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Research Article

Key Beliefs Underlying Students' Behaviour and Decisions towards HIV/AIDS: Implications for Educational Interventions

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Abstract

Education programmes towards HIV/AIDS prevention are still considered important in response to the epidemic. The study sought to determine key beliefs underlying students' decisions and behavior towards HIV/AIDS. Beliefs are so pervasive that it merits consideration in behavioral interventions, especially among audiences who are exposed daily to its socializing influences in Ghana. This paper reports on the qualitative approach of a mixed method study involving Junior High School students in Obuasi, Ghana. Data was collected from three sets each of boys, girls and mixed groups' focus groups and teachers' interviews and analysed using thematic technique. The value-expectancy theory served as theoretical framework explaining individual's strength of motivation to strive for a certain goal to the expectations to attain the desired goal and the incentive value of that particular goal. The conclusions posit a preference for the promotion of abstinence and a dislike for condom promotion to curb the HIV incidence despite perceived prevailing sexual activities among students. The motivations towards abstinence was generally explained within value-based and futuristic expectation framework: pleasing God for blessings, pleasing family to gain respect and social approval, keeping virginity, avoiding negative consequence, and pursuing education for better future and marriage. The findings suggest, values may represent important protective factor: adolescents who strongly identify with such position may less likely engage in HIV risk-related behaviors. A threat to comprehensive HIV education was however, observed due to lack of self-efficacy and apathy towards sex and condoms education influenced significantly by respondent' beliefs and sensitivity to cultural issues.

Keywords: Beliefs; Values; HIV/AIDS; Condoms; Abstinence

Abbreviations

HIV: Human Immune-Deficiency Virus; AIDS: Acquired Immune-Deficiency Syndrome; WHO: World Health Organization; FGD: Focus Group Discussion

Introduction

Major advances have been made in almost every area of the HIV epidemic response. However, progress for adolescents is falling behind becoming the leading cause of their death in Africa. Deaths are declining in all age groups, except among 10–19 year olds where new HIV infections are not declining as quickly as among others. Adolescent girls, particularly in sub-Saharan Africa, are most affected. In 2013, more than 860 girls in South Africa became infected every week, compared to 170 boys [1].

Ghana's epidemic, described as generalised according to WHO classification, has been on a downward trend with national HIV prevalence from 3.6% in 2003, 2.7% in 2005 to 1.9% in 2007 [2] and 1.47% in 2014 [3]. Despite low national incidence, many "hotspots" record high prevalence of infection. Six out of the ten regions exceed 2.1% (Eastern: 3.7%; Greater Accra: 3.1%; Ashanti: 2.8%). In the 15-24 age groups, the rural areas recorded 1.1% whilst the urban areas recorded 2.4% among pregnant women. A total of 1,889 new child infections (17% of all new infections) were estimated to have occurred among children 0-14 years. The 15-24 year group accounted for 2,901 of the new infections (26% of new infections), of whom 64% were female. An estimated 250,232 persons with 21,223 children (8%) are living with HIV; 11,356 new infections and 9,248 AIDS-related deaths recorded in 2014 [3]. Annual AIDS death among children between 0-14 years is estimated at 1,295 [3].

AIDS is first and foremost a consequence of behavior [4] but Ajzen [5] suggests focussing on changing attitudes since we cannot sometimes directly influence behavior but an indirect agent. Among the key guides and determinants of social attitudes and behavior are values, which have with the potential to energise attitudes and underpin behavior. A person's value system may represent a set of rules for making choices and for resolving conflicts [6].

Among psychological models that explain health related behavior, this study draws on value-expectancy behavior theory. The Integrated theory [4] and Value-Expectancy theory, also known as a cognitive-motivational framework [7] has become the source of many different social and behavioral theories [8]. It relates an individual's level or strength of motivation to strive for a certain goal to the (product of) expectations to attain the desired goal and the incentive value or valence of that particular goal. People's motivation to choose and

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Table 1: Analysis of students' focus group discussions.

