

# **HIV/AIDS IN TERTIARY INSTITUTIONS IN GHANA**

**(DRAFT)**

**By**

**John K. Anarfi**  
**Institute of Statistical, Social and Economic Research**  
**University of Ghana, Legon**

**And**

**Kofi Awusabo-Asare**  
**Department of Geography and Tourism**  
**University of Cape Coast, Cape Coast**

**For The National Council for Tertiary Education, Accra working in  
collaboration with The World Bank.**

# HIV/AIDS IN TERTIARY INSTITUTIONS IN GHANA

## CHAPTER ONE

### INTRODUCTION

#### 1.0 Introduction

The threat posed by HIV/AIDS to the socio-economic, demographic and the medical dimensions continues to increase. Since the first case of HIV/AIDS was identified in 1986, the number of officially reported cases has increased to 43,587 by the end of 2000. Within the 16-year period, the virus has been identified among people in all the ten regions of the country and among all socio-demographic groups. At the current level of infection, every part and all institutions in the country face a big challenge of infection and dislocation.

However, the spread of the virus poses a bigger challenge to educational institutions and enterprises where the age structure of the population, the congregation of a large number of people in a small space and the mandate of such institutions have direct link with the socio-economic development of any country. Therefore, HIV infection is an issue that every tertiary educational institution in the country must take seriously.

There are three principal reasons for this:

- The vulnerability of a tertiary institution to the many adverse impacts of HIV/AIDS;
- The need for a tertiary institution to take the possible impact of infection into account in its forward planning, while at the same time taking steps aimed at prevention and control; and
- The responsibility of a tertiary institution – through knowledge dissemination, research and advisory services – to contribute to stemming the spread of the disease and to mitigating its impacts within the larger society of which it is a part.

In general, HIV infection can affect both the demand and supply of education. On the supply side, enrolment rates can reduce as a result of deaths, illness, financial constraints, demand for home care of the sick and other family and social circumstances. On the demand side, the cost of training academic and support staff due to premature deaths, and costs incurred in the form of employee benefits during illness or after death, which divert funds from projects that would help improve education, can result in reduced capacity of the educational system to provide education and training services. The disease can also impact on the quality of education. Teaching students who are sick, depressed, unmotivated or demoralised will impact on instructional outcomes. Taking time off to nurse the sick, seek medical care and attend funerals will also adversely affect learning outcomes.

HIV/AIDS affects an institution through its impact on the individuals who comprise it – students, academic staff, support staff and ancillary staff – on the processes that govern its operations, and on the financial and material resources needed to carry out these operations. Therefore, the presence of HIV/AIDS in a country makes it imperative that a tertiary institution examines its policies to determine whether any

that are in operation may increase the vulnerability of individuals and augment the risk of HIV – infection.

### 1.1 Purpose of Study

The purpose of the study was to investigate:

1. The manner HIV/AIDS has affected personnel, operations and use of resources at selected tertiary institutions in Ghana;
2. How the institutions have responded to these impacts;
3. The steps the institutions were taking to control and limit the further spread of HIV/AIDS within their institutions;
4. The developments in teaching, research, publications and advisory services which the institutions have initiated because of the infection; and
5. The extent to which the institutions propose to respond to the negative impact of HIV/AIDS on the national pool of skilled professional personnel by consciously increasing enrolment and/or expanding graduate output in disciplinary areas of special relevance.

### 1.2 HIV/AIDS Situation in Ghana

Ghana was among the first countries in the West African sub-region that recognised the danger posed by HIV/AIDS and took a decisive step to control its spread. By December 2000, the Ministry of Health (MOH) had recorded a total of 48,771 AIDS cases since the first official case was recorded in Ghana in 1986. This means that on the average, the country has been recording about 3,100 AIDS cases annually since 1986 (Table 1.1). As indicated in the table, about 70 per cent of all diagnosed persons were aged 20-39 years.

**Table 1.1**  
**Reported cumulative AIDS cases in Ghana by age and sex:**  
**March 1986 to October 2001**

Age Group (Years)	Female		Male		Total	
	No	%	No	%	No	%
0-4	470	1.6	472	2.5	945	1.9
5-9	116	0.4	116	0.6	232	0.5
10-14	90	0.3	59	0.3	149	0.3
15-19	754	2.5	139	0.7	893	1.8
20-24	4163	13.9	845	4.5	5008	10.3
25-29	6845	22.8	2721	14.5	9566	19.6
30-34	6244	20.8	4138	22.0	10382	21.3
35-39	4583	15.3	4008	21.3	8591	17.6
40-44	2739	9.1	2549	13.6	5288	10.8
45-49	1688	5.6	1814	9.7	3502	7.2
50-54	1103	3.7	936	5.0	2039	4.2
55-59	493	1.6	454	2.4	947	1.9
60+	541	1.8	444	2.4	985	2.0
NOT STAT	161	0.5	83	0.4	244	0.5
<b>Total</b>	<b>29990</b>	<b>100.0</b>	<b>18781</b>	<b>100.0</b>	<b>48771</b>	<b>100.0</b>

The earliest national response was the establishment of the National Advisory Commission on AIDS (NACA) in 1985 to advise government on HIV/AIDS issues. In 1987, a year after the first case was diagnosed in the country, the government established the National STDs/AIDS Control Programme (NACP) under the Ministry of Health's Diseases Control Unit to be responsible for issues relating to HIV/AIDS. NACP was charged with the responsibility of reducing the transmission of HIV infection, and to mitigate the impact of the disease on human suffering. This they do through planning and managing, monitoring and evaluating all co-ordinated HIV/AIDS prevention and control activities in the country, setting up sentinel surveillance systems to monitor the transmission of the AIDS virus. Also, they provide HIV screening and counselling facilities in all teaching, regional and district hospitals, develop educational programmes to create awareness and increase knowledge of the disease to enhance positive behaviour change.

A review of the existing situation revealed that a multi-sectoral and holistic approach was needed in order that the NACP could achieve its goals of reducing new infections and mitigating effects of the epidemic. Thus, in 2000 a National HIV/AIDS and STI Policy and Framework were developed. As part of the programme, a Ghana AIDS Commission was established under the office of the Vice-President. Another factor identified was the lack of clearly defined budget line by various Ministries to address the HIV/AIDS epidemic. Generally, the budget for HIV/AIDS control and prevention programmes in Ghana has largely come from Bilateral and Multilateral sources. Among the donors are the Canadian International Development Agency (CIDA), German Technical Co-operation/Regional AIDS Programme (GTZ), United States of Agency for International Development (USAID), the European Union (EU), UNAIDS and Japanese Fund.

A number of non-governmental (NGOs) and community-based organisations (CBOs) have also been working in partnership with the donors to bring HIV/AIDS control and prevention programmes closer to people. These include the Christian Health Association of Ghana (GHAG) comprising the Catholic Secretariat, Salvation Army and the Presbyterian Church, the Ghana Red Cross, Save the Children Fund (SCF) UK, Centre for Development of People (CEDEP), CARE International, Action AID and Stop the Killer AIDS.

In spite of these attempts, 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. The basis for the estimates is from sentinel surveillance systems set up by the Ministry of Health in some designated hospitals and health centres in the country. Findings from the sentinel surveillance for antenatal women show that by 1994, 2.7 per cent of all pregnant women who visited these designated hospitals and health centres were tested HIV positive. The figure increased to 4.6 per cent in 1998 and is expected to increase to 6.4 per cent in 2004, 8.2 per cent in 2009 and 9.5 per cent in 2014, if present trends continue.

It is also projected that if the present rates continue, the current estimate of 600,000 PLWHA will rise to 720,000 in 2004, and 1.36 million in 2014. Within the periods the number of persons infected daily will be 300 by the year 2004, 380 by 2009 and about 510 by 2014. As with the present pattern, about 90 per cent of the infected persons will be within the 15-49 year age group (see Table 1.1). This is the theoretical

age group from which every country derives its workforce. The concentration, though, will continue to be within the 24-39 year olds accounting for 59 per cent of PLWHA in Ghana. Only about 1.0 per cent of all HIV/AIDS cases recorded are below 15 years, and only 8 per cent were aged 49 years and above.

With regard to sex distribution, females accounted for 63 per cent of the recorded HIV/AIDS cases. The peak ages for females and males also differ. Whereas the modal age for infected females was the 25-29 years age group that of the males was the 30-34 years age group, implying that females are infected earlier than their male counterparts.

Since it was first diagnosed in the mid-1980s, HIV/AIDS has claimed many lives and rendered a number of children orphans. Official records show that as at 1994 7,000 persons within 15-49 years age group had died from AIDS-related diseases in Ghana. By 1999 the number of deaths associated with AIDS increased to over 20,000 persons, and it is projected that by the year 2014 more than 1 million persons in Ghana would have died from AIDS-related diseases. As the most affected group are people in their reproductive age, more children keep on becoming orphans as parents continue to die from HIV/AIDS. As at June 1999, the MOH estimated that there were 126,000 orphans resulting from the AIDS epidemic.

Considering the modes of transmission of HIV in Ghana, and with about 80 per cent of all infections through sexual contact, the number of AIDS-related orphans is likely to increase. Also given the age structure of infected persons, mother-to-child transmission, would be a major health issue in the country.

To ensure that these projected increases do not become a reality, the government is now taking a more serious approach to combating the disease. As a first step, HIV/AIDS advocacy has been lifted to the highest political level with the formation of a National AIDS Commission chaired by the Vice-President. All sector Ministries have been instructed to incorporate HIV/AIDS activities into their programmes and to provide a budget line for such activities. The Ministry of Health is also collaborating with the Noguchi Memorial Institute for Medical Research (NMIMR) and the Centre for Scientific Research into Plant Medicine (CSRPM) to develop herbal medicine to treat opportunistic infections. Preliminary results are encouraging. It, thus, appears that Ghana's effort at mitigating the spread and the negative impacts of HIV/AIDS is beginning to yield fruits.

### **1.3 Tertiary Educational Institutions in Ghana**

Theoretically, all post-secondary level institutions constitute the tertiary level. However, in Ghana, and as in many countries, the concept is used to refer to diploma and degree-awarding educational institutions. In Ghana, four categories of such institutions can be identified. These are:

- ◆ Universities: There are currently five (5) state-supported and --- private universities in the country. The list of the five state-supported and the --- private universities are shown in appendix A.
- ◆ Polytechnics: Ghana has ten (10) state-supported polytechnics, with one in each of the ten administrative regions of the country. There is only one private

polytechnic - Archbishop Potter's Polytechnic for girls - located at Elmina in the Central Region (see also appendix A for the list of polytechnics in the country).

- ◆ Special Institutes. In addition to the above, there are two (2) special tertiary institutions namely, the Institute of Professional Studies (IPS) and the Ghana Institute of Languages (GIL). The two have special responsibilities, with the IPS providing facilities for people preparing for the various professional certificates in accounting and management while the GIL trains people in both Ghanaian and foreign languages.
- ◆ Regional Colleges of Applied Arts, Science and Technology (RECAAST). This consist of the various certificate and diploma awarding institutions in the country. At the last count there were over 95 such institutions<sup>1</sup> under different Government Ministries and Departments. Prominent among them are the nurses training colleges, the agricultural institutes and the schools belonging to the Department of Social Welfare.

