

Report

Prepared for Dance4Life Ghana



HIV/AIDS Testing, Sexuality and Condom Use: Knowledge and Attitudes of Ghanaian Youth

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Introduction

HIV infection in Ghana although has reduced, it still remains one of the country's deadly disease currently. According to the World Bank (2017) HIV prevalence in the country is 1.6% among adults (15-49 years), and the youth which are considered to be the future of the country falls among the high risk group with a prevalence of 1.1% according to the Ghana AIDS Commission (2015), thereby making the young population more vulnerable. Given the fact that large part of HIV infection is detected at a late stage both among general population and among young people in particular, the issue of HIV testing becomes quite reasonable. In this regard, the current study focus on following issues:

- Awareness and source of information on HIV among young people;
- the level of knowledge on HIV/AIDS among young people
- the level of knowledge on HIV testing
- young people's attitudes on HIV testing
- young people's knowledge of modern contraceptive methods
- and young people's attitudes on sexuality

The study employed the use of mixed method research which involved the use of both qualitative and quantitative data in order to get a comprehensive data on the above research questions. The online survey was conducted from the 28th of February, 2017 to the 1st of March, 2017, while the 2 explorative focus-groups was conducted on the 2nd of March, 2017. Both were in the first place used to reveal the young people's knowledge and attitudes about HIV/AIDS and HIV testing. Then secondly, their knowledge on modern contraceptive methods and their attitudes on sexuality.

The target audience of focus-groups and online-survey were young people who were within the ages of 13-20 years living at Kaladan Junior High School in the Northern Region of Ghana. The audience involved both the participants and non-participants of dance4life Ghana program. The focus group was divided into two main set (i) participants of dance4life project and (ii) non-participants of the dance4life project. Both group were made up of 4 members each. The focus group guide was divided into five main set of questions, and with all the questions addressing the objectives of the study.

Table 1. Target audience of focus-groups participants

	Male	Female
‘Participants’ (dance4life participants)	13-17 and above	13-17 and above
‘Non-participants’ (dance4life non-participants)	13-17 and above	13-17 and above

The survey questions were made up of 36 questions which was divided into three main sections. The first section sought to address young people’s knowledge and attitudes towards HIV/AIDS and HIV testing. The second section emphasized on their knowledge on modern contraceptive methods and their attitudes on sexuality, and the last section was based on the demographic information of the respondents.

The study employed the use of purposive sampling method from both participants and non-participants of the Dance4life project. Since purposive method was used, conclusions about the study was based on the respondents. Respondents were within the ages of 13 to 20, this age was chosen because youth at this age are vulnerable, sexually active, curious and usually lack the required knowledge on issues involving HIV/AIDS, modern contraceptives and sexuality. The study had a sample size of 200 who responded to the survey. The questionnaire was spread with the use of online google form through which all respondents were given the chance to respond to the questions online. The project was implemented in Ghana by the officials of Curious Minds and Theater for Social Change. Moreover, the project was financed by Dance4life organization.

Below is the socio-demographic information of the respondents.

Table 2. Socio-demographic characteristics of respondents

Sex	
Male	93 (47%)
Female	107 (53%)

Age	
13 – 14	44 (22%)
15 – 16	107 (53%)
17 and above	49 (24%)

Level of Education	
JHS 2	170 (85%)

JHS 3	25 (12%)
SHS 2	2 (1%)
SHS 3	2 (1%)
I don't study now	1 (0.5)
<hr/>	
Sex Partner	
Yes	22 (11%)
No	163 (81%)
Difficult to answer	15 (8%)
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Table 2 is used to give a complete description of the demographic characteristics of respondents. It could be observed that the number of males (47%) falls below the number of females (53%). Also, in terms of age, majority of the students were within the ages of 15-16 (53%), followed by 17 and above (24%) and 13-14 (22%). Moreover, with the educational levels majority of the respondents were at the high school level, and with that, a larger percentage of them were at the JHS 2 (85%) and then JHS 3 (12%). Only few respondents were not studying (0.5%).

Lastly, in terms of the students' relationship status, majority of the respondents revealed that they do not have a sex partner (81%), besides that, only few (8%) respondents were also not willing to disclose their relationship status.

Part 1. HIV/AIDS and Testing

HIV/AIDS

Level of knowledge

Respondents were asked whether they have thought about HIV/AIDS issues in terms of themselves or their loved ones (Figure 1) and with that, majority (75%) of them revealed that they have thought about HIV/AIDS issues before, while comparatively few (25%) respondents revealed that they have never thought about it before. This implies that majority of the respondents have heard and know about the disease, and this was further reflected in the focus group discussion where one participant who was a member of the dance4life project explained:

“What I understand about HIV/AIDS is that um... HIV is a virus and can be caused by the sharing of sharp instruments and unprotected sexual intercourse. And the effect is it can destroy your immune system and makes an infected person contract any disease (Male, 16 y.o.).”

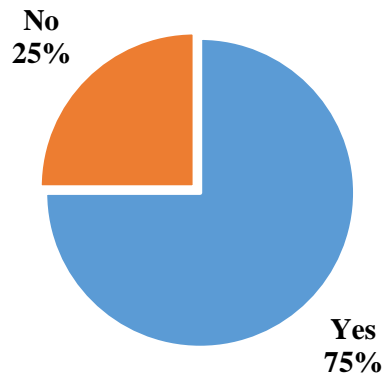


Figure 1. Whether respondents have ever thought about HIV/AIDS before (%) (n=200, 2017)

Although majority of respondents have heard about HIV/AIDS, the focus group discussion among the non-participants of dance4life revealed some inadequacies in terms of the young people’s knowledge about HIV/AIDS, and this could be attested from the contribution of one respondent:

“When I hear about HIV/AIDS, what comes into my mind Is that it is a disease caused by friends and neighborhoods”.

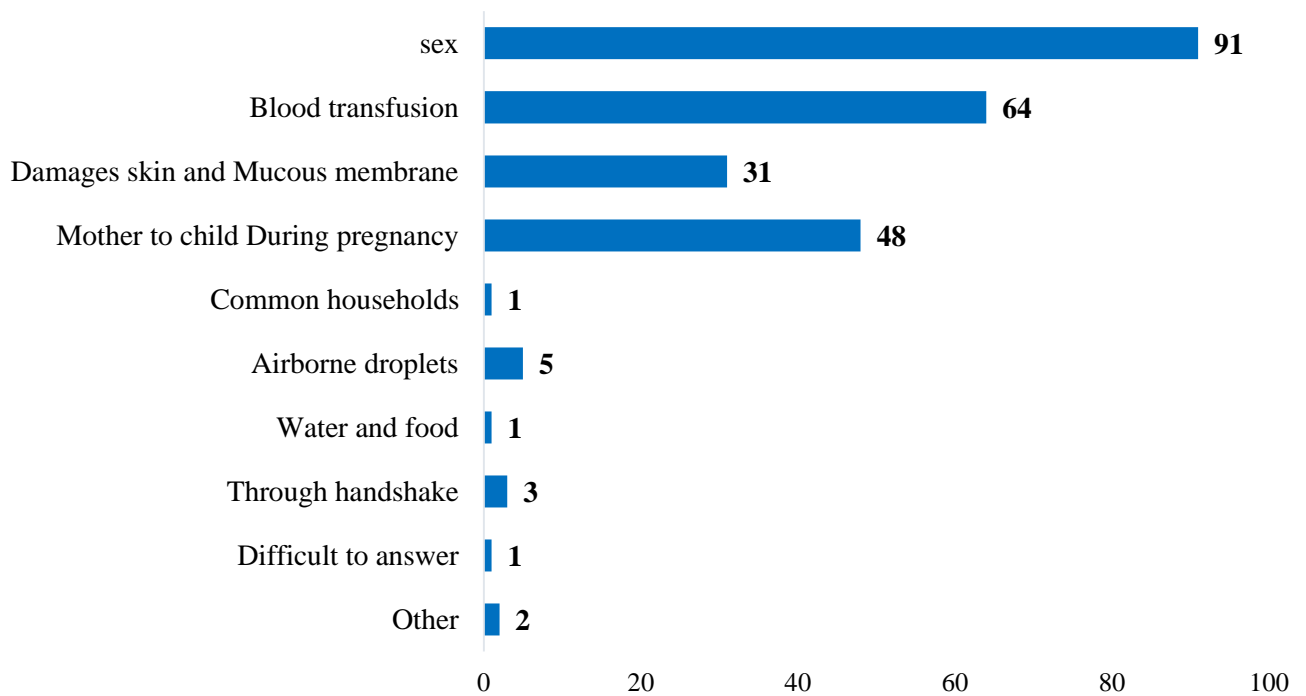


Figure 2. Ways by which a person can get HIV/AIDS (%) (n=200, 2017)

Figure 2 is used to show the means of HIV/AIDS transmission by respondents. It is realized that most respondents knew that HIV/AIDS could be transmitted through sex (91%) and through blood transfusion (64%). These results are reflected in the focus group discussion where one participant of Dance4life explained:

“HIV can be transmitted through unprotected sex, like some prostitutes they don’t use condoms they always go for or take only contraceptives and they end up getting HIV/AIDS”. (Male, 15 y.o.).

They also mentioned other mode of transmission such as from mother to child (48%) and through damaged skin, molecular membrane from tattoos, bleaching etc. (31%).

At the same time, there were some misconceptions among some few respondents. Some respondents believe that HIV could be transmitted through airborne droplets (5%), handshake (3%) and contact with household items (2%). This misconception coincides with what one non-participants of the dance4life project said during the focus group discussion:

“HIV transmission could be avoided by staying away from strangers”. (Female, 13 y.o.).

Beside the fact that there were some misconceptions among the respondents, the results generally show that majority of respondents knew the means through which HIV could be transferred from one person to the other which indicate a good knowledge among them.

Evidently, majority of the respondents (64%) strongly agree that there is the possibility to seek medical attention whenever they feel that they have acquired a sexually transmitted infection/disease. Only few of them (3%) strongly disagree with the statement (see Figure 3).

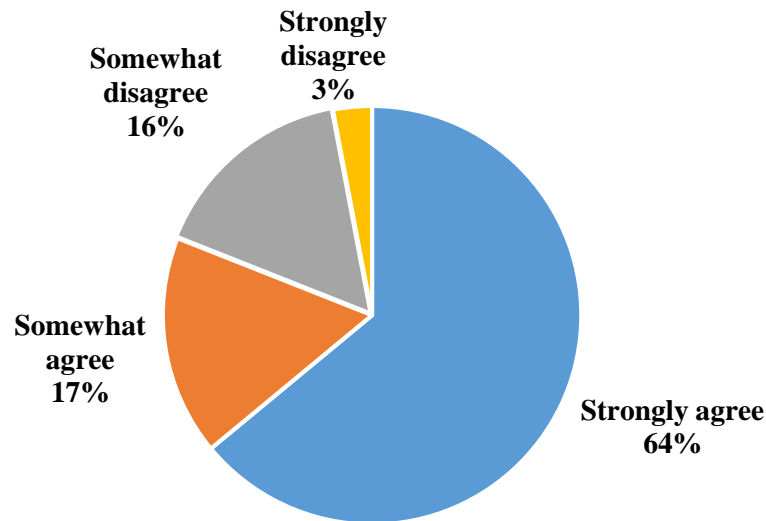


Figure 3. Whether respondents think there is the possibility to seek medical attention whenever they feel that they have acquired a sexually transmitted infection/disease (%) (n=200, 2017)

Moreover, the share of respondents with sex partners who agree that there is the possibility to seek medical attention whenever they feel that they have acquired a sexually transmitted infection/diseases is greater (86%) than those without sex partners (76%) (Figure 4). Again, the share of respondents who disagree is higher among those without sex partners (21%), compared to respondents with sex partners (14%). This implies that respondents with sex partners have better knowledge on issues related to sexual related infections as compared to those without sex partners.

