

**FINDINGS of a SURVEY OF
TEACHERS**

**Strengthening HIV/AIDS Partners in
Education (SHAPE 2)
World Education, Ghana**

Susan E. Adamchak, Ph. D.

May 2005

EXECUTIVE SUMMARY

Study Context

This study is part of a research strategy to collect baseline data for a newly expanded project carried out by World Education, a non-governmental organization (NGO) established in Ghana in 2001. 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 targeting students, teachers and parents through an innovative program, Strengthening HIV/AIDS Partnerships in Education (SHAPE).

This effort was undertaken to develop an up-to-date picture of the HIV/AIDS knowledge, attitudes and behavior of teachers working in a sub-set of schools participating in the SHAPE 2 program. Among topics explored were teachers' willingness to participate in HIV/AIDS education programs in schools, their knowledge and capacity to do so, and the magnitude of personal risk taking that may put teachers at risk of contracting HIV/AIDS.

Self-administered questionnaires were distributed to all teachers in 27 SHAPE 2 schools. Five hundred forty-five of the 622 eligible teachers completed questionnaires. A local research firm carried out data entry, and a private consultant conducted the analysis. Detailed findings are included in the body of the report; programmatic implications are summarized here.

Programmatic Implications

Teachers represent an untapped potential.

Teachers are willing to help with HIV/AIDS education efforts, approve of their role in providing HIV/AIDS education, and agree that young people need to learn about HIV. However, few teachers have been trained to provide HIV/AIDS education, and of those who have been trained, many have not been asked to conduct any activities.

Teachers do not think that parents support HIV/AIDS education.

While teachers believe that the responsibility for HIV/AIDS education should be broadly shared by responsible adults, a substantial minority do not believe that parents offer real support for AIDS education in schools. This finding contradicts the unanimous support given by parents in a recent series of focus groups. CSOs should develop moderated opportunities to bring teachers and parents together to develop consensus.

Condoms make teachers nervous.

Survey findings indicate that teachers:

- are reluctant to do condom demonstrations;
- believe exposure to condoms promotes promiscuity;
- question unmarried women's access to condoms.

Condom education and demonstration are essential elements of any well-balanced, comprehensive HIV/AIDS education program. If teachers are to be charged with providing high quality, authoritative, objective and non-judgmental HIV education, they need to be comfortable with, and believe in the appropriateness of, this important information and skill building exercise. CSO partners need to undertake activities to desensitize talking about condoms.

Teachers show some crucial HIV knowledge gaps.

Few teachers are aware that it is possible to reduce mother to child transmission of HIV/AIDS. A substantial minority is unsure whether mosquitoes transmit the virus, and many hold punitive opinions that HIV/AIDS is a curse from God.

Teachers stigmatize people living with HIV/AIDS.

Teachers express ambivalence about interacting with people who may be HIV positive. They acknowledge reluctance to have routine contact such as buying food, and while many say they know someone who has had HIV, far fewer report having ever conversed with a person living with HIV. The majority indicated a curiosity and willingness to meet someone living with AIDS. This may provide an avenue for CSOs to open a dialogue about stigma and unbiased care, a crucial need if teachers and parents are to mutually reinforce non-discriminatory messages to students.

Risk taking among teachers is low, but present.

Levels of reported risk taking among teachers in this sample are low, and may be comparable to those in the general population. Incidence of multiple partners is low, and even those who report at least one other partner identify that person as a spouse, boyfriend or girlfriend. There is little evidence of alcohol abuse, and virtually no acknowledgement of drug abuse.

Teachers believe the majority of JSS students are sexually active.

Many teachers believe that more than half of students at the JSS level are sexually active, a belief consistently disproved by research in Ghana. Similarly, there is a discrepancy in teachers' reports of sexual activity by colleagues with students. While 50 percent or more indicated that they knew someone who had a relationship with a student, fewer than 10 percent indicated that they themselves had done so. The truth likely lies somewhere in between—still higher than should be tolerated, but not so high as is believed.

Teachers perceive schools as safe, but a small minority agrees with abusive behaviors.

Virtually all teachers believe their schools to be safe, and that students feel welcomed and secure. However, an appreciable minority does not reject inappropriate behaviors as illustration of harassment or abuse. CSOs working with teachers must move the agenda of zero tolerance for such behavior forward, and work toward the complete elimination of all abusive behaviors.

CONTENTS

Executive Summary	i
Acknowledgments.....	iv
Introduction	1
Objectives and Survey Methodology.....	2
General Characteristics	3
HIV/AIDS and Reproductive Health Education.....	4
Knowledge of HIV/AIDS	9
Sexual History.....	11
Risk Behaviors Including Sexual Risk	13
School Environment.....	15
Sexual Harassment.....	16
Programmatic Implications	19
Appendix 1: Participating Schools.....	21
Appendix 2: Survey Instrument.....	23
Appendix 3: Percent of teachers agreeing whether behaviors are abuse, by sex.....	37

TABLE LIST

Table 1: Percent Distribution of Socio-demographic Characteristics of Teachers.....	3
Table 2: Opinions about who is responsible for HIV/AIDS education	4
Table 3: Percent of teachers believing subjects are appropriate by school level.....	5
Table 4: Percent of teachers reporting that they would feel comfortable speaking to students on HIV/AIDS and RH topics	6
Table 5: Percent of teachers who agree that teacher should participate in various HIV/AIDS education activities.....	6
Table 6: Percent of teachers expressing opinions about community support and student behavior.....	7
Table 7: Percent of teachers trained to conduct HIV/AIDS or RH education by age	8
Table 8: Percent of teachers reporting participation in various HIV/AIDS events	9
Table 9: Percent of teachers knowing of AIDS agreeing that HIV/AIDS is a problem.....	9
Table 10: Percent of teachers reporting knowledge of HIV/AIDS.....	10
Table 11: Attitudes regarding people living with HIV/AIDS.....	11
Table 12: Percent of teachers reporting status of most recent partner	12
Table 13: Percent of teachers reporting condom use with most recent partner	12
Table 14: Percent of teachers reporting relationships with second partners in prior 12 months.....	13
Table 15: Percent of teachers reporting possible risks of HIV and HIV testing.....	14
Table 16: Percent of teachers reporting perceptions about school	15
Table 17: Percent of teachers agreeing that it is acceptable for teachers or headmaster or headmistress to engage in behaviors with students.....	16
Table 18: Percent of teachers who agree with consequences of teacher-student sex	18
Table 19: Percent of teachers agreeing whether select behaviors are considered abuse or harassment between a student and teacher or headmaster/mistress.....	19

ACKNOWLEDGMENTS

The author would like to thank the head masters and head mistresses who authorized the participation of their schools in SHAPE 2, and importantly for our purposes, in the student and teacher surveys. Their welcome, and their willingness to have their classes disrupted during the data collection visits, are gratefully acknowledged.

Thanks are offered to the teachers who participated in the survey. Their conscientious responses to all questions, some of which must have seemed very personal and intrusive, provided us with important insights that will help to guide the development of the SHAPE 2 program.

We also recognize our colleagues at World Education and at the many CSOs who undertook the task of delivering and collecting the questionnaires, sometimes making numerous trips back to the schools to gather outstanding items. The very high completion rate achieved is surely due to their diligence and persistence.

Finally, we acknowledge colleagues at Research International for their rapid and accurate data entry and file creation, and Mrs. Leticia Nkonya for assistance with data processing.

INTRODUCTION

Like many countries facing the potential devastation of the HIV/AIDS epidemic, Ghana is taking a multi-dimensional approach to foster prevention and care efforts. Many programs are in place to meet the needs of those most at risk in what remains a largely localized epidemic, concentrated among prostitutes and highly mobile populations. At the same time, efforts are underway across the country to implement education and appropriate risk self-assessment within the general population. A key component in this strategy is the expanding introduction of HIV/AIDS education in schools, through the efforts of trained teachers, peer educators, and local civil society organizations (CSOs). The government of Ghana has recently adopted a comprehensive curriculum, “The Window of Hope” for use in all teacher training colleges in the country, and has mandated comprehensive HIV/AIDS education to be introduced in all schools during the next several years.

Education specialists in Ghana are concerned that the country may experience damaging effects in the education sector as a consequence of the HIV/AIDS epidemic. Other countries in Africa have seen major losses among the cadre of public sector teachers, driven in large measure by the sexual risk behaviors demonstrated by these professionals. The loss of large numbers of teachers has a ripple effect throughout the system, with the remaining teachers assuming responsibility for ever larger class sizes, resulting in poorer quality education for students. In some cases, entire schools have had to close, due to an insufficient number of staff able to maintain services or standards. Students, many of whom have to cope with the loss of one or both parents, lose one of the few remaining sources of stability and safety in their lives.

This study is one component of a multi-faceted research strategy designed to collect baseline data for a newly expanded project carried out by World Education, a 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 (SHAPE). As part of the research program, more than 150 parents participated in focus groups, and nearly 2700 students and 550 teachers completed self-administered questionnaires addressing HIV/AIDS knowledge, attitudes and behaviors. This report documents the findings among teachers.

This research was undertaken to determine teachers’ points of view on a broad array of HIV/AIDS topics. This information will be used to assess their willingness to participate in HIV/AIDS education programs in schools, their knowledge and capacity to do so, and to identify the magnitude of personal risk taking that may put teachers at risk of contracting HIV/AIDS. Taken together, findings will be used by World Education and partner organizations develop program efforts to best meet teachers’ needs.

