

Youth, HIV/AIDS Risks and Sexuality in Contemporary Ghana: Examining the Gap between Awareness and Behaviour Change

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Abstract

Three decades of HIV/AIDS prevention among the youth in sub-Saharan Africa (SSA) has not significantly eliminated the risk of HIV infection in this group. Using anthropological research techniques of focus group discussions (FGDs) and in-depth interviews, this paper reports the findings of original research conducted among a representative sample of high school students in the Upper West Region (UWR) of Ghana. The research sought to better understand what ideas, beliefs and perceptions the youth hold about HIV/AIDS and Sex, and how these influence their HIV/AIDS risk construction and translation of knowledge of HIV/AIDS prevention into safe health practices. Findings reveal that awareness of the HIV/AIDS epidemic among the youth is relatively high. However, in addition to totally rejecting the existence of AIDS in their communities, majority of young people still hold serious misconceptions about the disease. These misconceptions, coupled with a pervasive sense of personal invulnerability, optimistic bias, denialism, the celebration of sex and multiple sexual relations among young people, and society-wide gender based discrimination against young women, have acted to mediate (rather negatively) the process of young people's HIV/AIDS risk construction. Consequently, many continue to systematically underestimate their own risk of infection and engage in behaviours that contribute to high HIV infection.

Keywords: Youth, HIV/AIDS, Sexuality, Ghana, High-risk, Invulnerability, Denialism, Behavioural Change.

1. Background

The human immunodeficiency virus (HIV) is one of the most challenging threats to human wellbeing in sub-Saharan Africa (SSA) today. One sub-population at high risk of the infection is the youth (UNAIDS-WHO, 2007). Data from the 16th International AIDS Conference in 2006 suggest that nearly two-thirds of all people newly infected with HIV are between the ages of 15 and 24 and that about 6,000 young people contract HIV daily (Buthelezi et al, 2007). While youth account for 45% of all new infection of HIV globally, almost 90% of this number is in SSA (Buthelezi et al, 2007).

HIV in SSA is predominantly transmitted through heterosexual means. Over the years, local and international HIV/AIDS prevention campaigns have therefore focused on positive sexual behavioural change. Yet, three decades of HIV/AIDS prevention with young people has not significantly eliminated the risk of infection in this vulnerable population.

Research shows that knowledge of HIV/AIDS risk factors is deeply penetrated that most young people know a good deal about HIV/AIDS than other sexually transmitted diseases (Dilger, 2003; Eaton et al, 2003). Yet, a paradoxical mix of adequate knowledge and continual high-risk behaviour characterize the daily lives of the youth. Most still initiate sex at fairly early age (14.4 to 16.6 years); have multiple sexual partners; and rarely take protective measures, including condom use (Ragnarsson, et al, 2008).

The purpose of this paper is to explore and better understand the ways in which young people position and cast themselves in relation to the HIV/AIDS epidemic and the implications for HIV/AIDS prevention policies, focusing on high school students in the Upper West Region (UWR) of Ghana. With prevalence rate of 3.1% (UNAIDS, 2005), Ghana is not severely affected by the epidemic. However, the pattern of the disease transmission indicates that Ghana may soon exceed the 5% threshold seen as marking the beginning of an AIDS explosion. From a figure of 42 AIDS cases in 1986 (Adih et al, 1999), the number rose to 2,148 in 1991, over 5,000 in 1993, 15,980 in 1995, and 41,229 at the end of September 2000 (GNACP, 2000). The Ghana National AIDS Control Programme projection is that Ghana's national HIV prevalence rate will be 9.5% in 2014 (Oppong & Agyei-Mensah, 2004). Over 85% of all infections occur through heterosexual relations (Agyei-Mensah, 2001). It is estimated that 90% of new HIV infections occur among young people (15-39 years) (GNACP, 2000, Agyei-Mensah, 2001). Meanwhile, research on youth and HIV/AIDS in Ghana is very limited (Fobil & Soyiri, 2006). While awareness of the HIV/AIDS epidemic among young people in Ghana is over 95%, this has not yet translated into corresponding positive behavioural change (Karim et al, 2003; Fobil & Soyiri, 2006). Because the youth continue to offer the best opportunities for prevention efforts (Bhana & Petersen, 2009), a continued focus in research on better understanding how they position themselves in relation to the disease and how this influences HIV/AIDS risk construction and translation of knowledge of HIV/AIDS prevention strategies into safe health practices is critical (Izugarra, 2005).

2. Methods

2.1 Research Design

This paper is based on the first author's dissertation research exploring youth discourses about sex and HIV/AIDS in SSA. The design of the study was qualitative. The inherently limited potential for structured surveys or quantitative designs to contribute to understanding of the gap between young people awareness of HIV/AIDS and behaviour is widely acknowledged (Lise et al, 2004; James et al, 2004). Qualitative research, however, attempts to provide access to the opinions, aspirations and power relationships that help to explain how people, places and events (e.g. sex or HIV/AIDS risk) arise in identifiable local contexts which 'privilege individual's lived experiences' (Karnieli-Millet et al, 2009, pp. 279). The qualitative approach and methods used in this research generated rich, contextually detailed, and valid process data that left the participants' perspectives minimally altered and enabled in-depth exploration of the topic.

