE	UNDECIDED	DISAGREE
14	Intravenous drug users are at high risk of acquiring HIV			
15	Tattooing with unsterilized Instrument increases my risk of acquiring HIV			
16	Increasing the length of time I see/date someone before engaging in sexual intercourse reduces my risk for HIV.			
17	Knowing the sexual history of a partner reduces my risk for HIV.			
18	Being sexually abstinent reduces my risk of HIV.			
19	Always using condoms whenever I have sex reduces my risk for HIV.			
20	Performing oral sex on others, with or without condom increases my risk for HIV.			
21	Have you ever gone for voluntary counseling and testing? [VCT]			
22	Do you think VCT reduces your risk of contracting HIV/AIDS?			

APPENDIX II: INTRODUCTORY LETTER