

Knowledge, Attitudes, and Behaviors of the Physically Challenged with Respect to HIV/AIDS in Greater Accra/Eastern Regions of Ghana

Prepared for

Ghana AIDS Commission

By

Muyiwa Oladosu, PhD*

and

Eunice Peregrino-Dortey, BA**

Consultants to

Family Health International

March, 2004

*Consultant Contact: MiraMonitor International Consultants, P.O. Box 337, Beltsville, MD 20704, USA,
Tel: 301.572.7952, Fax: 301.572.4014, email: fso226@yahoo.com, Website: www.miramic.com.

**Consultants based in Ghana, Connect Consult Limited, P.O. Box 4827, Accra, Ghana, Tel: 021.305244,
024.4326834, 027.7404661, Fax: 012.310498, email: connect@africamail.com; grinopere@netscape.net.

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Acknowledgments

This study would not have taken place without the initial support from the Ghana AIDS Commission in conjunction with USAID. They provided guidance, and funding for the fieldwork. Family Health International (FHI) provided directions and funding for detailed analysis of the data sets, and the preparation of this report. Special thanks to Dr. Kwame A.S. Essah, Country Director, FHI/Ghana, and his staff Ms. Nana Fosua Clement and Mr. Bright Bensah for their unwavering support throughout the period of data analysis and reports. We are indebted to Dr. Inoussa Kabore, Associate Director, FHI/Arlington, USA, Ms. Kristen E. Ruckstuhl, and Ms. Susan Pobywajlo for helping to ensure that the task is completed. Connect Consult Ltd. (an Accra based consulting firm) conducted the fieldwork for this study and provided preliminary insights on the target group. Many thanks go to Mr. Adamu Wiah of the Ministry of Health, Ghana for his help with data entry and coding.

Acronyms and Abbreviations

CBR	Community Based Rehabilitation
FHI	Family Health International
GAC	Ghana AIDS Commission
SHIA	Swedish Organizations of Disabled Persons International Aid Association
USAID	United States Agency for International Development
UN	United Nations
WHO	World Health Organization

Executive Summary

The physically challenged are the most stigmatized and discriminated against in society. This is attributed to their disability and economic dependence. In the past few years, this forgotten group has started gaining increasing attention in many countries around the world. This is due to the collaborative effort of international organizations, NGOs, and governmental agencies in the implementation of the UN recommended community-based rehabilitation (CBR) programs. Ghana national CBR program, which took off in the early 1990s, has been implemented at the different levels of government across the country with successes and shortcomings. Some of the shortfalls of the Ghana CBR to date are in the areas of access to health information, especially HIV/AIDS, and services.

This study was conducted with the objective of providing information that will enable the design of effective communication strategies to reduce the constraints in access to health information and knowledge of HIV/AIDS among the physically challenged in Ghana. Also, the study was conducted to enable effective integrated programs in the CBR that cater for the psychological needs of the physically challenged in their community.

Key Findings

- Results show that the main source of general and specific information on HIV/AIDS for the physically challenged is the radio, followed by friends and TV.
- Interestingly, most of the physically challenged in our study have heard about same-sex-sex, and the most important source of this information is their friends.
- Most of the physically challenged in our study reported that sign language (and the Braille) will enable them have more access to information on the TV.
- The majority of the physically challenged in our study know that abstinence is a sure way to avoiding HIV/AIDS but they lack knowledge about other importance ways such as the use of condoms, and reduction in the number of sexual partners.
- The majority knows that HIV/AIDS is real but few have self-efficacy to use condoms, and only a small proportion of them used in the last sex act with non-regular partner.
- Most of the physically challenged in our study would care for an HIV/AIDS victim, but only a few would live with someone suffering from the disease, and they would not like the cause of death of a relative who died from HIV/AIDS made public.

Conclusions and Recommendations

Based on the findings of this study, we recommend that interpersonal communication (involving friends) using sign language, and Braille be the corner stone of any communication strategy designed to improve access of the physically challenged to information on HIV/AIDS. The communication strategy should include information on methods of contracting HIV/AIDS, ways of preventing the disease, and techniques of increasing condom use self-efficacy, and positive attitudes towards HIV/AIDS victims. We recommend that further research be conducted to examine the sexual practices of the physically challenged especially with respect to types of sexual partners, number of sexual partners, and health issues related to sexual activity. In addition, the definition of the physically challenged should be broadened to include others as laid out in the UN standard guidelines. In the final analysis, we hope that the information in this report will help to improve the psychological needs of the physically challenged thus, empowering them and improving their quality of life now, and in years to come.

1. Introduction

The physically challenged are at the fringes of most societies. They lack a voice of their own. Their disability makes them easy target of discrimination in work place, and their health needs are more likely to be overlooked. However, the situation of this marginalized group is now changing for the better especially with the involvement and collaborative efforts of international organizations, NGOs and governments. The strong sense of purpose and direction provided by the UN and its agencies (WHO, ILO, UNDP, and UNICEF, to mention a few) in the past 10 years is yielding positive results.

