ORIGINAL RESEARCH ARTICLE

"Over my Dead Body": Knowledge and Attitude of Children towards HIV and AIDS in the Cape Coast Metropolis of Ghana

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Abstract

In Ghana, it was estimated in 2013 that some 34,557 children were living with HIV and AIDS. Researches on children's perception of risk, knowledge and support services for infected persons have been rarely undertaken. This paper is based on responses obtained from 120 in-school children aged 9-13 years drawn from three schools in the Cape Coast Metropolis of Ghana. The respondents provided qualitative data through essays and quantitative data through questionnaires. All the respondents have had some knowledge on HIV and AIDS and knew of where to access HIV and AIDS information. More than seventy per cent of them were not willing to purchase fresh vegetables from AIDS vendors nor were willing to allow AIDS infected female teachers to continue teaching them. It was recommended that children should be targeted with behavioural change communication messages especially by teachers to enable them live harmoniously with people infected and affected with AIDS. *(Afr J Reprod Health 2015; 19[1]: 63-72).*

Keywords: Children, perception, HIV and AIDS, Cape Coast, Ghana

Résumé

Au Ghana, il a été estimé en 2013 que quelques 34 557 enfants vivaient avec le VIH et le SIDA. Les recherches sur la perception du risque pour les enfants, des services de connaissances et de soutien pour les personnes infectées ont rarement été entrepris. Cet article est basé sur les réponses obtenues à partir de 120 enfants à l'école âgés de 9-13 ans tirées de trois écoles dans les métropoles du Cape Coast au Ghana. Les interviewés ont fourni des données qualitatives à travers des essais et des données quantitatives au moyen de questionnaires. Tous les interviewés avaient une certaine connaissance sur le VIH et le sida et savaient où aller pour avoir accès à l'information sur le VIH et le sida. Plus de soixante-dix pour cent d'entre eux n'étaient pas prêts à acheter des légumes frais de la part vendeurs séropositifs et n'étaient disposés à permettre que les enseignantes séropositives continuer à les enseigner. Nous avons préconisé que les enfants soient ciblés avec des messages de communication pour le changement de comportement surtout par les enseignants pour leur permettre de vivre en harmonie avec des personnes infectées et affectées par le sida. *(Afr J Reprod Health 2015; 19[1]: 63-72).*

Mots-clés: enfants, la perception, le VIH et le SIDA, Cape Coast, Ghana

Introduction

The number of people infected with human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) has reduced since its emergence in the 1980s. Out of the global estimate of 35 million people living with HIV and AIDS at the beginning of 2013, 25 million people were in Sub-Sahara Africa[1] which makes the region the most devastated in the world in terms of HIV and AIDS infection and mortality. During the same period, global new HIV infection was reported to be about 2.3 million which represented a 33% reduction in the rate of new infections from 2001. In the same vein, the number of global HIV and AIDS related deaths declined from 2.3 million in 2005 to an estimated 1.6 million at the end of 2012. In Ghana, it was estimated that some 224,488 persons including 34,557 children were living with HIV and AIDS at the end of 2013[2]. Similarly, the 2013 Ghana's HIV Sentinel Survey pegged the national HIV Prevalence rate at 1.3% indicating a drop from 1.37% recorded in 2012[2]. About 2,407 children (0-14 years) became newly infected with HIV at the end of 2013 while 2,248 children died of HIV and AIDS[2].

While Ghana's estimates are considered to be one of the lowest cases in the sub-region, the national variations in HIV prevalence makes Ghana's case critical enough to pose a serious

national development challenge that will warrant constant national efforts to combat the epidemic. For instance, the level of awareness of HIV and AIDS vary by geographic areas, gender, age, residence and wealth status with women in the Northern region, people with limited formal education and lowest wealth quintile status are likely to have limited knowledge in HIV and AIDS[3]. Similarly, while the prevalence rate was 0.8% in the Northern and Upper West regions, it was 3.7%, 3.2%, 2.7% and 2.4% for the Eastern, Ashanti, Greater Accra, and Western regions respectively[2]. The differences are also even more marked at community levels. For example, in 2012, Agomenya recorded the highest HIV and AIDS prevalence rate in the country (10.1%) compared to 0.2% in Nalerigu. Ghanaian children who were classified as orphans due to AIDS at the end 2013 were estimated at 184,168. Although knowledge of HIV/AIDS in Ghana is near universal (98%)[3] there are still some critical behavioural and attitudinal issues that are yet to be well understood and addressed.

