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COMMUNICATION)**



TOPIC:

**ASSESSING GHANA AIDS COMMISSION'S COMMUNICATION STRATEGY IN THE
FIGHT AGAINST HIV/AIDS.**

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DECLARATION

I declare that this work or any part thereof has not previously been presented in any form to the University or to any other body whether for the purposes of assessment, publication or for any other purpose except for any express acknowledgments, references and bibliographies cited in this work.

I further confirm that the intellectual content of the work is the result of my efforts and of no other person.

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Signature.....

Date.....

Supervisor: Dr. Lawrencia Agyepong

Signature.....

Date.....

DEDICATION

I devote this work to the Almighty God. Secondly, I commit this work to my lovely Parents Mr. Felix ASK Aflakpui and Mrs. Agnes Aflakpui and Dr. Lawrencia Agyepong (supervisor), my siblings Emmanuel Aflakpui, Perpetual, King Cofie, Prince, Courage and Evelyn.

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Abstract

The aim of this study was to assess Ghana Aids Commission’s communication strategy in the fight against HIV/AIDS. The quantitative method approach was used as the methodology of this study

and respondents were chosen based on the convenience sampling method. Analysis of the results was done using tables and figures with 100 people chosen as the sample size. The study sought to achieve three specific objectives namely the knowledge levels on the modes of transmission, prevention and treatment of HIV/AIDS, the awareness level of people on the negative effects of HIV/AIDS on the growth and development of the country, and the medium through which information about HIV/AIDS was accessed. Findings of the study revealed that generally the average Ghanaian is aware of HIV/AIDS and possesses a good knowledge about its mode of transmission and prevention. One thing that was also clear was the fact that majority of the individuals living in Ghana depended mainly on the television and the internet for their information on HIV/AIDS. From the study, it was also revealed that almost all the entire population were aware of the negative effects HIV/AIDS had on the growth and development of the country. That notwithstanding, it was further revealed that some people still believed that herbal and spiritual interventions could cure HIV/AIDS whereas others did not even know about the existence of the anti-retroviral drugs that was used to suppress the effect of the virus. The study therefore suggested that more attention should be paid to the education of the entire populace on the available modes of treatment of HIV/AIDS.

CHAPTER ONE

1.0 Introduction

This study seeks to assess Ghana Aids Commission's Communication Strategy in the fight against HIV/AIDS. This section in essence clarifies the need for this study; it discusses how the presentation of the study will look like. These include, background of the study, problem statement, general and specific objectives, research questions, significance of the study, scope of the study and organization of the study. The background to the study will be considered, along with the significance of the problem, the purpose of the study, research questions and study objectives

1.1 Background of the Study

The Human Immunodeficiency Virus (HIV), according to the World Health Organization is a retrovirus that infects cells of the immune system and destroys or impairs their function (WHO, 2014). As the infection progresses, the immune system becomes weaker and susceptible to opportunistic infections. The most advanced stage of HIV infection, as WHO states, is Acquired Immune deficiency Syndrome (AIDS) (Cohen & Trussell, 2014). It is widely believed that, HIV originated in Kinshasa, in the Democratic Republic of Congo around 1920 when HIV crossed species from chimpanzees to humans (Cleland, 2008). Up until the 1980s, it was not known how many people were infected with HIV or AIDS. While sporadic cases of AIDS were documented prior to 1970, in world's history, the first ever evidence of clinical HIV/AIDS was reported in 1981 (Sharp, 2007).

The antiquity of HIV and AIDS epidemic began in illness, fear and death as the world faced a new and unknown virus. However, scientific advances, such as the development of antiretroviral drugs,

have enabled people with access to treatment to live long and healthy lives with HIV (Wondergem, 2015). The largest HIV epidemics in Sub-Saharan Africa have either stabilized or are showing signs of decline. Between 2000 and 2008, 22 Sub-Saharan Africa countries experienced declines in new HIV infections of 25% or more among young people aged 15-24 years. There were particularly notable declines in Southern African countries, which were also the most affected by HIV (Green, 2015). In countries that have shown greater and more sustained declines in HIV incidence it is likely that behaviour change played an important role. Changes towards less risky sexual behaviour were observed among young men and women in the majority of the countries reporting declines (Wambugu, 2015).

In Ghana, the first recorded case of HIV/AIDS was in 1986. By December 2002, the Ministry of Health (MOH) had recorded a total of 64,316 AIDS cases. This meant that on the average, the country has been recording about 3,783 AIDS cases annually since 1986 (Asamoah-Adu, 2017). Following this upsurge, there emerged a growing call on stakeholders to adopt measures aimed at stabilizing the situation. Indeed, it is appraised that, Ghana was among the first countries in the West African sub-region that recognized the danger posed by HIV/AIDS and took a decisive step to control its spread (Kwame, 2005).

In 1987, a year after the first case was recorded in 1986, the government established the National STDs/AIDS Control Programme (NACP) under the Ministry of Health's Diseases Control Unit to ensure reduction in the transmission of HIV infection, and to mitigate the impact of the disease on human suffering. With the heavy burden of responsibilities that was offloaded on the shoulders of (NACP), the institution became less effective (GDHS, 2015). Stakeholders therefore, upon realizing the complexity of the HIV/AIDS epidemic proposed the formation of the Ghana Aids commission to adopt a developmental, holistic, coordinated, and multi-sectorial approach to

address its ramifications (GHS report, 2015). By the year 2002, an act was presented to parliament that subsequently led to the formation of the Ghana Aids commission under the office of the President. In recent times, a number of NGOs and CBOs have also been working in partnership with the donors to bring HIV/AIDS control and prevention programmes closer to the people. These include Christian Health Association of Ghana (CHAG) comprising the Catholic Secretariat, Salvation Army and the Presbyterian Church. Others are Ghana Red Cross, Save the Children Fund (SCF) UK, Centre for Development of People (CEDEP), CARE International, and Action AID and Stop the Killer AIDS.

Despite the numerous efforts directed at stabilizing the spread of the virus, currently the MOH and NACP estimate that about 600,000 (4.6%) of the entire Ghanaian population are infected with HIV and, over 200 persons are estimated to be infected every single day. In order to effectively deal with the HIV/AIDS menace, there is the need to develop a strategic communication guide to inform the development of health communication programmes targeted at both persons living with or without HIV/AIDS. The guide will help with the planning, development and evaluation of health communication programmes. Campaigns meant to respond to health issues must be strategically designed to persuade the interest of already traumatized victims and to eliminate stigma. Strategic communication planning on such campaigns may take a look at campaign objectives, selecting effective communication channels, choosing the most appropriate materials for dissemination, and a framework for monitoring and evaluating campaigns.

1.2 Statement of the Problem

Sub-Saharan Africa remains the region most severely affected by HIV/AIDS. For a continent representing one tenth of the world's population, nine out of ten HIV positive cases originate from Africa (FAO Focus, 2000). More than 15 million children under the age of 15 have been orphaned by HIV/AIDS, and this number is projected to double by 2016 (Stover, 2013). Ghana has an estimated HIV/AIDS prevalence rate of about 4% which, although well below the average levels for Africa, is said to be rising and to have the potential of evolving into a full-blown epidemic unless checked (UNAIDS & WHO 2000). With the presence of discrimination and isolation by friends and loved ones, victims of HIV/AIDs are mostly linked to high risk of trauma. Since the peak of the epidemic in 2005, there has been a significant decline in AIDs related deaths, mainly due to expanded access to antiretroviral therapy which is helping to keep people alive, healthy and productive (Stoneburner, 2013). Despite the recorded declines, in 2011, 1.7 million people worldwide died from AIDS-related causes of which 70% were in sub-Saharan Africa. Indeed, the government acknowledged the potential public health threats posed by the disease and set up institutional structures within the national and local level health care system to formulate and implement strategies aimed at containing the epidemic. The Ministry of Health set up a National Technical Committee on AIDS and a National AIDS/STD Control Program and established district AIDS committees within the primary health care structure (Rand, 2009).

Despite the promptness of the program, it had many problems. For instance, some analysts have pointed out that the early national response focused too exclusively on the medical aspects of the problem and on disseminating information about parenteral threats infection by blood transfusion, injections, infected needles and blades to the neglect of its behavioral aspects. They argue that, too much attention was devoted to maintaining a safe blood supply and ensuring safe use of needles than to using public information campaigns to change attitudes and behaviors (USAID/Ghana,

2003). It is in this regard that there is the need to reconsider the mode of disseminating or championing (communication strategy) HIV/AIDS campaign messages. Hence, the study seeks to evaluate the effectiveness of strategic communication by the Ghana Aids Commission aimed at reducing HIV/AIDS infections in Ghana.

1.3 Objectives of the Study

The objectives of this study is divided into general and specific. Specifically, the study seeks to evaluate the impact of communication strategy on the fight against the menace of HIV/AIDS. The general objectives of the study is to:

1. Assess people's knowledge levels on the modes of transmission, prevention and treatment of HIV/AIDS based on GAC strategic communication.
2. Evaluate the awareness level of people on negative effects of HIV/AIDS on the growth and development of a country.
3. Find out how and where people access information on HIV/AIDS.

1.4 Research Questions

1. How aware are people on the current state of HIV/AIDS in Ghana?

This question seeks to find out the state of knowledge of participants on HIV/AIDS in Ghana. This will enable the researcher understand the trends of HIV/AIDS. That is, why HIV/AIDS continue to rise despite the numerous interventions by relevant bodies

2. Do people have knowledge on how HIV/AIDS can be drastically reduced?

When people are well informed about how to contain a particular social issue, it is expected that the problem will be contained. In other words, if participants have high level of knowledge about HIV/AIDs, it is expected that they will adopt measures towards reducing or containing its spread. Therefore, this study will provide the researcher the opportunity to first determine whether participants have knowledge about the HIV/AIDs epidemic and why it continues to spread in a worrisome manner.

3. Do people have knowledge of the negative impact of the epidemic on the development of the individual and the country at large?

This question seeks to evaluate the negative implications of HIV/AIDs on individuals. It will enable the researcher understand and measure participants views on the negative implications of HIV/AIDs on their personal development. Thus, by the end of the study, the researcher will assemble information that will point to the harmful effects of HIV/AIDs on the development of individuals and the nation at large.

4. What is the preferred source and ways of championing HIV/AIDs related messages?

This question seeks to establish the preferred medium for propagating HIV/AIDs related content. The reason is, one can have a nicely drafted campaign message but without adopting the preferred medium, the message will not achieve its purpose. Therefore, it is necessary for the researcher to understand the source (s) participants obtain HIV/AIDs related information from. At the end of the study, this will help in proposing the right medium that must be considered in channeling out information about HIV/AIDs.

1.5 Significance of the Study

The study seeks to investigate the role of strategic communication in the campaign towards eradicating HIV/AIDS infections in Ghana. Upon the completion of this research work, the study will identify the best communication mechanisms to adopt in championing the HIV/AIDS eradication campaigns.

The study when completed will also provide stakeholders such as the government, Ghana Aids Commission and health professional's information on the current trends on HIV/AIDS in Ghana. This will help in reigniting stakeholders drive to fight the growing menace.

Finally, when the study is completed, it will form part of a body of literature that will be available for usage by future researchers.

1.6 Definition of terms

Communication Strategy: This refers to a form of development communication aimed at identifying ways of preventing and controlling breast HIV/AIDS.