In a regional report released in 2002, the WHO provided insights on the UN recommended standard guidelines for creating equal opportunities to the disabled in Africa. Key aspects of the guidelines included definition of disability, methodology for data collection on disability, medical care, rehabilitation, support services and personnel training (1). These guidelines are now used in many countries to improve the quality of life for the disabled. Many disabled persons around the world are increasingly benefiting from the community-based rehabilitation (CBR) program, a key aspect of the UN standard guideline.

The Ministry of Employment and Social Welfare initiated Ghana national CBR program in 1992. The program is a joint effort between ministries of Employment and Social Welfare, Health and Education. The successes and failures of the CBR program in Ghana were evaluated first in 1996 (2). One of the issues raised in the evaluation is the lack of reliable data on the health needs of disabled persons in the country. Some of the issues raised in the evaluation have received attention in recent years, especially with the new revised 1998 CBR program (3) (4). An aspect of the CBR that needs considerable attention is the challenges that the disabled face with respect to access to health information especially on HIV/AIDS and other STIs.

Our study provides important information useful for improving CBR program in Ghana. It provides information that will be useful to design effective communication strategies integrated into the CBR program. Our study includes only the blind, dumb, and deaf excluding other physically disabled persons. We have suggested key topics that need further research including type of sexual partners, and number of sexual partners, while broadening the definition of the physically challenged.

2. Objectives of Study

The two main objectives of this study are:

1. To break through the shield of silence that envelops the physically challenged community in order to elicit pertinent information towards the formulation of an effective communication strategy.

2. To ascertain the information and psychological needs of the physically challenged for the subsequent development of appropriate communication programs for preventing the spread of HIV/AIDS among them.

3. Data and Methods

In this study the term physically challenged refers mainly to people who are blind, deaf, and dumb. Survey was conducted among 137 physically challenged in Greater Accra and the Eastern Regions. Also, we conducted 2 qualitative interviews in Eastern Region, and one in Accra. But qualitative findings are not included in this report because of the poor and insufficient data. The disabilities of our target population posed a challenge in administering our survey questionnaire. Each respondent had to be interviewed based on his or her peculiar situation. Our sample comprise of the physically challenged from two main sources provided below.

Institutional Sources	Individual Sources
School for the Blind, Akropong	On the streets of Accra
School for the Deaf, Mampong	

3.1 Preparation for fieldwork

Research team: Nine consultants were recruited to participate in this study. The distribution of the team by area of specialization and roles is below.

- 1 Research Specialist/Team Leader
- 1 Data Analyst
- 3 Research specialists
- 2 Counselors
- 1 Social Psychologist
- 1 Assistant Researcher

3.2 Training of trainers (TOT)

In order to ensure quality data collection and to desensitise research team on the topics of study and reduce as much as possible, bias towards the physically challenged, a TOT workshop was held for the nine consultants. In addition, the TOT was meant to train researchers on how to elicit information from the target groups combining both qualitative and quantitative data collection techniques. The Social Psychologist and the two Counsellors in the team lead the TOT workshop.

3.3 Development and pre-testing of research instrument

The questionnaire used included both closed and open-ended questions. The open-ended questions were included to enable flexibility in responses to the questions and to reflect the attributes of both the qualitative and the quantitative data collection techniques necessary to obtain the best data quality under the circumstances. The final questionnaire was revised and approved by Ghana AIDS Commission (GAC). The questionnaires were then pre-tested among 6 physically challenged (2 deaf, 2 blind, 2 dumb) in Greater Accra and Eastern Regions. Based on the findings from the pre-tested questionnaires, further revisions were made in respect of structuring and wording of questions.

3.4 Administration of questionnaires

Questionnaires were administered to respondents using face-to-face interviewing techniques. The eliciting of information from respondents included probing of open-ended questions where necessary. During the pre-testing of the questionnaire we observed uneasiness and tension among the target population especially the blind. This may simply be the fact that they had difficulty trusting our research team or due to the environment in which we conducted the interviews (sometimes on the streets). For these reasons, questionnaires were administered in a conversational style format. With the permission of the respondents interviews were tape recorded and reviewed later to fill in gaps and fine-tune responses to the open-ended questions.

3.5 Limitations of study

Our sample may not be representative of the physically challenged in the study area. We have interviewed a convenient sample of those in the institutions and those that were on the streets at the time of the study. Thus, our sample may be selective or systematically different from that of the general population of the physically challenged. We inadvertently omitted some of the physically challenged that may have provided us useful information by the limited scope of our definition. Also, we did not do a good job with the qualitative part of the study. It lacked enough information on the issues addressed.

4. Sample Characteristics

Table 1: Sample Characteristics of Respondents

	(%)
<i>Age</i>	
24 or younger	42
25 – 34	36
35 or more	22
Total (%)	100
<i>Marital Status</i>	
Single/separated	78
Married	22
Total (%)	100
<i>Level of Education</i>	
None	8
JSS or less	23
SS/tech/vocational	52
Tertiary or more	17
Total (%)	100
<i>Occupation (one)</i>	
Unskilled	78
Skilled	22
Total (%)	100
<i>Occupation (two)</i>	
Unemployed/student/non-response	63
Laborer/tradesmen/traders	16
Technicians/businessmen/civil servant	21
Total (%)	100
Total (N)	137

Forty-two percents of our sample are from age group 24 or younger, 36% from 25-34, and 22% from older ages. The majority are single or separated (78%), and few married (22%). Most of the physically challenged interviewed have at least a secondary, technical or vocational education (69%), are unskilled (78%), and are in the unemployed/student/non-response category (63%). The characteristics of the physically challenged may have been influenced by the proportion of those interviewed at the institutions vis-à-vis those on the streets. In general, the physically challenged population on the streets are probably more likely to be older, uneducated, and unemployed.