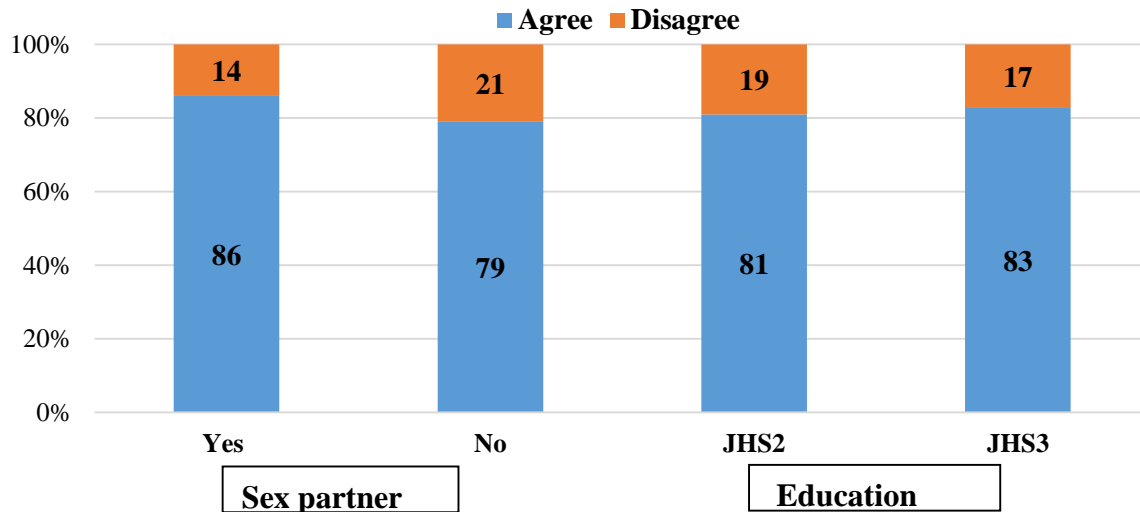


Figure 4. Whether respondents think there is the possibility to seek medical attention whenever they feel that they have acquired a sexually transmitted infection/disease based on their education and their relationship status (%) (n=200, 2017)

Moreover, it is very obvious that respondents at JHS 3 who agree (83%) are greater than respondents at JHS 2 (81%). Consequently, respondents at JH3 who disagree (17%) are less than respondents at JHS 2 (19) although the difference is very narrow. This shows that respondents with higher level of education have a better knowledge on issues related to sexual related infections as compared to those with lower level of education.

During the focus group discussion, both participants and non-participants of dance4life explained that they have heard about STIs and they were able to give a better explanation to what STI means.

One non-participant of dance4life explained when they were asked whether they have heard about STI before:

“STI is the transmission of diseases from infected person to uninfected person through unprotected sexual intercourse. And I learnt from the D4L programme when I was in JSS1” (Male, 13 y.o).

A non-participant of dance4life also explained:

“Yes, I have heard of STIs before. It is a disease which is transferred from one person to the other through sexual intercourse, and I have heard it from my peer friends and teachers” (Female, 14 y.o).

Sources of information

Respondents get information about HIV/AIDS from different sources, but mainly from school (74%), and from the TV (72%) (Figure 5). Also, their least source of information is the websites (2%) and the groups on the social media (2%). The results reflect what a participant of the dance4life project said during the focus group discussions:

“I mostly hear HIV information from my teachers during classes time. I feel happy to get information about it because it teaches me a lot of things. How to abstain, and how to prevent it, and also the effect of it” (Male, 16).

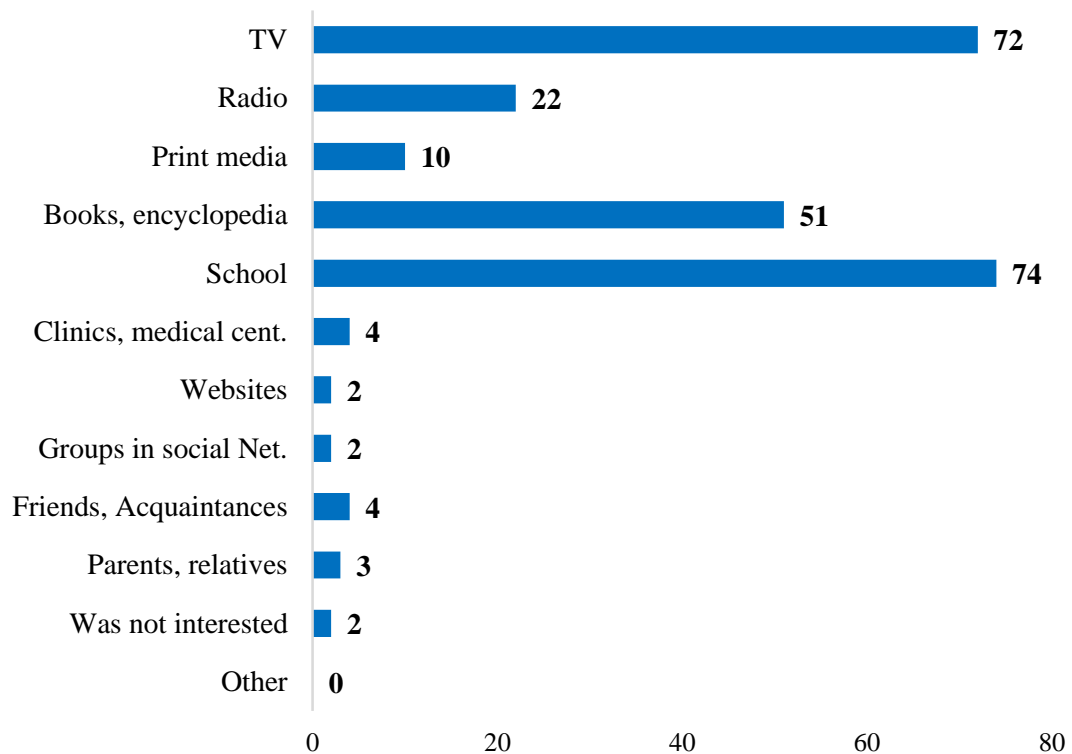


Figure 5. Sources of information about HIV/AIDS (%) (n=200, 2017)

Similarly, the non-participant of dance4life expressed similar idea during the focus group discussion indicating the school as their main source of information on HIV as one participant explained:

“I hear HIV/AIDS information mostly in the class from my teacher in some of our lessons”.

Besides the school, significant number of respondents get HIV/AIDS information from TV (72%), books or encyclopedia (51%) and the radio (22%). There were relatively few respondents (2%) who had no interest in HIV/AIDS issues. This makes the school, TV and books or encyclopedia as the most popular source of information about HIV/AIDS.

Network to discuss HIV/AIDS

Most respondents feel comfortable to discuss HIV/AIDS issues with their teachers, school psychologist (55%), their mom (35%) and the NGO representatives (Figure 6). These perceptions were also reflected in the focus group discussion among the participants of dance4life where one respondent explained:

“Ok I like to discuss it with my teacher because the teacher has more knowledge about it, so whenever I discuss it with them, they give me the reasons and advice. So after that, I discuss it with my friends too. So that they can also protect themselves from HIV/AIDS”. (Male, 16).

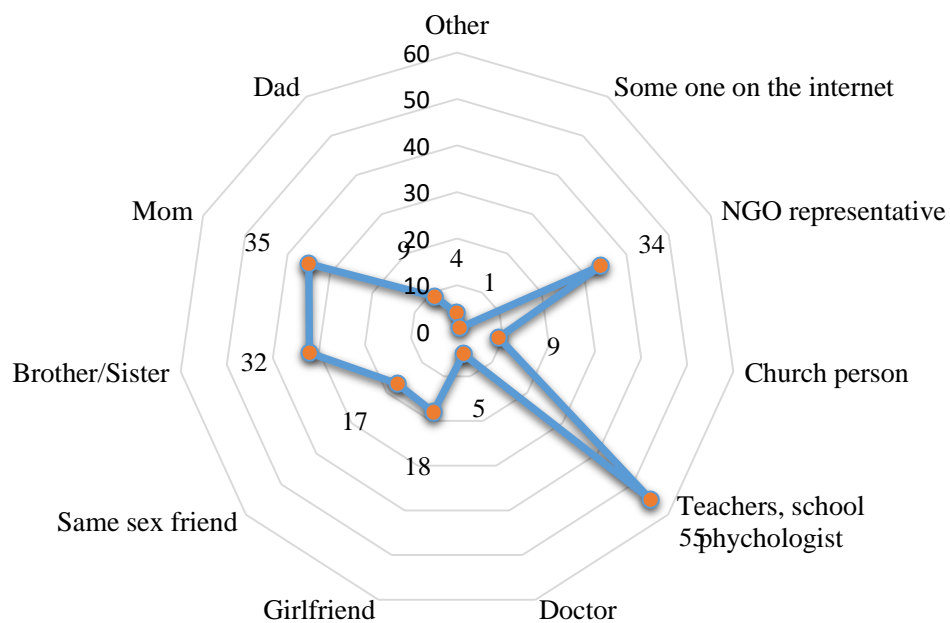


Figure 6. Networks for discussion HIV/AIDS issues (%) (n=200, 2017)

Another non-participant of the focus group program during the focus group discussion explained:

“The person I find it easy to discuss HIV/AIDS issue with is my mother because she is a lady like me and I feel open to discuss it with her because she doesn’t see me as a bad girl but rather understands me”. (Female, 14).

Ultimately, this shows that teachers or school psychologist, mom and NGO representatives are very key members who influence the respondents' knowledge about HIV/AIDS issues.

It is found that most respondent strongly agree that they can comfortably inform their friends about SRHR and also confident that they can influence their community about SRHR (63% and 58% respectively). Only few respondents strongly disagree with the statement (4% and 8% respectively) (see Figure 6 and 7).

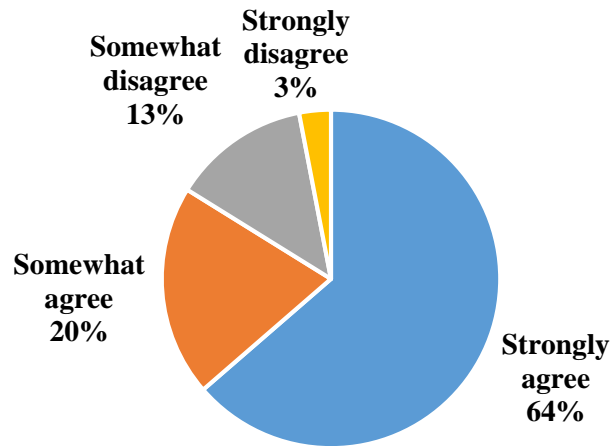


Figure 6. Whether respondents can comfortably inform their friends about SRHR (%) (n=200, 2017)

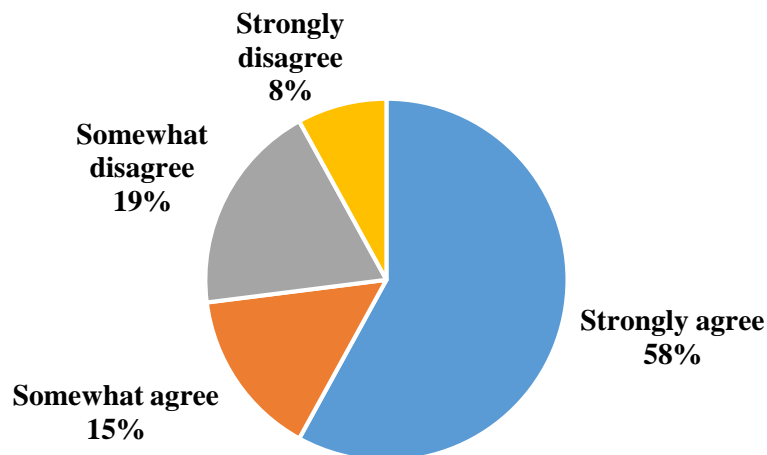


Figure 7. Whether respondents are confident that they can influence their community about SRHR (%) (n=200, 2017)

Figure 8 and 9 are used to depict respondent's confidants to inform their friends about Sexual Right and Health Reproduction (SRHR) and again, influence their community about SRHR based on their socio-demographic characteristics. It is found that the share of female respondents who agree to inform their friends about SRHR are more (85%) than the male respondents (82%) but in terms of respondent's confidants to influence their community, the share of male respondents who agrees to influence their community are more (76%) than the female respondents (71%). This indicates that the female respondents are able to influence their friends about SRHR than the males, while the male respondents have more confidence than the females to influence their community about SRHR.

