

CHRISTIAN SERVICE UNIVERSITY COLLEGE

DEPARTMENT OF NURSING

**HIV/AIDS KNOWLEDGE AND ITS INFLUENCE ON SEXUAL PRACTICES AMONG
UNDERGRADUATES OF CHRISTIAN SERVICE UNIVERSITY COLLEGE**

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DECLARATION

We hereby declare that apart from specific references which has duly been acknowledge, this work was produced from research undertaken by a supervision.

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DEDICATION

This work is proudly dedicated to everyone who ever believed in us and contributed to making our work prosperous.

ABSTRACT

The purpose of this study was to know more about the knowledge and sexual practices of undergraduates concerning HI/AIDS. Despite a great awareness of the dangers associated with the disease and the abundance of knowledge, young people continue to engage in practices that place them at risk of contracting the disease. The main objective of the study is to determine the knowledge and how it has influence the sexual practices of undergraduate in CSUC. This study utilize a stratified sampling of 316 students at CSUC using a quantitative approach, a self – administered structured questionnaire featuring questions concerning their knowledge of HI/AIDS and how it has influence their sexual practices. The data collected was processed using the software statistical package (version 16.0). Findings also indicated that students had much knowledge on HIV/AIDS but this knowledge had no influence on their sexual practice. Respondents suggested that there be more HI/AIDS programs on their campus.

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LIST OF ACRONYMS

AIDS – Acquired Immune Deficiency Syndrome

HIV – Human Immunodeficiency Virus

WHO – World Health Organizations

CSUC – Christian Service University College

MNT – Medical News Today

HAART – Highly Active Antiretroviral Therapy

STD – Sexually Transmitted Disease

CART – Combination Antiretroviral Therapy

UNAIDS – United Nations Programme on HIV/AIDS

NACP – National AIDS Control Program

CHAPTER ONE

1.1 BACKGROUND AND INTRODUCTION

“Globally, some 5.4 million young people live with HIV and AIDS today and 40% of all new infections occur among this group, due to their physical, social, psychological and economic vulnerabilities (Wangulu, 2008)”. The deadly Acquired Immune Deficiency Syndrome (AIDS) pandemic is one of the most challenging health and development problems in the world. Sub-Saharan Africa alone, which is the worst affected region, is home to about two-thirds of the estimated 32.2 million people living with the disease worldwide (UNAIDS, 2007). Some of the ways of preventing sexual practices transmission among this age group (15-24years) are the effective use of condom and limiting the number of lifetime sexual partners. Sexual behavior change remains one of the most effective ways of preventing further transmission among this vulnerable group.

Although Ghana’s prevalence rates are not as high as in other African countries, the disease still poses a formidable challenge to the country’s socio-economic development. The prevalence rate in the country in 2010 was estimated at 1.5%. (National AIDS control program/ Ghana health service, 2011). HIV prevalence among this young population (15-24years), a proxy for new infections, increased from 1.2% to 1.8% in 2014 survey (Ghana News Agency, 2015).

In Ghana, the predominant mode of HIV infection is unprotected sex, accounting for 80-85% of transmissions, mother-to-child transmission accounts for 12-15%, while transfusion of blood and blood products account for less than 2% (Ghana AIDS Commission, 2004: UNICEF, 2004).

As part of the young age, bracket undergraduate in the university (student) are exposed to a range of risky behaviors (HIV). The study would be conducted to assess the knowledge of HIV/AIDS

among CSUC undergraduates and to determine how the knowledge has influenced their sexual practices.

1.2 PROBLEM STATEMENT

The period between the age of 15 and 24 is very critical and has been regarded as the period of intense sexual drive, sexual and drug experiment and therefore a vulnerable group at risk of HIV infection. Special attention is paid to this group because it accounts for half of new HIV cases worldwide (Ross et al, 2006). In Ghana 30% of new infection occurred among that age group in 2007 (NACP 2008), most of the infection occurred mainly through sexual intercourse

According to NACP report in 2007; the prevalence of HIV/AIDS among the age group in the urban areas is higher than in the rural communities (NACP, 2008). This may be due to urbanization since we are gradually catching up with the western world in terms of changes in lifestyle where having casual sex and other forms of experimentations is the norm. The sexually active among young people face the problem of accessibility to the means of protection as condoms are generally out of their reach due to traditional negative attitudes, myths and feelings of shyness associated with securing them. There is the need to find out more about in –school young people in an urban area in Ghana, to determine why they continue to engage in risky behaviors despite the knowledge of HIV/AIDS.

1.3 JUSTIFICATION OF THE STUDY

The study to be undertaken is very important because of the fact that HIV/AIDS is still a global issue. With no specific cure or developed vaccines, preventive measures based on information and programs remain the most effective means of controlling the disease. It spells doom for the nation as the infection continues to increase among the age group. The young people are more likely to

engage in risky behaviors, the findings of the study will aid in the planning and implementation of the prevention programs for the youth in the country.

1.4 GENERAL OBJECTIVE

To assess the knowledge of HIV among undergraduate students of CSUC and to determine how the knowledge has influenced their sexual practices.

1.5 SPECIFIC OBJECTIVES

1. To assess the knowledge on HIV/AIDS.
2. To determine the influence of the knowledge on their sexual practices.

1.6 RESEARCH QUESTIONS

1. How to assess knowledge on HIV/AIDS?
2. How has the knowledge influence their sexual practices?

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter addressed the knowledge of HIV/AIDS and sexual practices among the students. According to medical news today MNT, HIV stands for Human Immunodeficiency Virus and found throughout all the tissues of the body. HIV is a virus, AIDS is caused by HIV and can be transmitted via the body fluid of an infected person (semen, vaginal fluids, blood and breast milk. Signs and symptoms of HIV (early stage) are flu, sore throat, muscle ache, joint pain, unintentional weight loss and (late stage) are blurred vision, diarrhea, dyspnea, white spot in the mouth and dry cough.

HIV/AIDS has no cure but treatment can slow down the course of the condition and allow most infected people the opportunity to live a long and relatively healthy life. HIV antiretroviral treatment fights the infection and slows down the spread of the virus in the body. Patients generally take a combination of medication called HAART (highly active antiretroviral therapy) or Cart (combination antiretroviral therapy). Emergency HIV pills (post-exposure prophylaxis) are taken when an individual believes they have been exposed to the virus within the last 72hours.

