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SEX, HIV/AIDS AND STUDENTS: A BASELINE STUDY IN AGONA DISTRICT IN THE CENTRAL REGION OF GHANA

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Abstract

The dreaded disease AIDS is on the increase in Ghana. To eradicate it, a number of organizations are stepping up the campaign against the disease. However, it has become necessary to know the attitudes of the youth especially junior and senior secondary school students to sex as well as their awareness levels about the facts concerning HIV/AIDS. As a result, the views of 222 students were sampled in the Agona District in the Central Region of Ghana. From the results it was realized that the students were actively involved in sex and some of them started at the early age of eight years. Regrettably, a sizeable number of those of them engaged in sex did not use the condom. Some of them avoided the condom to avoid negative remarks from others and as a result of shyness. Some of the students did not know the cause of HIV/AIDS whilst others thought that HIV/AIDS is due to a curse from God or gods and only offenders contract the disease. Some respondents did not even believe in the existence of HIV/AIDS. Despite the fact that some of the respondents had good knowledge of the modes of spread, symptoms, preventive measures and ways of living with people living with HIV/AIDS (PLWHA), a large number of them also had all kinds of misconceptions. Respondents also seemed to have very little idea about why one should have sexual intercourse.

Introduction

AIDS — Acquired Immune Deficiency Syndrome — was first reported in the United States of America (USA) in 1981 and has since become a major worldwide epidemic. Human Immunodeficiency Virus (HIV) causes AIDS. HIV/AIDS was first reported in 1986 in Ghana. Since then the disease has assumed alarming proportions in the country. This is due to a number of probable behavioral problems, namely: (i) the doubt people still have about the existence of HIV/AIDS, (ii) belief among some people that HIV/AIDS is a curse from God or from gods and offenders are the only people that can be infected, (iii) poverty and illiteracy which force the vulnerable group especially the young girls to fall victim to deceitful and greedy men as well as adventurous boys,

(iv) possession of multiple sexual partners, (v) dislike for the use of condoms especially in the villages, (vi) unplanned sexual intercourse, and (vii) the use of blade and sharp edges used by other people. These imply that people still indulge in indescrimate sex without protection. The end result is that some people, especially innocent girls, end up contracting HIV/AIDS.

Another problem about HIV/AIDS in Ghana is that most often anybody who is ill and looks lean is considered to be suffering from HIV/AIDS. This means that, people with a chronic illness are stigmatized and isolated whether they are suffering from AIDS or not. As a result, those who are actually infected go into hiding when they know their HIV/AIDS status and continue to infect more people.

Literature Review

According to the Office of Communications and Public Liaison (O.C.P.L) (2003), the AIDS virus kills or damages cells of the body's immune system and progressively destroys the body's ability to fight infections and cancers. HIV is most commonly spread by having unprotected sex with an infected partner. The virus can enter the body through the linings of the vagina, vulva, penis, rectum or mouth during sex.

HIV can also be spread through infected blood and among injection drug pushers, through sharing of needles or syringes contaminated with very small quantities of blood from an infected person. Women can transmit HIV to their babies during pregnancy or birth. Approximately one quarter to one third of all untreated pregnant women infected with HIV will pass the infection to their babies. The virus can be spread to babies through breast milk of infected mothers. However, if the mother takes the drug called AZT during pregnancy, she can significantly reduce the chances that her baby will be infected with HIV. A single oral dose of the antiretroviral drug neviraprine (NVP) given to an HIV infected woman in labour and another to her baby within three days of birth, reduces the rate of transmission of HIV by half compared with a similar short course of AZT.

