

**GHANAIAN PARENTS' VIEWS OF HIV/AIDS EDUCATION
IN SCHOOLS**

REPORT OF FOCUS GROUP DISCUSSIONS

World Education

Strengthening HIV/AIDS Partnerships in Education
SHAPE 2

Susan E. Adamchak, Ph.D.

April 2005

Executive Summary

Eighteen focus groups were conducted with parents at nine purposively selected schools that participate in World Education's Strengthening HIV/AIDS Partnerships in Education 2 (SHAPE 2) program in December 2004. Focus groups were held with mothers and fathers separately, three each for small, medium and large schools at upper primary, junior secondary and senior secondary levels.

Diverse Educational Sources

Parents support a range of educational sources about HIV/AIDS in an effort to protect the future of their children. Parents fear lack of knowledge may endanger their children's prospects and potential. A common theme of the discussions is that the entire community bears a responsibility to share accurate and appropriate information about HIV.

Very Positive Support for School-based HIV Education

Parents are nearly unanimous in their support of school-based HIV/AIDS education, and approve of peer education. They over-estimate the proportion of teachers trained as HIV/AIDS subject specialists. Parents support teaching developmentally appropriate topics. Many believe HIV/AIDS education should start in junior secondary school, and a large number felt that some topics should be introduced in upper primary school.

More Information and Skills for Parents

While most parents believe that they have sufficient knowledge to discuss HIV/AIDS with their children, several information gaps became apparent during the group discussions. Parents requested more advice about counseling skills, presumably to improve the ways they approach their children when discussing sensitive topics.

Mixed Messages about Condoms

Most parents do not believe that teaching about condoms leads to sex. There is greater concern about condom demonstrations and having condoms available for young people; these are seen as more likely to result in sexual experimentation. When asked to name factors that encourage young people to have sex, only one parent spontaneously mentioned condoms, suggesting that the fear may not be grounded in reality.

Attitudes of Stigma toward PLWHA

Most parents express compassion toward PLWHA, but many also convey discomfort and concern for their safety if they should interact too closely with PLWHA. Some reveal discriminatory attitudes. Food and communal eating are sensitive triggers; both mothers and fathers report that they would not share a meal with an HIV positive person.

Programmatic Implications

The findings highlight several actions for the SHAPE 2 CSO partners. The support of parents for HIV/AIDS education needs to be conveyed to school administrators; condom information should be objectively introduced in peer education coupled with discussions of abstinence; and efforts should be made to reduce parental attitudes of stigma toward PLWHA in order to reinforce the positive messages conveyed by SHAPE 2.

Acronyms

CSO	Civil Society Organization
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
JSS	Junior Secondary School
NGO	Non-Governmental Organization
PLWHA	People Living with HIV/AIDS
SHAPE	Strengthening HIV/AIDS Partnerships in Education
SSS	Senior Secondary School
STI	Sexually Transmitted Infection
UP	Upper Primary
WE	World Education

Acknowledgements

The author would like to express appreciation for the work of colleagues at Research International, Ltd., particularly Ms. Vida Boateng and Mr. Nana Amoako Gyamenah, in efficiently conducting the focus groups and in rapidly producing transcripts of the discussions. The staff of World Education diligently monitored fieldwork for the entire data collection process, and worked closely with CSO partners to ensure acceptance by school authorities. Ms. Cari Heritage compiled transcript responses, facilitating analysis. Deepest gratitude is extended to the parents who participated in the focus groups, sharing their hopes and concerns for their children with the research and program teams. Their insights are invaluable.

Contents

Executive Summary	i
Acronyms	ii
Acknowledgements.....	iii
Introduction.....	1
Methodology	1
Parental Discussion of HIV/AIDS	4
Speaking about HIV/AIDS	4
Initiating the Discussion	4
Sensitivity of the Subject	5
Arousing Curiosity.....	5
Adequate Knowledge.....	5
Discussion Topics	5
Mentioning Other STIs	6
Level of Comfort.....	6
Opinions regarding children learning about HIV/AIDS in school	7
Attitudes about HIV/AIDS Education in School	7
Peer Education	8
NGOs and Resource Persons	8
Are Teachers Knowledgeable about HIV/AIDS?.....	9
Does Learning about Condoms Promote Promiscuity?	10
Condom Demonstration	11
Age of Students.....	12
Factors that influence young people to initiate sex.....	12
Attitudes regarding people living with HIV/AIDS.....	13
Persons at Risk.....	13
Interacting with HIV Positive People	14
Advice for Parents.....	16
Programmatic Implications.....	18
Diverse Educational Sources	18
Very Positive Support for School-based HIV Education	18
More Information and Skills for Parents	18
Mixed Messages about Condoms	19
Attitudes of Stigma toward PLWHA.....	19
Appendix 1: Parents Focus Group Discussion Guide.....	20

Introduction

The study summarized in this report was carried out as part of a multi-faceted research strategy designed to collect baseline data for a newly expanded project carried out by World Education, an international non-governmental organization (NGO) established in Ghana in 2001. Working in partnership with local institutions, World Education strives to prevent the spread and mitigate the impact of HIV/AIDS in the education sector. In collaboration with 12 civil society organizations (CSOs), activities are carried out in nearly 250 schools in four regions that target students, teachers and parents through an innovative program, Strengthening HIV/AIDS Partnerships in Education 2 (SHAPE 2). The central feature of the program is HIV/AIDS peer education among students, coupled with training several teachers in each school to support the peer educators. To date, interventions with parents have been limited.