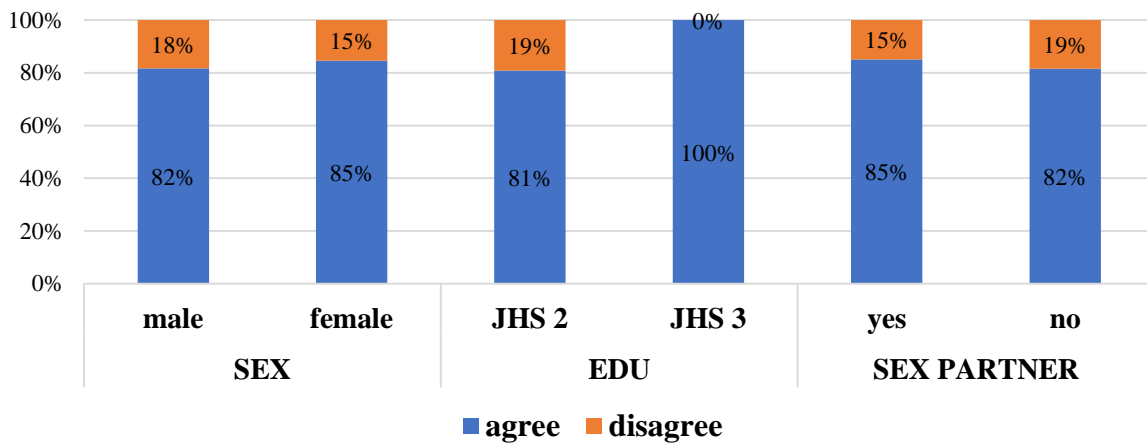


Figure 8. Whether respondents can comfortably inform their friends about SRHR based on their socio-demographic characteristics (%) (n=200, 2017)

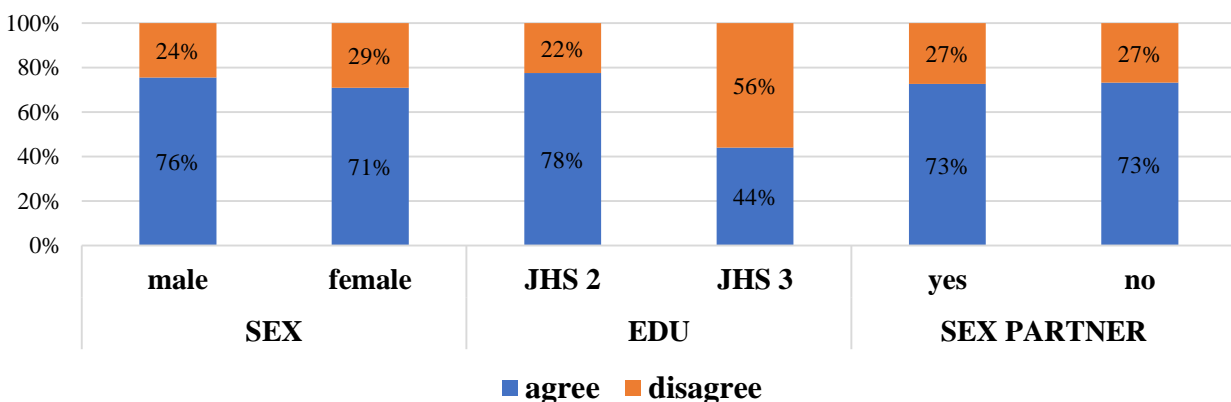


Figure 9. Whether respondents are confident that they can influence their community about SRHR based on their socio-demographic characteristics (%) (n=200, 2017)

Moreover, in terms of respondent’s level of education, all the respondents at the JHS 3 (100%) agree that they will inform their friends about SRHR than respondents at JHS 2 (81%), while with their ability to influence their community about SRHR, respondents at JHS 2 (78%) who agree to have the confidence to influence their community are more (78%) than those at JHS 3 (44%).

Lastly, in terms of the relationship status of respondents, majority of those who have sex partners (85%) agree that they will inform their friends about SRHR compared to respondents without sex partners (81%). But with respect to their ability to influence their community about SRHR, both respondents with sex partners and those without sex partners equally agree that they will influence their community about SRHR (73% and 73% respectively).

HIV/AIDS testing

Knowledge

This section seeks to explore respondent’s knowledge on HIV/AIDS testing, and under this, respondents were asked about the methods of HIV testing, how often the test should be made.

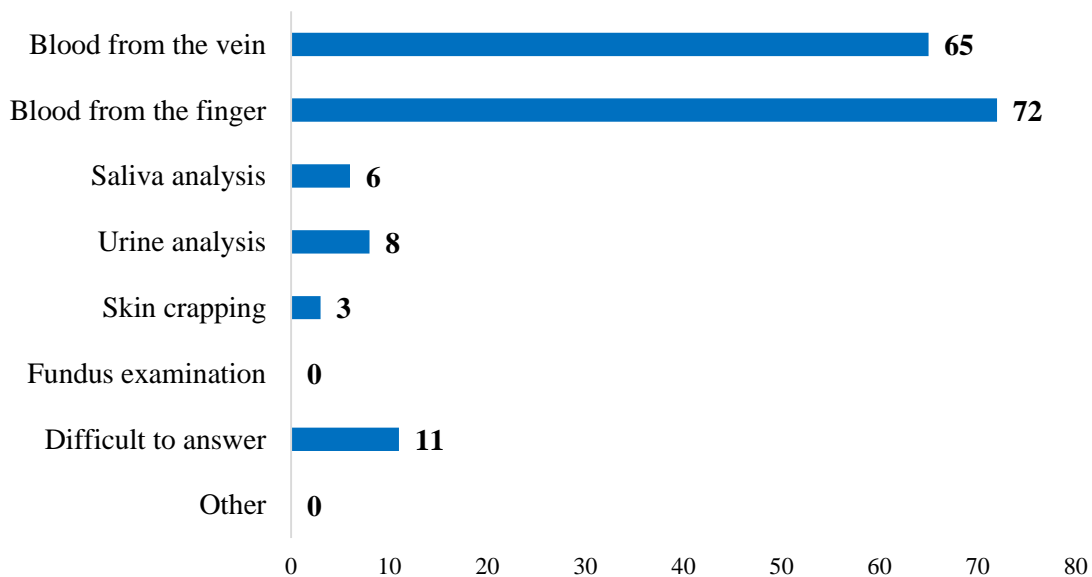


Figure 10. *Methods of HIV/AIDS testing (%) (n=200, 2017)*

Figure 10, shows that majority of the respondents believe that HIV test could be made by the collection of blood sample from the finger (72%) and also by taking blood from the vein (65%). This gives a good impression on the knowledge levels on how HIV test is made. This reflects what one participant of the dane4life program said during the focus group discussion:

“HIV test is made by going to the doctor or a nurse for a lab test, and this is done through the pinching of the finger or taking the blood from the vain” (Female, 14).

Again, the non-participants of the dance for life during the focus group discussion were also able to explain the possible ways by which a person could be infected with HIV/AIDS. One member explained:

“By pinching your finger to take blood from your finger” (Male, 15).

Nonetheless, very few respondents (6%) knew that HIV test could be made through saliva analysis. This shows that although respondents knew how HIV test is made, they did not know all the methods for making HIV test.

Moreover, considerably few respondents hold some misconceptions on how HIV test could be made. They believe that HIV test could be made through urine test (8%), skin crapping (3%).

This indicates that although most respondents know the means by which HIV/AIDS test could be made, they do not have a thorough knowledge on the methods of HIV/AIDS test.

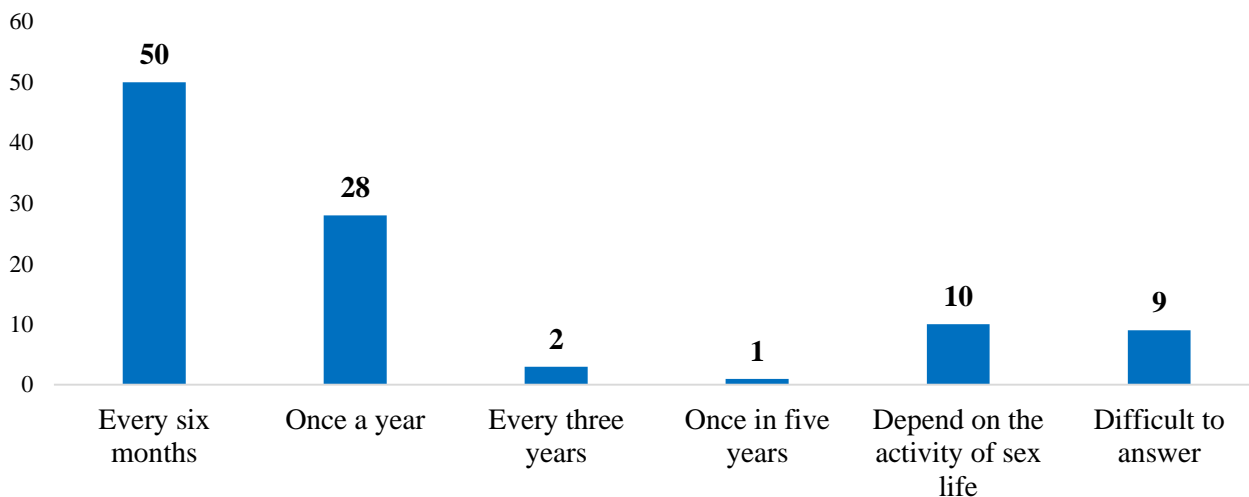


Figure 11. How often HIV test should be made (%) (n=200, 2017)

Furthermore, from Figure 11, it could be seen that half of the respondents believe that HIV test should be made every six months (50%), others (28%) also believe that it should be made once a year. Comparatively less respondents (10%) also believe that HIV test should be made based on the activity of the sex partner which also indicates a lower knowledge of the respondents on HIV test. This therefore shows that only half of the respondents had a good knowledge on how often HIV test should be made. The above results show that considerably larger number of respondents (50%) did not have a good knowledge on how frequent HIV test should be made.

Attitudes

This section is used to examine respondent's attitudes towards HIV test, and through that, respondents were asked about their attitudes towards the HIV testing centers and the feelings of people when going for HIV test.