2.2 Study Setting and Research Participants

Intensive empirical research was carried out between July 2009 and October 2009 among students of five representative senior high schools in the UWR. The UWR constitutes about 12.7% of the total land area of Ghana. It is bordered on the North by the Republic of Burkina Faso and on the West by Cote d'Ivoire (GSS, 2005). The region's total population at the time of this study was estimated to be 576,583, of which 52.1% is female. About 43.4% of the population is youthful (GSS, 2005). The population is predominantly rural (82.5%), with large families organized around patrilineages. The main economic activity of the region is peasant farming, with 72.2% of the economically active group engaged in agriculture. The region is one of the poorest: 88% of the population is extremely poor (GSS, 2007). Adult literacy rate - defined as the proportion of population aged 15+ years who can read and write in English and a Ghanaian language - was 25.4%, and this was below the 57.9% national average (GSS, 2005).

Accessibility to healthcare services is very limited. For example, there were only 13 doctors in 2005, giving a doctor to population ratio of 44,353; and 1,162 persons to a nurse (GSS, 2005). Although there are variations in HIV/AIDS prevalence rates across districts, the region had the second highest prevalence rate (4.7%) in Ghana in 2004 (Oppong & Agyei-Mensah, 2004).

The study participants were youth drawn from five senior high schools in the region. By 'youth', reference is made to young people between 12 and 24 years (Breinbauer and Maddaleno, 2005). In all, 208 youth participated in the study. Of this number, 102 (49%) were females.

2.3 Sampling Procedures and Data Collection Methods

To reproduce young people's discourses around sex and HIV/AIDS in a normal peer group exchange, FGDs were used. The FGDs technique of data collection proved valuable as participants queried each other and explained themselves, hence offering valuable data on the extent of consensus and diversity on different aspects of the research topic. Five (5) FGDs (involving a total of 83 young people) were conducted. The five FGDs, the authors believe, yielded sufficient information that answered the research question. Groups consisted of 12-22 participants and discussions were held in the selected schools and conducted in English.

To complement the FGDs, 125 (25 in each school) separate in-depth interviews were conducted. The need for mixed data collection techniques in the social aspects of disease and health research is widely underscored (Lise & Samuelsen, 2004). The advantage of the in-depth interview data collection technique was its ability to address sensitive and private issues such as one's sexual life and to probe deeply to elicit information, which participants may not disclose in the group setting (Corbin & Morse, 2003).

In all FGDs and in-depth interviews, participants' verbal consent was gained and a tape recording of the discussions was made. This consent was attained in addition to ethical clearance obtained from the University of Bristol, School Heads and the respective Parent-Teacher Associations.

The strategy for recruiting participants involved both probability and non-probability sampling procedures. The five schools were purposively selected: two were only male, another two were mixed, and the last was female only. Also, three of the five schools were boarders and the other two were not. The rationale was to explore how different socio-cultural environmental settings impact young people's sexual experience and HIV/AIDS risks construction (Bosio et al, 2008). A simple random sampling technique was however used to select individual participants. First, the researchers extracted the names of all the students from the five schools from a central school registry. Second, a blind folded person was made to randomly select the required number of participants from the pool of names. Third, the researchers then wrote letters to all the randomly selected persons, explaining in detail the purpose of the research and inviting them to participate. Where any of the randomly selected participants declined to participate, the researchers repeated the process to get a replacement.

2.4 Research Instrument

An open-ended thematic questionnaire was used. The instrument focused on exploring youth perceptions of sex and HIV/AIDS, vulnerability to sexual risks, and use of protective methods during sex. To ensure that the instrument was reliable, a pre-test was done in three other schools (not included in the actual study). The pre-test proved valuable in enabling the researchers to reframe questions, clarify and use appropriate concepts.

2.5 Data Analysis

After the data was collected, tape recordings were first transcribed into English by an independent language specialist. All the authors then reviewed the transcripts, and dominant themes were noted and collated. The collated themes were then inductively coded and analyzed using a combination of thematic content analysis (Green, 2007) and psychosocial discourse analysis (Graffigna & Olson, 2009). Thematic content analysis attempts at identifying recurring themes within the data, exploring typologies of these themes and looking at the variations and relationships between and within themes (Green, 2007). Psychosocial discourse analysis focuses on what people do in and with their talk, and how events and phenomena are discursively constructed and constituted in the interpersonal exchange (Graffigna & Olson, 2009). In psychosocial discourse analysis, talk or silence is considered a form of action and casts light on obscure and perpetuated dysfunctional discourses that orient individual's practices (Graffigna & Olson, 2009). Together, these analytical techniques allowed the authors to move between the empirical data and theoretical literature, while paying attention to the content and context of the data.

3. Results

3.1 HIV/AIDS: Youth Awareness, Knowledge and Misconceptions

The paper begins the presentation of findings by examining the level of HIV/AIDS awareness and knowledge among the youth. Participants were asked whether they have ever heard about HIV/AIDS, how they heard it, what HIV/AIDS was, what causes it, its symptoms and how it is transmitted. But for two female participants, all had heard or read about AIDS. Two (2) participants had first learnt of it from an infected family member while the rest first heard about it through the media (radio and television). Various local terminologies were used to characterize HIV/AIDS, including *gbemiile* (thin legs) and *kunkpi-e-yong* (can't die alone).

Relatively, awareness of HIV/AIDS among participants was good. However, not only were there misconceptions but also significant components of youth knowledge of HIV/AIDS were problematic. For example, most (52%) participants could not distinguish between HIV and AIDS, and AIDS was incorrectly linked to physical appearance: that it is possible to tell by merely observing if a person was infected, and the signs to look for include being physically thin or weak. Although all participants knew that blood was a critical medium for HIV transmission, many did not know that HIV could be transmitted through vaginal fluids or semen during unprotected penetrative sex. Furthermore, there was widespread disagreement over what causes AIDS. Except 18 participants, the rest were certain that HIV virus alone does not cause AIDS. A 16-year male participant reveals:

Virus?...Me I don't believe only this thing...virus, causes the AIDS! I believe there are others that the doctors don't know or don't want to tell us.

