

**KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY**

**COLLEGE OF HEALTH SCIENCES**

**FACULTY OF ALLIED HEALTH SCIENCE**

**DEPARTMENT OF NURSING**

**DIPLOMA PROGRAMMES**



**A STUDY TO INVESTIGATE THE PERCEPTION OF STUDENT NURSES ON  
ASSESSING KNOWLEDGE, ATTITUDE AND MISCONCEPTION OF FIRST YEAR  
NURSING STUDENTS TOWARDS PEOPLE LIVING WITH HIV/AIDS.**

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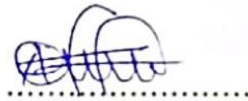
**2023**

## DECLARATION

We the undersigned students here by declare that this project is our own work towards the award of diploma in nursing/midwifery certificate and that, to the best of our knowledge it contains no material previously published by another person(s) nor materials which have been accepted for the award of any certificate by NMC or any institution, except where due acknowledgement has been made.

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## **ABSTRACT**

This study addressed the problem of stigma and discrimination (SAD) exhibited by nurses against patients living with HIV and AIDS (PLWHA). The study was conducted among student nurses in Holy Family Nursing and Midwifery Training College, in Berekum, the Bono region of Ghana. It assessed their knowledge on HIV and examined the Attitude they exhibit in their care and relation with PLWHA and their misconceptions.

The study was conducted with 50 randomly chosen respondents from the final year class, who responded to the questionnaires based on their personal experience in the care of PLWHA. A qualitative descriptive method was used in the study and SPSS version 21 was used in the data analysis.

The study revealed that, majority of the respondents had adequate knowledge about HIV/AIDS as a disease. However, there were some respondents whose response suggested some sort of negative attitude towards PLWHA such as wearing two set of gloves when attending to an infected client, avoiding any social contact such as purchasing food from them and even avoiding conducting risky procedures on them, all with the excuse that they may get infected.

The study also revealed that most of the nursing students had a positive attitude towards PLWHA despite their exposure to misconceptions and false claims.

The study recommended that, Routine monitoring and evaluation of the practices of student nurses and Midwives during the care of people with HIV and AIDS should be organised by the Nurses and Midwifery Council so that various Health Institutions will ensure that their students conform to the standard guidelines and practices during the care of people living with HIV and AIDS in a way that conforms to the ethics of their professional

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## ABBREVIATION

HIV	–	Human Immune Virus
AIDS	–	Acquired Immune Deficiency Syndrome
RVI	–	Retroviral Infection
STI	-	Sexually Transmitted Infections
WHO	-	World Health Organization
GHS	-	Ghana Health Service
HTI	-	Health Training Institute
HFNMTC	-	Holy Family Nursing and Midwifery Training College -Berekum
PLWHA	-	People Living with HIV and AIDS
CDC	-	Centre for Disease Control
CD4	-	Cluster of Differentiation 4
ART	-	Antiretroviral Treatment

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## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.0 Background Information**

Early cases of human HIV infection were first reported in western equatorial Africa, most likely in southeast Cameroon, home to populations of central common chimpanzees. However, current theories suggest that once the virus spread from chimpanzees or other primates to humans, medical advancements made in the 20th century assisted HIV's emergence in human populations by the year 1930 (Barin, 2022). As hunters came into touch with the blood of infected monkeys, the virus most likely spread from primates to humans. The hunters then contracted HIV and spread the illness to other people via contaminating body fluids. The "Bush meat theory" is the name of this hypothesis (Wonnah, 2018). In the early 20th century, HIV/AIDS was first discovered in Africa. Today, it is a serious public health issue and the leading cause of death in many African nations. Although the majority of cases of AIDS are concentrated in Southern Africa, AIDS rates differ significantly between nations. More than two-thirds of the 35 million persons who were affected globally, or around 15.2 percent of the world's population were Africans, among whom 15 million had already perished (Idele, 2014).

An estimated 60% of all HIV-positive individuals and 70% of AIDS-related fatalities occurred in Eastern and Southern Africa alone in 2011. The most severely afflicted nations are those in Eastern and Southern Africa, where AIDS has caused an almost 20-year decline in life expectancy for individuals between the ages of 20 and 49. In addition, the HIV/AIDS pandemic is contributing to a decline in life expectancy over most of Africa, with some nations seeing life expectancies as low as 39% (Kharsany, 2016).

In response, several campaigns to educate the general public about HIV/AIDS have been started in various countries across the continent. They include combination prevention campaigns, which are seen to be the most successful strategy, such the abstinence, stay faithful, use a condom campaign or the outreach initiatives of the Desmond Tutu HIV Foundation (Kohnert, 2021).

With approximately 1 million more receiving treatments in the preceding year, the number of HIV-positive persons in Africa receiving anti-retroviral therapy in 2012 was more than seven times higher than the number receiving it in 2005.

New HIV infections decreased by 37% between 2000 and 2018, while HIV-related mortality decreased by 45% during that time. ART is credited for saving 13.6 million lives during that time (Harris, 2020).