HIV and AIDS is threatening the socio-demographic and economic indicators that have been achieved by countries in SSA over the last three decades. For instance, expectations of life at birth in some countries have reduced. According to the 2013 Human Development report, life expectancy stagnated at 49.5 years between 1990 and 2000 in SSA due to HIV and AIDS[4]. Nearly all sectors of national development including health, labour, agriculture, mining, manufacturing and education have had the ravages of the epidemic[5]. Children have not been left out in the negative impact of HIV and AIDS pandemic. Children who have been orphaned by AIDS faces varied challenges in the areas of their education pursuit, health seeking and livelihoods. In most times, such children live on less food, clothing or abandon schooling. They may also suffer from anxiety, depression, abuse, stigmatisation and discrimination[6]. Generally, children suffer from the ravages of HIV and AIDS pandemic through reduced family income as well as loss of their development agents such as family members, teachers, health personnel and peers. It would then be expected that children are placed at the forefront in efforts that are aimed at minimising the negative impact of HIV and AIDS on them and, to some greater extent, on their caregivers. In recognition of the severe negative impact of the HIV and AIDS pandemic, the United Nations Millennium Development Goal 6 has focused on the pandemic as a means of placing it at the centre of international efforts aimed at curbing the effect of HIV and AIDS.

As a means of halting the devastating effect of the HIV and AIDS pandemic in Ghana, the Government, private sector, community-based and non-governmental organizations continue to implement several educational and promotional programmes to educate the general public about the causes, consequences and prevention of the HIV and AIDS pandemic[3,7] on the contrary, children are, in some cases, involved in these campaigns as mere participants than objects of the programmes. In Ghana, sexual and reproductive health education, including issues on HIV and AIDS, form part of the national curriculum[8-11]. The intention is to arm students with factual information on HIV transmission, impact, strategies for prevention, development of positive attitudes and healthier behaviours about the pandemic and to People Infected with HIV and AIDs. In a study to analyse the contents of HIV and AIDS education interventions in Ghana, Halabi and colleagues observed that the HIV and AIDS education curriculum had some deficiencies including factual errors, omitted information, oversimplified facts, promoted fear-based abstinence and misrepresented individual risk[7]. It will therefore be appropriate that studies that will assess the views of these students are conducted to ascertain their knowledge, attitudes and response to the HIV and AIDS pandemic as part of efforts to formulate and implement policies and programmes that will significantly ameliorate the impact of HIV and AIDS in the country and on children in particular.

Most of the studies on the social aspects of HIV and AIDS have focused on the reproductive age population in Ghana (15-49) with little attention on the population below 15 years although it is estimated that this cohort constitute about 39% of Ghana's population[12]. Research on children's perception of risk, knowledge, attitudes towards People Living with HIV and AIDS, care and

support services for infected persons have been rarely conducted. It is in this light that this explorative study was undertaken in the Cape Coast Metropolitan area in the Central region of Ghana to assess the knowledge, attitudes and perceptions of children on HIV and AIDS, determine their sources of information on the pandemic, identify the challenges children face in their quest to assess information on HIV and AIDS and make recommendations on how children could play integral role in the fight aimed at minimising the impact of the pandemic on their lives.

The Cape Coast Metropolitan Area (Figure 1) is largely an urban Metropolis with less than a third of inhabitants residing in rural areas. According to the 2010 Ghana Population and Housing Census, the Metropolis had a total population of about 170, 000 which represented just 8% of the Central Region total. The proportion of the population less than 15 years was estimated at 28%[13]. The Cape Coast Metropolis is often described as the citadel of education in Ghana owing to the large number of high rated primary, secondary and tertiary educational institutions located in the region. At the end of 2013, it was estimated that there were 330 health facilities in the Central Region of Ghana[14] with most of them located in the Metropolis including the foremost Regional Teaching Hospital. Common illnesses reported in Health facilities included malaria, measles, cholera, HIV and AIDS and Tuberculosis[14]. The Metropolis hosts the Cape Coast Castle which played a prominent role in the Trans-Atlantic Slave trade by serving as a major exit point of most slaves to the Americas which has made the castle a centre of attraction to both national and international tourist. The behaviour, attitudes and knowledge of children in the metropolis have been overtly and covertly shaped by some of these factors.