OBJECTIVES AND SURVEY METHODOLOGY

The objective of this research is to develop an up to date picture of the HIV/AIDS knowledge, attitudes and behavior of teachers working in a sub-set of schools participating in the SHAPE 2 program. The purposes are several:

- To ascertain attitudes about teaching HIV/AIDS material in schools
- To assess the accuracy of knowledge about HIV/AIDS and STIs
- To determine attitudes concerning social stigma and people living with HIV/AIDS
- To measure elements of personal risk taking
- To identify attitudes regarding sexual harassment and exploitation of students

Teachers were selected using a convenience sample. Questionnaires were distributed to all teachers working in 27 of the nearly 250 schools participating in a survey of SHAPE 2 students. These schools had been previously selected at random, stratified by school type and size, to serve as the sites of a class-based survey of students. Nine schools each of primary, junior secondary and senior secondary were selected, and of them, three each were designated as small, medium or large. The schools chosen are listed in Appendix 1.

The 27 schools employed a total of 622 teachers. Questionnaires, together with a letter of introduction requesting consenting participation, were placed in individual manila envelopes, and were distributed by staff of the affiliated CSO and World Education to all teachers in the schools. Teachers were instructed to complete the questionnaire individually, and to seal the completed form in the envelope to ensure confidentiality. They were also notified of the date on which the CSO would return to collect the completed questionnaires.

Five hundred forty-five teachers completed the questionnaires, for a response rate of 88 percent. Of the 545 questionnaires, nine were returned without having been completed, implying a true refusal rate of 1.7 percent. The remainder of the questionnaires were not recovered, and so it is not known whether they were true refusals, lost, or not completed because the teachers did not receive compensation for the time it took to complete the questionnaire (approximately 30 to 45 minutes). All teachers at 22 schools completed the questionnaire; non-return rates among the five other schools ranged from three percent to 61 percent.

Research International, a firm in Accra, carried out data entry and cleaning. A private consultant hired by World Education did data processing and analysis. Data were analyzed using STATA, a statistical software package. Unless otherwise noted, the tables present data for the full sample of 536 teachers.

GENERAL CHARACTERISTICS

Socio-demographic characteristics of teachers are presented in Table 1. Of the teachers who responded to the questionnaire, one third were women, and two thirds were men. This is consistent with the overall sex distribution of teachers in Ghana. In 1999, 65 percent of primary school teachers, and 75 percent of junior secondary school teachers were male.¹ The sex distribution of those not completing the questionnaire is not known, so it is not possible to determine whether females disproportionately chose not to participate in the survey. However, even if all of the non-respondents were women, they would still represent a smaller proportion of the total than men.

The men were slightly younger than the women. Fifty-four percent of men were aged 39 or younger, compared with 49 percent of women. Religious affiliations were comparable between the sexes, with a slightly higher proportion of women identifying themselves as Pentecostal, and more men reporting themselves as other Christian or Muslim. The distribution by ethnic group is very similar for males and females, with Akan and Ewe representing the majority of the sample.

More than one-fourth of the males reported never having been married, compared with about one-sixth of the females. Sixty-three percent of females, and 70 percent of males were married or living with a partner. Women were eight times more likely to report being separated, divorced or widowed than men. Women married younger than their male counterparts; 30 percent married before age 25, while only 17 percent of the men married by that age. Nearly 80 percent of women were married by age 29, while only slightly more than half the men, 54 percent, had done so.

	Females	Males	Total
	171 (32%)	359 (68%)	530 (100%)
Age			
19-29	16.6	21.2	20.2
30-39	32.5	32.8	32.3
40-49	32.0	23.2	25.7
50 or older	18.9	22.9	21.7
Religion			
Catholic	17.5	18.4	18.3
Protestant	26.9	27.0	26.9
Pentecostal	29.2	21.2	23.9
Charismatic	15.2	16.4	16.0
Other Christian	7.6	10.3	9.3
Muslim	1.8	3.3	2.8

¹ UNESCO. 2004 Education for All: The Quality Imperative. Education for All Global Monitoring Report. Paris: United Nations Educational, Scientific and Cultural Organization. 2005.

Other	1.8	3.4	2.5
Ethnic Group			
Ewe	39.2	41.2	40.3
Akan	50.3	44.3	46.5
Ga Adangbe	4.1	6.1	5.4
Guan	1.2	2.2	2.1
Other	5.3	6.1	5.8
Marital Status			
Never married	17.5	27.9	24.8
Married	60.8	63.0	61.9
Living with partner	2.3	6.7	5.4
Separated, Divorced, Widowed	19.3	2.5	7.8
Age of First Marriage			
Younger than 25	30.5	17.4	22.3
25-29	46.1	36.7	40.0
30-34	19.2	34.8	29.0
35 or older	4.3	11.2	8.7

HIV/AIDS AND REPRODUCTIVE HEALTH EDUCATION

Teachers believe that the responsibility to teach youth about HIV/AIDS is spread throughout the adult community (Table 2). Two thirds of teachers believe that it is the responsibility of parents to teach about HIV/AIDS. Nearly 60 percent believe that doctors, health workers, and religious leaders also have important roles to play. More than half also see themselves, as teachers, conveying the information. Considering the inverse, however, implies that nearly half the teachers (45 percent) do not think that this is the responsibility of teachers.

	Females	Males	Total
	(n=171)	(n=359)	(n=530)
Parents	68.1	67.0	67.5
Teachers	83.6	85.4	54.6
Religious leaders	55.4	60.6	58.9
Doctors/Health Workers	56.2	60.6	59.2
Peer educators	3.0	1.7	3.1
JSS students do not need to learn	2.3	3.6	2.1
Other	3.5	7.0	5.8

Three-fourths of teachers advocate early learning about physical development and HIV/AIDS, and half support training to develop self esteem among young students in Upper Primary school (UP) (Table 3). They are nearly equally divided in thinking that discussions of dating and relationships and condom demonstrations should wait until students are in either Junior Secondary or Senior Secondary school. We observe the least agreement in when to learn about sexual relations. One quarter of the teachers support early learning, while about one-third would have students wait until they have reached SSS. Female teachers consistently advocate earlier introduction of material on all the topics mentioned than do male teachers.

	Sex	Upper Primary	JSS	SSS
Physical development (changes of puberty)	M	73.7	25.4	0.8
	F	80.7	18.7	0.6
Dating and relationships	M	15.9	43.9	40.2
	F	21.3	37.3	41.4
Sexual relations	M	21.6	44.4	34.0
	F	36.1	36.1	27.8
HIV/AIDS	M	73.6	22.2	4.2
	F	80.0	17.7	2.4
Self-esteem and resisting sexual advances	M	52.0	39.4	8.7
	F	60.0	34.7	5.3
How to use a condom (including condom demonstration on a wooden model)	M	11.7	49.4	38.8
	F	18.7	34.5	46.8

N=535

Virtually all teachers reported that they would feel very or somewhat comfortable speaking to students about HIV/AIDS and pubertal development (Table 4). Ninety percent indicated that they would be comfortable discussing voluntary counseling and testing, but we observe a shift toward a higher proportion (about 20 percent) reporting being “somewhat comfortable”.

Teachers noted greater discomfort in speaking about family members who might have HIV/AIDS, masturbation, and romantic relationships. Two in five acknowledged that they would not feel comfortable demonstrating how to use a condom.

The reluctance to participate in condom demonstrations was conveyed even more strongly when the respondents were asked whether they should participate in specific HIV/AIDS education activities. Just over half agreed or somewhat agreed that teachers should demonstrate proper use of condoms (Table 5). In contrast, there was nearly universal agreement that teachers should encourage students to attend HIV/AIDS events, and very high levels of agreement with teachings students or assisting with clubs.

	Very comfortable	Somewhat comfortable	Somewhat uncomfortable	Very uncomfortable
HIV/AIDS	88.1	6.5	3.5	1.9
HIV counseling and testing	70.2	19.0	6.9	3.9
Menstruation	71.8	16.4	7.3	4.5
A family member who might have HIV/AIDS	47.8	21.5	20.5	10.3
Masturbation	45.3	21.5	15.7	17.5
Romantic relationships	41.0	23.3	19.0	16.6
How to use a condom (condom demonstration)	41.8	20.2	18.3	19.8
Physical development; changes during puberty	84.0	11.6	3.4	1.1

n=536

Teachers also revealed mixed opinions about teaching their colleagues. Most agreed this was an appropriate role, but a sizeable minority, 15 percent, disagreed.

	Agree	Somewhat agree	Somewhat disagree	Disagree
Organize or assist students with AIDS clubs	80.0	16.0	1.5	2.4
Teach students about HIV/AIDS	74.6	20.0	1.7	3.7
Conduct condom demonstrations for students	29.7	25.6	16.2	28.5
Teach fellow teachers about HIV/AIDS	59.9	25.6	3.9	10.6
Encourage students to attend HIV/AIDS events	86.8	10.6	1.1	1.5

N= 536

Slightly more than half of the teachers fully agreed that parents support teaching of HIV/AIDS education in schools (Table 6). This contrasts with the findings of focus groups carried out with mothers and fathers of children in some of the same schools.²

² Adamchak, S. "Ghanaian Parents' Views of HIV/AIDS Education in Schools. Report on Focus Group Discussions". Strengthening HIV/AIDS Partnerships in Education (SHAPE 2). Accra, Ghana: World Education. 2005.

Parents expressed nearly universal approval AIDS education in schools. Like teachers, parents believe that many avenues should be used to convey accurate information to their children, and teachers were an important and respected resource.

Two-thirds of teachers believe that discussing sex and condoms with JSS level students would lead to promiscuity. Three-fourths believe that access to condoms may result in sexual experimentation. More than four in five teachers believe that a majority of JSS students are sexually active, a belief consistently disproved in studies of the sexual behavior of young people in Ghana. In the survey of students carried out in these same schools, fewer than 50 JSS students from a sample of 894 indicated that they had ever had sex.³ Differences between male and female teachers were small for all items in Table 6, generally less than five percentage points. Slightly more male teachers believed that giving JSS students access to condoms might lead to experimentation (55.7% of males, compared with 50.9% of females). More female teachers agreed with the statement that more than half of JSS students are sexually active (67.8%) compared with male teachers (58.8%). However, the percentages agreeing or somewhat agreeing were nearly equal: 82 percent of male teachers, and 85 percent of female teachers.