Although HIV has been found in the saliva by researchers, there is no evidence that the virus is spread by contact with saliva (O.C.P.L.2003). There is also no evidence that HIV is spread though sweat, tears, urine or faeces. The virus is not spread though casual contact such as the sharing of food utensils, towels

and bedding, swimming pools, telephones or toilet seats. HIV is also not spread by biting insects such as mosquitoes or bedbugs. However, HIV can infect anyone who practises risky behaviours such as sharing drug needles or syringes, having unprotected sexual intercourse with an infected person, having unprotected sexual intercourse with someone whose HIV status is not known, transmission of infected blood and the use of infected sharp edges. Having sexually transmitted diseases such as syphilis, genital herpes, chlamydeous infection, gonorrhea, or bacterial vaginosis makes people more susceptible to getting HIV infection during sex with infected person (O.C.P.L, 2003). The O.C.P.L (2003) also said that within a month or two after infection, some people have flu-like illness such as fever, headaches, tiredness, enlarged lymph nodes (glands of the immune system easily felt in the neck and groin). These symptoms usually disappear within a week to a month and are often mistaken for those of another viral infection. During this period, victims are very infectious and HIV is present in large quantities in genital fluids. More persistent or severe symptoms may not appear for 10 or more years of infection in adults or within two years in children born with HIV infection. This period of asymptomatic infection is highly individual. Some people may begin having symptoms within a few months, while others may be symptom free for more than 10 years. Even during the asymptomatic period the virus is actively multiplying, infecting, and killing cells of the immune system. The HIV virus causes decline in the number of CD4 Positive T cell (also called T 4 cells) found in the blood – the immune system's key infection fighters (Alhassan, 2001). As the immune system weakens, a variety of complications start to take over. Ffr many people, the first signs of infection are large lymph nodes or swollen glands that may be enlarged for more than three months. Other symptoms experienced months to years before the onset of AIDS are lack of energy, weight loss, frequent fevers and sweats, persistent or frequent yeast infection (oral or vaginal), persistent skin rashes or flaky skin, pelvic inflammatory disease that does not respond to treatment in women and short-term memory loss. Some people develop frequent and severe herpes infections that cause mouth, genital, or anal sores, or a painful nerve disease called shingles (Alhassan 2001, O.C.P.L 2003). Children may grow slowly or be sick a lot. O.C.P.L (2003) said that the most advanced stage of HIV is AIDS. That is the stage of numerous opportunistic infections that generally do not affect healthy people. They claimed that, in some people these infections become so severe and fatal because their immune system is so damaged by HIV that the body cannot fight certain bacteria, viruses, fungi, parasites and other microbes. Some of the common symptoms of opportunistic infections in people with AIDS are; protracted coughing, and shortness of breath, seizures and lack of coordination, difficult or painful swallowing, mental

symptoms such as confusion and forgetfulness, severe and persistent diarrhea, fever, vision loss, nausea, abdominal cramps, and vomiting, weight loss and external fatigue, severe headaches and coma.

People with AIDS are particularly predisposed to cancers, especially those caused by viruses such as kaposis sarcoma and cervical cancer, or cancer of the immune system known as lymphomas. These cancers are more difficult to treat in people with AIDS. Signs of kaposis sarcoma in light – skinned people are brown, reddish, or purple spots that develop in the skin or in the mouth. In dark-skinned people, the spots are more pigmented (O.C.P.L, 2003). Though there is not yet any cure for HIV/AIDS, there are drugs, which cure the opportunistic diseases and cancers. The U.S Food and Drug Administration (F.D.A) have approved a number of drugs for treating HIV infection. The first group of drugs used to treat HIV infection called nucleoside reverses transcriptase (RT) inhibitors, interrupts early stage of the virus making copies of itself. These drugs may slow the spread of HIV in the body and delay the start of opportunistic infections. This means that there are drugs in existence, which significantly reduce the number of deaths from AIDS in the USA. (OCPL, 2003). Though such drugs do not cure AIDS, they greatly improve the health of many people with AIDS and, thus, reduce the amount of virus circulating in the blood to nearly undetectable levels among HIV/AIDS patients in the developed countries. However, it was found out that HIV remains present in hiding places such as the lymph nodes, brain, testes, and retina of the eye, (OCPL, 2003).

