

**FINAL REPORT**

***Ghana National Association of Teachers (GNAT)  
&  
Teachers And Educational Workers' Union (TEWU) Of  
Ghana Trades Union Congress***

**An Assessment of the Awareness of HIV/AIDS in the Education  
Sector and the Needs of Teachers and Educational Workers  
Living with HIV/AIDS in Ghana**

***Survey Results***

*Compiled by*

**Anthony Yaw Baah  
Luise Jarl  
Kwabena Nyarko Otoo**

**August 2007**

## FINAL REPORT

### **CONTRIBUTORS**

This study was conducted by the Policy & Research Department of the Ghana Trades Union Congress on behalf of the Ghana National Association of Teachers (GNAT) and Teachers and Educational Workers' Union (TEWU) of the Ghana Trades Union Congress.

The report was compiled by Dr. Anthony Yaw Baah (Head of Department) with Luise Jarl (Researcher and Intern from the University of Aarhus in Denmark) and Kwabena Nyarko Otoo (Researcher). Mrs. Harriet Botchwey (Research Assistant) helped in the data entry. Mr. Franklin Owusu Ansah (Researcher, Health Services Workers' Union) assisted in the interviews.

#### **The members of the Project Management Team were:**

- Ms. Helena Awurusa (GNAT) - Project Coordinator
- Mr. M.S. Bogobiri (TEWU) – Member
- Mr. Johnson Boh (GNAT) – Member
- Dr. Anthony Yaw Baah (Research Consultant)

#### **The Project Management Team was under the supervision of:**

- Ms. Irene Duncan-Adanusah (General Secretary, Ghana National Association of Teachers) and
- Mr. Daniel Ayim Antwi (General Secretary of Teachers and Educational Workers' Union)

**The Study was sponsored by Education International.**

# FINAL REPORT

## Contents

<b>Part 1</b> .....	<b>7</b>
<b>Introduction and background</b> .....	<b>7</b>
HIV/AIDS .....	7
Consequences of HIV/AIDS .....	7
The Impact of HIV/AIDS in Africa (UNAIDS) .....	8
HIV/AIDS in Ghana .....	9
Purpose of the Study .....	9
Methodology .....	10
Brief Profile of respondents .....	10
Research Issues .....	11
Structure of the paper .....	11
<b>Part 2</b> .....	<b>12</b>
<b>HIV awareness, Access to VCT Services, and Prevention Methods</b> .....	<b>12</b>
Sources of information on HIV/AIDS .....	12
Acquaintance with persons living with HIV/AIDS .....	13
Education and counselling .....	15
Testing/Knowledge of HIV Status .....	19
Prevention .....	20
Summary of Findings .....	21
<b>Part 3</b> .....	<b>21</b>
<b>Experiences and Needs of Teachers and Educational Workers Living with HIV/AIDS</b> .....	<b>22</b>
(a) Experiences .....	22
How they got to know their HIV status .....	22
Access to counselling before and after tests .....	22
Discrimination .....	23
(b) Needs .....	23
i. Financial Support for Food and Drugs .....	23
ii. Love and Care .....	24
iii. Education for their children .....	24
(c) Advice for fellow teachers and educational workers .....	25
Take care of yourself .....	25
Get tested .....	25
Reduce Stigmatisation and Discrimination .....	25
Provide rehabilitation centres .....	26
Create network of teachers living with HIV .....	26
<b>Part 4</b> .....	<b>26</b>
<b>Recommendations</b> .....	<b>26</b>
The Role of the Trade Unions (GNAT and TEWU) .....	27
The Role of the Employer (Ghana Education Service) .....	28
The Role of Government .....	30
The Role of the District Assemblies .....	32
Collaboration with other state institutions and NGOs .....	32
The Role of the National Health Insurance Council (NHIC) .....	33
The Role of the Social Security and National Insurance Trust (SSNIT) and the Pensions Reform Commission .....	33
Other Suggestions .....	35
Conclusion .....	35

# FINAL REPORT

## SUMMARY

### Introduction and background

This study was undertaken by the Ghana National Association of Teachers (GNAT) and the Teachers and educational Workers Union (TEWU) of the Ghana Trades Union Congress to assess the degree of awareness of HIV/AIDS among their members (i.e., teachers and educational workers) and the needs of those already infected by the virus. The aim was to gather information to serve as basis for the provision or negotiation of social protection for their members living with HIV.

AIDS is a deadly disease. At the household level, the disease can threaten the income security of the family. At the macro level the disease retards social and economic development by destroying human capital. HIV has had a particularly devastating impact in Sub-Saharan Africa. Over 60% all HIV cases in the world are in the region.

Research has shown that women are more vulnerable to HIV infection in the sub-region. For every ten men infected with the virus in Sub-Saharan Africa there are 14 women infected. The reasons for women's vulnerability are both physical and cultural. Previous research has also shown that in Ghana married women appear to be almost three times as likely to be infected as women who have never been married. The general prevalence rate in Ghana currently averages less than 3%, with some variations within the country. The Northern part is least affected with 1.2 % prevalence among pregnant women, compared to over 4% in other regions.

HIV/AIDS is an important workplace issue. This is so because the disease affects labour and productivity. Employers and workers organisations therefore have a vital role to play in the struggle to limit or stop the spread of the disease. The focus of this study seems especially right because teachers and education workers besides constituting the largest group within the public sector workers they also play a unique and extremely important role in the development of human capital in the country. This is why Workers in the Education Sector deserve more attention.

The study combined a questionnaire survey (which sought to assess HIV/AIDS awareness among teachers and educational workers and a qualitative method which involved interviews with ten teachers and educational workers living with HIV. The aim of the interviews was to assess their needs and their views on how they can be supported. Additional primary and secondary information was gathered from other stakeholders including National Health Insurance Council, Social Security and National Insurance Trust, Ghana Education Service, Pensions Commission, UNAIDS and WHO.

### Findings

The findings of the study are presented under two main themes: (i). HIV/AIDS awareness among teachers and educational workers and (ii) the needs of teachers and educational workers living with the virus.

## FINAL REPORT

### ***HIV/AIDS awareness among teachers and educational workers***

Almost all the respondents (99.5%) said they have ever heard about the HIV/AIDS. They obtain their information about the disease mainly from four main sources - television, radio, newspapers and information from another person. All these four sources of information could thus be relied upon for the creation of HIV/AIDS awareness among teachers and educational workers.

Direct contact with people living with HIV can also be an important source of information for people on the disease. Over half the respondents said they know someone who has died of AIDS or someone living with the disease. The majority of those whom they knew to have died of the disease were women. Just about 6% know a teacher or education worker living with HIV/AIDS and less than 1% (5 out of 681 respondents) said they know a teacher or education worker at their workplace who is living with the disease.

Education and counselling are essential tools for prevention and for the campaign against stigmatisation. As many as 78% said they have ever received some form of education on HIV/AIDS and more than half of the respondents indicated that they have attended HIV awareness programme organised by the Ghana Education Service (GES). Teachers are more likely to receive education than the non-teaching staff.

Voluntary counselling and testing (VCT) is still not popular. Only about 9% of all the respondents have ever attended VCT. The majority of the respondents (85%) think it is important for everyone to know his or her HIV status but just about 21% of them said they have done the test and only 27% reported that they actually know their status. The reasons cited for not testing include lack of or poor access to testing facilities and the fear of stigmatisation which can result from knowing that one has the virus. Some of the respondents said they are convinced that they do not have the virus and so there was no need for the test.

The survey also revealed that "Abstinence from casual sex" is by far the most popular method/form of prevention. 60% of the respondents favour that method and recommended it to others to follow. Approximately 27% said they "use condom all the time" and 16% said they use condom when they engage in casual sex. 22% said they abstain from sex completely.

### ***Experiences and Needs of Teachers and Education workers living with HIV/AIDS***

The interviews with the ten teachers and educational workers living with HIV revealed some important experiences. 7 out of 10 got to know about their status incidentally. They reported that they were asked to do the test either because they were ill or their spouse or child tested positive. 7 out of the 10 said they did not receive any form of counselling before they were tested and they paid for the test by themselves. 9 of the 10 are however currently receiving regular counselling. Discrimination is found to be a real problem. Five out of the ten had experienced discrimination and stigmatisation because of their HIV status. But out of the remaining five three said they have not experienced discrimination because they have not revealed their status.