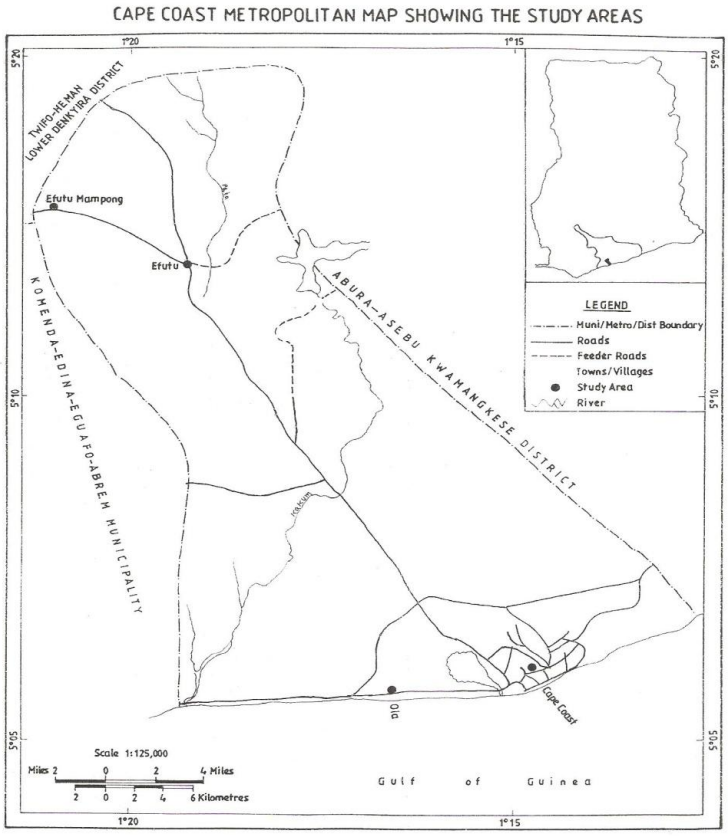

Figure 1: ***Map of Cape Coast Metropolitan Area showing the study sites***

Source: ***GIS, Remote Sensing and Cartography Laboratory, UCC***

Methods

This was a mixed-method explorative study which was conducted in three contrasting study sites (urban, peri-urban and rural) that represents the major socio-economic backgrounds of the Metropolis. This paper is based on data gathered from 120 upper primary school children (aged 9-13 years) who provided qualitative data through essays and quantitative data through questionnaire. The data gathered focused on issues such as knowledge, attitudes and perceptions on HIV and AIDS, access to HIV and AIDS information as well as discrimination and stigmatisation against people infected and affected by HIV and AIDS.

Based on the total enrolment of pupils in each study site, the quota sampling procedure was used to allocate forty-five respondents each to urban and peri-urban sites respectively and thirty respondents to the rural study site. The lottery method of simple random sampling was then employed to sample the individual respondents who were invited one after the other to respond to items on a questionnaire. The Statistical Package for Service Solutions (SPSS version 17.0) software which has facilities for descriptive and inferential statistics, cross tabulations and percentages was used to analyse the quantitative data. The essays were edited for grammatical errors, then categorised under thematic areas such as causes, consequences and prevention of HIV and AIDS and relevant extracts used to support some quantitative findings.

Appropriate ethical conduct was maintained throughout the study. Approval for the conduct of the study was granted by the Metropolitan Directorate of Education, Heads and Teachers in the sampled schools as well as the Department of Population and Health of the University of Cape Coast. Informed consent was also sought from each respondent before commencement of primary data collection. As a means of ensuring confidentiality and anonymity of the respondents, the respondents were not identified by name on the individual questionnaires and in this report. The primary data was collected by the writer and a trained research assistant who ensured that the respondents were relaxed, understood the purpose of the study and were willing to provide accurate data for the study.

Results

Background Characteristics of Respondents

The background characteristics of the respondents are presented in Table 1. The age range of the respondents was 9-13 years with more than half (52%) being females. Almost all the respondents (98%) professed to be Christians. A higher percentage of the respondents (83%) lived with their parents while some 14% lived with their uncles.