Theme	Minor theme	Label
1. Key Lessons Too young to catch HIV	**a). Concerns**	A global problem, major in Ghana, huge in Obuasi Kills energetic people/workforce; expensive drugs affect nation's resources; families spend time, money in care; lack of respect for affected countries; parents die early, children become orphans, leading to street children, armed robbers, other social deviants. Popular saying 'good' name is better than riches.
	b). Who is at risk? **Reasons why HIV spread?**	Everybody, fornicators, prostitutes, doctors/health workers, Infected blood in transfusion, refusal to protect oneself. Uncontrollable feelings, indiscriminate sex, irresponsibility and wickedness, lack of protection, accidental, 'bad' relationships and gold money misapplied.
	c). Lifestyle and relationships	How to avoid what is "bad" (life, association, practices and influence, effects): ensure family and nation won't be shamed; carefulness in relationship
	d). How to avoid HIV? • Protection • Prevention	• Condoms protects against STDS and pregnancy, not 100% safe: for those willing to risk their life. Teaching not encouraged; can expose "bad" ones to do "bad" things. • The best approach: avoiding sex be emphasized.
2. Way forward **Teen Abstinence** Best choice Prevents & protects Prevention is better than cure	**a) Traditional values** • Marriage: honour • Premarital sex abhorred • Cherish virginity • Social approval • Challenges & Control measures	Societal values & parental expectation Please family to gain recommendation & respect Keep virginity: self-respect (one's body) till marriage; gain respect in marriage Peer pressure & identity seeking discipline, overcome feelings, resist temptation
	b) Religiosity • Private/subjective • Public	Please God for blessings: watch/listen religious programmes, Pray often; Read scripture, Attend religious programmes, Family devotion Premarital sex sin before God, disgrace to family, offenders disciplined
	c) Prevent danger • Infection • Pregnancy	Avoid negative consequences to concentrate on education
	d) Futurist expectation • Good education • Future • Marriage	Delay gratification: sacrifice continuous/good education guarantees better future and benefits

strive for a particular goal is primarily conceptualized in terms of the intensity of motivation to attain that goal [7].

A growing up child in Ghana is confronted with what Ahlberg [9] considers four overall value systems of socialization with their associative normative behavior. The first is the traditional, where virginity is cherished and young people expected to have sex only in marriage. Next is the religious, mostly, Islam and Christianity, which also stress virginity, importance of family values, moral and behavioral standards. The third, is the legal, defined by the 1992 Constitution and Children's Act, and finally, the romantic love, characterized by romantic ideas of friendship and love.

Religion is considered a major social institution by Ryan et al. [10] with pervasive effects on various aspects of adherents' lives, attitudes and behaviors. Several scholars have indicated that religion has emerged as a potent social force in both private and public life in Ghana [11,12], a key influence that exerts force on young people. Ghanaians are rated highly religious: 97% indicate God is central and very important in their lives; more than 90% belong to religious denominations [13].

Literature argue that religion may discourage risky behavior and therefore serve as a barrier to HIV infection [14,15]. Church participation in Africa may create an environment for social exposure and interaction resulting in new ideas [16], which could enhance HIV/AIDS prevention. However, opposition by religious leaders to the use of condoms to prevent HIV infection is a noted barrier to prevention in Ghana [17]. Also, Awusabo-Asare et al. [18] cite Christian fundamentalism in the school system, as an obstacle to the discussion of HIV prevention strategies due to the tendency to defer to God for solutions and attitudes of "predestined to happen" or "punishment or act of God" responses to problems.

The study focus was on key influences regarding students' decisions and actions on HIV/AIDS interventions in Ghana. Among the research questions were the scope and pattern of influence of students' beliefs on decisions and future actions towards HIV/AIDS towards informing prevention strategies.

Methodology

Study design and setting

This paper reports on the qualitative approach of a mixed method study involving 448 Junior High School (JHS) students at Obuasi, a mining town in Ashanti Region and a major HIV 'hotspot', with a higher prevalence [3]. The selection of both town and schools was purposive though the results may not necessarily be generalizable [19].