People living with HIV/AIDS have certain needs that have to be addressed to enable them to cope with their situation. Three main needs emerged throughout the ten interviews. First, they need financial support. Their salary is often not sufficient to buy them the food

## FINAL REPORT

and drugs they need for survival. Second, they need care and acceptance from family friends and colleagues. Finally, a major concern of the ten respondents was the future of their kids. Most of them expressed the need for support for their children particularly in their education.

### **Recommendations**

Respondents in the questionnaire survey were asked to make suggestions on how teachers and education workers living with HIV should be supported. The three main forms of support mentioned were financial support and professional counselling for those living with the virus and continuous education for the general public.

Other suggestions made by the respondents show that there are still serious misconceptions about HIV/AIDS in Ghana. For example, some suggested that people living with HIV/AIDS should be kept in special villages, in special schools or special homes. People still think they can be infected by coming into contact with people living with HIV. Only education and information can change these misconceptions.

# Part 1

---

## Introduction and background

**1.1** This study was undertaken by the Ghana National Association of Teachers (GNAT) and the Teachers and Educational Workers Union (TEWU) of the Ghana Trades Union Congress to assess the degree of awareness of their members (i.e., teachers and educational workers) of HIV/AIDS and the needs of those already infected by the virus. The ultimate objective of the study was to use the information gathered from the study as basis to provide or seek social protection and/or support for their members infected or affected by HIV/AIDS.

### ***HIV/AIDS***

**1.2** HIV/AIDS is a deadly disease which, according to UNAIDS and WHO estimates, has killed more than 25 million people all over the world since it was discovered in 1981. Most of those infected with the virus are in the working-age population including teachers and educational workers who are the focus of this study. The disease is different from other diseases in the sense that an infected person can live for many years without knowing her or his status. In this period during which the infected person does not yet feel the disease, he/she is able to transmit the disease to other persons, particularly through sexual intercourse. This makes the disease difficult to control. Once a person is infected, his/her CD4 count will eventually drop and his/her immune system is weakened. Other opportunistic diseases such as tuberculosis and severe cough can then easily attack the victim. In many cases the result is premature death because there is no cure for the disease. Antiretroviral (ARVs) drugs are currently the most effective drugs being prescribed for persons living with HIV/AIDS. But the drug cannot cure the disease. It can only slow it down so that the infected person can live longer. The drug is, however, very expensive making it difficult for most poor people to have access without financial assistance.

### ***Consequences of HIV/AIDS***

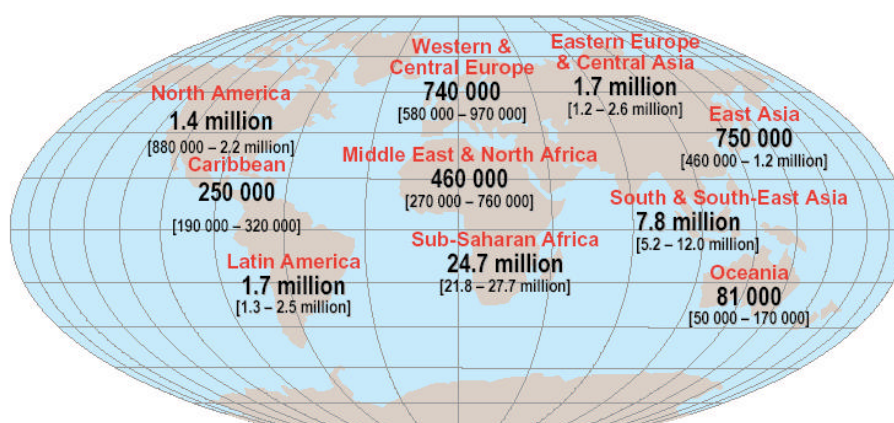
**1.3** The consequences of the HIV/AIDS are severe at every level of society. At the household level, income of the family can be threatened. If the breadwinner of the family is infected and is no longer able to work it has serious social, psychological and economic effects on all members of the family. Losing income affects the family's ability to provide themselves with proper food, clothes and housing not to mention treatment and drugs for the infected person. In some cases, the children of the infected persons have to dropout from formal education to work and earn income to support the household. This can limit their future possibilities of getting a good job and a decent living. As noted above, the HIV/AIDS pandemic mainly affects people in the working-age population. According to the International Labour Organisation (ILO), 65% of all people infected with the HIV virus are aged between 15 and 49 years. This has serious implications for the economy as a whole. HIV/AIDS retards the economy by destroying human capital

## FINAL REPORT

### *The Impact of HIV/AIDS in Africa (UNAIDS)*

**1.4** The HIV/AIDS pandemic has had a particularly devastating impact in Sub-Saharan Africa. Almost 25 million people in the sub-region are living with HIV/AIDS. This means 63% of people living with HIV/AIDS are in the sub-region. This number corresponds to an estimated adult prevalence rate of 5.9 % meaning that almost six people out of every hundred people in the region are infected. In 2006 alone, an estimated 2.1 million people died from the disease in the sub-region. This was the equivalent of almost three quarters of all HIV/AIDS related deaths globally in 2006. Some effort has been made to provide treatment, but it has not been sufficient. It is estimated that in 2006 alone, 2.8 million new infections were recorded among children and adults in the Sub-Saharan African region which is more than all the other regions of the world put together.

### Adults and children estimated to be living with HIV, 2006



**Total: 39.5 (34.1 – 47.1) million**

*Source: UNAIDS annual report, 2006*

**1.5** Significant variances are found within the region. Several countries in Southern Africa have prevalence rates of between 20 and 25 %. In Swaziland, for example, 33.4% of the population is infected. In East Africa, the epidemic has been more moderate with a prevalence rate of between 4 and 6 percent. West Africa has much lower prevalence rates (around 2%). Côte d'Ivoire has the highest prevalence rate of more than 4 percent.

**1.6** The prevalence rates also differ by gender. Women have been disproportionately infected by the virus. Available data show that women are twice as susceptible to HIV infection compared to their male counterparts during heterosexual sex. Culturally, women are also more vulnerable. They are often left with fewer choices in society, including which relations they want to be in. For instance, if the husband is unfaithful it can be difficult for the woman to force the man use condom. In fact, a significant number of women are infected with the disease by their spouses. In Sub-Saharan Africa, there were fourteen infected women for every ten infected men in 2006. This means 59 % of all those who were infected by the virus were female.



## FINAL REPORT

### ***HIV/AIDS in Ghana***

**1.7** The HIV/AIDS prevalence rate in Ghana is among the lowest in the Sub-Saharan African region and it has been falling in recent years. In 2003, for example, the prevalence rate was 3.6%<sup>1</sup>. The rate dropped to 2.7% in 2005. The number of people living with HIV/AIDS in Ghana is estimated at 400,000.

**1.8** The prevalence rate differs across the country. The rate is lowest in the northern part of the country (1.2%). The Eastern region has the highest rate (4.7 %). There are also some differences within age groups. The prevalence rate is high among women between the ages of 35 and 39 years and men between the ages of 40 and 44 years. As in other African countries, in general, women in Ghana are more likely to be infected with the disease compared to men. Marriage is a big risk factor for women in Ghana. Married women appear to be almost three times more likely to be infected than women who had never been married. For men mobility seems to be a significant risk factor. Thus, men who travel more are more likely to get infected.

### ***Purpose of the Study***

**1.9** HIV/AIDS is an important workplace issue. The disease affects labour and productivity and employers and workers organisations have a vital role to play in the struggle to limit or stop the spread of the disease.

**1.10** The following are some of the reasons why employers and workers organisations must be concerned about HIV/AIDS:

- Employers lose valuable skills and experience when their employees die of HIV/AIDS;
- Even one infection in an organisation increases the risk of additional infections;
- A high HIV prevalence in an organisation means low productivity and high cost of health care for the workers;
- The organisation's short and long term investments can be undermined because of the high cost of health care for employees;
- At the national level, HIV/AIDS adversely affects the supply of labour and may reduce investor confidence in the economy;
- HIV/AIDS affects fundamental rights of workers, particularly with respect to discrimination and stigmatisation aimed at workers and people living with HIV/AIDS.