HIV can be prevented by the use of condoms, avoid sharing of needles, blood should be properly screened before transfusion and health care providers should use the personal protective equipment(PPE) to prevent contact with contaminated fluids. The best option to prevent HIV/AIDS is abstinence.

2.2 ASSESING THE KNOWLEDGE OF HIV AIDS

Students of today are exposed to the risk of being victims of HIV/AIDS. The epidemic of HIV/AIDS is now progressing at a rapid pace among young people (Lal et al, 2008). Program managers and policy makers have often recommended that schools can act at the center point for disseminating information and education on HIV/AIDS (Urmil et al, 1999; Galguly et al, 1999). Hence school education has been described as a 'social vaccine', and it can serve as a powerful preventive tool. As children are a valuable resource for the future of a country, it is imperative that they be equipped with ample amount of information so as to protect themselves and their counterparts from falling prey to this still-an-incurable killer disease (Boler et al, 2005; Jellema et al, 2005). Lal et al (2008) conducted a study to assess the knowledge of students in 1689 senior secondary schools in South Delhi area HIV/AIDS. All the students had heard of HIV/AIDS although only 51.4% were able to write the full form of AIDS and only 19.9% were able to write the full form of HIV. This shows that the students had knowledge concerning the existence of the epidemic but had no knowledge as to what it was.

This is comparable to the observations on awareness of HIV/AIDS carried out amongst the secondary school students in Haryana and Jamnagar that those who had heard of HIV were 2,592 (100%), those who were able to write the full form of AIDS were 1,324(51.4%), and full form of HIV were 514 (19.9%). People who thought the mode of transmission was through sexual intercourse were 1,240 (48.2%), blood transfusion 801 (31.1%), sharing of needles 1,144 (44.4%), mother to baby 602 (23.4%). Also, 1,857 (72.1%) knew AIDS to be preventable, among them 277 (14.9%) considered the use of condom, safe blood 24 (1.3%) and disposable syringe 58 (3.1%) to be a preventable method, 736 (28.6%) were also aware of availability of treatment (Aggarwal et al 1996; Kumar et al, 1996). According to the study conducted (Maswanya et al, 1999) in Tanzania (Africa) that showed the awareness and perception regarding HIV/AIDS infection. 76% of students

responded that they had heard something about HIV/AIDS and more boys had heard about it than girls. 86% knew at least one person who had died of AIDS and 58% knew someone with AIDS at the time of the survey. 68% knew that HIV positives can appear healthy. Most students (99%) thought AIDS is a very dangerous killer disease and 85% knew that AIDS could not be cured even if detected early. Students seemed to have a good understanding of AIDS as a social problem, but not as an issue in their personal life.

Lal et al (2008) in their study found that 48.2% of the students in Kolkata, India could name sexual route while 44.4% named sharing of syringes and needles as a mode of transmission. In the study, gaps were seen in the awareness about other modes of transmission wherein only 31.1% and 23.4% cited blood transfusion and mother to baby transmission as routes of transmission, respectively. Low levels of knowledge about general aspects and transmission of HIV/AIDS were observed amongst these secondary school students. Studies conducted in other countries such as Nigeria and Ivory Coast have reported higher levels of knowledge regarding transmission routes (Chatterjee et al, 2001; Dan et al, 2001). This difference in knowledge could be attributed to early appearance of disease in these countries (Okojie et al, 2006; Yazdi et al, 2006). However only 25% of students felt that they themselves were personally at risk of acquiring HIV/AIDS and 41% thought that friends were at greater risk than themselves; these attitudes were more common in boys than in girls (Kapiga et al, 1991)

Only 28.6% knew about the availability of drugs for HIV/AIDS (Koffi et al, 2005; Toura et al, 2005).

The studies (Lal et al, 2008; Ingle et al, 2008) on awareness of HIV/AIDS showed that only 72% of students were aware about HIV/AIDS as being preventable. However, awareness about the different methods of prevention was low. Only 14.9% had knowledge about condoms as a means

of protection, which awareness was significantly higher amongst boys (10.2%). Studies (Sodhi et al, 1997; Mehta et al, 1997) conducted on level of awareness about HIV/AIDS in other countries (Chandigarh. Man India) had also reported high awareness levels regarding condom for HIV/AIDS prevention. About 70% of the students achieved a good score of HIV/AIDS transmission and prevention, although there were significant differences by age and class in the proportion of students with 'good' scores. Many students had anti-condom bias believing that condom reduces the sensation of romantic sex (66%), that condoms are not safe (51%), that condoms can bring diseases (48%) and that their sexual partners hates condoms (37%) (Talle et al 1995).

With regard to the sources of information about HIV/AIDS, majority (62.7%) of senior secondary students belonging to a government school in Chandigarh reported that they derived most of the information from TVs and radios (Lal et al, 2008). The study on the level of awareness about AIDS showed only 9.5% of children had heard about HIV/AIDS through their respective school programs (Sodhi et al, 1997; Mehta et al, 1997). This finding suggested that school AIDS education should be strengthened further in schools. As much as 8.6% had obtained information from print media, whereas for 2.3%, friends remained the source of information. These findings imply promoting television as a significant source of information. A greater involvement of print media can also be a cost-effective measure. Friends can also be made instrumental in spreading information through frequent motivation. 40% of students wanted AIDS education in school curriculum (Carballo et al, 1995; SapaAp, 1996). Students had a variety of information sources, and most of them got information not only from mass media such as radios, newspapers, televisions and personal/good communication but also from religious leaders, health personnels, teachers, friends and parents. 69% of them thought that the information provided was adequate

(Pattullo et al, 1994). Most of them (95%) had discussed AIDS with other people and about 2/3 of them had discussed it with boy/girlfriends.

The study (Lal et al,2008) conducted on awareness of HIV/AIDS showed that majority (77.8%) of students had a favorable attitude towards People Living with HIV/AIDS (PLWHA), stating that such patients should be allowed to pursue/continue studies or allowed to work in common work places. The findings in the study reiterate the need for re-enforcing school AIDS education. Significant changes have been observed between pre-test and post-test knowledge and awareness levels through school HIV/AIDS education programs in different regions. While the teacher plays a pivotal role in imparting education, the use of multi-pronged methods such as films, group discussions, dramas, puppet shows and role-plays must be incorporated. There is a strong need that school education must directly address stigmatizing attitudes about HIV/AIDS, gaps in HIV/AIDS knowledge and awareness of HIV-related health resources.

In conclusion, most people had a broad knowledge on HIV/AIDS and its mode of transmission. They were aware of the fact that HIV/AIDS is preventable and HIV positives can be healthy even with the condition. Few people had knowledge on the use of condom.