Parents are frequently assumed to object to the teaching of HIV/AIDS information or reproductive health in schools. Administrators and teachers use this presumed opposition as a rationale not to introduce subjects that they believe to be controversial, with the potential to generate community conflict. This research was undertaken to determine parents' points of view on the challenges facing young people today, whether they raise the subject of HIV/AIDS with their children themselves, and how they feel about their children being exposed to this information in the schools. The lessons learned will be used to assess the accuracy of teachers' and administrators' perceptions, and to tailor program efforts to best meet the expressed needs of parents.

Methodology

In conjunction with school-based surveys of nearly 2,700 youth in Ghana and 535 teachers, 18 focus groups were conducted with male and female parents during December 2004. Twenty-seven of the nearly 250 schools participating in SHAPE 2 were randomly selected as survey sites.¹ Nine schools were selected purposively from among the 27 as sites for the focus groups. Focus groups were held with mothers and fathers separately, three each for small, medium and large schools at Upper Primary (UP), Junior Secondary (JSS) and Senior Secondary (SSS) levels in the four regions in which the project operates (see Table 1). The discussions were held in locations near the schools, and generally lasted about one hour. Most were conducted in English, although the use of multi-lingual moderators permitted participants to switch to their preferred local language if necessary.

Originally it was planned that lists of members of the schools' Parent Teacher Associations would be used to select participants, but this proved not to be feasible. Instead, the data collection firm, Research International Ltd., selected parents from lists of students using computer generated random numbers. Parents were over-recruited in order to compensate for non-attendance and tardiness. Participants were provided refreshments and a small transportation allowance.

¹ For a complete description of the school sample selection process, see Adamchak, et al., 2005. *SHAPE 2 Student Baseline Survey*. Accra, Ghana: World Education.

Most of the focus groups included eight participants. One each of the male and female groups had ten participants, and one each had seven. A total of 146 parents participated, 73 mothers and 73 fathers. Mothers' ages ranged from 20 to 64, with an average age of 37. Fathers were slightly older than mothers; their ages ranged from 25 to 67, and averaged 40. Fathers were somewhat better educated than mothers, with only a small number having no education. The majority reported having completed middle school, but a number had attended higher-level schools up to university, including technical training. Most of the fathers were employed as skilled laborers such as electricians, mechanics, and plumbers. Several were professionals, and a small number were unemployed.

Among mothers, the majority were traders, seamstresses, caterers or chop bar operators. A few reported professional employment as teachers or nurses. Mothers were more likely than fathers to report having never attended school.

Table 1: Region, school size, name and level			
Region	School Name	School Level	School Size
Greater Accra	St. Mary's International	Primary	Small
	Gospel International School	Primary	Medium
	Private Odartey 1	Junior Secondary	Large
Ashanti	King's International	Primary	Large
	Tawheed	Senior Secondary	Medium
Eastern	Kyeremateng L/A A&B	Junior Secondary	Medium
	Liberty Specialist Institute	Senior Secondary	Small
	Ghana Secondary	Senior Secondary	Large
Volta	Viepe Roman Catholic	Junior Secondary	Large

Experienced, same-sex moderators affiliated with Research International facilitated the focus groups. Each discussion was tape recorded, and a note-taker was also present. Verbatim transcripts were prepared by Research International, and sent to an external consultant for analysis. Responses were grouped into new data files by question, and common themes present in the responses were identified. The focus group discussion guide is included as Appendix 1.

Topics included in the focus group discussions were:

- Challenges facing young people in Ghana today
- Parental discussion of HIV/AIDS
- Opinions regarding children learning about HIV/AIDS in school

- Opinions whether learning about condoms promotes promiscuity
- Factors that influence young people to initiate sex
- Attitudes toward people living with HIV/AIDS.

The remainder of this report summarizes the findings of the focus group discussions.

Challenges Facing Young People In Ghana

To open the focus group discussion, parents were asked, “What do you think are some of the challenges facing young people in Ghana today?” The most frequently mentioned challenge was peer pressure, and the effect that it has on young people’s behavior and attitudes toward parents and teachers. Coupled with this, participants in nearly half the focus groups (and among two-thirds of the female groups) cited current clothing trends as a negative influence. There was a perception that girls in particular dressed in provocative clothing, in part to attract the attention of men who would be able to provide them with money or gifts.

Lack of education, or the inability to meet the costs of education, were noted nearly equally by men and women in more than half the groups. Perhaps reflecting their traditional roles as the main source of economic support in families, many of the men’s groups mentioned poverty and unemployment as major challenges. Almost half the groups recognized the role of parents in raising children able to face today’s changing society, and mentioned parental neglect or lack of control as a problem for youth.

Both mothers and fathers commented on the detrimental effect of “sexy” or “pornographic” videos and television programs. Several expressed concern that young people would be tempted to copy behavior they saw in films, leading to promiscuity and early sexual behavior.