**1.11** Teachers and education workers constitute the largest group within the public sector workers. Currently, they number about 210,000. The study focuses on teachers and educational workers not only because they are the largest group within the public sector but more importantly because teachers and educational workers play a unique and extremely important role in the development of human capital in the country. They have a special role in educating children and the youth who are very vulnerable. Thus, HIV/AIDS awareness among teachers and care for teachers living with the disease are important in the fight against the disease and the attendant stigmatisation and social exclusion. This is particularly important since teachers are often taken as role models in their communities.

**1.12** The reasons outlined above motivated GNAT and TEWU to commission this study to assess the level of awareness among their members and the needs of those living

---

<sup>1</sup> The estimates are the prevalence rates among pregnant women.

## FINAL REPORT

with the disease. The ultimate aim is to use the information gathered in this and subsequent studies as basis for engaging their employer to provide the necessary support for teachers and educational workers living with the disease and continuous HIV education for the entire workforce in the education sector.

### **Methodology**

**1.13** The study combined both quantitative and qualitative method of data gathering. Part of the information was gathered from a questionnaire survey. Questionnaires were designed and administered among teachers and educational workers in selected districts across the country. In all 1300 questionnaires were sent out. 710 questionnaires were returned but 681 (52%) of these questionnaires were analysed (29 of the questionnaires were returned late). Table 1.1 below shows the distribution of the 681 questionnaires by district.

Table 1: Distribution of respondents by district

Region	Districts	Number of Respondents
Ashanti	Amansie West	79
	Obuasi <sup>2</sup>	36
Central	Odoben Brakwa	80
	Assin North	70
Upper West	Nadowli	93
Greater Accra	Tema	65
Upper East	Bawku East	76
Brong-Ahafo	Techiman	95
Northern	Tamale	13
Western	Jomoro	8
Western	Other Districts in Western Region (including 30 from Sefwi Wiawso District)	66
<b>Total</b>		<b>681</b>

**Note:** In all 710 questionnaires were returned. Out of this number 681 were analysed. 29 of the questionnaires were returned late and could not be included in the analysis.

### **Brief Profile of respondents**

**1.14** Teachers constituted 86% of the respondents who returned their questionnaires. The remaining 14% of the respondents were education workers. The age of the respondents ranges from 18 to 63 years and the average was 38 years. Men and women constituted 61 and 39 percent of respondents respectively. 67% of the respondents were married; 30% were single and 3% were widowed.

---

<sup>2</sup> 22 questionnaires were returned from Obuasi after the analysis of the data. The total number of questionnaires returned from Obuasi was 58 but the responses in the 22 questionnaires were not captured in the report. They have been incorporated in the SPSS data.

## FINAL REPORT

### ***Research Issues***

**1.15** The questionnaire contained both open- and closed-ended questions. Information was gathered on the profile of respondents, awareness of the disease, methods of prevention and views/suggestions on how to support teachers and educational workers living with HIV/AIDS including views on the role of relevant institutions in the provision of such support.

**1.16** The qualitative aspect of the data gathering involved personal (one-on-one) interviews with 10 teachers and educational workers living with HIV/AIDS. The interviews were structured around questions about their experiences, needs and their views/suggestions on how they can be supported.

Additional primary and secondary information was gathered from GNAT and TEWU, Pensions Commission, Ghana Education Service (GES), Ministry of Education, Social Security and National Insurance Trust (SSNIT), and the National Health Insurance Scheme and UNAIDS.

### ***Structure of the paper***

**1.18** The paper is structured as follows: In the following section (Section 2), we examine the awareness of HIV/AIDS among teachers and educational workers based on the questionnaire survey. Section 3 presents the experiences and needs of teachers and educational workers living with HIV/AIDS based on the information gathered from the interviews with infected teachers and educational workers. In Section 4, we discuss the views and suggestions of teachers and educational workers on what support should be given to teachers and educational workers living with HIV/AIDS as well as their views on the role of the different stakeholders in the provision of such support. Section 5 concludes the paper with some recommendations.

## Part 2

---

### HIV awareness, Access to VCT Services, and Prevention Methods

**2.1** HIV/AIDS awareness is an important factor in the prevention of the spread of the virus. In this part of the paper, we examine HIV/AIDS awareness among teachers and educational workers, based on the quantitative part of the questionnaire survey.

**2.2** The discussion is structured around key aspects of HIV/AIDS awareness including sources of information on HIV/AIDS, acquaintance with the disease, education and counselling and testing. We also examine the methods teachers and educational workers are using to protect themselves from the disease.

**2.3** To gain deeper insight into the awareness of the disease among teachers and educational workers, all the indicators/variables used to assess awareness were analysed by gender, age, districts and acquaintance with people living with HIV/AIDS.

#### **Sources of information on HIV/AIDS**

**2.4** To assess their level of awareness of the disease, respondents were first asked to indicate whether they have ever heard about HIV/AIDS. Almost all the respondents (99.5%) said they have ever heard about the disease. Second, respondents were asked to indicate the source of their information on the disease. Table 2 shows the distribution of the respondents by the source of information, by gender and by age.

**Table 2: Sources of information on HIV/AIDS**

Source of information	Total (%)	Gender		Age	
		Male	Female	Below 30 years	30 years or older
Television	89,4 %	86.8 %	93.1 %	89.9 %	89.6 %
Radio	88,5 %	90.6 %	85.8 %	84.3 %	91.0 %
News paper	77,8 %	79.0 %	76.0%	75.8 %	79.4 %
Another person	72,0 %	71.6 %	72.0%	70.2 %	73.3 %

Source: Survey data

## FINAL REPORT

**2.5** Television and radio are the two most common sources of information on HIV/AIDS. As shown in Table 2 (above), 89% of all the respondents said that they hear about HIV/AIDS on TV and on radio. Newspapers and information from “another person” are also important sources of information on HIV/AIDS.

**2.6** There are some interesting gender dimensions. TV is a more popular source of information for women while radio is more popular for men. 93% of the women in our sample reported that they obtain their information from TV compared to 87% of men and 90% of men obtain information from radio compared to 86% of women.

**2.7** Analysis of the data by age also shows some interesting results. Those at 30 years or above are more likely to get information from radio compared to those aged below 30 years (91% against 84.3%). But in general there is little variation and the differences may not be statistically significant. All the four sources of information are quite popular among the respondents and could be relied upon for the creation of awareness among teachers and educational workers.

### ***Acquaintance with persons living with HIV/AIDS***

**2.8** Besides information from radio, TV, newspapers and information from other persons, direct acquaintance with people living with HIV can also be an important source of information for people and may have more significant effects on people’s way of thinking about the disease and on their behaviour. By direct acquaintance we mean whether people actually know someone living with the disease or know someone who has died of the disease. Over half (53%) of the respondents said they know someone who has died of AIDS and approximately a third (28.7%) said they know someone living with the disease. The differences in the proportions of those who know about some who has died of AIDS and some living with HIV may be indication that people do not reveal their HIV status until they die of the disease.

**2.9** Just about 6% said they know a teacher or education worker living with HIV/AIDS and less than 1% (5 out of 681 respondents) said they know a teacher or education worker at their workplace who is living with the disease (see Table 3 below). This could be due to a lower HIV/AIDS prevalence among teachers and educational workers than the rest of the society. It could also indicate that teachers and educational workers tend to hide their status at their workplace in order to avoid discrimination from colleagues and students or they hide their HIV status to avoid losing their job. One of the infected teachers we interviewed reported how he lost his job as a teacher in a private school when his status was revealed.

## FINAL REPORT

**Table 3: Acquaintance with the disease**

	Percentage
Know someone living with HIV/AIDS	29.7
Know someone who died of HIV/AIDS	53.2
Know a teacher or education worker living with HIV/AIDS	5.7
Know a teacher or education worker in the same school living with or death of HIV/AIDS	0.8

*Source: Survey Data*

**2.10** Our results show some differentials by district in the proportions of those who have come into contact with people living with or died of HIV/AIDS. The highest percentage of those who know of people living with or died of HIV/AIDS was recorded in Takyiman in the Brong Ahafo region. In that district, 78.5% said they know of people who have died of AIDS and approximately 43% said they know people living with HIV. Obuasi district in the Ashanti region had the second highest proportion (63.3%) of respondents who knew people who have died of AIDS. The lowest proportion of those who know people living with HIV was recorded in Assin North in Central region while the lowest proportions for those who know people who have died of AIDS were recorded for Tamale district in Northern region and Jomoro district in Western region. It is important to note that these differences may not necessarily reflect the prevalence rate. The differences may be a reflection of the differences in the degree of openness about the disease. It may also be the case that in districts where there are medical facilities for testing and support for HIV victims, people are more likely to go for tests and to reveal their status so that they can have access to such facilities.

