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Review

HIV/Aids and sexuality: Knowledge and practice among in-school adolescents in eastern province of Sierra Leone

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This study was conceived to investigate the knowledge that girls have about HIV/AIDS and their sexual behaviours. The study confirmed earlier research by Goya (2007) and Ben-Zur (2000), who studied respectively the knowledge of HIV/AIDS and the sexual behaviour and practices of adolescent girls in India and Ethiopian immigrants in Israel. The most interesting characteristic in these two studies was discrepancy between knowledge of the pandemic and their use of condom and other sexual practices. Adolescent girls' in the study area were relatively well informed about HIV/AIDS but did not put their knowledge into safe sexual behaviour. The home and the school need to have more interaction if girls' sexual behaviour will help minimize the incidence of HIV/AIDS.

Keywords: HIV/AIDS, girls' education, Sierra Leone

INTRODUCTION

In Sierra Leone children continue to live precarious lives in this post conflict country. Sierra Leone Government (2005), states that 85% of children in Sierra Leone can be classified as vulnerable children or 'at risk children.' This is because they are at increased risk of not enjoying their basic human rights: the rights to survival, health and education, play and culture, to protection from exploitation and abuse of all kinds. There are about 2 million children and about 14% of them are orphans. The restoration of peace has facilitated economic recovery but this is still below the expectation of economic pundits as poverty is pervasive. The Poverty Profile (2004), estimated that about 75 percent of the population lived in poverty and that more than two-thirds of the poor could

be described as living in conditions of extreme poverty.

The on-set of HIV/AIDS pandemic has further escalated the problem of girls in the country. UNICEF (2006) states that with the on-set of HIV/AIDS it is girls that suffer as they are exposed to unprotected sex. According to BRIDGE (1998), gender issues are most important in HIV/AIDS and sexuality. Most communities share values, beliefs and norms on sexuality that create vulnerability to HIV transmission such as child bearing, widowhood-related rituals, FGM, and early marriage. Many of these practices work together, to create a world where women and girls are more vulnerable to HIV than men and boys. Social norms make them vulnerable to HIV by promoting silence on sexuality issues and this is a key determinant of vulnerability to HIV/AIDS.

For Goya (2007), the most interesting characteristic among Indian sexually active girls were misconceptions about sex, sexuality and sexual health. Adolescents

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Table 1. Respondents Knowledge on the Causes of HIV/AIDS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Infection through Sex	599	85.3	85.3	85.3
	Infection through sharp object	35	5.0	5.0	90.3
	Living with an HIV patient	3	.4	.4	90.7
	Infected blood	32	4.6	4.6	95.3
	All of the above except 3	33	4.7	4.7	100.0
	Total	702	100.0	100.0	

Table 2. Respondents' Knowledge on the Prevention of HIV/AIDS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Abstinence	141	20.1	20.1	20.1
	Use of Condom	435	62.0	62.0	82.1
	Not Engaging in Social Activities	19	2.7	2.7	84.8
	Not going through FGM	8	1.1	1.1	85.9
	Being faithful to one faithful partner	99	14.1	14.1	100.0
	Total	702	100.0	100.0	

Table 3. Consensual Sexual Activities of Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	299	42.6	42.6	42.6
	No	403	57.4	57.4	100.0
	Total	702	100.0	100.0	

having sex relationships were somewhat better informed about the sources of spread of STDs and HIV/AIDS. He states that while 40.0% of sexually active girls were aware that condoms could help prevent the spread of HIV/AIDS and reduce the likelihood of pregnancy, only 10.5% used a condom during the last time they had intercourse. Ben-Zur et al., (2000) also noted that there is considerable discrepancy between adolescent girls' knowledge of HIV/AIDS and their use of condoms. Among Ethiopian immigrants in Israel, adolescents demonstrated a certain amount of knowledge regarding contraception and the risks of getting pregnant or contracting HIV through unprotected sex. The analysis of his results indicate that there is a considerable discrepancy between adolescents' knowledge and their sexual behavior.

This study was conceived to find out the knowledge and practice of girls to issues relating to sexuality and HIV/AIDS in the Eastern Province of Sierra Leone. The sample population was 8% of girls at the final level of the Junior Secondary School level. A questionnaire was distributed and the answers are presented in tables and pictograms. Focused group discussions were also held

with sexually active girls to try to answer questions on knowledge and practice of sexuality and HIV/AIDS.

DISCUSSION

The first two tables were designed to elicit information on school girls' knowledge on HIV/AIDS. Table 1 revealed information on the respondents' knowledge on the causes of HIV/AIDS. The majority of respondents 85.3 % disclosed that HIV/AIDS can be acquired through sex, followed by 5.0 % that believed that it is through a sharp object. 4.7 percent rightly stated that all the options were correct except living with an HIV/AIDS person. 4.6 % stated that infection was acquired through contaminated blood. Only .4 % disclosed that the disease is commonly acquired through living with an HIV patient. Schools are supposed to provide information to girls on this pandemic and it is good that these girls have adequate information on HIV/AIDS.