2.3 SEXUAL PRACTICES

According to the research by Oyeyemi et al, (2011) their findings indicated that adequate knowledge is crucial to clear misconceptions about sexually transmitted diseases (STD) including AIDS, and in promoting healthy sexual behavior among adolescents and young adults. Teenage school children are subject to the influence of family members, health experts and teachers, may have explorative attitudes, and may be exposed to peer pressure in their sexual behavior. Current

global trends show a disproportionate increase in new incidences of HIV infection among 15– 24 year olds, compared to other population segments in many countries including Nigeria (UNAIDS, 2011). Understanding the sexual behavior of this segment of the population is crucial for success in the effort to curtail the spread of HIV and AIDS in Africa. Previous studies found discrepancy in teenagers and young adults' knowledge about HIV/AIDS, and safe sexual practices (Hingson et al, 1990; Taylor et al, 2004). Young adults are sexually active, have high HIV/AIDS awareness (Sekirime et al, 2000; Arowojolu et al, 2002), but seldom use contraceptives on a consistent basis (Hingson et al, 1990; Brown, 2000; Agyei et al, 2000), making them vulnerable to STD and AIDS (Mahoney et al, 1995). It has been hypothesized that young adults' decision on whether or not to have sex may be influenced by a shared value on the importance of parenthood, and a decision to use condoms may be viewed as a negation of parenthood(Smith,2004).

According to the research by Opt et al, (2004), in terms of sexual practices showed that, most of the students were aware of HIV/AIDS, they were sexually active and had engaged in sexual practices.48% of the students practiced both oral and sexual intercourse, 45% of them had one sexual partner while ¼ of them had 2-4 sexual partners those who had 2-4 sexual partners were concerned of becoming infected whereas those who had one sexual partner were not too/at all concerned of becoming infected. Majority of them use latex condom and so very few of them do not practice safe sex but seldom use contraceptives.

According to the research by Onah et al, (2004), to assess how the knowledge has influence their sexual practices among undergraduates in Nigeria, 505 students were chosen for the study and all of them had heard of HIV/AIDS. 348(68.9%) had had sexual intercourse, the sexual partner which they had after they became aware of HIV/AIDS did not differ. However, there was a significant tendency towards a more consistent condom use after they became aware. According to the

students, high knowledge of HIV/AIDS has no correlation with subsequent sexual behavior among them.

In conclusion, most of the students exhibited high knowledge about HIV/AIDS, they were sexually active and majority of them practiced safe sex through the use of condoms. Few of those people with knowledge on HIV claimed that the awareness did not have any influence on their sexual practices.

CHAPTER THREE

METHODOLOGY

3.1 RESEARCH DESIGN

We used quantitative research because it is the collection of numerical data, so the results was based on larger sample sizes that was representatives of students in CSUC.

3.2 POPULATION SAMPLE

Concerning the HIV knowledge study, the population of students' who attended CSUC was considered. The total number of undergraduates in CSUC was 1782.

3.3 INCLUSIVE CRITERIA

- Undergraduate
- Age group (20-24)

3.4 EXCLUSIVE CRITERIA

- Post graduates

3.5 SAMPLING TECHNIQUE

Stratified sampling technique was used to get a fair sample that represented the heterogeneous student population. Thus, 316 students were randomly selected from each year group.

SAMPLE SIZE (Slovin's Formula)

Slovin's Formula:

$$n = \frac{N}{1+Ne^2}, \text{ Slovin, 1960.}$$

Where;

n = # of sample size

N = total population

e = confidence level

Given:

$N = 1782$

e = standard confidence level is 90% - 95%. The researchers used a confidence of 95% for a better accuracy, which will give a margin error of 0.05.

Solution:

1. Computation for the Confidence Level

$$\begin{aligned} e &= 95\% - 90\% \\ &= 5\% \end{aligned}$$

Given:

$N = 1782$

e = standard confidence level is 90% -95%. The researchers used a confidence of 95% for a better accuracy, which will give a margin error of 0.05.

Sample size

$$n = \frac{1782}{1 + 1782 \times (0.05)^2}$$

$$n = 316.36$$

$$n \approx 316$$

3.6 DATA COLLECTION PROCEDURE

- A structured questionnaire will be used to collect data.
- The questionnaire will be anonymous and have solicit information on respondents' background as well as their knowledge on the causes, mode of transmission, and prevention of HIV/AIDS.
- The questionnaire will be in two parts.
 1. The first part will be close-end which will contain questions on the background of the respondents.
 2. Secondly, how the knowledge has impact their sexual practices.
 3. The final part of the questionnaire was open ended in nature and sought respondents view on how awareness creation on HIV/AIDS could be further enhanced in University.

Pretexting school – Ghana Baptist University

Number of students - 50

LIMITATIONS

This findings was subjected to several limitations due to the method that was used. The questionnaire that was administered was utilizing stratified sampling in a single location; therefore, the result did not indicate all college students. The respondent was obtained from a sample of 316 students therefore results will not be statistically significant. Additionally, the sample did not include participant from all students thereby making any generalizations about college student questionable.

Also, the issue of desirability bias due to the sensitivity of the issue being discussed. Issues relating to sex are personal, as respondents answer question especially those pertaining to their sexual behavior in a manner that will be viewed favorable to others.

CHAPTER FOUR

RESULTS

Source: Field data: CSUC (2017)

From table 4.1 below, females made up 53.2% of the total population whereas males made up of 46.8%. Majority (61.7%) of the respondents were aged between 22-26 years.

In terms of religion, Christians dominated, consisting 89.2% of the sample, Muslims forming 9.8% and other religion forming 0.9%. A large proportion (74.7%) of the respondents were Akan, followed by the Ga ethnicity (9.2%) and other non-specified ethnicity constituting 6.3%.