## FINAL REPORT

**Table 4: Direct acquaintance with the disease divided by district**

District	Regions	Do you know anybody living With HIV/AIDS?	Do you know anybody who has died with HIV/AIDS?	Do you know any teacher or education worker living with HIV/AIDS?
Amansie West	Ashanti	25.0 %	55.7 %	1.4 %
Odoben – Brakwa	Central	22.1 %	50.7 %	2.6 %
Obuasi	Ashanti	28.6 %	63.3 %	2.9 %
Assin North	Central	14.3 %	40.0 %	1.5 %
Nadowli	Upper West	31.1 %	50.6 %	5.6 %
Tema	Greater Accra	20.6 %	39.0 %	1.6 %
Bawku East	Upper East	42.7 %	59.5 %	14.9 %
Takyiman	Brong Ahafo	42.6 %	78.5 %	14.1 %
Tamale	Northern	15.4 %	23.1 %	-
Jomoro	Western	25.0 %	25.0 %	-
Other Districts (Seminar Participants)	Western	38.5 %	43.5 %	3.1 %
<b>Total (N=681)</b>		<b>29.7 %</b>	<b>53.2 %</b>	<b>5.7 %</b>

Source: Survey Data

**2.11** We analysed the “acquaintance” variable by sex. Again, our results show some important gender dimensions. Respondents were to indicate the sex of the persons they know of living with or died of HIV/AIDS. 57% of the respondents said the people they know are females (see Table 5). A higher percentage (64%) of the respondents reported that the people they know to have died of AIDS were women (Table 6).

**Table 5: What is the sex of the person you know living with HIV/AIDS?**

	Frequency	Valid Percent
Known HIV victim is Male	84	43.1
Known HIV victim is Female	111	56.9
<b>Total</b>	<b>195</b>	<b>100.0</b>

Source: Survey Data

**Table 6: What is the sex of the person you know to have died of AIDS?**

	Frequency	Valid Percent
Person I know to have died of AIDS is Male	120	35.7
Person I know to have died of AIDS is female	216	64.3
<b>Total</b>	<b>336</b>	<b>100.0</b>

Source: Survey Data

### **Education and counselling**

**2.12** Education and counselling are essential tools for fighting against stigmatisation and for prevention. To find out the extent to which teachers and educational

## FINAL REPORT

workers have access to HIV/AIDS education and counselling, respondents were asked to indicate whether they have been attending education on HIV/AIDS or voluntary counselling and testing (VCT). Table 7 (below) summarises the responses to this and related questions.

**2.13** The percentage who said they have ever received some form of education on HIV/AIDS is quite high (78%). More than half of the respondents further indicated that they have attended HIV awareness programme organised by the Ghana Education Service (GES). The results also show that males in the education service are more likely to benefit from HIV awareness programme compared to their female counterparts (60% for males against 55% for females). With regard to VCT, we find that just about 9% of the respondents have ever attended VCT and that males are more likely to benefit from VCT compared to women. Analysis of the education and counselling variables by age show that those above the age of 30 years are less likely to benefit from VCT. It is also important to note that people who have come into contact with people living with the disease are more likely to go for VCT compared to those who said they have never come into contact with the victims of the disease.

**Table 7: Education and counselling**

	Total (%)	Sex		Age		Have come into contact with HIV/AIDS victim?	
		Male	Female	Below 30 years	30 years or older	Yes	No
<b>Benefited directly from education on HIV/AIDS.</b>	<b>77.6 %</b>	79.2 %	74.7 %	75.0 %	78.5 %	83.4 %	70.3 %
<b>Attended HIV/AIDS education or awareness programme organised by Ghana Education service (GES)</b>	<b>58.2 %</b>	60.1 %	55.3 %	49.2 %	62.2 %	59.0 %	55.4 %
<b>Attended voluntary counselling and testing (VCT)</b>	<b>9.4 %</b>	10.9 %	8.0 %	14.0 %	7.5 %	12.2 %	7.3 %

Source: Survey data

**2.14** The percentage of the respondents who said they have benefited from HIV awareness programmes appear to be high (78%). But according to the respondents this was not high enough. 67% of them said HIV/AIDS awareness programmes are not



## FINAL REPORT

adequate. This means that the majority are not satisfied with the education and awareness creation provided by the stakeholders in Ghana.

**Table 8: Assessment of adequacy of HIV/AIDS Awareness Programmes**

In your opinion, are the HIV/AIDS education and awareness creation in Ghana adequate?	Frequency	Valid Percent
<b>Yes</b>	213	33.3
<b>No</b>	427	66.7
<b>Total</b>	640	100.0

*Source: Survey data*

**2.15** To assess equity in access to education and other HIV awareness programmes by workers in the education sector, we analysed access by occupation. We find that teachers are more likely to have access to such programmes than their non-teaching counterparts in the education sector. As shown in Table 9 (below), approximately 82% of the teachers surveyed said they have benefited from HIV awareness programme compared to 54% of their counterparts in the non-teaching category. We find a greater differential in access to HIV education in GES-sponsored programmes. Whereas nearly 64 % of teachers surveyed said they have benefited from GES-sponsored programmes, only 27 % of the non-teaching staff had access to such programmes (see Table 10). The gap in access between teachers and the non-teaching staff may be a pointing to discrimination in the selection of participants to attend such programmes.

**Table 9: Have you ever benefited directly from education on HIV/AIDS**

Occupation	Response	Frequency	Valid Percent
<b>Teaching</b>	Yes	438	81.6
	No	99	18.4
	<b>Total</b>	<b>537</b>	<b>100.0</b>
<b>Non-teaching</b>	Yes	41	53.9
	No	35	46.1
	<b>Total</b>	<b>76</b>	<b>100.0</b>

*Source: Survey Data*

**Table 10: Have you attended any HIV/AIDS education or HIV awareness programme organised by Ghana Education service for teachers and educational workers?**

Occupation	Response	Frequency	Valid Percent
<b>Teaching Staff</b>	Yes	344	63.9

## FINAL REPORT

	No	194	36.1
	<b>Total</b>	<b>538</b>	<b>100.0</b>
<b>Non-teaching Staff</b>	Yes	20	26.7
	No	55	73.3
	<b>Total</b>	<b>75</b>	<b>100.0</b>

Source: Survey Data

**2.16** Further analysis of the data reveals some differentials in access to HIV awareness programmes by district. Table 11 shows the differentials in access to HIV education and attendance of VCT. In terms of access to education, Damongo district stands out as the district with the lowest percentage (23%) of teachers and educational workers who had access and Obuasi had the highest (96.8%). The situation is even worse for Tamale in GES-sponsored programmes<sup>3</sup>. As shown in the table, only 7.7% of the teachers in the Damongo district in the Northern region had access to GES-sponsored HIV/AIDS awareness programmes compared to 89% of their counterparts in Odoben-Brakwa District; 88% in Jomoro District, 74% in Amasie West District; and 76% in Tema. It is quite clear from the results that GES-sponsored programmes are concentrated in the southern part of the country. This partly explains why Damongo, Nadowli and Techiman have relatively low percentage of teachers and educational workers having access to HIV education.