5. Quantitative Study: Key Findings

5.1 Exposure to information

In order to obtain information that may help us design effective communications strategies, we asked the physically challenged series of questions on media exposure with respect to where they usually get general information, information about HIV/AIDS, and constraints they face in obtaining these information. Results in Figure 1 shows that radio is the main source of news for the physically challenged (62%), followed by friends (45%), and TV (42%). Similarly, Figure 2 shows that radio (60%) is the main source of information about HIV/AIDS, followed by friends (57%), and TV (39%). It is important to note that these results may have been influenced by the composition of our sample with respect to types of physical disability. The results suggest that few of our respondents are dumb otherwise, radio will not be the main source of information.

Figure 1: Percentages of the physically challenged according to sources of news about what goes on in the country

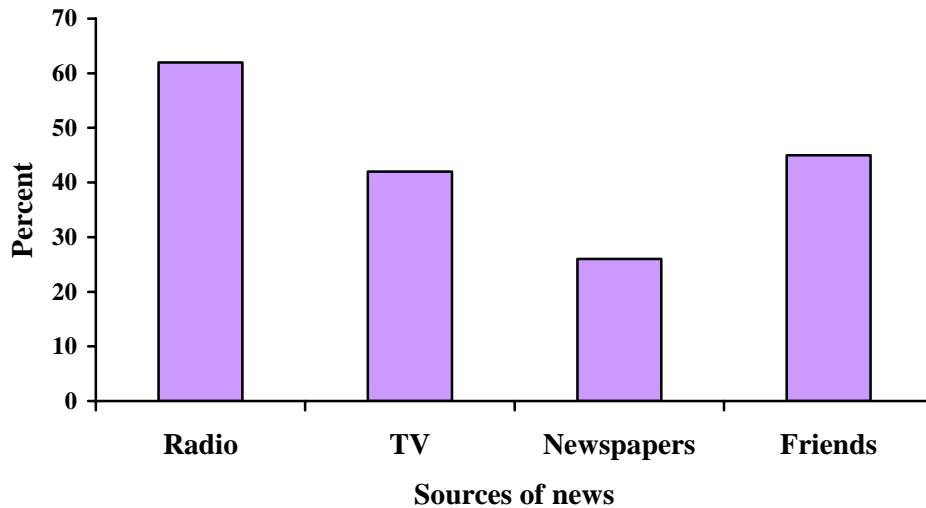


Figure 2: Percentages of the physically challenged according to sources of information about HIV/AIDS