HIV: Human Immunodeficiency Virus

AIDS: Acquired Immune deficiency Syndrome

1.7 Organization of the Study

The research will be organized in (5) five main chapters: The First Chapter shall capture the parts of the study which includes the background, the problem statement, the objectives, the research questions, the justification, scope, limitations and the organization of the research.

The Second Chapter will review already written tests and thesis that primarily deals with discussions and reviews of literature related to the effect of celebrity endorsement on the brand

credibility and equity. The literature shall be obtained from books, journals, annual reports, internet sources among others. This will be done in line with the objectives and research questions of the study.

Chapter three discusses the methodology that will be used in completing the research. The research design will therefore influence the type of data to collected, mode of data collection, data collection tools, type of sampling and sample size.

The Fourth Chapter explores whiles discussing the outcomes of the study and analyzing the data which will be gathered. Under this section, statistical tools such as tables and charts will be used in delineating the outcome of the study.

The Fifth and final chapter will look at the synopsis of the outcomes, of findings, recommendations and the completion or conclusion of the research.

CHAPTER TWO

LITERATURE REVIEW

2.0 introductions

The literature review critically examined published or scholarly (and sometimes some unpublished) literature or information relating to the issue/problem/subject under investigation. This helped to form a foundation for the research and provided good understanding of, and insight into relevant previous research and emerging trends. The purpose of Literature Review according to Dominick (1997) is to convey what knowledge and ideas that have been established on a topic. This is guided by the Research Objective(s) and the Problem Statement. It therefore, provides the background for understanding the significance of the study. The sources for the Literature Review are often books, journals, internet among others. Under this study, areas such as the history of HIV/AIDS, causes of HIV/AIDS effects of HIV/AIDS, communication strategies for HIV/AIDS prevention among others will be considered.

Again, theories will be reviewed. Theories or approaches are generally referred to as systems of ideas intended to explain a particular phenomenon. Sociologist describes theories as “the catalyst for making predictions about trends and events”. It is important to incorporate theory into practice because theories serve as the foundation upon which individuals generate new knowledge and ways of thinking about the world. This study is focused on evaluating the impact of communication strategy on the fight against the menace of HIV/AIDS. Therefore, understanding theories can help one find new approaches for looking at challenges and determining effective methods for pursuing change. Over the past century, health practitioners, media analysts and researchers have posited many theories to explain how effective communication strategies on health issues influences good outcomes and well-being.

2.1 Global Burden of HIV

The Human Immunodeficiency Virus (HIV) is a leading cause of death worldwide and the number one cause of death in Africa (UNAIDS, 2012). Since 2001, the overall new HIV infections have

declined over 20% yet there were about 2.5million new infections in 2011 and more than 7,000 new HIV daily infections (UNAIDS 2012). The burden of the epidemic varies between countries and regions. An estimated 0.8% of adults (15-49 years) worldwide are person living with HIV (UNAIDS, 2012). Sub-Saharan Africa continues to remain the widely affected sub region, with nearly 1 in every 20 adults (4.9%) living with HIV which accounts for 69% of the overall people with HIV worldwide (WHO, 2013).

According to UNAIDS, 2012, women form almost half of all people with HIV worldwide and more than 58% in sub-Saharan Africa. Young people within the ages of 15-24 account for 40% of new HIV infections. Sub-Saharan Africa has suffered a great deal of the HIV epidemic which has resulted in poverty, hunger, high cost of survival and deaths. More than 15million Africans are believed to have died from HIV/AIDS related illness since the epidemic was declared (WHO, 2009) and an estimated 1.2million adults and children died from HIV/AIDS related conditions in 2010 alone (UNAIDS, 2011).

2.1.1 Overview of HIV/AIDs Epidemic in Ghana

The first case of HIV in Ghana was reported in March 1986. Since then HIV has been endemic in the country and has been classified as a generalized epidemic (where the prevalence is greater than 1% in the general population) (Agyemang, 2016). By definition, the HIV prevalence among pregnant women has been consistently above 1% but has not exceeded 4%. The last population-based survey on HIV prevalence carried out in Ghana was through the Ghana Demographic Health Survey (GDHS) of 2003. Results of the DHS 2003 indicated that 2% of adults aged 15-49 were HIV positive (2.7% women and 1.5% men) (DHS, 2003). Since then, HIV Prevalence in Ghana has been estimated based on sentinel surveillance of pregnant women attending in Antenatal care (ANC) and most recently through the Estimation and Projection Package (EPP) Modeling (GHS,

2011). The EPP modeling (2008) estimated the national HIV prevalence among adults for 2007 to be 1.9% (range 1.7% - 2.2%) and urban and rural prevalence estimated at 2.3% and 1.7% respectively. In 2008, the estimated adult national prevalence was 1.7%. This rose to 1.9% in 2009 and dropped to 1.5% in 2010 and 2011. In 2012, the estimated national HIV prevalence was 1.37%. HIV infections in 2016 increased to 20,418 from about 12, 000 new infections recorded in 2015. Also, a total of 15, 116 people in Ghana died of HIV and AIDs related illness in 2016. Currently, an estimate of 293, 804 people are living with HIV. While 261,770 (89%) are adults, 32,034 (11%) are children (Dogbevi, 2018). Data on the HIV prevalence among pregnant women is obtained from the HIV Sentinel Surveillance Survey (HSS). HSS data has been collected from antenatal clinic attendants at 40 sentinel sites across regions of Ghana since 1992. The sentinel sites increased from 8 sites in 1992 to 40 sites in 2005, which have been maintained since then. In all, 23 surveys have been conducted to monitor the trend and provide information on the HIV prevalence in Ghana.

2.2 Determinants of Spread of HIV in Ghana

The studies that have informed the identification of key determinants of HIV in Ghana include the Ghana DHS 2008, Modes of Transmission Study (2009) and the HIV epidemic analysis of 2010. The key determinants of HIV include the following:

1. Marginalization of Key Populations (KPs)

KPs (FSWs, MSM, and IDUs) have difficulties accessing HIV prevention services due to stigma and discrimination, social hostility, fear of losing jobs and families and even verbal and physical violence. Legal barriers also hinder service providers from reaching these groups given the

criminalization of KPs activities. The size of these populations is also not known and services may not be reaching a significant number of them. As a result the KPs continue to contribute a significant proportion of new HIV infections.

2. Low Condom Use

Although the awareness of HIV prevention among the general and most at risk populations is high, this knowledge has not adequately been translated to behaviour change. The DHS 2008 indicated that only 25% and 45% of females and males respectively reported using condoms during high risk sex behaviour.

3. Multiple concurrent partners

DHS 2008 data shows that men tend to have more multiple sexual partners than women. 1% of women reported having more than 2 partners in the last 12 months during DHS 2008 compared to 1.1% during DHS 2003. On the other hand, the percentage of men reporting having more than 2 partners increased from 9.9% (DHS 2003) to 11.4% (DHS 2008). Secondly, the average lifetime partners among men are significantly higher among men (5.6) than women (2). This is partly attributed to the polygamous culture among some of the communities in Ghana. However, the practice exposes the partners, including older people who are more likely to be in polygamous relationship, to HIV infection.

4. Stigma and discrimination

HIV stigma and discrimination can be a hindrance to access to HIV prevention services resulting in exposure to HIV infection. HIV stigma and discrimination is a significant factor in Ghana. DHS 2008 shows that only 32% of women and 43% of men would buy fresh food from a shopkeeper

living with HIV while 62% of women and 66% of men reported that an HIV positive teacher should be allowed to continue teaching. The percentage expressing accepting attitudes on all four measures of stigma and discrimination is just 11% of women and 19% of men aged 15- 49. HIV related stigma hinders access to HIV services and consequently contributes to further new HIV infections.

2.3 National Response to HIV and AIDS Epidemic

In 2000, the establishment of the Ghana AIDS Commission (GAC) and its enactment into law in 2002, marked the era of multi-sectorial response to HIV and AIDS. GAC, a supra-ministerial body was mandated to formulate a national comprehensive HIV/AIDS policy, provide high level advocacy, effective leadership, direct and co-ordinate the national response to HIV and AIDS response. Since its inception, the GAC has made considerable progress in its functions of advocacy, policy formulation, resource mobilization, monitoring and evaluation and research as well as coordination of HIV/AIDS interventions.

2.3.1 National Strategic Plan

Ghana subscribes to the “three ones principles” (One National Coordinating Authority, (the GAC (established through the enactment of law-ACT 613, 2002)), One National HIV and AIDS Framework, (NSF) and One National level monitoring and evaluation system coordinated by the GAC.

The National Strategic Framework 2001-2005 (NSF I) was developed and used to guide the implementation of the HIV and AIDS response. Following a Joint Programme Review (JPR) of the National Response in 2004 and other reviews, which indicated that, the implementation of the NSF I (2001-2005) focused mainly on prevention as against the other components, the NSF II

(2006-2010) was designed to focus on wider areas of interventions. The NSF II was developed within the context of the Ghana Growth and Poverty Reduction Strategy 2006 – 2010, Universal Access to Prevention, Treatment, Care and Support by 2010 and the achievements of the Millennium Development Goals by 2015. The framework was premised on the 1992 Constitution of Ghana, Ghana Government's Medium term Strategy document, Ghana Poverty Reduction Strategy, the revised Population Policy and the Millennium Development Goals.

2.3.2 HIV Prevention Interventions

According to USAID (2005), the main mode of HIV transmission in Ghana is heterosexual intercourse otherwise known as pinoviginal sex which is said to be accounting for 75 to 80 percent of all HIV infections in the country. Mother to Child Transmission (MTCT) or Vertical transmission of HIV is another major form of transmission and accounts for about 15 per cent of total transmission in the country (USAID, 2005). The Government of Ghana realizing the alarming rate of new infections of HIV and AIDS in the year 2000, adopted a psycho-social approach in an attempt to halt or at least slow down the spread of the disease. This led to the setting up of the Ghana AIDS Commission (GAC) under the auspices of the President of the Republic of Ghana to coordinate all activities relating to HIV and AIDS in Ghana. The Ghana AIDS Commission aimed at containment of the disease through the prevention of new infections through reducing MTCT and VCT. The commission since its establishment has formulated policies and programmes intended to meet international standards which mainly target HIV infections reduction and providing assistance and care for those who are HIV positive. The approaches adopted included intensive education and condom distribution, setting of voluntary counselling and testing centers, antiretroviral clinics. The ABC approach which is known to be effective for reduction of HIV infection in countries like Uganda (AVERT, 2010) was widely used in the early 2000s. It basically

focused on highlighting on Abstinence from sex for unmarried people, being faithful to partners and Condom use for those who could not abstain. The World Health Organization recommends that all pregnant women eligible for ART must have access to it if the goal of eliminating HIV infection in infants and young children is to be achieved. Prevention of Mother-To-Child Transmission (PMTCT) services started in 2002 in Ghana and a significant increase in service utilization was observed between 2002 and 2007 (Ghana AIDS Commission, 2007). A total of 407 PMTCT sites had been established in 138 districts and a total of 635 service providers trained by September 2007. Persons receiving PMTCT services hit a total of 20,296 in 2005 out of which 748 representing 3.7% were HIV positive with 584 of these receiving Anti-Retroviral Therapy (ART). An increase to 36,155 individuals received PMTCT services in 2006 and out of this, 1,378 or 3.8% were HIV positive and 1,239 received ART. A five-fold increase in the number of clients accessing PMTCT was recorded from 2005 to 2007 thus 109,334 received PMTCT services of 3250 were positive and 2011 received ART in 2007 (Ghana AIDS Commission, 2007). By the end of 2014, ART coverage among women was 38% with an estimated 8,299 pregnant women who needed ART for PMTCT covered. In general, adult ART coverage was 34% in 2014 (GAC, 2014b). The Ghana AIDS Commission indicated that 798, 763 people were tested for HIV and received their reports, a total of 916, 608 people were reached with various HIV interventions and over 20, 880,654 condoms distributed (GAC, 2014b).