**Table 11: Education and counselling by districts**

District	Benefited directly from education on HIV/AIDS.	Attended HIV/AIDS education or awareness programme organised by Ghana Education service	Attended voluntary counseling and testing (VCT)
<b>Amansie West</b>	84.0%	74.3%	10.3%
<b>Odoben – Brakwa</b>	88.6%	88.6%	5.2%
<b>Obuasi</b>	96.8%	63.6%	6.1%
<b>Assin North</b>	70.6%	55.4%	4.5%
<b>Nadowli</b>	75.9%	40.2%	15.6%
<b>Tema</b>	88.1%	75.9%	4.9%
<b>Bawku East</b>	65.3%	57.5%	13.3%
<b>Techiman</b>	76.3%	41.9%	10.9%
<b>Tamale</b>	23.1%	7.7%	7.7%
<b>Jomoro</b>	100.0 %	87.5 %	25.0 %
<b>Other Districts (Seminar Participants)</b>	71.0%	40.0%	7.8%
<b>Total (681)</b>	<b>77.6%</b>	<b>58.2%</b>	<b>9.4%</b>

Source: Survey Data

<sup>3</sup> Note that the sample size for Tamale and Jomoro Districts were 13 and 8 respectively so the results for the two districts should be interpreted with some caution because of the possibility of small sample bias.

## FINAL REPORT

### **Testing/Knowledge of HIV Status**

**2.17** In the survey the teachers and educational workers were asked whether they have done a HIV/AIDS test; whether they know their HIV/AIDS status; and whether they think it is useful for everyone to know one's status. The results are shown in Table 12 below.

**2.18** The majority of the respondents (85%) think it is important for everyone to know his or her HIV/AIDS status. There are a number of reasons why this is important. One reason is that when people know their status they may avoid transmission of the disease to others (e.g., their spouses). Another important reason is that the earlier a person finds out that he or she is infected, the better are the chances to start effective treatment which can improve their chances of living longer.

**2.19** A large majority of the respondents think it is important for everyone to know his or her status but just about 21% of them said they have done the test and only 27% reported that they actually know their status. Obviously, many people are unable to do what they think is right when it comes to HIV testing and behaviour change. The results are fairly similar when the data are analysed by gender and age except that older people (those above 30 years) seem to be less likely to know their status compared to those who are 30 years or younger. As shown in the table, 26% of those under 30 years said they have done the test compared with 18% of those at 30 years or above and 31% of those under 30 years said they know their HIV status compared to 25% of those who are 30 years above.

**Table 12: Testing/Knowledge of HIV/AIDS Status**

	Total (%)	Gender		Age	
		Male	Female	Below 30 years	30 years or older
Think it is useful for everybody to know his or her HIV status	85.1 %	85.1 %	85.9 %	85.6 %	85.0 %
Done HIV/AIDS test	20.9 %	22.1%	19.3 %	26.3 %	18.1 %
Know her or his own HIV status	27.0 %	28.4 %	25.2 %	30.8 %	24.7 %

Source: Survey Data

**2.20** To probe the issue about tests further, respondents who said they have not done the test were asked to explain why. Many reasons were given. The first is the lack of or poor access to testing facilities. A number of the respondents said they have not done the test "because going to the hospital or laboratory to be tested is expensive". Another main explanation given was that they are afraid of getting the result because of the consequences it may have on their lives. Some said they not tested for the disease because the want their "mind to be free of the fear of death". Some also said they do not want to know their status "because if you are tested [and found to be HIV positive] you may die early because you are worried about your status". Others are afraid that they will not be able to keep their status secret. The following are some of the reasons given for not testing:

## FINAL REPORT

*“I am not fully convinced that the health workers can keep my information confidential”.*

*“This is because most of the voluntary work and counselling test centres are within the community. To enter there [the testing centre] may bring rumours that I am HIV positive”.*

*“I think it is better to be ignorant than to know your status. This is because when you know your status stigmatization alone can kill you easily”.*

**2.21** Obviously, people are concerned about the stigmatisation that goes with the positive status.

**2.22** Many of the respondents also think that “it is not necessary to test” because they are fully convinced that they are not infected. The following are some of the explanations given for not going for the test:

*“I am very sure that I do not have HIV/AIDS so there is no need to take the test”.*

*“I have nothing of that sort. I am faithful to my husband and the vice versa”.*

### **Prevention**

**2.23** There are different ways one can prevent oneself from HIV/AIDS. The respondents were asked about how they are preventing themselves from getting HIV/AIDS, and how they think others should prevent themselves from getting the disease. “Abstinence from casual sex” is by far the most popular method/form of prevention. It is also the most popular method the respondents recommended for others to follow. Just about 60% of the respondents said they avoid casual sex and recommend that method for others as a way of preventing the disease; approximately 27% said they “use condom all the time”; 16% said they use condom when they engage in casual sex; approximately 22% said they abstain from sex completely.

**2.24** Analysis of the data by sex reveals that males are more likely to engage in sex with condom “at all times” than females (29.5% of men against 21.9% of women). This may be pointing to differences in the authority over the use of condom during sex. The gender analysis further shows that women are more likely to “use condom during casual sex”; more likely to “abstain from casual sex” and more likely to “abstain from sex completely” compared to men.

**2.25** The results show some interesting differences in the choice of method of prevention by marital status. Married people are less likely to “use condom all the time” compared to those who are single. Married people are also less likely to use condom during “casual sex” or to “abstain from sex completely”. But married people are much more likely to abstain from casual sex. As shown in the table, approximately 67% of those who are married said they abstain from casual sex as a way of protecting themselves from HIV infection compared to 46% of those who are single.

## FINAL REPORT

**Table 13: Methods of prevention**

How do you protect yourself from HIV/AIDS?	Total (%)	Gender		Marital Status	
		Male	Female	Single	Married
Use of condom all the time	26.7 %	29.5%	21.9 %	38.7%	22.2 %
Use of condom when engaged in casual sex	16.1 %	14.4 %	15.7 %	16.5 %	15.7 %
Abstain from sex completely	21.9 %	20.5 %	23.6 %	39.2 %	13.2 %
Abstain from casual sex	60.1 %	53.8 %	63.3 %	45.9 %	66.9 %

Source: Survey Data

### Summary of Findings

**2.26** The survey showed very high degree of awareness of HIV/AIDS among teachers and educational workers. Almost everybody in the survey reported that they have heard about HIV/AIDS. They obtain information about the diseases from TV, radio, newspapers and from other people. More than half of the respondents have had direct contact with someone living with HIV or died of AIDS.

**2.27** There are some indications that people are still not ready to know their HIV status probably because of fear of stigmatisation and discrimination in case they are found to be HIV positive. As the results show, the majority of the respondents think it is useful for everybody to know his/her status but only a few have actually done the test to know their status.

**2.28** More than three quarters of the teachers and educational workers surveyed have benefited from education on HIV/AIDS but only one in ten has attended VCT. It may be the case that people are attending VCT because of the lack of or poor access to VCT facilities.

**2.29** With regard to methods for prevention, the majority of those surveyed said they abstain from casual sex as a way of protecting themselves from being infected with HIV and they recommended that method for others.

**2.30** The use of condom is still not very popular. Only 16% of the teachers and educational workers surveyed said they use condom during casual sex and just about a fifth of them said they abstain from sex completely as a way of protecting themselves from being infected.

## Part 3

---

# Experiences and Needs of Teachers and Educational Workers Living with HIV/AIDS

**3.1** People who are not infected by HIV or who do not know their status can only imagine the trauma those who are living with HIV/AIDS have to endure. The aim here is to provide insight into the experiences and the needs of teachers and educational workers living with HIV/AIDS. This is necessary in order to know what kind of measures should be undertaken to improve their conditions of life.

**3.2** Ten people living with HIV/AIDS were interviewed individually. The discussions at the interviews focused on their personal experiences and their needs. These are the focus for discussion in this part of the paper.

## (a) Experiences

### *How they got to know their HIV status*

**3.3** Looking at the different experiences of the ten interviewees a pattern emerged which gives an indication of the hardships they have to endure. First, we find that many people living with HIV get to know their status only when they or their spouse or children fall sick and they are required to test for HIV as part of the process leading to treatment. Seven out of the ten interviewees living with HIV got to know their status this way. This confirms the survey results discussed earlier which indicated that just about one-fifth of the respondents have actually done the test even though 85% think it is useful for everybody to know their HIV status. This implies that many people do transmit the virus unknowingly. Again, people's access to testing facilities in terms of availability of the facilities and affordability of the services may partly explain this situation. Of course, there are still a very large number of Ghanaians who think that they rather remain ignorant about their status. Therefore, provision of testing facilities alone, may not be the solution (although necessary). Change in people's attitude may be the most important factor in the prevention of the disease.