	Agree	Somewhat agree	Somewhat disagree	Disagree
The majority of religious leaders support HIV/AIDS education in schools	69.0	18.8	6.7	5.4
The majority of parents support HIV/AIDS education in schools	55.8	31.0	8.4	4.9
The majority of teachers support HIV/AIDS education in schools	73.7	20.5	2.4	3.4
Discussing sex and condoms with JSS students leads to more promiscuous behavior	26.5	37.5	13.4	22.6
Giving JSS students access to condoms leads to sexual experimentation	54.3	22.6	9.0	14.2
JSS students should have access to condoms outside of school	15.1	18.3	13.6	53.0
The majority (more than half) of JSS students are sexually active	61.6	21.1	9.3	8.0

N=536

Teachers were asked whether their schools conducted HIV prevention activities such as clubs or outreach efforts. Slightly more than half (57 percent) said yes, and about one third replied no (32 percent). The remainder, just more than 10 percent, did not know.

³ Adamchak, S. "Student Baseline Report: SHAPE 2". Strengthening HIV/AIDS Partnerships in Education (SHAPE 2). 2005. Accra, Ghana: World Education.

When asked who initiated these activities at the schools, slightly more than one third of the teachers indicated that it was an external organization such as an NGO or CSO that did so (36 percent), and about one quarter indicated that it was a teacher who did so (25 percent). Seventeen percent mentioned the school head master or head mistress. Nearly one in five (18 percent) did not know who developed the programs. Only two percent indicated that they had been responsible for introducing these programs in their schools.

An overwhelming majority of teachers (91 percent) signaled that they would be willing to conduct HIV prevention activities like clubs or outreach efforts in their schools. However, just more than one in four (27 percent) acknowledged that they had been trained to conduct HIV/AIDS or reproductive health education (Table 7).

	19-29	30-39	40-49	50 and above
Yes	24.3	27.5	27.9	27.2
No	75.7	72.5	72.1	72.8
Total	100.0	100.0	100.0	100.0

N=534

Of the 143 teachers reporting having been trained, half received training from an NGO or CSO. One-third named an international organization as providing the training. Nine percent said they had attended training offered by the Ghana AIDS Commission, and seven percent mentioned other sources (data not shown). Nearly 70 percent had been trained during the past five years. About one quarter had been trained during the decade of the 1990s, and less than ten percent reported having been trained before 1990, possibly in reproductive health topics rather than in HIV/AIDS. Teachers indicated that they would like additional information on HIV/AIDS in general, as well as training in skills and counseling, and care and support.

Among the teachers trained, the majority (74 percent) had never been asked to conduct HIV prevention activities at their schools. Among the few who had been asked to do so, about two-thirds were currently conducting some activities.

All teachers were asked whether they had participated in an HIV/AIDS event during the prior year. About 60 percent had been involved in some event. Nearly half had participated in a seminar, training or workshop (Table 8). Almost one quarter had participated in a World AIDS Day event. Two out of five reported that they had not taken part in any event.

World AIDS Day event	23.2
HIV/AIDS parade or walk	10.2
HIV/AIDS club meeting	15.1
People living with HIV/AIDS testimony	18.7
HIV/AIDS seminar	31.7
HIV/AIDS training or workshop	17.2
Other	1.5
Did not participate in any event	39.8

N=530. Multiple responses allowed.

KNOWLEDGE OF HIV/AIDS

Knowledge of HIV/AIDS was virtually universal; only two teachers indicated that they had not heard of the virus called HIV or the illness called HIV. Teachers largely agreed that AIDS is a problem in Africa, in Ghana, and is increasing in the country (Table 9). Fifteen percent did not concur that HIV is a problem in the education sector, or affecting the development of Ghana.

	Agree	Somewhat Agree	Somewhat Disagree	Disagree
In Africa	94.2	3.6	0.6	1.7
In Ghana	91.0	6.4	1.1	1.5
In the education sector	63.7	21.4	8.1	6.8
Preventing the development of Ghana	63.0	21.8	8.3	7.0
Increasing in Ghana	88.7	8.8	1.1	1.3

N=532

When questioned about their knowledge of HIV/AIDS, the teachers showed several gaps or inaccuracies. Most disturbing, two thirds of the teachers did not know that a woman could reduce the chance of mother to child transmission (Table 10). This implies either a lack of awareness or a disbelief in the availability and/or effectiveness of anti-retroviral drugs. This is not altogether surprising in view of the relatively recent introduction and still limited availability of this treatment in Ghana.

While the majority of teachers are aware that mosquitoes do not transmit HIV, nearly 15 percent believe this is possible, or are not sure. Nearly one in ten either believe they can contract HIV by eating with an infected person, or do not know if this may occur. About

15 percent doubt that condoms are an effective means to reduce the probability of transmission if used correctly.

One-fourth of teachers either believed or was unsure that HIV/AIDS is a curse from God. Ghana is a deeply religious country, and many people acknowledge the role of God in influencing both the good and bad events in their lives. It is not surprising that an important minority of respondents see God’s punitive hand in the manifestation of this disease.

There were only small differences in knowledge of HIV/AIDS between male and female teachers; in most cases the differences were less than three percentage points.

Table 10: Percent of teachers reporting knowledge of HIV/AIDS			
	True	False	Don't Know
A person who looks healthy can be infected with HIV/AIDS.	97.7	1.7	0.6
A person can reduce their chances of getting HIV/AIDS by using a condom correctly every time they have sex.	84.2	12.5	3.4
A person can get infected with HIV/AIDS through mosquito bites.	4.3	85.9	9.8
A person can reduce their chances of getting HIV/AIDS by having only one sexual partner who has no other partners.	93.4	3.8	2.8
A person can get infected with HIV/AIDS by sharing a meal with a person who has HIV/AIDS.	4.7	90.0	5.3
The HIV/AIDS virus is a curse from God.	4.9	76.6	18.5
HIV/AIDS can be transmitted from a mother to her unborn baby.	93.4	3.	3.4
A mother who is infected with HIV can reduce the chance of transmission to her unborn baby.	34.0	51.1	14.9

N=530

Given the relatively low level of HIV prevalence in Ghana, a surprisingly large percentage of teachers report knowing someone who has HIV or died of AIDS. (Table 11) However, it is not clear how intimate that knowledge is; only about 10 percent of teachers had eaten with an HIV positive person, and fewer than 20 percent had knowingly spoken with someone with HIV. Nearly 90 percent indicated that they would like to meet or talk with someone who is HIV positive, indicating a healthy curiosity about this condition that draws so much attention.

The respondents expressed strong support for the continued employment of HIV positive colleagues in the education sector; more than 85 percent of both males and females held

this view. In stark contrast, only 24 percent of male teachers, and 14 percent of female teachers, said they would continue to buy food from an HIV positive vendor.

Table 11: Attitudes regarding people living with HIV/AIDS			
		Males (n=354)	Females (n=171)
Do you personally know anyone who has HIV or has died from AIDS?	Yes	61.6	63.2
	No	33.9	34.50
	Don't Know	4.5	2.4
Have you ever shared a meal with a person you knew or suspected had HIV/AIDS?	Yes	9.0	11.1
	No	77.7	83.0
	Don't Know	13.3	5.9
If a member of your family became sick with HIV/AIDS, would you be willing to care for him or her in your household?	Yes	87.8	79.5
	No	5.7	7.6
	Don't Know	6.5	12.9
If a teacher or school administrator has HIV/AIDS but is not sick, should they be allowed to continue teaching in school?	Yes	88.6	86.0
	No	6.6	8.2
	Don't Know	4.8	5.9
If you knew that a food seller in your community had HIV/AIDS, would you continue to buy food from them?	Yes	24.1	14.0
	No	68.3	81.3
	Don't Know	7.7	4.7
If someone has HIV/AIDS, do you think they should receive less care than other people who are sick with a long-term illness?	Yes	10.7	11.1
	No	84.8	84.8
	Don't Know	4.5	4.0
In the past 12 months, have you had a conversation with someone you know who has HIV?	Yes	13.3	19.3
	No	74.6	71.4
	Don't Know	12.2	9.4
Would you like to talk with or meet someone who is HIV positive	Yes	87.9	86.0
	No	7.1	5.3
	Don't Know	5.1	8.8

N=530

SEXUAL HISTORY

Teachers were asked to provide information about their sexual experience and partners during the 12 months prior to the survey. They were ensured that the responses would be confidential and were asked to respond truthfully, but it is possible that some underreporting may have taken place.

Eighty-six percent of the teachers affirmed that they had ever had sexual intercourse, and of those, 88 percent had sex within the past 12 months. Three-fourths identified their most recent sexual partner as their husband or wife, with slightly more female teachers reporting this (Table 12). Another 20 percent claimed a boyfriend or girlfriend. Only one

percent indicated their most recent partner was a casual acquaintance, or someone they had paid for sex.

Table 12: Percent of teachers reporting status of most recent partner by sex

Partner Status	Males N=285	Females N=109	Total
Husband/wife	72.6	79.8	74.1
Living together	6.3	0.9	5.0
Girlfriend/boyfriend	20.0	18.4	19.9
Someone whom you paid or who paid you for sex	0.4	--	0.3
Neighbor or casual acquaintance	0.7	0.9	0.8

N=398

Respondents were least likely to report ever using condoms with their husband or wife. Half the respondents who were living together said they used condoms, and nearly 70 percent of those with boyfriends or girlfriends used them (Table 13). Condom use with casual partners was low, with only one-third of respondents with a partner, already a very small proportion of the total sample, indicating they used condoms. Condom use at most recent intercourse with these partners dropped in all cases except neighbor or casual acquaintance, which represented only one person.