Since there is not yet any cure or vaccine against HIV/AIDS, the disease is continuously spreading across the world. According to UNAIDS, (2002) as at the end of 2002, an estimated 42 million people world wide — 38.6 million adults and 3.2 million children younger that 15 years, were living with HIV/AIDS. Approximately 70% of these people (29.4million) live in Sub-Saharan Africa. Another 17% (7.2million) live in Asia. They also claimed that worldwide, approximately 12 of every 1000 adults aged 15 to 49 are HIV infected. In Sub-Saharan Africa about 9% of all adults in the 15 to 49 years are HIV infected.

Further statistics of UNAIDS (2002) state that an estimated 5 million new HIV infections occurred world wide during the year 2002. That is about 14,000 infections each day. They said that more than 95% of these new infections occurred in developing countries. They also said that in 2002, HIV/ADIS associated illness caused the death of approximately 3.1 million people worldwide, including an estimated 610,00 children younger that 15 years.

According to youth World travel Organization (YWTO) (2002), by the end of December 1999, a cumulative total of 37,298 cases of HIV/AIDS had been recorded in Ghana. Nearly 90% of the cumulative AIDS cases from 1986-1999 in Ghana were between 15-49 years of age, with 63% of all reported cases being females. The female-to-male infection ratio, however, is gradually attaining parity, changing from 6:1 in 1987 to approximately 2:1 in 1998. They also stated that the peak ages for infection are 25-29 years for females and 30-34 years for males. The national prevalence rate of HIV has risen from 2.6% in 1994 to 4.6% in 1998. The National AIDS Control Programme (NACP) projects the average national prevalence rate to increase to 8.25 by 2009 and 9.5% by the year 2014 if the current trend continues. The YWTO (2002) said that heterosexual transmission of HIV accounts for 75-80% of infection. Vertical transmission (from mother to child) accounts for 15% whilst transmission through blood accounts for 5%.

The Problem

It is common knowledge that HIV/AIDS infection rate is on the increase in Ghana. For example, a survey result reported by Agyei (2003) showed that the prevalence ranged from 8.5% in Koforidua to 1.6% in Nalerigu with a median coverage percentage of 3.4%. The report went on to explain that Koforidua overtook Agormenya, which traditionally had the highest prevalence, in 2002. In addition the report said that the prevalence rate in the age group that raises concern is the 15-19 years bracket, an indication that new cases are emerging. This gives ample evidence that despite the campaigns on the disease in the media, the expected impact is not being made especially among the youth. What is more frightening is that places that were formerly considered to be free of HIV/AIDS infection are rather recording more cases of infection. No doubt the Ghana AIDS Commission with funding from some international organizations is making available colossal sums of money to Non-Governmental Organizations (NGOs) in the country to increase education on HIV/AIDS. Fortunately, some of such NGOs are in the forefront of advocacy on HIV/AIDS in the Agona district in the central Region of Ghana. However, in order for the NGOs to do effective work in Ghana there is need for them to be well informed of the level of awareness of the citizens, especially the youth, on the facts about HIV/AIDS as well as their attitudes towards sexual intercourse.

Objectives of the Study

The specific objectives of the study were:

- to find out the attitudes of the students towards sex;
- to ascertain the level of awareness of respondents about the course, modes of spread, symptoms and preventive methods of HIV/AIDS;
- to determine the awareness level of respondents on condom use and care for people living with HIV/AIDS (PLWHA).

Expected Benefits from the Study

The findings of this study will help NGOs to be aware of what the youth already know about sex, HIV/AIDS and condom use as well as existing misconceptions so that they can develop the appropriate method of putting the HIV/AIDS message across to the youth. It will enable parents and educational authorities to have the relevant information on the attitudes and awareness levels of the youth towards sex, HIV/AIDS and condom use so that they can also play their part in educating the young people on such things. It will also serve as a source of information to other researchers and encourage more research on the subject matter.

Methodology

The research was conducted using students from two Senior Secondary Schools and four Junior Secondary Schools I the Agona District as respondents. In all, 41 boys and 41 girls were sampled from the Senior Secondary Schools, making a sub-total of 82. In addition, 70 boys and 70 girls were sampled from the Junior Secondary Schools, making a sub-total of 140. Therefore, the total number of students sampled was 222.