### *Access to counselling before and after tests*

**3.4** When asked about whether they received counselling before they were tested, again 7 out of 10 said they were not offered any counselling before they did the test and the same number said they paid for the test by themselves. The expenses involved in testing for HIV/AIDS might be one of the factors preventing people from testing. One of the seven who did not receive counselling said that: *"No counselling was offered. I was devastated after the news was broken, but I kept quiet and wept throughout my stay in the hospital"*. One of them reported that she received counselling before she was tested after her child had tested positive and that the counselling helped her to cope with her situation. This is what she said: *"The doctor told me to be brave and strong and accept the outcome of the test. He also told me how to care for the little boy. The counselling helped me. I had two issues to contend with: my son and I but I managed to cope because of the counselling"*. However, 9 out of the ten reported that they have been receiving some form of counselling on regular basis after they found that they have the virus and they seem to be satisfied with the counselling being offered.

## FINAL REPORT

### **Discrimination**

**3.5** Five of the ten interviewees reported that they have experienced discrimination. The other five have not experienced discrimination but out of those who have not experienced discrimination three have not disclosed their status to colleagues, friends and family. Discrimination and stigmatisation are a real problem for those living with HIV because they discourage people from making their status public. Various forms of discrimination were reported. It can occur at the household level. For example, one of the interviewees reported that *“my sister’s husband asked me not to use any cup [in the house] but to buy sachet water”*. Some are ejected from their rented house because their landlords either suspect them or know that they are HIV positive. One of them reported that she experienced “exclusion” from the other members of the household and was asked by her landlady to leave the house. Another interviewee said *“I was ejected from my house when my landlady saw me on TV testifying and advising people to stay away from unprotected sex”*. One had this to say about discrimination: *“My colleagues at the workplace do not know about my status so they do not discriminate against me. But I know someone who was ejected from his house because of his status. I also know a lady who was divorced because of her status”*.

**3.6** Apart from the social and psychological aspects of discrimination there are economic effects. People may lose their jobs when employers get to know their status. The following is the story of one of the interviewees who lost his job because of his HIV positive status: *“My wife and I have not disclosed our status to family or community members. For my employer, yes, that was why I was fired from the private school where I taught”*.

**3.7** From the experiences of the ten teachers and educational workers living with HIV/AIDS it is clear there is still a lot to do about discrimination against HIV victims in Ghana. Discrimination has very negative social, psychological and economic consequences and it may largely explain why people simply refuse to know their status or fail to declare their status when they know they have the virus.

### **(b) Needs**

**3.8** People living with HIV/AIDS have certain needs that need to be addressed to enable them to cope with their situation. A number of needs were mentioned by the ten people who were interviewed. The major ones are (i) **financial support for food and drugs**, (ii) **love and care**, and (iii) **education for children**. We discuss these briefly below.

#### ***i. Financial Support for Food and Drugs***

**3.9** The first need mentioned by almost all the respondents is financial support for food and drugs/ARV. The following statement captures how one of the interviewees expressed her needs:

## FINAL REPORT

*“My major needs are money to buy Anti – retroviral drugs (ARVs), food and food supplements. I now have a big appetite but I earn only ¢1.6 million (about US\$174 in July 2007). This is not even sufficient for my drugs if I get crisis”. The economic pressure of proper food and drugs are making the infected people dependent on others. Under normal circumstances the salary does not carry us through the month because you need to buy drugs and other food supplements. These are very expensive.*

*”My major needs are financial needs. I have lost my job and I am trying to see if I can secure a job again”.*

*” My major need is the regular supply of drugs. Now I am still working but I do not know what would happen in future”*

*“I have been out of job. I need financial support from donors. Presently, I am doing pepper farming so if I get a loan or a grant, it will support me”.*

**3.10** Financial support is thus a major need for the teachers and educational workers living with HIV/AIDS. This is due to the high cost of the medication. People’s economic situation may change drastically when they are infected or affected by the disease. The employment and income insecurity that accompany the disease either because of physical weakness or through discrimination add to the psycho-social burden of coping with the disease.

### ***ii. Love and Care***

**3.11** Another very important need mentioned by the interviewees has to do with care and acceptance. One said *“I need money for my drugs. I also need love and care”*. Another interviewee said *“I need attention and regular visits”*. It is a basic need by human beings to feel accepted and loved. People need to share their thoughts and concerns with others. They do not want to be isolated and condemned. This is especially so during difficult times such as when one has tested positive. Unions can play a very important role in the provision of such love and care for their comrades who fall victim to HIV/AIDS.

### ***iii. Education for their children***

**3.12** When asked about the kind of support they need for their children, most of the interviewees expressed concern about the future of the children and expressed their need for support for these children particularly in their education. The following statements summarise the concerns/needs expressed by the group we interviewed.



## FINAL REPORT

*"I would want somebody to adopt my two girls. As the days go by, I feel weaker and weaker. I would die peacefully if I know that my children are in good hands [and they are] getting good education and being free from stigmatization because of my condition".*

*" I want good education for my little child. My son needs financial support for his schooling. He has completed SSS but I don't know how to support him as my husband is also positive".*

*"My children's education should not be interrupted and my condition should not be a hindrance to their development".*

*"Paying my child's school fees has been a problem to me. She is in the first year in the Nursing training".*

### **(c) Advice for fellow teachers and educational workers**

**3.13** The group had some words of advice for their colleagues in the education sector and the general public. The following are the pieces of advice offered:

#### ***Take care of yourself***

**3.14** They offered different suggestions on how people should protect themselves. One said *"People should be faithful to their partners. The young ones should abstain from sex until they are married"*. Another interviewee advised the youth to *"abstain and to use condoms if they cannot abstain"*.

#### ***Get tested***

**3.15** One teacher living with HIV advised that *"Teachers and educational workers should go for VCT because knowing one's status can prolong their lives. If I did not know my HIV status early, I would have died by now"*.

Another teacher had this to say *"If you are positive, accept your condition and move on with your life"*. *"The lifestyle of teachers should be exemplary. They should be frank about the virus - teachers should teach it and not shy away. We should empathise with those affected"*.

#### ***Reduce Stigmatisation and Discrimination***

**3.16** *"Stigmatization must be reduced to its barest minimum so that those infected can be encouraged to come out"*. One suggested that the media should be careful not to misrepresent the facts on HIV/AIDS. In her opinion *"stigmatisation and discrimination stem from the way the media portray the virus as if one can only get it through promiscuity. If this impression is not corrected, stigmatisation and discrimination would not stop"*.

## FINAL REPORT

### ***Provide rehabilitation centres***

**3.17** One interviewee suggested that *“there should be a rehabilitation centre for teachers living with the virus”*.

### ***Create network of teachers living with HIV***

**3.18** Lastly, one suggested that teachers and educational workers living with HIV/AIDS should be organised. *“GNAT should help form a community of HIV/AIDS teachers”*. This will make them able to share not only their problems but also knowledge.

## **Part 4**

---

### **Recommendations**

## **FINAL REPORT**

**4.1** Respondents in the questionnaire survey were asked to make suggestions on how teachers and educational workers living with HIV/AIDS should be supported. We summarise these suggestions in this part of the report.

### ***Financial support***

**4.2** Most people are of the opinion that HIV/AIDS patients should be provided with financial support to enable them access proper medication and diet. This is important in the sense that the cost of medication for the disease is so high that most teachers and their families cannot afford them given the meagre salaries of most teachers. Financial support is also crucial if teachers living with the disease are to be able to afford nutritious and balanced diet which has been identified by health experts as important in managing the disease.

### ***Professional Counselling***

**4.3** People living with the disease need to be provided with professional counselling. This is needed to assure them that having HIV/AIDS is not the end of life and that one can live a meaningful and fulfilling life afterwards. Counselling is also needed to help patients manage the disease well by removing doubts and misconceptions about the disease which go a long way to worsen the plight of people living with it.

