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KNOWLEDGE AND ATTITUDES TOWARDS HIV/AIDS AMONG THE YOUTH OF MAMPROBI

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DECLARATION

We, the undersigned do hereby declare that this submission is our own dissertation towards the award of Bachelor of Science degree and it is the result of our own original research and that no part of this has been presented for another degree in this or any other university elsewhere.

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DEDICATION

This project work is dedicated to our dear ones.

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ABSTRACT

HIV / AIDS continue to be a major threat to the development of every nation. The youth, due to their inexperience and risky behaviors can become prone to getting the infection. The purpose of this study was to explore the, knowledge and attitudes towards HIV/AIDS among the youth of Mamprobi. A cross-sectional quantitative research design was employed and a Convenience sampling method was used to select100 teenagers from the Mamprobi community. A structured questionnaire was used to collect data which was analyzed using Microsoft Excel Software version 2016. Results showed that 52 percent of the respondents were males whiles 48% were females. 82% have good knowledge about the infection and describe is as a viral infection that affects the immune system and 79% of the reported it can be transmitted through unprotected sex with an infected person. Respondents have positive attitude towards persons living with HIV / AIDS and also see themselves as at risk of getting the infection (54%). Though the reported that anybody walking on the street could be infected with the HIV (65%), they still engage in risky sexual behaviors that put them at risk for getting the infection such as not using condoms during sex (84%) and they are also unwilling to test for the HIV (85%). Educational programs that encourages safer sex and testing for the HIV could help modify the risky behaviors of the youth.

CHAPTER ONE

BACKGROUND AND LITERATURE REVIEW

1.0 INTRODUCTION TO THE CHAPTER

This first chapter provides the background to the study, the problem statement, purpose and objectives of the study. It also entails the research questions as well as the significance of the findings and the definition of terms of the study.

1.1 BACKGROUND TO THE STUDY

For the more than three decades from when the first case of (AIDS) was first reported in 1981, the Human Immune-Deficiency Virus (HIV) and Acquired Immune-Deficiency Syndrome (AIDS) have become a global public health as well as a social problem. According to the World Health Organization, AIDS Info Country Fact Sheets for 2016, HIV/AIDS is of global concern with Africa being the most affected continent with 25.7 million people living with HIV (PLHIV) in 2016 accounting for 64% of the global burden of HIV. Lamptey, Johnson and Khan, (2006) have referred to HIV/AIDS as the greatest catastrophic and most devastating health challenge in human history. The immensity of the consequences of HIV and AIDS is reflected in the death toll statistics as well as those living with the virus around the globe. Statistics indicate that about 39.5 million people were infected globally by the end of 2008 (UNAIDS, 2008).

This figure includes the estimated 4.3 million adults and children who were newly infected with HIV in 2008, which were about 400,000 more than in 2004. Sub-Saharan Africa continues to bear the brunt of the global epidemic. Two thirds (63%) of all adults and children with HIV globally live in sub-Saharan Africa, with its epicentre in southern Africa (UNAIDS, 2008). One

third (32%) of all people with HIV globally live in southern Africa and 34% of all deaths due to AIDS in 2008 occurring there (UNAIDS, 2008). More than 50% of all HIV infections world wide are among young people aged 15-24 years (Family Health International [FHI], 2006; WHO, 2007). Again, more than 6000 youth are newly infected with HIV each day throughout the world. This rate of infection is due to the fact that the youth are more likely to engage in highly risky behaviors such as unprotected sexual intercourse that will lead them to contract HIV infection. Over half of the youth would have had sex at age 17 (Summerfield, 2008). Adolescents and the youth have much more power of sexual desire and are also more likely to engage in unprotected sexual intercourse, (GHS/UNFPA/MOH, 2005). Therefore, young people remain at the center of the epidemic in terms of transmission, vulnerability, impact and also potential for behavior change. This implies that young people will determine the course of the epidemic and therefore they are a critical focus for HIV prevention and behavior change programs (Mwandira, 2008). The greatest hit area in the world is the sub Saharan Africa where the devastating tremendous impact has not only been on morbidity and mortality, but also on family structure, social organizations, and economics.

The youth are at an increased risk of HIV and account for about half of the new HIV infections in many nations (USAIDS, 2015). Being an important period for social development, the adolescent and young adulthood stages are critical for promoting healthy attitudes and behaviors to protect young people from HIV. Their elevated risk of HIV infection has been attributed to their lack of knowledge and engagement in risky sexual and injection behaviors; calling for targeted educational interventions in improving their HIV knowledge and decreasing their risky behaviors (Ganczak et al., 2007). 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 (Chen, 2008). Every day 5000 young people in the world become infected with HIV, which translates into almost 2 million new infections per year (UNAIDS, 2015). Durojaiye (2011) also reported that 73.5% of the respondents who participated in the study did not perceive themselves at risk of being infected. Majority (53.8%) had not changed their dating behaviors as a result of concerns for HIV/AIDS and 70.3% had multiple lifetime sexual partners. Those who perceived themselves at risk of infection are significantly ($P = 0.019$) more likely to always use condoms. This presents a major challenge for health professionals to start looking at appropriate interventions that could help reduce these risky behaviors.

It has been demonstrated that increased knowledge about AIDS is not a predictor for behavioral change although knowledge about the disease is a prerequisite for change (USAIDS, 2015). According to UNAIDS, only 44% of men and 38% of women aged 15 to 24 in Ghana correctly identify ways to prevent HIV (USAIDS, 2015). In spite of the above, of those aged 15–24 years, 3.9% of men and 7.4% of women had sexual intercourse and the percentage of young people aged 15 – 24 years who used condom the last time they had sex with a casual partner was 52.0% (men) and 33.0% (female). This has implications for propagation of HIV because almost 41.3% of Ghana's population of 22 million is aged 15 years or less.

1.2 PROBLEM STATEMENT

In Ghana, the youth are at an increased risk of HIV and account for about half of the new HIV infections in many nations just as reported in other countries. Being an important period for social development, the adolescent and young adulthood stages are critical for promoting healthy attitudes and behaviors to protect young people from HIV. Their elevated risk of HIV infection

has been attributed to their lack of knowledge and engagement in risky sexual and injection behaviors; calling for targeted educational interventions in improving their HIV knowledge and decreasing their risky behaviors (Ganczaket al. 2007). Tarkang (2013) reported high risky behaviors among female high school students with early sexual debut in Limbe. Perceived barriers to condom use, perceived condom use, self-efficacy and socio-demographic variables were the most important correlates of consistent condom use in this study population Tarkang (2013).

It is for these reasons why many centers have been created for counseling on HIV to people especially the youth. It is expected that with the gradual availability of counseling service centers in every district, patronage of counseling by the youth will increase especially with the introduction of adolescent reproductive health services and youth friendly clinics by the Ghana Health Service in 2005. The adolescent reproductive health services do incorporate HIV counseling and testing services in Ghana. Increasing HIV knowledge creates motivation for risk reduction and has been associated with increased safe sex practices and HIV testing and treatment uptake according to Tulloch et al. (2012). It is against this background that the researchers were interested in exploring the knowledge and attitude of the youth towards HIV/AIDS at Mamprobi.

1.3 PURPOSE OF THE STUDY

The purpose of this study was to explore the, knowledge and attitudes towards HIV/AIDS among the youth of Mamprobi.

1.4 OBJECTIVES OF THE STUDY

The objectives of the study were to:

1. determine the knowledge of the youth at Mamprobi about HIV/AIDS.
2. explore the attitudes towards HIV/AIDS among the youth of Mamprobi.
3. find out ways of improving behavioral change towards HIV/AIDS among the youth of Mamprobi

1.5 RESEARCH QUESTIONS

2. What knowledge do the youth of Mamprobi have about HIV/AIDS?
3. What are the attitudes of the youth of Mamprobi towards HIV/AIDS?
4. In what ways can behavioral change towards HIV/AIDS among the youth of Mamprobi be improved?

1.6 SIGNIFICANCE OF THE STUDY

The findings of this study will have tremendous benefits for the youth of Mamprobi and Ghana a whole. The findings will provide an insight into the knowledge of the youth and their attitudes towards voluntary counseling and testing at Mamprobi. It will also identify the barriers the prevent the uptake of counseling services at the various health facilities by the youth. This will then inform policy formulation on how to deal with the problems objectively. Findings could also be used to guide, develop and implement appropriate youth educational programs on HIV/AIDS. The study can also serve as a knowledge base for future research into HIV/AIDS among the youth of Mamprobi by non-governmental organizations and other researchers.

1.7 DEFINITION OF TERMS

Attitude: - This is a personal view, opinion or general feeling about something.

HCT: - HIV counseling and testing, whether it is voluntary or provider initiated.

Knowledge: -Awareness of the information regarding HIV/AIDS.