Table1: Background characteristics of respondents

Background variables	Frequency (%)
Gender	
Male	58(48.3%)
Female	62 (51.7%)
Total	**120 (100.0**%)
Religion	
Christianity	117(97.5%)
Islamic	3(2.5%)
Total	**120(100.0%)**
Household head	
Parents	100 (83.3%)
Non-relatives	1(0.8%)
Uncles	17(14.2%)
Step mother	2(1.7%)
Total	**120(100.0%)**

Knowledge and attitudes on HIV transmission

In Ghana, awareness of HIV and AIDS is as high as 98% and knowledge of the causes of transmission is above70 %[3]. A series of questions were posed to the respondents as a means of eliciting responses on their knowledge, risk perceptions as well as issues on stigma and discrimination against People Living with HIV and AIDS (Table 2).

Table 2: Exposure and source of useful information on HIV and AIDS

Recent exposure/Settlement	Urban	Peri-urban	Rural	Total
Today	0(0.0%)	1(2.2%)	0(0.0%)	1 (0.8%)
A week ago	11(26.7%)	18(40.0%)	4(13.3%)	34 (28.3%)
A month ago	13(28.9%)	16(35.6%)	6(20.0%)	35 (29.2%)
Over six months ago	6(13.3%)	5(11.1%)	4(13.3%)	15 (12.5%)
A year ago	8(17.8%)	3(6.7%)	1(3.3%)	12 (10.0%)
Over a year ago	6(13.3%)	2(4.4%)	15(50.0%)	23(19.2%)
Total	**45(37.5%)**	**45(37.5%)**	**30(25.0%)**	**120 (100.0%**
Source of useful information				
Teachers	13(28.9%)	21(47.7%)	8(26.7%)	42(35.0%)
Family member	4(8.9%)	1(2.2%)	4(13.3%)	9(7.5%)
Parents	13(28.9%)	3(6.7%)	3(10.0%)	19(15.8%)
Radio	1(2.2%)	9(20.0%)	10(33.3%)	20(16.7%)
Friend	0(0.0%)	7(15.6%)	1(2.2%)	8(6.7%)
Book	3(6.7%)	0(0.0%)	0(0.0%)	3(2.5%)
Television	7(15.6%)	1(2.2%)	0(0.0%)	8(6.7%)
Peer Educator	1(2.2%)	0(0.0%)	1(2.2%)	2(1.7%)
Doctor/Nurse	2(4.4%)	1(2.2%)	1(2.2%)	4(3.3%)
Religious leader	1(2.2%)	2(4.4%)	1(2.2%)	4(3.3%)
Community public gatherings	0(0.0%)	0(0.0%)	1(2.2%)	1(0.8%)
Total	**45(37.5%)**	**45(37.5%)**	**30(25.0%)**	**120(100.0)**

All the respondents expressed awareness of the existence of the HIV and AIDS pandemic. Some 28% of the respondents received some information on the pandemic in the week preceding the survey, however, a significant proportion of the respondents from the rural site (13%) indicated that the earliest period they could recall ever hearing any information on the pandemic was more than a year to the study. The findings of the study also indicate that sources of information on HIV and AIDS to the respondents is widespread including sources from teachers, household members, peers and the mass media. Teachers were cited by majority of the children (35%) as the main source of most useful information on HIV and AIDS. Some 16% of the respondents recalled ever hearing the most useful information on HIV and AIDS from another adult family member while the mass media (radio and television) was also mentioned by 23% of the children as their source of useful HIV and AIDS information.

Analysis of the essays produced by the respondents also confirmed the high awareness level of HIV and AIDS in Ghana. For instance, some of them were able to indicate that HIV and AIDS is an acronym for Human Immunodeficiency virus and Acquired Immune Deficiency Syndrome; however, some urban dwellers were more able to further explain that HIV is a virus that attacks a person's immune system which eventually leads to AIDS. There were marked variations by study site in the contents of the essays when the respondents attempted to provide the possible causes of HIV and AIDS. Respondents from the rural settlement were able to identify only few of the causes compared to their counterparts in both the urban and semi-urban areas as demonstrated in the following quotes:

> *A person can contract the HIV and AIDS anywhere in Ghana through rape and the use of sharp objects such as razor blades* **(Ten years, Rural).**

> *HIV/AIDS is caused by blood transfusion, injection, sharing syringes and tooth brush with other people and from a mother to a child through breastfeeding* **(Twelve years, peri-urban)**