Ghana shares the same level of HIV/AIDS as other nations throughout the world. An estimated 150,000 persons had the infection as of 2014. HIV prevalence in Ghana was 1.37 percent in 2014, with the eastern area having the highest prevalence and the northern regions having the lowest. The Ghana AIDS Commission was founded by the government as a reaction to the pandemic to coordinate efforts among NGO's, foreign organizations, and other parties to assist HIV/AIDS concerns in Ghana as well as education about and treatment for AIDS throughout Ghana (Rahaman, 2010).

Ghana's northern areas have the lowest prevalence of HIV and the country's eastern regions have the highest. In general, metropolitan locations, mining and border towns, and areas along major thoroughfares have higher prevalence. 92% of HIV diagnoses in Ghana are caused by HIV-1, and 7.4% of those cases are dual infections with HIV-1 and HIV-2. Just 0.5% of cases with HIV were only HIV-2. Around 80% of HIV infections are transmitted through heterosexual activity, with 15% of cases coming from mother to child (Agyei-Asante, 2013).

Serophobia, also known as marginalization against those with HIV/AIDS, is the stigmatization of those who are HIV-positive and living with the disease (PLHIV). HIV/AIDS discrimination can take many different forms, including limiting blood donations to at-risk groups, requiring HIV testing without informed consent, breaching patient confidentiality in care settings, and using targeted violence against HIV-positive people (Nguyen, 2019). Despite the fact that many nations have legislation against HIV/AIDS discrimination in housing, work, and access to social and health services, HIV-positive people continue to face stigma and abuse on a global scale. In general, widespread discrimination against people with HIV and AIDS results in poor attendance for HIV counseling and testing, identity crises, loneliness, isolation, low self-esteem, and a lack of motivation in fighting the illness (Valencia-Garcia, 2019).

### **1.1 Problem Statement**

The human race has never confronted a sexually transmitted virus as ancient or as lethal as HIV/AIDS, which has a significant death rate if standard and authorized care is not provided. Governments, NGOs, and other business sectors must now band together to fight this illness on a global scale. Due to the physical and psychological changes the disease causes in its victims, it is challenging for them to interact freely with society as they formerly did. There are worries that millions of infected children and adults may not receive the required care and help for their optimal health and development due to the tremendous impact of the HIV/AIDS epidemic on individuals and their support networks in families and communities.

The socioeconomic and psychological well-being of adults and children who are HIV-affected and infected is seriously threatened by the HIV/AIDS epidemic. The pandemic may have a negative impact on household stability and viability, access to healthcare and education for those impacted, their condition of health and nutrition, and their susceptibility to infection (Richter et al. 2004).

Stigma associated with HIV/AIDS has been identified as a major issue that requires attention in HIV/AIDS interventions with those who are affected.

Due to their practical and clinical schedules in the wards, Holy Family Nursing and Midwifery Training College – Berekum (HFNMTC), one of Ghana's Health Training Institutes (HTI) under the Ministry of Health, regularly comes into contact and nurse patients who are HIV/AIDS positive.

The majority of students, like other members of the community, have some unfavorable opinions about persons with HIV/AIDS, which has a big impact on how they deal with them on a daily basis. It is due to this, that the knowledge, attitude and misconception of first year nursing students towards individuals with HIV/AIDS is studied.

## **1.2 General Objectives**

The main objective of this study is to assess the knowledge, attitude and misconceptions of first year students of HFNMTC has towards individuals living with HIV.

## **1.3 Specific Objectives**

The specific objectives of the study are to;

1. To assess the level of knowledge of first year students of HFNMTC towards individuals living with HIV/AIDS
2. To access the attitude of first year students towards HIV patients.
3. To determine first year students' misconception towards HIV/AIDS.

#### 1.4 OPERATIONAL DEFINITIONS OF TERMS

**Human Immunodeficiency Virus;** is a virus that attack the body's immune system

**Acquired Immunodeficiency syndrome;** A fatal disease caused by the human immunodeficiency virus.

**Attitude;** is the way u think and feel about someone or something.

**Knowledge;** the understanding one has pertaining to a condition.

**Misconception;** incorrect thinking or a flaw understanding.

**PLWHA;** People living with HIV and AIDS

**ART;** Antiretroviral treatment

**CDC;** Centre for disease control

**HFNMTC;** Holy Family Nursing And Midwifery Training College.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter comprises review of theories, practices and surveys that have been done on the HIV and people's attitude especially health workers, knowledge on the condition and also misconceptions people have towards those infected. A lot of research studies have been carried out on HIV, but this particular study determined the attitude, knowledge and misconception of first year students towards HIV and those infected. The purpose of this literature review is to identify gaps that are needed to be filled.

The relevant literature is under the following headings:

1. Knowledge on HIV as a disease
2. Attitude towards HIV positive individuals
3. Misconceptions on HIV

#### **2.1 Knowledge on HIV as a disease**

##### **Knowledge Level of students on HIV/AIDS**

One of the components in determining is an individual's attitude towards an HIV patient is having adequate knowledge surrounding HIV/AIDS. A good understanding of HIV/AIDS is essential for encouraging positive attitudes and adopting safe behaviors. Increasing awareness about transmission has been a major emphasis of many preventive initiatives in an effort to dispel myths that can impede individuals from changing their behavior to adopt safe practices and lowering stigma associated with HIV/AIDS. It has been demonstrated that stigmatizing sentiments, which

are unfavorable attitudes toward persons living with HIV, are substantially correlated with false beliefs about how HIV is transmitted.