For most participants, AIDS could also be caused by witchcraft. Consistent with Smith's (2004) findings among Nigerian youth, participants with strong religious affiliations articulated the view that AIDS was punishment from God to sexually promiscuous, disobedient and sinful people. Thus AIDS was perceived as 'a disease you can also get through a morally wrong behaviour'. Such perceptions appear to have been shaped by the proliferation of religious sermons in Ghana, which tie the aetiology of HIV/AIDS to immorality. A number of mundane behaviours were also inappropriately perceived as having an infective potential. Saliva, skin contact, sharing food, cooking utensils, toothbrushes, clothes, underwear, toilets, and handshaking with infected persons, as well as mosquito bites were believed to be ways through which HIV could be transmitted. Note that earlier studies of comparable youth groups in South America, USA and South Africa have reported similar misconceptions (Matthews et al, 1990; DuRant et al, 1992; Swart-Kruger and Richter, 1997).

3.2 The Illness Meaning of HIV/AIDS

One of the prominent socio-psychological approaches premeditated to account for the ways healthy people seek to avoid illness or take preventive health measures is the meaning the illness carries among a given population (Cockerham, 1995). To understand the illness meaning of AIDS in young people's everyday lives, participants were asked what HIV/AIDS meant to them individually and their communities. For most young people, HIV/AIDS is a 'mysterious and paralyzing disease', 'it is terrible', 'an unthinkable disease', and 'a hopeless illness'. According to one 17-year old female respondent:

AIDS for me is hopelessness and death. I just feel sick when I hear the word...I hate to hear it mentioned!

For most young people, the fact that AIDS is incurable evokes dramatic images of fear, pain and death. The difficulty of coping with all the emotional distress makes HIV/AIDS an unmentionable disease. In fact, a third of the youth interviewed indicated that they prefer not to think or hear about HIV/AIDS. In this way, the fear and risks of getting infected becomes diminished. But the deliberate diminution of the fear and risk of HIV/AIDS infection has had benign consequences. Many young people continue to systematically underestimate their own risk and vulnerability. This may explain the high levels of risky behaviours that characterize the daily lives of the youth in Ghana.

3.3 HIV/AIDS Risk Construction

A central objective of this study was to understand how the youth construct their vulnerability to HIV/AIDS infection. Participants were asked who was at risk of HIV/AIDS infection, why such people were at risk, whether they (participants) personally were at risk and how? The results are presented below.

3.3.1 The Othering and Invulnerability Discourse

Within many HIV/AIDS prevention and education messages, young people are often constructed as one of the 'high risk groups'. Majority of participants agreed that the youth were indeed more vulnerable than any other group of people due to their tendency to experiment and explore new experiences. Yet, during in-depth interviews, a contrary discourse emerged. All respondents denied that they were personally at risk of HIV infection. A 16-year old female respondent illustrates:

I believe that everyone is at risk...the youth are particularly in danger...but for me, I...I don't really think I'm at risk because since I was born, I haven't been to any place, and I don't do the things many youth do.

Twenty-year old male participant also relates:

You see, I say I don't feel at risk because I don't behave improperly. AIDS will come to you if you have an improper behaviour...like running after girls or boys. But me, I don't do this and my girlfriend doesn't do this.

Thus not only was the discourse of personal invulnerability pervasive, but also a moral discourse was deployed to discuss AIDS as a problem of those who behave improperly. Note that the tendency to 'Other' in terms of HIV/AIDS risk construction is not limited to the youth in this study only. In Georgia and Ukraine, Goodwin et al (2004, p.390) find among school and homeless adolescents that 'it is only the non-proper' who get HIV/AIDS. In Canada, Graffigna and Olson (2009) report that young people often deploy a 'circumscribing discourse' to locate HIV/AIDS as the problem of distant areas of the world. In fact more than half (128) of this study participants believe 'AIDS is not common here', and that public health and media campaigns are sometimes exaggerations meant to tame youth sexuality and determine what kinds of life they should lead. A 20-year old male participant expressed his doubts thus:

I hear every time that AIDS has come to Ghana and is fast spreading...and they say that we who are young get it more...but I haven't seen an AIDS patient before! I believe sometimes they just want to scare us.

AIDS was perceived to be common in urban centres such as Accra and Kumasi, where commercial sex workers are spreading the disease. In one FGD, however, 2 participants fiercely disagreed. Accordingly, the influx of migrants from rural and poverty endemic areas including Upper West into the cities and back makes it implausible to think that HIV/AIDS is only found in cities. Nearly half (101) of the participants also associated AIDS with people, especially women, who travel outside the country. In particular, participants argued that it was women who were carrying the virus and spreading it to men who have sex with them. There was therefore a tendency to feminize AIDS. But that many young people believe women are the carriers and transmitters of the virus is possibly because the first AIDS cases in Ghana were diagnosed among women suspected to have travelled outside the country to practice prostitution.