2.4 Laws Relating to HIV and AIDS

Many of Ghana's laws and policies indirectly support the human rights issues related to HIV and AIDS. Notable among them are:

- Ghana's Constitution 1992: This protects persons against discrimination and upholds fundamental human rights. Specifically;

- Article 17 “All persons shall be equal before the law, A person shall not be discriminated against on the grounds of gender, race, ethnic origin, religion, creed or social economic status”

- Article 18 “no person shall be subjected to interference with the privacy of

Correspondence or communication except in accordance with law as may be unnecessary in a free and democratic society”.

- The Labour Act, 2003 (Act 651): This deals with workplace discrimination including issues of annual leave, sick leave and unfair termination. It also ensures that workers work under safe, satisfactory and healthy conditions. This provides for adequate protection for workers to be protected from contracting HIV on the job e.g. health workers.

- Ghana AIDS Commission Act, 2002 (Act 613)44: deals with the setting up of the Ghana AIDS Commission.

- The Children’s Act 1998 (Act 560): deals with the rights of children and the right to education, health care and shelter.

2.5 The Role of Communication in the Fight against HIV/AIDS

Effective communication of valid and appropriate information is the specific remedy for infection rates attributable to a lack of information. Information can confer the capacity to act appropriately, whether by protecting oneself from infection or taking steps to influence decision makers (Bekalu & Eggermont, 2013). Information is the source of considerable personal and social power, with the capacity to shift some of the power differentials at the heart of the epidemic. More specifically, the following represent the key functions and or contribution of communication to the fight against HIV/AIDS.

Awareness: Mass media can reach a large number of people, extend the reach of the program, and legitimize a topic by creating an enabling environment for action. Mass media, including

television, radio, and print, can be adopted to reach the public with information about HIV/AIDS. Indeed, media is an important tool for improving knowledge of HIV/AIDS (Hendriksen et al., 2009). Thus, with the right communication strategy or information, the public will be more informed about the mode of transmission and preventive measures to be adopted to avoid the transfer of the epidemic. This will go a long way to facilitate the empowerment and reduction of vulnerability of susceptible groups that form fundamental parts of the fight against AIDS.

Advocacy: Advocacy is another communication function capable of promoting the fight against HIV/AIDS. Through advocacy, more attention will be directed at tackling the epidemic. For instance, advocacy is necessary to gain support from political leaders and to keep a high level of political commitment and visibility for the program (Bekalu & Eggermont, 2013). Consistent engagement of political leaders, community leaders, the medical community, and the public is essential in promoting the challenge to bring HIV/AIDS under control (Hendriksen et al., 2009).

2.6 Theoretical Framework

Theories or approaches are generally referred to as systems of ideas intended to explain a particular phenomenon (Godard, 2003). Sociologist describes theories as “the catalyst for making predictions about trends and events” (Jenson, 2007). It is important to incorporate theory into practice because theories serve as the foundation upon which individuals generate new knowledge and ways of thinking about the world. This study is focused on exploring the communication strategies of GAC in the fight against the Menace of HIV/AIDS. Therefore, communication theories such as theory of Theory of Reasoned Action (TRA), Preventive Health Model planned behaviour is adopted.

2.7.1 Theory of Reasoned Action (TRA)

The theory of reasoned behaviour (TRA) is an expectancy-value theory. Expectancy-value theories assume that human behaviour is rationally guided by logical thought processes. The concepts

included in the TRA model are attitude and 60 subjective norms. According to the TRA a person's behaviour is determined by their attitude towards the behaviour, the opinions of important others and the level of control they have over the outcome. The attitude toward the behaviour can be described as the individual's evaluation, either positive or negative, toward performing the behaviour. While this factor relates to the person's individual beliefs regarding the performance of the behaviour, the subjective norm relates to the social influences that affect the intention to perform the behaviour. The advantage of the TRA model is that situation-specific, salient, belief-based attitudes (i.e., the perceived consequences of the behaviour) can be assessed.

According to the TRA, people are likely to have strong intentions to engage in behaviour if they have positive attitudes, and strong subjective norms, regarding the behaviour. However, the relative strength of each of the components of the TRA varies across behaviours. In essence, this theory suggests that individuals' views are the bases for making decisions. This theory informs the need for developing and propelling a communication plan that will help change premeditated views of individuals. With this model in mind, communication geared towards behavioural change, building positive thoughts about the fight against HIV/AIDS is needed to overcome the epidemic.

2.7.2 Health Belief Model (HBM)

The Health Belief Model was developed in 1950s by social psychologists Hochbaum, Rosenstock and Kegels. The Model (HBM) is a psychological model that attempts to explain and predict health behaviour's. It was first used in response to the failure of a free tuberculosis (TB) health screening program. HBM is one of the most widely used explanatory models in preventative health behaviour's. It has been viewed as one of the leading cognitive-based theories in predicting health behaviour's. Unlike other theories of health protective behaviour, the HBM assumes that motivation for self-protection comes from the anticipation of a negative health outcome; a positive

expectation that by taking a recommended action, the individual avoids a negative health outcome and that by taking the recommended health action the individual prevents or reduces the impact of the outcome.

This model focuses on “conscious decisions about the utility of specific actions and distinguishes five factors that are assumed to determine the adoption of protective action. These factors are perceived susceptibility to developing a specific health problem, perceived severity of that problem, perceived benefits of behavioral actions, perceived barriers and/or possible negative consequences of the actions, and specific cues to action such as symptoms, media publicity, bodily events, or a health education campaign. The model assumes that preventive action or health protective behaviour is most likely to occur when perceived severity, susceptibility, and perceived benefits are high, and costs of the behaviour are low. In essence, with a good communication strategy, people can be influenced to change their health behaviour. People will begin to form positive and reasoned opinions about the HIV/AIDS virus. This will help in bringing about improvement in the fight against the virus.

2.7.3 Preventive Health Model

The Preventive Health Model (PHM) has been useful in explaining intention and adherence to screening. Preventive health behaviour theories postulate that people are highly rational in decision-making about health behaviour’s as long as people consider the likelihood that certain health-related events will or will not occur as well as personal events associated with the occurrence of the event. The PHM particularly theorizes that both the intention to engage in preventive health behaviour and taking preventive action are associated with background factors, psychological representation, and social support and influence, and program factors. Myers et al.

applied the PHM to assess the receptivity of black men in Philadelphia to annual HIV/AIDS screening.

The study found that 69 percent of the participants intended to undergo annual HIV/AIDS screening. In addition, the findings showed that most men tended to view annual HIV/AIDS screening as reasonable and effective for prevention and early detection of annual HIV/AIDS. Furthermore, the authors reported that almost two-thirds (64%) of the participants did not perceive their personal risk of annual HIV/AIDS as being high. Factors pertaining to barriers to annual HIV/AIDS screening were discomfort and embarrassment, cost and abnormal screening results. In another study, Myers et al. applied the PHM to identify factors associated with intention to be tested for annual HIV/AIDS risk among black men. Contrary to findings from their previous study, they found that receptivity to annual HIV/AIDS screening was related to previous screening history, perceived susceptibility, and beliefs.

Other studies utilizing the PHM for assessing annual HIV/AIDS screening behaviors of black men found that socio-demographic and cognitive factors were the most significant predictors of intention to screen for annual HIV/AIDS. In contrast, affective factors such as social support and influence did not significantly predict annual HIV/AIDS screening among this population. Researchers have theorized that when an individual is aware of the benefits and risks of annual HIV/AIDS screening, affective behaviour may become significant in predicting behaviour.

Conclusion

HIV/AIDS is a long standing health hazards that continue to spark discussions across the globe. The World Health Organization regards HIV/AIDS as a deadly illness that have caused many lives. The virus has contributed largely to bringing untold hardship onto individuals and many economies around the world. Huge sums of monies have been invested by government, non-governmental

organizations and individuals towards salvaging the situation. However, the reality is that, these investments have brought about little improvement in the fight against the menace.

Health practitioners often refer to the virus as a deadly epidemic because its curability is unknown and often kills faster due to lack of early detection. While intensive research into the causes and cure of HIV/AIDS is far advanced, recent conversations have been geared towards preventive measures. In either ways, there is the need for the creation and dissemination of information as a means of fostering HIV/AIDS campaign. This can only be effective if the right strategy and channel is adopted. It is in line with this that the study seeks to understudy the communication strategy adopted by the Aids commission in running campaigns about the HIV/AIDS.

2.8 Empirical Review

A study conducted by Upreti, Regmi, Pant, and Simkhada (2009) sought to assess the knowledge, behaviour and attitude of young individuals within the age bracket of 10 to 25 years towards STIs/HIV/AIDS. This study was carried out in Nepal and both quantitative and qualitative studies in the field were reviewed. Findings of the study indicated that there was a high level of STIs/HIV/AIDS awareness among young individuals in Nepal with knowledge about contraceptives, precisely condoms being very high. Knowledge levels on the modes of transmission of HIV/AIDS was also found to be very high among the young individuals living in Nepal even though those living in urban centres with better education were found to have more knowledge about the modes of HIV/AIDS transmission than their rural counterparts. Another result that was revealed was that majority of the young individuals in Nepal did not practice safe sex as they failed to use condoms consistently in any premarital sexual affair they engaged in.

Li, Rotheram-Borus, Lu, Wu, Lin, and Guan, (2010) also conducted a study on the sources or mediums through which the general Chinese population accessed information on HIV/AIDS. The study sought to determine if there was an association between the level of knowledge acquired on the transmission of HIV/AIDS and the kind of attitude directed towards individuals living with HIV/AIDS. Participants sampled in the study were primarily market vendors between the ages of 18 to 49 years with the entire data collection process spanning from 2005 to 2007. A total of 3,716 respondents were sampled in a face to face survey exercise with data analytical techniques used encompassing various inferential statistical methods like correlation and regression analysis. They observed that majority of the respondents received information on HIV/AIDS predominantly from mass media sources like the television, magazines and newspapers relative to information received from peers and friends. There was also found to be a statistically significant relationship between high knowledge of HIV/AIDS and less stigmatizing attitude towards HIV/AIDS patient.

Ouzouni and Nakakis (2012) examined the knowledge levels, attitude and behaviours of student nurses in Greece. Data collection was done with the use of an anonymous self-administered questionnaire with a sample size of 279 nursing students participating in the study. They employed both descriptive and inferential statistical analysis using SPSS version 17. Findings of the study showed that majority of the student nurses had a good knowledge about HIV/AIDS and behaved positively towards individuals with HIV/AIDS. There were however some pitfalls identified among participants of the study with respect to the mode of transmission of HIV/AIDS. Some of the student nurses believed that the virus could be transmitted through a mosquito bite or contracted by using a toilet seat. In reference to the medium by which information on HIV/AIDS

was accessed, majority of the participants revealed that they got their information mainly from the television and the internet.