### **Knowledge on cause**

HIV infection is caused by one or two related viruses (HIV-1 and HIV-2) resulting in a wide range of clinical manifestations varying from asymptomatic carrier states to severely debilitating and fatal disorders related to defective cell mediated immunity. Acquired immunodeficiency syndrome (AIDS) is a secondary immunodeficiency syndrome due to HIV infection and characterized by opportunistic infections, malignancies, neurologic dysfunction, and a variety of other syndromes. Human immunodeficiency virus (HIV) types 1 and 2 are a transmissible retrovirus that are the responsible organisms. The virus that causes AIDS in Ghana is type 1. The virus suppresses the immune system. This significantly lowers the body's ability to protect against numerous harmful viruses, bacteria, protozoa, and fungi. AIDS is brought on by HIV, one of the retroviruses.

Malignant and non-malignant illnesses are both brought on by HIV. The T4 or CD4 receptors are present on T-lymphocytes, macrophages, monocytes, tissue cells (dendritic cells located in the genital and anorectal region), certain brain cells (glial cells), and some other cells as well. HIV infects a significant subset of T-cells. In the lungs, brain, skin, and lymph nodes, HIV can potentially infect non-lymphoid cells.

Also impacted is body's immune immunity, which results in lymphadenopathy. The course of immunological suppression in the body is tracked using CD4 counts.

### **Knowledge on transmission**

According to reports, heterosexual relationships are the main method of transmission in Africa, and having several partners sexually is the highest risk factor for HIV infection. A single act of sexual activity increases the chance of infection due to a variety of variables. A sexually

transmitted infection (STI), such as syphilis or gonorrhea, in either partner is one of these crucial determinants. The range for the crude estimate of vertical transmission (from mother to infant) is 29% to 47% (Poku, 2005). By 2000, there were thought to have been 250,000 affected children under the age of 5.

HIV is usually transmitted through blood transfusions. Nonetheless, the majority of Ethiopian blood is HIV-screened. As a result, blood transfusions are rarely to blame for new infections.

When the same syringe is used repeatedly without being sterilized after each use, HIV can be spread by injection. New HIV infections may arise as a result of procedures like unsafe or sterile injections.

### **Knowledge on clinical features**

Adult incubation lasts between three and twelve years, but in children it lasts between one and three years. After infection, a period of asymptomatic carriers enters a sero-negative condition, which is followed by a stage that resembles the flu before sero-conversion takes place. In order to define AIDS, AIDS Related Complex (ARC) may come after persistent symptoms and indications of HIV infection in people without opportunistic infection or malignancies. Massive weight loss is another prevalent symptom of wasting disease.

This is a generic description, thus not all HIV-positive people will necessarily behave in this way. A categorization scheme for the development of HIV infection was released by the Centers for Disease Control and Prevention (CDC) in the United States. This system outlines broader classifications and definitions that may be applied to epidemiological investigations, public health initiatives, preventative and control efforts, and patient treatment. Grouping patients into different categories isn't meant to indicate their prognosis or level of sickness severity. The time span between the initiation of HIV infection and the development of AIDS symptoms and illness in

adults can be long or short; it can be as little as 1-2 years. In this situation, the illness may advance more quickly, especially in those who have underlying conditions such as chronic illnesses, chronic infections, anemia, malnourishment, closely spaced and repeated pregnancies, malaria, and TB.

### **Knowledge on management**

All currently available medications make an effort to stop viral replication. AZT (zidovudine), nevirapine, saquinavir, indinavir, nelfinavir, and other medications are a few of them. These medications can be used either alone or in combination. The latter has turned out to be more successful. For broad usage, all of the aforementioned medications are quite costly. Medications used to treat AIDS, opportunistic infections, and their adverse effects, complications, and interactions

Antiretroviral therapy: At the moment, there is no essential medicine list for health centers that includes antiretroviral medications. Nonetheless, the list of different medications used for therapy is attached for informational purposes.

Also patients are advised to

1. Eat a healthy diet
2. Take into account dietary supplements like vitamins and minerals
3. Don't smoke;
4. Don't drink too much;
5. Work out physically
6. Refrain from using unneeded medicines
7. Get plenty of sleep and rest.
8. Have a cheerful outlook on life.
9. Complementary treatments (such as massages)

10. Get medical help for issues as soon as possible. Protection through condom use
11. Alternative sexual methods -masturbation
12. Avoid anal sex

### **Knowledge on prevention**

There is no effective HIV vaccine available right now. The only way to maintain control is to avoid HIV infection, which can only be done through altering behavior. (Coates, 2008)

The possibility that your partner has HIV is closely correlated with your risk of contracting it, regardless of whether you are male or female, straight, gay, or bisexual. If your partner has engaged in unprotected intercourse with unrelated people, has ever taken drugs, or has a sexual background that is unknown to you, your risk is significantly increased. There is a risk of transmission with any kind of vaginal and anal sexual activity (anal, vaginal, or oral) with an HIV-positive person. (Rodger, 2016) Always wear a condom when engaging in penetrative sexual activity to protect yourself.