3.4 Youth Sexual Knowledge, Behaviours and Discourses.

Heterosexual intercourse remains the dominant medium by which HIV/AIDS is transmitted in Africa. Participants in this study were asked to discuss young people's sexual behaviours within the context of HIV/AIDS: what sex means in their daily lives, and whether young people engaged in premarital and/ or multiple sexual relations and the reasons for such behaviours. Initially, most participants felt odd talking about sexual matters with the researchers. But as the researchers adopted a peer-to-peer conversation and interview styles, the topic later invited the most contributions and generated several insightful debates. In all FGDs and in-depth interviews, most young people first acknowledged that openly discussing sexual matters was a taboo or improper behaviour, and that within their family settings, parents, rather than discuss youth sexuality, sexual issues and bodily functions with them, pretended that their children were not sexually active. Participants reported that inquisitive children who dare ask questions that touch on sexual matters are often derided. This is consistent with Izugbara's (2005) findings in Nigeria that there is a cultural expectation of silence on sexual matters. Also, it was noted that although sex education has been incorporated into the formal educational system, the language used is often indirect, sloppy and ambiguous as teachers try to avoid words considered to be vulgar.

For example, having sex is termed 'doing the thing' while the vagina and penis respectively, are called 'womanhood' and 'manhood'. For most young people such language is passive and unhelpful because it does not provoke any comprehensible discussion on sexual issues.

But the fact that the Ghanaian society expects young people to be silent on sexual matters is just a wishful thinking. More than half of the participants admitted ever participating in sex-related discussions with their peers. In particular, they related how they usually discuss their sexual exploits with their peers any time they came to school from vacation. Except for 3 dissenting views, participants were unanimous in their response that sex was for people in a marriage relationship. It was also agreed that sex after marriage was the ideal thing. However, it was reported that premarital sex was a common practice in most communities in the region, and that the age of first sexual debut among young people was as low as 12 years. Among themselves in school, the youth in this study perceived a high level of sexual activity, although only two actual cases were reported. At this point, an interesting discourse emerged: the acceptability and desirability of premarital sex for males and females. Whereas almost all males thought that premarital sex among males was all right, they did not believe the same was true for females. For them, males should have sex frequently because infrequent sex could cause penile weaknesses and the loss of male virility. Surprisingly, more than half of the female participants endorsed this view, often arguing that females should remain virgins because virginity is a pride that their future husbands will respect them for.

Responses to the question of why young people of their age engage in sexual activities were variable. Participants related that curiosity, the desire to experiment, lack of parental care, peer pressure, and poverty, were some of the reasons why many youth were sexually active. The media was also thought to be badly influencing young people's sexuality. Moreover, many respondents believed that early sexual debut among young people had to do with the nature of the youthful age itself:

You see this is the time when there is heightened attraction between the opposite sex, and this makes us want to have sex' (Male, 20 years, in-depth interview).

'It is not our fault, as a girl at this age, it is like there are somethings...hormones that naturally cause sexual feelings in us, so those who can't control this feeling end up doing it' (Female, 16 years, FGD).

The stage in life termed youth was believed to be problematic in itself: it is one cause of early sexual debut. But one point that suggested the possible deployment of a blame discourse is how participants interpreted sex. Sex was believed to be biologically ordained and humans have less control over it. One forty-seven (147) participants believed that sex was an 'eye opener', particularly for young people. A 19-year old female believes that:

A boy or girl doesn't really know anything until he/she has sex.

An 18-year old male participant explains:

My friend, Jato, used to tell me to shine or open my eyes. By then I had a girl friend, but it was just for the fun of it. So when I asked him (Jato) one time what he meant by I should shine/open my eyes, he said I'm too dull, I don't know anything because I don't know what sex is... so I tried it!

A 17-year female also said:

...another thing is that sex is a symbol of love...it kind of binds a boy and a girl in a relationship. So, some do it to prove love.

But another 17-year female participant disagrees:

I don't really think having sex is an eye opener or a symbol of love. The thing is many youth are simply irresponsible! How can sex at your age be an eye opener or love? It's lust and a sinful behaviour.

Crucially, notions of sex being a natural predisposition of human existence act not only to increase young people's sexual exploits, but also diminish their fear of HIV/AIDS infection. Yet, topics on sex and sexuality remain largely circumscribed in public and private talks, and at worse taboo subjects in most societies in Ghana. The association of HIV/AIDS with sexual behaviour has further brought stigma and a deep silence on sexual issues. This has greatly limited an adequate articulation and comprehension of the dynamics of youth sexuality and hindered efforts to deal effectively with the AIDS pandemic (Undie and Beneya, 2006).

3.5 Preventing HIV/AIDS among Young People: Youth Ideas, Perceptions and Dilemmas.

While the HIV/AIDS epidemic remains the most researched in recent history, little scientific consensus exists about how best to prevent infection among the youth. FGDs with young people in this study identified abstinence, faithfulness, and condom use (ABC) as the most dominant HIV/AIDS prevention strategies in the region. Some popular jingles mentioned in relation to ABC included 'preventing HIV/AIDS is as simple as ABC', 'just say no to casual sex', 'love life, stop AIDS', 'if you cannot abstain, use the condom', 'if it is not on, it is not in', 'love life, use condom' and 'know your partner'. The sources of these messages included radio and television broadcast, peer education campaigns, posters and billboard advertisement. The researchers observed several of these billboard adverts and posters during the course of research. But to gain a deeper insight into how the youth actually perceive, react and evaluate the feasibility of these messages, we turn to the ABC strategy.