Data collection methods were Focus Group Discussion (FGD) and interview. Three sets each of boys, girls and mixed groups' focus groups and teachers' interviews were conducted and analysed using thematic analysis. The groups chosen included a consideration of gender and religion to take advantage of what both homogeneous and heterogeneous groups offer. The study participants' age ranged from 13 to 16 years.

Focus groups offer an effective method for in-depth exploration of knowledge, attitudes, and beliefs of various audiences [20]. Ethical consideration was based on emphasis that HIV/AIDS is a potentially sensitive subject and working with young people therefore, demands the awareness of the legal and cultural context in which they operate

Table 2: Analysis of teachers' interviews.

Major Themes	Minor Themes	Labels
1. Key Lessons	**Teachers' attitude** **a) Responsibilities Motivated to train** **b) Confidence & comfort** **c) School environment** **Age appropriate** **d) Parental support**	1) Happy to teach: contribution to development; Enthusiasm: opportunity to help Altruism-concern and affection Natural- interest in child development Passionate: Interest based on threat of HIV Educate anytime there is an opportunity Coordinators trained but not enough 2) Confident, comfortable with sex education at school but not detailed enough Uncomfortable at home (taboo subject): cultural sensitivity 3) Students old enough for HIV education HIV not a subject Students don't get all information Changes advocated for effectiveness 4) Parental confidence in teachers to teach sex education African culture- parents encourage to advice and discipline bad behaviour
2. The Way Forward **Values** Important influence	**a) Religion** **b) Socio-cultural values** **c) Threat** **d) Futurist expectation and responsibility** • Good education • Future • Marriage	1) Majority belong to religious organizations Fear of God Religious leaders revered 2) Marriage important Relations with the opposite sex too early Love relationships not common but worrying, Society against sex before marriage: virginity, abstinence preferred Parents proud of such children; Respect for parents and authority 3) Everybody is at risk, preserve future generation: stigmatization 4) Future leaders, responsible citizens, focus on education, insurance for success

[21]. Official and parental permission was sought and respondents were assured of confidentiality, anonymity and the right to withdraw. Respondents eagerly contributed in the discussions conducted in English, based on the protocol, [22] but had the option to express themselves in the local language, Akan, in the absence of teachers.

Results and Analysis

The data was transcribed and analysed following Miles and Huberman [23] framework and involved three processes: data reduction, data display, and drawing and verifying conclusions. These components, according to Punch [24] involve three main operations: coding, memoing and developing propositions. Through thematic analysis, a method for identifying, analysing and reporting patterns within data, common and new themes were identified.

The results from the FGDs and the in-depth-interviews, analysed into two major themes, each did not show much difference among the groupings. In place of a concept map (able to display linkages among labels and themes), a Table is presented for each of the methods below.

Table 1 Analysis of students' focus group discussions.

Table 2 Analysis of teachers' interviews.

Discussion

The discussion is based on the major themes derived from both focus group discussions (Table 1) and interviews: key lessons and the way forward.

Key lessons

Among what was taught and learnt were lifestyle and relationships, concerns, who is at risk, why/how HIV spreads and how to avoid HIV/AIDS. Teachers were enthusiastic about equipping students, the future leaders, to make informed decisions and avoid dangers. They had parental support to teach sex education and HIV, though not into much detail due to cultural sensitivity and their own cultural inhibitions.

There was much concern that it is not a good testimony for Obuasi to have many infected people and still counted among the "hotspots". Key statements include: "HIV has given Obuasi a bad name"; "what is going on at Obuasi is not good, we have to do something about it to stop the bad name"; "Ghana will not be respected if HIV is a problem"; "we have to try every means to prevent it". A student expressed a feeling which seems to typify their sense of responsibility with a popular saying: "a good name is better than riches". Personally, if they are able to avoid what is "bad", they will get good recommendation and be useful for society. A teacher also stressed, "Children are the future leaders and expected to be responsible citizens to build strong families." Though these portray a strong sense of personal and social responsibility, and consciousness towards community and country about the threat HIV poses, by inference, the respondents' opinion added to the problem of stigmatisation.