A questionnaire containing 21 questions was used. The questionnaire contained closed ended questions with dichotomous and multiple choice types as well as open-end questions. Only six schools were used because the study was a baseline study. The study was carried out in pieces of paper on which yes or no were written. Those who picked yes were given the questionnaire to fill. The officials who administered the questionnaire made sure that respondents answered the questions and handed over at the spot. This ensured that all the questionnaires issued out were recovered.

Data Analysis

The data were analysed by determining the number of respondents for each response. The percentage of respondents for each answer was then calculated. For closed-end questions where only one answer was required from each respondent, the percentages were determined by using the total number of respondents (222) but the total percentage can be more that 100%. This is because the idea was just to know the level of awareness of respondents.

Results and Discussions

From the results, 76.58% (170) were between 18-25 years of age. From table 1, it is clear that 28.03% of the students claimed that they have had sex before. A further question to determine the age at which they first had sex reveals 16.67% (10 respondents) falling between 8-10 years, 48.33% (29 respondents) between 11-15 years and 35.0% (21 respondents) between16-20 years. This shows that some of the students first had sex at an early age of 8 years. This is worrying because at such a tender age, the child is not biologically, socially or psychologically ready for sex. Out of the 60 respondents who said that they had had sex before, 61.67% said that they did not use condoms. This sounds very dangerous so far as sexually transmitted diseases (STDs) including HIV/ AIDS are concerned. In addition 28.33% of the 60 students said that they still have sex. In another question to determine the truth level of responses about their sexual behaviour 41.45% (92 students) said that they did not have any sexual partners whilst a total of 41.45 (92 students) claimed they had from one up to more than four sexual partners. However, 17.10% (38 students) were silent on this (Table 2). The fact that 41.45 % (92 students) agreed to have sexual partners means that they used to have sex. The results also showed that the boys were more sexually active (65%, i.e 39 boys) than the girls (35% i.e. 21 girls). This naturally is not surprising because boys are generally more adventurous than girls. It may also be so because in Africa, for that matter Ghana, it is the males who propose love but not females.

Respondents appear to have very low knowledge of the reason for having sex. In all, 30.63% (68 respondents) said that sexual intercourse helps one to satisfy one's sexual feelings. Also10.36% (23 respondents) said that sex is for procreation. However, few of them seemed to have misconceptions about why one should have sex (Table 3). Concerning why condoms should be worn during sexual intercourse, 62.61% (139 respondents) said it is to prevent sexually transmitted disease including HIV/AIDS, whilst 28.82% (64 respondents) said

that it is for preventing pregnancy. Though these two answers were correct, the percentage of respondents who showed awareness of these are not encouraging enough (Table 4). Further look at other responses showed that few other students (respondents) had misconceptions about why condoms should be used during sexual intercourse. This suggests that more education needs to be carried out about condom use. On availability of condoms, 72.97% (162 respondents) said that condoms were easily available in drug and chemical stores in their localities. However, 14.41% (32 respondents) said that condoms were not readily available in drug and chemical stores in their localities where as 12.62% (28respondents) were silent on the matter (Table 1). The results showed that though condoms were readily available in some localities, respondents found it difficult to buy them. Only 20.72% (46 respondents) said that people found it easy walking into drug and chemical stores to buy them (condoms) (Table 1). Results in Table 5 showed that the youth could not easily enter stores to buy condoms, mainly due to fear of negative remarks from people (59.46%, i.e. 132 respondents) and shyness (25.22%, i.e. 56 respondents).