However, the study was confined to samples from the first two-Universities and polytechnics. This is because the two are the most conspicuous and also account for the bulk of tertiary education students in the country. As at the beginning of the 2000/2001 academic year, there were 40,673 students in the five state-supported universities, 18,459 students in the ten polytechnics and 1047 students in the two special institutions (NCTE, 2002).

The notional age group into these tertiary institutions is 18-30 years, the peak period for HIV infection in the country. It is, therefore, important for the country, the administrators and the students of these institutions to take steps to minimise the potential for infection among students.

#### **1.4 Structure of Report**

The report, based on the survey is in six parts. The first part is the introduction. This is followed by a brief description of the methods used to collect data. The third section is devoted to the concept of vulnerability as a framework for examining the issues of HIV/AIDS infection in tertiary institutions in Ghana. The fourth and fifth sections examine the results of the study from administrators and students respectively. The final section deals with the responses of the institutions and the ways forward.

---

<sup>1</sup> This excludes the 41 Teacher's Certificate 'A' Training Colleges.

## CHAPTER TWO RELATED LITERATURE AND CONCEPTUAL FRAMEWORK

### 2.1 Introduction

The HIV/AIDS epidemic presents a big challenge to tertiary education institutions worldwide. Recognising the implications of full-blown HIV/AIDS infection in African tertiary institutions, Kelly (2001) observed that:

In South Africa, the Association of Universities Vice-Chancellors regard HIV/AIDS as a critical strategic issue for higher education for the next five years (2001). With the observed impact of HIV/AIDS in South Africa, the response of the Universities was uneven.

Tertiary institutions by their nature are in a position to provide information and other services that benefit society but are not likely to be offered by private enterprise because there is no sufficient incentive to do so (the concept of *common good*) (see World Bank, 1997). Secondly, it has long been recognised that integrating HIV/AIDS education in school and training curricula for it to reach a wider audience and at a minimal cost can be achieved through tertiary institutions (World Bank, 1999). As the centres for training and capacity building, tertiary institutions have the capacity to develop programmes that address the threat posed by the epidemic.

In the African setting the boarding school system creates conditions for peer-pressure and conditions for sexual networking (Anarfi, 1999; Varga, 1999). It also provides an opportunity for reaching a large number of people with programmes and services at within a short period. On the other hand, tertiary institutions contain people who are vulnerable to HIV infection due to their age and socio-spatial characteristics.

This study adopts a conceptual framework developed by Mann and Tarantola (1996) to discuss the vulnerability of young people to HIV infection. The framework is based on the view that there are three broad sources of vulnerability to HIV infection among young people (see for instance, Awusabo-Asare et al, 1999; Twa-Twa, 1997)

### 2.2 Susceptibility and Vulnerability

Two concepts have emerged in the literature with regards to HIV infection around the world in general and in SSA in particular. Those are *susceptibility* and *vulnerability*. *Susceptibility* refers to the likelihood that an individual or society will experience the epidemic, while *vulnerability* is defined as a range of factors which renders an individual or a group incapable of making and effecting free and informed decision, unable to take advantage of existing structures and receive inadequate support. (Manu and Tarantola, 1996)<sup>2</sup>. Vulnerability is thus the converse of *empowerment*.

Within the context of HIV infection, Susceptibility is at two levels. These are individual and societal susceptibility to infection. *Individual* susceptibility is the biological and social potential for an individual to be prone to HIV infection, while

---

<sup>2</sup> For the details of the various components of individual, programme and social vulnerability, see Mann and Tarantola, 1996.

*social* susceptibility is related to the relative wealth and power as well as the relative potential for effective mobilisation of resources and influence, gender relations, livelihood strategies and cultural values.

Vulnerability, as defined above, according to Mann and Tarantola (1996) exist at three inter-dependent levels. These are individual, social and programme-related vulnerabilities:

1. *Personal* (individual) vulnerability has two components, namely cognitive and behavioural factors. Cognitive factors involve informational needs and the ability to utilise information. Behavioural factors include:
  - personal characteristics such as emotional development perception of risk and attitudes toward risk-taking; personal attitudes to sex and sexuality.
  - Personal skills involve ability to negotiate for a wide range of risk-reduction behaviours such as abstinence or condom use.
2. *Programmatic* vulnerability encompasses the processes and activities that are available for reducing or resolving personal vulnerability. This involves the provision of information and education, counselling and peer support and skills training in sexual issues.
3. *Societal* vulnerability on the other hand involves the socio-cultural, economic political and environmental factors that make a society or group within that society particularly susceptible to adverse effects of any event.

One can identify the categories of the population that are likely to be susceptible and vulnerable to any phenomenon such as HIV infection. In our system, women, children and young people are more vulnerable than any other group because of their basic biology, the perception of society and the unequal access to resources. Young people are also likely to be vulnerable due to their perception of and risk-taking behaviour (Anarfi, 1999; Mann and Tarantola, 1996).

Available evidence also suggests that while some institutions may wish to undertake education programmes on HIV/AIDS, they are in most cases constrained by budgetary and management difficulties. Faced with conditions of low funding and budgetary cuts, administrators of tertiary educational institutions less likely to give priority to HIV/AIDS issues. Such conditions have created programme-related vulnerability in countries generally and in the institutions in particular.

In the next sections, this framework is used to analyse the situation and the responses of tertiary institutions to the HIV/AIDS epidemic.



## **CHAPTER THREE METHODOLOGY**

### **3.1 Scope of study**

The study covered five universities (four public and one private universities) and five polytechnics (Accra, Ho, Kumasi, Tamale and Takoradi). For the universities, by studying the four institutions, all the five state-supported universities have been covered.<sup>3</sup> The study was planned to cover a sample of 2,000 students with 200 in each institution. The target was to select equal numbers from levels 100 to 400 as well as post-graduate students in the universities and levels 100 to 300 in the polytechnics. Due to problems encountered in the field (see section 3.4 below), the number of students that were actually interviewed was 1,775. In addition to the students, information was also sought from high-ranking staff from the administrative and academic sections.

### **3.2 Methods of data collection**

The study was planned to involve interviews, focus group discussions (FGD) and analysis of documents. As a first step, a formal notification was sent to the leadership of the institutions for authorisation and backing in gaining access to informants and relevant sources of information. The tertiary institutions in the study were zoned into two. The first zone, made up of The University College of Education of Winneba, The University of Cape Coast, Takoradi and Ho Polytechnics, were co-ordinated from the University of Cape Coast. The second zone, consisting of Central University in Accra (private), Kwame Nkrumah University of Science and Technology (KNUST) in Kumasi, University for Development Studies in Tamale, and Accra, Kumasi and Tamale Polytechnics were co-ordinated from the University of Ghana, Legon.

A kind of rapid appraisal questionnaire was administered to students in each of the institutions as a means of getting some quantitative data to supplement the qualitative information from the administrators. It was planned to cover 60 per cent males and 40 per cent females, distributed equally among different year levels in each institution. The 60:40 proportions were chosen in view of the existing sex composition of students in tertiary institutions in the country. The number included graduate students in the universities.

For the study, graduate students with previous experience in interviewing, were engaged to administer the questionnaires. In some cases, the student respondents filled the questionnaires themselves after some explanation. The administrators were all interviewed, and in most cases the interviews were recorded.

### **3.3 Constraints**

There were a few constraints that need mentioning. Firstly, out of all the institutions, it was only the KNUST whose Vice-Chancellor formally wrote to grant authorisation. However, the absence of a formal permission did not adversely affect the data collection processes in the other institutions. Secondly, the institutions selected for

---

<sup>3</sup> The fifth university, The University of Ghana, Legon has been studied by Anarfi.

study followed different calendars. At the time some of them were in session, others were on vacation. Therefore, data collection went on through to November 2001. Thirdly, at the time the study started, the academic staff of the polytechnics was on strike and this delayed data collection in some of the polytechnics. Due to time constraint, therefore, only structured conversation could be organised for some of the key informants in the institutions.

Special problems were encountered in the Central University. As a largely day institution, it was very difficult getting the students to interview as they were almost always engaged in the classrooms. We were therefore, compelled to give the questionnaires to the president of the university's Students Representative Council (SRC) to administer them on our behalf. After a long delay, only about 60 questionnaires were retrieved from the president. Similarly in Accra Polytechnic and Tamale Polytechnic, the questionnaires were given to the student leaders to administer because they were writing their of end-of-year examinations. Over a quarter of the questionnaires could not be retrieved as some students went away with them after completing their examinations. However, in the other polytechnics, both the students and the staff showed interest in the whole work. Although the polytechnics were largely day institutions, it was possible to retrieve all the questionnaires due to the interest shown by staff and students.

A more general problem was the unavailability of targeted people for appointments. A few were just uncooperative. They were not available at the appointed time and did not propose alternative dates and/or times either. Others were genuinely hard pressed with time, because the exercise coincided with the reopening of a new academic year with all its attendant problems, and this was worsened by severe financial crisis, and, in the case of the polytechnics, industrial crisis. Therefore, a number of the key persons were engaged in series of meetings. Nonetheless, a number of people were interviewed which gave us an idea of the situation in these institutions.

Serious problems were also encountered in the search for documented information. None of the institutions could give us their calendars, which spell out their establishments. In lieu of a calendar all of them gave the latest reports for their congregations. Not all the institutions have their own health facilities and these could not give us records on reported diseases for students and other members of their communities. Only one university has realised the need for such statistics as part of a drive to initiate HIV/AIDS intervention programme on its campus, based on the initiative of the Vice-Chancellor. However, the documented information on the HIV/AIDS situation in the institution was not ready at the time of the interviews. Then also there was the general sensitivity surrounding HIV/AIDS such that people were not willing to give certain information that could be relevant to the study.

## CHAPTER FOUR EXISTING SITUATION AND VIEWS FROM ADMINISTRATORS

### 4.1 Introduction

This chapter deals with the results from the survey, both from the point of view of the administrators and the students. It draws from the in-depth interviews with the administrators and the structured questionnaire for the students.

### 4.2 The HIV/AIDS situation in the institutions

Ideally, one should start from the documented evidence to give a background to the situation in the various institutions studied. However, not even one of them had data on the HIV/AIDS situation on their campuses. As a result, although all the heads of the institutions visited did realise the seriousness of the infection nationwide, none of them could specifically indicate the situation in their institutions because they did not have any records. This is summed up in the statement of one principal to the question as to whether HIV/AIDS was a problem in the institution:

*It is difficult to say, because we have not conducted any survey, tests or recorded any cases on campus which can be used to support any claim that it is not a problem. However, the general view is that everybody is at risk, including our students.*

This is unfortunate indeed because without being prompted, tertiary institutions should take the threat posed by HIV/AIDS seriously to document the situation in their institution, given the nature of their establishment. Firstly, their principal clients are students, most of whom are in the 18-30 years old age group, the age range within which HIV infection normally peaks in most countries. Generally half of all those who become infected with HIV are young people under age 25 years. Because of the long time lag between HIV infection and conversion to the life-threatening stage of AIDS, some tertiary students may become HIV-infected before any one becomes aware of it.