Table 13: Percent of teachers reporting condom use with most recent partner

Partner Status	Ever Use (n=128)			Recent Use (n=80)		
	Male	Female	Both	Male	Female	Both
Husband/wife	18.5	31.4	22.2	9.7	10.5	10.0
Living together	44.4	100.0	50.0	38.9	--	40.0
Girlfriend/boyfriend	68.4	70.0	68.4	57.9	50.0	55.7
Someone whom you paid or who paid you for sex	--	--	--	--	--	--
Neighbor or casual acquaintance	50.0	--	33.3	50.0	--	33.3

Eight percent of the teachers thought their regular sexual partner may have had other partners, and 11 percent did not know. The greatest suspicion was among those very few respondents who had casual sex with or without paying for it. One quarter of those whose main partner was a boyfriend or girlfriend were also suspicious.

Fifteen percent of the teachers acknowledged having had sex with more than one partner (that is, someone in addition to their previously referenced partner) during the prior twelve months. Half reported having a boyfriend or girlfriend, and one quarter considered their spouse to be their second partner (Table 14). Fifty-one percent used condoms the first time they had sex with this partner, and 45 percent reported they used condoms at

most recent sex. A greater proportion reported believing their second partner had other partners, compared with their concerns for first partners (25 percent vs. eight percent).

Table 14: Percent of teachers reporting relationships with second partners in prior 12 months			
	Male (n=50)	Female (n=6)*	Both (n=56)
Husband/wife	22.0	--	24.6
Living together	6.0	--	7.0
Girlfriend/boyfriend	54.0	--	52.6
Someone whom you paid or who paid you for sex	2.0	--	1.8
Neighbor or casual acquaintance	16.0	--	14.0
Total	100.0	--	100.0

* Too few cases available to calculate percentages.

Fewer than five percent of sexually active teachers reported giving or receiving a token in exchange for sex: money, gifts, incentives such as better grades or social status.

RISK BEHAVIORS INCLUDING SEXUAL RISK

One purpose of this study is to assess teachers' risk behaviors, particularly alcohol and drug use, and unprotected sex with multiple partners.

About one third of the teachers (35 percent) reported that they had consumed alcohol during the two weeks prior to completing the questionnaire (data not shown). The vast majority had no more than three drinks, regardless of whether it was a bottle (87 percent), glass (88 percent), tot (75 percent) or calabash (88 percent). Only a small minority had seven or more drinks, ranging from 6 percent consuming bottled drinks, to 14 percent having drinks by the glass. Eighteen percent acknowledged that they had consumed sufficient alcohol in the prior two weeks to become boozed or drunk. Only one percent of the sample (five persons) indicated they had used hard drugs during the prior two weeks, with most (4) saying they had done so one to three times.

More than 90 percent of all respondents believe that people are more likely to engage in risky sexual behavior after alcohol or drug use. Five percent said there was a time when they did not remember having sex because of alcohol use, and three percent said the same regarding drug use.

Nearly half the teachers reported receiving counseling by a health worker about HIV/AIDS during the prior year (Table 15). Given the high positive response to this question, one might speculate that health workers are increasingly incorporating HIV/AIDS messages in their patient contacts, presumably across a broad spectrum of medical contexts.

Only about 12 percent of teachers reported they had been voluntarily tested for HIV/AIDS, and nearly all had been notified of their test results. About 10 percent thought their sexual behavior may have exposed them to HIV during the previous 12 months; a further 16 percent were not sure whether they had been exposed.

Table 15: Percent of teachers reporting possible risks for HIV and HIV testing			
	Yes	No	Don't Know
Have you ever received any counseling by a health worker regarding HIV/AIDS? (<i>n</i> =530)	44.5	52.3	3.2
Have you ever been voluntarily tested for HIV/AIDS? (<i>n</i> =530)	11.7	79.1	9.3
<i>Of those saying they had been tested (n = 62), Have you been told the results of the test?</i>	88.7	8.1	3.2
Have you engaged in sexual activity (kissing, fondling, fingering, licking, oral sex, etc.) (<i>n</i> =530)	58.7	34.5	6.8
<i>Of those engaging in sexual activity (n = 347), Think about your sexual activity over the past 12 months, do you think you have been exposed to HIV/AIDS?</i>	10.4	73.7	15.9
<i>Of those engaging in sexual activity (n = 347), Based on your sexual activity over the past 12 months, do you think you should be tested for HIV/AIDS?</i>	16.7	71.5	11.8
If given the opportunity to be tested would you like to go for a voluntary HIV test? (<i>n</i> =530)	60.2	34.7	5.1

Among the 211 teachers who said they would not like to be tested, or who didn't know if they wanted to be tested, just over half reported that they did not engage in risky behavior or had never had intercourse (data not shown). Nearly eighty percent said that they would not want to know the results or they feared learning that they had HIV/AIDS. Slightly more than one quarter (27 percent) did not trust the results of the test. Nearly one fourth (22 percent) worried that people might think they had HIV/AIDS if it were known they had been tested. For one-fifth of the respondents, the perceived cost of the test was prohibitive. Fewer than three percent mentioned either that the distance to the test center was too far, or that they counselors were unfriendly.

The majority of teachers (85 percent) believed that they could go for testing at a hospital or clinic, and 70 percent also mentioned voluntary and counseling centers as providing this service (data not shown). Sixteen percent also thought that family planning centers might provide counseling and testing services. Fewer than three percent of teachers said they did not know where to go for testing.

Most teachers (85 percent) also thought they had the ability to avoid HIV/AIDS (data not shown). More than half indicated this was because they were faithful to their partner, 17 percent said they were not currently or never had been sexually active, and 12 percent

noted that they always use condoms. Six percent each claimed that they said know when they didn't want to have sex, and that God protects them.

Most teachers demonstrated egalitarian attitudes about women's sexual role. Eighty-seven percent responded affirmatively that women have the right to refuse sex or to propose condom use if her partner has a sexually transmitted disease. However, almost one in five (19 percent) did not think that an unmarried woman should be able to buy condoms at any time, and an additional 11 percent did not know. Stated differently, nearly one-third of the teachers questioned the circumstances under which an unmarried woman could have access to condoms.

SCHOOL ENVIRONMENT

Increasingly, educators worldwide are turning their attention to whether safe schools, and the connectedness students feel, contribute a protective shield that guards against risk behaviors. Teachers were asked about teachers' and students' perceptions of their schools. Nearly all teachers, 97 percent, reported that teachers at their schools cared about students (Table 16). Ninety percent indicated that students felt safe in their schools, and that students planned to complete secondary school. About two-thirds concurred that teachers respected them, and that students are active in school clubs and community organizations. Nearly three-fourths do not think that students worry about being able to continue attending school.

Table 16: Percent of teachers reporting perceptions about school			
	Yes	No	Don't Know
Students at this school think that teachers respect them.	68.7	7.9	23.5
Students at this school worry they may not be able to continue going to school.	8.6	72.4	19.0
Students at this school attend clubs at school or in their communities.	67.5	10.8	21.7
Students feel safe at this school.	90.1	2.9	7.1
Teachers at this school care about students.	96.9	1.2	1.9
Students at this school plan to complete senior secondary school.	89.9	2.1	8.1
Students at this school feel they can talk to someone here if they have a personal problem.	89.5	4.4	6.1
Students like this school.	94.7	1.2	4.2

N=520

SEXUAL HARASSMENT

Teachers were asked to consider an array of behaviors, and to indicate to what extent they agreed that these might be considered to be harassing or abusive. In most cases, female teachers were more conservative than male, and less tolerant of potentially abusive behavior, although the differences were not always large (Table 17). Virtually all teachers disagreed that it was acceptable (that is, agreed that it was unacceptable) to touch a student in a sexual way, regardless of who makes the first advance, or to engage in sexual activity with a student. This was the case whether the conditions were in school or out, or in exchange for benefits such as tutoring, better grades, or gifts.

The pattern of responses was not so dramatic for behaviors that might be perceived as more neutral, with little or no sexual content. For example, 62 percent of male teachers felt it was appropriate to buy a student lunch, and 50 percent of female teachers agreed or somewhat agreed. Fifty-one percent of male teachers agreed that it was acceptable to walk a student home, while only 35 percent of female teachers found it so.

Thirty-two percent of male teachers agreed it was fine to frequently help a student alone with homework, while only 18 percent of female teachers concurred. Nearly ten percent of male teachers indicated it was acceptable to speak to students in dark places, compared with less than two percent of female teachers. Finally, 46 percent of male teachers, and 36 percent of female teachers, agreed or somewhat agreed it was acceptable to have sexual relations with a fellow teacher.