4.5.1 Abstinence and the 'Zombie' Discourse

Complete sexual abstinence is the most effective (and is widely promoted in both international and local HIV/AIDS prevention programmes) means of protection against HIV/AIDS (Setswe, 2007). This section sought to explore how young people perceive abstinence in the context of HIV/AIDS. According to most young people, modernity has brought about different moral regimes and new sexual mores, which often confuse young people. On one hand, a cultural and religious emphasis exists on sexual abstinence. On the other hand, there has emerged a 'romantic love' moral regime popularized by both print and electronic media, which views sex and sexual relations (irrespective of marital status) as unproblematic. For the young people in this study, there is a general feeling that the youth live in a world, which is highly contradictory and confusing, one that prohibits and promotes at the same time. Interestingly, majority of the participants admitted that this romantic love regime has captured the youth, making it practically hard for young people to abstain. However, a few did not believe in this romantic love business, and argued that abstinence was still possible through self-control. But such a view seems to be mere talk! A confidential YES or NO response sought from participants to determine how many have never had penetrative sex showed only 15.

One factor that is profoundly influencing the youth's inability to abstain is the need to avoid being labelled zombie. In the youthful world of the UWR, zombie is a derogatory stereotypical category for males or females who have no sexual experience. Participants said that in order to avoid being tagged by their peers as zombie, they must have sex. The important role of peer norms or expectation (which involve the proving of masculinity through early sexual debut, and having multiple sexual partners) in shaping young people's sexual behaviours was therefore emphasized.

Also, a few female respondents deployed a kind of blaming discourse to argue that many young women are unable to abstain because of parental neglect and poverty. An 18-year female participant was self-revealing:

I think we should also blame some parents. I say this because some parents give birth to chao (meaning many) children who they can't care for. In this case if I'm a girl and my parents don't care about me, I will simply use what I have (referring to her vagina) to take care of myself, after all why should I have a spoon and use my hand to fetch hot soup?

Together, these factors limit the youth's ability to adopt and translate knowledge of HIV/AIDS risk and prevention programmes into positive behavioural changes. They also signal the need for policy on abstinence programmes to seriously consider the context within which young people sexuality is expressed.

4.5.2 Faithfulness and the Discourse of 'not putting all your Eggs in one Basket'

...This faithfulness thing ...to me is really funny! How do you expect me as a young boy to put all my eggs in one basket? I mean...I have to get more girls so that if one drops me today; there will still be others. Besides, it will help me...to select the best (male participant, 16years).

Personally, I don't think it is a good idea...You see having more than one boy makes others respect you. It means you are a champion (female participant, 17years).

I really will want to have one boyfriend, but you see, these days, boys want to use girls and drop them. So if I have two or three boys, there will be no problem if one drops me. Also before a boy thinks of dropping me, I want to drop him first without losing anything (female participant, 18years).

...No...no...no. I don't agree with you. I think having one girl is the right thing because the more girls you have, the more your risk of getting AIDS. Even the church (referring to the Catholic Church) says everyman should have one wife, so why two or three girl friends? (Male participant, 15years).

...ha, if you also look into the Bible or Quran, many religious men like Abraham and King Solomon have many wives and concubines. Even, as a Muslim, my religion permits me to have more than one woman. So I think that... if any government or law should insist on one wife or husband, that will be like disrespecting my religious beliefs and freedom (male participant, 19 years).

...faithfulness, I believe it is possible to be faithful, but just that these days it is hard to trust people. How will I know if my boyfriend is faithful to me? (Female participant, 14years).

The above quotations illustrate the perspectives and dilemmas of the youth when they were asked whether faithfulness was feasible among young people and if they will personally want to be faithful by having a single sexual partner. Majority of the respondents believe faithfulness is ideal, but that in practice, it is very problematical. Participants related how young males often 'celebrate sex' and compete on the number of women they are able to conquer or keep. Disagreement however erupted as to which of the sexes should adhere to the message of faithfulness. Nearly two-thirds of the male respondents thought that males should have more sexual partners than females. Accordingly, whereas young men ought to have more sexual partners, young women are expected to be obedient to men, behave properly and have as few partners as possible. The position of females was rather ambiguous: they did not necessarily disagree with the males but wondered why they should be faithful. It seems such gendered double standard discourses among young men in this study derive from the fact that in SSA, gender-based discrimination is still profound when it comes to issues of sexuality and morality (Manuel, 2005).

4.5.3 "Eating Sweet with the Wrapper On": Youth and Condom Use

Responsible and consistent condom use is an important part of current HIV/AIDS prevention campaigns. In this study however, a number of negative attitudes that discredit the good intends of condom use promotion programmes and thus diminish condom usage were revealed. Of the number who admitted ever having sex, only 12 reported using a condom, although not consistently. Among other reasons, respondents mentioned that condoms compromise the pleasure of sexual intercourse; condom use is unnatural and sinful; a partner would be offended by the introduction of condoms in a relationship; condom users are often stigmatized as promiscuous or morally questionable people; and the embarrassment and discomfort associated with condom purchase. Many male respondents particularly likened sexual intercourse to work and argued that using a condom during sexual intercourse is like 'doing an unpaid job'. This is because the essence of sex is to ejaculate into the woman and since condoms prevent the direct release of semen into the woman, the effort is considered unpaid for. There was therefore a general consensus that wearing a condom during sexual intercourse was like 'eating a toffee with the rubber wrapped on'. A 19-year old male respondent relates:

Use condoms?...hmm...personally, I wouldn't, because then it is like I'm trying to lick honey that is wrapped in a polythene bag, or giving me a toffee and asking me not to remove the cover before eating.