Few groups (only two each among mothers and fathers) spontaneously mentioned HIV/AIDS as a challenge facing Ghanaian youth. When probed, however, all agreed that this too is an important issue.

A disease that has no cure will certainly disturb. (Mother, SSS)

The dangers of HIV/AIDS were linked to the challenges mentioned earlier; for example, peer pressure influences young peoples’ behavior, and may lead them to dangerous situations.

Their friends are also a factor. Young people follow fashion and we the parents should also be attentive to the friends of our children. (Mother, SSS)

Unemployment, poverty, and lack of parental guidance were all mentioned as being intertwined with the dangers of contracting HIV.

Parental Discussion of HIV/AIDS

Speaking about HIV/AIDS

Opponents of HIV/AIDS education in schools often note that this is a topic best discussed in the home, with parents initiating the discussion at a time they believe to be appropriate for their child's developmental capacity. However, research in many countries has shown that parents frequently do not feel prepared to discuss HIV/AIDS or other reproductive health topics, either due to embarrassment, or to a concern that they themselves are not sufficiently well informed to teach their children.

In order to probe these topics, parents were asked, "Do you ever speak of HIV/AIDS with your children?" Women in every focus group replied affirmatively, while many of the male participants said "no," they did not. Three men cited religious or cultural beliefs that prohibited them from discussing sex with their children. A few others mentioned sending their children to their mothers for information. Both women and men mentioned raising the topic, but wondered whether children actually listen during the discussions.

Several mothers mentioned using "teachable moments" as they arose from television programs or advertisements to discuss HIV/AIDS with their children. Several parents also mentioned that their children are being taught about HIV/AIDS in school. Two parents (JSS) mentioned their children learning about condoms in school as a means to protect against HIV/AIDS, but said they did not explain any further about them when the children asked additional questions because they thought the children were too young. Developmental maturity was a concern for some parents. According to one father,

I thought my child is not of age until I went into his books and what I saw was more than I thought. (Father, SSS)

Initiating the Discussion

Parents in half the focus groups indicated that they frequently initiate conversations about HIV, though several also noted that their children often come to them with questions. Few thought that their children were too young to discuss the topic, although several parents mentioned that they would speak first about other means of transmission, such as sharing infected blades, with younger children. However, even within discussion groups there were differences of opinion:

The kids of today have small minds and must be well counseled, so I don't say anything to them at all. (Father1, SSS)

When kids are taught at a young age, they easily keep it in their memory, and I think we should teach them early. (Father 2, SSS)

Several mothers mentioned that if children are taught early, they will keep the lessons in their mind and will behave appropriately. Echoing the sentiment of the father above, one mother remarked:

The disease has no regard for age and we have to teach them earlier. (Mother, Primary)

Sensitivity of the Subject

None of the parents thought the topic of HIV/AIDS was too sensitive to discuss with their children, nor did they believe it was a taboo topic of conversation. When asked, one mother replied:

The children are taught in schools and we have to do our part in the house. When we are watching films in the house, I take the opportunity to advise them. (Mother, SSS)

Arousing Curiosity

Parents were virtually unanimous in rejecting the idea that if they spoke with children about sex, it would arouse their curiosity and they might be tempted to experiment. Many cited the need to inform their children about the consequences of unprotected sex, and several mentioned teaching their children about condoms.

Don't try at all or if you do, use a condom. It could be male or female condom.... We should teach the young people abstinence, and it even bring[s] to usage of condoms in. That should be told to the adults. (Father, SSS)

There are a lot of adverts on condoms all over the place and you can't hide some of these from them. Advising rather puts them on track and prevents them from deviating to do other things. (Mother, SSS)

Adequate Knowledge

The majority of parents felt they had sufficient knowledge about HIV/AIDS to speak with their children, and few indicated that they needed additional resources. Mothers and fathers mentioned obtaining information from television and radio, resource persons who visit their churches, school syllabi and books, and personal experience with HIV positive individuals.

Discussion Topics

Asked about topics they discussed with their children, participants most frequently mentioned warning them against sharing sharp blades or razors. Abstinence was mentioned in nearly half of the discussions, with a nearly equal number of mothers' and fathers' groups citing its importance. Topics mentioned less frequently include: not having sex in order to obtain money, mentioned in one female and two male groups; the

incurable nature of the disease (three groups); other modes of transmission (two groups); pregnancy (two groups); not sharing toothbrushes (two groups). Three groups (two female, one male) reported that they discuss condoms. One group of mothers pursued a lively debate on condom-related messages.

If you think you cannot abstain, then use condoms.

The condom can tear, so please abstain from the act in the first place.

The kids should relax and wait for their time to come.

I think the condom message should not be added at all.

But this is one way of protecting themselves against the disease.

The condom gives the kids the push into sex.