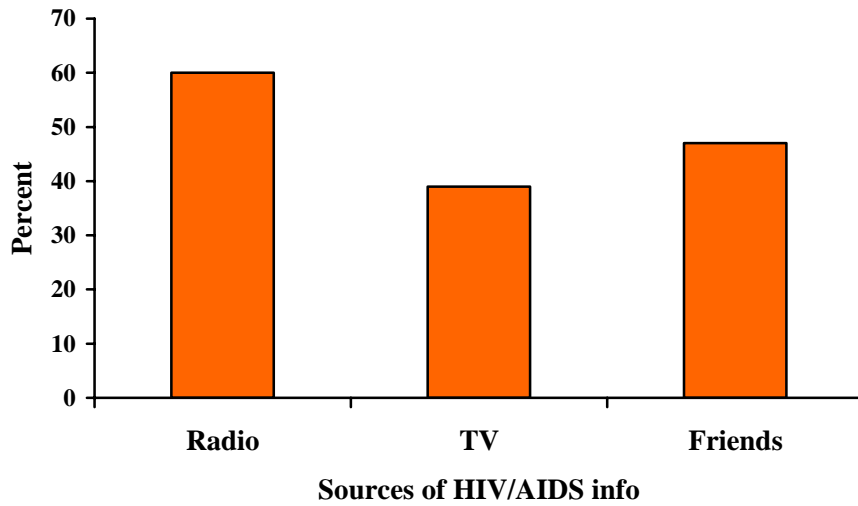
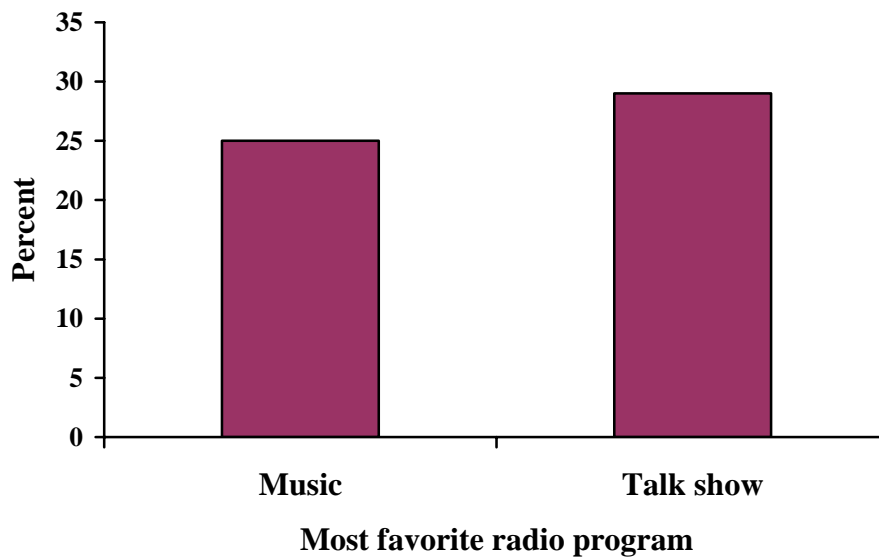
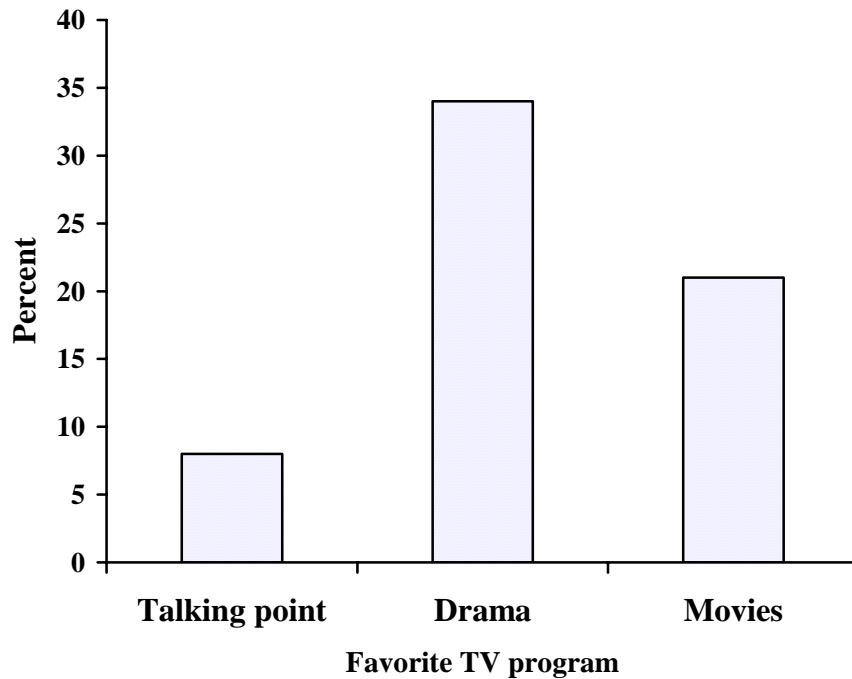


Figure 3: Percentages of the physically challenged by the most favorite radio program



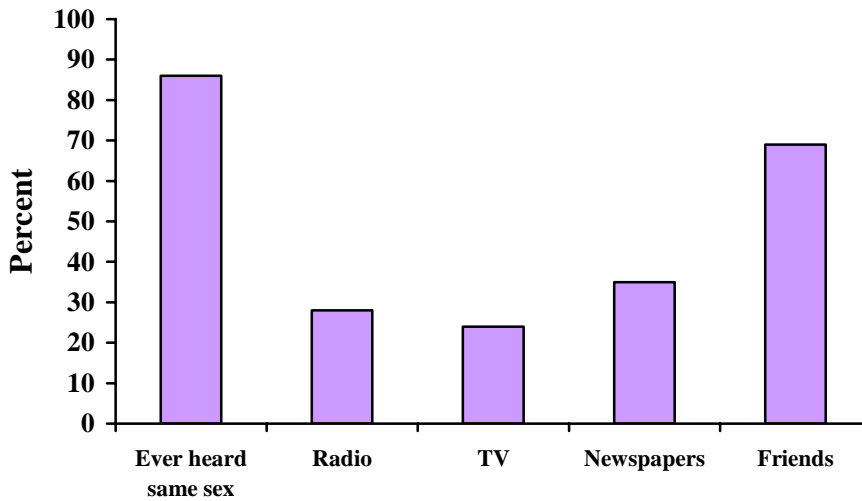
The physically challenged in our sample did not report any favorite radio or TV program (Figures 3 and 4). Only 29% like listening to music on radio, and only 25% like listening to talk show. Of those who like watching TV, only 34% reported that they like talking point, 21% reported that they like watching drama and 8% like movies.

Figure 4: Percentages of of the physically challenged by the most favorite TV program



We also wanted to know whether the physically challenged have been exposed to information about same-sex-sex. Results in Figure 5 show that most of them (86%) have heard about same-sex-sex, and the source of this information is their friends (69%). It is generally speculated that some of the physically challenged practice same-sex-sex but we do not have ask direct questions on this in our study. Clearly, this is one of the weaknesses of this study, and further research is needed on the sexual practices of the physically challenged.