A feature of tertiary institutions is that their students are considered as independent adults whose activities cannot be seriously restricted as in secondary schools. Yet as a “captive” population confined to a limited space, the institutions offer ideal conditions for sexual networking which is the conduit for the spread of STIs, including HIV. In addition, partner sexual mixing is likely to occur as some students may alternate between different sets of sexual partners during vacation and during academic sessions. The liberal atmosphere on University campuses means that some students may be enjoying independence from the watchful eyes of their parents for the first time in their lives. All these conditions exist within a general atmosphere of low condom use in the country as a whole (Ghana 1998) and among young people (Tweedie and Witte, 2000).

Re-enforcing the above is the nature of HIV with its long incubation period before it manifests itself as full-blown AIDS. Since it takes about five to ten years for the virus to manifest itself, the possibility of some people unknowingly infecting others exists. Others may intentionally infect others since they may not readily exhibit the symptoms. Secondly, it also means that the impacts of the infection on society or on

any sector do not occur all at once. There is a slow, creeping attrition of personnel,<sup>4</sup> through morbidity and mortality, one person at a time but each loss weakening a department in the performance of its functions. Thus, the presence of HIV/AIDS in the country makes it imperative that the universities and the polytechnics examine their policies to determine whether any that are in operation may increase the vulnerability of individuals and augment the risk of HIV-infection. In statistical terms, HIV/AIDS has not made any direct impact on any of the institutions studied because officially none of them has recorded any HIV-positive case or AIDS deaths among students to date.

### **4.3 Observations from administrators**

The data from the administrators were basically from in-depth interviews. The results indicated that some of the administrators were pre-occupied with the daily survival of the institutions to such an extent that they had had not given much thought to the issue of HIV/AIDS on their campuses. In particular the polytechnics seemed to have been overwhelmed by many problems, some of which had culminated in unrest from both students and lecturers in recent times. For instance, there is an advert HIV/AIDS on television, which shows a father and mother who have lost a 31- year old son advising the youth to be careful in order not to be infected by the various and die as their son did. Although the Vice-Principal of one of the polytechnics confirmed that the deceased was a former student of that institution and died three years after completing his course, the incidence has not prompted the institution to examine the situation on that campus. According to the Vice-Principal: "We thought he had completed and gone to the world of work. I think that is where he might have contracted the disease". That assertion from the Vice-Principal indicated that he was not fully aware of some aspects of the virus. Given its long gestation period, the young man could not have contracted the virus, developed AIDS and died within three years. It is highly probable that he contracted the virus while still a student.

One lesson from the study is that people's knowledge about HIV/AIDS is not deep enough. It will be useful to find out exactly what people know and how they relate the knowledge to their everyday experiences. The response from the head shows how superficial some of the knowledge obtained is. Thus, the encounter with the administrator pointed to the fact that people need more professional and detailed information than they are getting at the moment

#### **4.3.1 Persons living with the virus**

In most of the institutions, particularly the universities, the people interviewed made allusions to the possibility of some of the members of their communities being persons living with the virus. However, in the Kwame Nkrumah University of Science and Technology (KNUST) and the University of Cape Coast, the administrators such as the Vice Chancellor, the Pro-Vice Chancellors, the Registrar and the Directors of Health Services indicated that they strongly suspected cases of HIV/AIDS on the campus, even without records. In answer to the question whether HIV/AIDS was a serious problem on the campus the Director of Health Services of KNUST replied:

---

<sup>4</sup> This is reflected in the title of Peter Gould's book on the infection: *The slow plague*.

*“Yes, particularly among the staff. On the part of the students I see them as high suspects. We have not seen cases among the students as we have among the staff. I could have been more specific if I had put the figures together. At the moment we have very high suspicion”.*

The basis of the Director’s suspicion was that: *“On clinical grounds we suspect that some people have it but we have not gone ahead to do the test them”.*

He could not put exact numbers on the cases but he emphasised that *“We had some who have tested positive and are around”.* He pointed out that he had actually wanted to compile a list of HIV/AIDS cases about 2 to 3 years ago but he did not receive the needed administrative support. The clinical cases reported among the members of staff had convinced him that the institution needed to direct attention to the over 11,000 students because:

*“the students may be interacting with the staff we are handling. So we suspect that if there is a problem with one side, we should be eager to know what is happening on the other side they are interacting with”.*

He added, *“This is necessary because ours is a close knit community”.*

The Pro-Vice Chancellor went beyond mere speculations and put figures on the number of AIDS-related deaths. He indicated that:

*“At least some people died on campus, two people to be specific, about 3 to 4 months ago and there were speculations that they died of AIDS. One was academic staff member and the other was working with the catering services”.*

When she was asked to quantify the cases she was aware of, a Registrar of one of the Universities stated:

*“Well, the staff I know of at least one person who has died of AIDS. There is another who is sick at the moment and I have been told its AIDS and I know of one other staff or two others who died. So all together I am aware of 3 members of staff who have died.”*

Similarly, the senior nursing officer of the University of Cape Coast indicated that there have been cases reported at the hospital, but so far as she knew, these were not students. But added: *“Since some of our students live in the communities within the University, I am concerned about infection among students.”*

#### **4.3.2 Perceived behaviour of students**

Apart from the general lack of statistics on the HIV/AIDS situation on the campuses, there was the general concern that students were particularly at risk of contracting the disease. The concern stemmed from the observed behaviour of the students in both the polytechnics and the universities. The concern was that the students in the polytechnics appeared to be younger than those in the universities. In addition, they are largely in non-residential institutions, depriving the students of the type of in-built self-sanctioning of behaviour that may occur in residential institutions. Furthermore, the polytechnics lack facilities such as libraries and

common rooms that the students can use while not attending lectures. Where they exist the facilities are woefully inadequate. Finally, virtually all the polytechnics are situated in the centre of towns/cities. The Senior Nursing Officer in charge of the students' clinic at Accra Polytechnic summed up the situation thus:

*“The wee {marijuana} smokers are just behind the wall and we see the students jump over the wall to that place. During their student week celebrations some of them are virtually with the smokers. They say they are mature students but I don't agree with them. Somebody straight from the Senior Secondary School a mature student? My God! They don't seem to understand; they take life too easy”*

In the universities, which are largely residential, concern was the nature of sexual networking that went on among the students. Some of the student leaders were concerned about the lifestyles of some of the students, especially the females. As pointed out by one key informant in one of the universities:

*The loose life on campus exposes students to HIV infection.*

The concern for the lifestyle of the students culminated in a demonstration against the dressing of female students on Legon campus and even led to series of television talk shows. The view of some people was that the female students were exposing themselves leading to the possibility of some of them being raped. Although this was countered by others, the demonstration and the subsequent debates brought to the fore some of the perceptions about the lifestyle of students.

In the last five years, the number of students in tertiary institutions had doubled but without any corresponding increase in facilities and services. For instance, in 1996/97 academic year, the number of students in the five state-supported universities was 23,126, but this increased to 40,673 by the end of the 2000/2001 academic year. This has led to accommodating four or five students in rooms which were previously meant for one or two students, leading to congestion in student rooms. Referring to the congestion in the students' rooms the Pro-Vice Chancellor of one of the universities noted:

:

*“What makes it worse in situations where 4, 5, 6 students sleep in a room is that some of them stay out of their rooms and sleep in open places such as the junior common rooms or the library. At these places they can easily get involved in sex”.*

Under such circumstances, the students may not have time to think of or practice safe sex such as using a condom.

The principals of some of the polytechnics were even more concerned given the fact that most of their students were none residential. Secondly, they were concerned by the fact that some of the students were pursuing courses such as catering which involved purchasing a number of times. Their concern was that some of the students would be involved in relationships in order to get money to finance their projects. In fact, one Principal noted that:

*I am getting concerned about the reports I receive about the behaviour of some of our students, especially the females.*

According to the head, there were allegations that some of the female students went out with older men who can finance their education. This observation is not new. Dinan (1983) has discussed the sugar-daddy phenomenon among young women in Accra.

#### **4.3.3 STI infections**

Another concern on campuses was the reported prevalence of sexually transmitted diseases especially among the students. In the words of the Director of Health Services in one of the institutions:

*“The other basis is that we have a very high prevalence of STDs especially among students and we know that there is a link between STDs and HIV. In fact that makes us suspect that it (HIV/AIDS) exists, probably at a level that may be quite significant”.*

The policy of the institutions is to treat students for reported infections. The situation in the polytechnics could not be ascertained since they do not have health centres along the lines found in the universities. Secondly, most of the students were non-residential and were not likely to report such cases to the resident nurse. These situations create conditions that were of concern to the administrators.

On the other hand, there were no official outlets for condom distribution on the campuses. It was in one University that it was reported that there were some students who sold condoms in the halls. For the rest of the institutions, the students were expected to purchase some from the university family planning clinics or from some of the shops (chemical and multi-purpose shops) that have sprang up on the campuses. On the sale of condoms on campuses, there were two opposing views. While one group was in favour of selling condoms to students, the other was against the idea, labelling condoms as immoral items and also contributing to the immoral behaviour on campuses. To deal with the infection, the issues of condom sale should be dispassionately discussed on campuses.

#### **4.4 Concern for family members**

Another concern raised by the administrators was on the welfare and 'safety' of their children on campuses which they considered to be high-risk environments. Asked whether he had any concerns, the Pro-Vice Chancellor of a university remarked:

*“Yes, definitely. Apart from being university administrators we are also parents and naturally you wouldn't want your daughter to go to the hall and the next day come and say that I've been involved with a friend and this is the problem on hand. It is the last thing you would want to hear”.*

Although there was no evidence from the respondents about some of their family members being infected, the responses showed the concern even beyond their professional life. HIV infection in a family under the existing conditions can be disconcerting.

#### **4.5 Conclusion**

The existing conditions and the perception of administrators point to the existence of programme-dependent and social vulnerability on campuses of tertiary institutions. Although the administrators have recognised the vulnerability of the students to infection due to their numbers, residential situation and their lifestyle, they all agreed that not much had been done to respond to the threat posed by HIV infection in their institutions.



## CHAPTER FIVE VIEWS OF STUDENTS

### 5.1 Introduction

This chapter presents information on the students interviewed. Overall, 1766 students were interviewed, giving a response rate of 88 per cent. Of the 1766 students covered, 53.2% were enumerated from the polytechnics while the rest were from the universities. About 66% of the students were males and 34% females. They were relatively young (see Table 5.1), the university students being slightly older than their polytechnic counterparts, with a mean age of 26.9 years for the former and 24.3 years for the latter.