Amponsah and Mensah (2013) in their study “A Review of HIV/AIDS Awareness and Knowledge of Preventive Methods in Ghana” looked at the level of awareness and knowledge about the preventive methods of HIV/AIDS in Ghana by reviewing the Ghana Demographic and Health Survey (GDHS) data in 2003 and 2008. Findings of the study showed that almost the entire population of Ghana had knowledge of HIV/AIDS and its accompanying preventive methods, even though there were some disparities on gender lines as men were seen to have possessed more knowledge on the HIV/AIDS virus and its preventive methods than women. It was further revealed that respondents between the ages of 15 and 24 years, particularly the male respondents, had more knowledge about the preventive methods of HIV/AIDS compared to their female counterparts.

Agyekum and Suapim (2013) in their study ‘Knowledge and awareness of HIV/AIDS among high school girls in Ghana’ also examined the knowledge levels of HIV/AIDS among senior high school girls in Ghana. With a sample size of 260 female students, data collected made use of a standard questionnaire to elicit responses from the respondents. They employed the stratified sampling technique to categorize the 260 female students before distributing the questionnaires across the various categories. The study made use of both quantitative method and qualitative method in the data collection and analysis process. To this end, thematic analysis was carried out on the transcribed documents with data from the questionnaire subjected to statistical analysis and report with the use of SPSS. Findings of their study showed that, overall, not much knowledge was

possessed in the area of HIV/AIDS treatment as majority of the school girls (50%) believed that there was a scientific cure for HIV/AIDS. Further, it was revealed that out of the 100% respondents sampled, 43.3% of them believed that HIV/AIDS could be cured by herbal or spiritual treatment.

CHAPTER THREE

METHODOLOGY

3.0 Research Design

The research design determines the method of data collection and as such, forms an important aspect of every research work. The design serves as the guideline in gathering, analyzing and presenting the outcome of a research work. In this study, the researcher shall adopt the quantitative research method. According to Creswell and Clark (2007) quantitative techniques include the collection of closed-ended data that can be used to test a hypothesis based on numerical analysis. Quantitative research is known to have historically followed the positivist paradigm, whereby, the observer is separate from the entities that are being studied (Johnson & Onwuegbuzie, 2006).

According to Henning, Van Rensburg and Smit (2004, p. 17) in any research study where the positivist paradigmatic approach is adopted, the researcher “gathers data and analyses data in a scientific and systematic way through the use of quantitative methods, which is completely independent of the subjective views of the researcher.” Creswell (2003) also maintains that under

quantitative methods of data collection, questions are usually prepared in advance with the main aim of obtaining statistical data, which is usually carried out through surveys and experiments.

In the opinion of Mathers, Fox and Hunn (2007, p. 4) the survey technique is the most commonly used technique by behavioral scientists. This is mainly because; this approach involves drawing a set of questions on various subjects or aspects of the same subject to which a selected number of a population are requested to react. They argue that the ultimate goal of survey research is to learn about a large population by surveying a sample of the population. In this method, a researcher poses a series of questions to the respondents, summarizes their responses in percentages, frequency distribution and some other statistical approaches. Survey research usually employs the all too common approach of using questionnaires, face to face interviews or telephone interviews (ibid). According to Mathers et al (2007), Surveys are efficient - Because surveys can use a random sampling technique to recruit participants, and relatively small sample sizes can be used to generate findings which can be used to draw conclusions about the whole population. They are thus a very cost-effective way of finding out what people do, think and want. (p. 6).

In light of the aforementioned, the survey method was employed and used for the data collection phase in this study.

3.1 Sampling Technique

A sample design is a definite plan for obtaining a sample from a given population. It refers to the method or the procedure the researcher would adopt in selecting items for the sample (Kothari, 2004). According to Mugenda (1999), sampling procedure is a method used to select a sample from the target population which may include snow ball, purposive, simple random, systematic sampling, stratified etc. The simple random sampling technique will be employed in this research.

The simple random sampling is a type of sampling that offers every participant within the study area an equal opportunity of being selected to partake in the research. Thus it is totally free from bias and prejudice. The method is adopted because the researcher has minimum knowledge about the study group of the population under observation. Also, the researcher assumes that, all participants within the study area (Ghana AIDs Commission) have some level of information to aid in completing the research. Specifically, this sampling technique is adopted in selecting participants for completing the research questionnaire. This is because; completing the questionnaire does not require participants to have super or unique abilities or knowledge about the topic under study.

3.2 Sample Size

The sample size of a research work represents the total number of participants chosen from the sample frame to represent the population. As explained by Kujo (2004), choosing a sample size is necessary because it is practically impossible for any researcher to engage the entire population. However, choosing a larger sample size presents the research outcome the needed credibility. The study will consider a sample size of hundred (100) participants from the Ghana Aids Commission. The sample size was arrived at using an online sample size calculator with the formula: $n = N / (1 + N(e\sqrt{2}))$ where n = the actual sample size, N = the size of the population and e = the margin of error. Thus, the following calculations were made:

$$n = 200 (1 + 200 (0.05 \times 0.05))$$

$$n = 200 (201 (0.0025))$$

$$n = 200 \times 0.5025 = 100.5$$

These participants who will be selected from the sample frame will assist in completing the questionnaires.

3.3 Data Collection Instruments

The research adopted questionnaires in order to collect quantitative data from participants. The structure of the questionnaire used followed chronologically the research objectives and comprised open-ended and closed-ended questions as well as likert scale questions. Questionnaires were used as the instrument for data collection in this study because they offer a more convenient and relatively easy way for the researcher to collect primary data, are less dangerous and complicated to carry out as compared to other data collection methods and tend to give respondents enough time to think through questions so as to give appropriate responses.

3.4 Data Collection Process

Quantitatively, a structured questionnaire was used as the main data collection method. Structured questionnaire is a closed-ended questionnaire that promotes low level involvement of the researcher and high participation of individual respondents. The questionnaire was designed to enable the researcher achieve the study objectives. The information that was needed but could not be obtained from secondary sources was translated into a set of questions. A draft of the closed ended questionnaire was then presented to the thesis supervisor for identification and correction of any inadequacy or weakness in the questionnaire before the final version was administered. In order to improve the response rate and ensure that respondents felt very comfortable when answering the questions, the questionnaire was given to respondents for half a day and none of them were required to reveal their identity. The questionnaire was divided into four different sections. Section A sort the demographic data of respondents, Section B: was concerned with the

knowledge levels of participants on the modes of transmission, prevention and treatment of HIV/AIDS. Section C focused on the negative effects of HIV/AIDS on the growth and development of the country whereas Section D, concentrated on assessing the preferred sources of information on HIV/AIDS by the study participants.

3.5 Data Analysis and Presentation

The quantitative method adopted in this study which is usually concerned with analyzing numerical and statistical data was tackled with the use of the Statistical Package for Social Sciences (SPSS). The preliminary stages encompassed the coding of raw data elicited from participants into a format that could be imputed into the computer using SPSS, which is designed to analyze, display, and transform data (Trochim & Donnelly, 2007). The subsequent chapters of the quantitative phase of the analytical stage (Chapter 4) focused on reporting descriptive statistics which comprised the minimum and maximum values for each question and the characteristic of the sample. Frequency tables, histograms and bar charts were used to present results. Response to the open ended questions were also summarized and presented accordingly.

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION OF RESULTS

4.0 Introduction

Chapter 4 encompasses the results obtained from the analysis conducted using SPSS. The first section of this chapter reports on descriptive statistics and focuses on respondents' demographic data. The remaining sections follows chronologically the arrangement of the research objectives with results clearly displayed by the use of tables and graphs.

4.1 Demographic Information of Respondents

Table 4.1

Gender		
	Frequency	Percentage
Male	60	60.0
Female	38	38.0
Choose not to disclose	2	2.0
Age		
Under 20	11	11.0
21 – 30	55	55.0
31 – 40	25	25.0
41 and above	9	9.0
Educational Level		
Primary	2	2.0
Secondary	16	16.0
Tertiary	75	75.0
None	7	7.0
Employment Status		
Unemployed	4	4.0
Employed	67	67.0
Student	27	27.0
Retired	1	1.0
Self-employed	1	1.0
Total	60	100

Field Survey Data, 2019

Table 4.1 above shows the gender, age, educational level and employment status distribution of participants in this study. From the table, we see that there are 60 males (60 percent) and 38 females (38 percent) in the sample, with 2 (2 percent) participants choosing not to disclose their identity which gives a total of 100 respondents. This means that the number of male respondents outweigh the number of female respondents in the sample. Thus, one characteristic of the sample in this study is that it is male dominated. Information apparent on Table 4.1 above also shows that majority of the participants sampled, 55 (55 percent) fall within the age group of 21-30 years, followed closely by those within the age group of 18-22 years, 25 (25 percent) respectively. 11 (11 percent) of the participants are under 20 years old and only a few number of participants, 9 (9 percent) are 41 years and above. This suggests that the sample is dominated by participants in their teens and early adulthood stage. Further examination of Table 4.1 above reveals that majority of the study participants 91 (91 percent) are educated and have reached an appreciable educational level. It is also seen that majority of the participants 67 (67 percent) are employed, 27 (27 percent) are students with the remaining participants either unemployed 4 (4 percent), retired 1 (1 percent) and/or self-employed 1 (1 percent) respectively.

4.2 Knowledge Levels on the Modes of Transmission of HIV/AIDS

The output view from Table 4.2 below shows participants' knowledge levels on the modes of transmission of HIV/AIDS. The table is divided into three categories with the left side, scales, recoded from the original predictive variables (see Table 3 in Appendix III) used in the questionnaire.

The study adopted a 3-point Likert scale question for this construct, with 1=agree, 2=disagree and 3=have no idea. The newly adopted scale – 'high knowledge' and 'low knowledge' was recoded based on responses elicited from participants.