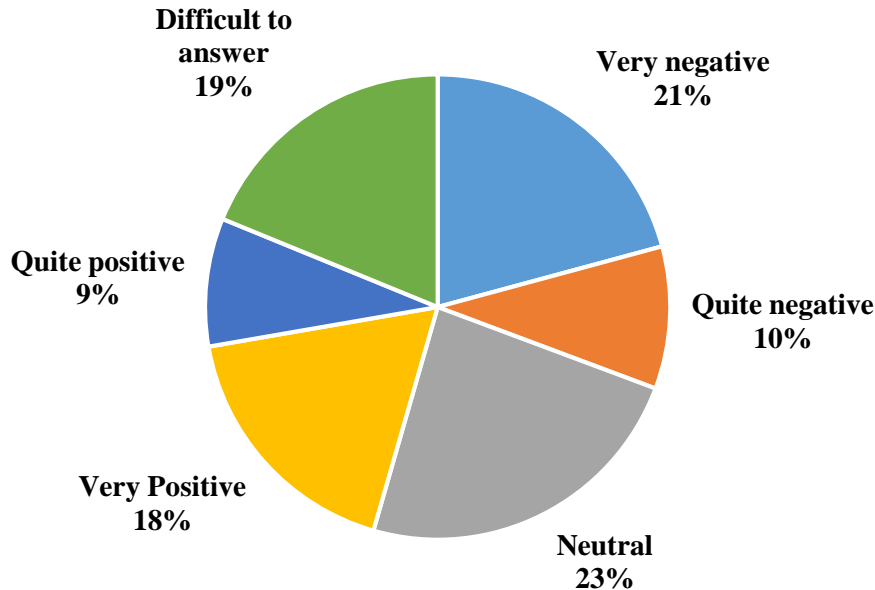


Figure 12. Association with HIV testing centers (%) (n=200, 2017)

Figure 12 is used to show the association respondents have when they think about the place where HIV test is made. The results show that majority respondents have neutral (24%) and a very negative (21%) association with HIV testing centers. Also, there were relatively larger number of respondents who revealed that they find it difficult to answer (19%).

Although majority of respondents had a neutral and very negative attitudes towards the testing centers, there were considerable number of respondents who had very positive attitudes (17%). During the focus group discussion most participants of the dance4life program had a positive attitudes compared to the non-participants.

A non-participant of the dance4life program expressed that:

*“I will be very scared to enter HIV testing centers because they may leave some things like their blood, sweat, or something like the syringe they have used. So I will be very afraid”
(Female 13 y.o).*

Another non-participant expressed himself below:

“I won’t pass by that place because I don’t want to be infected with HIV/AIDS” (Female, 14 y.o)

But one participant of dance4life program, during the focus group discussion explained below:

“I think um... people visit HIV centers to check their HIV/AIDS status whether they are infected or not. Because some people don’t want to spread to other people” (Male 14 y.o).

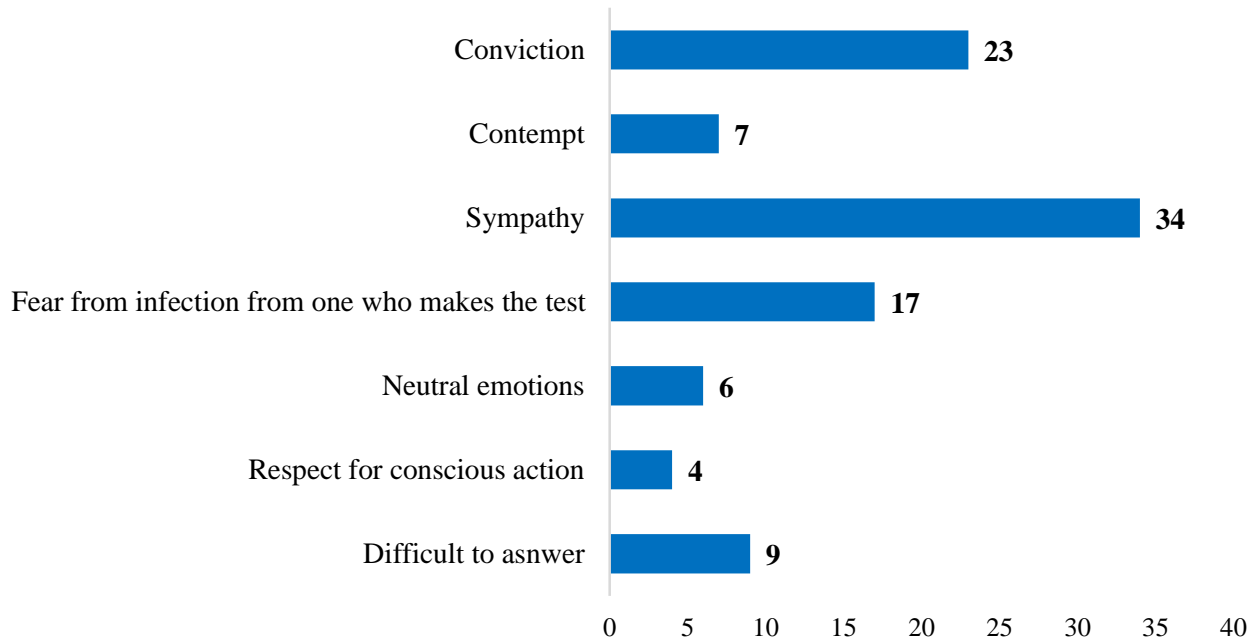


Figure 13. Feelings of people who conduct HIV test (%) (n=200, 2017)

Figure 13 is used to depict the reaction of a person who conduct HIV test. It shows that majority of respondent’s peers had sympathy (34%), conviction (23%) and fear from being infected from the one who makes the test (17).

During the focus group discussion with the participants of dance4life program, most of them explained that they have seen someone going for an HIV test and therefore knows their reactions. One member explained:

“People who run the test ae sometimes were very scared whiles others were unhappy because they know the effects of HIV/AIDS. Some were afraid to die if they are found positive. After people have found their status to be positive, they feel very happy” (Female, 14 y.o).

But compared to the non-participants of dance4life program, all the members explained that they have never seen a person conducting HIV test and therefore cannot explain the reaction of such people.

Respondents view on whether psychological advice as important (Figure 14). Majority of the respondents (74%) believe that psychological advice is very important. Comparatively fewer respondents hold the idea that it was not important (6%) and not needed (1%) when making HIV test. This indicates a good knowledge on the part of the respondents on HIV testing since psychological advice plays an important role in HIV testing. During the focus group discussion, both participants and non-participants of dance4Life believed that psychological advice before and after making HIV test is important. One of the non-participant of dance4life explained:

“Yes, psychological advice is needed because the doctor will show you how to take care of yourself after the test, especially when you have HIV”.

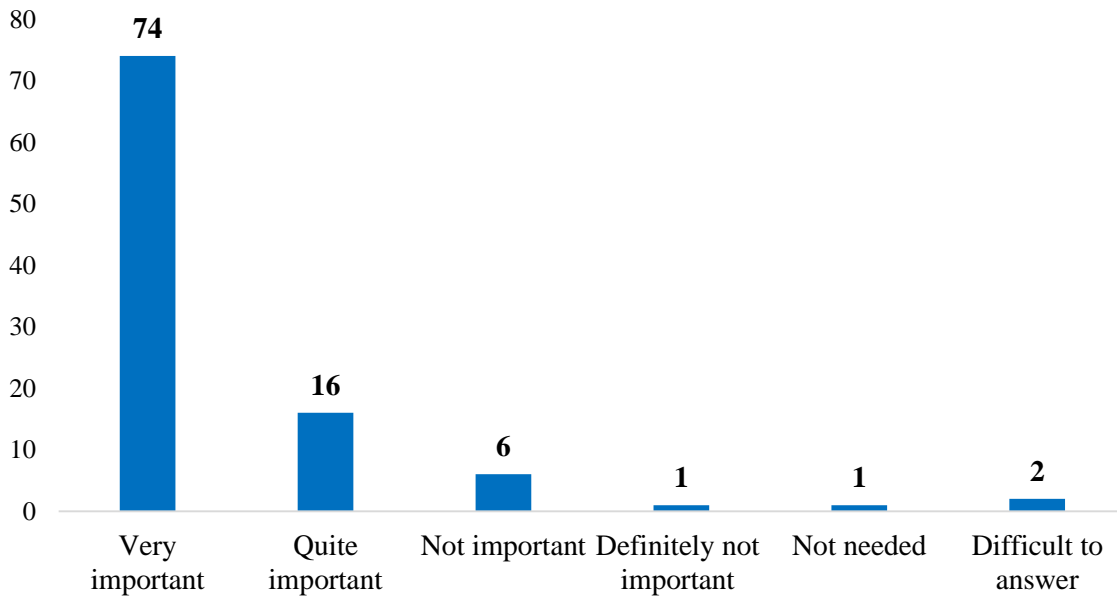


Figure 14. whether psychological advice or help is important (%) (n=200, 2017)

Figure 15 below also gives a clear indication on the knowledge level of respondents on whether there is a real opportunity to get psychological advice when conducting HIV test. Majority of respondents (86%) believe that there is an opportunity for psychological advice before and after conducting HIV test. This indicates a good knowledge on the part of the respondents on HIV testing since psychological advice plays an important role in HIV testing.

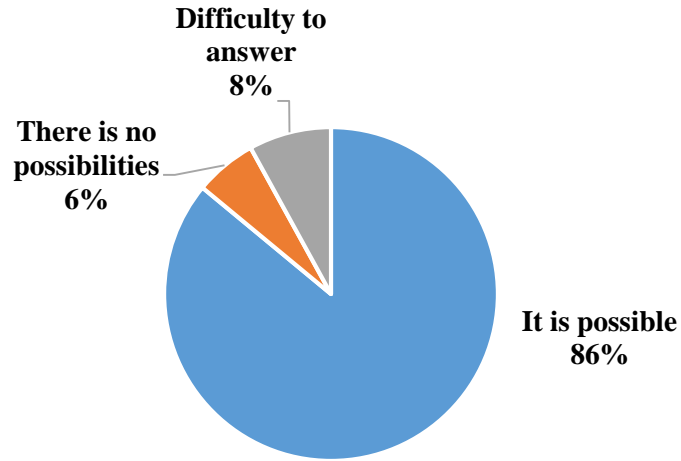


Figure 15. Whether there is a real opportunity to get psychological advice when conducting HIV test (%) (n=200, 2017)

Experience and Intention of HIV-test

This section emphasizes on whether respondents have any experience on HIV test and also their intentions about the test.

Obvious, only few (6%) respondents have got an experience in HIV test, where majority (90%) of the respondents have never conducted an HIV test before (Figure 16). And among those who have an experience in HIV test, it is found that majority of them went for the test because they wanted to be sure of their health (58%), others revealed that it was part of their general medical examination (33%) and because their parents advised them to go for the test (Figure 17). This indicates that respondents who have gone for the test were very conscious about their health, and moreover, parents play an important role in the lives of the young people in terms of influencing them to go in for an HIV test.