I believe when the condom is taken away and the kids are told that there is no protection, they will be afraid and will not do it at all. (Mothers, SSS)

Mentioning Other STIs

Parents in nearly two-thirds of the focus groups mentioned also discussing other sexually transmitted infections with their children, as part of the spectrum of risks associated with early and unprotected sex. However, quite a few individual participants, mainly male, indicated that they don't talk about these other diseases. There is a perception that gonorrhea and syphilis are of less concern, with respondents referring to them as "smaller diseases", and believing that if one protects oneself from HIV/AIDS, one is also protected from other infections. One father used a football analogy:

We relegate them [other STIs] to say second division and the premier league is about HIV/AIDS. (Father, Primary)

Level of Comfort

Women in all of the mothers' focus groups indicated that they felt comfortable having these discussions with their children. Fewer than half of the men's groups were positive; the consensus in two groups was that the participants were uncomfortable, and in three other groups, the men indicated that they were uncomfortable but nevertheless undertook the task due to the serious consequences of avoiding the topic. In several cases, fathers indicated that they preferred to send their children to their mother or grandmother, rather than hold the discussion themselves.

Many parents implied that they surmounted their own discomfort in order to be open with their children. As one mother put it,

At first I was very shy. I couldn't just look at my daughter and advise her to use a condom, but I saw an advert on TV and that changed my mind. Even now I still have reservations but the time is too dangerous for me to keep quiet so I talk. (Mother, SSS)

While earlier in the discussions most parents indicated that they had sufficient knowledge of HIV/AIDS to adequately teach their children, during this stage, some responded differently. About one third of both the mothers' and fathers' groups indicated that they would like more information in order to feel comfortable speaking with their children about HIV/AIDS. Women in two groups requested advice about counseling skills, which may imply an interest in support or guidance about subjects to raise with their children, as well as how to go about doing so.

Opinions regarding children learning about HIV/AIDS in school

Attitudes about HIV/AIDS Education in School

It is very good. We feel OK. I like the idea. I will be most grateful. I am glad because he is going to know more. These were some of the expressions of support that parents offered when asked their opinions about teachers talking about HIV/AIDS. Virtually all respondents in all focus groups affirmed the important role of the education sector in conveying this information to young people.

It is a good thing because the children are the future leaders, therefore if they've not been taught from infancy but rather when they grow up, there is more risk. So how the teachers have started with them from childhood is good. (Mother, JSS)

It's education. I mean they say we don't only go to school to learn books. I mean, we learn things about life. So if the teachers or in school they educate them, that's good. (Father, Primary)

Several parents noted the reciprocal and reinforcing nature of educating youth about HIV/AIDS, and how the learning obtained in school supports that which the parents convey in the home.

So that my workload will be made easier when they come to the house. I mean, they say "oooo yes, the Madam or the teacher said this, but in class maybe we are many so I don't want to ask him all questions. So Dad, what is this?" I mean it makes my work easier. (Father, Primary)

In several cases, parents remarked that teachers are more knowledgeable than parents, have had specific training, and read more, and hence can do a better job with this task.

Peer Education

Most parents participating in the focus groups favored peer education as another means to teach about HIV/AIDS. There was a sense conveyed in several groups that children learn from their peers, and will often listen to their advice.

They advise their friends and listen to the advice that they will give them. (Mother, SSS)

The children listen to their friends sometimes more than the parents or the teachers. Some of the children are educated. (Father, SSS)

Children listen to the peers a lot and they also find it more credible dealing with them than their parents. (Father, JSS)

The peer educators are their friends and will find it easy communicating with them. (Mother, SSS)

There was also a sense that peer educators provide alternative support to parents or teachers when the former are busy or uncomfortable discussing some topics.

It is a good idea because teachers teach other lessons and will not have enough time. (Mother, SSS)

Like me, I can't discuss HIV with my kids but the kid will feel comfortable talking about it with a friend and can ask all questions in a cool way. (Father, SSS)

While the vast majority of parents were supportive of peer education, one father expressed very strong reservations against peer education, believing that this presented an opportunity for older children to exploit younger ones.

I don't really cherish that thing. You see, I feel it is a mistake...because children for what they are, if you are 12 and you choose to have a peer group that falls below year 12 and you become the leader of the group and you've been asked to counsel or maybe you've been taught the way to talk to the rest who are lower than your age about these things. I think it is not very good because at their age, the tendencies of trying to pass on some chips to themselves, you know, some love words to one another, you know that tendency is very high. So I detest peer group discussions about sensitive things like AIDS, sexual intercourse and all those things. (Father, Primary)

NGOs and Resource Persons

Parents were aware that non-governmental organizations (NGO) or civil society organizations (CSO) occasionally visit schools and conduct educational programs about HIV/AIDS. Virtually all participants viewed this favorably. In particular, several parents

mentioned visits made to schools by persons living with HIV/AIDS, and they believed this to be a very powerful experience for the students.

Many of the parents indicated that they themselves had participated in seminars and workshops run by community NGOs and CSOs, and that they had benefited from the exposure to new information. One mother mentioned that some people do not go to school or church, venues where this type of information is often conveyed, and so the NGOs help in providing information to those outside the mainstream.

Are Teachers Knowledgeable about HIV/AIDS?

Mothers and fathers in all the focus groups concurred that teachers are qualified to teach about HIV/AIDS, although there was some equivocation:

Some have the knowledge but some do not. (Father, SSS)

Some believe so, others don't. (Mother, JSS)

Many parents believed that teachers had undergone special training on the topic, or were exposed to it during their studies at teacher training college, were widely read, or had done research and so had sufficient knowledge to understand the disease and its effects.² Parents, both mothers and fathers, conveyed a sense that teachers have appropriate materials in their syllabi and textbooks to enable them to teach the subject. Parents also commented that children see teachers as role models, and will listen to them.