Uptake/utilization: - It means having gone through HIV counseling and testing and having had all the experiences.

Youth: - Any young adult aged 18 – 25 years and above regardless of marital or economic status and whether one has a child or not.

Voluntary Counseling and Testing (VCT) for HIV: - A process whereby people willingly undergo an HIV counseling process and have an HIV test.

1.8 LITERATURE REVIEW

1.8.1 INTRODUCTION

Human Immune-Deficiency Virus (HIV) and Acquired Immune-Deficiency Syndrome (AIDS) have become a global public health as well as a social problem. Three decades from when the first case of (AIDS) was first reported in 1981, the human race continues to suffer huge human, economic and social losses as a consequence of not finding a cure for the disease. Lamptey, Johnson and Khan, (2006) have referred to HIV/AIDS as the greatest catastrophic and most devastating health challenge in human history. The immensity of the consequences of HIV and AIDS is reflected in the death toll statistics as well as those living with the virus around the globe. Statistics indicate that about 39.5 million people were infected globally by the end of 2008 (UNAIDS, 2008). HIV/AIDS is of global concern with Africa being the most affected continent with 25.7 million people living with HIV (PLHIV) in 2016 accounting for 64% of the global burden of HIV (WHO, 2016).

Young people are particularly vulnerable being responsible for more than half of all new infections worldwide. Every day, 6,000 young people become infected with HIV – more than five every minute. The majority of young people are infected sexually (Nambatya, 2010). According to the World Bulletin/News Desk report for 2014 on South Sudan for example which was alarmed by rising HIV/AIDS prevalence rates, the level of stigma and discrimination of PLHIV in the country remains very high for example, some say that those with the disease should not be allowed to work with healthy people and HIV can be transmitted through mosquito bites. This situation is not different from what is pertaining in Ghana.

1.8.2 Knowledge and attitudes of the youth towards HIV/AIDS

There are different research reports regarding HIV knowledge, attitude, and practices among the youth across the globe. One research was conducted by Shokoohi, et al. (2016) in Iran to assess knowledge, attitudes, and practices of Iranian youth towards HIV through a national survey. The researchers used a cross-sectional study with multistage cluster sampling and administered a pilot-tested standard questionnaire to assess the levels of HIV knowledge, attitudes and practices of individuals aged 15–29 years old. Participants were recruited from 13 provinces in Iran and consisted of 2456 men and 2412 women. Results showed that only 37.3% of the participants had a high knowledge score. Most participants knew the main routes of HIV transmission; however, misconceptions existed about the transmission of HIV through mosquito bites across all age groups (31.7% correct response). Positive levels of attitude were observed among 20.7% of the participants. Most participants believed that people living with HIV (PLHIV) should be supported (88.3%) while only 46.3% were ready to share a table with them. Among those aged 19–29 years old, the main source of HIV information was mass media (69.1%), only 13.1% had ever tested for HIV, around 20.8% had ever had extramarital sex (31.7% male vs. 9.6% female),1.8% ever injected drugs (2.9% male vs. and 0.7% female). Among sexually active subjects in this age group, only 21.8% (26.1% male vs. 7.1% female) were consistent condom users. Since the findings showed that Iranian youth and young adults have relatively insufficient overall knowledge and negative attitudes about HIV and PLHIV, the researchers therefore recommended that novel strategies involving schools and youth's networks could be employed to deliver a culturally sensitive sexual health program.

The knowledge and awareness of HIV being a major risk factor particularly among young people has been a major consideration among several countries to win the fight against attitudinal change

about HIV / AIDS. This situation was explored by Bol Jool Dit and Bodilsen (2017) in South Sudan. The researchers used a cross-sectional survey and self-administered questionnaires to collect information from among adolescents in Southern Sudan in November 2016. Results showed that sixty-five students participated in the study. In general, they had good knowledge about HIV/AIDS with the majority having heard of HIV. Majority stated that HIV spreads through sex (82%), blood transfusion (95%), and from mother to child during pregnancy and delivery (66%). Several misconceptions were present with 43% responding that HIV can be transmitted through mosquito bites and 18% stating that the virus can be spread through shaking hands, hugging and living in the same house. Though the respondents showed fair knowledge about HIV/AIDS, there are still some areas in which they lack knowledge especially regarding spread of the disease and practice. The researchers therefore recommended that more information about HIV/AIDS and sexual education should be made available especially to the youth.

Knowledge about sexual transmission and sharing of needles remain high just as misperceptions relating to casual contact since HIV infection became a global pandemic.in order to assess HIV knowledge, misperceptions, and attitude towards people living with HIV/AIDS (PLWHAs) among adolescents, Sallar (2009) used a cross sectional quantitative and qualitative approach to conduct a study among adolescents aged 10–19 (n = 483; mean age, 16.6) in the Ashanti region of Ghana. Results showed that knowledge score ranged 0 to 38 (mean = 26.64; sd ± 6.74). To prevent AIDS, 78.1% mentioned sexual abstinence, condom use (72.7%), fidelity to partner (72.5%), not sharing needles (76.4%), and reducing sexual partners (56.7%). Statistically significant associations were found in high misperception scores and having negative attitude towards PLWHAs ($0.001 < p < 0.009$). Out-of-school adolescents were less likely to be willing to take care of HIV/AIDS relatives ($p = 0.004$); allow PLWHAs conceal their status ($p < 0.001$); allow PLWHAs to work with others

($p = 0.007$); more likely to let PLWHAs have less healthcare ($p = 0.026$); and indicate that PLWHAs should be isolated ($p < 0.001$). It became clear in this study that out-of-school adolescents constitute hard-to-reach population and mechanisms should be developed to reach them to reduce misperceptions which may fuel stigma and discrimination.

Maimaiti et al. (2010) conducted a study to assess the level of knowledge on HIV/AIDS and its risk factors, attitude towards HIV/AIDS and AIDS patients and its transmission and to identify high risk behaviors associated with HIV/AIDS among university students in Xinjiang. A cross–sectional survey was conducted among students enrolled in two universities, the Xingjiang University (XU) and Xinjiang Medical University (XMU). Data was collected using self-administered standardized questionnaire on attitude and practice regarding HIV/AIDS among 200 students randomly selected students from XU and 200 students from XMU. Result showed that among the 400 students who participated in the study Overall, the mean knowledge score was 19.3 +5.5. Their knowledge score ranges from 2 to 30. Mean knowledge score is significantly different by ethnicity, sex, subject major, and year of study in university. Only 33.3% of the respondents had positive attitude towards HIV/AIDS patient. With regards high risk behavior associated with HIV transmission, 15.8% had at least 1 risk behavior related to unprotected sexual exposure. It was concluded that HIV/AIDS health education efforts should be intensified in non-medical universities, among female students, first year students and Uyghur and other minorities. About two-thirds of the university students in Xinjiang had negative attitude towards HIV/AIDS and HIV/AIDS patients. At the same time about 15% of these students reported having at least 1 high risk behavior related to sex and unprotected sex.

Migrant populations are at high risk of Human Immuno Deficiency Virus infection (HIV) and Acquired Immunodeficiency Syndrome (AIDS). Studies of HIV/AIDS knowledge, attitudes

and practices among fishermen in developing countries have shown gaps in knowledge and fear of contagion with ambivalent attitudes towards HIV/AIDS and inconsistent universal precautions adherence. In this regard, Zafar et al., (2014) conducted a study to determine the knowledge, attitude and practices regarding HIV/AIDS among fishermen in a coastal area of Karachi, Pakistan which includes many youth. A Community based cross-sectional study was conducted among fishermen in coastal area of Karachi from June to September 2012. A total of 297 adult fishermen were selected by using simple random sampling technique from different sectors of coastal village. Data were collected using a structured validated questionnaire. The frequency distribution of both dependent and independent variables were worked out. Comparisons of knowledge, attitude and practices regarding HIV/AIDS by socio-demographic characteristics were made using logistic regression. Results indicated out of 297 fishermen, majority had in-appropriate knowledge (93.6%), negative attitude (75.8%) and less adherent sexual practices (91.6%).

In univariate analysis, lower education and higher income were significantly associated (OR 2.25, 95% CI, 1.11, 4.55), (OR = 3.04 CI 1.03-9.02, p value 0.04) with negative attitude and un-safe practices towards HIV/AIDS respectively, whereas no significant association of socio-economic characteristics with knowledge, attitude and practices were observed in multivariate analysis. This study suggests that fishermen had very poor knowledge, negative attitudes towards HIV and AIDS and had unsafe sexual practices which suggest that they lack the basic understanding of HIV/AIDS infection. Extensive health education campaign should be provided to the vulnerable sections of the society for the control of HIV/AIDS.