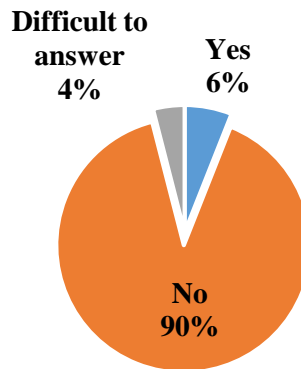


Figure 16. Experience on HIV test (%) (n=200, 2017)

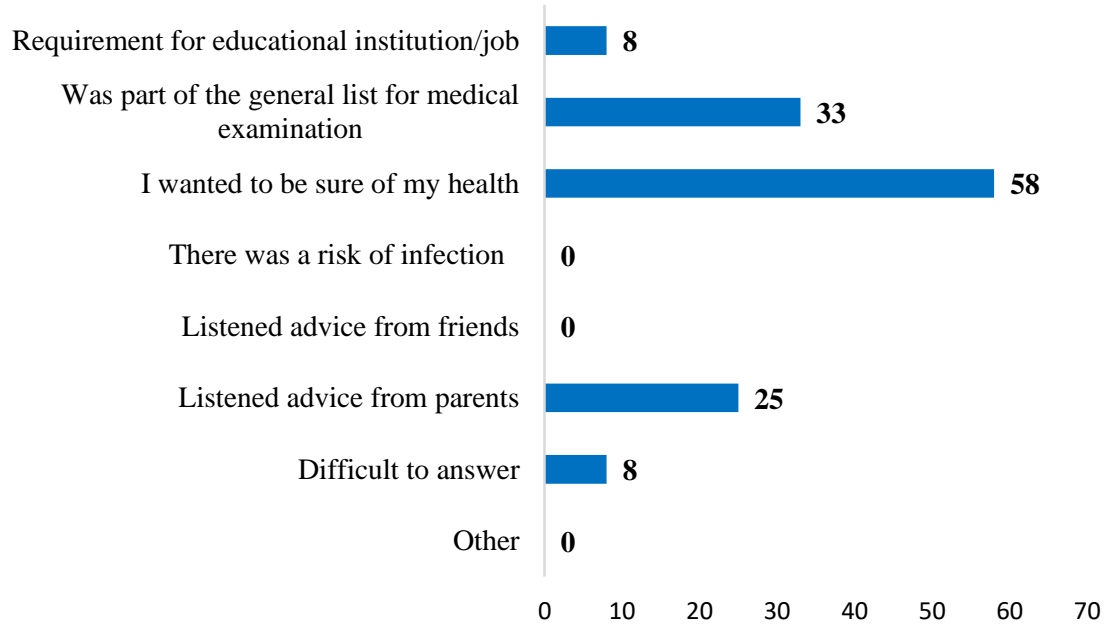


Figure 17. Why respondents went for the HIV test (%) (n=200, 2017)

Also, among majority of respondents who have no experience in HIV test (90%), most of them revealed that they have not conducted HIV test because they did not know the exact place where the test could be made (50%) (see Figure 18). Moreover, considerable number of respondents explained that they were afraid to know their results (42%) and because they were uncertain about the anonymity of the test (25%).

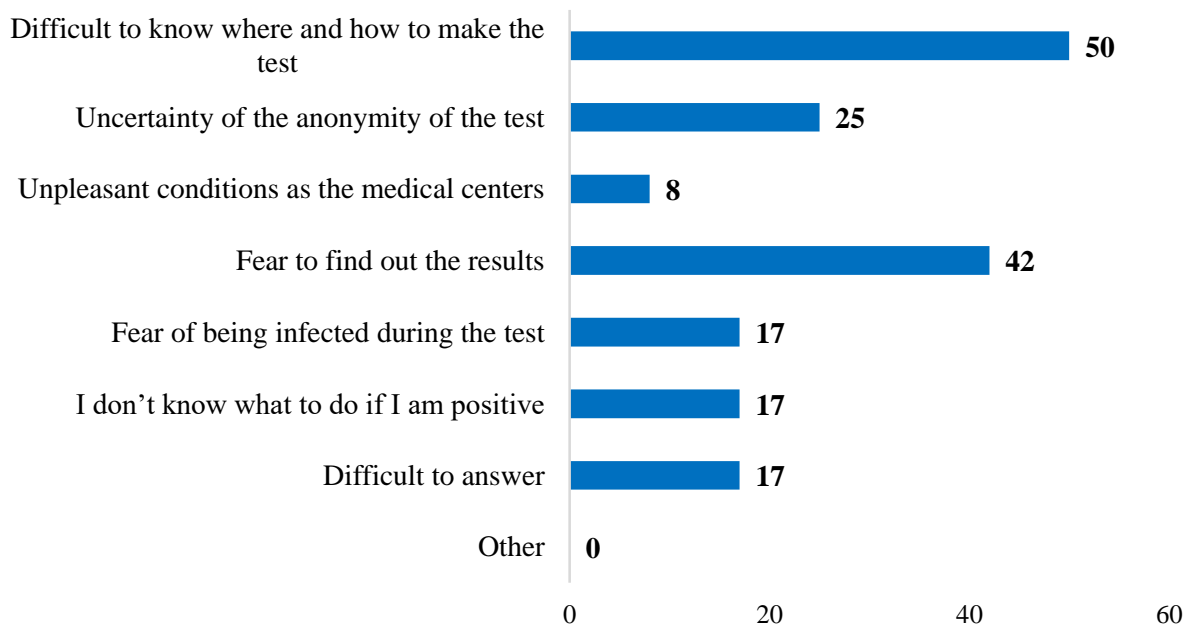


Figure 18. Why respondents refused to conduct HIV test (%) (n=200, 2017)

Respondents fear of knowing their results could be due to the stigma associated with people infected with HIV. This was reflected in the focus group discussion when the participants of Danc4life were asked about how they feel when they hear that a person has been infected with HIV/AIDS. Below was the explanation from one member:

“I feel sorry for a person infected with HIV/AIDS because it may not be in his/her influence of getting HIV/AIDS. It may be in his/her childhood through the mothers breastfeeding, so when people get to know it, they may think that it was caused in the person’s adulthood and be stigmatized not knowing the person was infected from childhood through breastfeeding from the mother. so I feel sorry for the person” (Female 15 y.o).

Also, the stigma associated with people infected with HIV/AIDS was observed among the non-participant of Dance4life during the focus group discussion when they were asked whether they will be willing to stay in the same classroom with an infected person. All the members exhibited negative attitudes towards infected people. Below was what one member said:

“No, because people would not like to be sitting with the infected person, and why should I also sit with the person” (Male 13 y.o).

It is therefore of no surprise when respondents who have not conducted HIV test revealed that they were afraid to know their status, and this fear is due to the stigma and discrimination involved or associated with HIV/AIDS infected people in the society.

Part 2. Sexuality and Condom Use

Knowledge of modern contraceptive methods

The general level of awareness about modern contraceptive methods is relatively high among the respondents. A little bit more than two thirds (68%) declare they do. However, when we look through the basic socio-demographic characteristics of the respondents we'll see groups of respondents with different level of awareness about modern contraceptive (Figure 19). For instance, boys (61%) declare significantly lower awareness than girls (74%). With respect to the age differences, as respondents become older, the share of those who are aware of modern contraceptive methods is growing. In particular, less than half of 13-14 y.o. (48%) answer they know modern contraceptive methods, while for 15-16 y.o. it's 70% and for those who older than 17 y.o. it's 82%. Within the respondents having sex partner, the level of awareness is higher (82%) for them, than for those who don't have (62%).

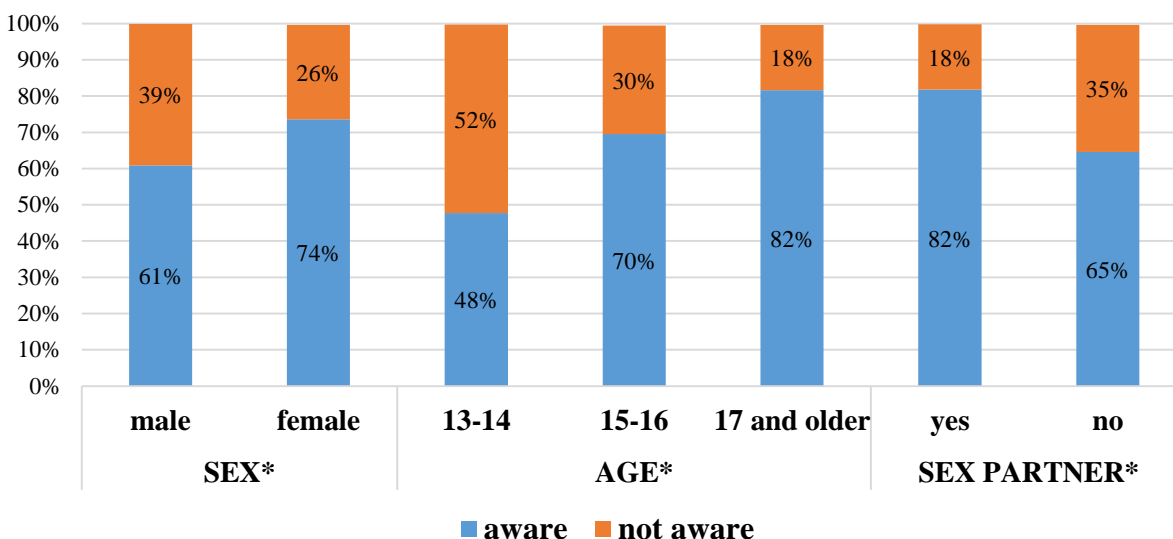


Figure 19. Level of awareness about modern contraceptive methods among different groups of respondents (* - difference is statistically significant at $p < .05$)

As for the knowledge of particular contraceptive methods, almost all respondents know about male condoms (95%), but other contraceptive methods are known much worse. Only 69% know about Female condoms, 34% know about Pills, the rest of contraceptive methods are known for less than 5% of respondents (Figure 20). It should be noted also that practically no significant difference has been revealed between different socio-demographic groups of respondents except those who have sex partners. They show higher level of awareness about Female condoms (72%), Depo

Provera (11%), Intrauterine Contraceptive Device (6%) and then those who don't have sex partner at the moment of the research implementation (67, 3 and 2% respectively).

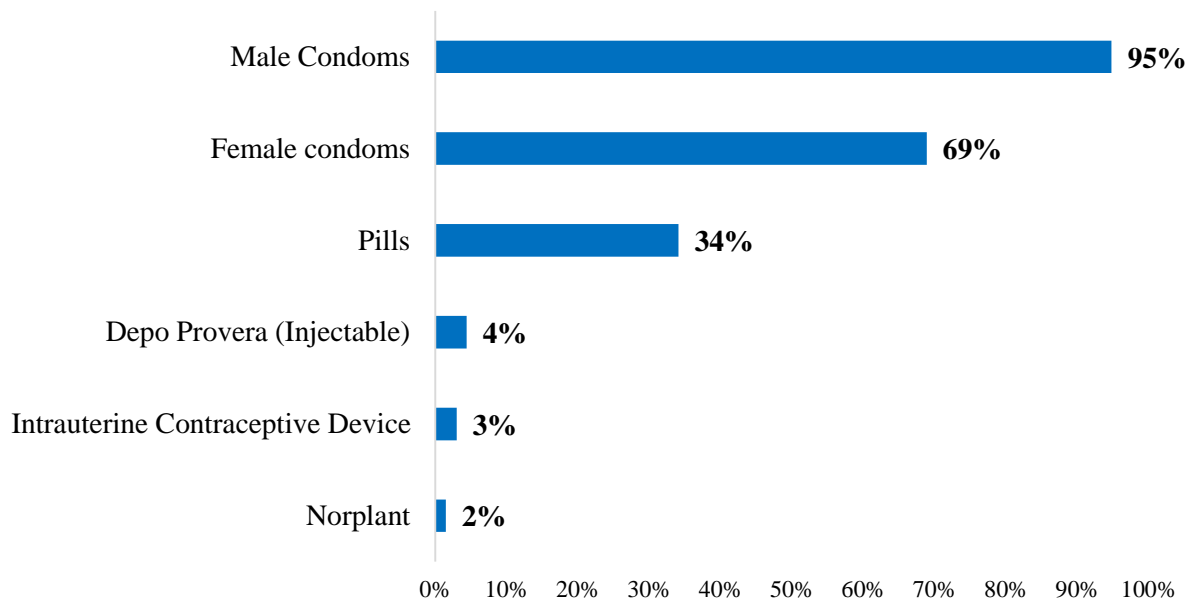


Figure 20. Modern types of contraceptives respondents know.

In general, respondents know 1,4 types of modern contraceptive methods. However, one-way analysis of variance (ANOVA) shows statistically significant difference between mean number of known types of modern contraceptive methods among different sexes, age groups and among those who have and haven't sex partner (Table 3). The Table shows that females, older respondents and those who have sex partners know more contraceptive methods.