Table 4.2

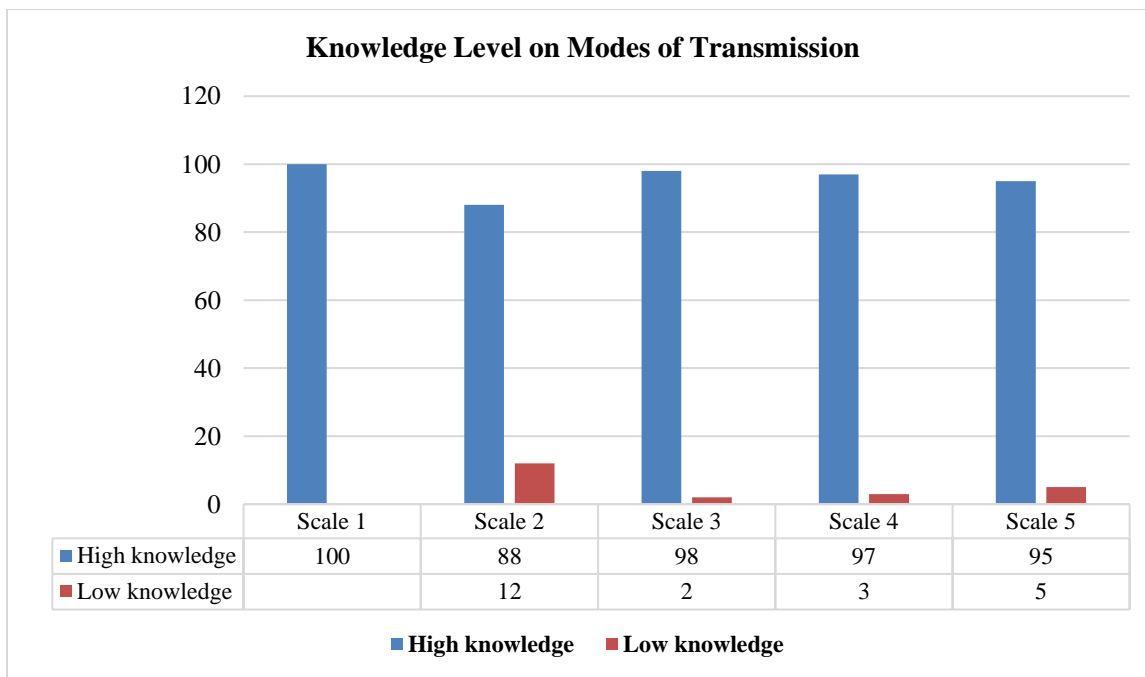
Knowledge Level on Modes of Transmission		
Scales	Frequency	Percent
New Knowledge Level 1		
High Knowledge	100	100.0
New Knowledge Level 2		
High knowledge	88	88.0
Low knowledge	12	12.0
New Knowledge Level 3		
High knowledge	98	98.0
Low knowledge	2	2.0
New Knowledge Level 4		
High knowledge	97	97.0
Low knowledge	3	3.0
New Knowledge Level 5		
High knowledge	95	95.0
Low knowledge	5	5.0
Total	100	100.0

Field Survey Data, 2019

The selected predictive variables measuring the construct ‘knowledge levels on the modes of transmission of HIV/AIDS’ were some statements of fact as well as some misconceptions about HIV/AIDS which were used to test participants’ level of knowledge on the modes of transmission of HIV/AIDS. Participants’ responses that said ‘agree’ to facts was recoded into ‘high knowledge level’. Furthermore, participants’ responses that said ‘disagree’ to misconceptions was also

recoded into ‘high knowledge level’. On the other hand, participants’ responses that said ‘disagree’ or ‘have no idea’ to facts was recoded into ‘low knowledge level’, with responses that agreed with misconceptions, also recoded into ‘low level of knowledge’ on the modes of transmission of HIV/AIDS. Looking at the output view in Figure 4.1 below, it is observed that, participants on the overall have a high knowledge level on the modes of transmission of HIV/AIDS. This finding supports and corroborates the findings of Upreti, Regmi, Pant, and Simkhada (2009) who also reported high knowledge levels among young adults in their study.

Figure 4.1



Field Survey Data, 2019

4.3 Knowledge Levels on the Modes of Prevention of HIV/AIDS

The output view from Table 4.3 below shows participants’ knowledge levels on the modes of prevention of HIV/AIDS. The table is divided into three categories with the left side, scales, recoded from the original predictive variables (see Table 4 in Appendix III) used in the

questionnaire. The study adopted a 3-point Likert scale question for this construct, with 1=agree, 2=disagree and 3=have no idea. The newly adopted scale – ‘high knowledge’ and ‘low knowledge’ was recoded based on responses elicited from participants.

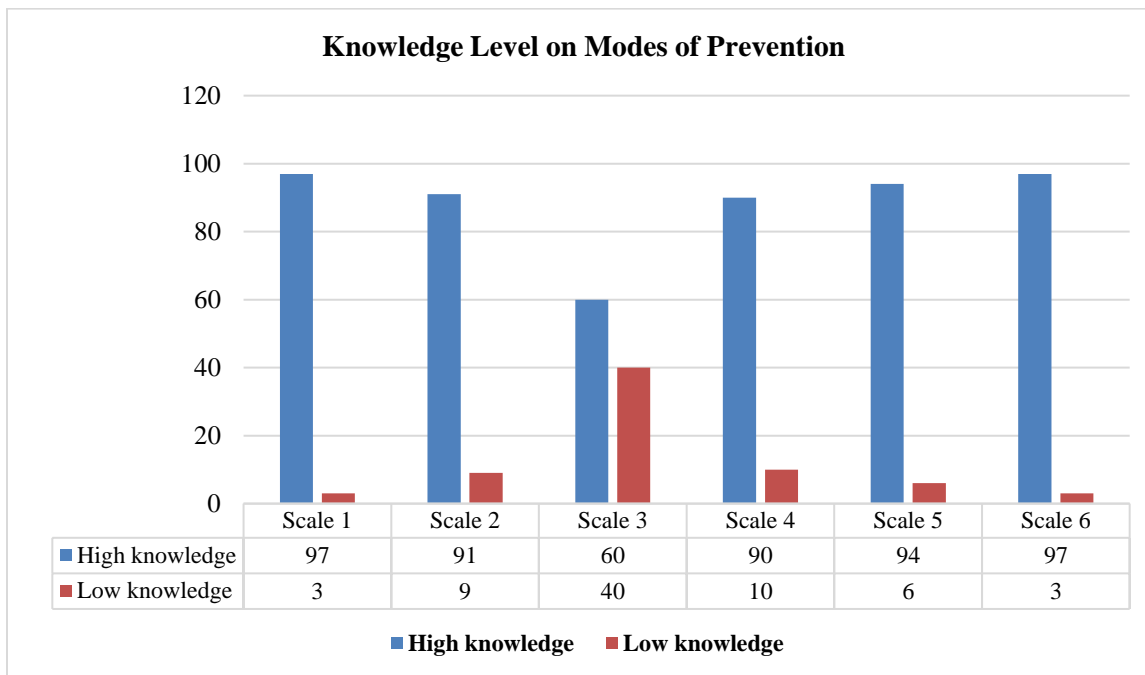
Table 4.3

knowledge levels on the modes of prevention of HIV/AIDS		
Scales	Frequency	Percent
New Knowledge Level 1		
High knowledge	97	97.0
Low knowledge	3	3.0
New Knowledge Level 2		
High knowledge	91	91.0
Low knowledge	9	9.0
New Knowledge Level 3		
High knowledge	60	60.0
Low knowledge	40	40.0
New Knowledge Level 4		
High knowledge	90	90.0
Low knowledge	10	10.0
New Knowledge Level 5		
High knowledge	94	94.0
Low knowledge	6	6.0
New Knowledge Level 6		
High knowledge	97	97.0
Low knowledge	3	3.0
Total	100	100.0

Field Survey Data, 2019

The selected predictive variables measuring the construct ‘knowledge levels on the modes of prevention of HIV/AIDS’ were some statements of fact as well as some misconceptions about HIV/AIDS which were used to test participants’ level of knowledge on the modes of prevention of HIV/AIDS. Participants’ responses that said ‘agree’ to facts was recoded into ‘high knowledge level’. Furthermore, participants’ responses that said ‘disagree’ to misconceptions was also recoded into ‘high knowledge level’. On the other hand, participants’ responses that said ‘disagree’ or ‘have no idea’ to facts was recoded into ‘low knowledge level’, with responses that agreed with misconceptions, also recoded into ‘low level of knowledge’ on the modes of prevention of HIV/AIDS.

Figure 4.2



Field Survey Data, 2019

Looking at the output view in Figure 4.2 above, it is observed that, participants on the overall have a high knowledge level on the modes of prevention of HIV/AIDS. This finding reiterates the results obtained and reported by Amponsah and Mensah (2013), who also revealed in their study that almost the entire population of Ghana from the year 2003 to 2008 possessed a good knowledge about HIV/AIDS and its preventive methods.

4.4 Knowledge Levels on the Modes of Treatment of HIV/AIDS

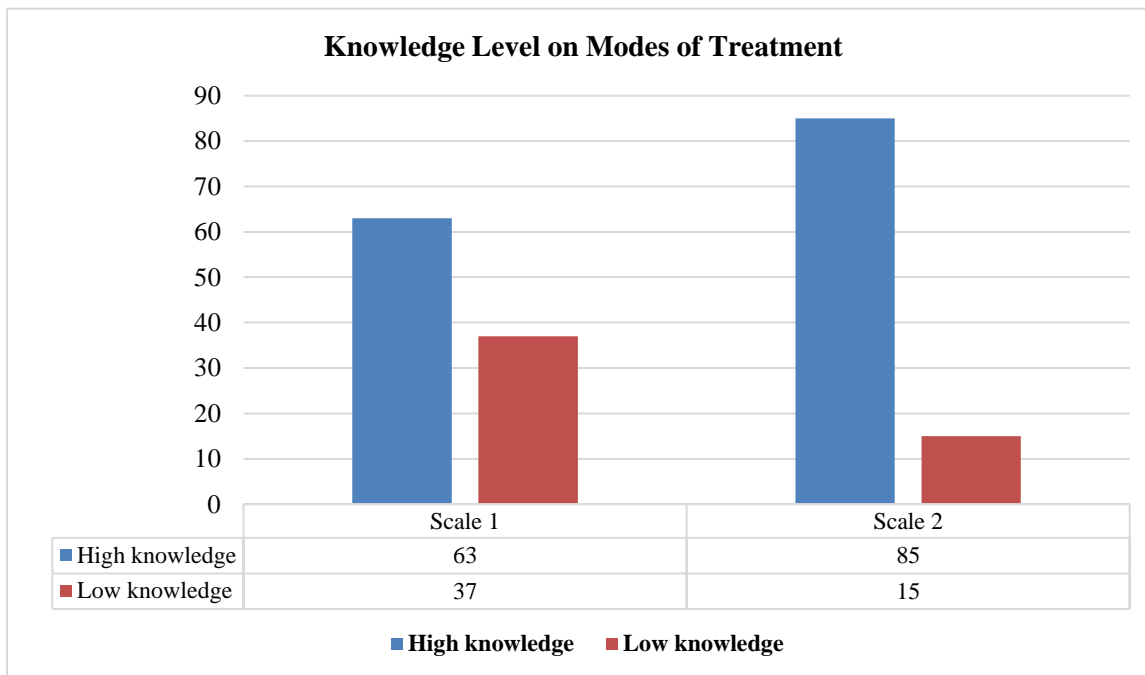
Table 4.4

Does HIV/AIDS Have a Cure		
	Frequency	Percent
Yes	2	2.0
No	63	63.0
Don't know	35	35.0
Can HIV/AIDS be Managed		
Yes	85	85.0
Don't know	15	15.0
New Knowledge Level 1		
High knowledge	63	63.0
Low knowledge	37	37.0
New Knowledge Level 2		
High knowledge	85	85.0
Low knowledge	15	15.0
Total	100	100.0

Field Survey Data, 2019

One of the main objective of this study was to assess participants’ knowledge levels on the modes of treatment of HIV/AIDS. In light of this therefore, participants were questioned on two levels. The first question asked, had to do with whether or not there was a cure for HIV/AIDS whereas the second question posed asked if HIV/AIDS could be managed. Participants’ responses that said ‘no’ to the question ‘does HIV/AIDS have a cure’ was recoded into ‘high knowledge level’. On the other hand, participants’ responses that said ‘yes’ or ‘have no idea’ to the question ‘does HIV/AIDS have a cure’ was recoded into ‘low knowledge level’. Looking at the output view in Figure 4.3 below, it is observed that, participants on the overall have a high knowledge level on the modes of treatment of HIV/AIDS.