The above table was based on a question eliciting information on the respondents' knowledge on the best way of preventing the spread of the HIV/AIDS virus. The

Table 4. Respondents who have been Pregnant

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	146	20.8	20.8	20.8
	No	556	79.2	79.2	100.0
	Total	702	100.0	100.0	

Table 5. Use of Condoms by Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	117	16.7	16.7	16.7
	No	585	83.3	83.3	100.0
	Total	702	100.0	100.0	

majority, 62.0 % stated that use of condom was the most effective means; followed by 20.1 % who opted for abstinence; 14.1 % believed that being faithful to one faithful partner was the best method and 2.7% said that not engaging in social activities would help to prevent the disease. 1.1 percent was of the opinion that not going through FGM would help prevent the spread of the virus. These girls have a good knowledge about the use of condom in preventing the spread of HIV/AIDS. However, it is desirable that adolescent girls also regard abstinence and faithfulness to one faithful partner as preferred means of preventing HIV/AIDS.

The next four tables helped to throw light on school girls' sexual practices which showed the link between knowledge of HIV and their sexual practice.

57.4 % of the girls included in this sample stated that they did not take part in consensual sex whilst 42.6 % indulged willingly in this activity. This was regarded as the most crucial question among the other questions in the questionnaire on aspects relating to girls' sexual behaviour. These were girls in the JSS level of education and approximately forty two percent of them were already sexually active. This is very disturbing for all educationists and a cause for concern as girls who are sexually active open themselves to HIV/AIDS and other sexually transmitted diseases which are only inimical to their educational careers but to their health.

Table 4 offered information on girls who had been pregnant; the majority of girls, 79.2 % had never been pregnant whilst 20.8 % had been pregnant at least once. The respondents of this questionnaire revealed clearly that there was a severe problem intrinsic to girls' participation in formal education. These were young school girls at a critical period of their lives who should be imbibing necessary skills and values for their future lives; but who were entangled in problems that inhibited their educational work.

Table 5 was intended to draw out information on the use of condom by the respondents. 83.3 % of them would not use condom as a contraceptive or as a barrier against

HIV/AIDS during sexual intercourse. 83.3 % of the girls would not use condom regularly during sexual intercourse. This was a very high percentage and a serious cause of concern for all stakeholders in education as these sexually active girls were leaving themselves open to venereal diseases as well as HIV/AIDS during sexual intercourse.

CONCLUSIONS

This study confirms the previous research by Goya (2007) and Ben-Zur et al (2000) that there is discrepancy between knowledge of HIV/AIDS and adolescents sexual behaviour. These school girls acknowledge that the threat of HIV infection is real and dangerous, but they do not perceive themselves as vulnerable to the disease. Many feel that the information they receive about AIDS is not relevant to them personally because they are engaged in romantic sex, or because they do not belong to groups at high risk (such as homosexuals and prostitutes), The denial of personal relevance and responsibility is reflected on their low level of perceived vulnerability, as well as on their risk taking sexual behavior, such as infrequent use of condoms among sexual intercourse.

The study reveals that girls have adequate knowledge on the pandemic but there is a dichotomy between knowledge and practice. Young school lives are living out precarious sexual lives inimical to their educational careers and survival. Most of these girls are sexually active and they are not protecting themselves against HIV/AIDS. Integrating HIV/AIDS into school curriculum or through peer counseling and school clubs will help ensure that girls do not miss out on education as they are the first to suffer when this disease hits the home. This means transforming schools into bastions against this pandemic by changing the culture of the schools and making children feel protected, supported and confident. Female pupils' desire for success is closely linked with

their interests and needs, and the teachers must identify these interests and relate them to the teaching methods, equipment and the physical working conditions of the school.

Prevention programs on HIV/AIDS must be organized targeting school girls to meet their unique needs. These programmes must be made towards increasing knowledge and education on sexuality and HIV/AIDS.

Most HIV interventions have not taken into full consideration cultural values, societal norms and traditions and gender issues that strongly influence school girls' behavior. This has at times made programs ineffective in reaching girls in schools that are sexually active. To successfully address HIV/AIDS, the gender and sexuality-based causes of vulnerability must be addressed. Information, education and communication approaches must be utilized in schools as their access to information on sexuality issues is considerably limited. Teachers and Guidance Counsellors must be trained to use participatory based strategies that include the girls to allow for awareness raising, analysis, and questioning of underlying factors such as societal norms and traditions that predispose communities, particularly women, to HIV. This will ensure that these programs are accessible to them and meet their unique needs. The empowerment of girls on sexuality issues and HIV prevention is absolutely critical and becomes a prerequisite if girls' vulnerability to HIV is to be minimized and stopped.

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