Table 1: Responses To Some Questions

Question	Response			
	Yes		No	
	Number	%	Number	%
1. Have you ever had sex before?	60	28.03	162	72.97
2. Do you still have sex?	17	28.33	43	71.67
3. Do you use condom during sex	23	38.33	37	61.67
4. Have you ever heard of HIV/AIDS	18	81.08	14	6.31
5. Do you believe in the existence of HIV/AIDS?	180	81.08	14	6.31
6. Have you ever seen or heard any advertisement on HIV/AIDS	184	82.88	10	4.50
7. Did any of the advertisements make you understand the cause, mode of spread, symptoms and prevention of HIV/AIDS?	176	79.28	18	8.11
8. Are condoms readily available in drug and chemical stores in your locality?	162	72.97	32	14.41
9. Do you find it easy to enter drug or chemical stores to buy condoms?	46	20.727	86	38.74

Table 2: Number of Sexual Partners of Respondents

Response	Number	Percentage
(a) None	92	41.44
(b) One	64	28.84
(c) Two	19	8.56
(d) Three	3	1.35
(e) Four	2	0.90
(f) More than four	4	1.80
(g) No response	38	17.12

Table3: Responses On Why One Should Have Sex

Response	Number	Percentage
(a) To Prevent Pregnancy	64	28.83
(b) In Order To Get Baby	23	10.36
(c) Because others do it	7	3.15
(d) To be accepted by friends	4	1.80
(e) For no particular reason	28	12.61

Table 5: Why Respondents Found it Difficult to Buy Condoms

Response	Number	Percentage
(a) People Will Say That I Am A Spoilt Child	132	59.46
(b) Because Of Shyness	56	25.22
(c) The Community People Do Not Like It	10	4.50
(d) To Enjoy Sex Better Without It	6	2.70
(e) Not Necessary	18	8.11

Concerning HIV/AIDS, 81.08% (180 respondents) said that they had ever heard of it before and believe in its existence. However, 6.31% (14 respondents) said they had never heard of it before and they did not believe in its existence, whilst 12.61% (28 respondents) seemed to have no idea at all (Table 1). Those respondents who said that they had never heard of HIV/AIDS before might be pretending. However, the fact that some of them said that they did not believe

in the existence of HIVE/AIDS is not surprising because it is a common statement from some adults and their wards could also pick up the same idea. However, the finding suggests that no matter the awareness being created about HIV/AIDS, it exists. This calls for multifaceted approach to the campaign on the disease. The worst were those who assumed a neutral position. They are even at the highest risk of contracting the disease as they may take this for granted.

On the cause of HIV/AIDS, 63.06% (140 respondents) said that it is caused by a germ or virus (Table 6). However, some of the respondents believed that HIV/AIDS is caused by a curse from God or gods (2.70%) or it is a punishment from God or gods (4.50%), whereas 29.47% (66 respondents) seemed not to know the cause (Table 6). Here also, it can be said that though a high percentage of respondents (63.06)) gave the right answer, there is the need to take the case of the few having misconceptions and those who do not know seriously. This is because ignorance or misconception can lead one to have false hope and indulge in unsafe sex that can lead to the contraction of the disease.

The question of how one can get HIV/AIDS was an open one because more than one answer can be stated. Generally, respondents seemed to have average knowledge of the modes of spread of the disease. For example, unprotected sex (61.26%), i.e. 136 respondents), through blood transfusion with infected blood and the use of infected needles and syringes (52.22% i.e. 116 respondents each) (Table 7). Respondents appeared to have low knowledge of modes of spread such as the use of infected blade or sharp edges, through breast milk and from pregnant mother to child. Therefore, there is the need to step up the education on the various modes of spread of the disease. This is supported by the point where some of the respondents said that one can be infected through insect bite and embracing infected person (5.41%, i.e. 12 respondents) (Table 7). Nevertheless, it is refreshing to note that all the respondents were aware that eating with an infected person could not transmit the disease.

The question on the symptoms of HIV/AIDS was also an open one because any number of correct answers could be stated. Generally, the responses showed that respondents had very low knowledge of the symptoms of the disease. Of all the known symptoms presented to respondents, it is only loss of weight (52.15%, 118 respondents) that appeared to be popular (Table 8). The implication here is that more work needs to be done to crate awareness on the symptoms of HIV/AIDS. The case on the preventive methods of HIV/AIDS is not different.