Calderon et al. (2015) also carried out a study to analyse knowledge, attitudes and sexual practices on HIV/AIDS, and estimate HIV prevalence among residents of Sucre (Bolivia). A Population-based survey of residents aged 15–49 were randomly selected during 2008/2009. Blood samples

were collected on Whatman-filter paper and tested with enzyme-linked immunosorbent assay. Knowledge on HIV/AIDS, sexual risk practices and discriminatory attitudes against people living with HIV/AIDS (PLWHA) were modelled with multiple logistic regression. Out of the 1499 subjects, 59% were women. All subjects were HIV-negative. Inadequate knowledge of HIV/AIDS transmission and prevention was observed in 67% and risk factors varied by gender (interaction *p*-value < 0.05). Discriminatory attitudes were displayed by 85% subjects; associated factors were: rural residence, low educational level and low income. Unsafe sex was reported by 10%; risk factors varied by residence area (interaction *p*-value < 0.05). In urban areas, risk factors were male sex, younger age and being in common-law union. Prevalence of HIV infection is very low and unsafe sex is relatively uncommon. Inadequate knowledge on HIV/AIDS and discriminatory attitudes towards PLWHA are extremely high and are associated to gender, ethnic and economic inequalities; the researchers noted.

Sexual behavior change remains the most effective way of preventing further transmission of HIV/AIDS especially among the young people. In order to gain the knowledge needed to develop appropriate interventions that will enable young people to adopt safe sexual practices Durojaiye (2011) through a cross-sectional study, used a structured questionnaires among 315 randomly selected students enrolled at a tertiary institution in Lagos State, Nigeria. Results showed that the mean age of the respondents was 23 years. Although the mean score of the participants' responses to ten HIV/AIDS knowledge questions was 8.3 of 10 points, 73.5% of them did not perceive themselves at risk of being infected. Majority (53.8%) had not changed their dating behaviors as a result of concerns for HIV/AIDS and 70.3% had multiple lifetime sexual partners. Those who perceived themselves at risk of infection are significantly ($P = 0.019$) more likely to always use condoms. Using the AIDS Risk Reduction Model (ARRM), it was found that the students are in

the first stage of behavior change process: recognition of the problem. The low risk perception has prevented movement to the second stage of making commitment to change behavior. The awareness and knowledge of HIV/AIDS is high among tertiary education students in Lagos, Nigeria. However, risk perception is low with high-risk sexual behaviors. The failure to perceive HIV/AIDS as a personal risk has prevented commitment to behavior change. Interventions aimed at influencing risk perception are paramount to curb the spread of this dreaded disease.

Othman (2015) assessed the knowledge about HIV/AIDS among high school students in Erbil city and to investigate the association between high school students' socio-demographic characteristics and their level of knowledge about HIV/AIDS. This descriptive cross-sectional study was carried out in three high schools in Erbil city from February to April 2014. A sample of 437 students was included in the study from fourth, fifth and sixth stages. A multistage cluster sampling method was used to select the students. Data analysis included descriptive statistics and chi-square association test for categorical variables. The age range of the students was between 14 and 21 years with mean ± standard deviation of 16.0 ± 0. 927 years. All the students had heard about AIDS where around two thirds of students had heard from mass media like TV/Radio. Around 45% of students had good knowledge scores about HIV/AIDS, and 43.7% had acceptable knowledge scores, while only 11.2% had poor knowledge scores. There was a statistically significant association between high knowledge score about HIV/AIDS with older age, male gender, and typical school type ($P < 0.001$). High socio-economic status of students was significantly associated with high score of knowledge about HIV/AIDS ($P = 0.005$). The overall rate of knowledge (acceptable and good) about HIV/AIDS among high school students was high. Socio-demographic characteristics of students have an effect on their knowledge about HIV/AIDS.

The Middle East and North Africa (MENA) region is among the top two regions in the world with the fastest growing HIV epidemic. In this context, risks and vulnerability are high as the epidemic is on the rise with evidence indicating significantly increasing HIV prevalence, new HIV infections and AIDS-related deaths. Against this background, Haroun et al. (2016) assessed HIV/AIDS knowledge and attitudes related to HIV/AIDS among a wide group of university students in the United Arab Emirates (UAE). In a cross-sectional survey, a total sample of 2,294 students (406 male; 1,888 female) from four universities in three different Emirates in the UAE were approached to take part in the study. Students self-completed a questionnaire that was designed to measure their knowledge and attitudes to HIV/AIDS. The overall average knowledge score of HIV/AIDS was 61%. Non-Emirati and postgraduates demonstrated higher levels of knowledge compared to Emirati and undergraduate students respectively. No significant differences between males and females; and marital status were found. Eighty-five percent of students expressed negative attitudes towards people living with HIV, with Emirati and single students significantly holding more negative attitudes compared to non-Emiratis and those that are married respectively. The findings provide strong evidence that there is a need to advocate for appropriate National HIV/AIDS awareness raising campaigns in universities to reduce the gaps in knowledge and decrease stigmatizing attitudes towards people living with HIV/AIDS.

Tavoosi (2004) assessed the knowledge and attitude of high school students regarding AIDS in Iran. Through a cluster-sampling, 4641 students from 52 high schools in Tehran were assessed by anonymous questionnaires in February 2002. The students identified television as their most important source of information about AIDS. Only a few students answered all the knowledge questions correctly, and there were many misconceptions about the routes of transmission. Mosquito bites (33%), public swimming pools (21%), and public toilets (20%) were incorrectly

identified as routes of transmission. 46% believed that Human Immunodeficiency Virus positive (HIV positive) students should not attend ordinary schools. Most of the students wanted to know more about AIDS. In this study knowledge level was associated with students' attitudes and discipline ($p < 0.001$). Although the knowledge level seems to be moderately high, misconceptions about the routes of transmission were common. There was a substantial intolerant attitude towards AIDS and HIV positive patients. We recommend that strategies for AIDS risk reduction in adolescents be developed in Iranian high schools.

The HIV infection is very high in Malaysia and the knowledge and attitude of HIV/AIDS infection among the medical students of University Malaysia Sabah, a public medical school in Malaysia has been assessed by Han Ni, Aung Htet (2011). The study was a cross sectional questionnaire-based study conducted at the School of Medicine, University Malaysia Sabah. A specifically designed questionnaire was distributed to all the medical students on the first day of the semester. The questionnaires regarding knowledge were focused on various methods of transmission, high risk behaviors and preventative measures. Attitude towards HIV/AIDS patients, sexual behaviors, condom usage, sex education and resource allocation for HIV/AIDS patients were assessed. A total of 155 medical students participated in this study, with the age ranging from 19 to 25 years. Majority gave correct responses for mode of transmission while only 60.6% had knowledge that HIV can be transmitted via kissing an infected person when oral ulcer is present. Concerning mother to child transmission, 72.3% responded that the transmission is in-utero and only 65.2% realized the transmission through breast milk. Regarding knowledge on high risk population for HIV infection, only 17.4% agreed for youth. 146 students (94.2%) had knowledge that HIV infection can be prevented by condom usage but only 69 students (44.5%) responded correctly the effectiveness of the condom.

Majority of the respondents (83.2%) disagree for showing no sympathy towards HIV positive persons. Regarding various sexual behaviors, 43.2% and 35.5% approved for masturbation and oral sex respectively while 78.7% and 86.5% disagreed for anal sex and sex with changing partner respectively. 88 respondents (56.8%) agree for condom usage with every sexual encounter whereas 1 student believed that condom should never be used. Most of the students (98.7%) agreed for the need of sex education sessions. 90.3% did not believe that resource allocation for caring of HIV/AIDS patients is unworthy. Even among the medical students, the knowledge of mother to child transmission through breast feeding is weak and most of them believe that transmission is mainly in utero. Only a small percentage of medical students regard the youth as one of the high-risk populations for HIV infection. Majority of the students acknowledge that condom can be preventive of HIV infection but they did not know the extent of effectiveness of the condom usage. Furthermore, only 56.8% agree for condom usage with every sexual encounter. Based on the findings of this study, knowledge regarding mother to child transmission and condom usage must be more emphasized in the medical curriculum so that the future doctors could play the leading role in better prevention of HIV/AIDS infection in the community; according to the researchers.

Since adolescence is a stage of physiological, mental and social transformation which poses a threat for risky health behaviors. Inadequate knowledge, taboos regarding sex education, indulgence in risky behavior lends the adolescents susceptible to AIDS (Acquired Immuno Deficiency Syndrome). Hence, *Vijayageetha (2016) conducted a study* with the objective to assess the knowledge and attitude towards HIV/AIDS among adolescent school children in urban Mysore and to describe the factors influencing the same. This cross-sectional study was conducted among schools and pre-university colleges. A simple random sampling technique was used to select the schools and pre-university college and two classes from each school were selected randomly and

all adolescents in the class who were present on the day of the study were included. Information regarding their socio-demographic characteristics, knowledge and attitude regarding HIV/AIDS were obtained using a self-administered, pre-tested, semi-structured questionnaire.