Figure 5: Percentages of the physically challenged according to sources of information about same sex sexual practices



Sources of info About same sex

5.2 Disability and access to information

An important aspect of the information that will enable the design of effective communication strategies for our target group are the constraints (not physical) that they face in obtaining information. Results show that the majority of respondents (56%) reported that they would need sign language to enable them understand TV programs. A break of responses by age (Figure 6), shows that over half (53%) of those who reported needing sign language to understand TV programs are in ages 24 or younger, followed by age group 25 to 34 (31%), and older ages (16%). Likewise, of those who reported been deprived of basic information about HIV/AIDS (Figure 7), 45% are in age group 24 or younger, 33% in age group 25 to 34, and the rest 22% are in older ages.

Figure 6: Percentages of the physically challenged by the kind of assistance needed for TV program

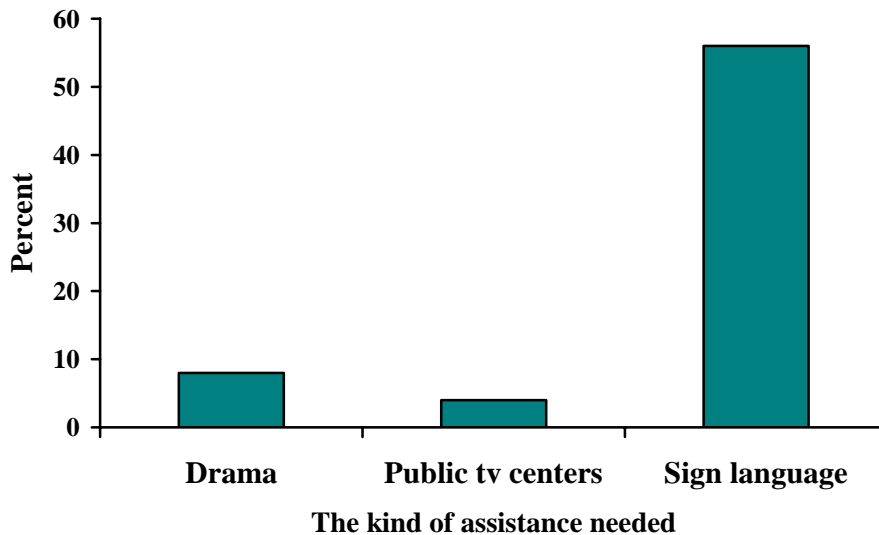
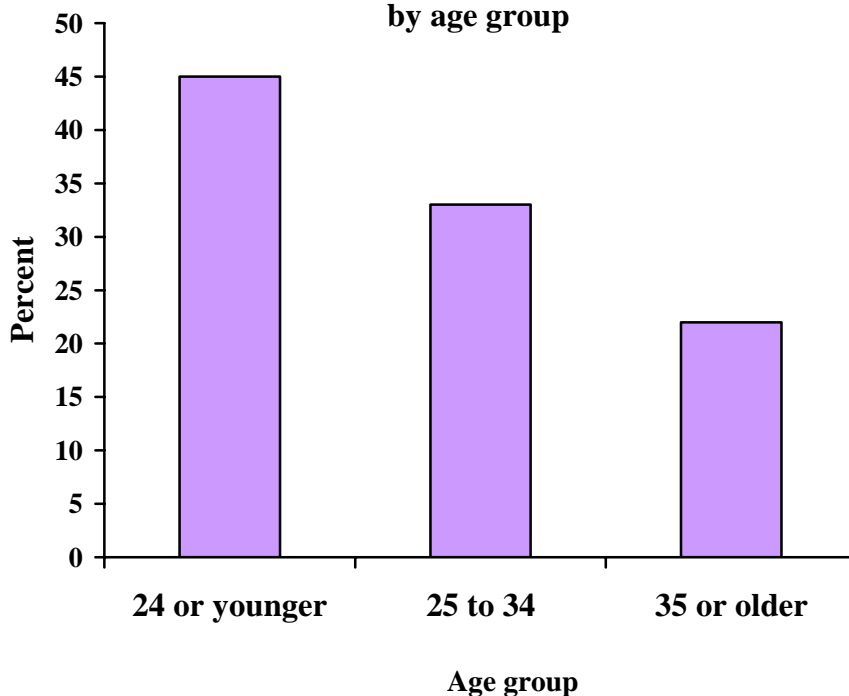


Figure 7: Percentages of the physically challenged who reported been deprived of basic information about HIV/AIDS by age group



5.3 Knowledge about HIV/AIDS

Most of the physically challenged in our study (Figure 8) know that HIV/AIDS can be contracted through sexual intercourse (6%), and a fairly high percentage know that the disease can be contracted through blood transfusion (57%). A crucial component of knowledge about HIV/AIDS is on the ways of avoiding HIV/AIDS. In Figure 9, the majority of the physically challenged interviewed know that abstinence is one way of avoiding the disease (66%), followed by having one partner (42%), and condom use (37%). It seems that the majority of our respondents do not know the importance of condoms in reducing the spread of HIV/AIDS.