Two measures, namely, use of condom and abstinence from sex recorded 51.53% response. All the other preventive methods recorded below 50% response (Table 9). This is not, however, surprising because most of the advertisements on HIV/AIDS emphasize only abstinence, condom use and staying faithful to one's sexual partner, From the results, it is clear that the majority of the respondents was not aware that being faithful to one's sexual partner is one of the useful methods of HIV/AIDS prevention. Meanwhile it will do society a lot of good if all the possible preventive measures such as screening blood before transfusion, avoidance for unprotected sex, avoidance of sharing blades, tooth brushes and sharp edges as well as infected person avoiding having children can be equally highlighted during various campaigns on HIV/AIDS. This will enable us to have a holistic approach to the awareness creation on the disease and prevent our youth from doing things that predispose them to infection.

Table 6 What Respondents Believed to Be the Cause of Hiv/Aids

Response	Number	Percentage
(a) Curse form God or gods	6	2.70
(b) As punishment by God or gods for committing sin	10	4.50
(c) A germ (Virus)	140	63.06
(d) Do not know	66	29.74

Table 7: How Respondents Believe HIV/AIDS is Spread

Response	Number	Percentage
(a) Through unprotected sex	136	61.26
(b) Through bathing with infected person	0	0
(c) Through transfusing infected blood	116	52.22
(d) use of infected blade or sharp edge	90	40.54
(e) The use of infected needle or syringe	116	52.22
(f) Through breast milk	36	16.22
(g) Through insect bite	10	4.50
(h) from infected pregnant mother to child	76	34.23
(i) Through embracing infected person	12	5.41

Table 8: What Respondents Knew to b thesymptoms of HIV/AIDS

Response	Number	Percentage
(a) Frequent and prolonged diarrhea	62	27.93
(b) Frequent and prolonged fever	60	27.03
(c) Loss of weight	118	53.15
(d) Loss of appetite	52	23.42
(e) Frequent sickness	78	35.14
(f) forms of skin cancer	28	12.61
(g). frequent skin rashes	54	24.32

Table 9: How Respondents Thought HIV/AIDS Could be Prevented

Response	Number	Percentage
(a) Screening blood before transfusion	62	27.93
(b) Use of condom	114	51.35
(c) Avoidance of indiscriminate sex	94	43.24
(d) Not sharing blade and tooth brushes	100	45.05
(e) Use of disposable needles	44	19.82
(f) Infected couples should avoid having children	60	27.03
(g) Abstinence from sex	118	53.15
(h) Staying faithful to one's sexual partner	96	43.24

Though 57.66% (128 respondents) said that HIV/AIDS patients need love and compassion (Table 10), the figure is not as high as expected despite the campaigns going on. This means that there is more room for improvement in creating awareness on how to relate with PLWHA. More so when it can evidently be seen from the results that some people have the wrong idea that PLWHA should be driven from home or they should be disowned as family members (Table 10). The results in table 11 showed that respondents had confused state of mind when it came to things that one could do with PLWHA without getting infected. This is because apart from 57.66% of respondents who said that one can eat with PLWHA without getting the disease, less than 50% was recorded for each correct answer such as sleeping on the same bed

with them, bathing with them, embracing them, by sitting with them in the same vehicle or by allowing them to enter our shops. The worst case is where some respondents said that one could have sex with or exchange blood with PLWHA through blood covenant without getting the disease. Here again, the immediate thing that needs to be done is to step up education in schools on the subject. However, it is very encouraging to note that all the respondents said that one need not use the same blade with PLWHA.

The results also showed that television shows were the most popular advertisements (65.77%, i.e. 146 respondents), followed by radio talks (54.05%, i.e. 120 respondents) and HIV/AIDS education campaigns (45.95% i.e.102 respondents) Table 12. This suggests that if messages are well packaged on the television and radios, more people may understand the necessary facts of HIV/AIDS. It will be difficult to achieve 100% coverage because not every family can afford television or radio. It is believed that more impact can be made if more people are involved in the campaign on the disease. This can take the form of peer education, drama and poem recitals.