The children who were mentally disabled were excluded. Among the 374 adolesecents who participated, textbooks 275 (73.5%) were the most common source of information about HIV/AIDS. Knowledge about modes of transmission was higher than about prevention and control and a majority had a positive attitude towards a relative, a friend, a fellow student and teacher whereas, around 50 % had a negative attitude towards a shopkeeper or a housekeeper affected with HIV (Human Immuno Deficiency Virus). It came out clearly that optimal utilization of mass media to deliver key messages and reinforcement using curriculum content would improve the knowledge about HIV and to bring down the discrimination of people living with HIV among adolescents. Life skill education with HIV awareness should be implemented in schools.

In Ghana, *Tanye (2010)* explored the attitudes, knowledge and experiences of the youth regarding HIV counseling and testing in the Jirapa district of the Upper West Region of Ghana. The study aimed at finding out the knowledge of the youth about HIV infection, transmission, the beliefs and attitudes toward undergoing HIV test and their experiences at the HIV counseling and testing centers. An exploratory qualitative design was used to explore the youth experiences. The sampling method employed was purposive and was based on data saturation- when no new information was forth coming. Saturation occurred at the 12th participant but four more interviews were conducted to cross check new emerging themes. The findings of the study showed that the youth had adequate knowledge of HIV counseling and testing but the participants indicated that there was lack of confidentiality at HIV counseling and testing centres, as counsellors easily spread the news to people about others who tested positive to HIV and the likely occurrences of stigma

among the youth when HIV has been diagnosed. Findings from the study also indicated that there are some cultural and traditional practices as well as some parental influences on the utilization of HIV counseling and testing centers by the youth in the Jirapa district of Ghana. The study recommended that the health authorities in the district should re-strategize their HCT education programs to include the youth in their own settings through the use of youth friendly services and the community Based Health Planning and Services (CHPS) in the district.

CHAPTER TWO

RESEARCH METHODS

2.0 INTRODUCTION TO THE CHAPTER

This chapter paid attention to the methods used in carrying out this research. It focuses on the research design, study area, population, sample and the sampling technique. It also discusses the tools and techniques that were employed for gathering and analysis of data collected. It also covers ethical considerations, limitations as well as confidentiality.

2.1 RESEARCH DESIGN

A cross-sectional quantitative research design was employed in conducting this study. This is because Cross-sectional design allows for the examination of multiple independent variables and their relationship with a dependent variable at a particular point in time (Brink & Wood, 1998; Polit & Hungler, 1999). Moreover, the variables of interest are already present in the participants and there will be no manipulation of the variables.

2.2 RESEARCH SETTING

The study was conducted in Mamprobi, a town located in the Ablekuma West, a Sub-district of Accra Metropolitan District of the Greater Accra Region. Mamprobi is geographically located at the southern part of Accra along the coast of the Gulf of Guinea (Lat. 5°32'8.47", Long. -0°14'24.98"). Mamprobi has a young population with a higher proportion of female population over male population. The town has a major market called the ‘Tuesday Market’ with food commodities being the major goods transacted within the market. Mamprobi Polyclinic is a district

health facility located in the center of the town that provides primary healthcare to residents within and outside. Mamprobi constitutes of a number of primary and junior high schools, one private senior high school which serves as center for formal education to the community. Facilities such as the Post Office, Churches, Banks are landmarks that can be located in the town. The major commercial activities the residents are engaged in is Trading and Fish farming.

2.3 TARGET POPULATION

The population for this study were the inhabitants of Mamprobi community. The target population were the teenagers who are in the Mamprobi community.

2.3.1 INCLUSION CRITERIA

Teenagers who could read and write and were willing to take part in the study were recruited for the study. They were between the ages of 13 – 19 years.

2.3.2 EXCLUSION CRITERIA

Teenagers who were unwilling to participate in the study were excluded from the study. Those below 13 years and those above 19 years were also excluded from the study.

2.4 SAMPLING METHOD AND SAMPLE SIZE

Since the researchers could not have access to all the teenagers at the same time, a Convenience sampling method which is a nonprobability sampling technique was used to select teenagers from the Mamprobi community for the study. A total of hundred (100) teenagers were selected to participate in the study.

2.5 DATA COLLECTION TOOL

A structured questionnaire was designed and used for the data collection. The questionnaire was structured or divided into four sections. Section A covered demographic data of the respondents. The other sessions were structured according to the objectives of the study. Thus. Session B explored the knowledge of the youth about HIV/AIDS. Session C examined the attitudes towards HIV/AIDS among the youth and Session D explored the ways of improving behavioral change towards HIV/AIDS among the youth of Mamprobi.

2.6 DATA COLLECTION PROCEDURE

The introductory letter was obtained from the Department of Nursing. It was shown to the Mamprobi community leaders to obtain permission for the study which they granted. When those who met the inclusion criteria were selected using Convenience sampling technique, the purpose of the research and how to answer the questionnaire were explained to them. The structured questionnaires were administered to the teenagers. Those who could not understand it well, the researchers helped them to complete the questionnaires. It took about 10-15 minutes to complete each questionnaire averagely. The answered questionnaires were then collected from the respondents for analysis.

2.7 VALIDITY AND RELIABILITY OF THE STUDY

Validity is the extent to which a concept, conclusion or measurement is well-founded and corresponds accurately to the real world (Brains et al, 2011). In other words, it is the extent to which a tool or questionnaire measures what it was intended to measure (Polit & Hungler, 1999). This was ensured by the development the questionnaire in accordance to the research objectives. The wording of the questionnaire was also checked by our supervisor and pretesting was also done before using the final questionnaire for the research.

Reliability refers to the consistency of findings when the tool or questionnaire is administered at a different time (Leedy & Ormrod, 2005). In terms of reliability, the items of the questionnaire were formulated to address the research questions. Numerous articles were chosen according to their significance in providing accurate evidence-based results relating to the study and avoiding biases. The sources were obtained from current articles and reviews were also consistent with the objectives of the study. Validity and Reliability were ensured by conducting a pretesting of the questionnaire and then revising it before the actual data collection process based on feedback from the pretesting.

2.7.1 PRE-TESTING

Before administering the questionnaire to the respondents, a pre-testing of the questionnaire was conducted at Korle-Gonno community with ten (10) questionnaires administered to ten teenagers who were conveniently selected. This is to ensure that the questions were clear to the respondents and to modify unclear ones. The questionnaires were edited to clear certain ambiguous questions and omit leading questions. These ten copies were not included in the final analysis of the data.

2.8 ETHICAL CONSIDERATIONS

An introductory letter was taken from the school and presented to the Assembly man for the Mamprobi community and the purpose of the study was explained to him. Participation in the study was also based on the willingness of the respondents as no respondent was coerced into participating in the study. Informed verbal consent was obtained from participants before questionnaires were administered. All the participants were presented with the option of declining to answer any of the questions if they wish. Participants were also made aware that they could withdraw from the study at any time they wish to do so. The information collected from the respondents was treated as confidential and the identity of the respondents was not disclosed in writing the report.

2.9 LIMITATIONS OF THE STUDY

There were limitations associated with this study. Firstly, the study results cannot be generalized to the entire Mamprobi teenagers as only a session were used for the study. Besides, the sample size of 40 was very small compared to the total number of mothers of teenagers in the community. Time and financial constraints were also part as we had very limited time to accomplish the project and so had to spend a lot to get internet bundles to aid us retrieve adequate information from the internet to get the work done. This study was also conducted whiles the researchers were also preparing to take their end of semester examinations.

CHAPTER THREE

STUDY FINDINGS AND DISCUSSIONS

3.0 INTRODUCTION TO CHAPTER

This chapter covers the analysis of data collected from respondents. It conveys the findings realized from the analysis regarding the knowledge and attitude towards HIV / AIDS among the youth of Mamprobi. The data was coded and entered into Microsoft excel for the analysis of the data. The results were presented below in the form of Tables, Pie charts, Bar charts and Histograms. Descriptive statistics was used to present the demographic characteristics of respondents.