Category of respondents belonging to BBA (Bachelor of business administration) formed the majority (40.8%) of the population, followed by nursing (35.1%), Communication (12.3%), Computer Science (6.6%), Theology (2.8%) and the least was planning (2.2%)

TABLE4.1: DEMOGRAPHICS OF RESPONDENTS

DEMOGRAPHICS	FREQUENCIES	PERCENTAGES
AGE		
17-21	121	38.3
22-26	195	61.7
27-31	0	0
32 and above	0	0
GENDER		
MALE	148	46.8
FEMALE	168	53.2
RELIGION		
CHRISTIAN	282	89.2
MUSLIM	31	9.8
OTHER	3	.9
ETHNICITY		
AKAN	236	74.7
GA	29	9.2
EWE	24	7.6
DAGOMBA	4	1.3
MAMPRUSI	3	.9
OTHER	20	6.3
COURSE OF STUDY		
BUSINESS ADMINISTRATION	129	40.8
NURSING	111	35.1
COMMUNICATION	39	12.3
COMPUTER SCIENCE	21	6.6
THEOLOGY	9	2.8
PLANNING	7	2.2

TABLE 4.2a: KNOWLEDGE ON HIV/AIDS (DESCRIPTION, TRANSMISSION AND CURABILITY)

QUESTIONS	FREQUENCIES	PERCENTAGES
HAVE YOU HEARD OF HIV/AIDS		
YES	311	98.4
NO	5	1.6
ACRONYM OF HIV		
HUMAN IMMUNOINSUFFICIENCY VIRUS	11	3.5
HOST IMMUNOCOMPROMISATION VIRUS	7	2.2
HUMAN IMMUNODEFICIENCY VIRUS	298	94.3
DIFFERENCE BETWEEN HIV AND AIDS		
THERE IS NO DIFFERENCE, THEY ARE THE SAME	29	9.2
HIV CAUSES AIDS	287	90.8
HIV CAN BE SPREAD THROUGH MOSQUITO BITES		
TRUE	29	9.2
FALSE	239	75.6
DON'T KNOW	48	15.2
INFECTED WITH HIV/AIDS BY EATING FROM THE SAME BOWL WITH AN INFECTED PERSON		
TRUE	11	3.5
FALSE	280	88.6
DON'T KNOW	25	7.9
HIV/AIDS CAN BE CURED		
TRUE	44	13.9
FALSE	233	73.7
DON'T KNOW	39	12.3

Source: Field data: CSUC (2017)

From table 4.2a above, the number of respondents 98.4% who have heard of HIV/AIDS, respondents 94.3% were able to give the correct acronym of HIV, 9.2% believe there is no difference between HIV and AIDS and 90.8% knows HIV causes AIDS. 9.2% believes HIV can be transmitted through mosquito bites, 75.6% says the transmission is false and 15.2% have no idea about it. Majority (88.6%) of respondents believes that one cannot be infected when you eat from the same bowl with an infected person, 73.7% knows that HIV/AIDS can be cur

TABLE 4.2b: KNOWLEDGE ON HIV/AIDS (EDUCATION)

QUESTIONS	STRONGLY DISAGREE		DISAGREE		AGREE		STRONGLY AGREE	
	FREQ	%	FREQ	%	FREQ	%	FREQ	%
IT IS UNLIKELY TO CONTRACT HIV IN COLLEGE	147	46.5	123	38.9	39	12.3	7	2.2
I BELIEVE THAT AM WELL EDUCATED ABOUT HIV/AIDS	31	9.8	37	11.7	209	66.1	29	12.3
ONCE EXPOSED TO HIV, THERE IS NOTHING THAT CAN BE DONE ABOUT IT	71	22.5	143	45.3	68	21.5	34	10.8
THERE ARE ENOUGH HIV PROGRAMS ON MY CAMPUS	86	27.2	131	41.5	85	26.9	14	4.4

Source: Field data: CSUC (2017)

From table 4.2b above, 46.5% strongly disagree it is unlikely to contract HIV in college and 2.2% strongly agree that it is unlike to contract HIV in college. 66.1% believe to be well educated about HIV/AIDS, there is nothing that can be done about it and 41.5% disagree that there are enough HIV programs on campus.

TABLE 4.3a: SEXUAL PRACTICES

QUESTIONS	YES		NO		NA/DON'T KNOW	
	FREQ	%	FREQ	%	FREQ	%
HAVE YOU EVER HAD SEXUAL INTERCOURSE	164	51.9	152	48.1	0	0
HAVE YOU HAD SEX IN THE PAST ONE YEAR	138	43.7	33	10.4	145	45.9
HAVE YOU HAD SEX WITH SOMEONE YOU DID NOT KNOW VERY WELL OR JUST MET	57	18.0	113	35.8	146	46.2
HAVE YOU HAD SEX WITH SOMEONE OTHER THAN A STEADY BOYFRIEND/GIRLFRIEND	74	23.4	96	30.4	146	46.2
HAVE YOU EVER USED A CONDOM FOR SEXUAL INTERCOURSE	30	9.5	140	44.3	146	46.2
DID YOU USE A CONDOM WITH YOUR PARTNER THE LAST TIME YOU HAD SEXUAL INTERCOURSE	50	15.8	120	38.0	146	46.2
I THINK CONDOMS ARE EFFECTIVE IN PREVENTING HIV/AIDS	212	67.1	70	22.2	34	10.8
HOW MANY SEXUAL PARTNERS HAVE YOU HAD IN YOUR LIFETIME	157	49.7	116	36.7	43	13.6
HOW MANY SEXUAL PARTNERS HAVE YOU HAD IN THE PAST ONE YEAR	186	58.9	92	29.1	38	12.0

Source: Field data: CSUC (2017)

From table 4.3a above, majority (51.9%) of respondents were sexually active and had had sex where as 48.1% had not had sexual intercourse. 18.0 % of the respondents had had sex in the past one year, 35.8% had not indulged in sexual intercourse for the past one year, 30.4% had not had

sex with someone other than a steady boyfriend/girlfriend, 23.4% had indulge in sex with someone other than their steady boyfriend/girlfriend.

Majority (44.3%) of the respondents had never used condom for sexual intercourse, 9.5% had ever used a condom for sexual intercourse. In preventing HIV/AIDS, 67.1% respondents believe condom is effective in preventing HIV/AIDS, 22.2% believes condoms do not prevent HIV/AIDS.

49.7% of respondents had no sexual partners in their lifetime, 36.7% had 2 or more sexual partners and 13.6% do not remember how many sexual partners they had had in their lifetime.

TABLE 4.3b: SEXUAL PRACTICES

QUESTIONS	TRUE		FALSE	
	FREQ	%	FREQ	%
MY BOYFRIEND / GIRLFRIEND WILL NOT LIKE ME KEEP CONDOMS ON ME	211	66.8	105	33.2
CONDOMS DO NOT PROTECT YOU FROM HIV BECAUSE THEY DO NOT WORK PROPERLY	92	29.1	224	70.9
CONDOMS REDUCE THE PLEASURE YOU GET FROM SEX	171	54.1	145	45.9

Source: Field data: CSUC (2017)

Majority (66.8%) of respondents said their boyfriend/girlfriend will not like them to keep condoms on them, 70.9% of them believes that condoms do not protect one from HIV because they do not work properly, 29.1% believes that condom protect one from HIV/AIDS.54.1% of respondents said condoms reduces the pleasure one get from sex, 45.9% said condoms does not reduces the pleasure one get from sex.