**Table 5.1**  
**Age of student respondents by institution**

Age	Polytechnic		University	
	Number	Percent	Number	Percent
Under 20 years	25	2.8	23	2.9
20 – 24	603	67.4	338	42.8
25 – 29	161	18.0	227	28.8
30 – 34	55	6.2	107	13.6
35 – 39	33	3.7	47	6.0
40 – 44	13	1.5	31	3.9
45 – 49	3	0.3	10	1.3
50 – 54	0	0.0	5	0.6
55 - 59	1	0.1	1	0.1
Total	894	100.0	789	100.0

### 5.2 Awareness about HIV

Ninety-nine percent of the students were aware of HIV/AIDS, proportions similar to what has been reported from various studies in the 1990s (see for instance, the GDHS of 1998). Just over one per cent (1.4%) of the students reported that they had never heard of HIV/AIDS. This could be described as 'strange' given the fact that these are students in tertiary institutions and the fact that information has been provided on the infection through the mass media and in the institutions themselves. Secondly, 25 of the students (1.4%) reported hearing of HIV/AIDS for the first time before 1981, while another 1.5 per cent reported hearing of the infection after 1999 (See Table 5.2). This is also surprising because educational institutions have been targeted for HIV/AIDS information.

The respondents were asked to indicate their first source of information on HIV. The mass media emerged as the most important sources of information, with 46% reporting the radio and 27% television, as their first source of information. Over six per cent mentioned the schools or teachers as sources of HIV/AIDS information. As noted above, the mass media has emerged as the main conduit for disseminating information of HIV since the virus was first diagnosed in the country in 1986.

**Table 5.2**  
**Year respondents first heard of HIV/AIDS**

	<b>Number</b>	<b>Percent</b>
Before 1981	25	1.4
1981 – 1986	154	8.7
1987 – 1992	875	49.5
1993 – 1998	592	33.5
1999 and After	27	1.5
Not Stated	70	4.0
Not Applicable	25	1.4
<b>Total</b>	<b>1768</b>	<b>100.0</b>

### **5.3 Knowledge of people living with HIV**

Fifty-six of the students (3.2%) reported that they suspected that some of the people in their institutions were living with the virus. Of this number, forty-three, accounting for 77% suspected one or two people while eight of the respondents indicated that they suspected between three and six people in their institutions who were HIV positive. Thirteen of those who reported suspecting some people to be HIV positive in their institutions revealed that those they suspected were members of the academic staff, with 11 of them referring to male members of the academic staff. On the other hand, 25 of the 56 who reported suspecting an HIV-positive persons on their campuses indicated that those they suspected to be living with the virus were students. Thirteen mentioned female students and 12 mentioned male students. In addition to these, six mentioned other supporting staff and three mentioned senior administrative staff.

Only 2 per cent of the respondents reported that they knew of people in their institutions who had died of HIV/AIDS. However, 15.3 per cent (270) of the student reported that they were not sure. The difference between this category of respondents and those who reported “No” is that unlike the latter, the former perhaps observed some deaths. Some of these deaths could be AIDS-related. The suspected deaths from AIDS were attributed mainly to students and residents on campuses, other than a member of the supporting staff, academic staff or senior administrative staff.

Although none of the authorities interviewed mentioned that they suspected a student or member of their family to be HIV positive, 4.3 per cent of the students interviewed reported such cases. The proportion of the respondents indicating that they had been personally affected was higher among the respondents from the polytechnics (5.3%) than in the universities (3.1%). The family members mentioned were cousins, aunts, uncles, siblings and nephews. None of the respondents mentioned parents. This could be true because the parents of most of the students may be out of the known high-risk groups. It could also be that the students refused to mention parents because of the stigma attached to HIV/AIDS. Parents are too close to be associated with the stigma associated with the disease (see Awusabo-Asare, 1995).

### **5.4 Perception of risk among Students**

Risk level can be measured objectively through developed indices or subjectively through personal assessment. In the study the subjective approach was adopted and the respondents were asked to assess their personal risk levels. The advantage of the subjective approach is that those who perceive themselves to be at risk tend to be receptive to new ideas. The disadvantage is that people may rationalise their risk behaviour and would not report themselves to be at risk.

#### 5.4.1 Personal risk

Of the number, 53% perceived themselves to be at risk of contracting HIV/AIDS while 36% responded that they were not at risk. The rest, 11%, were uncertain. Giving reasons for their responses, about 36% of those who did not perceive themselves to be at risk said they abstain from sex, 31% said they were very careful while 19% of them said they stick to one faithful partner (See Box 5.1). Another 2.2% reported that they were not at risk because they kept to the religious teachings of their group on sex, which were basically abstinence or fidelity to one's partner, especially in marriage. However, there were 1.8 per cent of the respondents who reported that they were not at risk "Because God was in control" and 1.6% reported that they were not at risk "Because they were aware of the infection". These last reasons represent reliance on belief and therefore not taking any action to protect one's self.

#### Box 5.1

##### Reasons given by students who did not perceive themselves as being at risk

• I abstain from sex	29.4%
• I take good care of myself	30.8%
• I stick to only one faithful partner	19.0%
• Keep to Biblical/Islamic law about sex	2.2%
• Because God is in control	1.8%
• Because I am aware of the disease	1.6%

The reasons given by those who perceived themselves to be at risk of HIV infection are given in (See Box 5.2). About 17% explained that they were in a relationship and their partners could be unfaithful. A similar proportion, 16.5%, pointed out that since it is a problem, anybody could be at risk and another 16% indicated that even if one was careful, one could be infected because infection was not only through sex. Others said they could be infected through contaminated instruments (13.4%), blood transfusion (12%), or from a barber's shop (8.3%). Three female students reported that they could be at risk because "they could be raped". The rape of females has become an issue lately (Mensah-Bonsu, 1995). The responses of those who consider themselves to be at risk show an understanding of the epidemiology and the socio-cultural context through which one could be infected. The mentioning of rape shows the reality of the gender-based conditions that could put a female student at risk. The responses also show that there are some realists who are likely to take precautions to protect themselves.

<b>Box 5.2</b>	
<b>Some of the reasons given by students who perceived themselves to be at risk</b>	
<b>Reason</b>	<b>%</b>
• Because I am in a relationship and partner could be unfaithful	16.7
• Everybody is at risk	16.5
• There are many ways of contracting it	15.9
• I can be infected through an infected instrument	13.4
• Through blood transfusion	12.0
• Barbers do not sterilize their instruments	8.3
• It is difficult to identify one who has HIV/AIDS	7.0
• AIDS is spreading at a fast rate	3.2
• Condoms are not 100% safe	1.0
• Since I am interested in beautiful women on campus	0.7
• Because I can be raped	0.3
• Others	0.8

#### **5.4.2 Risk within the environment**

Level of perceived personal risk could be related to the individual's perception of the level of infection within the institution. People may assess themselves in relation to the perceived level of prevalence in the community (Muir, 1991). When asked to assess the level of risk in their institutions, about 53 per cent felt that HIV/AIDS was a serious problem in their institutions. Thirteen per cent did not think that it was a serious problem, while 33.8% were not sure. For those who did not perceive HIV/AIDS to be a serious problem on their campuses, the main reason given was that as students they had high knowledge about the infection and therefore could not be at risk (Box 5.3). A quarter indicated that they were safe because they had not heard of anybody with the virus on their campus. The reasons for not being at risk point to the type of knowledge students have and the task involved in changing perceptions about the infection.

<b>Box 5.3</b>	
<b>Why HIV/AIDS is not considered a serious problem in the institutions</b>	
<b>Reason</b>	<b>%</b>
• Students have high knowledge and are therefore not at risk	34.4
• I have not yet heard of anybody with the virus	25.0
• No records on HIV status of students	23.4
• No signs of indiscriminate sexual behaviour	14.1
• Condoms are being sold cheaply and most students use it	1.0
• Because no HIV test has been conducted in this institution to establish the fact	1.0
• Because we are all Christian Fellowship members	0.5
• Guys and girls are faithful to their partners	0.5

Among those who considered HIV/AIDS to be a serious problem on their campuses, 52% reported that the sexual behaviour of their colleagues made had the potential of leading to a serious problem on campus (Box 5.4). About 13 per cent reported that since there was no known cure and that anybody could be infected, their campuses could also be risky areas. There were those who even felt that given the age range of infected people and the number of such people in a limited area, some of them could be infected. And since one could not use visible evidence to indicate that somebody was living with the virus, there could be some people living with the virus on campus.

<b>Box 5.4</b>	
<b>Why HIV/AIDS is considered a serious problem in the institutions</b>	
• Students involve in indiscriminate sex	51.6%
• There is no cure so everybody is at risk	12.9%
• Can destroy potential future leaders	7.1%
• Cannot see any visible sign of HIV people	5.4%
• Some people still do not believe AIDS is real	5.0%
• Cannot ascertain whether all students have protected sex	4.1%
• We are at our prime and enjoyment is the order of the day	3.1%
• There is an increase in HIV infections in higher institutions	2.0%
• Programmes on HIV/AIDS are not enough to create awareness	1.7%
• Because we come from different homes with different characters	1.1%
• Some students don't consider possibility of contracting through barbering	1.9%
• Because you do not follow everyone	0.4%
• Rumours on campus indicated a large number of students had HIV	0.3%

### **5.4.3 Attitudes towards infected persons**

Box 5 gives responses of what they felt should be done to students found to be HIV-positive. About two-thirds of the respondents reported that infected students on campus should either be encouraged and cared for (41.7%), educated to live positively (9.6%), allowed to continue their education (9.5%) or given free medical care (3.6%). Other suggestions were that the infected persons should be made to volunteer to educate the public (10.0%) and should be faithful to themselves and to society (1.3%). There were negative responses as well. These included remarks such as “they should be sacked”, “they should be quarantined or killed”, and “they should be imprisoned with hard labour” (See Box 5.5). Similar views were expressed about lecturers and other workers found to be HIV-positive.

<b>Box 5.5</b>	
<b>Views of Students on what should be done to a HIV-positive student</b>	
<b>A. POSITIVE RESPONSES</b>	
• They should be encouraged and cared for	41.7%
• They should be educated to lead positive life	9.6%
• They should be allowed to continue their education	9.5%
• They should be given free medical care	3.6%
<b>B. PUBLIC-SPIRITED RESPONSES</b>	
• Be made to volunteer to educate others	10.0%
• They must be faithful to themselves and to society	1.3%
• Should be given condom to be used	0.2%
<b>C. NEGATIVE RESPONSES</b>	
• They should be sacked from school	9.0%
• They should be quarantined	5.6%
• They should be killed	1.3%
• Be given identification marks/names published	0.7%
• They should be beaten	0.4%
• They should be imprisoned with hard labour	0.2%

**NOTE:** Total not up to 100 because responses by 0.1% of respondents or less were not included.

### **5.5 Sexual experience of students**

Thirty-nine percent of the respondents reported that they had never had sex. The percentages for the polytechnic students and the university students were 41.0% and 37.0% respectively. Secondly, about half of the females and 34 per cent of the males reported that they had never had sex (See Table 3). About 68% of those who had ever had sex reported that they were in some sexual relationship at the time of the interview. Such relationships were mainly boyfriend/girlfriend and/or fiancé relationships (60% for males and 67% for females). Thirdly, the females were more likely to refer to non-spousal relationships as fiancé than as boyfriend (50% versus 17%). On the other hand, the males were more likely to report such sexual relationships as with girlfriend (34%) than as fiancé (26%). Almost a third of both sexes (34%) were in conjugal relationships. Five per cent of the males but no female reported that they were in a casual relationship and another 1% of the males reported relationship with commercial sex workers.