In table 13, 54.05% (120 respondents) said that condoms prevent STDs including HIV/AIDS. However, only 28.83% (64 respondents) were aware that couples could use condoms to prevent unplanned pregnancies. The other two answers are negative but some respondents agreed to them (Table 13). This shows that some students and youth hold the view that because of condom, sex can be enjoyed any time or by anybody irrespective of age. These two notions are sources of disaster because they influence the youth to become promiscuous.

Table 10: How to Relate With HIV/AIDS Patients

Response	Number	Percentage
(a) Avoid them	16	7.21
(b) Dismiss them from work	6	2.70
(c) Insult them	6	2.70
(d) Show them love and compassion	128	57.66
(e) Drive them from home	4	1.80
(f) Disown them as family members	12	5.41

Table 11: Things to Do With PLWHA Without Getting Infected

Response	Number	Percentage
(a) By eating with them	128	57.66
(b) By sleeping on the same bed with them	104	46.85
(c) By bathing with them	94	42.34
(d) By embracing them	98	44.14
(e) By using the same blade with them	0	0.00
(f) By using the same needle with them	4	1.80
(g) By having sex with them	14	6.31
(h) Exchange blood with them through blood covenant	6	2.270
(i) By sitting with [illegible] the same vehicle	102	45.95
(j) by allowing them [illegible] our shops	94	42.34

Table12. Types of Advertisement on HIV/AIDS that Respondents were Aware Of

Response	Number	Percentage
(a) Car stickers	52	23.42
(b) T-shirts	66	29.72
(c) Sign boards	38	17.12
(d) Radio talks	120	54.05
(e) Television shows	146	65.77
(f) HIV/AIDS education campaigns	102	45.95

Table 13: Impression of Condom Advertisement

Response	Number	Percentage
(a) To have sex anytime by wearing condom	40	18.01
(b) Condom can protect against sexually transmitted disease including HIV/AIDS	120	54.05
(c) Sex can be enjoyed irrespective of age by wearing condoms	12	5.41
(d) Couples can use condom to prevent unplanned pregnancy	64	28.83

Conclusions and Recommendations

From the results, it is clear that JSS students are sexually active in the Agona district and some even begin as early as 8 years of age. This situation may not be peculiar to Agona district alone but may be occurring in other districts in the country and other African countries. As a result, it is hereby recommended to governments and NGOs to focus their education more on the consequences of early sex. School and education and educational authorities also need to put in place effective guidance and counseling procedures to dissuade students from early sex. Parents are encouraged to take the first step of introducing sex education at home before the child enters school. Educational and counsellling programmes should include facts on why one should have sex, the appropriate time and age in life at which sex should be enjoyed, why condoms should be used, and the most appropriate people to use condoms.

The fact that some respondents seemed not to know the actual cause of HIV/AIDS either deliberately or genuinely means that there is the need to devise appropriate messages on HIV/AIDS to make the majority of the youth aware of the causative agent of the disease. Since some respondents claimed that they do not believe in the existence of the disease, efforts should be made to use real HIV/AIDS cases in educating the youth. Similarly, the results showed that though most of the respondents had good ideas on the various modes of spread, symptoms and preventive measures of the disease, a sizeable number of them actually had faint ideas or had misconceptions about some of these things. Hence, it is recommended that more peer educators be trained to undertake one-on-one or small group discussions on such subjects.

On the preventive measures, though abstinence should be stressed, any other relevant preventive measures should be given high attention in the campaign against HI/AIDS. Because some of the youth will, by all means go in for sex no matter the amount of awareness created, it will be advisable to teach the use of condoms so that such young people can make the attempt of protecting themselves against HIV/AIDS. There is also the need to step up the explanations on how to relate with PLWHA without getting infected. There is the additional need to stress on the consequences of blood covenants since some young people consumed by passion adopt this as a way of showing total allegiance to their supposed lovers. Since not every home can afford a TV set or radio set, more group discussions and peer education should be adopted especially in the rural areas to combat the HIVV/AIDS menace. However, well packaged and simple

to understand messages on the disease can be placed on the TV and radio for a segment of the people to benefit from. It is also recommended that school and educational authorities fully involve their students in the educational activities aimed at eradicating HIV/AIDS in the society.

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