TABLE 4.3c: SEXUAL PRACTICES

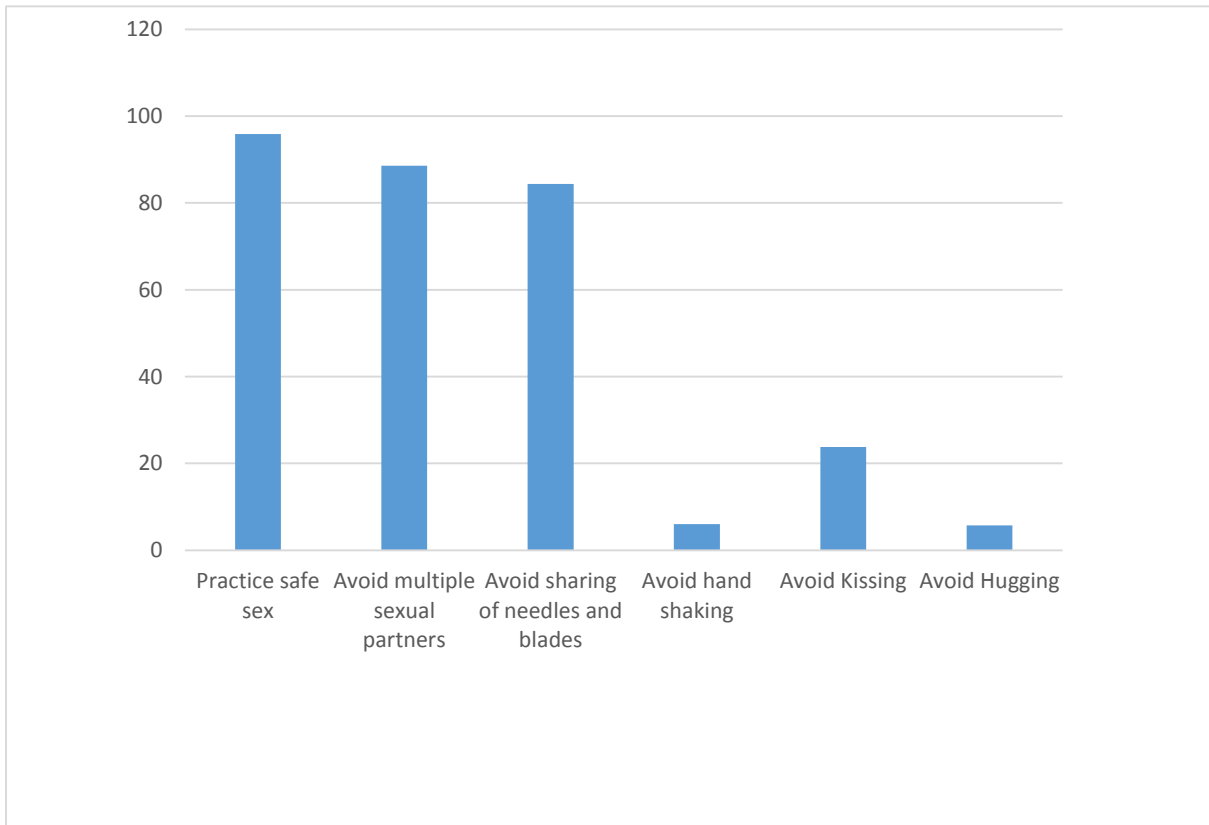
QUESTIONS	DON'T KNOW		STRONGLY AGREE		AGREE		DISAGREE		STRONGLY DISAGREE	
	FREQ	%	FREQ	%	FREQ	%	FREQ	%	FREQ	%
ABSTINENCE FROM SEX WILL MAKE ONE SICK OR LOOK STUPID IN THE SOCIETY	14	4.4	24	7.6	14	4.4	53	16.8	211	66.8
THE USE OF CONDOMS SUGGEST SEXUAL MISTRUST OF ONE'S SEXUAL PARTNER	45	14.2	25	7.9	33	10.4	81	25.6	132	41.8

Source: Field data: CSUC (2017)

From table 4.3c above, 66.8% strongly disagreed that abstinence from sex will make one sick or look stupid in society, 7.6% agreed that abstinence from sex will make one sick or look stupid in the society and 4.4% don't know if abstinence from sex will make one sick or look stupid in the society. The use of condoms suggest sexual mistrust of one's sexual partner was strongly disagreed

41.8%, agreed 10.4% and 14.2% respondents don't know if the use of condoms suggest sexual mistrust of one's sexual partner.

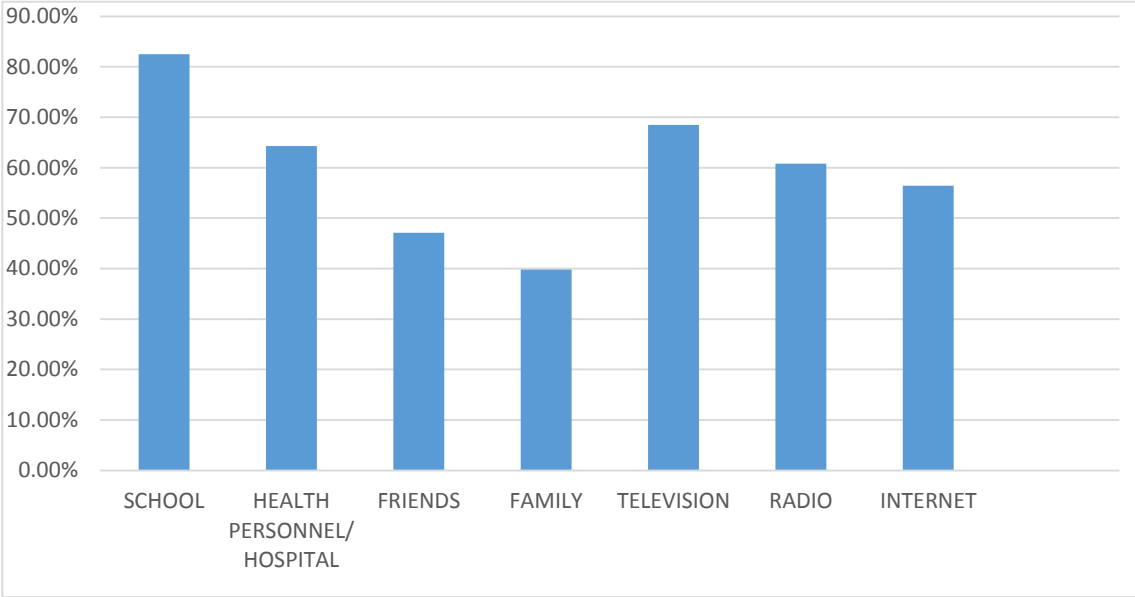
CHART 4.1: Response to: how HIV/AIDS can be avoided