Table 3. Mean number of known types of modern contraceptive by sex, age and sex partner.

		Mean	Std. Deviation	Std. Error	Sig.
SEX	Male	1,19	1,12	,11	,019
	Female	1,57	1,24	,11	
AGE	13-14 y.o.	,98	1,15	,17	,025
	15-16 y.o.	1,47	1,18	,11	
	17 and older	1,61	1,22	,17	
SEX PARTNER	Yes	1,82	1,33	,28	,043
	No	1,28	1,14	,089	

The relatively high knowledge on modern contraceptive methods among some respondents was observed during the focus group discussion among the participants of Dance4life. One member explained his idea about modern contraceptives:

“I know about family planning methods and they include the pills, the robes, then the injection” (Male 14 y.o)

In contrast with the non-participants of Dance4life, it was observed that none of them knew what modern contraceptives was, especially what family planning. One member expressed below:

“I know there is something called family planning, I have been hearing of it but I don’t know the methods” (Female 13 y.o).

Main sources of information about modern contraceptive methods are School, Peer-educators and Television, about two thirds of respondents have chosen them (66, 65 and 64% respectively, Table 4). Clinics and hospitals are not places where young respondents used to get information about modern contraceptive methods, it’s relevant only for 10% of the respondents. In the middle of the rating are Radio (25%) and Newspapers (21%).

Most of the listed sources of information are equally appropriate to different groups of respondents. However, minor differences have been revealed for Dance4life, Television and Clinic/Hospital. In particular, boys more often than girls get information about modern contraceptive methods through Dance4life (63 and 51%) and Television (73 and 57%). At the same time, girls are in higher extent get information from Clinic/Hospital than boys (14 and 5%). Within the age groups, young people 13-14 y.o. more often get information from Television (71%) and Clinic/Hospital (29%) than older respondents. Those who have sex partner more frequently get information about modern contraceptive methods from Dance4life (67%) and Clinic/Hospital (22%) than those who don’t have a sex partner.

Table 4. Place where respondents learn about modern contraceptive methods.

	Sex		Age			Sex partner		TOTAL
	male	female	13-14 y.o.	15-16 y.o.	17 y.o. and older	yes	no	
Radio	21%	28%	29%	25%	23%	28%	26%	25%
Dance4life	63%	51%	24%	63%	59%	67%	53%	56%
Peer-educators	68%	63%	57%	71%	59%	67%	67%	65%
Television	73%	57%	71%	67%	54%	50%	71%	64%
Newspapers	20%	22%	29%	19%	21%	6%	22%	21%
Clinic/Hospital	5%	14%	29%	7%	8%	22%	10%	10%
School	61%	70%	62%	65%	69%	72%	63%	66%

In general, respondents chose 2 sources of information. Comparing to mean number of known types of modern contraceptive methods, where socio-demographic factors influence statistically significantly, its mean number of sources of information depends only from age. The higher the age of the respondents, the more mean number of sources of information about modern contraceptive methods they mention. In particular, 13-14 y.o. call 1,43; 15-16 y.o. – 2,22; and those who are 17 and older call 2,33 sources ($p < .05$).

Moreover, during the focus group discussion, when respondents were asked about their main source of information about modern contraceptives methods, the males mentioned the dance4life and books, while the females mentioned doctors, nurses, and teachers. Below was what one male member said:

“I get information about modern contraceptives from clubs like D4L Ghana, curious minds and others” (Male 14 y.o)

A female member also expressed herself:

“I get such information from the nearby clinics and also from teachers” (Female 13 y.o).

Condom purchase and use

Condom purchase isn't available for all or even absolute majority of the respondents, 62% declare they can make it easily among whom only 37% strongly agree with that and 20% who strongly disagree (Figure 21).

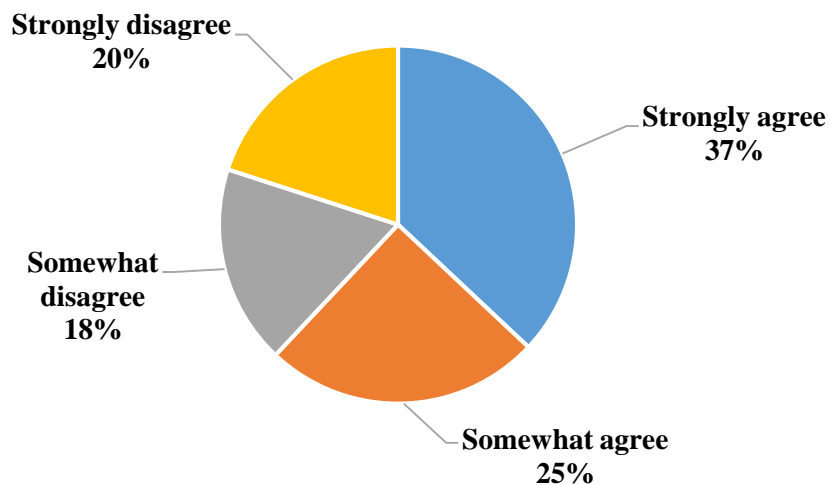


Figure 21. Level of agreement with the statement: *“I can easily access [purchase or free] a condom whenever I need to have sex with my partner”*

The share of boys and girls as well as different age groups don't differ from each other statistically significant in terms of how easily for them to purchase condom (Figure 22). Among both boys and girls, 37 and 40% respectively declare it's not easy to purchase condoms. Despite age groups don't show statistically difference, we can still see that the younger the respondents the harder for them to purchase condoms. As for those who have and haven't sex partners, for the former it's much easier to purchase condoms (76%) than for the latter (57%), and the difference is statistically significant.

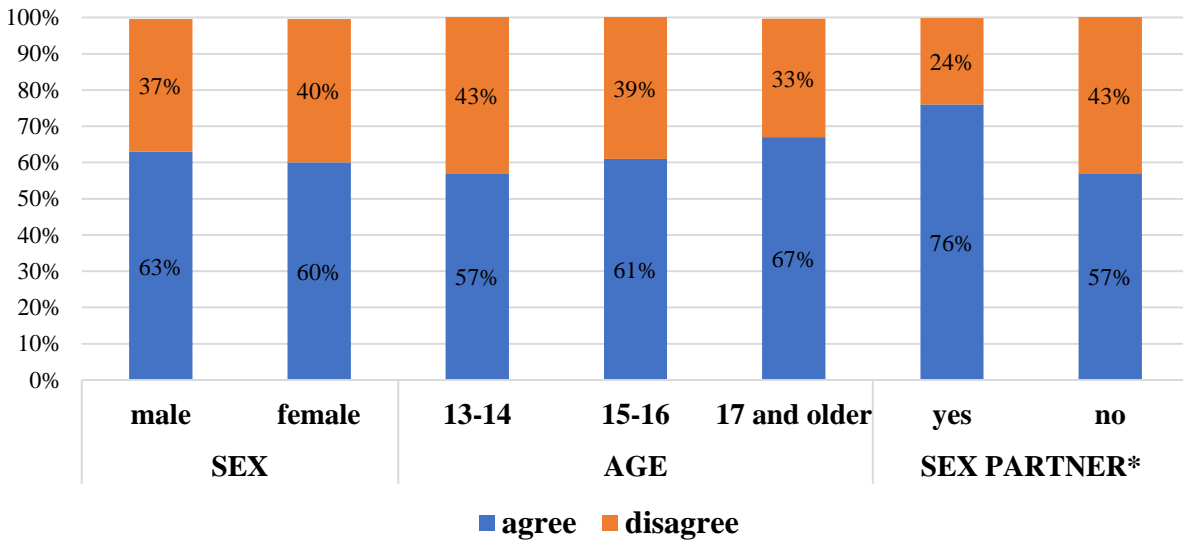


Figure 22. Level of agreement with the statement: “I can easily access [purchase or free] a condom whenever I need to have sex with my partner” among different groups of respondents (* - difference is statistically significant at $p < .05$)

Despite quite significant part of the respondents declare about problems with purchasing condoms, they feel confidence that they can convince their partner to use a condom anytime they want to have sex. More than half of respondents (55%) express strong agreement with the statement while only 12% strongly disagree with that (Figure 23).

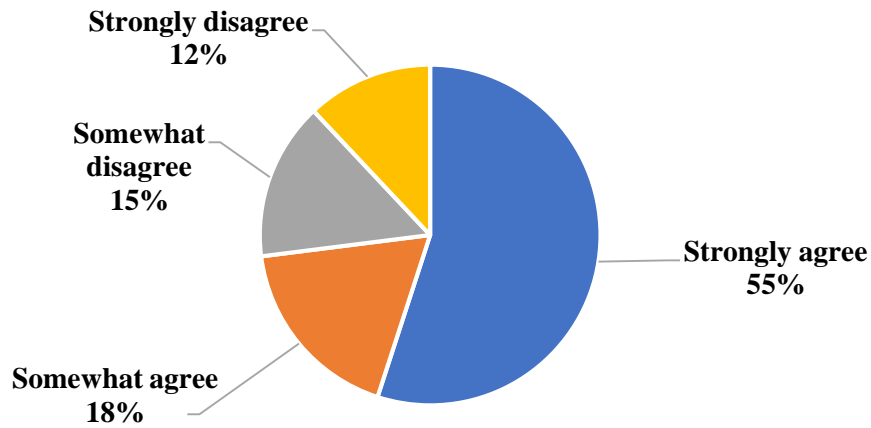


Figure 23. Level of agreement with the statement: “I can convince my partner to use a condom anytime we want to have sex”

Regarding sex and age, we again don’t see any statistical difference. In contrast, those who have sex partners show much higher level of agreement with the statement that they can convince their partner to use a condom anytime they want to have sex (90% against 79% for those who haven’t sex partner).

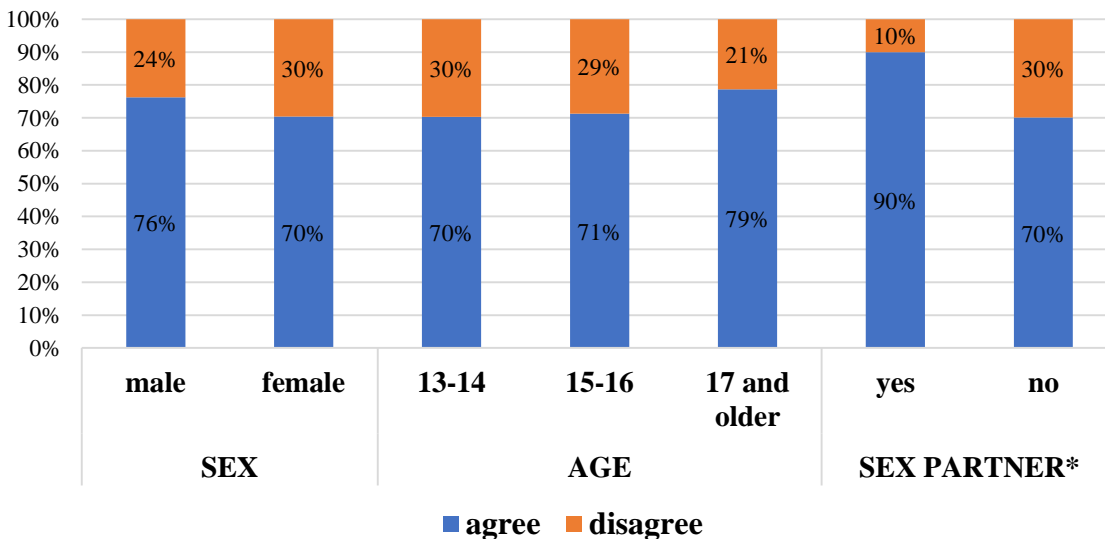


Figure 24. Level of agreement with the statement: “I can convince my partner to use a condom anytime we want to have sex” among different groups of respondents (* - difference is statistically significant at $p < .05$)

What about personal actions of the respondents, absolute majority of them feel confident that they will use a condom every time if they have sexual intercourse in future (Figure 25). About three quarters of respondents (74%) declare agreement with the relative statement.