Figure 4.3



Field Survey Data, 2019

Participants were asked to state the reasons why they had indicated that HIV/AIDS have or does not have a cure. Majority of the participants 63 (63 percent) (see Table 4.4 above) who said HIV/AIDS has no cure argued that there has not been any news from the Ghana AIDS Commission

saying otherwise and moreover, they had so far not heard or read any report on the media or the internet as well. The following are some excerpts of the comments that were given to that effect (see Table 5 in Appendix III): *“we read on the internet that it doesn’t have a cure”, “because for the past years no record of how it can be cured has been mentioned”, “research is still inconclusive on a cure for HIV”, “some people claim to have gotten the cure but it has not been approved by the AIDS Commission worldwide”*. The two participants who indicated that there was a cure for HIV/AIDS (see Table 5 in Appendix III) attributed their reason for such conviction to spiritual interventions. The following statements supports this aptly: *“HIV/AIDS does not have a cure by human intervention yet, there are drugs that can be used to manage the situation but divine intervention can surely cure it”, “there's news that there's a cure now. Besides, a patient can be healed through spiritual intervention”*.

Participants were also asked to state the reasons why they had indicated that HIV/AIDS could or could not be managed. Majority of the participants 85 (85 percent) who said HIV/AIDS could be managed attributed it to anti-retroviral therapeutic treatment. The following are some excerpts of the comments that were given to that effect (see Table 6 in Appendix III): *“it can be managed if the patient is put on antiretroviral therapy”, “through the use of immunity enhancement drugs”, “through therapy called antiretroviral therapy”, “we were taught in class that there is a drug used to suppress the effects of the virus”*. The foregoing suggests that not all the participants sampled in this study are in the know, when it comes to the treatment of HIV/AIDS, particularly about the issue of there being a cure for it. This result substantiates the findings of Agyekum and Suapim (2013) who also argued in their study that overall, not much knowledge was possessed in the area of HIV/AIDS treatment. It further corroborates their report on the issue of a cure for HIV/AIDS being attributed to herbal and/or spiritual interventions.

4.5 Negative Effects of HIV/AIDS on the Growth and Development of the Country

The output view from Table 4.5 below shows participants’ awareness levels on the negative effects of HIV/AIDS on the growth and development of the country. The table is divided into three categories with the left side, scales, recoded from the original predictive variables (see Table 7 in Appendix III) used in the questionnaire.

The study adopted a 5-point Likert scale question for this construct, with 1=strongly agree, 2=agree and 3=neutral 4=disagree and 5=strongly disagree. The newly adopted scale – ‘high awareness’ and ‘low awareness’ was recoded based on responses elicited from participants.

Table 4.5

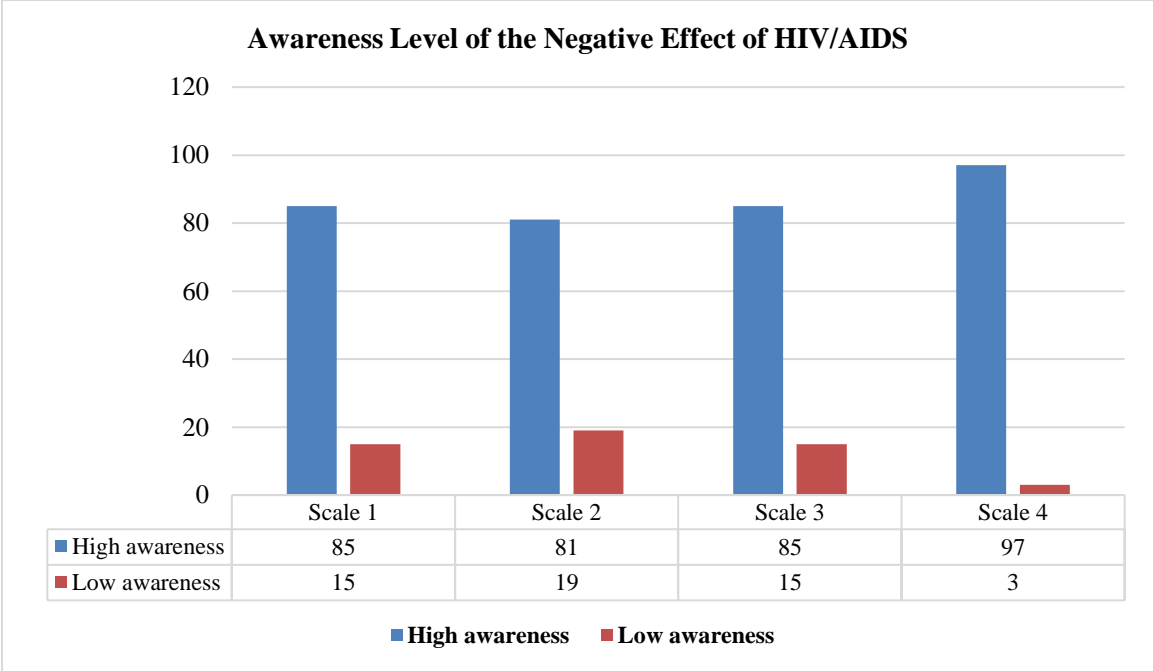
Scales	Frequency	Percent
New Awareness Level 1		
High awareness	85	85.0
Low awareness	15	15.0
New Awareness Level 2		
High awareness	81	81.0
Low awareness	19	19.0
New Awareness Level 3		
High awareness	85	85.0
Low awareness	15	15.0
New Awareness Level 4		
High awareness	97	97.0
Low awareness	3	3.0
Total	100	100.0

Field Survey Data, 2019

Due to the fact that all the statements (predictive variables) were positively coded and were all facts about the negative effects HIV/AIDS has on the growth and development of the country, participants' responses that said 'strongly agree' and/or 'agree' to any of the statements was recoded into 'high awareness level'.

On the other hand, participants' responses that said 'neutral' 'disagree' or 'strongly disagree' to any of the statements was recoded into 'low awareness level'. Looking at the output view in Figure 4.4 below, it is observed that, participants on the overall have a high awareness level of the negative effects HIV/AIDS has on the growth and development of the country.

Figure 4.4



Field Survey Data, 2019

4.6 Medium for Accessing Information on HIV/AIDS

Table 4.6

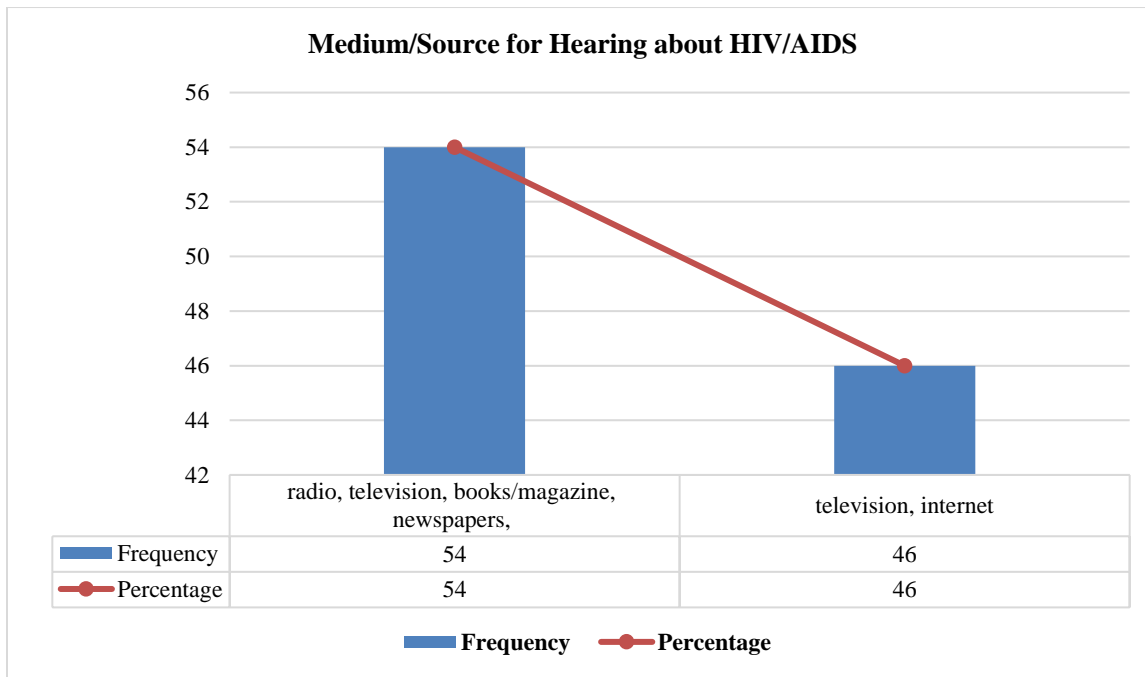
Awareness of HIV/AIDS		
	Frequency	Percentage
Yes	100	100.0

Field Survey Data, 2019

Table 4.6 above shows the distribution of participants' awareness of HIV/AIDS in this study. Looking at the data apparent in the table, it is clear that all the sampled participants have heard about HIV/AIDS or were aware of it. This finding supports the findings of Amponsah and Mensah (2013) as well as that of Agyekum and Suapim (2013) who also recorded a high awareness level of HIV/AIDS in their study.

One of the objectives of the study was to identify how and where people accessed information on HIV/AIDS. To this end, participants were asked to indicate the medium/source they depended upon for information on HIV/AIDS, to provide information on which of the mediums were their main source(s) and finally to state the reasons why such mediums were their main source for information on HIV/AIDS. The results in Figure 4.5 below reveals that majority of the participants 54 (54 percent) heard about HIV/AIDS on the radio, television, books/magazines followed closely by 46 participants (46 percent) who indicated that they heard about HIV/AIDS on the television and the internet. This finding is in consonance with the findings of Li, Rotheram-Borus, Lu, Wu, Lin, and Guan, (2010) who revealed that majority of the respondents sampled in their study received information on HIV/AIDS predominantly from mass media sources like the television, magazines and newspapers relative to information received from peers and friends.