But rather, to be even safer, you can engage in non-penetrative sexual activities like masturbation (so long as no sexual secretions come into contact with cuts or sores on the other partner's skin), kissing that doesn't involve a lot of saliva and potentially blood, or caressing or massaging any part of the body. Abstinence is the safest course of action.

### **2.2 Attitude towards HIV patients**

An individual's sociodemographic traits may have an impact on how they feel about PLWHA. Al-Owaish et al. (1999) evaluated Kuwaiti society's perceptions toward PLWHA. One of the few research on HIV-related topics carried out in the Gulf region is this one. Stigma. A cross-sectional survey of 2,219 individuals asked a set of questions about attitudes toward people with HIV.

According to the study's findings, over 80 percent of the participants thought that PLWHA should not be allowed to live in the community unchecked, and 34 percent said that people who were HIV-positive should be shunned in order to stop the HIV chain of transmission. The investigation of what prevents persons living with HIV and AIDS (PLWHAs) and others in Sub-Saharan African nations from freely receiving counseling, testing, and therapy has put a spotlight on how health professionals engage and speak with patients when providing services. This article looked at how the treatment of PLWHA and other patients in the clinics for antiretroviral therapy (ART) treatment and voluntary counselling and testing (VCT) centers affected the use of services in two Ghanaian hospitals. In a cross-sectional telephone survey conducted in Hong Kong with 800 participants, attitudes toward HIV were studied using a survey of the general community that included 20 items that assessed such attitudes (Tsui, 2005). Among the 20 questions measuring attitudes against HIV, 42% of survey participants said they would avoid contact with an HIV positive person. A little over 40% of the female respondents and 34% of the male respondents thought that an HIV-positive person could not appear healthy. In general, younger respondents, those with greater levels of education, respondents in the richest quintile, married respondents, and respondents from urban areas reported more favorable attitudes toward HIV positive people.

Concerns have been raised concerning how certain health personnel relate to and interact with patients in healthcare institutions in various Sub-Saharan African nations, like Ghana. Usually, healthcare professionals—especially nurses—don't treat patients or clients well. Health professionals frequently provide prompt, effective care to people they know, some nurses are unpleasant and abusive with patients, and they may abuse patients. For example, a study in Nigeria revealed that a sizable proportion of medical personnel had unethical views and behaviours toward patients with HIV/AIDS (Vorasane, 2017). This description is unquestionably accurate, as

discovered in their research of South African nurses. According to the authors, several expectant women expressed reluctance to give birth at a hospital because of prior incidents in which they were yelled at, physically assaulted, or ignored by staff. Although several nurses agreed with the pregnant women's concerns, the study's findings show that they gave a variety of explanations for the behaviours. These included organizational problems, professional worries about patient abuse of staff members, a sense of needing to exert control over the environment and patients, social acceptance of coercive tactics like punishment, and an underlying idea of patient inferiority.

In a different research, Andersen noted that healthcare professionals at a hospital in Ghana used their degree of education to set themselves apart from particular patient groups (Anderson, 2020). They made a distinction between patients who are entitled to high-quality care and those who are not in this regard. Some patients, particularly the illiterate, who were mockingly referred to as "villagers," were treated rudely, with less time and information being provided to them. They received harsh instructions, were screamed at, and accused of lying. For this and other reasons, Larsson et al. claimed that when patients feel verbally denigrated, nurses may use their power of speech or act in parental ways, which has a detrimental impact on patient engagement in nursing care (Aranda, 2018) Furthermore, it was noted that unfavourable attitudes of medical staff members increased patient pressure because they are in direct contact with patients. According to the authors, these attitudes make it difficult to provide medical care to people who are HIV-positive. There is a pervasive common narrative in Ghana today that health professionals regularly treat patients disrespectfully and with harsh language. Press articles that are critical of the country's health institutions' subpar service quality may be discovered. The aforementioned incidents imply that, contrary to Böhmig's reporting, nurses and other members of the medical profession do not have a positive reputation in Ghana and other Sub-Saharan African nations. According to Davis,

their actions run counter to popular and professional discourses that portray nursing as a devoted profession characterized by employees who exhibit qualities of care, loving and caring, comfort, and compassion and are driven by a desire to assist others.

Nonetheless, other studies have found that the majority of nurses meet their professional goals when they engage with patients or customers while providing care. For example, Fusilier et al study's in Mexico reported that 81percent of the health care professionals surveyed were eager to give AIDS care. It suggests that certain nurses give their patients careful, compassionate, and respectful care. Similar findings were found in another study conducted in Kentucky, America, by Jaoko, which found that 81percent of social workers had favourable views of people with HIV/AIDS. Moreover, Marranzano et al.'s survey in Italy found that while 54% of nurses said that HIV was their top concern when it came to contracting infections at work, 98% of them said they had never declined a patient care assignment including HIV/AIDS. These behaviours imply that while some healthcare professionals, particularly nurses, are patient and respectful of their patients, others are irritable and impatient with patients who do not adhere to their care plan.