There was concern for social justice and care for the infected, yet, there was a high sense of stigmatization. Statements… if I get that disease, it will bring shame to my family; it is very risky to live with them especially in the classroom and teachers, for instance said: … people who have HIV will be shunned; society will shun you; you will look and feel awkward in society are pointers to how the infected are perceived: stigmatised, they would not like to associate with such persons. Teachers' view showed that such people are labelled by society as "spoilt" and "shunned" by society.

To a question, "who do you think can get HIV", respondents

generally indicated everyone and health professionals but emphasised on "prostitutes" and fornicators. Among the reasons given why HIV spreads, they stated, uncontrollable feelings, prostitution, "gold money" misapplied, indiscriminate sex, irresponsibility and wickedness, lack of protection and "bad" relationships.

The use of "bad" and its implicit meaning was quite strong among respondents. They stressed they have to avoid "bad life, bad association, bad practices and bad influence so they could avoid HIV". Individuals associated "bad" to having sex or a "boy/girlfriend" or doing anything detestable, which they reckon contrast their values and societal norms. Related to the typical use of "bad", a girl stated, some people have started doing some things which are very "bad"; another added: I do once a while advise friends whose lifestyle I see to be "basabasa" (immoral), I advise them to be careful with boys…

The sentiments expressed with the use of "bad", is similar to a Ghanaian study [25] where respondents believed that HIV illness was associated with leaving a basabasa life and with travelling outside Ghana. "Basabasa" in Akan means improper conduct, and when used in relation to sexual behavior, implies prostitution, promiscuity, or extramarital affairs. Somehow, HIV is inherently associated with doing "bad" things; therefore people infected or affected could be stigmatized.

On the issue of condom use, respondents had seen condoms before in their lessons and knew it protects against sexual infections, but indicated "it is not 100% safe"; "it is for those who are willing to risk their life". Some were indifferent and wondered why educators say much about condoms instead of focussing on prevention: if educators want us to abstain, why are we being taught about condoms? Teachers' focus was mostly on prevention and counselling without major highlight on condoms use. Though they mention condom in the course of education, they disliked any elaboration. A teacher stated that our culture does not encourage these things. Another had problem talking about condoms in details because, he argued, "it is like telling them to go ahead with sex". They stated, some people talk about condoms "as if that is the best preventive step." They showed strong preference for abstinence because the students are too young to engage in sex.

Teachers' attitude suggests a concern about a potential conflict between teaching about both abstinence and condoms as preventive methods similar to the students'. They feared that telling them about condoms would encourage them to be sexually active and provide them with an excuse not to take the abstinence message seriously. It has been argued by Stein and Wang [26] that how teachers teach is influenced by their attitudes towards it; their attitudes and experiences affect their comfort with, and capacity to teach… HIV/AIDS, suggesting teachers may not teach what affect their comfort ability.

The way forward

The following represents respondents' views and intentions to halt HIV spread. Fundamentally, they believe that teen abstinence is the best choice with the potential to fully protect and act as a preventive measure. Reasons advanced to support teen abstinence which could all be considered as values include, "keeping traditional values for social approval, religion, and preventing danger to achieve future expectation."

The values mentioned include marriage as an honor, abhorrence of premarital sex and cherishing virginity. These must be pursued according to respondents, to gain social approval: pleasing family to gain recommendation and respect. Marriage was considered as an honor to the individual and to the family; therefore each growing child has that hope to meet parental expectation. What seemed evident and important to them was a strong conviction that sex should not be practiced outside marriage; "it is a sin and a disgrace to the family, more so as teenagers".