Source: Field data: CSUC (2017)

From chart 4.1 above, 95.9% of the respondents believes that HIV/AIDS can be avoided by practicing safe sex, 88.6% said by avoiding multiple sexual partners, 84.4% thinks avoid sharing of needles and blades can prevent one from contracting HIV/AIDS, 6.0% said avoid hand shaking, 23.8% said avoid kissing and 5.7% said avoid hugging will prevent one from getting infected with HIV/AIDS

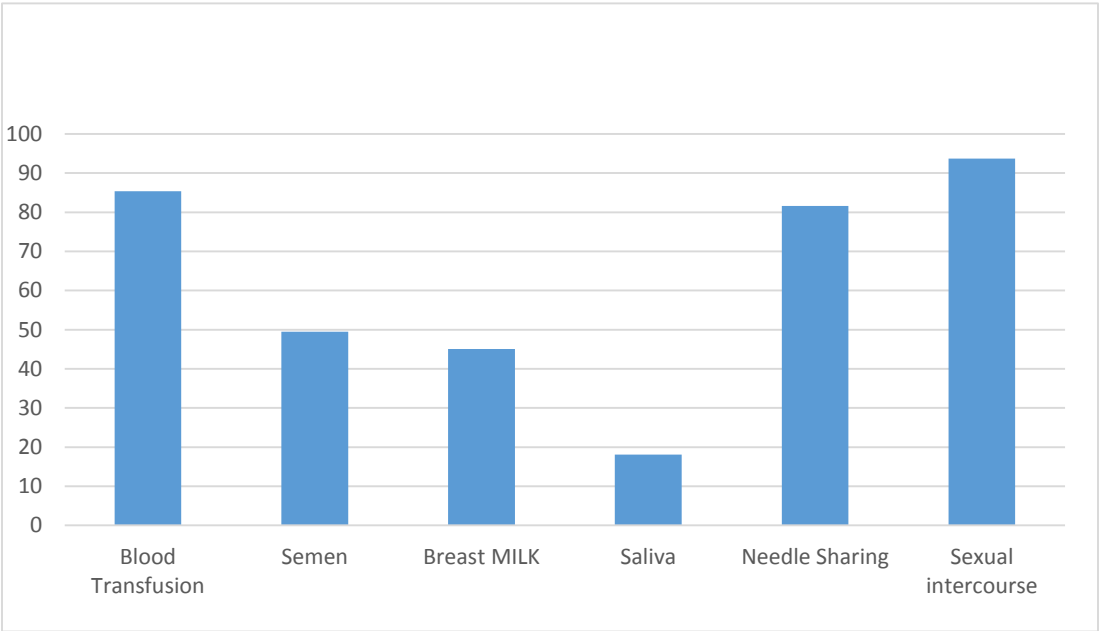
CHART 4.2: Response to sources of information on HIV/AIDS



Source: Field data: CSUC (2017)

From chart 4.2 above, the leading source of information on HIV/AIDS among the respondents is through School 82.5% followed by information from Television 68.5%, information received from Health Personnel or Hospital 64.3%. Other sources of information include Radio and Internet (60.8% and 56.4% respectively). Interestingly, information from family member was the least 9.5% of the sources as more respondents identified Friends 47.1% as source of information.

CHART 4.3: Responses on how one can get HIV/AIDS



Source: Field data: CSUC (2017)

85.4% of the respondents believes that a person can get HIV/AIDS through blood transfusion, 49.5%, 45.1%, 18.1% and 81.6% of Semen, Breast milk, Saliva and Needle sharing respectively. Majority (93.7%) of respondents believes that a person can get HIV/AIDS through Sexual Intercourse.

CHAPTER FIVE

5.1 DISCUSSION

The current research seeks to find the knowledge on HIV/AIDS and how the knowledge has influenced the sexual practices among undergraduate in CSUC. The result of these findings are thoroughly explored and interpreted in this chapter:

5.1.1 Knowledge on HIV/AIDS

From the current study, 98.4% of the students have heard about HIV/AIDS and 94.3% being the majority could write the full of the acronym HIV correctly. This results is not in line with what Lal et al (2008) came across in their research, 19.9% were able to write the full form of HIV correctly and 100% of the students have heard about HIV/AIDS. According to Oppong et al, (2013), his study showed that all the respondents (99.7%) had heard about HIV/AIDS. Majority (97.4%) of the respondents knew the right meaning of the acronym HIV. From all the findings, it can be deduced that, respondents had heard of HIV and had some form of knowledge about it.

In our study, the findings indicated that 90.8% of students believed that HIV causes AIDS. Similar to Ike et al, (2007) it was stated that 72% of respondents believed viruses cause AIDS but 27% thought it was Gods anger or witches. But on the other hand, a little above half of respondents (54.6%) in a research conducted by Oppong et al, (2013), knew that HIV cause AIDS.

From the current study, students exhibited a higher knowledge on mode of transmission that HIV/AIDS can be transmitted through unprotected sex (93.7%), mother to child (85.4%) and sharing of needles (81.6%). Our study shares similar results with Gupta et al, (2013) where an insignificant proportion (7.7%) had adequate knowledge regarding mode of transmission of HIV/AIDS. The students believed HIV/AIDS is transmitted through unprotected sex (92.1%),

mother to child (75.8%) and sharing injections (88.2%). In our study, findings on mode of transmission indicated that, mosquito bites constituted (9.2%) while eating from the same bowl with an infected person yielded 3.5%. In comparison with Kingoum et al, (2016), research on the knowledge of transmission and prevention of HIV/AIDS in Cameroon, participants demonstrated awareness on routes of transmission of HIV/AIDS but had misconceptions about transmission such as the belief that infection could be transmitted by mosquito bite (23.0%) and sharing of meal with an infected person (7.8%) were observed among the participants. It can be deduced that there were less misconceptions from our respondents with regards to the mode of transmission. This could be attributed to the fact that 93.7% knew that HIV/AIDS is transmitted through unprotected sex.