At least one mother was concerned that teachers shouldn't teach such intimate subjects.

Some of the teachers propose love to the kids and the kids therefore take no advice from the teachers. (Mother, JSS)

One father indicated he would be more comfortable if classes on HIV/AIDS were sex-segregated.

Yes but what I want is that the lady teachers should teach the girls and make the male teachers teach the boys. (Father, JSS)

As noted earlier, several parents believe exposure to the topic in both school and home is mutually reinforcing.

They really help. If the teacher teaches and I also do my part in the house, then the kid will consider what we are saying as important. So it is good [the] teacher uses his knowledge and wisdom to teach them. (Father, JSS).

² This over-estimates the extent of teachers trained. In a related survey carried out among 535 teachers in the same 27 SHAPE schools, only about 25 percent reported having been trained in HIV/AIDS or reproductive health (Adamchak, S. 2005. *HIV/AIDS Knowledge, Attitudes and Behavior among Teachers in Ghana*. Accra, Ghana: World Education).

We the parents must teach them the details. (Mother, SSS)

One person gives birth but it is not one person who trains the child. Teachers help in this respect. (Mother, JSS)

You know, there is a saying that two heads are better than one. If the parents say it and the master or teacher adds something to it the child gets more knowledge about what is going on. How alarming the thing is. (Father, Primary)

There was also consensus between both the mothers' and fathers' focus groups that teachers, due to their training and professional status, must feel comfortable in teaching about HIV/AIDS, including the sexual content. Several parents mentioned teachers trained in biology being particularly competent to teach about reproduction and its links with HIV.

They should feel comfortable teaching HIV in schools due to the knowledge and training they have, because on education psychology and child's development there is a course. More especially those teaching pure science. (Father, SSS)

Does Learning about Condoms Promote Promiscuity?

It is often thought that parents are willing to have their children taught the theoretical concepts about HIV and AIDS, but that they are less willing to have frank discussions about practical means of transmission prevention, particularly condom use. Parents were asked whether they believed that speaking about sexual transmission and condoms promoted sexual experimentation among youth. Overwhelmingly, they responded negatively, with participants in 14 of the 18 focus groups saying they did not think talking about sex or condoms caused young people to experiment with sex.

Not really, but you still preach abstinence but when in need, use a condom. (Father, SSS)

The teaching of HIV/AIDS will not influence the children to go and have sex. (Father, JSS)

Those that did, most frequently attributed young peoples' experimentation to poor parenting, and noted that there will always be some young people who will "push the envelope" and try new things.

Because some of the children are very inquisitive. They want to experiment. That tendency is there. (Father, SSS)

Some children will go and practice it no matter what. This comes down to parental care. (Mother, Primary)

I will also say it depends on how you brought them up from home and then it also counts on education. (Father, Primary)

Some of the kids will never try no matter the circumstances and others will also try no matter what advice they are given. (Mother, JSS)

Individual participants in several groups, particularly in three of the fathers' focus groups, and one of the mothers' groups, thought that knowledge of condoms would cause young people to have sex.

That is why I said I don't talk about those things, because I believe that there is a saying that practice makes a man perfect. People have been saying that when you wear a condom it would not attract HIV/AIDS and then the child says let me try it and see. So the fear of the child goes away when they talk about it. (Father, SSS)

The condom makes them misbehave and these children are always buying condoms. We must find a way of stopping them. (Mother, Primary)

Our problem is that when they were given a condom, because we worry that this will make them go and try it. (Mother, JSS)

Condom Demonstration

While supportive of comprehensive HIV/AIDS education in schools, parents displayed more ambivalence when they were probed further about actually displaying condoms, and demonstrating their use with wooden penis models. Two thirds of both the mothers' and fathers' groups generally supported condom demonstration, but there were lively exchanges among the participants.

Respondent 1: I disagree on the condom. This will rather influence them into sex. We should preach abstinence from sex before marriage.

Respondent 2: Prevention is better than cure. We can advise but they will not take it. The use of condoms is very good. (Mothers, SSS)

And among another group of mothers, this was said:

Respondent 1: We should preach abstinence to the children and advise them to use the condoms for protection, which is not 100% safe.

Respondent 2: AIDS is real and the female condoms, which was not introduced early, must also be made available.

Respondent 3: I do not even know how to wear it and use it.

Respondent 2: It is important when both of them are wearing it, the protection will be double.

Respondent 3: Please teach the usage of the condom. (Mothers, SSS)

Age of Students

Opinions when to start teaching children about HIV/AIDS and condoms varied widely. Parents in four of the mothers' groups and four of the fathers' groups thought such subjects should begin in JSS. This represented three focus groups of parents with children currently in JSS, three with children in SSS, and two with children in primary school. Two of the other groups of parents with JSS children thought that HIV/AIDS education should begin earlier, in primary school; the final group of JSS parents thought the appropriate time to begin instruction is in SSS. While mothers in three groups proposed that teaching begin with upper primary students, no groups of parents collectively agreed that AIDS education should begin with this age group. Fathers were generally more conservative; five groups generally concurred that condom education should not be provided until students have reached senior secondary school.