Table 17: Percent of teachers agreeing that it is acceptable for teachers or headmaster or headmistress to engage in behaviors with students					
	Gender M=353 F=169	Agree	Somewhat agree	Somewhat disagree	Disagree
Walk a student home alone	M	25.2	26.4	16.2	32.3
	F	14.2	21.9	17.8	46.2
Buy a student lunch	M	26.6	35.4	15.9	22.1
	F	18.3	31.4	17.2	33.1
Touch a student in a non-sensitive place	M	37.7	13.0	10.5	38.8
	F	25.4	11.2	8.9	54.4
Talk to a student in dark places	M	4.0	4.8	12.2	79.0
	F	0.6	1.2	6.5	91.7
Touch a student in a sexual way (in a sensitive place)	M	2.6	2.0	2.0	93.5
	F	0.6	0.6	0.6	98.2
Touch a student in a sexual way if a student acts in a sexual way towards the teacher	M	2.3	1.7	2.0	94.1
	F	0.6	0.6	2.4	96.6

Be alone with a student in an empty classroom	M	11.1	16.7	23.8	48.4
	F	4.1	8.9	18.9	68.1
Engage in sexual activity with a student outside of school hours	M	1.4	2.0	3.	93.2
	F	1.2	--	2.4	96.5
Ask a student to do house chores for them	M	11.9	23.0	21.8	43.3
	F	6.5	22.5	22.5	48.5
Frequently help a student alone with homework after school	M	11.9	20.1	26.1	41.9
	F	7.1	10.1	18.9	63.9
Engage in sexual activity with a student during school hours	M	1.7	0.9	2.0	95.5
	F	--	--	1.8	98.2
Engage in sexual activity with a student in exchange for extra tutoring, better grades, help with homework, gifts or money	M	1.7	1.4	2.3	94.6
	F	0.6	--	2.4	97.0
Engage in sexual activity in exchange for extra tutoring, better grades, help with homework, gifts or money if the student acts in a sexual way towards the teacher	M	1.4	2.3	2.8	93.5
	F	0.6	0.6	1.8	97.0
Engage in sexual activity with a fellow teacher outside of school.	M	20.1	26.1	13.6	40.2
	F	16.6	19.5	19.5	44.4

When asked how common they thought it was for a teacher, headmaster or headmistress to engage in sexual activity, more than half the respondents (56 percent) thought that it sometimes or often occurred. Nearly 20 percent each said that it rarely or never occurs. Slightly more than half the teachers (53 percent), said they personally knew someone who engaged in sexual activity with a student when they were a teacher or headmaster or headmistress. While there was no difference by sex, with nearly equal men and women reporting knowing someone, there was a small difference by age. Half of the younger teachers, aged 19 to 20, reported knowing someone who had a relationship with a student, while among teachers aged 50 and older, 60 percent reported this.

However, we might question the accuracy of this reported behavior, because when asked about themselves, only seven percent of teachers said that they had engaged in sexual activity with a student, and 93 percent said they had not. While it is possible that teachers underreported their behavior for fear that the data would not remain confidential, it is unlikely that they would have underreported it to such a large degree. When reporting the activities of other teachers and principals, the respondents may have been relying on their perceptions or hearsay, rather than first hand knowledge of actual behavior.

In this case there were large differences by sex: 35 men, nearly 10 percent of the sample, acknowledged that they had engaged in sex with a student, compared with only 2 women. Again we see differences by age, with older respondents twice as likely to report this behavior than younger ones (13 percent versus 6 percent). This may signal a change in

the perceived acceptability of this interaction, or it may just reflect the shorter duration in the profession among the younger teachers.

The majority of teachers recognized the potentially negative consequences of student-teacher liaisons. At least half, and usually a far greater proportion, agreed that students might face pregnancy, STI or HIV infection, leaving school, declining grades, and teasing or harassment by classmates (Table 18). Few believed that such a relationship would gain the student respect from classmates or better grades.

	Agree	Somewhat agree	Somewhat Disagree	Disagree
The student gets pregnant	79.4	12.2	3.2	5.1
The student leaves school (drops out)	68.4	16.4	8.4	6.9
The student acquires an STD	53.0	26.7	11.2	9.1
The student's grades decline	60.5	23.5	7.6	8.4
The student gains respect from classmates	5.3	5.7	8.0	80.9
The student is possibly exposed to HIV/AIDS	61.5	17.3	10.3	10.9
The student gets better grades	11.6	17.0	13.1	58.3
The student is teased/harassed by schoolmates	57.3	28.2	6.3	8.2

N=525

Teachers were also asked to consider different degrees of physical contact between teachers and/or headmasters/headmistresses and students, and whether these would be construed as abuse or harassment. Two-thirds of the teachers found holding hands with a student acceptable (Table 19). While the vast majority of teachers rejected the appropriateness of touching students on breasts or buttocks, kissing on the cheek or lips, or standing very close to a female student, between nine and 12 percent disagreed that these behaviors should be considered abuse. A puzzling finding is that in most cases, slightly more female than male teachers disagree that behaviors constitute abuse.

	Agree	Somewhat Agree	Somewhat Disagree	Disagree
Holding hands	18.9	14.7	18.5	48.0
Fondling of breasts	89.7	1.0	0.2	9.1
Fondling of buttocks	88.6	1.9	0.4	9.2

Touching of shoulders or thighs	63.8	17.0	6.1	13.1
Unsolicited peck on the cheek	67.4	15.1	5.9	11.6
Unsolicited kiss on the lips	84.6	4.0	0.8	10.7
Standing very close to the back of a female (his body touches her buttocks)	67.8	15.6	4.8	11.8
Use of sexually suggestive terms towards the student (“your eyes look heavy”, “your buttocks look heavy”)	71.8	13.9	3.6	10.7

N=525

PROGRAMMATIC IMPLICATIONS

Teachers represent an untapped potential.

They demonstrate a high level of willingness to help with HIV/AIDS education efforts, they approve of the role of teachers in providing HIV/AIDS education, and they agree that young people need to learn about HIV. However, few teachers have been trained to provide HIV/AIDS education, and of those who have been trained, many have not been asked to conduct any education.

Teachers do not think that parents support HIV/AIDS education.

While teachers believe that the responsibility for HIV/AIDS education should be broadly shared by responsible adults, a substantial minority do not believe that parents offer real support for AIDS education in schools. This finding contradicts the unanimous expressions of support given by parents in a recent series of focus groups. CSOs should develop moderated opportunities to bring teachers and parents together to develop consistent and reinforcing points of view.

Condoms make teachers nervous.

Survey findings indicate that teachers:

- are reluctant to do condom demonstrations;
- believe exposure to condoms promotes promiscuity;
- question unmarried women’s access to condoms.

Condom education and demonstration are essential elements of any well-balanced, comprehensive HIV/AIDS education program. If teachers are to be charged with providing high quality, authoritative, objective and non-judgmental HIV education, they need to be comfortable with, and believe in the appropriateness of, this important information and skill building exercise. CSO partners need to undertake activities to de-sensitize talking about condoms.

Teachers show some crucial HIV knowledge gaps.

Few teachers are aware that it is possible to reduce mother to child transmission of HIV/AIDS. A substantial minority is unsure whether mosquitoes transmit the virus, and many hold punitive opinions that HIV/AIDS is a curse from God.

Teachers stigmatize people living with HIV/AIDS.

At the same time, teachers express ambivalence about interacting with people who may be HIV positive. They acknowledge reluctance to have routine contact such as buying food, and while many say they know someone who has had HIV, far fewer report having ever conversed with a person living with HIV. To their credit, the vast majority indicated a curiosity and willingness to meet someone living with AIDS. This may provide an avenue for CSOs to open a dialogue about stigma and unbiased care, a crucial need if teachers and parents are to mutually reinforce non-discriminatory messages to students.

Risk taking among teachers is low, but present.

Levels of reported risk taking among teachers in this sample are low, and may be comparable to those in the general population. Incidence of multiple partners is low, and even those who report at least one other partner identify that person as a spouse, boyfriend or girlfriend. There is little evidence of alcohol abuse, and virtually no acknowledgement of drug abuse. The reported levels of these behaviors do not appear to distinguish teachers as different from other professions, but comparative research would be needed to confirm this speculation.

Teachers believe the majority of JSS students are sexually active.

Teachers, like others in their communities, are influenced by perceptions, by interpretations of media images, by concerns about social change and external influence. Many believe that more than half of students at the JSS level are sexually active, a belief consistently disproved by research in Ghana. Similarly, there is a discrepancy in teachers' reports of sexual activity by colleagues with students. While 50 percent or more indicated that they knew someone who had a relationship with a student, fewer than 10 percent indicated that they themselves had done so. The truth likely lies somewhere in between—still higher than should be tolerated, but not so high as is believed.

Teachers perceive schools as safe, but a small minority agrees with abusive behaviors.

Teachers nearly universally believe their schools to be safe, and that students feel welcomed and secure. However, an appreciable minority does not reject inappropriate behaviors as illustration of harassment or abuse. CSOs working with teachers must move the agenda of zero tolerance for such behavior forward, and work toward the complete elimination of all abusive behaviors.

APPENDIX A

Table A1: SHAPE II BASELINE SURVEY: TEACHERS' QUESTIONNAIRE				
CSO	REGION	SCHOOL	QUESTIONNAIRES	
			Returned	Missing
Red Cross Volta Region	Volta	Ho "B" Quarters B JSS	9	0
		OLA Secondary School	38	0
		Awudome Secondary School	44	0
			91	0
PROLINK	Volta	Viepe R/C JSS	9	0
		St. Paul Secondary School	40	0
	Volta	Teresco Demonstration Primary	12	0
		Hohoe EP Secondary School	33	5
			94	5
RURAL WATCH	Eastern	St. John Bosco Primary	6	0
		Nana Kwaku Boateng B & D Prim.	12	0
		Riis Presby Model	9	0
		Kyeremanteng L/A A & B	10	0
		Ghana Secondary School	53	0
			90	0
Red Cross Eastern Region	Eastern	Liberty Specialist Institute	14	0
			14	0
PHILIP Foundation	Eastern	Begoro Primary C & D	7	0
			7	0
TEENET	Ashanti	St. Augustine Primary	12	0
		Kings International JSS	40	1
		Kings International Primary	30	0
		T. I. Ahmadia Secondary School	95	58
			177	59
MFCS	Ashanti	Akurem M/A Primary	8	0
		Tawheed Secondary School	35	7

			43	7
CENCOSAD	Greater Accra	Private Odartey "1" JSS	12	0
			12	0
Child-Teen Foundation	Greater Accra	Gospel International School	10	0
			10	0
Family Health Foundation	Greater Accra	St. Mary International Primary	7	0
		Blessed Cementine JSS	10	0
		Methodist Day Secondary School	48	3
			65	3
RAP	Greater Accra	Sakumono TMA "1" Primary	8	0
		Batsoana TMA A & B JSS	11	0
			19	0
Total			622	74
Total Questionnaires Received			548	