From our study, 13.9% of respondents indicated that HIV can be cured. Comparing it to Ike et al, (2007) where 27% of respondents indicated that HIV/AIDS is curable, it can be inferred that, our respondents had more insight concerning the curability of HIV/AIDS. The higher response to the curability of HIV/AIDS from Ike et al, (2007) could be due to the fact that respondents believed HIV/AIDS is caused by the gods anger and witches, therefore infected individuals with HIV/AIDS can be cured by appeasing the gods and making certain sacrifices,.

5.1.2 Source of information on HIV/AIDS

The leading source of information for undergraduates are schools (82.5%) and media television (68.5%), radio (60.8%), and internet (66.4%). The media has been known to be one of the fastest route of disseminating information, and since the average university student in Ghana spends a lot of time listening to the radio, watching television or browsing on the internet, it is no wonder they indicated that it is their main source of information. Schools also provide major form of information on HIV/AIDS. Other source of information included hospitals (64.3%), friends

(47.1%) and family (9.5%). Interestingly, 9.5% and 47.1% students chose family members and friends as their source of information on HIV/AIDS respectively.

More than half of the respondents from our study indicated television as their main source of information. Other researchers such as Oppong et al (2013) and Bhalla et al (2009) also came out with findings (82.7% and 78% respectively) indicating that more than half of their respondents also find the television as their way of obtaining information on HIV/AIDS. There is a similarity among the various studies in terms of source of information since respondents displayed that television is their main source of information. Also comparing the number of respondents from our study who selected family (9.5%) as their source of information concerning HIV/AIDS with Oppong et al (2013) where 26.9% selected family, it can be said that both findings are contrary to each other.

5.1.3 Sexual Practices

Out of 51.9% of sexually active students in CSUC, 44.3% of the students were not practicing safe sex while 9.5% used condoms for protection against HIV/AIDS. This is contrary to the findings of Onah et al, (2004) who indicated that out of 68.9% sexually active students, a majority of (58%) practiced safe sex (used condoms).

According to a research conducted in Nigeria by Ike et al, (2007) among university students, 44% were sexually active and only 29.3% used condoms. 91% of those not using condoms simply did not like it or admitted it was unavailable. Comparing our research to theirs, it can be summarized that a majority (44.3%) of our respondents practiced unsafe sex.

From the current study, 67.1% identified condom usage as a means of preventing HIV/AIDS which is nearly similar to Oppong et al, (2013) that indicated condom usage (77.5%) as a means of preventing HIV/AIDS infection.

In our study, 9.5% of respondents had ever used condoms for sexual intercourse, 51.9% had indulged in sexual intercourse and 36.7% of the sexually active respondents had multiple sexual partners. In comparison to Zelalem et al, (2013), the study indicated that 50.7% had indulged in sexual intercourse and 59.0% who are sexually active used condom. Considering both percentages of condom usage from our study and that of Zelalem et al, (2013), there is a dissimilarity between the two.

According to Odu et al (2008), 58.2% respondents had indulged in sexual intercourse, 48.2% of the sexually active respondents had multiple sexual partners and of the sexually active respondents, 75.9% claimed to had ever used condoms. It can be deduced that the number of respondents who had multiple sexual partners are similar according to our study and that of Odu et al (2008). Our findings are contrast to the researches of Odu et al (2008) and Zelalem et al (2013) in terms of the response of participants who used condom during sexual intercourse.

5.1.4 KNOWLEDGE ON HIV/AIDS AND ITS INFLUENCE ON SEXUAL PRACTICE

Findings indicated that although the majority (66.1%) of participants believed they were well educated about HIV/AIDS, know the cause of HIV (90.8%), its mode of transmission (75.6%), its preventive methods (67.1%). Only 36.7% indicated that they had 2 or more sexual partners, and 23.4% had sex with someone other than a steady boyfriend.

A study conducted by Campbelle and Mbizvo (1994) stated that 93% of respondents had knowledge on HIV/AIDS, 85% understood that HIV/AIDS can be transmitted sexually, 46%

believed that condom use was effective in protection against HIV/AIDS and 30% believed that abstinence was an effective way. Also 37% of the respondents had indulged in sexual intercourse, 63% had more than one sexual partner and 85% used condoms during sexual intercourse. According to Wagbatsoma et al (2006), majority (92.6%) of the respondents were aware of HIV/AIDS but only 16.2% knew the cause of the disease and 60% of the respondents knew the mode of transmission of HIV/AIDS as through sexual intercourse and multiple sexual partners. It can be summarized that all the findings indicated that respondents had much knowledge on HIV/AIDS despite the fact that 16.2% of the respondents from Wagbatsoma et al (2016) knew the cause of HIV/AIDS. On contrary to Campbelle & Mbizvo (1994), respondents used condoms (85%) had many sexual partners (63%).

Results from our last objective indicated that there was a negative relationship between knowledge on HIV/AIDS and its influence on sexual practice and this is quite surprising because participant exhibited much knowledge on HIV/AIDS. There was a negative responds to condom use among our respondents. Although a majority (73.3%) stated that HIV/AIDS cannot be cured and were well aware of the fact that AIDS can be transmitted through sexual intercourse. only 51.9% of sexually active respondents use condoms as a means of protection against HIV/AIDS, but the good news was that 67.1% indicated that condoms are effective in preventing HIV/AIDS. Reasons for the negative relationship between knowledge on HIV/AIDS and its influence on sexual practice may be as a result of respondents belief that condom reduce the pleasure one get from sex, their sexual partners would not like them to keep condoms on themselves and that condoms do not work properly.

5.2 CONCLUSION AND RECOMMENDATIONS

This focuses on the general overview of the research as well as limitations and recommendation for future research in this institution. The main purpose of the study was to assess the knowledge on HIV/AIDS and how it has influenced the sexual practices among undergraduate students of Christian Service University College.

5.3 CONCLUSION

From the above discussions, it can therefore be concluded that undergraduate students of C.S.U.C know what HIV/AIDS is, some were aware of its causes, transmission and prevention methods, they were also aware of the risk associated with acquiring this disease even though some downplay their personal vulnerabilities. Their knowledge on HIV/AIDS did not have influence on their sexual practices (they do not practice safe sex) which makes them liable to getting infected. Reasons attributed to this may either be because they feel condoms reduces their pleasure during sexual intercourse or lack the will to control themselves sexually.