Figure 8: Percentages of the physically challenged according to knowledge about ways of contracting HIV/AIDS

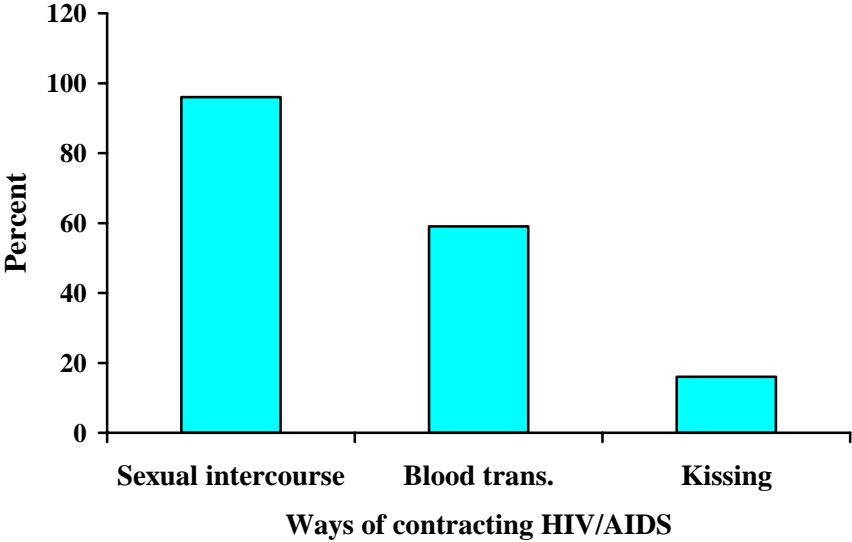
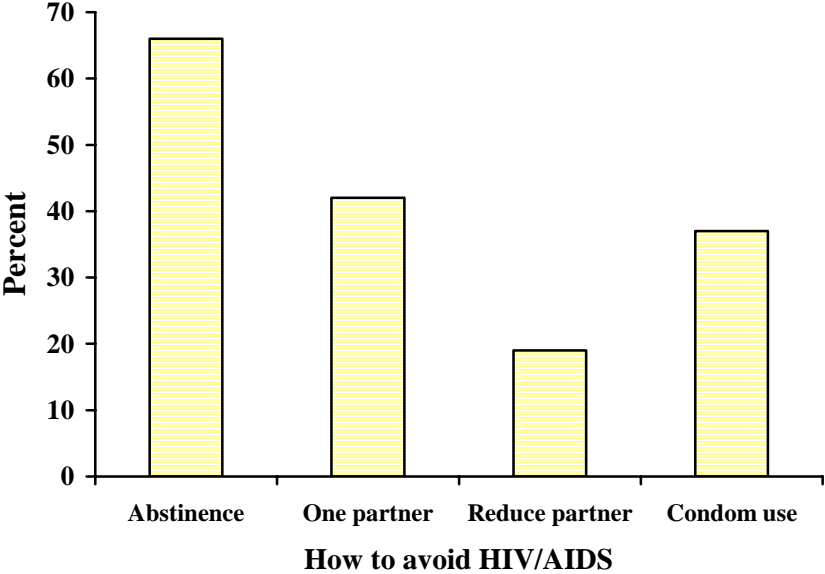


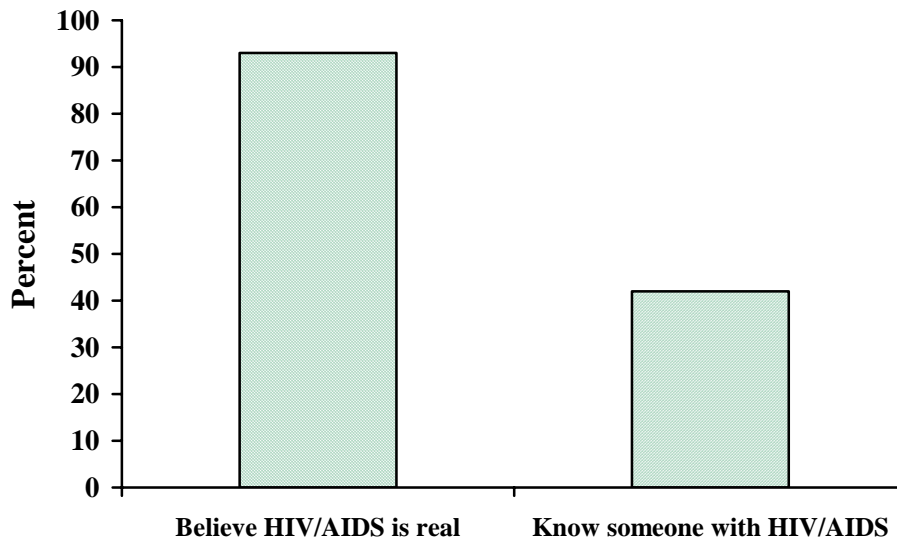
Figure 9: Percentages of the physically challenged according to knowledge about how to avoid HIV/AIDS



5.4 Risk perception about HIV/AIDS

In order to assess risk perception about HIV/AIDS, the physically challenged were asked whether they believe that HIV/AIDS is real. Results in Figure 10 show that most of them believe that the disease is real (93%), and a smaller percent (42%) know someone who has the disease.