> *HIV is virus while AIDS is disease. HIV breaks down a person's immune system. The virus may be transferred through rape, blood transfusion, sharing sharp objects, deep kissing, cuts, mother-to child, tooth brush and use of hard drugs* (**Twelve years, Urban)**

The respondents, through their essays, cited a number of signs and symptoms that could mark a person out as possibly suffering from AIDS. The recurring symptoms identified were prolonged fever, shingles, diarrhoea, persistent general body weakness, significant weight loss, dry cough, frequent vomiting and sores around the mouth. The respondents indicated in their essays that AIDS has no cure. They point out that AIDS is incurable and that infected persons do not have attractive bodies. Besides, they were able to explain that AIDS has negative economic, social and developmental consequences on individuals, their families and countries. A male respondent from the peri-urban settlement captured this succinctly in one of his essay paragraphs. According to him:

> *When a bread winner becomes HIV positive, the whole family will be affected; it would be a drain on the family income which eventually would lead to poverty. Indeed HIV and AIDS causes mental torture to the infected person and their families* ***(Twelve Years, Peri-Urban).***

Misconceptions about HIV and AIDS are among the factors that influence infection and spread of HIV in addition to serving as major conduit for discrimination and stigmatisation of infected persons[15]. In the area of misconceptions regarding transmission of HIV (Table 3), more than half (52%) of urban and two-thirds of rural respondents agreed that HIV can be transmitted through mosquito bites. More than half of male respondents (52%) and forty-six per cent of female respondents also held a similar view. A little above two-thirds of rural dwellers (67%) and nearly (47%) of respondents irrespective of gender held the view that sharing food with an infected person could facilitate the transmission of HIV. Nearly two-thirds (62%) of respondents irrespective of residence and sex believed that HIV and AIDS can be transmitted by witchcraft, a curse or other supernatural means.

Table 3: Misconceptions about HIV/AIDS transmission

Background characteristics	Transmission through Mosquito bite			Transmission through food sharing			Transmission through witchcraft/curse		
	Yes	No	Don't know	Yes	No	Don't know	Yes	No	Don't know
Settlement									
Urban	23(52.3%)	21(47.7%)	0(0.0%)	21(47.7%)	23(52.3%)	0(0.0%)	29(65.9%)	13(29.5%)	2(4.5%)
Peri-Urban	20(43.5%)	25(54.3%)	1(2.2%)	15(32.6%)	30(65.2%)	1(2.2%)	30(65.2%)	16(34.8%)	0(0.0%)
Rural	20(66.7%)	9(30.0%)	1(3.3%)	20(66.7%)	10(33.3%)	0(0.0%)	15(50.0%)	14(46.7%)	1(3.3%)
Total	**63(52.2%)**	**55(45.8%)**	**2(1.7%)**	**56(46.7%)**	**63(53.5%)**	**1(0.8%)**	**74(61.7%)**	**43(35.8%)**	**3(2.5%)**
Gender									
Male	33(52.4%)	25(45.6%)	0(0.0%)	28(48.3%)	30(51.7%)	0(0.0%)	37(63.8%)	20(34.5%)	1(1.7%)
Female	30(47.6%)	30(54.4%)	2(100.0%)	28(45.2%)	33(53.2%)	1(1.6%)	37(59.7%)	23(37.1%)	2(3.2%)
Total	**63(52.5%)**	**55(45.8%)**	**2(1.7%)**	**56(46.7%)**	**63(52.5%)**	**1(0.8%)**	**74(61.7%)**	**43(35.8%)**	**3(2.5%)**

Knowledge and attitudes on HIV prevention

Controlling the spread of HIV is one of the major objectives in the fight against new HIV infections. The challenge has been how to reduce new infections among sexually active population and other vulnerable groups. Abstaining from unprotected sexual intercourse, being faithful to a sexual partner and using condoms (ABC of HIV and AIDS prevention) continue to be the general approach in stemming the spread of HIV and AIDS[3]. To ascertain the depth of knowledge about modes of HIV transmission, the children who participated in this study were asked if there is anything a person can do to avoid contracting the virus that causes AIDS, and if so, what can be done to avoid contracting the virus. It could be inferred from Table 4 that the respondents knew various modes of preventing HIV infection. Even though 14% were of the view that HIV infection is not preventable, more than a third (34%) cited that avoiding unprotected sexual intercourse was the surest means of avoiding contracting HIV. Additionally, quite a significant proportion of the

respondents suggested that non-sharing of sharp objects such as razor blades and needles put a person at a safest condition of not contracting the virus that causes AIDS.