5.4 RECOMMENDATIONS

Based on the conclusions given on HIV/AIDS knowledge and sexual practices among undergraduate students of C.S.U.C, the following recommendations are made;

HIV/AIDS programs should be embedded into academic curriculum as undergraduates need to have protective information and equipped them with Skills in order to reduce the rate of infection.

HIV/AIDS programs should be created in school. These programs should be focused on sexual practices among undergraduates. This is because, even though the respondents had knowledge on HIV/AIDS and all it entails, less than half of the respondents were influenced by the knowledge

on HIV/AIDS in terms of sexual practices. This is an indication that, the respondents still practiced unsafe sex regardless of the knowledge on HIV and its consequences.

In view of low level of communication between parents and students (their children) as indicated by this survey and work done by other researches, parent and other family members should be encouraged to be comfortable and more open in the discussion of matters relating to sexual health an HIV/AIDS with their children. This can be done by breaking cultural barriers that put parent in superior position in passing judgment and the child being at the mercy of the parents. Since friends also serve as a source of information for these students, there is the need for properly trained peer educator with adequate information and skills in other to influence their colleagues who look up to them

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7.0 APPENDICES

APPENDIX 1

Dear Respondent,

We are students of Christian Service University College offering Bachelor of Science in Nursing. We are undertaking a research to assess HIV/AIDS awareness among undergraduates of Christian Service University College at Kumasi. You have been selected as one of the respondents based on randomized selection criteria to answer questions which are intended to assess undergraduate awareness on HIV/AIDS and how that awareness has influence their sexual practices. As a participant, you will be helping health educators and health professionals to identify factors that contribute to high risk sexual practices that lead to an increase in the rate of HIV infection. The survey will take an average of 30 minutes and your participation is completely voluntary and you have the right to refuse from participation or withdraw from the study at any time. No penalties or negative consequences will result from withdrawal. All responses will be treated as confidential as no names will be placed on the testing instrument; neither will it be shown to **ANYONE** without **YOUR** permission. Data will be kept under lock and key. Computer data will be password protected and limited only to the researchers. You can call 0209295005, 0540645191, 0249443197, 0543124502 or email pnahme72@gmail.com for any questions or clarifications.

Thank You

APPENDIX 2

SECTION 1: BACKGROUND CHARACTERISTICS OF RESPONDENTS

1. What is your age?
A. 17 – 21 [] B. 22 – 26 [] C. 27 – 31 [] D. 32 and above []
2. What is your gender?
A. Male [] B. Female []
3. What is your religion?
A. Christian [] B. Muslim [] C. Other []
4. What is your ethnicity
A. Akan [] B. Ga [] C. Ewe [] D. Dagomba [] E. Mamprusi [] F. Other []
5. Level and course of study
6. Place of residence

SECTION II: KNOWLEDGE ON HIV/AIDS

7. Have you heard of HIV/AIDS? A. Yes [] B. No []
8. The acronym HIV stands for:
A. Human Immunodeficiency virus
B. Host Immunocompromisation virus
C. Human Immunodeficiency virus
9. From which sources do you obtain information about HIV/AIDS? (Indicate all applicable responses)
A. School [] B. Health personnel/hospital [] C. Friends [] D. Family []
E. Television [] F. Radio [] G. Internet []
If Other (Please specify _____)
10. How can a person get HIV/AIDS?
A. Blood Transfusion [] B. Semen [] C. Breast Milk [] D. Saliva [] E. Needle sharing [] F. Sexual Intercourse []

11. What is the difference between HIV and AIDS?
A. There is no difference, they are the same thing [] B. HIV causes AIDS []

12. How can HIV/AIDS be avoided. Tick as many as you can.
A. Practice safe sex [] B. Avoid multiple sexual partners [] B. Avoid sharing of needles and blades [] C. Avoid hand shaking [] D. Avoid kissing [] E. Avoid hugging []

What do you think about each of the following concerning HIV/AIDS?

13. HIV/AIDS can be spread through mosquito bites
A. True [] B. False [] C. Don't know []
14. One can be infected with HIV/AIDS by eating from the same bowl with an infected person
A. True [] B. False [] C. Don't know []
15. HIV/AIDS can be cured
A. True [] B. False [] C. Don't know []
16. I believe that I am well educated about HIV.
A. Strongly Disagree [] B. Disagree [] C. Agree [] D. Strongly Agree
17. Once exposed to HIV, there is nothing that can be done about it.
A. Strongly Disagree [] B. Disagree [] C. Agree [] D. Strongly Agree
18. It is unlikely to contract HIV while in college.
A. Strongly Disagree [] B. Disagree [] C. Agree [] D. Strongly Agree
19. There are enough HIV awareness programs on my college campus.
A. Strongly Disagree [] B. Disagree [] C. Agree [] D. Strongly Agree

SECTION 2: SEXUAL PRACTICE

20. Have you ever had sexual intercourse?
A. Yes [] B. No []
21. Have you had sex in the past one year?
A. Yes [] B. No []
22. Have you ever had sex with someone you didn't know very well or just met?
A. Yes [] B. No []

23. Have you ever had sex with someone other than a steady boyfriend/girlfriend?
A. Yes [] B. No []
24. Have you ever used a condom for sexual intercourse?
A. Yes [] B. No []
25. Did you use a condom with your partner the last time you had sexual intercourse?
A. Yes [] B. No []
26. I think condoms are effective in preventing HIV/AIDS?
A. Yes [] B. No [] C. Don't know []
27. How many sexual partners have you had in your lifetime?
A. None [] B. 2 or more [] C. don't remember
28. How many sexual partners have you had in the past one year?
A. None [] B. 2 or more [] C. don't remember
29. My boyfriend/girlfriend will not like me to keep condoms on me.
A. true [] B. false []
30. Condoms do not protect you from HIV because they do not work properly.
A. true [] B. false []
31. Condoms reduce the pleasure you get from sex.
A. true [] B. false []
32. Abstinence from sex will make one sick or look stupid or odd in the society.
A. Don't know [] B. Strongly agree [] C. Agree [] D. Disagree []
E. Strongly disagree []
33. The use of condoms suggests sexual promiscuity or mistrust of one's sexual partner.
A. Don't know [] B. Strongly agree [] C. Agree [] D. Disagree []
E. Strongly disagree []