The two facilities in this survey, whose identities have been changed to protect confidentiality, were among the few medical centers in the Ashanti Region to have access to VCT and ART during Ghana's first scale-up from 2004 to 2009. According to the findings of the 2010 Census of Population and Housing by the Ghana Statistical Service, the area has the highest density of population in Ghana, with 4,780,280 inhabitants, or 19.4% of the total population of 24,658,823 individuals in the nation (Afrane, 2016). According to estimates from the Ghana National AIDS Control Programme and Ghana Health Service, the Ashanti Region's HIV prevalence was 2.7% in 2015. This number surpasses the 1.37 percent national prevalence rate and ranks second among

the 10 regions of Ghana. It is important to remember that the HIV/AIDS epidemic in Ghana has been marked by a disproportionately greater HIV prevalence in urban regions than in rural ones. The mean prevalence of HIV was 2.4% in urban populations and 1.4% in rural areas in 2015, per the HIV surveillance report. Per the Ghana AIDS Control Programme/Ghana Health Service, the age group of 15–19 had the lowest prevalence (0.7%) and the age group of 35–39 had the greatest prevalence (3.45%) (Dapaa, 2016). Despite this, the fact that more than two-thirds (69%) of the population in Ghana is HIV-positive makes it one of the least severe epidemics in Sub-Saharan Africa, which is also the region with the highest prevalence. Increased HIV/AIDS education with the overarching goal of minimizing the impact and effect of HIV while assuring widespread access to prevention, treatment, care, and support services has been credited with Ghana's comparatively low infection rate. There were 2,152 HIV testing locations and 193 antiretroviral treatment centers in Ghana as of the end of December 2014, according to the Ghana National AIDS Control Programme/Ghana Health Service (Dapaa, 2016).

Some health workers exercise agency by connecting with clients through constructive practices, despite the ongoing stigma associated with HIV/AIDS infection and the perception of unprofessional behaviour on the part of health workers towards patients. Giddens asserts that the term "agency" in this context denotes "intention" or "awareness of action," occasionally with the implication of "potential options between distinct acts." Therefore, the majority of the health professionals in this study made the conscious decision to interact positively and to communicate with clients in a polite manner, as opposed to a small number of health professionals who made the decision to behave negatively toward clients (McCull-Kennedy, 2017).

### **2.3 Misconceptions on HIV**

Adolescents reported several false beliefs regarding physical changes that happen in HIV-infected people, although correctly recognizing severe weight loss (or being skinny) as a symptom of HIV/AIDS. Misconceptions about belly bloating, hair color changes, long fingernails, tiny heads, and muscle paralysis are only a few examples (hemiplegia and paraplegia) (Onwujekwe, 2020). There was also the widespread belief that HIV-positive people may be identified just by looking at them. Both teenage males and girls held the same opinions regarding the signs of HIV/AIDS. The individual will be extremely thin, have a large tummy, and short legs. You can tell if someone has HIV/AIDS just by looking at them. Neurologic tropism is not a common symptom, and it would take a highly skilled trainee (like a healthcare professional) to acknowledge (or mention) stroke as a symptom of HIV/AIDS. Despite the fact that HIV-related symptoms are frequently linked to secondary infections, neurologic tropism is not a common symptom (Bowen, 2016). The only way that HIV can spread from one person to another is through the sharing of specific bodily fluids like semen, blood, and vaginal discharge, which the virus uses as a vehicle to enter the recipient's bloodstream. HIV cannot spread through saliva, sweat, tears, or urine because its concentrations are too low in these substances (Linsangan, 2022). Semen, blood, or vaginal discharge must find an entrance route by injection, unprotected intercourse, or during gestation as the mother can transmit it; one could only become infected when come into close touch with these fluids, for example, through an open wound on their body. People do not actually get AIDS; instead, they get HIV, which, if left untreated, develops into AIDS over time. Having HIV does not automatically mean that a person will get AIDS. Antiretroviral treatment (ART) is one medicine that is regularly taken in order to lower the amount of HIV in the bloodstream and stop it from progressing to AIDS. PLHIV can have no risk of transmission by taking medicine that

reduces the quantity of HIV in the bloodstream, making the person have an undetectable viral load. PLHIV do not always transmit the virus to another person while having intercourse or sharing body fluids (Williams, 2014).

From the perspective of an adolescent, it could be difficult to understand the distinction between losing weight and looking thin. Despite the fact that HIV patients lose weight as a result of the illness, some people may naturally be thin for reasons unrelated to HIV/AIDS.

Teenagers continue to believe several widely reported myths regarding HIV/AIDS transmission methods, including those involving sharing a bed, exchanging shoes, combs, cutlery, and toothbrushes, hugging and kissing, and breast-sucking. Teenage males and girls also agreed with these concepts. Many quotations in support of this claim state that HIV may be caught by sharing a handkerchief with an HIV-positive individual. Also, from one person to another wearing pants, as well as through the comb the HIV-positive individual used to comb his hair. "You get HIV when a male sucks a breast from an HIV-positive girl," the saying goes. "One may get it (HIV) by using a toothbrush with an individual who has the illness and by using an utensil that someone else has used to eat with."