Factors that influence young people to initiate sex

Parents were asked to name factors that influence young people to have sexual intercourse. Interestingly, considering the many who voiced concerns that condom demonstrations would drive youth to experiment with sex, only one father in one group mentioned condoms as an influential factor.

The majority of groups, including eight mothers' groups and six of the fathers' groups cited peer pressure as a driving force pushing youth into early sexual experience. However, many parents (in seven mothers' groups and four fathers' groups) commented that parental neglect and lack of attention paid to children in the household might also drive them to seek sexual attention. Participants in two of the mothers' groups and two of the fathers' groups went even further to name parental pressure to earn money, seek their own food, or sell for the family as contributing factors.

The majority of both mothers' and fathers' groups mentioned poverty as a crucial influence. While a few (mostly mothers) mentioned personal greed, manifested by wanting fashionable clothes, cell phones, or other consumer goods, most spoke of financial need as a more comprehensive factor affecting the entire family.

Two additional factors mentioned most often were the media, particularly inappropriate movies shown on television, and fashion. Interestingly, more fathers' groups mentioned media than did mothers' groups (six compared with three), while mothers were more likely to mention clothing styles than were fathers (five groups compared with three).

Even when probed specifically, few parents mentioned love as a factor that influences young people to try sex. Indeed, many comments conveyed skepticism that young people even know what love is.

People who don't understand love are those who focus their minds on sex. (Father, SSS)

What we see nowadays is not love but pure lust and hence the sex that we see. (Mother, SSS)

How can a kid fall in love? It is pure lust and nothing else. (Father, JSS)

I don't think a small girl will know what love is about. (Father, JSS)

It would not be possible. (Father, SSS)

That will never be possible. (Father, SSS)

Attitudes regarding people living with HIV/AIDS

Persons at Risk

The focus group participants were asked, "Do you think that any people you know, through your work, your family, your church, or your community, may be at risk to get HIV/AIDS?" While the question was intended to assess whether these parents had personal experience with HIV positive individuals, most carefully responded to the concept of risk. That is, discussions did not focus on friends or relatives known to be infected, but on those who, through their behavior, might become infected in the future.

Most participants, both male and female, focused the known or perceived sexual activity of their acquaintances in assessing risk.

I know a JSS girl who loves daily jumping from one boy to another. She has been engaged in abortion. She is only 19 years and dress[es] fashionably just to attract men. (Mother, SSS)

There is a girl in our house who has not been sleeping in the night due to the parent. They would not give this girl money so this girl would go round and come back. (Father, SSS)

I know a mother who welcomes the daughter back to [the] house after midnight happily. (Mother, SSS)

One girl, three mobile phones, a lot of calls here and there. That surely is dangerous. (Mother, Primary)

Sometimes they change their ladies a lot. And the whole thing is based on sex, sex and sex. (Father, Primary)

Yes, there is one woman who has a boyfriend in Accra, but has lot of men who sleep with her and therefore people always say that is what she does. (Mother, JSS)

Interacting with HIV Positive People

One of the principle goals of the SHAPE 2 program is to reduce stigma associated with HIV/AIDS. As has been clearly articulated by the parents participating in the focus groups, a child's education evolves from their experiences both in school and in the home. It would be difficult to inculcate a truly accepting attitude in young people through a school-based program if they are learning discriminatory beliefs from parents and relatives. To assess parental attitudes, focus group participants were asked how they would interact with someone with HIV/AIDS.

Most of the groups, regardless of gender or grade level of their student children, expressed ambivalence about interacting with HIV positive individuals. People were generally aware that the disease cannot be transmitted through casual contact, but many participants expressed reluctance to care for someone, or to share food with them. Many noted that they would be very cautious in their interactions.

We can talk but not eat. I will be afraid. (Mother, SSS)

I can move with them but not to eat with them. We can all be happy but I will stay away at certain times. (Mother, SSS)

It is not easy even to eat from the same bowl with someone who is ordinarily sick, how much more HIV? (Mother, Primary)

Many parents reported that they were aware of media campaigns that stressed compassionate care, but remained torn in their personal beliefs and levels of comfort in associating with people living with HIV/AIDS.

We even thought shaking hands with an infected person, eating, sleeping and hugging an infected person will mean contracting the disease but thanks to TV we know that is not true. I am afraid though. (Mother, SSS)

The Reach Out campaign has taught us to show love to those with the disease. (Mother, Primary)

Formerly when the sickness came, everybody feared to get near anyone who has the sickness, but now education has taught us otherwise and personally I can get near anyone who has the disease. (Father, JSS)

Several expressed remorse at judging too hastily someone who was ill, and believed to be dying of AIDS, only to learn later that they suffered from another illness. Others regretted not having reached out to friends or relatives who were ill until it was too late.

I avoided a friend of mine who I saw as having HIV/AIDS and when I gathered the courage to visit her she had died. I regretted because it was later diagnosed as not HIV. (Mother, JSS)

I could not get to an Aunt who was diagnosed as suffering from AIDS. (Mother, JSS)

Still other parents mentioned occasions when they were able to surmount their fears and provide care and support for someone in need.

I have a friend living with that kind of disease and it's so dangerous. You have to be careful. There was a time I was suppose[d] to wash his cloth and I was frightened but with care I was able to handle him. (Father, SSS)

I know someone who died of HIV and I have not regretted living with that person. (Father, Primary)

Both mothers and fathers expressed compassion for those infected.