APPENDIX 2: TEACHER QUESTIONNAIRE

**WORLD EDUCATION
SHAPE 2 BASELINE
TEACHER QUESTIONNAIRE
January 2005**

For Official Use Only

SCHOOL	01 St Mary's Int	02 Akurem	03 Begoro	04 St John Bosc	05 Gospel Light
	06 St Augustine	07Kings Int	08 NKB B&D	09 Teresco Dem	10 Priv Odartey 1
	11 Sakumono	12 Bl. Clem	13 Batsoana	14Ho B Qrts	15 Kyeremateng
	16 Kings Int	17Riis Pres	18 iepe RC	19 Meth Day	20 Liberty Spec
	21 Hohoe EP	22 St Paul	23 Tawheed	24 OLA Sec	25 Ghana Sec
	26 TI Ahmadia	27Awudome			
DATE	_____				

Dear Teacher:

World Education, in collaboration with a number of Civil Society Organizations (CSOs) will soon embark on a program to introduce a peer-based HIV/AIDS education program in nearly 250 schools in Ghana. This program is known as Strengthening HIV/AIDS Partners in Education, or SHAPE 2. Your school is among those that have agreed to participate in the program. In order to establish an understanding of the current situation regarding HIV/AIDS knowledge, attitudes and behaviours among all participants, we are collecting information from students, parents and teachers associated with a sample of the schools. Selected classes of students have completed survey questionnaires, and parents have participated in group discussions in which they shared their points of view.

We ask that you take a few minutes to complete the attached questionnaire. Once you have filled in all the responses, please place the questionnaire back into the envelope provided, and seal the envelope. A staff member from the CSO will return in about one week to collect the sealed envelope from you. All information you provide will remain completely confidential, and your name will never be associated with any responses. Neither your principal nor your fellow teachers, nor anyone from the CSO, will see your responses. The questionnaires will be destroyed once data have been entered in computer files for analysis.

Some of the questions may make you feel uncomfortable or embarrassed. Nevertheless, we ask that you respond completely. Please keep in mind that it is important for us to have as full and honest information as possible, in order to tailor the SHAPE 2 program to best meet the needs of all participants. We hope you agree to participate, and to share with us your views on these very important issues.

Sincerely,

John Yanulis
Country Director
World Education

IMPORTANT: Please create your own secret identity code that only you know. This is to ensure that there are no duplicates.

Please write the **first** letter of your **first name**.

Please write the **first** letter of your **mother's first name**

Please write the **last** letter of your **last name**

For the following questions, please circle one reply.

1. What is your gender?

- 1 Male
- 2 Female

2. How old were you at your last birthday?

Age

--	--

3. What is your religion?

- | | |
|----------------|---------------------------------|
| a. Catholic | e. Other Christian |
| b. Protestant | f. Muslim |
| c. Pentecostal | g. Traditional |
| d. Charismatic | h. Other (please specify) _____ |

4. What is your ethnic group?

- | | |
|--------------|---------------------------------|
| 1 Ewe | 4 Dagumba |
| 2 Akan | 5. Nanumba |
| 3 Ga Adangbe | 6. Other (please specify) _____ |

7. What is your current marital status?

- 1 Never married → **GO TO QUESTION 8**
- 2 Married
- 3 Living with partner
- 4 Separated from husband/wife
- 5 Divorced
- 6 Widowed

8. How old were you when you first married/started living with a man/woman?

- 1 Under 20
- 2 20-24
- 3 25-29
- 4 30-34
- 5 35 or older

9. How many years have you been married or living together as if you were married?

- 1 Less than 1 year
- 2 1-3 years
- 3 4 -6 years
- 4 7-10 years
- 5 More than 10 years
- 6 No longer married

HIV/AIDS and Reproductive Health Education

We would like to ask some questions about HIV/AIDS and reproductive health education. For some of the questions, we will use Junior Secondary School students as examples.

10. Who do you think should be responsible for teaching JSS students about HIV/AIDS?
(Circle all that apply)

1. Parents
2. Teachers
3. Religious leaders
4. Doctor/health workers
5. JSS students do not need to learn about HIV/AIDS yet
6. Other (please specify) _____
7. Don't know

At what grade level should students start to learn about... (circle one reply for each question)	Upper Primary	JSS	SSS
11. Physical development (changes of puberty)	1	2	3
12. Dating and relationships	1	2	3
13. Sexual relations	1	2	3
14. HIV/AIDS	1	2	3
15. Self-esteem and resisting sexual advances	1	2	3
16. How to use a condom (including condom demonstration on a wooden model)	1	2	3

Imagine a situation where you are a teacher of JSS students. Please answer each of the following statements by circling one number for each statement.

I would feel comfortable talking to students about...	Very comfortable	Somewhat comfortable	Somewhat uncomfortable	Very uncomfortable
17. HIV/AIDS	1	2	3	4
18. HIV counseling and testing	1	2	3	4
19. Menstruation	1	2	3	4
20. A family member who might have HIV/AIDS	1	2	3	4
21. Masturbation	1	2	3	4
22. Romantic relationships	1	2	3	4
23. How to use a condom (condom demonstration)	1	2	3	4
24. Physical development and changes during puberty	1	2	3	4

Do you agree/disagree with the following statements? Circle one response for each statement.

At a JSS, it is the responsibility of the teachers to:	Agree	Somewhat agree	Somewhat disagree	Disagree
25. Organize or assist students with AIDS clubs	1	2	3	4
26. Teach students about HIV/AIDS	1	2	3	4
27. Conduct condom demonstrations for students	1	2	3	4
28. Teach fellow teachers about HIV/AIDS	1	2	3	4
29. Encourage students to attend HIV/AIDS events	1	2	3	4

Do you agree or disagree with the following statements? *Circle one response for each statement.*

	Agree	Somewhat agree	Somewhat disagree	Disagree
30. The majority of religious leaders support HIV/AIDS education in schools	1	2	3	4
31. The majority of parents support HIV/AIDS education in schools	1	2	3	4
32. The majority of teachers support HIV/AIDS education in schools	1	2	3	4
33. Discussing sex and condoms with JSS students leads to more promiscuous behavior	1	2	3	4
34. Giving JSS students access to condoms leads to sexual experimentation	1	2	3	4
35. JSS students should have access to condoms outside of school	1	2	3	4
36. The majority (more than half) of JSS students are sexually active	1	2	3	4

37. Does your school conduct HIV prevention activities like clubs or outreach efforts?

- 1 Yes
- 2 No → **GO TO QUESTION 37**
- 3 Don't know

38. Who initiated the effort to conduct HIV prevention activities like clubs or outreach efforts at your school? (*Circle one reply only*)

- 1 School head master or head mistress
- 2 Teachers
- 3 Church
- 4 Myself
- 5 CSO or NGO
- 6 Don't know

39. Are you willing to conduct HIV prevention activities like clubs or outreach efforts at your school?

- 1 Yes
- 2 No

40. Have you ever been trained to conduct HIV/AIDS or reproductive health education?

- 1 Yes
- 2 No → **GO TO QUESTION 42**

41. What organization provided the training to conduct HIV/AIDS or reproductive health education?

- 1 Teacher Training College

- 2 Ministry of Education
- 3 Ministry of Health
- 4 NGO or CSO (Please name) _____
- 5 International organization (Please name) _____
- 6 Church
- 7 Other _____

42. In what year did you receive training in HIV/AIDS or reproductive health education?

--	--	--	--

43. What kinds of information (what topics?) do you feel you still need?

44. Have you ever been asked to conduct HIV prevention activities like clubs or outreach efforts at your school?

- 1 Yes
- 2 No → **GO TO QUESTION 44**

45. Do you currently conduct HIV prevention activities like clubs or outreach efforts at your school?

- 1 Yes
- 2 No

The next section is on HIV and AIDS. HIV is the virus that causes AIDS. Please answer questions honestly and to the best of your knowledge. All answers are anonymous and confidential.

46. Have you ever heard of the virus called HIV or an illness called AIDS?

- 1 Yes
- 2 No → **GO TO QUESTION 78**

Agree Somewhat Agree Somewhat Disagree Disagree

47. Do you agree/disagree that HIV/AIDS is...

45a	A problem in Africa	1	2	3	4
45b	A problem in Ghana	1	2	3	4
45c	A problem in the education sector	1	2	3	4
45d	Preventing the development of Ghana	1	2	3	4
45e	Increasing in Ghana	1	2	3	4

48. What are the ways that someone can be infected by HIV? (Circle all that apply)

- 1 Having unprotected sex with an infected partner
- 2 Using unsterilised needles
- 3 Having more than one sexual partner
- 4 Receiving a bite from a mosquito
- 5 From an infected mother to her unborn baby
- 6 By not using condoms
- 7 From abstaining from sex
- 8 From a curse
- 9 By the will of God
- 10 Other (please specify) _____
- 11 Don't know

49. Is there anything a person can do to avoid getting infected with HIV?

- 1 Yes
- 2 No → **GO TO QUESTION 49**
- 3 Don't know

50. What are the ways a person can avoid being infected with HIV? (Circle all that apply)

- 1 Use condoms
- 2 Have only one sexual partner
- 3 Don't have sex (abstain)
- 4 Drink strong local gin (akpeteshie)
- 5 Avoid the use of contaminated needles
- 6 Pray
- 7 Do not have sex with prostitutes
- 8 Take traditional medicine
- 9 Have sex with only virgins
- 10 Other (please specify) _____
- 11 Don't know

Please respond to the following statements by *circling one response*: **True** **False** **Don't Know**