Figure 4.5

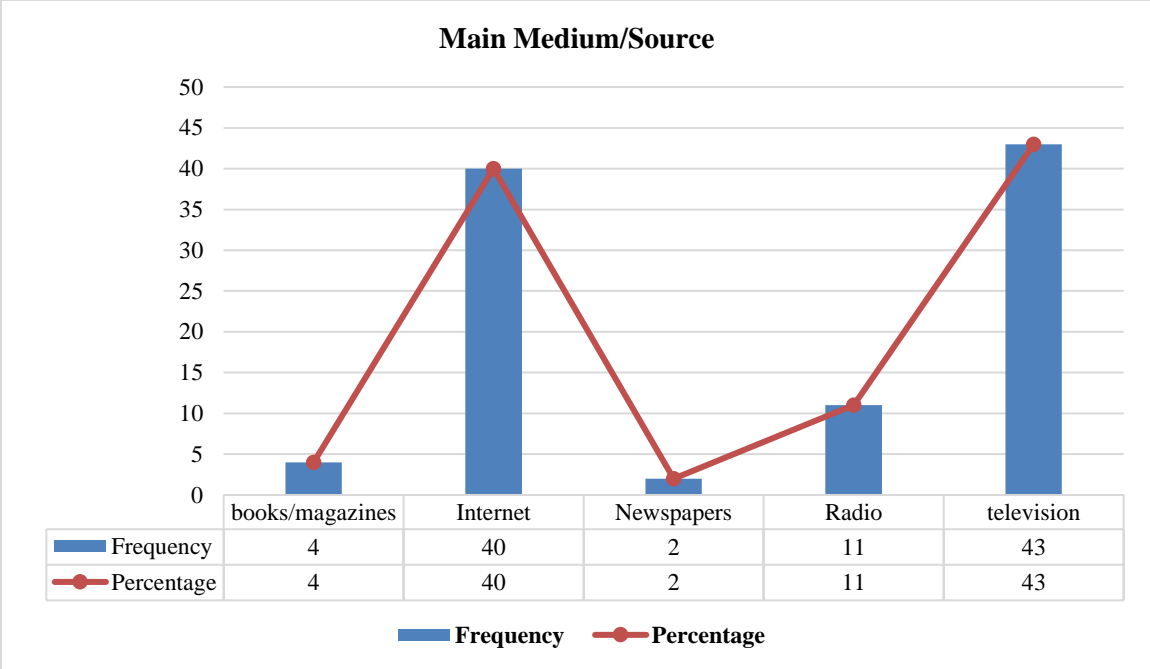


Field Survey Data, 2019

With respect to which of the mediums were the main source(s) of information on HIV/AIDS, it is seen in Figure 4.6 below that the television and the internet are the two most relied upon source(s)/medium for information about HIV/AIDS. This is so because out of the 100 participants sampled, 43 (43 percent) and 40 (40 percent) participants indicated that they relied mainly on the television and the internet for information about HIV/AIDS.

The foregone thus suggests that the two most relied upon source(s)/medium for information on HIV/AIDS is the traditional media and the new media, even though the former slightly edges the latter in this respect. This finding once again reiterates the findings of Li, Rotheram-Borus, Lu, Wu, Lin, and Guan, (2010) who revealed that the main source/medium for information about HIV/AIDS was usually from the traditional media.

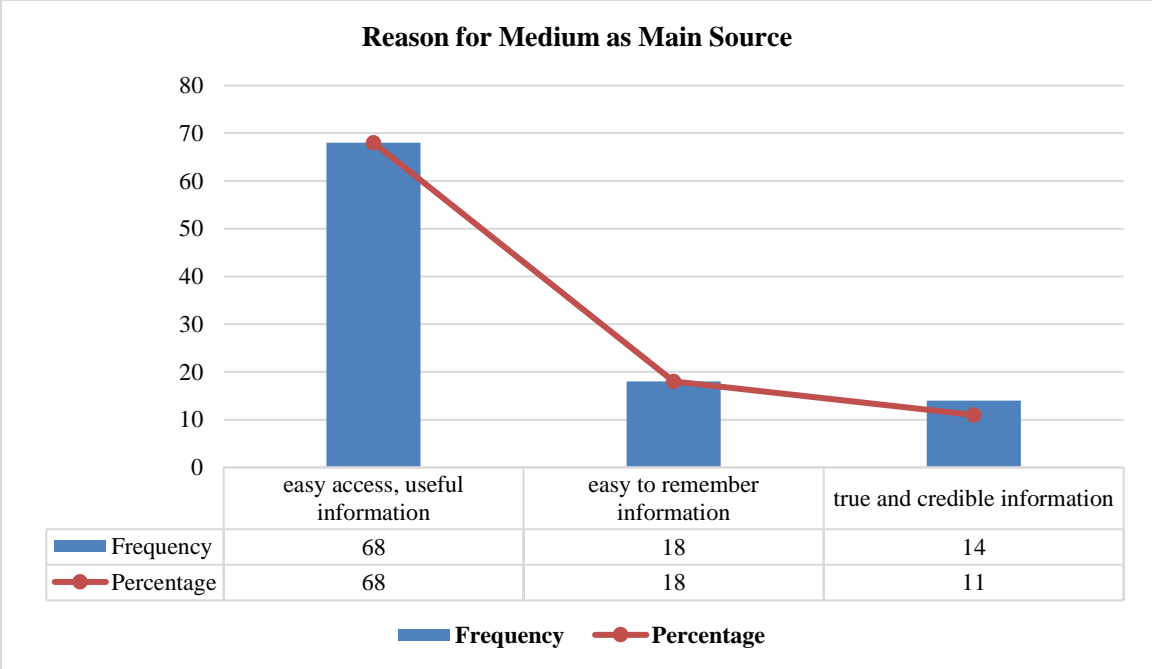
Figure 4.6



Field Survey Data, 2019

With respect to the reasons why such sources/mediums were their main source(s) for information on HIV/AIDS, majority of the participants 68 (68 percent) opined that they opted for such mediums because they are easy to access and the information obtained from such sources are usually useful. The other two reasons given by the remaining participants of the study 32 (32 percent) for choosing a particular source/medium as the main source for information about HIV/AIDS were ‘easy to remember information’ and ‘true and credible information’ respectively.

Figure 4.7



Field Survey Data, 2019

CHAPTER 5

SUMMARY OF FINDINGS, CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter focuses on the major findings of the study obtained from the analytical stage of the study. Subsequent sub-headings are concerned with the conclusion, limitations and recommendations of the study.

5.1 Summary of the Findings

The study sought to achieve three objectives namely the knowledge levels on the modes of transmission, prevention and treatment of HIV/AIDS, the awareness level of people on the negative effects of HIV/AIDS on the growth and development of the country, and the medium through which information about HIV/AIDS was accessed.

With respect to the knowledge levels of participants on the modes of transmission, prevention and treatment of HIV/AIDS, major findings of the study revealed that in general, all the participants possessed a good knowledge of all the three areas investigated. The findings also corroborated and concurred with the findings of other related studies on the topic in question. One thing that was quite clear however was the fact that, some of the participants of the study did not have a good knowledge about the cure for HIV/AIDS and its available modes of treatment. When asked to indicate if there was a cure for HIV/AIDS, majority of the participants 63 (63 percent) said that HIV/AIDS does not have a cure, albeit, the remaining 37 participants were either convinced that other means could be used to cure the disease or did not even know at all if there was indeed a cure or not. Those that believed that there was a cure for HIV/AIDS attributed it to herbal and/or

spiritual interventions. With respect to participants' knowledge about the available modes of treatment for HIV/AIDS, almost all the participants who said that HIV/AIDS could be cured attributed it to anti-retroviral therapy which clearly reveals a good knowledge about the modes of treatment.

In assessing participants' awareness level on the negative effects of HIV/AIDS on the growth and development of the country, it was observed that, participants on the overall had a high awareness level of the negative effects HIV/AIDS has on the growth and development of the country. The general awareness level of HIV/AIDS among participants of the study was also revealed to be very high with 100 (100 percent) participants revealing that they had in one or the other heard about HIV/AIDS.

With respect to how and where people accessed information on HIV/AIDS, the results revealed that majority of the participants sampled in the study received information on HIV/AIDS predominantly from mass media sources like the television, magazines, and newspapers. One of the other most predominant medium used by participants to search for information about HIV/AIDS was the internet. One final thing that was also clear was the fact that participants opted for such mediums because they were easy to access and the information obtained from such sources were quite useful. The other two reasons given by participants for choosing a particular source/medium as the main source for information about HIV/AIDS were 'easy to remember information' and 'true and credible information' respectively.

5.2 Conclusion

This study reveals that generally the average Ghanaian is aware of HIV/AIDS and possesses a good knowledge about its mode of transmission and prevention. One thing that is also clear is the

fact that majority of the individuals living in Ghana depend mainly on the television and the internet for their information on HIV/AIDS. From the study, another thing that was apparent was the fact that almost all the entire population are aware of the negative effects HIV/AIDS may have on the growth and development of the country. The foregone therefore shows that the various campaigns carried out by the Ghana AIDS Commission in Ghana has indeed yielded a positive result as far as knowledge about the disease is concerned. That notwithstanding, if there is one thing that has been made quite plain after taking into consideration all the responses elicited from the participants of the study is the fact that some people still believe that herbal and spiritual interventions can cure HIV/AIDS whereas others do not even know about the existence of the anti-retroviral drugs that is used to suppress the effect of the virus. The foregone therefore suggests that more attention should be paid to the education of the entire populace on the available modes of treatment of HIV/AIDS.

5.3 Limitations of the Study

The sample size of the study affects generalizability of findings in the sense that the views and opinions of the sampling unit may not be a representation of the entire population since only 100 respondents took part in the study.

The research study was also limited to only the capital city of Ghana, Accra, which makes it difficult to generalize as the views and opinions of the sample may not resonate with that of the entire population in Ghana.

5.4 Recommendations of the Study

Future studies should consider using a larger sample size to aid in the generalizability of the findings.

Future studies should also focus on different regions aside Accra to aid in generalizability of the findings.

A cross-regional study can also be conducted by future studies by focusing on two or more regions which will help to ascertain whether or not there are some similarities or differences in the prevailing awareness and/or knowledge levels amongst the inhabitants of these two regions.

Policy recommendation

Policy makers should focus more on policies that will ensure the education of the general public especially in the area of the modes of treatment available for HIV/AIDS.

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APPENDICES

Appendix I

GHANA INSTITUTE OF JOURNALISM

This research seeks to access Ghana AIDS Commission's communication strategy in the fight against HIV/AIDS. By your participation, I hope to gain data for my analysis as part of my studies being undertaken at the Ghana Institute of Journalism. Your identity remains anonymous as the information collected through this research will be used solely for academic purposes. Your personal details will also be held by me securely and treated with confidentiality throughout the entire research process and submission.

SECTION A: Background Information of Respondent

1. What is your gender?

- (a) Male [] (b) Female [] (c) Choose not to disclose []

2. Age Group (Years)

- (a) Under 20 [] (b) 21 – 30 [] (c) 31 – 40 [] (d) 41 & above []

3. Level of Education

- (a) Primary [] (b) Secondary [] (c) Tertiary [] (d) None []

4. Employment status

- (a) Unemployed [] (b) Employed [] (c) Student [] (d) Retired []

SECTION B: Knowledge Levels on the Modes of Transmission, Prevention and Treatment of HIV/AIDS.

5. Have you heard about HIV/AIDS?

- (a) Yes [] (b) No []

6. From which medium/source (s) did you hear about HIV/AIDS? Select as many as possible.

- (a) Radio [] (b) Television [] (c) Books /Magazines [] (d) Newspapers [] (e). Internet []

7. Which of the sources in (6) above is your main source?

.....

8. Why is the above your main source?

- (a) Easy access [] (b) Useful information [] (c) True and credible information []
 (d) Easy to remember information [] (e) other (Please specify).....

Please read the following statements below and indicate whether you agree, disagree or have no idea to the statement.

Table 1: Modes of Transmission

Question	Agree	Disagree	Have No idea
9. Can HIV be transmitted by sexual intercourse with an infected person?			
10. Can HIV be transmitted from mother to child?			
11. Can HIV be transmitted by sharing needle or syringe?			
12. Can HIV be transmitted by shaking hands with an infected person?			
13. Can HIV be transmitted by wearing the clothes of an HIV positive person?			

Please read the following statements below and select whether you agree, disagree or have no idea to the statement.