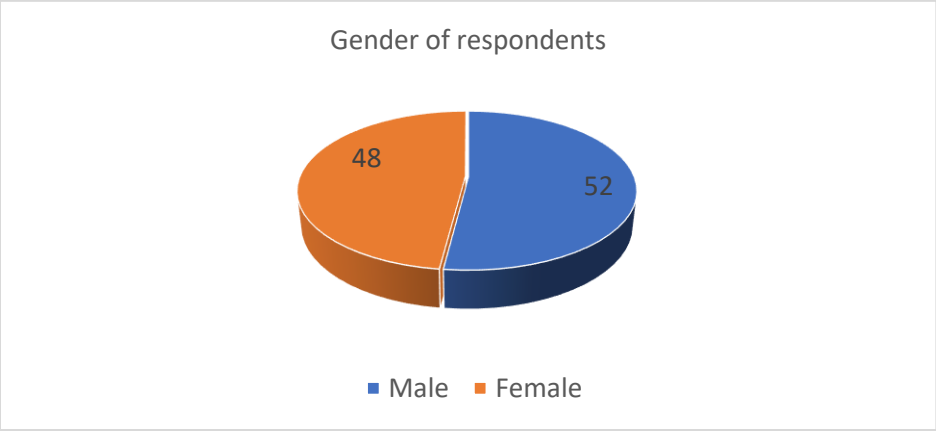
3.1 APPROACH TO DATA ANALYSIS

Data entry and analysis involving mainly tables of frequencies and cross tabulations were done using the Statistical Product and Service Solution (SPSS version 25) software. Transcripts of the coded qualitative data were analyzed into themes using QSR N6 (version 6) software. Extracts of some significant statements were used to enrich the quantitative data.

3.2 FINDINGS

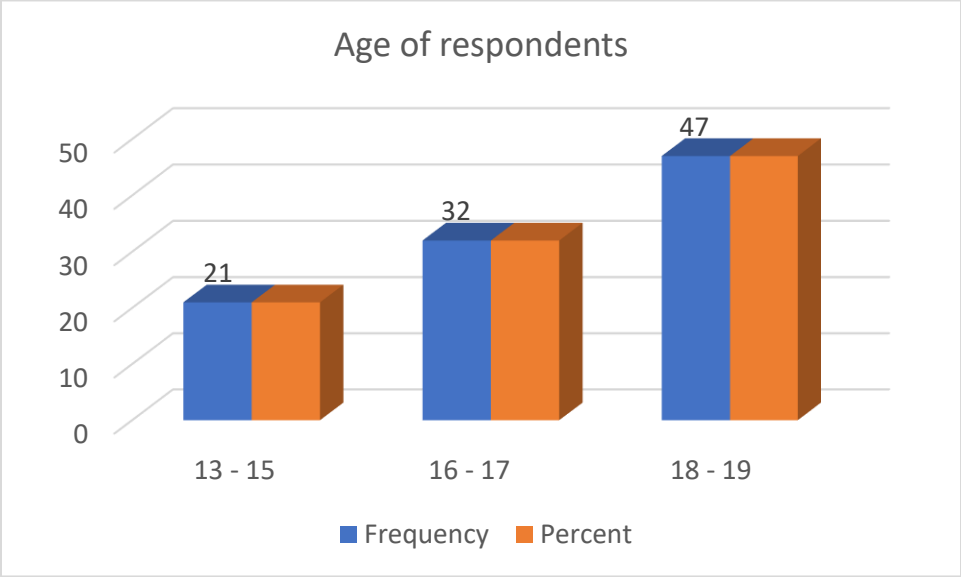
3.2.1 DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Figure 1 Gender of Respondents



From Figure 1 above, 52 percent of the respondents were males whiles 48% were females.

Figure 2 Age of Respondents



From Figure 2 above, 47% of the respondents were between the ages of 18 – 19 years, 32% were between the ages of 16 – 17 whiles 21% were between the ages of 13 – 15 years.

Figure 3 Occupation of Respondents

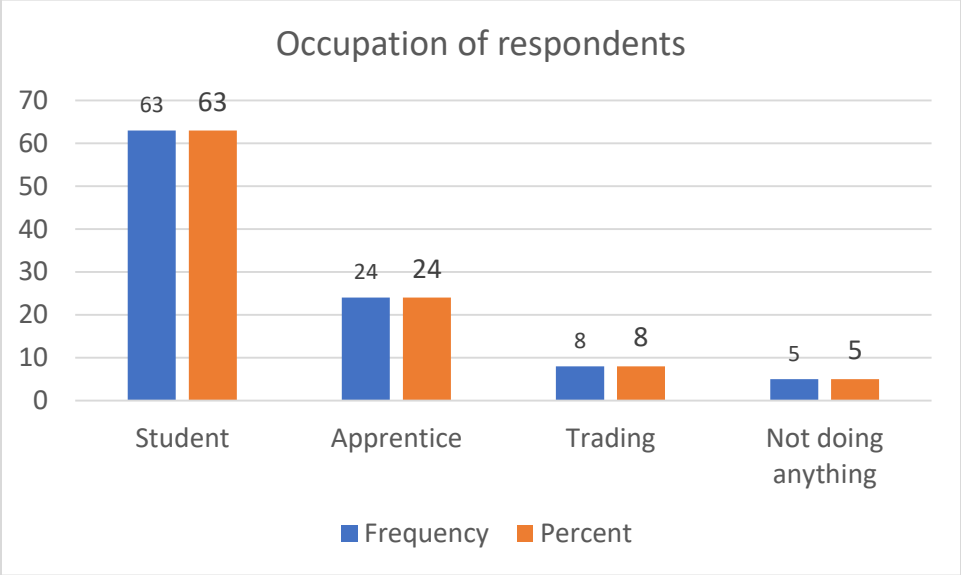
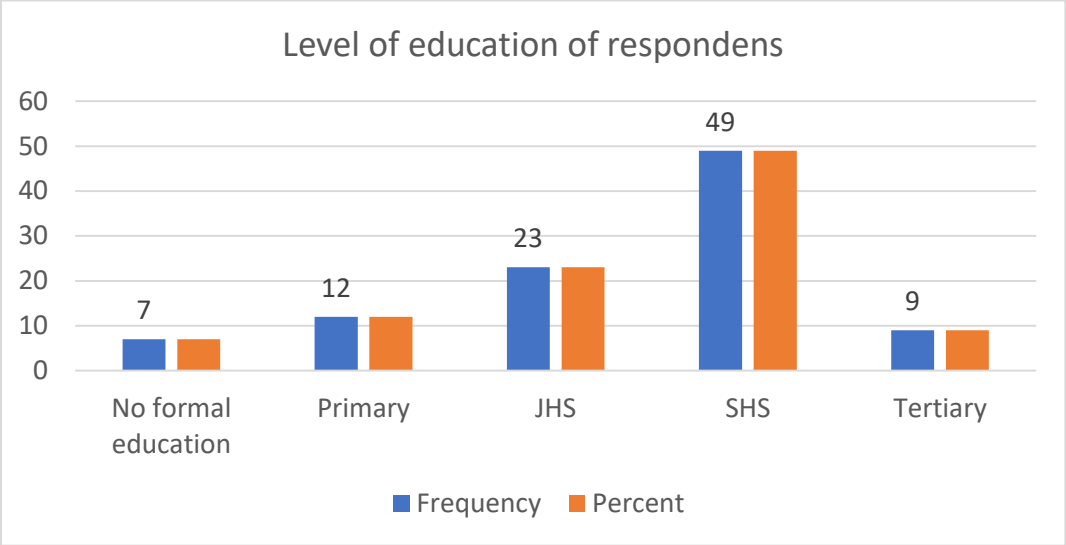


Figure 3 above showed that most of the respondents (63%) were students, 24% were apprentices, 8% were into trading whiles 5% were not doing anything.

Figure 4 Level of Education of Respondents



From Figure 4 above, 49% of the respondents were at the Senior High Students, 23% were in Junior Secondary School, 12% had primary level education and 9% were in tertiary institution whiles 7% had no formal education.