Participants also argued that the power of love and trust in sexual relationships provides a sense of immunity to infection, thus making condom use unnecessary. This is consistent with Manuel's (2005) findings among young people in Maputo that it is not necessary to use condoms in steady relationships built on love and trust. But that majority of the youth in this study believe condom use is not necessary in steady relationships may have been reinforced by previous HIV/AIDS prevention campaigns in Ghana that advocated the use of condoms only with casual sexual partners. But another issue was the association of condom use with a 'not man enough' philosophy.

This was largely a male-dominated discourse in which respondents argue that ‘a man is a man because of his ability to venture into the unknown and take risk’. Condom use is therefore associated with being afraid, and not being a man enough, whereas non-use is a manly virtue, a manifestation of male prowess. A 21-year old male respondent makes the point:

I was... hmm... 14...I think when I first had sex. I used a condom, but later when I told my friends, they all laughed at me...they called me afraid boy! Since then, I haven't used a condom.

It seems the patriarchal nature of many northern Ghanaian societies and the social construction of masculinity has played a major role in putting the youth, particularly young males at risk of HIV infection in the UWR. Of course problematizing the negative features of masculinity is not enough, and the private vulnerabilities of young males must be explored. However, evidence elsewhere suggests that endorsement of hegemonic masculinity is empirically related to decreased condom use (Peacock, 2005).

Most participants further viewed condoms as contraceptive for preventing unwanted pregnancy thana prophylaxis against HIV/AIDS. Importantly, nearly half of females said that they would not endorse the use of condom during sex because of perceived biological side effects. Asked what side effects they were referring to, participants only stated that they had heard from anti-condom campaigners that condom use was harmful to women. In the course of this research, the researchers encountered a self-appointed female anti-condom campaigner who vehemently argued that condoms actually were not meant for human beings, but that the “white man” designed them for use on their pets and for other experimental purposes. Whether the veracity of the information propagated by such anti-condom campaigners can be substantiated or not, it is clear that such messages do shape and impact the way young people react to condom use.

5. Discussion

This research sought to better explore and understand the ways in which young people position and cast themselves in relation to the HIV/AIDS epidemic and the implications for HIV/AIDS prevention policies. Findings reveal various beliefs and misconceptions about AIDS and sex, as well as important ways in which some of these beliefs are either characteristic of the youth themselves or the socio-cultural environment in which they live. Findings also suggest that young people's beliefs and actions in relation to HIV/AIDS, sex, AIDS-risk and prevention messages are constituted by the interplay of individual agency, socially acceptable language, and religious ideologies. Economic globalization, modernity and religious dictums have combined to shape youth ideas and convictions about sex and vulnerability to HIV/AIDS. In addition, the spread of HIV/AIDS and the risk of getting infected are also bound-up in structural forces like poverty and gender inequality. Together, the findings add to the existing empirical research literature, and significantly improve understanding of why increased policy attention and resource mobilization to HIV/AIDS prevention among young people in SSA may be rewarded with limited positive behavioural change and progress in the reduction of new infections. Of course, in discussing and interpreting these findings, it ought to be said that the study had a limited coverage. But given the data quality assurance measures instituted, the authors believe these findings are valid representative opinions of the youth, to which research and policy need to be attentive.

One finding that presents the first point for reflection relates to the extent of awareness and accuracy of youth knowledge of HIV/AIDS. As noted in outset of this paper, myriad of studies have underscored the fact that the level of awareness and knowledge of HIV/AIDS among the youth in SSA is very high. This study confirms that general awareness about HIV/AIDS among young people is indeed high. Findings however show that many young people still hold serious misconceptions about the disease. The belief that AIDS could also be the result of witchcraft, punishment from god(s) and ancestral spirits, or that AIDS could be a visitation of the wrath of God(s) on sexually promiscuous, disobedient and sinful people, is exemplary. The lesson here is that it is not just about whether young people are aware of or have knowledge of HIV/AIDS, but rather the quality or accuracy of the knowledge they possess about the disease. Given these high levels of misconceptions, it is not hard to see why increased policy attention and resource mobilization to HIV/AIDS prevention among young people in Ghana may yield limited positive behaviour change and progress towards reducing infections. There is a need for HIV/AIDS prevention programmes to refocus on the quality of information and knowledge imparted, taking cognizance of local contexts.

The youth construction of HIV/AIDS risks offers another point of reflection. From totally doubting HIV/AIDS existence to finding the statistics on HIV/AIDS incidence confusing, HIV/AIDS is fast becoming a trivialized issue unworthy of consideration in the lives of many of the young people interviewed. Not only do many young people position themselves as invulnerable to HIV/AIDS infection but also HIV/AIDS is recast as the problem of some generalized Other – people who travel outside the country or those who behave improperly. Perhaps, the youth sense of personal immunity to HIV/AIDS derives from the stereotype used to classify those considered to be at risk of HIV infection. That is, admitting to being at risk means admitting to place oneself in a category of stigmatized persons (Manuel, 2005). Macintyre et al (2004) have also suggested that optimistic bias often explain perception of AIDS risk, in that people always think along the lines that ‘AIDS can’t happen to me’. Yet, the youth sense of personal immunity may further be explicated by the concept of denialism (De Waal, 2006), whereby the existence of AIDS may be acknowledged, but the consequence that one might need to change one’s personal behaviour is not. The implication of denialism and Othering is that the process of HIV risk construction has been negatively mediated, with the effect that many young people continue to systematically underestimate their own risk and engage in behaviours that contribute to high HIV infection.