They also mentioned virginity as a cherished reality, because it protects and stressed that there are many virgins in Ghana, though some friends may tease, others appreciate and encourage. In keeping virginity before marriage, they indicated one gains self-respect and is respected in marriage. The influence of friends to engage in sexual activities is a reality but some stressed individuals must be independent, consider what is good for oneself, be assertive, choose own goals and purposes, take personal responsibility and resist temptation. A girl emphatically stated, "you have to avoid such people who try to influence you with bad ideas."

They acknowledged that though abstinence is difficult and comes at a cost, it's possible if one "tries hard". Underlying the belief of voluntarily refraining from sexual activity are statements such as: these days it is sensible to abstain from sex until one gets married; it is against my values to have sex as an unmarried teenager.

These values were echoed by the teachers: …society is against sex before marriage and abstinence is preferred. They claimed, the norm is, that …a child who has a "boy/girlfriend" is seen by society as spoilt because sexual practices at their age could give them many problems: health and studies could be affected; parents are proud of children who abstain; such children honor their parents by showing respect… Teachers' emphasised their belief: prevention is better than cure; prevention is the key and children must avoid sex.

Despite responses and attitude in favor of sexual abstinence, others, especially the girls group, suggested some people were in relationships: It is difficult to spot them but some are here; I have seen people in relationships; some have started doing things which are very bad; when we come for evening classes you can see some people hiding in some corners. The teachers corroborated, expressing concern about the lifestyle of some pupils. Their anecdotal evidence indicate some are having "secret" pre-marital sex: At JHS they think they are old enough, playing games as if they are married; some have boy/girlfriends so we educate them to know the consequences of what they are doing; I have heard, seen some myself and convinced that they are true... We try to counsel them against such practices; Some do get pregnant in the course of writing exams or after; Looking at the way some dress and behave, especially outside school, you can easily tell that a few have boy/girlfriends; …some are more than adults by their mannerisms; …an estimate of about 15% of the boys and 10% of girls are associated with these lifestyles and behaviours.

Teachers' views support pupils' views that love relationships exist among pupils, a development which they considered worrisome and could be a major problem. Their evidence corroborates with Kabiru and Ezeh's study [27], where 85% of Ghanaian male respondents aged 15-19 years reported no previous sexual activity, an indication that about 15% have had sexual debut.

Religion was mentioned as a key value: all respondents stated they belong to a group, attend meetings and enjoy a personal relationship with God portraying both personal and institutional modes of religiosity. Among reasons why religion is vital to them were: to please God, church and family. Teachers also held strong views of religious influence among students and predominance in the social set up: religion plays a role and have influence on what pupils think and do. They stated, that non-denominational worship is conducted every Friday morning to teach them how to live and relate to each other; in the social set up you can see how people are religious in the way they talk, and on the media. Another indicated …for those who are not involved in any relationships, it may be due to the influence of their religious beliefs or churches. Some are really so religious that they will not entertain any boy-girl relationship at all."

On the role of religion in HIV education, a teacher stated: I know about the key religions: Moslems don't encourage sex before marriage likewise Christians. So religion encourages and helps prevention of HIV because Christians will shun you when they see you in a relationship outside marriage. I do not see anything wrong if religion can help us fight the disease, we should do more. Because they belong to a religious group, respondents indicated, that they are taught and expected to avoid sex before marriage, especially, as young people; it is a sin against God; they could be suspended; it shames the individual; the family, church and parents will not be happy. If they abstain, God will bless them, they can have better relationship with God; improve prayer life and better future. The responses indicate instructions at religious centres, school and home which put much emphasis on abstinence and consequences of sex outside marriage.

There was a sense that delaying gratification could help them prevent infection and pregnancy so they could pursue higher education, which could guarantee better future, good marriage and other benefits. Views suggest futuristic concerns and expectation are possible if they could prevent danger. Respondents stressed, feelings can be and have to be overcome and mentioned some qualities of intrinsic worth such as self-control and ability to resist temptation, sacrifice, and drawing strength from God. These suggest a kind of delaying gratification and sacred sacrifice: giving up something 'good' for something 'better' in future [28].