Table 4: Modes of HIV and AIDS prevention

Modes of prevention	Frequency (%)
None	17(14.2%)
Abstain from casual sex	21 (17.5%)
Faithfulness to sexual partner	2 (1.7%)
Avoid unprotected sex	41 (34.1%)
Avoid unscreened blood transfusion	4 (3.3%)
Avoid sharing sharp objects	17 (14.2%)
Avoid kissing	2 (1.7%)
Live in clean environment	5 (4.2%)
Eat balance diet	7 (5.8%)
Avoid sharing utensils	2 (1.7%)
Use own sponge	2 (1.7%)
Total	**120 (100.00%)**

Attitudes on interaction with People Living with HIV and AIDS

Stigmatisation and discrimination against people infected with HIV and AIDS could be social, physical, verbal or institutional[16-19] and each, or a combination of them, could worsen the health conditions of an infected person. Stigma and discrimination against people living with HIV and AIDS have been described as two critical factors that are contributing significantly to slowing down the fight against HIV and AIDS[20] since they could discourage people from knowing their status and infected person's adherence to treatment regimen[3]. Although in Ghana, adults are generally willing to care for family members if they were to be infected with HIV[3], findings from this study (Table 5) indicated that majority of the children (71%), irrespective of sex, age or residence, were not willing to purchase fresh vegetables from a known HIV and AIDS vendor.

Similarly, due to the stigma associated with HIV and AIDS, most of the respondents (73%) were not prepared to disclose to a third party the identity of the HIV and AIDS status of a family member. Eighty-six per cent of urban dwellers and 82% of female respondents wanted the status of an infected relative remain to secret since exposing such identities would bring shame or disgrace to the entire family. Most of the respondents (72%), irrespective of their background characteristics, were not in favour of allowing HIV and AIDS female teachers to continue teaching.

Table 5: Attitudes towards People Living with HIV and AIDS

Background characteristics	Buying vegetables for PLHIV		Keeping relative HIV/AIDS status secret		An infected HIV/AIDS female teacher to continue teaching	
	Yes	No	Yes	No	Can continue	Should not continue
Settlement						
Urban	15(34.1%)	29(65.9%)	38(86.4%)	6(13.6%)	13(29.5%)	31(70.5%)
Peri-Urban	12(26.1%)	34(73.9%)	35(76.1%)	11(23.9%)	11(23.9%)	35(76.1%)
Rural	8(26.7%)	22(73.3%)	15(50.0%)	15(50.0%)	9(30.0%)	21(70.0%)
Total	**35(29.2%)**	**85(70.8%)**	**88(73.3%)**	**32(26.7%)**	**33(27.5%)**	**87(72.5%)**
Gender						
Male	19(32.8%)	39(67.2%)	37(63.8%)	21(36.2%)	16(27.6%)	42(72.4%)
Female	16(25.8%)	46(74.2%)	51(82.3%)	11(17.7%)	17(27.4%)	45(71.8%)
Total	**35(29.2%)**	**85(70.8%)**	**88(73.3%)**	**32(26.7%)**	**33(27.5%)**	**87(71.7%)**

In a response to a follow up open-ended question on why a respondent would refuse an infected HIV and AIDS female teacher or fresh vegetable vendor, one of the respondents remarked:

> *It will be over my dead body that I will allow a female teacher who is HIV+ to teach me or buy fresh vegetables from a known AIDS infected vendor. If I am aware that the teacher is infected with HIV, I will discuss with my parents to take me to a different school because I will not be able to concentrate while she is teaching* **(Twelve years, Urban).**

Discussion

The HIV and AIDS pandemic has posed and continues to pose serious health and developmental challenges to most developing countries. More disturbing is the fact that there is no definitive cure for the pandemic although Ant-retroviral Therapy is accessible to most infected persons. Despite the fact that the trend of new infections is reducing globally, the knowledge, attitude and practices of people towards infected and affected people would continue to shape and direct national and international efforts to combating the perilous effects of the pandemic. As reported in some national surveys, knowledge of the Ghanaian adult population on HIV and AIDS is very high. It is therefore refreshing to note from this explorative survey that the knowledge level of children in Ghana who participated in this study is also high coupled with the availability of various outlets for them to acquire information on the pandemic.