Findings on youth perceptions on the ABC strategy also raise crucial questions about the plausibility and efficacy of the approach to HIV/AIDS prevention. Deconstructed, it appears that the messages contained in the ABC approach do not provide young people with a continuum of alternate choices as regards action and sexual behaviour, but a singularly prescriptive course of action: simply say no to sex, or if you do, have it only with a single partner, and if you cannot, then use condom. As the study found, youthfulness in itself is thought to be problematic, and sex is symbolic of love, identity creation and is often celebrated among young people. Is it not imperative that abstinence (A) is likely to be resisted in this context? Also, if having multiple sexual partners serves as a means to demonstrate male or female prowess, sticking to one sexual partner (B) will be problematic too. Condom use may also be compromised if risk-taking is seen as part of the process of becoming a man or woman. Moreover, advice to ‘condomize’ appears to be completely at variance with the cultural meanings and purposes associated with sexual intercourse. Many young people may object to condom use in their sexual relationships because condom use implies ‘eating the toffee with the robber’, timidity, promiscuity, lack of trust, and no work done. Significantly, this posits not only a challenge for HIV/AIDS prevention endeavours, but also explains why the ability of the youth to effectively translate awareness and knowledge of HIV/AIDS risk into safer sex behaviours is limited. This paper believes ABC messages which ignore the particularities of the youth and the socio-cultural milieu in which their thoughts and actions proceed, but construct young people as risky group and actors who are rational, and will readily change behaviour with increased information are flawed (see also Parker, 2004). In this sense, the ABC mantra appears to be just one of many globalizing discourses that fail to appreciate the social fields in which they are introduced – e.g. Upper West Region, a field of normative multi-partner sexual networking, extreme mobility and ubiquitous sexual inequality and discrimination.

6. Conclusion

This study has demonstrated why three decades of HIV/AIDS prevention efforts with young people in Ghana have yet to eliminate the risk of HIV infection in any significant way. The study also shows why previous and current models of HIV/AIDS prevention maybe less successful in bringing about individual or societal behavioural change necessary for reducing HIV/AIDS infection among young people. The findings allow the authors to draw, at least, some tentative conclusions. First, that it is not enough to focus on individual youth in HIV/AIDS prevention as rational actors whose decisions, daily choices, actions and inactions are premised on a rule-governed calculative rationality, and will change given enough information about the pros and cons of sex and HIV/AIDS. Second, effective HIV/AIDS prevention intervention requires far more than information transmission and technological solutions such as increased use of condoms. Third, the construction of masculinity and male identity as gendered persons, as well as societal norms needs to be challenged if there is to be any effective and sustained intervention to prevent HIV infection. Finally, effecting the necessary behavioural change among the youth requires going beyond risks-groups and risks-factor analysis to focus HIV/AIDS research, prevention efforts and mitigation strategies on the more sophisticated and multifaceted realities of young people in their local contexts. In this respect, the paper calls for the silence on public discussion on sex, sexuality and HIV/AIDS in Ghana to be broken. HIV/AIDS education for behavioural change among the youth needs to be modelled on the social influence approach which enables young people to develop and build knowledge, motivation and skills necessary for making informed decisions and resisting undesirable influences.