Contrary to popular belief, anybody may become infected with HIV, regardless of their sexual orientation, race, age, or other characteristics. Although the chances are higher for homosexual and bisexual men, this is not true (Fields, 2012). Those who have experienced certain types of violence, such as rape, sexual assault, or childhood trauma may be more likely to engage in risky sexual behaviors that raise their risk of developing HIV. In some circumstances, young women and girls who suffer these traumatic experiences go on to work as prostitutes or as sex workers, which raises their risks and aids in the spread of AIDS due to a lack of treatment. (McConnell, 2015)

Also some people claims HIV can be cured with herbal remedies, prayers and even sleeping with a virgin (O'Brien, 2014). These misconceptions influence how individuals relate, treat and behaves towards those with the HIV/AIDS infection.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction**

This chapter describes the study area, study design, study variables, study population, sampling, pre-test, methods of data collection, ethical consideration employed in assessing the attitudes of students of HFNMTC towards those with HIV/AIDS.

#### **3.1 profile of Study Area**

The Holy Family Nursing and Midwifery Training College, Berekum was used for the study. The School is one of the catholic nursing training colleges under CHAG, supervise by MOH. It has campus located at New Biadan Municipal in the Bono of Ghana. The school is bounded with the holy family hospital, Berekum and Freeman Methodist School. This college was established was established in 1957. The school include teaching and non –teaching staffs with different ethnic backgrounds. The teaching staff include the principal of the college and tutors. The non-teaching staffs includes drivers, security men, cooks and cleaners, administrators, accountants and audit officers. The settlement type of the schools’ building is a nucleated one with building mainly built with blocks and roofed with aluminum sheets. The major inhabitants of the college campus are nursing trainees and midwifery trainees. The school has an administrative block, a class block made of nine lecture halls, tutor officers a conference hall an auditorium, a supermarket, a hair dressing saloon a dining hall and a kitchen. There is a well- furnished computer laboratory, two skills laboratories for nursing and midwifery students as well as a well- furnished library in the school .the school has four hostels ;one for the female nursing students , one for the post NAC

/NAP students , one for the male nursing students and the other one for the midwifery students as well as three bungalows for tutors .the school has a bus which helps them to carry students to any events or occasions .it also has a school field which serves as a playing field and two summer huts. There are two security posts, car park a forecourt. The total population of the school is seven hundred and twenty-two (722) including students, teaching and non-teaching staffs with different ethnic background.

### **3.2 Study Population**

This refers to all elements that meet certain criteria for inclusion in a study (Grove, Gray & Burns, 2015).

The target population is the first year students of Holy Family NMTC Berekum. The target population is made up of females and males. The population was selected from the students from the first year Nursing class. This population was chosen because of their short exposure to HIV patients.

### **3.3 Study Design**

This is the blueprint for conducting a study that maximizes control over factors that could interfere with the study's desired outcomes (Grove, Gray & Burns ,2015)

A cross sectional, descriptive form of research methods is employed in the research study. In this type, the characteristics, behavior, attitude and intentions of a group of people are examined by asking individuals belonging to that group to answer a series of questions. This type of design was chosen because of the population size as the questionnaires are expected to be well distributed.

### **3.4 Sampling Technique and size**

Simple random sampling technique was then applied in the selection of the respondents from each level for the study. The first years who consented were provided with 50 pieces of folded papers. An advantage of this method is that, all subjects have equal chances of being selected. It also prevents simple errors. A disadvantage of the technique is that incompetent subjects can be selected to represent a group.

### **3.5 Data Collection methods and instruments**

Both secondary and primary data collection methods were used during the research. secondary data were used to access information from books, journals, reports and the internet. under primary data collection method, a well-structured questionnaire was used.

Questionnaire was the tool used for collecting data from the respondents. Closed questions constructed to cover the specific objectives of the study

### **3.6 Data analysis techniques**

Data collected was checked for accuracy, completeness and consistency. The data was then coded and entered into SPSS version 21. A template was designed and data entered. Entered data was run in frequency tables, bar graphs and pie charts.

### **3.7 Ethical Consideration**

Ethical clearance was secured from the principal of Holy Family Nursing and Midwifery Training College, Berekum. Consent was sought from respondents to ensure their safety and prevent any human right violation. Respondent was not forced into participating in the study. Confidentiality was assured during and after the study. They were also made aware that they can withdraw from

the study anytime they wanted. Finally, the data collected was used only for the research purpose and the respondents were not subjected to any physical or psychological stress

### **3.8 Limitations of the Study**

1. Inadequate funding coupled with limited time could not allow an in-depth study and analysis of other aspects of the subject,
2. The whole population of interest was not used for the study and biased answers can be provided by some respondents.
3. Due to resource limitations 50 samples were taken from the whole study population, therefore the findings of this study cannot be generalized for all nursing students but only limited to this particular population