Table 2: Modes of Prevention

Question	Agree	Disagree	Have No idea
14. Can HIV be prevented by not sharing sharp objects (needle or syringe)?			
15. Can HIV be prevented by properly using condom during sexual intercourse?			
16. Can HIV transmission be avoided by remaining faithful to a single partner?			
17. Can HIV transmission be avoided by doing a blood test before marriage?			
18. Can HIV be avoided by hugging?			
19. Can HIV transmission be avoided by abstaining from unprotected sex?			

Mode of Treatment

20. Does HIV/AIDS have a cure?

(a) Yes [] (b) No [] (c) Don't know []

21. Kindly explain your answer to the above question.

.....

22. Can HIV/AIDS be managed?

(a) Yes [] (b) No [] (c) Don't know []

23. Explain your answer to the question above.

.....
.....
SECTIONC: Negative Effects of HIV/AIDS on the Growth and Development of a Country

In the table below, choose whether you STRONGLY AGREE, AGREE, are NEUTRAL, DISAGREE or STRONGLY DISAGREE to the statements identified below.

Table 3

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
24. HIV/AIDSs can lead to increase in poverty especially among affected families					
25. Government spends huge sums of money in the fight against HIV/AIDSs.					
26. HIV/AIDSs can lead to reduction in productivity due to a weaker work force					
27. HIV/AIDSs lead to stigmatization, a practice that frowns on individual development.					

Thank You for Your Time

Appendix II

Frequency Tables

How and where People access information on HIV/AIDS

Table 1

Medium/Source for Hearing about HIV/AIDS		
	Frequency	Percentage
books/magazine	1	1.0
books/magazines	1	1.0
Internet	5	5.0
internet, books/magazines	5	5.0
internet, newspapers	1	1.0
radio, internet	1	1.0
radio, newspapers	2	2.0
radio, television	4	4.0
radio, television, books/magazine, newspapers	2	2.0
radio, television, books/magazine, newspapers, internet	27	27.0
radio, television, books/magazines	1	1.0
radio, television, internet	2	2.0
radio, television, newspapers	1	1.0
radio, television, newspapers, internet	1	1.0
Television	3	3.0
television, books/magazines	2	2.0
television, books/magazines, internet	1	1.0
television, internet	38	38.0
television, newspapers	1	1.0
television, radio	1	1.0

Total	100	100
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Field Survey Data, 2019

Table 2

Main Medium/Source		
	Frequency	Percentage
Books	1	1.0
books/magazine	1	1.0
books/magazines	2	2.0
Internet	40	40.0
Newspapers	2	2.0
Radio	11	11.0
television	42	42.0
television	1	1.0
Reason for Medium as Main Source		
easy access	27	27.0
easy access, easy to remember information	1	1.0
easy access, useful information	27	27.0
easy information	1	1.0
easy to remember information	13	13.0
sub topics taught in schools	1	1.0
true and credible information	11	11.0
true and credible information, easy to remember information	2	2.0
useful information	14	14.0
useful information, easy to remember information	2	2.0
useful information, true and credible information	1	1.0
Total	100	100.0

Field Survey Data, 2019

Knowledge Levels on the Modes of Transmission of HIV/AIDS

Table 3

Can HIV be Transmitted by Sexual Intercourse with an Infected Person		
	Frequency	Percentage
Agree	100	100
Can HIV be Transmitted from Mother to Child		
Agree	88	88.0
Disagree	3	3.0
Have no idea	9	9.0
Can HIV be Transmitted by Sharing Needle or Syringe		
Agree	98	98.0
Disagree	1	1.0
Have no idea	1	1.0
Can HIV be Transmitted by Shaking Hands with an Infected Person		
Agree	1	1.0
Disagree	97	97.0
Have no idea	2	2.0
Can HIV be Transmitted by Wearing the Clothes of an HIV Positive Person		
Agree	1	1.0
Disagree	95	95.0
Have no idea	4	4.0
Total	100	100.0

Field Survey Data, 2019

Knowledge Levels on the Modes of Prevention of HIV/AIDS

Table 4

Can HIV be Prevented by not Sharing Sharp Objects (needle or syringe)		
	Frequency	Percentage
Agree	97	97.0
Disagree	2	2.0
Have no idea	1	1.0
Can HIV be Prevented by Properly using Condom during Sexual Intercourse		
Agree	91	91.0
Disagree	7	7.0
Have no idea	2	2.0
Can HIV Transmission be Avoided by Remaining Faithful to a Single Partner		
Agree	60	60.0
Disagree	35	35.0
Have no idea	5	5.0
Can HIV Transmission be Avoided by doing a Blood Test before Marriage		
Agree	90	90.0
Disagree	8	8.0
Have no idea	2	2.0
Can HIV be Avoided by not Hugging		
Agree	1	1.0
Disagree	97	97.0
Have no idea	2	2.0
Can HIV Transmission be Avoided by Abstaining from Unprotected Sex		
Agree	94	94.0

Disagree	6	6.0
Total	100	100.0

Field Survey Data, 2019

Knowledge Levels on the Modes of Treatment of HIV/AIDS

Table 5

Reason for HIV/AIDS Having/Not Having a Cure		
	62	62.0
because the virus keeps on increasing exponentially	1	1.0
can be managed	1	1.0
currently there is no cure which has been proven for HIV/AIDS	1	1.0
currently there is no medication to cure such a disease as per research	1	1.0
from the best of my knowledge i have not heard of any HIV/AIDS treatment	1	1.0
HIV/AIDS does not have a cure by human intervention yet, there are drugs that can be used to manage the situation but divine intervention can surely cure it	1	1.0
HIV/AIDS is preventable but not curable	1	1.0
i do not know if there has been a cure	1	1.0
i have not heard of a cure to HIV/AIDS	1	1.0
i havent heard about it yet	1	1.0
i personally havent heard any credible news yet	1	1.0
i really dont know because day in day out medicines are popping up	1	1.0

it can only be managed by taking drugs but the drugs cannot cure it	1	1.0
it doesnt have a cure but can be managed meaning if the infected person is put on ARVs he or she can live a normal life	1	1.0
it has not been said if there is a cure	1	1.0
most virus organisms do not have a cure. however, it can be suppressed for a period of time	1	1.0
never heard about anyone being cured of HIV/AIDS	1	1.0
no approved method of treatment exist yet	1	1.0
no cure, according to information available	1	1.0
no known cure has been discovered	1	1.0
no known cure has been found and advertised for HIV/AIDS	1	1.0
no known cure has been found yet	1	1.0
no known cure. it can only be managed	1	1.0
research has proven that a cure to it has not been found yet, however it can be managed	1	1.0
research has shown that cure of HIV/AIDS is yet to be found	1	1.0
research is still inconclusive on cure for HIV	1	1.0
some people claim to have gotten the cure but it has not been approved by the AIDS Commission worldwide	1	1.0
the disease at this point remains without a cure mainly because of the causal agent which is a virus	1	1.0
there are medicines that can keep your life longer on earth	1	1.0

there have been many cures proposed but none of them cure it only minimizes the risk	1	1.0
there is news on the media that there is a cure, dont have concrete evidence though	1	1.0
there is no proven cure for it	1	1.0
there is no proven cure yet, though a number of people may have recorded a few successes in curing the disease	1	1.0
there's news that there's a cure now. besides, a patient can be healed through spiritual intervention	1	1.0
treatment not yet found	1	1.0
we read on the internet that it doesnt have a cure	1	1.0
because for the past years no record of how it can be cured has been mentioned	1	1.0
because it has not been declared whether it has been found or not	1	1.0
Total	100	100.0

Field Survey Data, 2019

Table 6

Reason for HIV/AIDS being Manageable		
	Frequency	Percent
	51	51.0
anti-retroviral drugs are given to the patient to help him or her fight the virus	1	1.0
antiretroviral drugs	1	1.0

antiretroviral drugs are available for patients	1	1.0
antiretroviral drugs are taken to manage the ailment	1	1.0
antiretroviral drugs helps to manage	1	1.0
by abstaining from it	1	1.0
by antiretroviral drugs	1	1.0
by continually and faithfully taking drugs prescribed by the doctor and visiting the hospital often	1	1.0
by creating awareness on the various ways one can get infected, which is not only through sexual intercourse	1	1.0
by making sure you buy the antiretroviral and constantly taking your drugs	1	1.0
by preventing it. avoiding situations that would make one susceptible to acquiring the virus	1	1.0
by taking antiretroviral drugs every month	1	1.0
by taking care of yourself with the prescribed measures or by taking the antiretroviral drugs	1	1.0
by the use of drugs it can be managed over a long period of time	1	1.0
by the use of its prescribed drugs	1	1.0
by the use of prescribed drugs by the doctor	1	1.0
by using HIV/AIDS drugs	1	1.0
HIV/AIDS can be managed with antiretroviral drugs	2	2.0
it can be managed by administering the antiretroviral drug	1	1.0
it can be managed by taking drugs	1	1.0
it can be managed if the patient is put on antiretroviral therapy	1	1.0

it can be managed with antiretroviral drugs	1	1.0
it can be managed with the appropriate use of ARVs	1	1.0
its effect on the immune system can be managed with the use of antiretroviral drugs	1	1.0
managing HIV/AIDS is done by using ARTs	1	1.0
medicine and drugs	1	1.0
medicine is out there to help manage it	1	1.0
preventive measures can be put in place to manage it	1	1.0
the individual living with HIV/AIDS can be put on some drugs to manage the parasite for some number of years	1	1.0
the patients should be on regular medication and encouraged frequently to make them energetic and make them feel wanted	1	1.0
there are drugs for that	2	2.0
there are drugs to mild the virus	1	1.0
there are HIV management drugs being administered currently (antiretroviral)	1	1.0
there are medical resources to manage the condition if strictly adhered to	1	1.0
there have been drugs that have been developed to manage the drugs	1	1.0
there is a drug that is given to the affected person to prevent the virus from spreading	1	1.0
they will give you drugs to take so that you can live longer	1	1.0
those who are infected with AIDS can live for a while before they die if they take the prescribed	1	1.0

medicines immediately they get to know of their status		
through proper education on the causes and effects on the disease	1	1.0
through the use of immunity enhancement drugs	1	1.0
through therapy called antiretroviral therapy	1	1.0
we were taught in class that there is a drug used to suppress the effects of the virus	1	1.0
when you are on the prescribed drugs	1	1.0
yes by taking in antiretroviral	1	1.0
Yes, using antiretroviral drugs	1	1.0
Total	100	100.0

Field Survey Data, 2019

Negative Effects of HIV/Aids on the Growth and Development of the Country

Table 7

HIV/AIDs can Lead to an Increase in Poverty especially among Affected Families		
	Frequency	Percentage
Strongly agree	62	62.0
Agree	23	23.0

Neutral	6	6.0
Disagree	7	7.0
Strongly disagree	2	2.0
Government Spends Huge sums of Money in the Fight against HIV/AIDS		
Strongly agree	61	61.0
Agree	20	20.0
Neutral	12	12.0
Disagree	5	5.0
Strongly disagree	2	2.0
HIV/AIDs can Lead to a Reduction in Productivity due to a Weaker Work Force		
Strongly agree	53	53.0
Agree	32	32.0
Neutral	10	10.0
Disagree	4	4.0
Strongly disagree	1	1.0
HIV/AIDs Lead to Stigmatization, a Practice that Frowns on Individual Development		
Strongly agree	76	76.0
Agree	21	21.0
Neutral	2	2.0
Disagree	1	1.0
Total	100	100.0