Well, what they are saying I don't believe it. If your somebody has the AIDS and we make [up] our minds that we don't love them, then it is not good. (Father, Primary)

I think we should have a chat with them so that they can live long and they will know that we still love them. (Father, JSS)

I will not be scared. We will stay in the same house and I will be careful about certain things but we can drink water from the same cup. (Mother, SSS)

We have been taught that when you are free with an infected person you do not get the disease. When that happens, you should get near the person and you will understand secretly how they feel. (Father, JSS)

Others have not yet been able to reach out to those with AIDS.

To me [it] is difficult. There was a lady in my area who was very sick. Prior to that she was visiting our home, one day I visited her and saw her lying on a sofa and realized that she has got the disease and she has been asking my wife to cook for her. I didn't allow her. (Father, SSS)

You see if I am close to you and today you tell me you are HIV positive, it will change my attitude. I will start going backwards. (Father, Primary)

If that person is my friend and he is diagnosed as positive, that relationship will start to decline and things will change for the worse. (Father, Primary)

Finally, there were some parents who were adamant in their refusal to interact with those with HIV/AIDS.

I can't interact with anyone like that. Human beings can be very wicked and trust me I can't even eat with that person. (Mother, Primary)

We cannot go near the person. (Mother, JSS)

They are not pleasant people to hang around with. (Mother, SSS)

If it's me, I will incarcerate all of them. (Father, Primary)

I also believe that once the disease is incurable, once anyone is diagnosed as having it, that person should be caged [quarantined] and not allowed to come into town. (Mother, SSS)

Advice for Parents

In closing, focus group participants were asked what advice they would offer other parents of young people in today's challenging world. Members of two-thirds of the groups (seven mothers' groups, six fathers' groups) suggested themes that collectively relate to respect and open communication. They advised parents not to neglect their children, to be close to them, to show love and respect to them, to be vigilant in their care, and to be open in order to promote honest communication.

The best thing is for parents to be close to their children. We must give the kids liberty but add respect and be firm in our dealings with them. (Father, SSS)

We must show love to the children and listen to what they say. (Mother, Primary)

The child and parents must have a cordial relationship and not fear each other. (Mother, JSS)

A similar majority (six mother's groups and five fathers' groups) recommended that parents speak with their children about HIV/AIDS, and that they should not rely solely on information obtained in school or through media campaigns. Three fathers' groups and one mothers' group noted the importance of stressing abstinence for young people.

They should not feel ashamed in talking to the children about AIDS. (Mother, JSS)

What I will tell you is to tell them AIDS is real. So they should watch their parents or their wards to abstain from it. I will tell you to talk to their children to abstain from sex. (Father, Primary)

Now the message is as simple as this. They should learn to wait. And they should abstain. We need to teach them to need to abstain and wait. (Father, Primary)

Members of three of the mothers' groups and one fathers' group recommended that parents get to know their children's friends. They also suggested that the parents should welcome boyfriends and girlfriends into their homes in order to get to know them and to provide appropriate guidance and advice about relationships.

We should check the character of the friends of our children and advise them accordingly. (Mother, SSS)

The parents should be careful even about the friends of their children and peer pressure that comes with it. (Father, JSS)

Parents should also know the kind of friends their children have; their character and all to know whether they are going the right way. (Father, SSS)

It is good for parents to entertain the boyfriend of the daughter. (Mother, JSS)

Mothers were concerned with the communal obligations of parenting. Participants in four of the mothers' groups, and one of the fathers, noted that they must be able both to discipline other people's children, and to accept others disciplining theirs.

Some parents must allow other parents to discipline their children. (Mother, SSS)

It should not only be our children or friends' children but all children that we come in contact with. (Mother, JSS)

We must advise the children of other parents and those parents must accept the fact. (Mother, Primary)

Parents recognized their roles and responsibilities in raising good children, and advised other parents to lead exemplary lives, and to do their best to provide for the needs of children so that they do not seek gratification elsewhere. Several people mentioned providing the best education they are able, to equip children for the future. Members of three of the fathers' groups, and one mothers' group, remarked that parents should pray for their children, and should do what is necessary to raise God-fearing children.

They should pay attention to the children and advise them accordingly to lead a good lifestyle. The children should be brought up in [a] God-fearing way. (Father, Primary)

Parents must look after their children very well. (Father, SSS)

Programmatic Implications

Diverse Educational Sources

Parents are concerned about their children's future, and the findings from these focus groups indicate that they are willing to support a diverse range of educational support about HIV/AIDS in an effort to protect that future. Parents fear that ignorance may have serious consequences, and that lack of knowledge or sufficient risk perception may endanger their children's prospects and potential. As one mother put it,

Someone who could be a President might have a short life because of AIDS, and the advice will help. (Mother, JSS).

A common theme running through the discussions is that help must be sought in every quarter, and that the entire Ghanaian community bears a responsibility to share accurate and appropriate information about HIV.