About 67% of the students reported that their last sex was within the last six months and another 12% reported ever having sex in the last 7 to 12 months. These reported sex were with boyfriend/girlfriend (35%) and fiancés (26%). About 29% of the respondents had their last sex with a spouse. The results imply that about 5% of the married students had sex with people other than their spouses. This, if true, constitutes high-risk sexual behaviour.

**Table 5.3**  
**Distribution of respondents according to sexual status, by sex and by institution**

	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Never had sex	386	33.9	286	49.1	672	39.0
Ever had sex	753	66.1	297	50.9	1,050	61.0
Total	1,139	100.0	583	100.0	1,722	100.0
	Polytechnic		University		Total	
Never had sex	384	40.9	304	36.8	688	39.0
Ever had sex	556	59.1	522	63.2	1,078	61.0
Total	940	100.0	826	100.0	1766	100.0

### 5.6 Protection against infection

One risky sexual behaviour is to have unprotected sex. Those who had ever had sex were asked to report on their condom use behaviour. Of those responding, 54% had ever used condom before their last sexual encounter. Fifty-seven per cent of the polytechnic students and 50 per cent of those in university have ever used condom. However, in their last sexual encounter only 48% of the respondents used condoms to protect themselves against infection. The proportions were 44 per cent among the university students and 52 per cent among those in the polytechnics.

Table 4 shows the reasons for not using condom in the last sexual encounter. The main reason was that the 'person is trustworthy' (48%), followed by the person was my spouse (17%). The main reason is the 'condom syndrome' which has been observed in a number of studies. About 8 per cent reported that they did not use condom because it reduced sensual pleasure, while another six per cent reported "Haste to satisfy sexual desire". The others category included statements such as "The girl was a virgin", and "I control myself not to let the sperms to penetrate". None of the students reported cost or non-availability of condoms. Some of these responses reflect ignorance and naivety among the students, situations that need to be addressed.

**Table 5.4**  
**Reasons for not using condom in last sexual episode by institution**

	Polytechnic	University	Total
1. He/She is trustworthy	44.9	51.3	48.3
2. He/She is my spouse	16.8	18.1	17.5
3. I don't enjoy using condom	12.8	3.1	7.6
4. Had no idea about STDs or HIV/AIDS	7.1	5.8	6.4
5. Haste to satisfy sexual desire	6.1	5.8	5.9
6. I want to have a child	3.1	5.8	4.5
7. Forgetfulness	3.6	1.3	2.4
8. Not interested in protection at first	2.0	3.1	2.6
9. Others	3.0	4.9	4.0
Total	100.0	100.0	100.0

The reasons advanced by students in support of or against the use of condoms are given in Box 5.6. The responses show that many of the students were aware of the risks posed by HIV/AIDS and why people needed to use condoms to protect themselves. The irony of the situation was that people were not practising what they know. In other words, some of the respondents had not converted their knowledge into behavioural change. The reasons given against the use of condoms to protect one's self also underscore the problems associated with HIV/AIDS prevention. These reflect some of the individual vulnerability to infection. The assumption of some of them is that the married people would keep to their partners. But this may not necessarily be the case as indicated in Table 3. The views that some condoms are HIV infested, and that the virus can pass through pores of the condom pose challenges to HIV education programmes.

<b>Box 5.6</b>	
<b>Reasons given for using or not using condom during sex</b>	
<b>A. REASONS FOR USING CONDOM</b>	
<ul style="list-style-type: none"> <li>• To prevent AIDS because AIDS is real</li> <li>• Because it is an STD; so to prevent an STD</li> <li>• Because partner can be unfaithful</li> <li>• In order to prevent unwanted pregnancy</li> <li>• Just to be sure and certain in your mind</li> <li>• AIDS is spreading very fast</li> <li>• It is a killer; avoid the risk of spreading it</li> <li>• To live longer</li> <li>• AIDS has no cure</li> </ul>	
<b>B. REASONS FOR NOT USING CONDOM</b>	
<ul style="list-style-type: none"> <li>• If married why protect yourself with your spouse</li> <li>• I believe abstinence, self control is the best</li> <li>• Have sex with somebody you are sure of</li> <li>• Because some of the condom are HIV-infested</li> <li>• Having sex doesn't not necessary mean you will have HIV/AIDS</li> <li>• Cannot bear children if you always protect yourself from STDs</li> <li>• Sex is for married people</li> <li>• The AIDS virus can pass through pores of the condom</li> <li>• Catholic position against all forms of contraception</li> <li>• I don't have time to use it</li> <li>• God is in control</li> <li>• It cost a lot to prevent yourself</li> </ul>	

### **5.7 Conclusion**

Awareness of HIV/AIDS among the students was almost universal. There was evidence of HIV cases and deaths on the campuses but they were all anecdotal. Similarly, some of the students have been affected by HIV/AIDS by way of deaths of near relatives to the disease. The students' perception of risk show an understanding



of the epidemiology and the socio-cultural context through which one could be infected. There was also evidence that there are some realists who are likely to take precautions to protect themselves. However, the reasons given for not being at risk point to the type of knowledge some of the students have and the task involved in changing perceptions of a sizeable proportion of them about the infection. Many of the students were aware of the risks posed by HIV/AIDS and the need to use condoms to protect themselves. The irony of the situation was that they were not practising what they know. Majority of the students showed positive and public-spirited attitudes to people living with HIV/AIDS, which could be exploited to fight the disease within and without the campuses.

## **CHAPTER SIX**

### **RESPONSE OF THE TERTIARY INSTITUTIONS TO HIV/AIDS**

#### **6.1 Introduction**

As a major public health problem, various institutions are expected to respond to the threat posed by the HIV/AIDS epidemic in the country. The initial response, which aimed at the general public, was meant to sensitise people. The next stage involved the targeting of organizations and groups, particularly those considered to be at high risk of infection. Although current approaches have gone beyond the identification of 'groups at high risk', there are certain groups which can still be targeted for specific programmes. Tertiary institutions by their nature have the potential to experience large scale epidemic given the nature of organisation and the lifestyles of some of the members of that community, especially the students. On the other hand, such institutions have the capacity to develop programmes for themselves as well as the general public that will help to reduce the spread and mitigate its impact. This section examines the responses of the tertiary institutions studied the HIV/AIDS situation on their campuses.

#### **6.2 Available programmes**

##### **6.2.1 Views of administrators**

In virtually all the institutions there were no systematic programmes on HIV/AIDS for prevention or serious study. Most of the institutions reported programmes on HIV/AIDS, but these tended to be ad hoc ones initiated by students, NGOs or the Ministry of Health in collaboration with the institutions. The Vice-Principal of Kumasi Polytechnic summed up the situation thus:

*“In fact the school itself has not got any programme. What normally happens is that the students in the dispensary department occasionally organise seminars where they bring resource persons from outside to talk about AIDS”.*

The situation in Kumasi epitomised the conditions in virtually all the tertiary institutions surveyed. The activities on HIV were largely irregular and uncoordinated. As pointed out by the Dean of Students of the Accra Polytechnic:

*“I remember that there was something for us this year. I don't remember; I think there has been one or two other programmes for students on AIDS”.*

A follow up indicated that the programme was in the form of lectures followed by open discussions. The first of such programmes in the polytechnics was in fact in the on-going semester at the time of the survey.

In that institution, the activities were part of a Population and Family Life Education (PFLE) programme developed for educational institutions in collaboration with the Ministry of Education, the National Population Council and the United Nations Population Fund (UNFPA). In at least one polytechnic the PLFE programme was yet to take off at the time of the survey.

This programme has led to the development of a fully-fledged degree programme in population and family life education at the University of Cape Coast. Within the programme, the courses that are offered which have components of HIV/AIDS are the Geography of Health, Sex and Sexuality, Fertility regulation, Gender and Development, basic counselling and Adolescent Reproductive Health. These are courses within which aspects of HIV/AIDS are taught. But there is no specific course on HIV/AIDS

The general observation was that tertiary institutions in the country have not developed a centrally planned and managed programme for their communities. The situation is summed up in the words of the Vice-Principal of the Kumasi Polytechnic:

*“I think on our part we have relaxed a little bit because we have never had a situation where we have been told that a student has contracted the disease”.*

Given the existing situation on the campuses, the survey helped to draw the attention of the institution to the danger posed by their not addressing the issues. It was observed that the first step should be the compilation of data on STI infection and on HIV/AIDS. This, according to the Senior Nursing Officer in charge of the Accra Polytechnic clinic, should start with new students.

*“I think before every new student is admitted they should do a test. If the person is found positive, then he is counselled so that he will know what is happening with him. When they are counselled they will be more careful. And it will also scare prospective students to be careful with their sexual life knowing they will be tested when they get admission”.*

Currently no such thing exists in any institution. Although such students are made to undergo medical examinations, HIV is not part of it. The stigma attached to the disease was cited as one of the reasons why new students are not made to undergo HIV tests. The Director of Health services at KNUST, on his part, made reference to cost implications. As a way of going round the problem some of the people interviewed suggested anonymous testing.

However, the suggestion poses a fundamental problem with human rights. As pointed out by the WHO, testing for HIV should be voluntary and should not in any way affect the life course of an individual. This will even pose more problems in a situation where no adequate structures have been established to deal with people who would be found to be HIV sero-positive. Rather, the focus should be compiling data for HIV and students who become ill and test positive during their period as students or members of staff.

Secondly, there are legal implications. What happens to a student who tests positive. Is he/she going to be denied admission? As pointed out by one administrator:

*“When you are dealing with such a community you have to be careful. We even have students who have taken us to court even when they are caught cheating in examinations. So how safe will that be legally? As an administrator that is the first thing I think about”.*

As a first step, some of the institutions have incorporated HIV/AIDS education into the orientation programmes for new students. For instance, it was observed that the University of Cape Coast and KNUST organise HIV/AIDS education for newly admitted students during orientation. At the University of Cape Coast, this was done in collaboration with the Planned Parenthood Association of Ghana (PPAG). The programme at KNUST started during the 2000/2001 academic year. In some of the institutions HIV/AIDS has never featured in the orientation programmes for new students.

### 6.2.2 Views of Students on HIV/AIDS programmes

The students were asked to express their views about the existence of HIV/AIDS programmes on their campuses. Only 33% affirmed that there were programmes for students in their institutions. The nature of programmes the students were aware of are presented in Table 6.1. The programmes were not universally organized and managed by the institutions' administrations. Although orientation programmes and the teaching of HIV/AIDS as a course are centrally administered, they are for sections of the communities only. The most popular programmes appear to be AIDS campaign or special education activities usually organized on AIDS awareness days or floats organised as part of students' hall week celebrations. It had become almost a routine for medical and pharmacy students to organise one programme or the other on HIV/AIDS during their annual week celebrations. In KNUST it was observed that such activities have been organised in the last 3-4 years. Moreover, these activities were not on a very large scale and the university community was never the focus of those activities.