### ***Continuous Education for the General Public***

**4.4** To reduce or eliminate discrimination and stigmatisation, the relevant public sector institutions and NGOs should continuously educate the population on HIV/AIDS. People should be educated to love and care for our unfortunate compatriots who have fallen victim to HIV/AIDS. With the fear and multiplicity of misconceptions surrounding the HIV/AIDS, many otherwise caring and loving people begin to shun the company of friends and relatives living with the disease. When the love and affection of close relatives and associates begin to wane the health status of many victims of the disease begin to deteriorate faster. The problem is worsened when patients face discrimination from employers, colleagues and the rest of society. Therefore, one of the greatest things society can do to help alleviate the plight of people living with the disease is to show them love and care, and to avoid discriminating against them.

**4.5** Obviously, society has to do more to support teachers and educational workers living with HIV/AIDS. But who should do what? To answer this question, we sought the views of the respondents on the specific roles the stakeholders should play. Their views are presented below.

## **The Role of the Trade Unions (GNAT and TEWU)**

## FINAL REPORT

**4.6** There is a wide range of suggestions as to what GNAT and TEWU should do for their members living with HIV/AIDS. First, the two unions should provide financial support for their members living with HIV/AIDS to enable them to feed themselves properly to buy the necessary drugs.

**4.7** GNAT and TEWU should provide them with food and medicine directly. This could be done by setting up **funds** for teachers and educational workers living with HIV/AIDS and the establishment of a specialised department to take care of people living with the disease. *“GNAT and TEWU should have special fund to care for those people because we are all at risk. So they [GNAT and TEWU] should be responsible for their care and treatment to show that we are together even though they are victims”.*

**4.8** The two unions should work together to provide decent and affordable housing for teachers and educational workers who are living with the disease and their dependents. *“By allocating a reasonable percentage of the annual budget to put up structures to house all victims the two bodies would be contributing to the care and welfare of their members living with the disease.*

**4.9** GNAT and TEWU should advocate for the state to take more responsibility in the treatment of teachers and educational workers living HIV/AIDS. The unions should know that, as labour unions, they are representing the interests of all their members, including those who are infected with HIV/AIDS.

**4.10** The unions should provide support for the immediate family members of their members living with HIV/AIDS. One area of support to the family mentioned by most people relates to the education of their children. *“GNAT and TEWU should provide funds for their upkeep, more especially the children’s education and clothing”.*

**4.11** GNAT and TEWU should provide counselling for the infected people in all the districts on how to cope with the disease. *“GNAT and TEWU should establish counselling centres where those people can receive counselling”.*

**4.12** The unions should provide education in order to *“avoid stigmatization and discrimination”*. This could be done through workshops, seminars and mass meetings. One respondent suggested that *“If those teachers and educational workers who are living with HIV/AIDS are willing to reveal their status to the public, then GNAT and TEWU can employ them [on full time basis] to use them in their education and they should be paid handsomely”.*

**4.13** GNAT and TEWU should make all the necessary efforts to organise their members who are living with the disease. For example, the members of the unions living with HIV can be encouraged to form associations. This can give them not only moral support, but also it will enhance knowledge sharing on how to deal with different problems related to the disease.

### **The Role of the Employer (Ghana Education Service)**

## FINAL REPORT

**4.14** The Ghana Education Service (GES) is responsible for managing the education system at the basic and secondary levels. The Service is also in-charge of the teacher training colleges that train teachers for the basic schools. It is the main employer of all teachers and educational workers in the basic and secondary schools in the country. GES therefore has the onerous responsibility for the welfare of teachers and educational workers living with HIV/AIDS.

### ***HIV Education***

**4.15** With the vast experience and human resources in the education sector, the GES is better placed to lead education on HIV/AIDS. As the body responsible for the education system in the country GES has the responsibility to educate not only its employees but also the children and the youth under their care. This, in the view of many of those interviewed, is the natural responsibility of GES.

**4.16** Different suggestions were made by the respondents on how GES should go about education on HIV/AIDS. Below are some of the suggestions:

*“GES should gather the teachers and educational workers [living with AIDS] from time to time and educate them on the need to be faithful so as not to spread the disease to others”*

*“Ghana Education Service must have a day for HIV/AIDS so that during this day resource persons will go to school to teach people more”.*

**4.17** It was suggested that teachers should be given special education on HIV/AIDS, so that they can have the capacity to teach both students and the general public on the disease since most teachers are the role models and opinion leaders in their communities. It was suggested that GES *“should organize workshops for the teachers and award certificates to them so that they can go to the community to talk about the causes, effects and solutions to the people”*. Those living with the disease could be asked to share their experiences voluntarily at such workshops and seminars.

**4.18** The respondents also suggested that GES should take care of children of its employees who die of HIV/AIDS.

### ***Counselling***

**4.19** It is also suggested that the GES should strengthen its counselling unit and that the unit should be mandated to offer regular counselling sessions in all parts of the country for employees of the Service who are living with the disease. To make the work of the counsellors less difficult and less costly some of the respondents suggested that teachers living with the disease should be posted to areas where they would have access to professional counselling and treatment.

### ***Record Keeping***

## FINAL REPORT

**4.20** The GES should keep up-to-date record of all their employees living with the disease as well as those who die of the disease in order to provide the needed support for them or their family members (especially their children) who may need support.

### ***Financial Assistance***

**4.21** GES should support the infected teachers and educational workers financially to enable them purchase the required drugs for proper treatment. Or GES must provide the drugs directly to its employees living with HIV. The financial assistance should also cover their basic needs such as food. Alternatively *“government can increase the salaries of those teachers living with HIV/AIDS”* to enable them to purchase the necessary drugs.

### ***Special Retirement Package***

**4.22** The GES should, under no circumstance, sack a teacher or educational worker living with HIV/AIDS because of his or her status. In the event that the employee is too weak to work *“GES should recommend to SSNIT the AIDS patient to be considered for voluntary retirement to have a full benefit of their contributions when they are unable to work”* and *“GES should assist the teacher by granting sick leave for the teacher to treat him or herself.”*

### ***Transfers***

**4.23** It should be possible for GES to transfer teachers and educational workers living with HIV/AIDS to other locations where they are not known and therefore will not suffer from the stigma and discrimination associated with the disease. *“This will enable them to fend for themselves”.*

## **The Role of Government**

**4.24** The Government of Ghana (GoG) through the Ghana AIDS Commission and other bodies has done quite well in HIV education and awareness creation but more policies and measures are expected. In particular there is a huge room for improvement in the care for people living with the disease in terms of supply of drugs. The following are some of the suggestions we gathered from the teachers and educational workers covered by the survey.

### ***Access to drugs***

## FINAL REPORT

**4.25** The majority of the respondents were of the view that Government can and should do more to supply ARV to people living with HIV as other countries in Africa and Latin America are doing. One suggestion on the access or lack of access to drugs was that *“...the government should provide them with HIV/AIDS drugs free of charge”*. Others suggested that *“Government can support them by subsidizing the anti retroviral drug so that every average AIDS patient can afford”*. For teachers and educational workers living with HIV, the specific suggestion was that *“Government should add some extra allowances to their salaries to help them buy antiretroviral drugs”*.

**4.26** The last suggestion must be viewed within the context of the unique role teachers and educational workers are playing in the society. The longer they live and are able to work, the more the state and the Ghanaian society as a whole benefit from the huge financial resources invested in their training.

### ***Pay and retirement***

**4.27** A general suggestion was that people living with HIV/AIDS must have the option to either retire or continue to work especially when they feel too weak to work without losing their income. This implies that people living with HIV/AIDS should have special package under the social security scheme. Others also think that the burden should not be placed on the social security scheme but the *“Government should pay them [HIV/AIDS victims], even if they are not capable of working again”*. *“They should continue to take the salaries even if they become bed-ridden to be able to sustain their families”*.

### ***Education of their children***

**4.28** There are suggestions that Government should support the education of the children of teachers and educational workers suffering from HIV/AIDS. *“Government should take up the education of children of these people up to tertiary level. For Government to be able to support their education it might be necessary for Government to establish a special fund for HIV/AIDS education”*. A large number of the respondents were of the view that *“Free education for their wards, financial support, shelter and continuous supply of ARV must be the responsibility of Government”* and that *“Government should provide them with drugs, food and look after their children from basic to university level”*.

### ***General education on HIV/AIDS***

**4.29** Government should intensify HIV/AIDS education among the general public. This is needed to stop or reduce the spread and to remove doubts and misconceptions which fuel stigmatisation and discrimination which together worsen the plight of patients and increase the spread rate of the disease. The following are some of the suggestions gathered from the respondents.