5 A person who looks healthy can be infected with HIV/AIDS.	1	2	3
5 A person can reduce their chances of getting HIV/AIDS by using a condom correctly every time they have sex.	1	2	3
5 A person can get infected with HIV/AIDS through mosquito bites.	1	2	3
5 A person can reduce their chances of getting HIV/AIDS by having only one sexual partner who has no other partners.	1	2	3
5 A person can get infected with HIV/AIDS by sharing a meal with a person who has HIV/AIDS.	1	2	3
5 The HIV/AIDS virus is a curse from God.	1	2	3
5 HIV/AIDS can be transmitted from a mother to her unborn baby.	1	2	3
5 A mother who is infected with HIV can reduce the chance of transmission to her unborn baby.	1	2	3

Please answer the following questions by *circling one response*: **Yes** **No** **Don't Know**

Do you personally know anyone who has HIV or has died from AIDS?	1	2	3
Have you ever shared a meal with a person you knew or suspected had HIV/AIDS?	1	2	3
If a member of your family became sick with HIV/AIDS, would you be willing to care for him or her in your household?	1	2	3
If a teacher or school administrator has HIV/AIDS but is not sick, should they be allowed to continue teaching in school?	1	2	3
If you knew that a food seller in your community had HIV/AIDS, would you continue to buy food from them?	1	2	3
If someone has HIV/AIDS, do you think they should receive less care than other people who are sick with a long-term illness?	1	2	3
In the past 12 months, have you had a conversation with someone you know who has HIV?	1	2	3
Would you like to talk with or meet someone who is HIV positive	1	2	3

67. In the past 12 months, have you participated in the following events? (Circle all that apply)

- 1 World AIDS Day event
- 2 HIV/AIDS parade or walk
- 3 HIV/AIDS club meeting
- 4 People Living with HIV/AIDS testimony
- 5 HIV/AIDS seminar
- 6 HIV/AIDS training/workshop
- 7 Other (please specify) _____
- 8 Did not participate in any event

In the past 12 months...	Yes	No	Don't Know
68 Have you ever received any counseling by a health worker regarding HIV/AIDS?	1	2	3
69 Have you ever been voluntarily tested for HIV/AIDS?	1	2 Go to Question 69	3
70 Have you been told the results of the test?	1	2	3
71 Have you engaged in sexual activity (kissing, fondling, fingering, licking, oral sex, etc.)	1	2 Go to Question 72	3
72 Think about your sexual activity over the <u>past 12 months</u> , do you think you have been exposed to HIV/AIDS?	1	2	3
73 Based on your sexual activity over the <u>past 12 months</u> , do you think you should be tested for HIV/AIDS?	1	2	3
74 If given the opportunity to be tested would you like to go for a voluntary HIV test?	1 Go to Question 74	2	3

75. Which of the following influences your decision not to be tested? (Circle all that apply)

- | | | | |
|---|------------------------------------|----|---|
| 1 | Do not trust the results | 10 | I'm afraid I might get to know that I have HIV/AIDS |
| 2 | Cost to be tested is too expensive | | |
| 3 | People might think I have HIV/AIDS | 11 | It can't be cured so I don't want to know |
| 4 | I don't engage in risky behavior | | |
| 5 | The testing center is too far | 12 | I have never had sexual intercourse (virgin) |
| 6 | The counselors are unfriendly | | |
| 7 | I can't afford the treatment | 13 | Other (please specify _____) |
| 8 | I don't want to know the results | | |
| 9 | I believe God will protect me | | |

76. If someone wanted to be tested, where could that person go for the test? (Circle all that apply)

- | | |
|--|---------------------------------|
| a) Voluntary counseling and testing center | f) Maternity home |
| b) Hospital/clinic | g) Traditional healer |
| c) Pharmacy | h) Other (please specify) _____ |
| d) Mobile clinic | i) Don't know |
| e) Family Planning center | |

77. Do you think you have the ability to avoid getting HIV/AIDS?

- 1 Yes
- 2 No → **GO TO QUESTION 77**
- 3 Don't know

78. Why do you think you have the ability to avoid getting HIV/AIDS? (Circle only one answer)

- 1 I have never had sexual intercourse (virgin)
- 2 I am not currently sexually active (I do not engage in kissing, fondling, fingering, oral sex)
- 3 I always use condoms
- 4 I say no when I don't want to have sex
- 5 God protects me
- 6 I use herbal/traditional medicine
- 7 I am faithful to my partner
- 8 Other (please specify) _____
- 9 Don't know

79. Do you think that a woman can refuse to have sex or propose condom use if her partner has a sexually transmitted disease?

- 1 Yes
- 2 No
- 3 Don't know

80. Do you think that an unmarried woman should be able to buy condoms at any time?

- 1 Yes
- 2 No
- 3 Don't know

81. Do you currently have a sexual partner (a partner that you engage in any of the following: kissing, touching, fondling, fingering, oral sex)

- 1 Yes
- 2 No

82. In the past 12 months have you spoken to a sexual partner about... (Circle one reply)

		Yes	No	Don't Know
80a	Using a condom	1	2	3
80b	Having multiple sexual partners	1	2	3
80c	Being at risk for HIV/AIDS transmission	1	2	3
80d	Being faithful	1	2	3
80e	Being at risk for a sexually transmitted disease (STD)	1	2	3
80f	Visiting a commercial sex partner (prostitute)	1	2	3
80g	Taking an HIV/AIDS test	1	2	3

The following questions will ask about your knowledge about sexually transmitted diseases (STDs). Please try to answer these questions as honestly as possible. Remember that this information is completely private and confidential.

83. Are you aware of diseases or infections that can be transmitted through sexual intercourse (STD – Sexually Transmitted Disease)?

- 1 Yes
- 2 No → **GO TO QUESTION 84**

84. What are the names of the STDs you have heard of? (Circle all that apply)

- 1 Gonorrhea (Babaso)
- 2 Syphilis
- 3 Herpes
- 4 HIV/AIDS
- 5 Chlamydia
- 6 Genital Warts
- 7 Other (please specify) _____
- 8 Don't know

85. What are the signs or symptoms in a person that would lead them to think they have an STD? (Circle all that apply)

In a Man		In a Woman	
1	Abdominal pain	1	Abdominal pain
2	Discharge from penis	2	Discharge from vagina
3	Itching in genital area	3	Itching in genital area
4	Burning pain when urinating	4	Burning pain when urinating
5	Genital ulcers/open sores	5	Genital ulcers/open sores
6	Swelling in genital area	6	Swelling in genital
7	Blood in urine	7	Blood in urine
8	Unable to urinate	8	Unable to urinate
9	Loss of weight	9	Loss of weight
10	Impotence	10	Inability to conceive (not able to get pregnant)

11	No symptoms	11	No symptoms
13	Other _____	13	Other _____
14	Don't know	14	Don't know

86. During the past 12 months, have you had genital discharge or an ulcer (open sore)?

- 1 Yes
- 2 No → **GO TO QUESTION 87**
- 3 Don't know

87. When you had genital discharge or an ulcer in the past 12 months, did you seek any type of advice or treatment?

- 1 Yes
- 2 No → **GO TO QUESTION 87**

88. When you had genital discharge or an ulcer, what did you do for either advice or treatment? (*Circle all that apply*)

- a. Sought advice or medicine from a health worker, clinic or hospital
- b. Sought advice or medicine from a traditional healer
- c. Sought advice from a chemist shop or pharmacy
- d. Bought medicine from a chemist shop or pharmacy
- e. Asked friends or relatives for advice
- f. Drank alcohol
- g. Spoke to my partner
- h. Drank palm wine with “abombelt”
- i. Did nothing
- j. Other (please specify) _____

Think about the relationship between a teacher or headmaster/mistress and a JSS or SSS student of the opposite sex (for example male teacher and female student, or female teacher and male student). Do you agree or disagree with these statements? (*Circle only one answer per statement*)

It is OK for a teacher or headmaster/mistress to...	Agree	Somewhat Agree	Somewhat Disagree	Disagree
88 Walk a student home alone.	1	2	3	4
90 Buy a student lunch.	1	2	3	4
91 Touch a student in a non-sensitive place.	1	2	3	4
92 Talk to a student in dark places.	1	2	3	4
93 Touch a student in a sexual way (in a sensitive place).	1	2	3	4
94 Touch the student in a sexual way if the student acts in a sexual way towards the teacher.	1	2	3	4
95 Be alone with a student in an empty classroom.	1	2	3	4
96 Engage in sexual activity with the student outside of school hours.	1	2	3	4
97 Ask the student to do house chores for them.	1	2	3	4
98 Frequently help the student alone with homework after school.	1	2	3	4
99 Engage in sexual activity with the student during school hours.	1	2	3	4
10 Engage in sexual activity with the student in exchange for extra tutoring, better grades, help with homework, gifts or money.	1	2	3	4
10 Engage in sexual activity in exchange for extra tutoring, better grades, help with homework, gifts or	1	2	3	4

money if the student acts in a sexual way towards the teacher.				
11 Engage in sexual activity with a fellow teacher outside of school.	1	2	3	4

103. How common do you think it is for a teacher or headmaster/mistress to engage in sexual activity with a student? (Circle only one answer)

- | | | | |
|---|------------------|---|---------------|
| 1 | Never occurs | 4 | Often occurs |
| 2 | Rarely occurs | 5 | Always occurs |
| 3 | Sometimes occurs | 6 | Don't know |

104. Did you personally know someone who was engaged in sexual activity with a student when they were a teacher or headmaster/mistress?