## CHAPTER FOUR

### DATA ANALYSIS AND PRESENTATION

#### 4.1 Socio-demographic Characteristics of Study respondents

As shown in Table 4.1, fifty percent (50,25), of respondents were aged 18-25 years, fifty percent(40, 20) were 26-30 years and ten percent (10, 5) were above 30 years. The base of the age structure of the respondents is large because most of the students admitted to the college are post SHS graduates who exit secondary school around age 18 years. The research respondents were both male thirty eight percent (38, 19) and female, sixty-two percent (62, 31) this is due to the high population of female students in the college. In terms of religion, majority of the respondents eighty percent (60, 30) were Christians because the institution is under the Catholic denomination and hence this religious familiarity is a key basis for admission, twelve percent (40, 20) were Muslims, and nobody belonged

Most of the respondents (60, 30) were Akans because the school is located in an Akan province with majority of the students being Akans, six percent (6, 3) were Dagaaba due to their high immigration into the province, ten percent (10, 5) were Ewes, ten percent (10, 5) were Ga , four percent (4, 2) were Dagomba, and ten percent (10, 5) were Frafra

**Table 4.1 Background Characteristics of Study Population**

This table contains analysis on Demographic data of the respondents.

Background variables	Frequency	Percentage (%)
AGE		
18-25	25	50
26-30	20	40
Above 30	5	10
Total	50	100

<b>SEX</b>		
Male	19	38
Female	31	62
Total	50	100
<b>RELIGION</b>		
Christian	45	90
Islam	5	10
Traditionalist	0	0
Others	0	0
Total	50	100
<b>PROGRAM</b>		
Registered General Nursing	50	100
Total	50	100
<b>TRIBE</b>		
Akan	30	60
Dagaaba	3	6
Ewe	5	10
Ga	5	10
Dagomba	2	4
Frafra	5	10
<b>Total</b>	50	100

Source: Authors' field survey, 2023

#### 4.0 Introduction

This chapter of the study comprises presentation of the analyzed data obtained from the administered questionnaire. The primary objective of the study is to assess the knowledge, attitude and misconception of first nursing students have towards HIV/AIDS patients. Response were

analyzed using SPSS. The analysis is divided into two parts. The first part is on the demographics of the respondents, which includes the age, gender, program, tribe and religious affiliation. The second part presents data on the specific objectives of the research.

#### 4.2 KNOWLEDGE ON HIV

**Table 4.2 Knowledge on HIV**

This table contains the analysis of response on knowledge of students of HFNMTTC on HIV/AIDS

<b>Characteristics</b>	<b>Frequency</b>	<b>Percentage (%)</b>
<b>Management of HIV should start immediately after the diagnosis</b>		
Strongly Agree	33	66
Agree	16	32
Disagree	1	2
Strongly disagree	0	0
Total	50	100
<b>The HIV virus has a high affinity to the CD4 receptor</b>		
Strongly Agree	10	20
Agree	36	72
Disagree	4	8
Strongly disagree	0	0
Total	50	100
<b>How can a person get HIV/AIDS</b>		
<b>Sexual intercourse</b>		
Strongly Agree	36	72
Agree	12	24
Disagree	0	0
Strongly disagree	2	4
Total	50	100

<b>Blood transfusion</b>		
Strongly Agree	35	70
Agree	13	26
Disagree	2	4
Strongly disagree	0	0
Total	50	100
<b>Mother to unborn child</b>		
Strongly Agree	24	48
Agree	15	30
Disagree	11	22
Strongly disagree	0	0
Total	50	100
<b>Sharing toilet</b>		
Strongly Agree	0	0
Agree	4	8
Disagree	21	42
Strongly disagree	25	50
Total	50	100
<b>Sharing sharp objects like razor</b>		
Strongly Agree	25	50
Agree	20	40
Disagree	3	6
Strongly disagree	2	4
Total	50	100
<b>Sharing eating utensils</b>		
Strongly Agree	0	0
Agree	4	8

Disagree	20	40
Strongly disagree	26	32
Total	50	100
<b>Mosquito bites/bed bugs</b>		
Strongly Agree	0	0
Agree	4	8
Disagree	23	46
Strongly disagree	23	46
Total	50	100
<b>Kissing</b>		
Strongly Agree	0	0
Agree	5	10
Disagree	20	40
Strongly disagree	25	50
Total	50	100
<b>Witch craft</b>		
Strongly Agree	1	2
Agree	1	2
Disagree	15	30
Strongly disagree	33	66
Total	50	100
<b>Hugging</b>		
Strongly Agree	0	0
Agree	7	14
Disagree	18	36
Strongly disagree	25	50
Total	50	100

<b>HIV can be transferred from pregnant mother to her unborn child</b>		
Strongly Agree	25	50
Agree	20	40
Disagree	4	8
Strongly disagree	1	2
Total	50	100
<b>Children who are born HIV negative can still be infected by the mother through breast feeding</b>		
Strongly Agree	24	48
Agree	22	44
Disagree	4	8
Strongly disagree	0	0
Total	50	100
<b>Wearing gloves and apron when attending to HIV patient can protect you from being infected</b>		
Strongly Agree	17	34
Agree	27	54
Disagree	3	6
Strongly disagree	3	6
Total	50	100
<b>It is possible for a healthy looking person to have the HIV virus</b>		
Strongly Agree	24	48
Agree	12	24
Disagree	8	16
Strongly disagree	6	12
Total	50	100