It is good because in building a house, the mason, the carpenter and the electrician are all important. (Mother, JSS)

It is something that is disturbing the whole nation, and everyone must make the effort to help solve it. (Mother, JSS)

Very Positive Support for School-based HIV Education

Parents were nearly unanimous in their support for school-based HIV/AIDS education, a position that should be conveyed to teachers and administrators. Parents approved of peer education as a complement to other school-based efforts. Parents tended to over-estimate the proportion of teachers trained as HIV/AIDS subject specialists, and may not be aware that the majority of educators have had little or no formal training on the topic.

Parents support developmentally appropriate topics taught to their children. Many believe teaching of HIV/AIDS education should start in junior secondary school, though a large number felt that some topics should be introduced in upper primary school. Only a few thought that this type of education should be delayed until senior secondary school.

More Information and Skills for Parents

While most parents believed that they had sufficient knowledge to discuss HIV/AIDS with their children, several information gaps became apparent during the group discussions. Many parents hold inaccurate knowledge about the dangers posed by sharps and blades. While it is true that direct blood-to-blood contact is one mode of

transmission, the virus that causes HIV is extremely volatile, and does not survive long outside the body, or once it has dried. These concepts need to be clarified.

Parents also requested more advice about counseling skills, presumably to improve the ways they approach their children when discussing sensitive topics. This is a topic that may be suitable for a CSO-sponsored workshop targeting parents.

Mixed Messages about Condoms

Most parents do not believe that teaching about condoms in the abstract leads to sex. There was greater concern, however, about condom demonstrations and having condoms available for young people; these were seen as more likely to result in sexual experimentation. Yet when given an opportunity to name the factors that propel young people to have sex, only one parent spontaneously mentioned condoms, suggesting that the fear may not be grounded in reality.

Condom demonstrations should be included in every comprehensive, developmentally appropriate HIV/AIDS education program. CSO partners need to develop means to include this information in a way that is informative, and neither encouraging to students to experiment nor threatening to parents' perceptions of danger.

Attitudes of Stigma toward PLWHA

While most parents expressed compassion toward those infected with HIV/AIDS, many also conveyed discomfort and concern for their safety if they should interact too closely with PLWHA, and some revealed very discriminatory attitudes. Food and communal eating were particularly sensitive triggers; both mothers and fathers reported that they would not be able to share a meal with an HIV positive person. CSOs need to reach out to parents to more directly challenge their attitudes of stigma, if the positive, non-discriminating messages conveyed in school-based programs are to be reinforced at home.

Appendix 1: Parents Focus Group Discussion Guide

- What do you think are some of the challenges facing young people in Ghana today?
 - PROBE: (If HIV/AIDS not mentioned) What about HIV/AIDS? Does it affect our young people?
- Do you ever speak of HIV/AIDS with your children?
- Do you start the conversations, or do you wait for children to bring up the subject?
 - PROBE: Why do you wait to talk about this?
 - PROBE: Do you think your children are too young to discuss HIV/AIDS?
 - PROBE: Is it too sensitive for you to talk about HIV/AIDS?
 - PROBE: Is it taboo for you to talk about this subject with your children?
 - PROBE: Are you afraid if you talk about it you will arouse their curiosity and they may experiment with sex?
 - PROBE: Do you feel that you have too many questions yourself about HIV/AIDS and so you cannot talk your children?
- What are some of the HIV/AIDS topics you talk about with your children?
 - PROBE: Do you ever discuss preventing or transmitting HIV/AIDS, other Sexually Transmitted Infections (STIs), or sexual behavior?
- How do you feel during these talks?
 - Are you comfortable having these talks?
 - Are you uncomfortable, but feel it is your duty to have these talks?
 - What do you need to make yourself more comfortable to have these talks?
- How do you feel about your children learning about HIV/AIDS in school?
 - PROBE: What do you think about teachers talking about HIV/AIDS?
 - PROBE: What do you think about peer educators talking about HIV/AIDS?
 - *Note: Peer educators are students who have been trained to talk with their schoolmates about HIV/AIDS, risk behaviors, family planning, and other subjects.*
 - PROBE: Are you aware that resource persons from NGOs sometimes visit schools to talk about HIV/AIDS? Do you think they are knowledgeable to talk about HIV/AIDS/
- Do you think teachers are knowledgeable to teach about HIV/AIDS?
 - PROBE: Why? Why Not?
- Do you think teachers are comfortable teaching about HIV/AIDS?

- Do you think if your child hears about HIV/AIDS or Family Planning at school, they will be encouraged to try sex?
- Should condom demonstrations be part of school teaching about HIV/AIDS?
 - *Note: This means that a teacher or a peer educator would show students what a condom looks like, and would show how they are placed on the penis, using a wooden model.*
 - PROBE: Do you think this is acceptable for Senior Secondary Students?
 - PROBE: Do you think this is acceptable for Junior Secondary Students?
- What are some of the factors that influence children to try sex today?
 - PROBE: What about the media?
 - PROBE: What about money needs?
 - PROBE: What about parental neglect?
 - PROBE: What about pressure by friends or classmates?
 - PROBE: What about love?
- Do you think that any people you know, through your work, your family, your church, or your community, may be at risk to get HIV/AIDS?
 - PROBE: Without telling me any names, why do you think this?
- How do you feel about personally interacting with someone who has HIV/AIDS?
- What words of advice do you have for parents of children growing up in today's world?

Thank you for your participation.