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 3 | Don't know |

105. Did you ever engage in sexual activity with a student?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

Do you agree or disagree with these consequences for a JSS or SSS student who engages in sexual activities with a teacher or headmaster/mistress? Sexual activity may include: kissing, touching in sensitive places, fondling, fingering, intercourse or penetration. (Circle one reply)

If a teacher or headmaster/mistress engages in sexual activity with a student, it is likely that...	Agree	Somewhat Agree	Somewhat Disagree	Disagree
106. The student gets pregnant	1	2	3	4
107. The student leaves school (drops out)	1	2	3	4
108. The student acquires an STD	1	2	3	4
109. The student's grades decline	1	2	3	4
110. The student gains respect from classmates	1	2	3	4
111. The student is possibly exposed to HIV/AIDS	1	2	3	4
112. The student gets better grades	1	2	3	4
113. The student is teased/harassed by schoolmates	1	2	3	4

Which of the following do you consider to be abuse or harassment between a teacher or headmaster/mistress and a student?

	Agree	Somewhat Agree	Somewhat Disagree	Disagree
114. Holding hands	1	2	3	4
115. Fondling of breasts	1	2	3	4
116. Fondling of buttocks	1	2	3	4
117. Touching of shoulders or thighs	1	2	3	4
118. Unsolicited peck on the cheek	1	2	3	4
119. Unsolicited kiss on the lips	1	2	3	4
120. Standing very close to the back of a female (his body touches her buttocks)	1	2	3	4

121. Use of sexually suggestive terms towards the student (“your eyes look heavy”, “your buttocks look heavy”)	1	2	3	4
122. Other (please specify)				

123. Have you consumed any alcoholic drinks in the past two weeks?

- 1 Yes
- 2 No → **GO TO QUESTION 124**

124. How many alcoholic drinks have you had in the past two weeks? (*Circle only one answer for each type*)

		Less than 1 drink	1-3 drinks	4-6 drinks	7-10 drinks	More than 10 drinks
122a	Bottles	1	2	3	4	5
122b	Glasses	1	2	3	4	5
122c	Tots	1	2	3	4	5
122d	Calabashes	1	2	3	4	5

125. In the past two weeks, has there been a time when you consumed enough alcohol that you became drunk or boozed?

- 1 Yes
- 2 No

126. In the past 12 months, have you used any hard drugs?

- 1 Yes
- 2 No → **GO TO QUESTION 127**

127. In the past 12 months, how many times have you used hard drugs?

- 1 1-3 times
- 2 4-6 times
- 3 7-10 times
- 4 more than 10 times

128. Which hard drugs have you used? (*Circle all that apply*)

- a) Wee /Marijuana/pot
- b) Cocaine
- c) Heroin
- d) Sniffing glue or nail polish remover
- e) Other (please specify)

Has there ever been a time when you do not remember engaging in sexual activity because of alcohol use?

- 1 Yes
- 2 No
- 3 Have never drunk alcohol
- 4 Don't know

129. Has there ever been a time when you do not remember engaging in sexual activity because of drug use?

- 1 Yes
- 2 No
- 3 Have never used drugs
- 4 Don't know

130. Do you think that people are more likely to engage in risky sexual activity after alcohol or drug use?

- 1 Yes
- 2 No
- 3 Don't know

Sexual History and Behaviour

The following questions ask about your knowledge and experience about sex and your sexual partners in the past 12 months. It may be difficult to remember exactly, but please try to answer the questions to the best of your knowledge. All answers are confidential and it is important to answer as truthfully as possible.

131. Have you ever had sexual intercourse (vaginal penetration or anal penetration)?

- 1 Yes
- 2 No → **GO TO QUESTION 151**

132. At what age did you first have sex?

Age

133. Have you had sex (vaginal penetration or anal penetration) in the past 12 months?

- 1 Yes
- 2 No → **GO TO QUESTION 151**

Please now think about the person/persons you had sex (vaginal or anal penetration) with in the past 12 months. Think of your most recent partner as Partner 1. If you had sex with more than 1 person in the past 12 months, think of the 2nd most recent partner as Partner 2.

Please answer the following questions about Partner 1 and only Partner 1 (your most recent sexual partner).

134. What is your relationship to this partner (Partner 1)? (Circle only one answer)

- 1 Husband/wife
- 2 Living together
- 3 Girlfriend/boyfriend
- 4 Someone whom you paid or who paid you for sex
- 5 Casual acquaintance (someone you have just met)

- 6 Student
- 7 Other (please specify) _____

135. How old was this partner at the time of having sex with him/her?

Age Years old

98 Don't know

136. Did you or this partner use a condom the first time you had sex together?

- 1 Yes
- 2 No

137. When was the last time you had sex with this partner (Partner 1)? (Please write number in the box and indicate with a circle days, weeks, months)

1 Days ago
 2 Weeks ago
 3 Months ago

138. The last time you had sex with this partner, did you or this partner use a condom?

- 1 Yes
- 2 No

139. The last time you had sex with this partner, did you or this partner drink alcohol before having sex?

- 1 Yes
- 2 No
- 3 Don't know

140. Do you think this partner had other partners when you were together?

- 1 Yes
- 2 No
- 3 Don't know

141. Did you have sex with more than one partner (in addition to Partner 1) in the past 12 months?

- 1 Yes
- 2 No → **GO TO QUESTION 148**

Please answer the following questions about your 2nd most recent partner in the past 12 months (Partner 2). This is the partner you had before Partner 1.

142. What is your relationship to this partner (Partner 2)? (Circle only one answer)

- 1 Husband/wife
- 2 Living together
- 3 Girlfriend/boyfriend
- 4 Someone whom you paid or who paid you for sex
- 5 Casual acquaintance (someone you just have met)
- 6 Student
- 7 Other (please specify) _____

143. How old was the partner (Partner 2) at the time of having sex?

Age

98 Don't know

144. Did you or this partner (Partner 2) use a condom the first time you had sex together?
- 1 Yes
2 No
145. When was the last time you had sex with this partner? (please write the number in the box and indicate days, weeks, months)
- 1 Days ago
2 Weeks ago
3 Months ago
146. The last time you had sex with this partner (Partner 2) did you or this partner use a condom?
- 1 Yes
2 No
147. The last time you had sex with this partner, did you or this partner drink alcohol before having sex?
- 1 Yes
2 No
3 Don't know
148. Do you think this partner (Partner 2) had other partners when you were together?
- 1 Yes
2 No
3 Don't know
149. In the past 12 months, how many people in total have you had sex with (please include partners 1 and 2 that you just answered questions about, plus any other partners)
- Total number
150. For this question, sex is defined as vaginal or anal penetration and sexual acts are defined as kissing, touching, fondling, fingering, oral sex.

In the <u>past 12 months</u> have you... (Circle one reply)		Yes	No	Don't Know
149a	Given money in exchange for sex or sexual acts (example: kissing, fondling, fingering, touching, etc.)?	1	2	8
149b	Received money in exchange for sex or sexual acts?	1	2	8
149c	Given gifts (example: clothing, dinner, lifts) in exchange for sex or sexual acts?	1	2	8
149d	Received gifts (example: clothing, dinner, lifts) in exchange for sex or sexual acts?	1	2	8
149e	Given incentives (example: better grades, higher social status) in exchange for sex or sexual acts?	1	2	8
149f	Received incentives (example: better grades, higher social status) in exchange for sex or sexual acts?	1	2	8

151. The last time you had sex (vaginal penetration or anal penetration) with someone in exchange for money, gifts or incentives, did you or this partner use a condom?
- 1 Yes
2 No

3 Did not have sex in exchange for money, gifts or incentives

School Environment

152. These are a few final questions about students and school. (Circle one reply)

		Yes	No	Don't Know
151a	Students at this school think that teachers respect them.	1	2	8
151b	Students at this school worry they may not be able to continue going to school.	1	2	8
151c	Students at this school attend clubs at school or in their communities.	1	2	8
151d	Students feel safe at this school.	1	2	8
151e	Teachers at this school care about students.	1	2	8
151f	Students at this school plan to complete senior secondary school.	1	2	8
151g	Students at this school feel they can talk to someone here if they have a personal problem.	1	2	8
151 h	Students like this school.	1	2	8

THANK YOU FOR PARTICIPATING!

APPENDIX 3

Table A2: Percent of teachers agreeing whether select behaviors are considered abuse or harassment between a student and teacher or headmaster/mistress, by sex			
		Males (n=352)	Females (n=168)
Holding hands	Agree	17.9	21.4
	Somewhat Agree	14.5	14.9
	Somewhat Disagree	18.8	17.9
	Disagree	49.9	45.8
Fondling of breasts	Agree	90.6	88.1
	Somewhat Agree	0.6	1.79
	Somewhat Disagree	0.3	--
	Disagree	8.5	10.1
Fondling of buttocks	Agree	89.2	87.4
	Somewhat Agree	1.7	2.4
	Somewhat Disagree	0.6	--
	Disagree	8.5	10.2
Touching of shoulders or thighs	Agree	61.4	69.6
	Somewhat Agree	20.5	10.1
	Somewhat Disagree	6.3	6.0
	Disagree	11.9	14.3
Unsolicited peck on the cheek	Agree	64.8	73.2
	Somewhat Agree	17.9	9.5
	Somewhat Disagree	6.8	4.3
	Disagree	10.5	13.1
Unsolicited kiss on the lips	Agree	85.5	82.7
	Somewhat Agree	4.0	4.2
	Somewhat Disagree	0.6	1.2
	Disagree	9.9	11.9
Standing very close to the back of a female (his body touches her buttocks)	Agree	65.3	73.2
	Somewhat Agree	18.2	10.7
	Somewhat Disagree	6.3	1.8
	Disagree	10.2	14.3
Use of sexually suggestive terms towards the student ("your eyes look heavy", "your buttocks look heavy")	Agree	70.2	75.0
	Somewhat Agree	15.3	11.3
	Somewhat Disagree	4.3	2.4
	Disagree	10.2	11.3