During the focus group discussion, most of the participants of Dance4life explained they have seen condom before and they will convince their partner to use condom. One member explained:

“Yes I will convince my partner to use it, and even when I get married, when I don’t want to produce kids and I still want to have sex I will go in for condom” (Male, 14).

Compared to the participants of Dance4life, all the female non-participants during the focus group explained that they have never seen condom before, but the males on the other hand revealed that they have seen one before. One of the females explained:

“I don’t know what it means because I have not seen some before” (Female 14 y.o).

One of the males also explained:

“I have seen some before and the one I saw in the drug store was the kiss condom” (Male 13 y.o).

Again, all the non-participants of Dance4life during the focus group discussion explained that they will never convince their partner to use condom when they get married. One female member expressed herself:

“I am not going to convince my partner to use condom because in the near future, I don’t think it will be necessary to use it till during marriage” (Female 13 y.o).

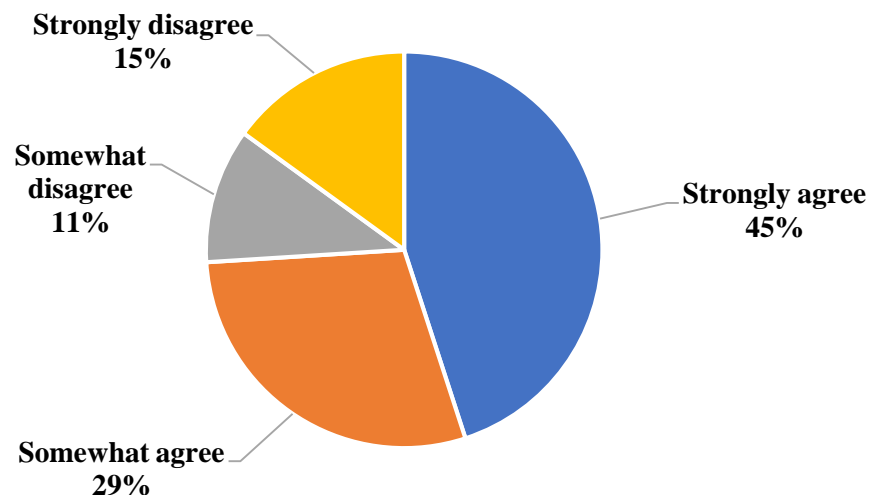


Figure 25. Level of agreement with the statement: *“I am confident that I will use a condom every time if I have sexual intercourse in future”*

Socio-demographic characteristics of agreed with the statement don't differ statistically significant. However, we can observe that respondents having sex partner declare higher level of confidence that they will use a condom every time if they have sexual intercourse in future (86% against 70% for those who don't have sex partner).

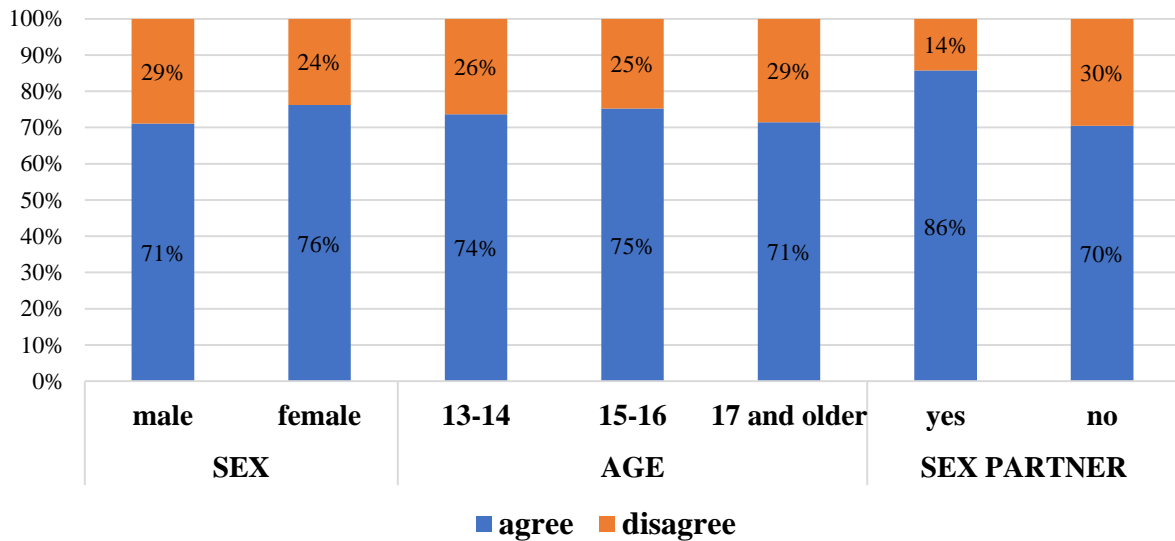


Figure 26. Level of agreement with the statement: “I am confident that I will use a condom every time if I have sexual intercourse in future” among different groups of respondents (* - difference is statistically significant at $p < .05$)

Attitudes on sexuality

Young Ghanaians have quite contradictory attitudes on sexuality and different age groups express different opinions regarding the tested statements.

First, three quarters of the respondents strongly agree with the statement that if someone dresses in a particular way that exposes their body parts, another person may want to have sex with them (Figure 27). Those who express disagreement with that are about 20% from the whole sample.

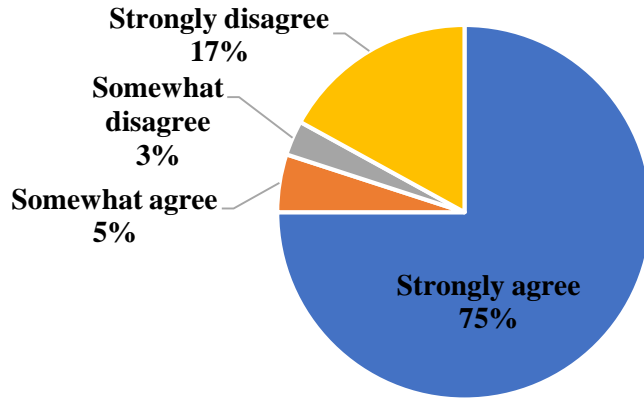


Figure 27. Level of agreement with the statement: “If someone dresses in a particular way that exposes their body parts, another person may want to have sex with them”

In terms of different socio-demographic characteristics, no statistically significant differences have been revealed (Figure 28). The only thing which is visually different is attitudes of the youngest group of 13-14 y.o., the share of them who disagree with the tested statement is a little bit higher than among other age groups.

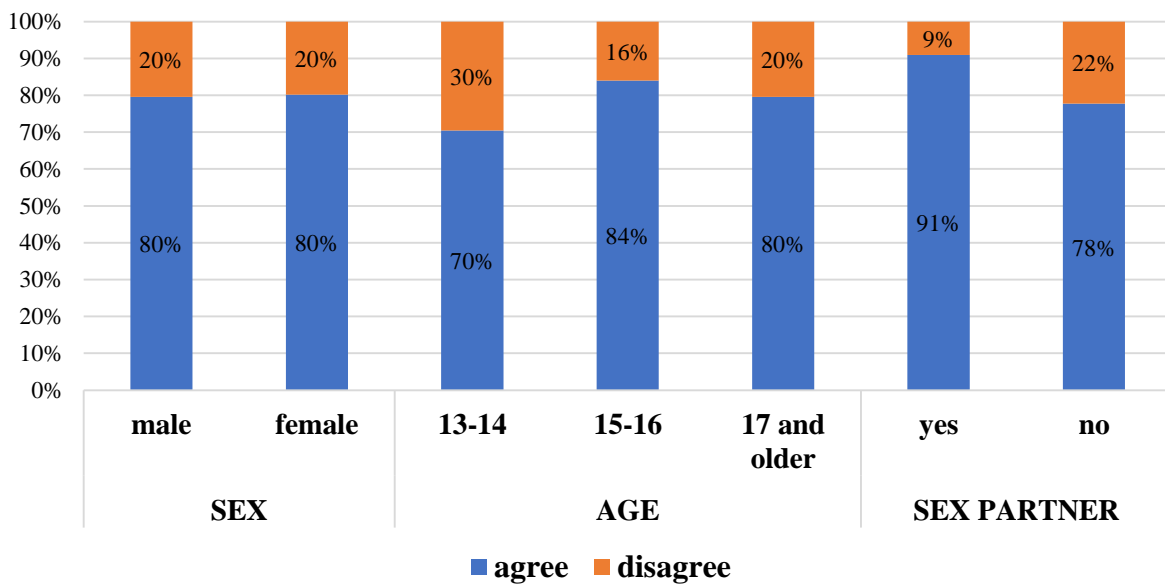


Figure 28. Level of agreement with the statement: “If someone dresses in a particular way that exposes their body parts, another person may want to have sex with them” among different groups of respondents (* - difference is statistically significant at $p < .05$)

Second, young Ghanaians express strong resistance to use force or pressure to someone if he/she is refused to have sex. The share of respondents who strongly disagree with the statement is 73% (Figure 29). However, this sensitive statement arises agreement among every fifth questioned youngster.

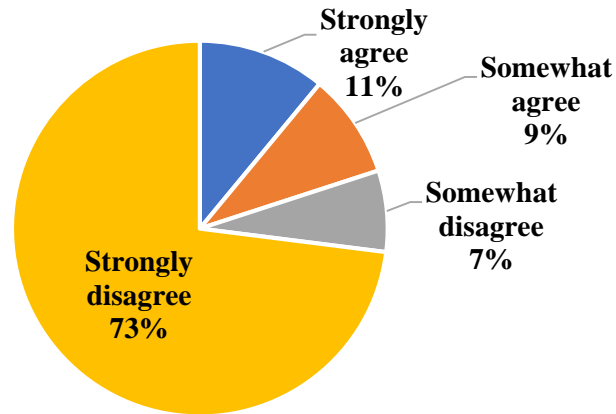


Figure 29. Level of agreement with the statement: “It is okay for someone to use force or pressure if he/she is refused to have sex”

As can be seen from the Figure 30, almost all categories of respondents have the same strong negative attitude to use force to someone if he/she is refused to have sex. The only exception is the youngest age group, third part of them think vice versa that it’s possible to use force to have sex.

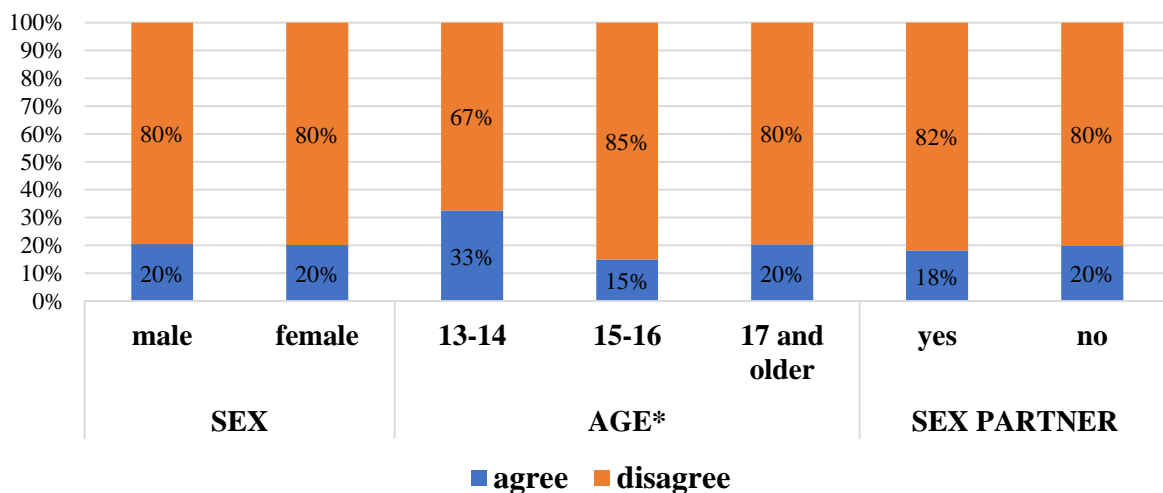


Figure 30. Level of agreement with the statement: “It is okay for someone to use force or pressure if he/she is refused to have sex” among different groups of respondents (* - difference is statistically significant at $p < .05$)

Third, despite 80% of young people think it's impossible to use force to someone of he/she refuses to have sex, only 51% think the same regarding their sex partner (Figure 31). About half of respondents (48%) believe that if someone is sexually excited and wants sex, his/her lover is allowed to refuse.