Values have been projected as the way forward but in a multicultural society like Ghana undergoing rapid change, a question is raised, "which cultural norms and values are being affirmed and who chooses?" [29]. Recommendations in Ghanaian studies [27,30] endorsed abstinence until marriage as a preferred mode for HIV prevention based on the reasons: too young for sex, fear of HIV/pregnancy and on religious basis and advocated same, to serve as the basis "to spearhead the drive toward abstinence and restore pride in virginity". However, virginity, which is an honour of the female and a way to gain the respect of the family of the would-be husband, is considered as double sexual standard for males and females, whereby parents expected only daughters to be virgins [31].

Conclusion and Recommendations

In conclusion, respondents have stressed the essence and role of values in making decisions suggesting such to drive the focus to curb the HIV incidence. The teachers similarly, advocated socio-cultural values be emphasised in HIV education, claiming such values reflect what is important in Ghana irrespective of tribal or religious differences. The integrated theory [4] and integrated value-expectancy theory [7] served as framework explaining respondents' intentions. Underlying their resolve are psychosocial concepts such as attitudes/beliefs, self-efficacy, subjective norms and motivation. The position of respondents suggests a preference for the promotion of prevention instead of protection, abstinence instead of condom use, generally, explained within cultural frameworks of value-based and futurist expectations. If they respect their body and keep virginity till marriage, it pleases the family and God. Consequently, they gain social approval and receive God's blessing. Further, they avoid negative consequences (HIV and teenage pregnancy), and are able to pursue progressive education, which could guarantee better future and marriage.

The evidence suggests religion, is an important constituent in the life of the adolescent, which Regnerus et al. [32] indicate reduced problems such as sexual permissiveness, teen pregnancy and increases self-esteem. Individuals who are religiously devoted average begin having sex later and have fewer sexual partners if they have to, than the less devoted. A parallel study observed religiosity having the potential to promote positive attitudes and behavior among adolescents in health-based problems, including HIV though it could not be a guarantee, as a 'magic wand' to solve all related problems [33]. The evidence does not support the prospect of attaining abstinence for all; some religious people may abstain but not all religious people will.

Prevention was preferred protection, and abstinence, considered the best and only option that guarantees 100% prevention from HIV. Emphasis on abstinence despite perceived prevailing sexual activities among respondents does not offer a comprehensive solution. Condom use, which could offer protection for the sexually active is not highlighted, a potential to endanger the sexually active and make them vulnerable. For those who abstain, it is not certain what they will do in spite of their convictions, especially when they progress to boarding senior high school, away from scrutiny of parents or religious groups.

The complexity of adolescent sexual behavior raises a major concern; any personal and cultural inhibitions, therefore need to be reconsidered. Given this problem, a multi-faceted solution is advocated. Involving religious leaders/groups and health professionals in HIV education could ensure a comprehensive education. Teachers' role in school-based education is crucial: continuous training and resourcing will help them to effectively teach and address potential conflict between abstinence and condoms use, as methods of preventing HIV transmission.

References

1. UNAIDS, UNICEF, UNFPA, WHO, PEPFAR. The Global Fund Press release. 2015.
2. UNAIDS. Report on the global AIDS epidemic. 2008.
3. Ghana AIDS Commission. 2014 Status Report. 2014.
4. Fishbein M. The role of theory in HIV prevention. AIDS Care. 2000; 12: 273-278.
5. Ajzen I. Nature and operation of attitudes. Annu Rev Psychol. 2001; 52: 27-58.

6. Rokeach M. The Nature of Human Values. New York: Free Press. 1973.

7. Vansteenkiste M, Lens W, De Witte H, Feather NT. Understanding unemployed people's job search behaviour, unemployment experience and Wellbeing: A comparison of expectancy-value theory and self-determination theory. British Journal of Social Psychology. 2005; 44: 269-287.

8. Petosa R, Jackson K. Using the health belief model to predict safer sex intentions among adolescents. Health Educ Q. 1991; 18: 463-476.

