

Children in HIV/AIDS affected households often lack food, medical care, money for school fees, drop out of school and, sometimes receive no emotional care. Perhaps in recognition of the severe negative impact of the HIV/AIDS pandemic, the government of Ghana revised its 1969 Population Policy in 1994 to incorporate issues on the pandemic. The 1994 Population Policy explicitly seeks to *“educate the general population about the causes, consequences and prevention of HIV/AIDS and other sexually transmitted diseases.”* As an implementing strategy, the policy proposed to vigorously implement an intensified nationwide public education activities at all levels. However, children are, in most cases, involved in these campaigns as mere participants than as the focus of the programme.

Most of the studies on the social aspects of HIV/AIDS have focused on the reproductive age population (15-49) with little attention on children’s perspectives on the pandemic. Data on children’s (primary school level) perception of risk, awareness of the pandemic, attitudes towards infected persons, care and support services are sometimes not readily available. It is in this light that this study was implemented in the Cape Coast Metropolitan area of Ghana.

The general objective of the survey was to assess the knowledge, attitudes and perceptions of children on the HIV/AIDS pandemic. Again, the study sought to determine the various sources of information on the pandemic available to children; ascertain children’s attitude and response to People Living with AIDS and identify the challenges children face in assessing information on HIV/AIDS.

This was a cross-sectional descriptive study involving the use of both qualitative and quantitative study methods. Three study sites (urban, peri-urban and rural) were purposively selected for the study. The sample consisted of 476 primary school children enrolled in public schools in the three study sites. All the children in upper primary in all the three sites wrote an essay on the HIV/AIDS pandemic while those in the lower primary sketched a perceived person infected with HIV/AIDS. In addition, questionnaires were administered to 120 children (upper primary level) who were randomly sampled. Most of the questions in the instrument were drawn from the 2003 Ghana Demographic and Health Surveys.

Analysis of Qualitative data

As have been documented in some micro and macro studies on high awareness levels of Ghanaians in the HIV/AIDS pandemic, it also emerged that the respondents had some basic knowledge on the disease. Nearly all the children were able to identify that HIV/AIDS is an acronym for Human Immunodeficiency virus and Acquired Immune Deficiency Syndrome. The respondents, through their essays, were able to cite prolonged fever; shingles on the affected person; persistent general body weakness; significant weight loss; dry cough; prolonged headache; frequent vomiting; sores around mouth and prolong diarrhoea as some of the symptoms exhibited by a person who has contracted HIV/AIDS. The children were able to explain that HIV/AIDS has economic, social and cultural negative consequences for a country. Finally, they appealed to people to treat infected persons with respect and avoid discriminating against them.

Results of quantitative data

The age range of the 120 questionnaire respondents ranged from 9-13 years with 51.7% of them being females. Christians accounted for 97% of the respondents. All the study population reported being aware of the HIV/AIDS pandemic. Generally, nearly one third of the respondents (29.2%) had heard some information on HIV/AIDS in the week preceding the survey. The results of the survey further indicate that teachers (47.5%) were by far the most important source of information on HIV/AIDS among all the children in the three study sites.

Radio, friends, books, religious leaders, Doctors/Nurses and the television were the minor sources HIV/AIDS information to the respondents. The results of the study indicated that children's awareness of HIV/AIDS prevention methods is widespread. Some of the methods cited were avoiding unprotected sexual intercourse, not-sharing of sharp objects with other people, eating balanced diet, living in a clean environment and condom use. Misconceptions about HIV/AIDS are some of the factors that influence HIV/AIDS acquisition and spread as well as a major factor in discrimination and stigmatisation of infected persons (GSS, 2004). Some of the respondents perceived that HIV/AIDS is transmitted through mosquito bites, witchcraft, a curse or other supernatural means (Table 1). A significant proportion of the respondents (57.5%) were also very confident that they do not anticipate ever contracting the disease in their lifetime.