Figure 5 Religion of Respondents

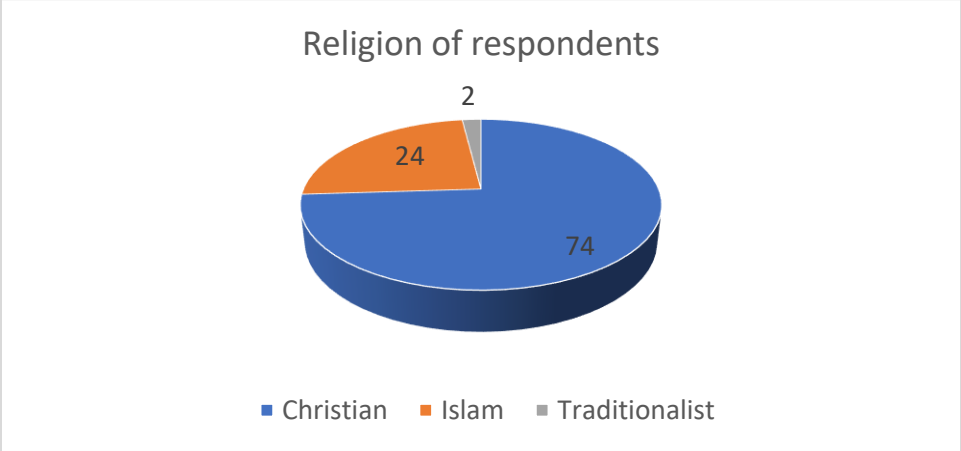
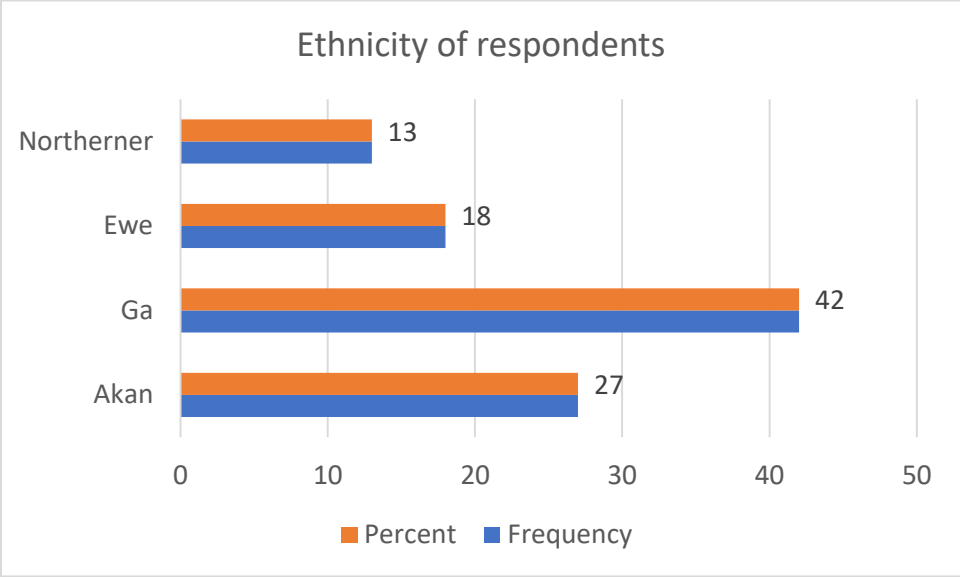


Figure 5 above showed that 74% of the respondents were Christians. 24% were Moslems whiles 2% practice traditional religion.

Figure 6 Ethnicity of Respondents



From the Figure 6 above, majority (42%) of the respondents were Gas, Akans were 27% and Ewes were 18% whiles 13% was formed by the Northern ethnic groupings.

Figure 7 Hearing about HIV/AIDS

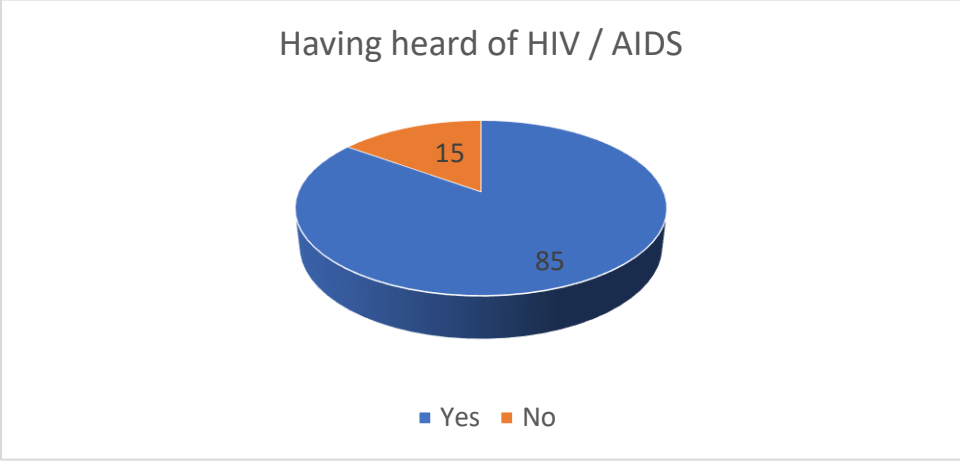


Figure 7 indicated that 85% of the respondents have heard about HIV / AIDS whiles 15% responded that they have not heard about HIV / AIDS.

Table 1 What HIV/AIDS is

NO.	What is HIV / AIDS	Frequency	Percent
1	It is viral infection that affects the immune system	82	82
2	It is a bacterial infection that affect the immune system	15	15
3	It is a blood disease that affect sexually active people	24	24
4	It is a disease that leads to severe weight loss	64	64

Respondents were presented with the question of what HIV / AIDS is. They were allowed to select more than one option. Table 1 showed that 82% of the respondents reported that it is a viral infection that affects the immune system whiles 64% reported that it is a disease that leads to severe weight loss. This indicated that majority of the respondents have good knowledge about HIV / AIDS. However, 24% of the respondents reported that it is a blood disease that affect sexually active people whiles 15% reported that it is a bacterial infection that affect the immune system.

Table 2 Mode of Transmission of HIV/AIDS

NO.	Mode of transmission of HIV / AIDS	Frequency	Percent
1	Through mosquito bite	3	3
2	Eating in the same eating utensils HIV-positive people use	6	6
3	Kissing HIV-positive person	26	26
4	From mother to child during pregnancy, delivery, and breastfeeding	12	12
5	Through sex with an infected person	54	54
6	Through unprotected sex with an infected person	79	79
7	Touching soiled materials from an infected person	32	32
8	Coming into contact with sweat from infected persons	21	21

Regarding the mode of transmission of the HIV virus, 79% of the respondents reported that it can be spread through unprotected sex with an infected person, 54% reported that is transmitted through sex with an infected person. Touching soiled materials from an infected person was reported by 32% whiles 26% reported that it can be transmitted through kissing HIV-positive person. Only 12% of them reported that it could be transmitted from mother to child during pregnancy, delivery, and breastfeeding. This however, indicated that respondents have good knowledge about the mode of transmission of the virus.

Respondents were asked whether there is cure for HIV / AIDS and figure 8 below showed that 52% of the respondents reported that there is no cure, 45% reported yes whiles 3% reported that they did not know.

Figure 8 Is There a cure or medical help for people living with HIV/AIDS

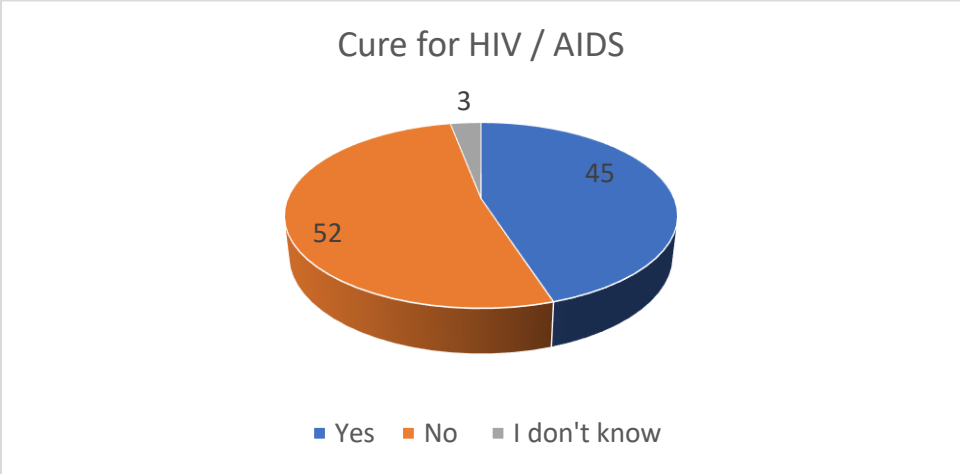
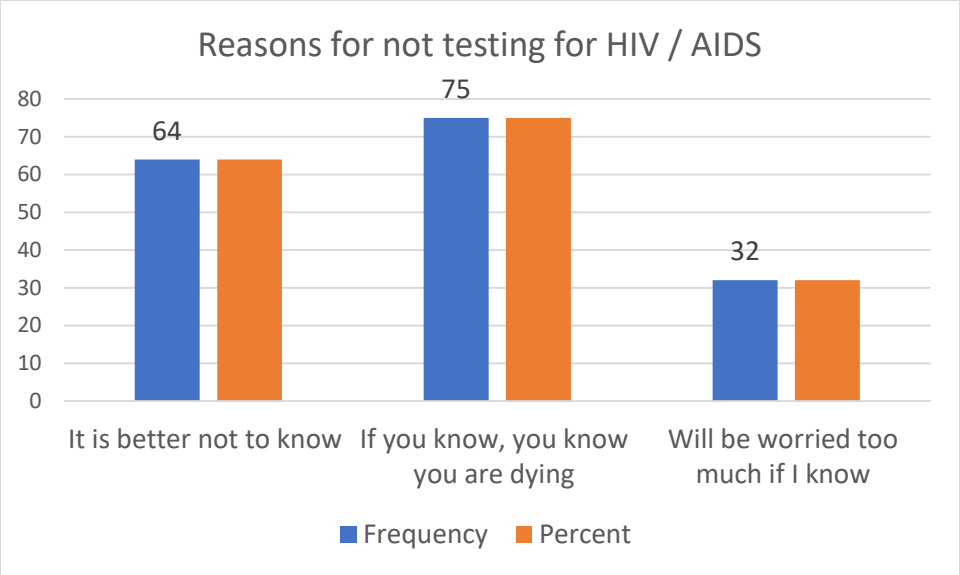