References

- Adih, William, K., Alexander, Cheryl, S. (1999), 'Determinants of condom use to prevent HIV infection among youth in Ghana', *Journal of Adolescent Health*, 24, 63-72.
- Agyei-Mensah, S. (2001), 'Twelve years of HIV/AIDS in Ghana: Puzzle of interpretation', *Canadian Journal of African studies*, 35:3, 441-472.
- Bhana, A. & Petersen, I. (2009), 'HIV and Youth: A Behavioural Perspective', in P. Rohleder, L. Swartz, S. C. Kalichman, and L.C. Simbayi (editors), *HIV/AIDS in South Africa 25 Years On: Psychosocial Perspectives*. New York & London: Springer.
- Bosio, A. C., Graffigna, G., & Oslon, K. (2008), 'How interpersonal exchange contexts mediate passage from health knowledge into practices: a cross cultural comparison', *Psychology & Health*, 23:11, 70.
- Breinbauer, C., and Maddaleno, M. (2005). *Youth: choices and change: promoting health behaviours in adolescents*. Washington: PAHO.
- Buthelezi, T., Mitchell, C., Moletsane, R., De Lange, N., Taylor, M. and Stuart, J. (2007), 'Youth voices about sex and AIDS: implications for life skills education through "Learning Together" project in Kwazulu-Nata, South africa', *International Journal of Inclusive Education*, 11:4, 445-459.
- Cockerham, W.C. (1995), *Medical Sociology* (6th Ed.). Birmingham: University of Alabama Press.
- Corbin, J., and Morse, J. M. (2003), 'The unstructured interactive interview: issues of reciprocity and risks when dealing with sensitive topics'. *Qualitative Enquiry*, 9:3, 335-354.
- De Waal, A. (2006), *AIDS and Power: Why there is no Political Crisis-yet*. London & New York: Zed Books.
- Dilger, H. (2003), 'Sexuality, AIDS, and the lures of modernity: Reflexivity and morality among young people in Rural Tanzania'. *Medical Anthropology*, 22:1, 23-52.
- DuRant, R., Ashworth, C., Newman, C., and Gailard, G. (1999), 'High school students' knowledge of HIV/AIDS and perceived risk of currently having AIDS', *Journal of Social Health*, 62, 59-63.
- Eaton, L., Flisher, Alan, J. & Aaró, Edvard, L. (2003), 'Unsafe sexual behavior in South African Youth'. *Social Science & Medicine*, 56, 149-165.
- Fobil, J. and Soyiri, I. (2006), 'An assessment of government policy response to HIV/AIDS in Ghana', *Journal of Social aspects of HIV/AIDS*, 3:2, 457-465.
- Ghana National AIDS Control Programme (GNACP) (2000), *HIV Sentinal Surveillance 1999*. Accra: Ghana Ministry of Health.
- Ghana Statistical Service (2005), *2000 Population and Housing Census: Analysis of District Data and Implications for Planning*. Accra: Ghana Statistical Service.
- Ghana Statistical Service (2007), *Patterns and Trends of Poverty in Ghana: 1991-2006*. Accra: Ghana Statistical Service.
- Goodwin, R., Kozlova, A., Nizharadze, G., and Polyakova, G (2004), 'HIV/AIDS among adolescents in Eastern Europe: knowledge of HIV/AIDS, social representation of risk and sexual activity among school children and homeless adolescents in Russia, Georgia, and the Ukraine', *Journal of health Psychology*, 9:3, 3381:396.
- Graffigna, G. & Olson, K. (2009), 'The ineffable disease: exploring Young people's discourses about HIV/AIDS in Alberta, Canada'. *Qualitative Health Research*, 19:6, 790-801.
- Green, J. (2007), 'The Use of Focus Groups in Research into Health', in M. Saks and J. Allsop (eds.), *Researching Health: Qualitative, Quantitative and Mixed Methods*. London: Sage Publications.
- Izugbara, Chimaraoke, O. (2005), 'The socio-cultural context of adolescents' notions of sex and sexuality in rural South-Eastern Nigeria', *Sexualities*, 8:5, pp.600-17.
- James, S., Reddy, S.P., Taylor, M., & Jinabhai, C.C. (2004), 'Young people, HIV/AIDS/STIs and sexuality in South Africa: the gap between awareness and behaviour', *Acta Paediatrica*, 93:2, 264-269.
- Karim, M., Magnani, Robert, J., Morgan, Gwendolyn, T., & Bond, Katherine, C. (2003), 'Reproductive Health Risk and Protective Factors among Unmarried Youth in Ghana'. *International Family Planning Perspectives*, 29:1, 14-24.
- Karnieli-Miller, O., Strier, R. & Pessach, L. (2009), 'Power relations in qualitative Research'. *Qualitative Health Research*, 19:279-289.

- Lise, Rosendal, Ø. and Samuelsen, H. (2004), 'Muted voices: HIV/AIDS and the young people of Burkina Faso and Senegal', *African Journal of AIDS Research*, 3:2, 103-112.
- Macintyre, K., Rutenberg, N., Brown, L., and Karim, A. (2004), 'Understanding perceptions of HIV risk among adolescents in Kwazulu-Natal', *AIDS and Behaviour*, 8:3, 237-250.
- Manuel, S. (2005), 'Obstacles to condom use among secondary school students in Maputo city, Mozambique', *Culture, Health & Sexuality*, 7:3, 293-302.
- Oppong, Joseph, R. & Agyei-Mensah, S. (2004), 'HIV/AIDS in West Africa: the case of Senegal, Ghana, and Nigeria', in E. Kalipeni, S. Craddock, J. R. Oppong & J. Ghosh (eds.), *HIV/AIDS in Africa: Beyond Epidemiology*. Oxford: Blackwell.
- Parker, W. (2004), 'Rethinking conceptual approaches to behavioural change: the importance of context', *Annual Review of Anthropology*, 30, 163-179.
- Peacock, D. (2005), 'Urgency and optimism: masculinities, gender equality and public health'. *Agenda*[Special Issue], 30:8, 146-153.
- Ragnarsson, A., Onya, Hans, E., Thorson, A., Ekstrom, Mia, A., & Aarø, Edvard, L. (2008), 'Young males' gendered sexuality in the era of HIV and AIDS in Limpopo Province, South Africa'. *Qualitative Health Research*, 18:6, 739-746.
- Scott, A. (2009), 'Illness meanings of AIDS among women with HIV: merging immunology and life experience', *Qualitative Health Research*, 19:4, 454:465.
- Setswe, G. (2007), 'Abstinence and faithfulness programmes for the prevention of HIV/AIDS among young people: what are the current debates?' *SA Fam Pract*, 49:8, 5-10.
- Smith, Jordan, D. (2004), 'Youth, sin and sex in Nigeria: Christianity and HIV/AIDS-related beliefs and behaviour among rural-urban migrants', *Culture, Health and Sexualities*, 6:5, 425-437.
- Swart-Kruger, J. and Richter, Linder, M (1997), 'AIDS-related knowledge, attitudes and behaviour among South African street youth: reflections on power, sexuality and the autonomous self', *Social Science and Medicine*, 45:6, 957-966.
- Undie, C. & Benaya, K. (2006), 'The state of knowledge on sexuality in Sub-Saharan Africa: a synthesis of literature', *Journal of Culture and African Women Studies*, 8, 1-23.
- UNAIDS-WHO (2007), 2007 AIDS Epidemic Update Report. Accessed on May 30, 2009 from: <http://www.unaids.org/en/KnowledgeCentre/HIV/AIDSData/EpiUpdArchive/2007/>
- UNAIDS (2005), Ghana Country Profile. Accessed on July 24, 2009 from <http://www.unaids.org/en/geographical+area/by+country/ghana.asp>.