Table 1: Misconceptions about HIV/AIDS transmission

| Background characteristics | HIV/AIDS transmitted through Mosquito bite | | | HIV/AIDS transmitted through food sharing | | | HIV/AIDS transmitted through witchcraft/curse | | | HIV/AIDS transmitted through utensils | | | Number of respondents |
|-----------------------------------|--|------|------------|---|------|------------|---|------|------------|---------------------------------------|------|------------|-----------------------|
| | Yes | No | Don't know | Yes | No | Don't know | Yes | No | Don't know | Yes | No | Don't know | |
| OLA | 52.3 | 47.7 | 0.0 | 47.7 | 52.3 | 0.0 | 65.9 | 29.5 | 4.5 | 61.4 | 38.6 | 0.0 | 44 |
| Efutu | 43.5 | 54.3 | 2.2 | 32.6 | 65.2 | 2.2 | 65.2 | 34.8 | 0.0 | 43.5 | 54.3 | 2.2 | 46 |
| E. Mampong | 66.7 | 30.0 | 3.3 | 66.7 | 33.3 | 0.0 | 50.0 | 46.7 | 3.3 | 63.3 | 36.7 | 0.0 | 30 |
| Total | 52.5 | 45.8 | 1.7 | 46.7 | 52.5 | 0.8 | 61.7 | 35.8 | 2.5 | 55.5 | 44.2 | 0.8 | 120 |
| Sex | | | | | | | | | | | | | |
| Male | 56.9 | 43.1 | 0.0 | 48.3 | 51.7 | 0.0 | 63.8 | 34.5 | 1.7 | 60.3 | 39.7 | 0.0 | 58 |
| Female | 48.4 | 48.4 | 3.2 | 45.2 | 53.2 | 1.6 | 59.7 | 37.1 | 3.2 | 50.0 | 48.4 | 1.6 | 62 |
| Total | 52.5 | 45.8 | 1.7 | 46.7 | 52.5 | 0.8 | 61.7 | 35.8 | 2.5 | 55.5 | 44.2 | 0.8 | 120 |
| Age | | | | | | | | | | | | | |
| 9-11 | 63.0 | 34.8 | 2.2 | 60.9 | 39.1 | 0.0 | 63.0 | 34.8 | 2.2 | 67.4 | 32.6 | 0.0 | 46 |
| 12-13 | 45.9 | 52.7 | 1.4 | 37.8 | 60.8 | 1.4 | 60.8 | 36.5 | 2.7 | 47.3 | 51.4 | 1.4 | 74 |
| Total | 52.5 | 45.7 | 1.7 | 46.7 | 52.5 | 0.8 | 61.7 | 35.8 | 2.5 | 55.5 | 44.2 | 0.8 | 120 |

Source: Fieldwork, 2009.

All in all, as many as 70.8% of the respondents were not prepared to patronise the wares of HIV/AIDS infected patients. Eight-six per cent of urban dwellers as well as eighty-two percent of females interviewed wanted the HIV/AIDS status of an infected relative to remain a secret since exposing such identities would bring shame or disgrace to the entire extended family. Contrary to a UNFPA study on young people's (15-24) knowledge and attitudes on the HIV/AIDS in the Central Region of Ghana findings which observed that a high proportion of the respondents (about 70%) were willing to allow an HIV/AIDS infected female teacher to continue teaching, a similar proportion (72%) of respondents, irrespective of background characteristics, in this study were opposed to the suggestion.

More than seven in ten of the respondents had never participated in any HIV/AIDS related educational programme. Of those who have participated, the majority (69.0%) cited school educational programme (besides lessons in classroom).

It could be deduced from this study that the high awareness level of the disease is not limited to the adult population only. It also supports the widespread knowledge of the various causes of the disease and how one can reduce the risk of contracting the disease. What is rather disturbing is the deep rooted stigmatisation and exclusion of people already infected with HIV/AIDS.

It was recommended that that HIV/AIDS intervention programmes should also focus on children. Teachers should be continually educated on current trends of the pandemic to enable them effectively educate their pupils. It was also recommended that the prime cause of the spread of the disease (sexual intercourse) should be highlighted during children HIV/AIDS educational programmes.