As already indicated, respondents for this study were sampled from upper primary school children in the Cape Coast metropolis of Ghana. As a teaching strategy, Teachers are expected to use information on HIV and AIDS for illustrations in the teaching of some concepts such as addition and subtraction (infused teaching). Aside teacher led teaching of HIV and AIDS in class, other peer educators are also allowed to facilitate some discussions on HIV and AIDS in schools. The school curriculum has been designed to incorporate issues on HIV and AIDS. For instance, reading passages in one of the Environmental studies text book and an English language textbook for primary six pupils' were on HIV and AIDS. Although the passages were factually correct in most of the issues on HIV and AIDS, one passage read in part that HIV spreads through the use of infected blades and hypodermic needles as well as from mother-to-child. The other passage indicated that HIV is transmitted through blood contact with another person who is already infected with the virus. Readers (primarily children) were to ensure that they never let another person's blood get into them, abstain from sex until marriage, keep to one partner and avoid sharing shape objects with other people[20-21]. The omission of unprotected sexual intercourse with an infected person as the main cause of HIV transmission from these passages as well as the generalisation of avoiding blood contact with anybody clearly distorts the fact on HIV. It is imperative to note, however, that a new English language text book which has been approved to be used in primary schools has a passage that succinctly provides all the accurate facts about the pandemic[22].

Ghana is experiencing rapid changes in its therapeutic landscape largely due to active advertising of medicinal products in the mass media and sale of aphrodisiacs in drug stores, pharmacy shops or by traditional healers. This may imply that children will have easy and cheap access to a range of drugs without necessarily knowing how to use and administer them appropriately. This may in the end jeopardise their sexual and reproductive health. Although some education on HIV and AIDS are provided by experts through mass media, children are generally not the specific targets of these programmes. Owusu and his colleagues have also observed that most youth in the informal economic ventures, where most of these children usually end up after completing their basic education, rarely receive targeted education on sexual and reproductive health education[23]. They further indicated that these youth prefer music, sports or movies aired by the mass media, especially radio and television, to listening to programmes on sexual and reproductive health. According to the UNICEF, despite the fact that more than 85% of Ghanaian children aged 10-14 were enrolled in schools in 2008, a high proportion of those aged 5-14 were still not participating in basic education for varied reasons[24]. This could suggest that a significant number of children in Ghana, especially those who are out of school and those who end their formal education at the basic level, may not have access to quality information and education on HIV and AIDS as they grow up to become adults. This could serve as a means to perpetuate their misinformation and negative perception of AIDS infected and affected people. In view of the fact that a large number of children and youth in Ghana end their formal education at the Basic level, it becomes imperative that the education they receive

on HIV and AIDS at this level would be sufficient enough to positively change their knowledge and attitude about the pandemic.

Conclusions and Recommendations

The HIV and AIDS pandemic has become a serious health and developmental problem in many countries including Ghana. Daily statistics and projections of the pandemic have provoked a number of studies, cure interventions and preventive programmes worldwide. The Ghana AIDS Commission (GAC) has been spearheading state and private efforts in reducing new infections and providing the needed support for people who are already infected with HIV. In addition, several adult nationally representative surveys have been conducted on HIV and AIDS through which some national benchmarks have been obtained such as prevalence and incidence rates, regional variations on knowledge, attitude, risk perception, care and support for infected persons. Findings from this study support the existing high awareness level of the pandemic among the respondents. It also supports the widespread knowledge of the various causes of the pandemic and how one can reduce the risk of contracting HIV. What is rather disturbing is children intention to stigmatise and exclude people who have been infected and/or affected by HIV and AIDS.

It is therefore recommended that since teachers were an important source of HIV and AIDS information to children, their knowledge and skills should be continually upgraded on the pandemic to enable them provide quality information to their pupils and inculcate in them positive behavioural change attitudes that could enable the children live harmoniously with people infected with HIV and AIDS. It would also be worthwhile for social researchers to conduct a comprehensive and nation-wide study on children's knowledge and attitude towards the HIV/AIDS pandemic to inform policy making and programming.

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