Figure 10: Percentages of the physically challenged who believed that HIV/AIDS is real, and who know someone with HIV/AIDS



5.5 Self-efficacy and condom use

A key indicator in assessing people's resolve against HIV and other STIs is self-efficacy. Self-efficacy is defined in this study as the ability or willingness to use condoms during sexual intercourse. We asked the physically challenged whether they or their partner would insist on using condoms. Results in Figure 11 show that their self-efficacy is low. Only 41% would insist on condoms, and only 38% used in last sex with non-regular partner. A breakdown of the proportion that would insist on condoms by age (Figure 12) shows that the majority are in age group 24 or younger (44%), followed by age group 25 to 34 (37%), and the oldest age group (19%). These results combine with low knowledge that condom is a way of avoiding HIV suggest that the physically challenged are at high risk of contracting HIV.

Figure 11: Percentages of the physically challenged who would insist on condom use, and who used last sex with non-regular partner

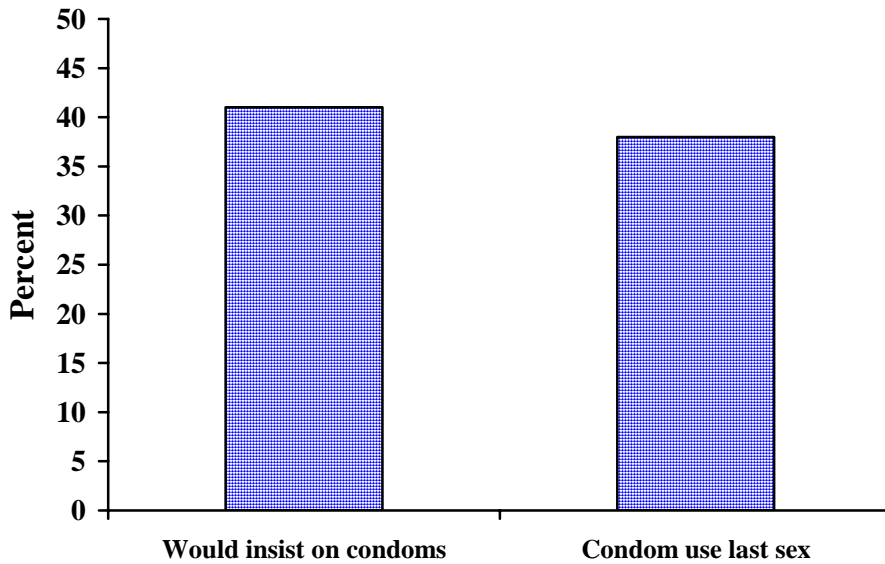
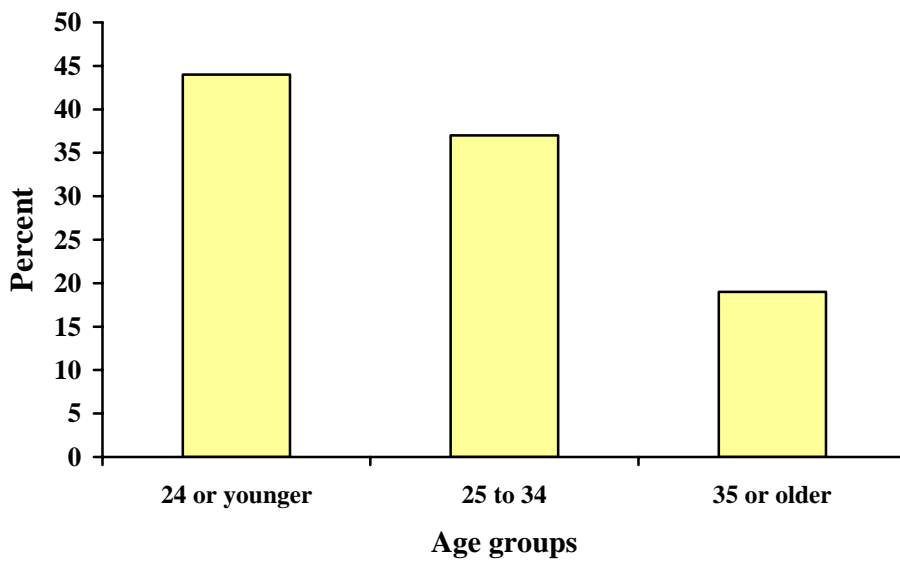