Table 3 Protecting practices for contracting HIV/AIDS

No.	Protecting practices for contracting HIV / AIDS	Frequency	Percent
1	Practicing abstinence	72	72
2	Avoiding unprotected sex	83	83
3	Protecting self from insect bites like mosquito bites	14	14
4	Being loyal to one partner	65	65
5	Avoid places where HIV people stay	8	8
6	By getting safer blood transfusion	53	53
7	It comes as punishment from God	14	14
8	Getting circumcised	5	5
9	Using condoms	78	78
10	Not touching HIV infected persons	23	23
11	Avoid sharing food with infected persons	15	15

The researchers explored the protective practices against contracting the HIV virus. Response showed that, 83% of them reported avoidance of unprotected sex, 78% reported using of condoms, 72% reported abstinence whiles 65% reported being loyal to ones' partner. Fifty-three percent reported that the virus can be transmitted through transfusion with an infected blood, 23% reported not touching HIV infected persons whiles 14% reported that it is a punishment from God.

Figure 9 Some of the reasons for not testing for HIV/AIDS



Respondents were asked to respond to some of the reasons why people do not test for the HIV. Their responses showed that 75% of them reported that it is better they do not know their status because if they know, they know they are dying. 64% simply reported that it is better not to know whiles 32% reported that it will make them worry too much if they know they have it. This indicated that majority of the respondents were not willing to know their status probably because knowing will make them worry too much as there is no cure as reported earlier.

Table 4 Sources of information about HIV/AIDS

No	Sources of information you have about HIV / AIDS?	Frequency	Percent
1	School	52	52
2	Family and friends	41	41
3	Television	63	63
4	Radio	54	54
5	Internet	24	24
6	Newspaper	12	12
7	Health centers	74	74
8	Educational visit to school by health workers	66	66

When the sources of the information about HIV / AIDS was explored, 74% of the respondents reported that they got the information from the health centers, 66% reported educational visit to school by health workers, 63% reported television and 54% reported radio. Fifty-two percent reported that they got the information from school, 41% reported family and friends whiles 24% reported the internet being the source of information about HIV / AIDS.

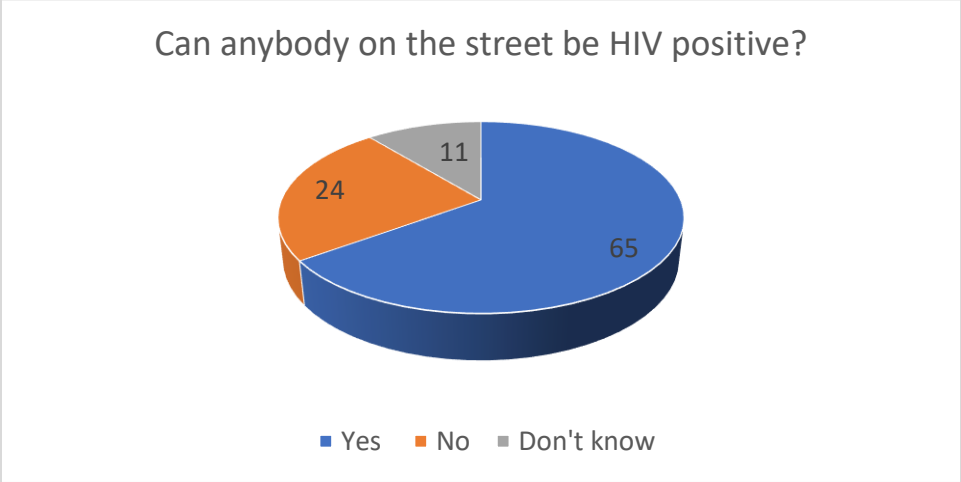
3.2.1 ATTITUDES TOWARDS HIV/AIDS AMONG THE YOUTH OF MAMPROBI.

Table 5 Attitudes towards HIV/AIDS

No	Attitudes towards HIV / AIDS	Frequency	Percent
1	Do you see yourself as at risk of getting the HIV / AIDS?	54	54
2	Have you ever tested for HIV / AIDS before?	15	15
3	Would you take an HIV infected person as a friend?	23	23

The attitude of the respondents towards HIV / AIDS was explored and it showed that 54% of them see themselves as at risk of getting the HIV / AIDS, 23% would like to take an HIV infected person as a friend. Only 15% of the respondents have ever tested for HIV / AIDS. This indicated that, apart from seeing themselves as at risk, the respondents have a general negative attitude towards HIV / AIDS.

Figure 10 Do you think anybody walking on the street may be HIV positive?



When asked whether anybody walking on the could be HIV positive, 65% of the respondents reported yes, 24% of them reported no whiles 11% do not know whether they could be having HIV virus in them.

3.2.2 RISKY BEHAVIORS THAT PREDISPOSE THE YOUH TO HIV / AIDS

Table 6 Some behavioral practices that predispose the youth to HIV infection

NO.	SOME BEHAVIORAL PRACTICES THAT PREDISPOSE TO HIV INFECTION	YES	NO
1	Have you ever injected an illicit or stimulant drug before?	7	93
2	Have you ever shared unsterile syringe and needles before?	6	94
3	Have you had an unprotected sex before?	32	68
4	Do you like using condom during sex?	16	84
5	Did you ever used alcohol or drugs before sex	38	62

Table 6 presented some of the behavioral practices that predispose to HIV infection. Responses showed that 38% reported that they have used alcohol or drugs before sex, 32% of them have had unprotected sex with their partners before. 16% of the respondents use condoms during sex and 7% have ever injected an illicit or stimulant drug before.

Table 7 Reasons why people dislike the use of condoms during sex

No.	Reasons why people dislike the use of condoms during sex	Frequency	Percent
1	It was not accessible	23	23
2	It is too expensive	12	12
3	My partner objected	36	36
4	I do not like it	31	31
5	I do not think it was necessary	17	17

6	I feel shy going to buy it	42	42

From Table 7 above, respondents reported the reason why people dislike the use of condoms and it came out that 42% of them feel shy of going to buy the condoms, 36% of them reported that their partners objected to using the condoms, 31% reported they do not like it, 23% reported that the condoms are not accessible whiles 17% think condoms are not necessary. 12% of the respondents reported that good quality condoms are expensive.

3.3 DISCUSSION

The purpose of this study was to explore the, knowledge and attitudes towards HIV/AIDS among the youth of Mamprobi. The youth in this study were between the ages of 13 – 19 years and 72% of them have at least a Junior High level of education. This implies that these youth are capable of assessing information about any topic they are interested in. The high risk for HIV infection among the youth has been attributed to their lack of knowledge and engagement in risky sexual and injection behaviors (Ganczak et al., 2007). Others like Han Ni, Aung Htet (2011) reported good knowledge among their respondents and even to the extent that they believed HIV can be transmitted via kissing an infected person when oral ulcer is present. Therefore, identifying the knowledge level can help streamline policies to address the gaps in the prevention practices. When the knowledge about the HIV was explored among the respondents, majority of the respondents indicated that they know about HIV / AIDS and reported that it is a viral infection that affects the immune system and also leads to severe weight loss.

Several studies have reported how the HIV can be spread through sex and blood transfusion (Bol Jool Dit & Bodilsen 2017; Othman, 2015). *Vijayageetha (2016) reported that k*nowledge about

modes of transmission was higher than about prevention and control and a majority had a positive attitude. Comparing the attitude of the respondents in this study, knowledge level is quite high and the attitude is also positive. However, some behaviors such as not using condoms, taking alcohol prior to sex could make them more prone to getting the infection. In this study also, respondents also reported that the HIV can be transmitted through unprotected sex with an infected person or sex with an infected person as well as touching soiled materials from an infected person. This knowledge is not expected to translate into preventive practices by the youth as reported by Othman (2015).