**Table 6.1**  
**Nature of HIV/AIDS programmes by institution.**

PROGRAMME	POLYTECHNIC	UNIVERSITY	TOTAL
Week celebration float	23.1	36.3	24.5
AIDS campaign special education	38.1	28.8	34.0
Seminars/Lectures	19.1	11.0	15.5
Video clips	2.7	2.5	2.6
NGO activities	6.1	2.5	4.5
Orientation	0.7	5.9	3.0
Student body	4.1	1.7	3.0
Religious programmes	5.4	2.5	4.2
Part of course	0.7	18.6	8.7
Total	100.0	100.0	<b>100.0</b>
Number			

The comments made by students who did not know of any HIV/AIDS programmes on their campuses are shown in Table 6.2. Three-quarters of the students had not heard of any programme organised by their institution. Another 14% added that there was no information on HIV/AIDS on the campuses. However, some of the students were aware that various groups had organized some HIV/AIDS activities in the past. According to some of the students they had not taken active interest in HIV/AIDS

activities because they considered their academic work first. Others also indicated that their religious commitments were enough for them.

**Table 6.2**  
**Reasons for lack of HIV/AIDS programmes on campuses - students**

	<b>POLYTECHNIC</b>	<b>UNIVERSITY</b>	<b>TOTAL</b>
Never heard of such programmes	74.5	74.9	74.7
There is no information on HIV/AIDS on campus	15.0	13.6	14.3
Because various organizations embark on HIV/AIDS awareness	1.2	1.4	1.3
Because we are always learning	0.9	0.5	0.7
Not in the curriculum across board	2.4	1.9	2.1
No distribution of condoms on campus	0.2	0	0.1
Religious commitment	0.2	0.2	0.2
Everyone left to live an independent lifestyle	0.5	1.9	1.2
Because people still engage in indiscriminate sex	0.2	0.7	0.5
It is organized once in a blue moon	1.9	1.2	1.5
It is being announced everyday in the media	0.9	0.2	0.6
They think every student by now knows the dangers of HIV/AIDS	0.9	1.6	1.3
Because they are not affected	0.9	0.7	0.8
The authorities don't but the students do	0.2	1.2	1.4
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

### **6.3 Conclusion**

The situation on the campuses of the tertiary institutions is a direct reflection of what is happening in the country at large. Although Ghana was among the first countries in the West African sub-region to take steps to control the spread of HIV/AIDS, to date not much has been done to contain the situation. For example, while Senegal has been able to stabilize the prevalence of the disease for years and Uganda has managed to reduce the rate of infection lately, the rates in Ghana are rising. The country actually geared itself up in 1999 and the following year a National AIDS Commission was formed under the office of the Vice-President. The idea is to involve as many levels of society as possible in the forward march and tertiary institutions have not been left out. The PFLE programme initiated by the Ministry of Education in all educational institutions in the country is an example of such moves. As part of the PFLE programme some senior members of the University of Ghana have just completed a study, which is looking at the possibility of developing a course on

HIV/AIDS which will be made compulsory for every student. In tune with the general atmosphere in the country, some institutions have just started programmes which are innovative and others have planned them for the immediate future. Such programmes will certainly benefit from the structures that exist in some of the institutions. In the following section three case studies are described to illustrate some of the efforts being made.

## CHAPTER SEVEN CASE STUDIES

### 7.1 Introduction

This chapter details some of the activities in selected institutions. These are meant to serve as case studies. They are by no means exhaustive. Rather they are examples of the situation in selected institutions. The institutions covered are KNUST and UDS as state-supported Universities, Central University as a private University and Takoradi Polytechnic. Both KNUST and UDS also represent institutions that are located in the regions with the highest and the lowest recorded AIDS cases in the country.

### 7.2. Kwame Nkrumah University of Science and Technology (KNUST).

KNUST has eleven faculties/Colleges/schools/institutes namely:

- Faculty of Agriculture
- Faculty of Environmental and Development Studies
- Faculty of Pharmacy
- Faculty of Science
- Faculty of Social Studies
- College of Art
- School of Engineering
- School of Medical Sciences
- Institute of Renewable Natural Resources
- Institute of Land Management and Development.

There are about 60 departments and with a student population of about 12,000. It is located in Kumasi in the capital of the Ashanti Region, the region which currently has recorded the highest number of AIDS cases in the country.

The fact that the University is located in the region with the highest number of AIDS cases had not been lost on the institution. As the Pro-Vice Chancellor remarked:

*“Yes, because our students are not locked up. There are some who stay in the communities so we only hope and pray that it doesn’t get to our campus itself. So the fact that Kumasi and Ashanti have a high proportion of HIV should be an eye opener to us. We should use it as a vital information that should scare our people”.*

Perhaps this and the speculation about HIV/AIDS on the university’s campus, have pushed the authorities to initiate the most ambitious and comprehensive programme ever undertaken by any educational institution in Ghana. The decision to take a more serious look at HIV/AIDS on the University’s campus was taken at the highest level, the University Council. This was at the initiative of the Vice Chancellor.

Following the decision, a five-man working group made up of senior members, were put together to plan and implement the HIV/AIDS programme. The group has put together a proposal with a total budget of ₵300 million. At the time of the interviews the Vice Chancellor had made an allocation of ₵30 million to the group to start its

activities. Attempt to get a copy of the proposal failed so the study could not have access to details of the programme. It was gathered from the group's co-ordinator that the group is actually going to co-ordinate HIV/AIDS-related activities on campus. According to the Pro-Vice Chancellor the group will print handouts and undertake other activities that can "*put the scare in the people to let them be aware of what they are getting into if they do not take advice. So they are going to do a very serious campaign*". The programme will cover both the campus and the university's immediate neighbourhoods, and will include students, staff and their relatives.

As a first step a move was made to see if means could be found to know the number of people on campus who have been identified as having HIV, that is, if the records exist. The decision was then conveyed to the Director of Health Services who, at the time of the interviews, had set in motion the mechanism for coming out with the true picture. The Director was also directed to find a means whereby people would come out for voluntary testing. In his response, the Director said that the directive had come at an opportune time intimating that he had actually wanted to do screening some one-and-half years before but he did not have the administrative support. Now that he has been asked to give a situation analysis of the disease he is bent on getting some figures by all means, including anonymous testing if it becomes necessary. On what the university will use the information generated for the Pro-Vice Chancellor remarked:

*"We will use it as a means of sensitising the people; letting them know that it is here on campus. Because these young men and women, the way they are getting on in the night, doing their own thing, we have to make them aware of what they are probably getting into. It is better to create the awareness that it is real and it's on the campus and people should be careful. So if we get the figures, I think they will be more serious if we tell them that on campus we have X or Y number of students and staff who have it and who are waiting to die. I think it might make some impact".*

The tone of the Pro-Vice Chancellor underscores the determination with which the university's authorities want to tackle the problem of HIV/AIDS on campus. It was confirmed that the Vice Chancellor was thinking of paying for the cost of drugs for those who will be found HIV-positive, or at least subsidise the cost of drugs. KNUST clearly is the only tertiary institution in the country that has taken a decisive stand on the fight against HIV/AIDS, thanks to a committed leadership.

### **7.3. Central University**

The Central University is one of the new private universities that have sprung up in the country lately. The Central Gospel Church whose senior pastor is the university's Chancellor established it about 5 years ago. It is purely a Christian institution and its activities are fashioned along Christian principles. The set up, therefore, has many aspects that could be used to impact positively on HIV/AIDS education.

All the members of staff were made to undergo screening when they were appointed. Similarly all new students are screened. It was not confirmed whether any staff member or student had ever been found HIV-positive, neither was it confirmed whether a person's HIV-status has any role to play in their admission or appointment.



What became clear was that the university has a well-trained counsellor, a minister of religion who is the Chaplain of the institution. When responding to the question as to what should be done to a student or member of staff found HIV-positive, he demonstrated a high level of competence which indicates that any such case found would be handled efficiently. He stressed that such a student should be retained and counselled, adding that sacking him will add to his stress. In that connection he suggested that the university must have a policy on what to do with such students. He stressed that their rights must be respected and they must be put under a moral bond.

All the courses taught in the university have moral components. That is in addition to ethics which is taught separately. While the idea is good, there is no systematic HIV/AIDS programme as a result. The fact is that it has been taken for granted that once courses are laced with moral teachings HIV/AIDS-related issues are covered. It is assumed that the continuous counselling and interaction with students will make for an HIV/AIDS-specific programme. Then also the university takes its new students through thorough orientation programmes. The main message sent to new students during the orientation is that if they become persistently immoral they would be expelled. Furthermore, there is a regular Wednesday chapel service at which people from various spheres of life are invited to talk to students on many topics including health issues. In the recent past an outside preacher devoted a whole service to HIV/AIDS. In addition to all these, there are strict rules regulating conduct in the university's hostel. All residents must be in by 10 in the night. Any student leaving after 10 p.m. must sign an undertaking. Later tutors communicate to the parents or guardians of the student the fact that their ward had gone out and to find out if she had got home.

As a way forward, the Chaplain disclosed that attention will be given to health issues, specifically HIV/AIDS, in the university's annual calendar. Health personnel will be brought from outside to facilitate the health programmes. That is, HIV/AIDS programmes will be institutionalised and will be manned by trained personnel. Counselling in the area of HIV/AIDS will be intensified. The Students' Representative Council (SRC) has already set a day aside for HIV/AIDS. It is a policy of the university to encourage students to undertake community outreach programmes and HIV/AIDS education features prominently in this. The only drawback in their effort is that being church-based, they find it difficult to preach safe sex particularly the use of condom. Rather they emphasise purity (faithfulness) and abstinence.

#### **7.4 University for Development Studies (UDS)**

The University for Development Studies was established in 1992 as a multi-campus institution with the headquarters at Tamale and the faculties spread throughout the four administrative regions in the northern sector of Ghana (Brong-Ahafo, Northern, Upper East and Upper West Regions). The campuses are located at Tamale and Nyankpala in the Northern Region, Navrongo in the Upper East Region, Kintampo in the Brong-Ahafo Region and Wa in the Upper West Region. The first batch of students was admitted in September 1993. The university currently has a student population of about 650.

The university is expected to blaze a new trail in higher education in Ghana by effectively combining academic studies with field practical training. The ultimate goal of the university is to train practitioners who would be prepared to live and work in the deprived rural communities through its problem-based teaching, community-orientation and emphasis on extension services. To achieve this, the university has a Third Trimester Training Programme which has three components.

#### **7.4.1. Field Placement**

The essence of the field placement is to enable students familiarize themselves with the rural community life, identify and prioritise community problems and assist in the formulation of development programmes. The students, therefore, live within selected communities for approximately six weeks each year for three years. They observe and participate in the community life, gathering information on various aspects of the communities. This enables them to have a clear perspective to assist them in the formulation, implementation and monitoring of rural development programmes and projects based on the decentralized bottom-up approach.

#### **7.4.2. District Forum**

After the fieldwork students present their findings to the District Assembly, the Chiefs and local opinion leaders in a district forum. The findings are discussed and consensus arrived at on the development planning priorities of the district.

#### **7.4.3. Development Workshop**

The development workshop represents the climax of the field practical training programme. The students present their findings from the field to a panel of internal academic examiners.