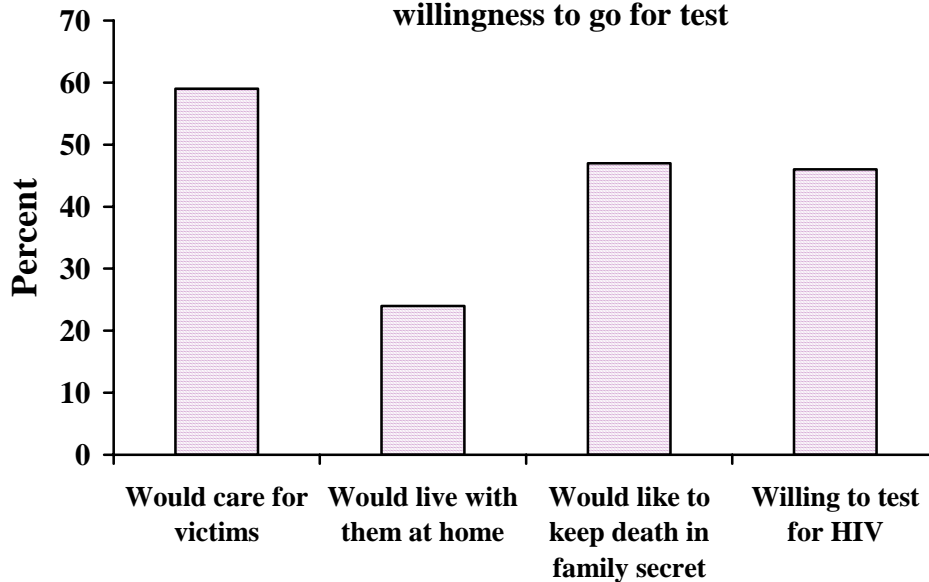
Figure 12: Percentages of the physically challenged who would insist on condoms by age groups



5.6 Attitudes towards HIV/AIDS victims and testing

This study also examined attitudes of the physically challenged towards HIV/AIDS victims and their willingness to go for testing. Results in Figure 13 show that although the majority of the physically challenged would care for HIV/AIDS victims (59%), smaller percent would live with the victim of the disease (24%). Also, 47% of the physically challenged reported that they would keep the cause of death of a relative from the disease secret. Among the physically challenged, only 46% are willing to go for testing. These mixed results on attitudes towards HIV/AIDS suggest gaps in information about HIV/AIDS that needs to be explained to the physically challenged.

Figure 13: Percentages of the physically challenged according to some indicators of attitudes towards HIV/AIDS victims and willingness to go for test



7. Conclusions and Recommendations

This study was conducted with the objective of designing effective communications strategy that will enable the physically challenged gain access to information about HIV/AIDS and STIs. Results suggest that the radio, friends, and TV are the three main sources of general information, and HIV/AIDS information for the physically challenged. However, most of the physically challenged did not report having any favorable program on radio or TV. This result is not surprising given that each of the two mediums of communication are by their very nature connects with limited number of sensory organs, and are unable to reach most of the physically challenged. Thus, communication strategy that targets the physically challenged on only radio and TV may not be very effective.

Friends are a major source of information for the physically challenged. Also, friends are the main source of information about (sensitive topics such as) same-sex-sexual. Given that friends do not have the limitations of radio and TV, it is advisable to use this medium as the core of communication strategies designed for the physically challenged. Communication strategies should provide HIV/AIDS messages to them through interpersonal communications (peer outreach) using sign languages and perhaps, Braille when necessary.

Results suggest that many of the physically challenged especially those in the youngest age group do not have access to information about HIV/AIDS. Communication strategies should be implemented taking into consideration the specific situations and information gap of each age group and their disability.

Most of the physically challenged know that HIV/AIDS can be transmitted through sexual intercourse but a smaller proportion knows that the disease can be contracted through blood transfusion. Also, most of the physically challenged know that abstinence is a way of preventing the disease but it is not evident (from this study) that the majority used this method. In order to increase the knowledge of the physically challenged about HIV/AIDS, communication strategies need to include in messages the various modes of transmitting HIV/AIDS and the ways to prevent the disease. It may be necessary to emphasize in messages that all information on this issue are important in reducing one's chances of contracting the disease.

Results show that most of the physically challenged believe that HIV/AIDS is real but a smaller proportion knows someone who has the disease. Also, the majority does not have self-efficacy to use condoms. Communication strategies should include messages on who can be infected by the disease using examples of healthy looking physically challenged persons to drive the message home. In order for communication strategies to be relevant and effective, key informants from the physically challenged community should be involved in the design and implementation of messages targeting them.

Results of the study shows some discrepancy in the attitudes of the physically challenged towards HIV/AIDS victims. Whereas the majority would care for a victim of the disease, they would not live with them at home irrespective of the relationship (relatives or

friends). The physically challenged should be provided with more information about the nature of the disease, and its similarity with other debilitating diseases in order to change their attitudes in the right direction.

Further research is needed on two main fronts; 1) the sexual practices of the physically challenged, whether they are involved in same-sex-sex or not, whether they are involved in multiple sexual partners or not, and the enabling environmental and conditions for their sexual orientation should be investigated. Information on these topics will be important in assessing their risk of contracting HIV and other STIs vis-à-vis their perceived risk, and in designing programs to meet their health needs. 2) The social and cultural myths surrounding HIV/AIDS as understood by the physically challenged should be investigated in order to reduce negative attitudes towards victims of the disease. A change of attitudes in the right direction may create an enabling environment for voluntary testing and treatment.

Further more, research should broaden the definition of the physically challenged to include mentally ill and those deformed etc. And if possible, a census of the physically challenged should be conducted across the country or incorporated into other national surveys as recommended by the UN agencies in-charge of disability. By doing this, the incidence, and prevalence of disability can be ascertained, and the composition by type of disability will enhance effective planning to meet specific health needs of this target group.

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