9. Ahlberg BM. Is there a distinct African sexuality? A critical response to Caldwell. Africa(Lond). 1994; 64: 220-242.

10. Ryan RM, Rigby S, King K. Two types of religious internalization and their relations to religious orientations and mental health. J Pers Soc Psychol. 1993; 65: 586-596.

11. Yirenkyi K. The Role of Christian Churches in National Politics: Reflections from Laity and Clergy in Ghana. Sociology of Religion. 2000; 61: 325-338.

12. Kirby J. White, red and black: colour classification and illness management in Northern Ghana. Soc Sci Med. 1997; 44: 215-230.

13. Gallup International Millennium Worldwide Survey. Religion in the World at the End of the Millennium. Gallup International Institute. 2000.

14. Green EC. Faith-based organizations: contributions to HIV prevention. United States Agency for International Development. 2003.

15. Takyi BK. Religion and Women's Health in Ghana: Insights into HIV/AIDS Preventive and Protective Behaviour, Social Science & Medicine. Pergamon. 2003; 56: 1221-1234.

16. Agadjanian V. Religion, Social Milieu and Contraceptive Revolution. Population Studies. 2001; 55: 135-148.

17. Anane M. Religion, Men and HIV/AIDS in Ghana. In M. Foreman (Ed.), AIDS and men: Taking risks or taking responsibility. London: Panos Institute. 1999; 81-94.

18. Awusabo-Asare K, Abane AM, Badasu DM, Anarfi JK. All die be die: obstacles to change in the face of HIV infection in Ghana. Resistances to behavioural change to reduce HIV/AIDS infection. 1999; 125-132.

19. Denton ML, Smith C. Methodological Issues and Challenges in the Study of American Youth and Religion. National Study of Youth and Religion. 2001.

20. Fern EF. Advanced Focus Group Research. Thousand Oaks: Sage. 2001. AVERT. 2008.

21. AVERT. 2008.

22. World Bank. An Education Sector Sourcebook: Child and Youth Targeted HIV/AIDS Prevention Programs The World Bank in partnership with The Partnership for Child Development. 2005.

23. Miles MB, Huberman AM. Qualitative Data Analysis. 2nd edn. Thousand Oaks, CA: Sage. 1994.

24. Punch KF. Introduction to Social Science Research: Quantitative and Qualitative Approaches. 2nd edn. London: Sage. 2005.

25. Mill JE. I'm Not a "Basabasa" Woman: An Explanatory Model of HIV Illness in Ghanaian Women. Clinical Nursing Research. Sage. 2001; 10: 254-274.

26. Stein MK. Wang MC. Teacher development and school improvement: The process of teacher change. Teaching and Teacher Education. 1988; 4: 171-187.

27. Kabiru CW, Ezeh A. Factors Associated with Sexual Abstinence among Adolescents in Four Sub-Saharan African Countries. Afr J Reprod Health. 2007; 11: 111-132.

28. Dollahite DC, Layton E, Bahr HM, Walker AB, Thatcher JY. Giving Up Something Good for Something Better, Sacred Sacrifices Made by Religious Youth. Journal of Adolescent Research. 2009; 24: 691-725.

29. West W. Kenyan Students' Expectations upon Beginning a Master's Course in Counselling Studies. British Journal of Guidance & Counselling. 2007; 35.

30. Fayorsey C. Knowledge Attitude And Practice on HIV/AIDS Among Students, Teachers And Parents In Selected Schools in Ghana. Key Baseline Findings. 2002.

31. Awusabo-Asare K, Abane AM, Kumi-Kyereme A. Adolescent Sexual and Reproductive Health in Ghana: A Synthesis of Research Evidence. The Alan Guttmacher Institute. 2004.

32. Regnerus M, Smith C, Fritsch M. Religion in the Lives of American Adolescents: A Review of the Literature. A Research Report of the National Study of Youth and Religion. 2003.

33. Amoako-Agyeman KN. Adolescent religiosity and attitudes to HIV and AIDS in Ghana. SAHARA J. 2012; 9: 227-241.

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