*“Government of Ghana should implement programmes to increase knowledge on HIV/AIDS”*.

## FINAL REPORT

*“Government should train more counsellors, preferably teachers to help them [those living with the disease] accept their condition so that they will prevent further spread of the disease”.*

### **The Role of the District Assemblies**

**4.30** The district assemblies in Ghana are closest to the community people living with HIV in the communities and so they are better placed to assess the needs and to support them if they have the resources to do so.

#### ***Financial assistance***

**4.31** Some of the respondents were of the view that the district assemblies should be in the position to support HIV victims financially or they should provide them with the basic needs such as drugs and food. To finance such measures, the respondents suggested that the Assemblies should set aside a percentage of the District Assembly Common Fund for this purpose. Others suggested that Government should rather establish what they called the AIDS Fund from which the Assemblies could source funding from to support people living with HIV/AIDS including teachers and educational workers. Alternatively, it was suggested that the Assemblies should be allowed to source funding directly from the Ghana AIDS Commission to fund their HIV/AIDS programmes.

#### ***Counselling Services and Education and Housing for Children***

**4.32** Assemblies should be encouraged to provide counselling services, and housing and education for the children of people living with HIV/AIDS.

### **Collaboration with other state institutions and NGOs**

**4.33** There were suggestions that the assemblies need to collaborate more with other state institutions in order to improve the living and working conditions of those living with the disease. The following were some of the suggestions.

*“District assemblies should register teachers and educational workers infected with HIV/AIDS with the National Health Insurance schemes”.*

*“The District should liaise with NGOs to identify such people and assist them financially and organise regular visits to their homes.*

#### ***HIV/AIDS Education***

**4.34** There were some suggestions on the role the district assemblies can play in the area of education.



## FINAL REPORT

*“They [the district assemblies] should intensify campaign on the need for family members within the districts to accept such people into the society”*

*“The District Assemblies can encourage family members to accept the change in status and make the person feel accepted.*

*“District assemblies should organize seminars to discourage stigmatization at their various workplaces”.*

### **The Role of the National Health Insurance Council (NHIC)**

**4.35** The NHIC is responsible for the success of the newly-established National Health Insurance Scheme (NHIS). There were suggestions on how the NHIC can support those living with HIV/AIDS.

#### **Coverage**

**4.36** The NHIS could help alleviate the suffering of HIV/AIDS patients by broadening the scope of diseases covered under the scheme to include HIV/AIDS. Currently, the scheme covers some of the opportunistic diseases which come with the HIV/AIDS virus but it does not cover the HIV/AIDS itself. For instance, ARV treatment is not covered by the NHIS.

#### **VCT**

**4.37** The NHIS is also expected to help improve access to testing for those who want to know their HIV/AIDS status. As part of the scheme, therefore, more testing centres could be opened in all parts of the country and *“NHIS should test the patients freely without demanding money from them”*. The NHIS is also expected to provide professional counselling to people suffering from HIV/AIDS as part of its services to clients under the scheme.

### **The Role of the Social Security and National Insurance Trust (SSNIT) and the Pensions Reform Commission**

#### **Pension**

**4.38** SSNIT currently covers death, old age and invalidity. The scheme currently does not make any special provision for its members living with HIV/AIDS. For example, all members including those living with HIV must contribute 240 months (20 years) and must attain the age of 60 years before they can qualify for full pension or 55 years for reduced pension. This implies that most people living with HIV may not benefit from pension since they are likely to die before the age of 60 years. Technically, contributors living with

## FINAL REPORT

HIV/AIDS could benefit from the so-called invalidity pension. The problem, however, is that as is so often the case, the period between the time a HIV/AIDS patient becomes completely 'invalid' and the time he/she dies may be so short that they may not benefit fully under the invalidity scheme.

**4.39** The scheme is currently undergoing comprehensive reforms. There is therefore the opportunity to have a law which makes provision for the special needs of people living with HIV/AIDS. It is against this background that the following suggestions were made for the consideration of SSNIT and the Pensions Reform Commission.

### ***Special benefits***

**4.40** Under the new scheme, it should be possible for SSNIT to pay part of the contributions of those living with HIV/AIDS to enable them access medication even before they become incapacitated and qualify for invalidity pension.

### ***Early retirement***

**4.41** There were suggestions to the effect that under the new scheme people living with HIV/AIDS should have the option to retire earlier than the age of 55 years on full pension.

### ***Extra benefits***

**4.42** Some of the respondents were of the view that SSNIT should play a bigger role in financing the medical care and treatment of its members living with HIV/AIDS. The generally view was that SSNIT *"should assist them financially to enable them buy drugs that are not covered by NHIS with part of their contributions to SSNIT"*.

### ***Support for families of members***

**4.43** SSNIT is expected to support children of those living with HIV/AIDS. The following are what some of the respondents said about the role of SSNIT in regard to the support for children of people living with HIV/AIDS.

*"Their children should be catered for by SSNIT when their parents die"*.

*"SSNIT should at least, look after the ward(s) HIV/AIDS patients to the university level when such patients die"*.

*"SSNIT should provide tuition fees for at least two dependants of a teacher living with HIV/AIDS"*.

## FINAL REPORT

### *Housing*

**4.44** One of the immediate problems facing people living HIV/AIDS is the attempt to eject them from their houses when their status is known. SNNIT should therefore consider allocating some of their housing units exclusively to contributors living with HIV/AIDS.

### **Other Suggestions**

**4.45** Other suggestions made by the respondents show that there are still serious misconceptions about HIV/AIDS in Ghana. For example, some suggested that people living with HIV/AIDS should be kept in special villages, in special schools or special homes. People still think they can be infected by coming into contact with people living with HIV. It is these misconceptions which discourage people from taking the test or being open about their status. This is even a more serious issue because we are dealing with teachers who are educating other people about HIV/AIDS. Some even suggested that people living with HIV/AIDS “should be moved to remote areas”. The following are other suggestions made by the respondents which show that people are still ignorant about the disease.

*“The Ghana Government should keep them in one house so that the disease will not spread out”.*

*“District assemblies should put up residence to confine them to prevent further spread of the disease”.*

*“They should stay home but receive salaries until they die”.*

*“Stop them from working and giving them half salaries until they die”.*

### **Conclusion**

**4.46** HIV/AIDS has been one of the major social challenges facing African countries in the past two decades or so. In some countries, particularly those in the southern part of the continent, over one-fifth of their citizens are infected with the virus. The social and economic impact on those infected with the disease and on the society is devastating.

**4.47** **The International Labour Organisation has emphasised that HIV/AIDS is an important workplace issue** because the majority of those infected or likely to be infected are in the working-age population. Therefore, the responsibility of taking care of those infected and for preventing the spread of the disease does not only lie with governments but also it lies with the social partners (i.e. employers and trade unions). In other words, there should be a joint approach in tackling the challenges posed by HIV/AIDS.

## FINAL REPORT

**4.48** GNAT and TEWU commissioned this study to highlight the **need for collaboration among the stakeholders in the education sector** and to ensure that their members who are living with the disease receive the care and attention they deserve.

**4.49** The ten people living with the disease who were interviewed said their major **need is financial support to enable them buy drugs, feed themselves and to take care of their children. They also expressed the need for love and care.**

**4.50** Those living with HIV/AIDS and the respondents in the questionnaire survey made various suggestions on what to do to support people living with HIV/AIDS. Now is the time for the stakeholders to work together to support our compatriots who are living with HIV/AIDS.

## FINAL REPORT

### References

Joint United Nation Programme on HIV/AIDS (UNAIDS) and World Health Organisation (WHO), "AIDS epidemic update", December 2006, .

Basic National Social Security Scheme Bill, 2007

ILO "10 Key Principles of the ILO Code of Practice on HIV/AIDS and the world of work,"

Ministry of Education, Science and Sports "HIV/AIDS policy"

Ghana National Association of Teachers (GNAT) "HIV/AIDS Workplace Policy"

National Health Insurance Council "Mutual Health Insurance scheme, Client information – benefit package, national Health Insurance.

Social security Law, 199P.N.D.C.L. 247.1