It has been demonstrated that increased knowledge about AIDS is not a predictor for behavioral change although knowledge about the disease is a prerequisite for change (USAIDS, 2015). Summerfield (2008) reported that over half of the youth would have had sex at age 17 and that increased safe sex practices and HIV testing and treatment uptake according to Tulloch et al. (2012) is key to preventing the infection especially among the youth. Some of the behavioral practices that predispose to HIV infection were use of alcohol or drugs before sex, having unprotected sex with their partners, not using condoms during sex. Han Ni, Aung Htet (2011) reported that knowledge that HIV infection can be prevented by condom usage as it is effectiveness of the condom. This is not the case for the respondents in this study. When asked about the reasons why people dislike the use of condoms, many respondents reported that they feel shy going to buy the condoms, partners objecting to using the condoms and they themselves not liking it. This information is consistent with the findings of Tarkang (2013) who reported high risky behaviors among female high school students with early sexual debut in Limbe. Again, these findings suggested that the statistics from the UNAIDS (2008) may not be really adequate since risky

behaviors abound (UNAIDS, 2008) and many have not checked their HIV status and children with HIV globally live in sub-Saharan Africa, with its epicentre in southern Africa (UNAIDS, 2008).

Maimaiti et al. (2010) reported that their respondents had positive attitude towards HIV/AIDS patient and it is found in many studies around the world. The attitude of the respondents in this study towards HIV / AIDS was positive which is consistent with that of Maimaiti, et al. (2010). It came out in this study that more than half of them see themselves as at risk of getting the HIV / AIDS. However, they have no problem taking an taking an HIV infected person as a friend. Only few of the respondents have ever tested for HIV / AIDS with the reasons that it is better they do not know; otherwise, it will make them more worried. Despite this fear of testing for the HIV virus, respondents also believed that anybody walking on the could be HIV positive.

With the sub-Saharan Africa being the epicenter of HIV / AIDS in southern Africa (UNAIDS, 2008), educational programs have been intensified and many are aware of the HIV. However, due to its chronic nature and the fact that there is no exact cure, many people refuse to know their status. For example, in this study, respondents were asked to respond to some of the reasons why people do not test for the HIV. Their responses showed that it is better they do not know their status because if they know, they know they are dying and that it will make them worry too much if they know they have it. This indicated that majority of the respondents were not willing to know their status probably because knowing will make them worry too much as there is no cure as reported earlier.

Mwandira (2008) suggested that young people will determine the course of the epidemic and therefore they are a critical focus for HIV prevention and behavior change programs. It was realized in this study that respondents were aware of some of the preventive practices. They enumerated avoidance of unprotected sex, using of condoms, abstinence and being loyal to ones'

partner. The information about the HIV was gotten from the health centers, educational visit to school by health workers, television and radio. Few had it from the family and friends and the internet.

3.4 CONCLUSION

Review of literature in this study showed that HIV is a major challenge of youth globally. Youth are more susceptible to the risk of infection with HIV by virtue of the nature of their risky sexual behavior. Despite being a crucial foundation in addressing the epidemic, knowledge of HIV among the youth is insufficient in positively influencing their attitudes and risky sexual practices. The researchers observed a high knowledge of HIV and positive attitudes towards people living with HIV among our respondents. However, their risky sexual behaviors can make them more prone to getting the infection. Despite knowing that anybody walking on the street could be infected with the HIV, they could still engage in unprotected sex with anybody. They don't often use condom simply because either they don't like it or their partners object to it. Few also take in alcohol before sex and this could impair their judgement. There was negative attitude towards HIV testing with the excuse that it is better they do not know as it will make them worry too much. This attitude can actually perpetuate their risky behavior. This is because if they know their HIV status, it could actually make them minimize their risky sexual behaviors.

3.5 RECOMMENDATIONS

Based on the findings of this study, the following recommendations were made.

1. Since the youth are engaging in sexual activity, emphasis should be placed on the use of condoms to protect themselves from contracting the HIV.
2. The youth should also be encouraged to take part in the HIV testing and put in place measure to try and remain free of the virus if negative or start engage behaviors that actually minimizes the viral load. The success of the HIV testing program depends on the individuals including the youth testing voluntarily.
3. Schools and universities should be able to take a more prominent and proactive role in educating youth about sexual health and HIV-related risky behaviors.
4. Healthcare providers and teachers, in particular, should be equipped with required training and knowledge on HIV-related topics and should take on an active responsibility in providing quality sexual educations to youth.
5. Future research and intervention on HIV health promotion should focus on the further understanding of how socio-cultural and religious value systems affect youth's sexual lifestyle and information access.
6. Strategic plans should also prioritize involving the key individuals in youth's networks (e.g., parents, teachers, and peers) in HIV education programs.

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APPENDIX A

QUESTIONNAIRE

We are students of Central University conducting a research entitled "knowledge and attitudes towards HIV/AIDS among the youth of Mataheko". You are required to answer some few questions on this questionnaire. You are free to withdraw from the study and you can stop answering any questions that you are uncomfortable with at any time you want. In the study any answer you gave will be treated with utmost confidentiality and in addition your name, address or any information that identifies you will not be used.

Please tick (√) the box provided beside the option that best suit your preference.

SECTION A: DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

1. Gender: Male [ ] Female [ ]
2. Age (in years): 13 – 15 [ ] 16 – 17 [ ] 18 – 19 [ ]
3. Occupation: Student [ ] Apprentice [ ] Trading [ ]

   Not doing anything [ ]
4. Level of education: No formal education [ ] Primary [ ] JHS [ ]

   SHS [ ] Tertiary [ ]
5. Religion: Christian [ ] Islam [ ] Traditionalist [ ]
6. Ethnicity: Akan [ ] Ewe [ ] Ga [ ] Northerner [ ]

SECTION B: KNOWLEDGE OF THE YOUTH AT MAMPROBI ABOUT HIV/AIDS.

7. Have you heard about HIV / AIDS before?

   Yes [ ] No [ ]
8. What is HIV / AIDS?
   i. It is viral infection that affects the immune system [ ]
   ii. It is a bacterial infection that affect the immune system [ ]
   iii. It is a blood disease that affect sexually active people [ ]

iv. It is a disease that leads to severe weight loss [ ]

9. What is the mode of transmission of the HIV / AIDS?

i. Through mosquito bite [ ]
ii. Eating in the same eating utensils HIV-positive people use [ ]
iii. Kissing HIV-positive person [ ]
iv. From mother to child during pregnancy, delivery, and breastfeeding [ ]
v. Through sex with an infected person [ ]
vi. Through unprotected sex with an infected person [ ]
vii. Touching soiled materials from an infected person [ ]
viii. Coming into contact with sweat from infected persons [ ]

10. Is there a cure or medical help for people living with HIV / AIDS?

Yes [ ] No [ ] I don't know [ ]

11. How can one protect himself or herself from contracting the HIV / AIDS?

i. Practicing abstinence [ ]
ii. Avoiding unprotected sex [ ]
iii. Protecting self from insect bites like mosquito bites [ ]
iv. Being loyal to one partner [ ]
v. Avoid places where HIV people stay [ ]
vi. By getting safer blood transfusion [ ]
vii. It comes as punishment from God [ ]
viii. Getting circumcised [ ]
ix. Using condoms [ ]
x. Not touching HIV infected persons [ ]
xi. Avoid sharing food with infected persons [ ]

12. What are some of the reasons for not testing for HIV / AIDS?

i. It is better not to know [ ]
ii. If you know, you know you are dying [ ]

iii. Will be worried too much if I know [ ]

13. What are the sources of information you have about HIV / AIDS?

School [ ]

Family and friends [ ]

Television [ ]

Radio [ ]

Internet [ ]

Newspaper [ ]

Health centers [ ]

Educational visit to school by health workers [ ]

SECTION C: ATTITUDES TOWARDS HIV/AIDS AMONG THE YOUTH OF MAMPROBI.

14. Do you see yourself as at risk of getting the HIV / AIDS?

Yes [ ] No [ ]

15. Have you ever tested for HIV / AIDS before?
Yes [ ] No [ ]

16. Would you take an HIV infected person as a friend?
Yes [ ] No [ ]

17. Do you think anybody walking on the street may be HIV positive?

Yes [ ] No [ ] Don't know [ ]

SECTION D: RISKY BEHAVIORS THAT PREDISPOSE THE YOUH TO HIV / AIDS

18. Have you ever injected an illicit or stimulant drug before?

Yes [ ] No [ ]

19. Have you ever shared unsterile syringe and needles before?
Yes [ ] No [ ]

20. Have you had an unprotected sex before?

Yes [ ] No [ ]

21. Did you ever used alcohol or drugs before sex?

Yes [ ] No [ ]

22. Do you like using condom during sex?
Yes [ ] No [ ]

23. Do you know some of the reasons why people dislike the use of condoms during sex?

i.	It was not accessible	[ ]
ii.	It is too expensive	[ ]
iii.	My partner objected	[ ]
iv.	I do not like it	[ ]
v.	I do not think it was necessary	[ ]

THANK YOU

APPENDIX B

INTRODUCTORY LETTER