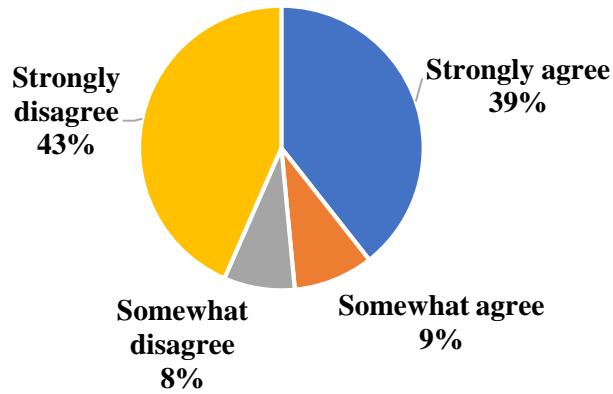


Figure 31. Level of agreement with the statement: “If someone is sexually excited and wants sex, his/her lover is allowed to refuse”

The level of agreement with the tested statement doesn't differ statistically significant among different groups of respondents (Figure 32). However, groups of 17 y.o. and older have higher share of those who express disagreement with the statement that it's possible to refuse to have sex to their own sex partner if he/she is sexually excited.

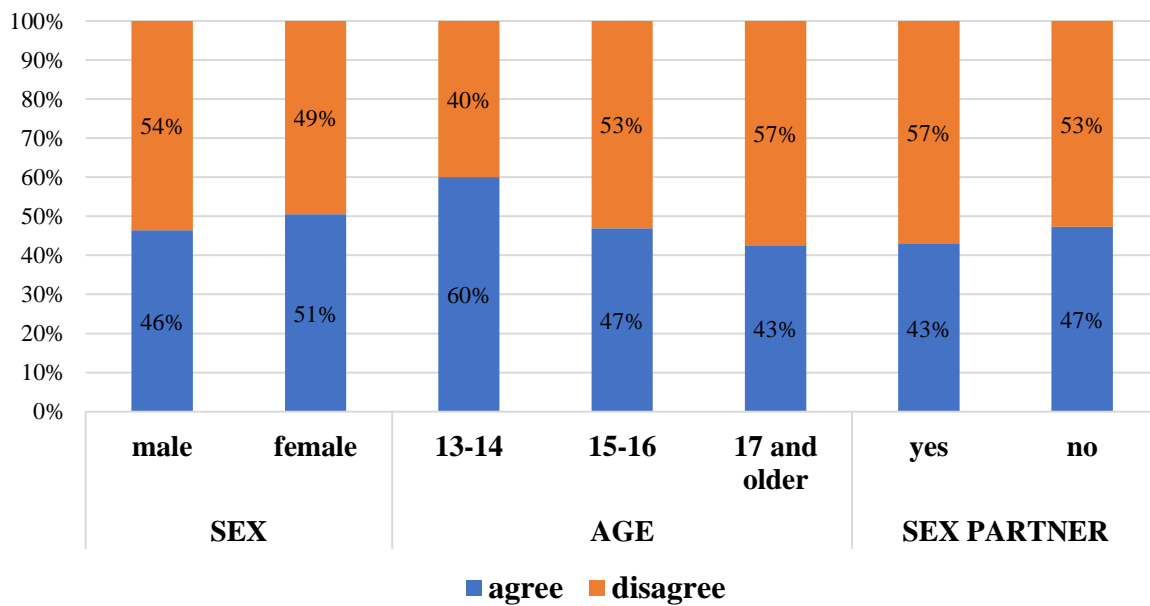


Figure 32. Level of agreement with the statement: “If someone is sexually excited and wants sex, his/her lover is allowed to refuse” among different groups of respondents (* - difference is statistically significant at $p < .05$)

Forth, if all previous statements have the dominant strong opinion, the question of girls’ virginity before the marriage and getting relevant SRHR information is more disputable (Figure 33). A little bit more than half of questioned young people (56%) strongly disagree with the statement that a girl should be a virgin by marriage and therefore, she does not need any information about sexual and reproductive health and rights, while 19% are strongly agree with that. The rest of the respondents are in between of these polar opinions, 12% are somewhat disagree and almost the same share (13%) say they are somewhat agree.

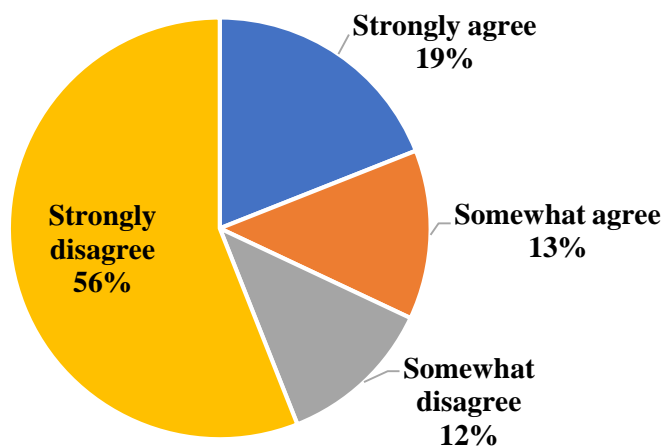


Figure 33. Level of agreement with the statement: “A girl should be a virgin by marriage; therefore, she does not need any information about sexual and reproductive health and rights”

As for the differences among sexes, age groups and those who have and haven’t sex partner, they are more visible and are statistically significant among different age groups of the respondents (Figure 34). In particular, the younger the respondents the higher the share of those who agree that a girl should be a virgin by marriage and therefore, she does not need any information about SRHR. Among 13-14 y.o. the share of agreed is 50% while among 15-16 it’s 32% and for 17 y.o. and older – only 19%.

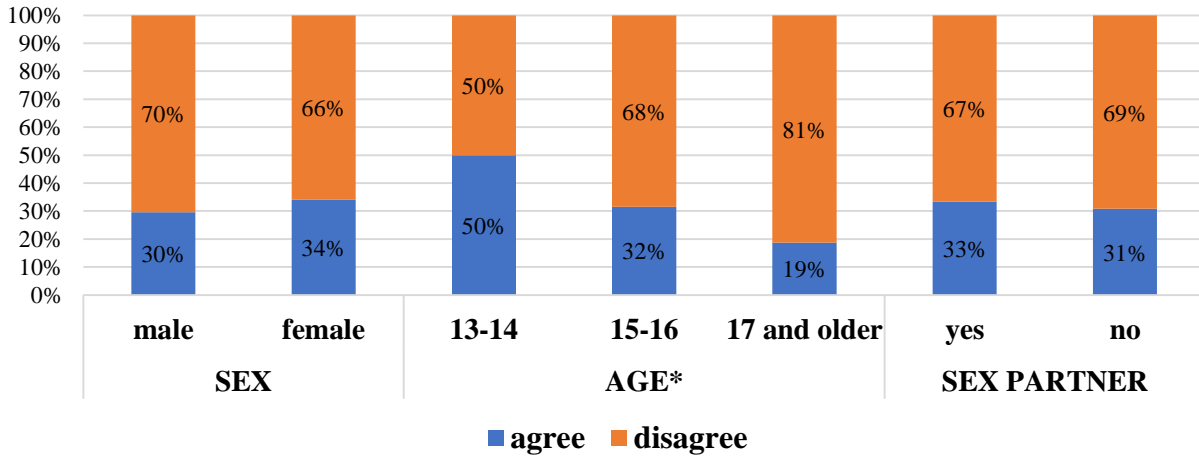


Figure 34. Level of agreement with the statement: “A girl should be a virgin by marriage; therefore, she does not need any information about sexual and reproductive health and rights” among different groups of respondents (* - difference is statistically significant at $p < .05$)

Conclusion

The main purpose of this study was to firstly, find out young people's awareness, source of information and their knowledge on HIV/AIDS, their knowledge and attitudes on HIV/AIDS testing. Then secondly examine their knowledge on modern contraceptive methods and their attitudes on sexuality. This research revealed that majority of respondents were aware of HIV/AIDS and this was reflected in the focus group discussion as well. Although respondents did not have a thorough knowledge on HIV/AIDS, they demonstrated a fairly good knowledge. Other few respondents had some misconceptions on the mode of HIV/AIDS transmission and this was reflected among the non-participants of Dance4life during the focus group discussion. Also, the main source of information on HIV/AIDS was the school, TV and books or encyclopedia. The school being the major source of information could be due to the government's policies geared towards educating the youth through the schools.

Despite that fact that respondents had a good knowledge on HIV/AIDS testing, most of them did not know that saliva analysis is use to conduct HIV test. Again, most respondents demonstrated neutral and negative attitude towards HIV testing centers.

The study further revealed that larger percentage of the respondents have never conducted a test on HIV/AIDS, and this was due to the fact that majority of them find it difficult to locate where HIV test could be made, and because they were afraid to know their results. Respondents fear for knowing their HIV/AIDS results could be due to the stigma and discrimination associated with people infected with HIV/AIDS in the society. Evidently, such discrimination was observed among the non-participants of Dance4life during the focus group discussion.

It is however important to note that respondent's knowledge on modern contraceptive methods was relatively high, and differed based on their socio-demographic characteristics. Moreover, among the modern contraceptive methods, condom was the most common method compared to the other methods, and this could imply that the broadcast of condom use is more common in that sector of country (WA) compared to the other methods.

Nonetheless, the main source of information about modern contraceptives are the school, the Television and the peer-educators. With these sources being the common methods could be due to the governments effective policies towards educating the youth through the schools through programs such as the Enhanced School Health Education Program (e-SHEP). Also, the efforts by NGO's such as Dance4life in the Northern region has helped to support peer-education programs in the region thereby making modern contraceptive methods more common to the young people.

In addition, respondents showed contradictory attitudes on sexuality based on the difference in their socio-demographic characteristics. A larger percentage showed approval that if a person dresses in a particular way that exposes their body someone will be willing to have sex with them. Again, a larger percentage of them showed disapproval to the use of force to have sex with

someone, and also a girl must be a virgin by marriage and therefore, she does not need any information about sexual and reproductive health and rights.

To conclude, in order to enhance respondent's knowledge about HIV/AIDS, HIV testing and modern contraceptive methods pragmatic programmes must be put in place for the youth in order to enhance their knowledge on issue HIV/AIDS, HIV testing and modern contraceptive methods.

Finally, the youth should be educated about the friendly nature of the HIV testing and counselling centers and how safety is it to visit without any infections in order to eliminate all the negative attitudes or associations with HIV/AIDS counselling and testing centers. Again, the young people must be educated that people infected with HIV are normal people who deserve the required respect in the society in order to avoid all forms of discrimination and stigma associated with HIV positive infections in the society.