Like many other institutions the UDS does not have a general HIV/AIDS programme and has not planned for one in the immediate future. However, its set up and the way it runs its programmes should have prompted it to develop a comprehensive programme on HIV/AIDS for its students and members of staff. This is important for the following reasons:

1. The multi-campus structure brings the institution into different environments which may have diverse implications for the spread of HIV/AIDS among members of the university community.
2. The third trimester training programme brings students and lecturers into contact with members of the communities with whom they may have some interactions including sexual relationships.
3. The field training programme provides the opportunity for the university to take HIV/AIDS education to the members of the communities in which they undertake the training while they take steps to ensure that their own students' safety is assured so far as HIV/AIDS risks are concerned.
4. The type of courses offered by the university easily make the achievement of the above possible. Good examples are found in the School of Medicine and Health Sciences which includes the following divisions: Theoretical Medicine, Diagnostic and Laboratory Medicine, Environmental and Community Medicine, Operative Medicine and Internal Medicine.

Before every field operation, students are taken through some orientation. So far the emphasis has been on how to understand the ways of life of the members of the local communities in which they stay to do the training. Most especially they are taught traditional protocol as it pertains to traditional authority. So far HIV/AIDS education has not featured in the orientation and no attempt has been made to provide students who go on field trips with AIDS-related services such as the provision of condoms. That means that over the years students have been exposed to the risk of contracting HIV as they went on field trips. The reality of the risk to which the students are exposed is borne by the fact that the regions in which the students do their field training share boundaries with countries in which HIV/AIDS prevalence levels are much higher than that of Ghana's.

### **7.5 Takoradi Polytechnic**

This is an institution located in the port city of Takoradi. It is a city with brisk activities and a melting pot of various categories of people due to its function as a port, a station for garrisons of the Ghana army, navy and the air force, and the third most industrialised city in the country. The region also borders La Cote d'Ivoire, the country with the highest reported AIDS cases in the West African sub-region.

The Polytechnic, established in 1955 had 104 staff and 5,390 students as at the time of the survey. The Departments in the institution are:

- ◆ Applied Arts: Liberal studies, commercial art and fashion
- ◆ Applied science and mathematics: mathematics, science and catering
- ◆ School of engineering: civil, building and mechanical engineering.
- ◆ Management and Business Studies: Accountancy, marketing, secretaryship and management studies.

As with polytechnics in the country, most of the students are non-residential. The residential students are crammed into a few halls on and off campus.

In spite of the location and the activities in the town, the institution had no planned programmes for both the students and staff, although some of the administrators agreed that it could be a problem. There were conflicting responses from administrators on the HIV situation on campus. The head of fashion department noted that: *There are no records of HIV/AIDS on campus and so it is not a problem.* Similarly, the head of design and visual arts indicated that: *It is not a problem because no student has tested positive.*

On the other hand some heads felt that it was a big problem because the institution consisted of males and females. For instance, the head of secretaryship noted that:

*Though there is no data on HIV/AIDS on campus to support any argument, considering the national statistics one can say that it is a problem in this institution.*

It was one institution that not much had been done or proposed for dealing with the potential HIV situation in the institution. As pointed out elsewhere, the situation in this institution reflected the general pattern in the country.

## CHAPTER 8

### SUMMARY REFLECTIONS: EXAMPLES OF GOOD PRACTICE, LESSONS LEARNED AND RECOMMENDATIONS

#### 8.1 Summary of main findings

- Although all the heads of the tertiary institutions studied do realise the seriousness of the HIV/AIDS infection nationwide, none of them could specifically indicate the situation in their institutions because they did not have any records.
- In statistical terms, HIV/AIDS has not made any direct impact on any of the institutions studied because officially none of them has recorded any HIV-positive case or AIDS deaths among students to date.
- Some of the administrators were pre-occupied with the daily survival of their institutions to such an extent that they had not given much thought to the issue of HIV/AIDS on their campuses.
- The polytechnics in particular seemed to have been overwhelmed by many problems, some of which have culminated in unrest from both students and lecturers in recent times.
- In most of the institutions some highly-placed personalities made allusions to the possibility of some of the members of their communities harbouring the virus, with some of them actually quoting numbers.
- It was confirmed that the subject of a television advert, which shows a father and mother who have lost a 31-year old son advising the youth to be careful in order not to be infected by HIV and die as their son did, completed one of the polytechnics three years before the survey in 2001.

#### **POLICY ISSUES**

It is envisaged that the incident of the former student's death would prompt the polytechnic where he graduated to take a serious look at the HIV/AIDS situation on its campus and to put up measures to control it. Unfortunately this has not been the case. Nevertheless, it is an indication that AIDS' impact goes beyond the walls of academic institutions and that these institutions should, as a matter of importance, come out with programmes which seek to control the spread of the disease on their campuses as well as ensure that the nation's workforce is replenished effectively and timely.

- Clinical evidence from one of the institutions (not backed by test results), suggests that HIV/AIDS is gradually making inroads into the rank and file of the workers in it.
- There was the general concern by the authorities that students were particularly at risk of contracting HIV because of the kind of behaviour they put up, which was more volatile in the polytechnics than the universities.
- Some of the campuses were considered as high-risk environments for the spread of HIV/AIDS, further worsened by high prevalence of STDs among students.

### **8.1.1 Students' views**

- Awareness of HIV/AIDS was almost universal among the students and they demonstrated a wide range of knowledge about the disease.
- The students gave anecdotal evidence of HIV/AIDS cases and deaths among all categories of persons on their campuses, including students, academic and other members of staff and other residents on campuses.
- A few of the students reported that some members of their families had ever been ill of HIV/AIDS, the incidence of such cases being much higher in the polytechnics than in the universities.

### **8.1.2 Risk perception among students**

- Despite the almost universal knowledge of the disease, only a thin majority of the students perceived themselves as being at risk of contracting HIV/AIDS.
- The reasons given by the students for perceiving themselves as being at risk or not reinforce the need for intensifying education to enable students to translate their level of awareness of HIV/AIDS to acceptable behavioural change and help clear the misconceptions they may have.
- Majority of the students felt that HIV/AIDS was a serious problem on their campuses, alluding to their reckless sexual behaviour as a main contributory factor.
- The students demonstrated some positive and public-spirited attitude towards HIV/AIDS regarding what should be done to a student who is found HIV-positive. However, there were a few very disturbing negative responses which call for intensified and continuous HIV/AIDS education.

### **8.1.3 Sexual experience of students**

- Majority of the students reported that they were sexually experienced. They were more likely to be university students and males than polytechnic students and females.
- Majority of the sexually active students are in some kind of sexual relationship any point in time, with some indulging in high-risk sexual activities. There also evidence of partner mixing among the students some of which involve married people.
- Although a large majority of the students thought that it is necessary for one to protect himself/herself anytime he/she has sex, condom use among the students was low and inconsistent, and many demonstrated naivety and ignorance about the use of condom.

#### **RECOMMENDATION**

HIV/AIDS education among tertiary students, and young people in general, must emphasise the existence of individual differences; implying that some sexual partners could be unfaithful. It is also important to stress that it is impossible to be sure of someone's sero-status before mating with him/her apart from laboratory test. It is absolutely important, therefore, to protect always.

- There was the evidence that students were sexually active in the months when the institutions were in session. Although females were less sexually active than their male counterparts, there was a general stepping up of the sexual activity of the former as the months progressed.

#### **RECOMMENDATION**

The tendency for the sexual activity of female students to go up in course of the semester could be attributed to the fact that as the semester progresses they get more closer to their male counterparts thereby resulting in increased sexual relationship among them. It is also likely that financial problems compel some female students to get involved in transactional sex. There has been media reference to such developments in the recent past. Further research is required into this to establish the reality of the issue. There is also the need for parents and guardians to see to the needs of their daughters regularly and promptly. A serious look must also be taken at the students' loan scheme to ensure that the amount involved is adequate and that it reaches the students in good time.

#### **8.1.4 Impact**

- As far as records go, HIV/AIDS has not made any in-roads into the tertiary institutions covered in the study and, therefore, has not made any impact.
- Anecdotal evidence, however, seems to suggest that HIV/AIDS has started making a steady impact in some of the institutions and some products of these institutions have already succumbed to the disease.

#### **RECOMMENDATION**

It is important for the tertiary institutions to know the exact HIV/AIDS situation on their campuses so as to know how to control its spread, to re-examine policies that may make some members vulnerable to the disease, to evolve means of handling those who may be sero-positive, make changes in the curricula to ensure adequate production of manpower to meet the country's needs and to develop interventions to the benefit of the general society.

#### **8.1.5 The response of the tertiary institutions to HIV/AIDS**

- In all the institutions but a few there is no systematic, centrally planned programme in response to HIV/AIDS.
- Whatever programmes undertaken in any of the institutions have been ad hoc and they were almost always done by the students. Such activities are not regular and are largely uncoordinated.
- A Ministry of Education sponsored programme on Population and Family Life Education has been widely accepted by the institutions and had either just taken off or was about to take off in most of them.
- Most of the institutions studied supported the suggestion that statistics on the HIV/AIDS situation on their campuses should be compiled as a first step towards assessing its impact.

## **8.2 Universities versus Polytechnics**

The university students were a little older than their polytechnic counterparts. Conversely, polytechnic students were more likely to be ignorant of HIV/AIDS than their university counterparts. Another important observation is that polytechnic students were a little more reckless in their sexual behaviour than their university counterparts. The difference may be related to the age difference between the two and, by implication, differences in the levels of maturity between the two categories of students. In fact a member of staff interviewed in one of the polytechnics questioned their students' level of maturity.

It must be explained that the universities have had a longer period of time to build up a tradition of decorum befitting an elitist society. This has set up a standard of behaviour, which its members go to every length to maintain. This is unlike the situation in the polytechnics, which until less than ten years ago when they were upgraded to tertiary status, were operating as glorified secondary schools. The situation is further worsened by their largely non-residential status and the fact that they are set in the very heart of the cities and towns where they operate. Inadequate facilities in the polytechnics also contribute to the atmosphere of congestion that is characteristic of most of their campuses.

Such differences outlined above must be taken into consideration when designing intervention programmes for the institutions. Most of the universities have the structures and the resources to be able to undertake any HIV/AIDS intervention programme anytime. The polytechnics may not be that lucky. In one of them, for example, the counselling unit is still waiting for an office before it can render any services to the students. Whereas over 70% of all students in state-supported universities are residential, the reverse is true with the polytechnics. That means that time must be found for HIV/AIDS intervention programmes in the polytechnics during the normal periods for lectures if they are to reach all students. The implication is that everything must be done to find a place for HIV/AIDS programmes on the timetable.

Given the less-endowed situation of the polytechnics, it may be necessary to support intervention programmes with financial and other resources. Such programmes in the polytechnics will have the added impact on the public directly since majority of their students will be carrying the message to their communities as they receive it. However, it may become necessary to supplement such programmes with effective and sustained public education programmes to benefit the majority of students who live outside the polytechnics' campuses.

## **8.3 Examples of Good Practice**

From the case studies we may identify three conditions for HIV/AIDS programmes:

- i. Condition of illusion
- ii. Potentially favourable condition
- iii. Condition of good practice

### **8.3.1 Condition of illusion**

The Central University has many good practices, which could impact positively on HIV/AIDS education. They include the following:

- Members of staff and students are made to undergo screening before they are taken on.
- The university has a well-trained counsellor who is also a Chaplain and holds regular counselling sessions with students.
- In addition to the teaching of ethics as a course, all other courses are laced with moral components.
- The university takes its new students through thorough orientation programmes during which a high level moral standard is set for them.
- There is a regular weekly chapel service at which knowledgeable persons talk to students on issues including health.
- Students in hostels are guided by strict and clear-cut rules and regulations.

The illusion stems from the fact that there is no systematic HIV/AIDS programme in the university. The assumption appears to be that once the above are done, HIV/AIDS-related issues are covered. However, it is only when programmes are specifically targeted at HIV/AIDS that they can be properly and regularly monitored and evaluated. There is already a move in that direction as the university is going to institutionalise HIV/AIDS programmes to be manned by trained personnel. The first step towards this realisation must be the development of HIV/AIDS policy for the institution.

### **8.3.2 Potentially favourable condition**

The University for Development Studies has the potential for evolving an effective HIV/AIDS intervention programme, which will have an impact on a very wide area. The potential rests on the following:

- The multi-campus set up in regions, which share borders with higher HIV/AIDS prevalence countries should pose a challenge to the university to try to protect students and staff from contracting the disease.
- The field practical training should challenge the institution to provide students and staff with the requisite education and train them to reach out to the communities with the right messages and skills.
- The orientation programmes, which precede every field trip provides the institution the opportunity to give students and staff effective HIV/AIDS education and services.
- The range of courses taught in the university makes it possible for it to support HIV/AIDS programmes with the necessary human resources. The set up and the programme of activities also give the university a viable laboratory for conducting research into various aspects of the disease.
- If the ultimate goal of the university of training practitioners who would be prepared to live and work in the deprived rural communities becomes materialized, there would be available highly trained people who will motivate and facilitate people at the places where they are needed most.



The university should, therefore, come out with a comprehensive HIV/AIDS programme, which should cover all its catchment areas. As a first step, the university should develop an HIV/AIDS policy.

### **8.3.3 Good Practice**

Although the HIV/AIDS programme on campus of the Kwame Nkrumah University of Science and Technology had just taken off at the time of the survey, it had already shown signs of good practice including the following:

- The leadership of the university has shown concern backed by a lot of zeal. Decision to take a serious look at HIV/AIDS situation on campus has come from the highest level of governance.
- A body has been set up to oversee and coordinate all HIV/AIDS activities in the university, the first of its kind in the country.
- Financial and other resources have been allocated for the running of the programme.
- In order that the programme does not operate in a vacuum, steps have been initiated to compile statistics on the cases of the disease on campus.
- There is evidence that all sections of the university are going to be involved in the programme and it will cover all categories of people. In addition, the programme will be extended to the communities adjoining the university.
- There are plans to assist people who will be found to have the disease with all or part of their drug needs.

Thus the KNUST programme has all the ingredients of a good HIV/AIDS programme which include

- ❖ Advocacy at the highest level of leadership
- ❖ Involvement of all sectors of the institution
- ❖ Allocation of resources to the programme
- ❖ Concern for people living with HIV/AIDS

What is needed at this stage is for the programme to be backed with a policy and how to ensure sustainability.

### **8.4 General recommendations**

It must be recognised that conditions are not the same in all the institutions. As such every institution must develop HIV/AIDS policy that is relevant to their specific conditions. This must be followed with HIV/AIDS programmes which seek to control the spread of the disease on the campuses and to respond to its possible impact.

Programmes must depart from the “bandwagon” approach to more pragmatic ones with set goals and targets. This will require a central coordinating body, which will run its own programmes as well as coordinate others developed by sub-groups and individuals of the communities.

Whatever programme developed must include intensification of educational programmes to reinforce awareness and knowledge of HIV/AIDS among members of the institutions’ communities. The radio stations on some of the institutions’

campuses will serve a useful purpose in this regard by sending out HIV/AIDS-related messages regularly.

It is important to involve people with all shades of beliefs at the planning stage to help evolve the right messages to be sent out to people. This will prevent the possibility of people raising issues with certain messages on religious grounds for example.

HIV/AIDS programmes must be backed with services including:

- STI diagnosis and treatment
- HIV voluntary counselling and testing (VCT) services
- Condom promotion and distribution
- Venues for young people to share information without censorship.

## References

- Anarfi, J. K. 1999. *Initiating behavioural change among street-involved youth: findings from a youth clinic in Accra*. Pp. 81 - 90 in J. C. Caldwell et. al. (Eds.). **Resistances to Behavioural Change to Reduce HIV/AIDS Infection in Predominantly Heterosexual Epidemics in Third World Countries** Health Transition Centre. Australian National University, Canberra.
- Awusabo-Asare, K. et al. 1999. "*All die be die*": *obstacles to change in the face of HIV infection in Ghana*. Pp 125-132 in J. C. Caldwell et. al. (eds.) **Resistances to Behavioural Change to Reduce HIV/AIDS Infection in Predominantly Heterosexual Epidemics in Third World Countries**, Health Transition Centre. Australian National University, Canberra.
- Dinan, Carmel, 1983. *Sugar daddies and gold-diggers: the white-collar single woman in Accra*. Pp. 344-366 in **Female and Male in West Africa**, ed. C. Oppong. London, Allen and Unwin.
- Kelly, M., 2001 **Challenging the Challenger: Understanding and expanding the response of Universities in Africa to HIV/AIDS**. ADEA
- Mann, J. and D. Tarantola, 1996 **AIDS in the World II**. Oxford Universities Press, Oxford.
- Muir, M. A. 1991. **The Environmental Context of AIDS**. New York: Praeger.
- South African Universities Vice-Chancellors Association (SAUVCA), 2001. **SAUVCA tackles HIV/AIDS in Universities**. Press Release
- Varga, C. A. 1999. *South African young people's sexual dynamics: implications for behavioural responses to HIV/AIDS*. Pp. 13-34 in J. C. Caldwell et. al. (eds.) **Resistances to Behavioural Change to Reduce HIV/AIDS Infection in Predominantly Heterosexual Epidemics in Third World Countries**, Health Transition Centre. Australian National University, Canberra.
- World Bank, 1997 **Confronting AIDS: Public priorities in a global epidemic**. World Bank, Washington
- World Bank, 1999 **Intensifying action against HIV/AIDS in Africa: Responding to a development crisis**. World Bank, Washington

## Appendix 1

### FRAMEWORK FOR DISCUSSING THE VULNERABILITY OF YOUNG PEOPLE TO HIV INFECTION

#### Individual vulnerability

##### *Factors related to physical and mental development*

- biological and physiological vulnerability to HIV and other STIs: hormonal and physical and physical (genital) changes associated with pubertal development, particularly in young women
- existence of a physical or mental disability or chronic illness
- history of physical, mental, or sexual abuse
- intellectual evolution from concrete to abstract
- emotional development from immaturity to pragmatism

#### A. Cognitive factors

- awareness of sexuality, reproductive health, and sexual health
- awareness of sources of condom supply
- awareness of available health and social services serving young people
- awareness of right to services and confidentiality
- awareness of same-sex attractions
- educational attainment

#### B. Behavioural and personal characteristics

- history of having been subjected to discrimination
- self-esteem
- development of sense of self as a sexual person
- ability to decide on one's sexuality and control other events in the course of development
- development of independence
- perception of risk and social norms
- history of risk-taking behaviour, substance use and/or addiction, and sexual behaviour

#### C. Skills

- skills to use condoms
- negotiating skills to persuade partner to practice safer sex, particularly in situations of age and gender imbalance
- ability to modulate risk-taking behaviour, including sexuality and substance use

#### D. Social roles

- quality of relations to parents, other family members, and friends {peers}

- availability of role models and age-appropriate socialization opportunities
- perception of personal safety within social environment and social network

## **II. Program-dependent vulnerability**

### **A. Program focus**

- availability of school health-based initiatives and outreach programs for young people out of school and others in especially difficult circumstances
- availability of programs for orphans and for physically or mentally disadvantaged young people
- availability of health and social services for the prevention, detection, referral, and care of child abuse

### **B. Program content**

- information and education on sexuality, sexual health, and reproductive health built into curricula of formal and non-formal education programs
- availability of STI diagnosis and treatment and of HIV testing and counselling programs linked to other clinical services
- availability of condoms and other contraceptive methods
- providers' training in health and mental health issues relevant to young people
- providers' specific knowledge and skills in addressing diverse sexual practices and concerns of young people
- availability of programs that expose the risks of any needle use (for addictive drugs, hormones, or tattoos and rituals) and of mind-altering substances, including drugs and alcohol
- availability of harm reduction and drug treatment programs for injecting drug users, on demand

### **C. Program approaches**

- recognition of young people's specific aspirations, needs and sexual orientation
- collection, analysis, and use of information collected, specifically on young people
- availability of health systems for young people that are accessible, friendly, visible, confidential, affordable, flexible, and coordinated
- partnership between young people, health systems, and educational services
- creation of venues for young people to share information without censorship by adults

## **III. Social vulnerability**

### **A. Sexuality**

- recognition of the diversity of sexual behaviours and practices among young people
- patterns of sexual initiation

- recognition of, and non-discrimination toward, different emerging sexual orientations (as heterosexual, bisexual, lesbian, or gay)
- social, cultural, and religious beliefs that militate against safer sex

## **B. Gender**

- gender inequalities in patterns of ownership, access to education, employment opportunities, and fair wages, and in gender roles

## **C. Education and information**

- level of educational achievement for both genders
- media involvement in sex education, including promotion of safer sex targeted at young people
- media involvement in raising issues pertaining to young people
- ability of parents and educators to dialogue with young people on issues relevant to them, particularly on sexuality

## **D. Supportive environment**

- material and emotional support from family, kinship and friends
- expansion of the concept of family to include friends and community
- social norms pertaining to the role of youth in the family and in society
- collective, positive vision of the future (hope)
- prevalence of domestic and public violence and population displacement
- marginalization of particular groups
- recognition of patterns and frequency of child abuse
- social, physical, and spiritual support extended to young people during illnesses, including those related to HIV infection and AIDS
- enactment of policies and laws conducive to the reduction of young people's vulnerability

## **E. Livelihood**

- education, training, and employment opportunities for young people
- poverty
- patterns of distribution of wealth; economic gaps within society
- quality of working environment
- demand for and attitude toward exchange of sex for payment
- prevalence and nature of child labour

Source: This framework, initially developed by the editors of AIDS in the World II, was revised on the basis of most helpful comments received from Bruce Dick and Mark Connolly, Health Promotion Unit, UNICEF, New York; Peter Aggleton, World Health Organization, Global Program on AIDS, Geneva; John Chittick, Harvard School of Public Health; Dona Furttermam and Neil Hoffman, Adolescent AIDS Program, Montefiore Medical Centre, New York; and Sofia Gruskin, Francois-Xavier Bagnoud Centre for Health and Human Rights, Harvard School of Public Health Boston.