<b>Useful ways in preventing HIV/AIDS transmission</b>		
<b>Avoiding sex with people who have many sexual partners</b>		
Strongly Agree		
Agree	27	34
Disagree	15	30
Strongly disagree	4	8
Total	4	8
	50	100
<b>Avoid sharing of sharp objects like needles, razors</b>		
Strongly Agree		
Agree	27	54
Disagree	17	34
Strongly disagree	6	12
Total	0	0
<b>Using antibiotics</b>	50	100
Strongly Agree		
Agree		
Disagree	6	12
Strongly disagree	10	20
Total	19	38
	15	30
	50	100

**Source: Authors' Field Work, 2023**

As shown in Table 4.2, sixty six percent (66, 33) of respondents strongly agreed that management of HIV should start immediately after diagnosis is confirmed, thirty two percent (32, 16) strongly agreed, two percent (2, 1) disagreed.

Twenty percent (20, 10) strongly agreed that HIV has a high affinity to the CD4 receptor, seventy-two percent (72, 36) agreed and eight percent (8, 4) disagreed

Further analysis shows that seventy-two percent (72, 36) strongly agreed that sexual intercourse plays a key role in the transmission of HIV/AIDS, twenty-four percent (24, 12) agreed and four percent (4, 2) disagreed.

In case of blood transfusion as a means of transmission of the virus, seventy percent (70, 35) strongly agreed, twenty-six percent (26, 13) agreed and four percent (4, 2) disagreed.

The Majority of the respondents forty-eight percent (48, 24) strongly agreed that HIV can be transferred from mother to the unborn child, thirty percent (30,15) agreed, and twenty-two percent (22, 11) disagreed.

Twenty five percent (25, 50) of the respondents strongly disagreed that sharing toilet can put you at risk of contracting fourteen percent (4, 8) strongly agreed, four percent (15,30) agreed and thirteen percent (13, 26) disagreed.

Finally thirty-eight percent (38, 19) of the respondents disagreed that using antibiotics helps in HIV prevention, thirty percent (30, 15) strongly disagreed, twelve percent (12, 6) strongly agreed and twenty percent (20, 10) agreed.

Analysis further shows that fifteen percent (15, 30) disagreed that sharing eating utensils plays a part in the transmission of HIV/AIDS, twenty-six percent (4, 8) agreed, twenty six percent (14, 52) strongly agreed and twenty eight percent (28, 14) strongly disagreed.

The Majority of the respondents thirty-eight percent (19, 36) disagreed that HIV virus can be transferred from one person to another through a mosquito bite, five percent (5,10) agreed, twenty three percent (23,46) strongly agreed and thirty-six percent (23,46) stronglydisagreed.

Fourteen percent (14, 7) of the respondents strongly agreed that kissing an infected person can put you at risk of contracting HIV, thirty-eight percent (38, 19) agreed, twenty four percent (24,12) disagreed and twenty-four percent (24, 12) strongly disagreed.

From the analysis, forty eight percent (48, 24) of the respondents strongly agreed that children who are born negative can be infected by the mother through breast feeding, forty four percent (44, 22) agreed and eight percent (8, 4) disagreed.

Most of the respondents fifty four percent (54, 27) agreed that wearing apron and gloves when attending to HIV patient can protect you from being infected, twenty four percent (24, 12) strongly agreed, sixteen percent (16, 8) disagreed and only six percent (6, 3) strongly disagreed.

Also, forty-eight percent (48, 24) strongly agreed that condom is the only contraceptive which prevent the transmission of HIV through sex, twenty-four percent (24, 12) agreed, sixteen percent (16, 8) disagreed and twelve percent (12, 6) strongly disagreed.

In case of possibility for a healthy looking person to have the HIV virus, fifty percent (48 24) strongly agreed, thirty-two percent (12, 24) agreed, six percent (16, 8) disagreed and twelve percent (12, 6) strongly disagreed

The Majority of the respondents sixty-two percent (62, 31) strongly agreed that avoiding sex with people who have many sexual partners, thirty-two percent (32,16) agreed, two percent (2, 1) disagreed and four percent (4, 2) strongly disagreed.

### 4.3 Attitude towards HIV patients

**Table 4.3 Attitude towards HIV patients**

This table contains the analysis of response obtained on the attitude of student nurses in HFNMTC towards HIV patients.

<b>Characteristics</b>	<b>Frequency</b>	<b>Percentage (%)</b>
<b>I believe that I have the right to decline treating HIV patient out of concern for other patients</b>		
Strongly Agree	7	14
Agree	7	14
Disagree	23	46
Strongly disagree	13	26
Total	50	100
<b>I would avoid conducting certain risky procedures on HIV patients</b>		
Strongly Agree	13	26
Agree	19	38
Disagree	9	18
Strongly disagree	9	18
Total	50	100

**I prefer not to attend to HIV patients**

Strongly Agree	3	6
Agree	3	6
Disagree	26	52
Strongly disagree	18	36
Total	50	100

**No special attention should be given to people who are HIV positive**

Strongly Agree	2	4
Agree	2	4
Disagree	19	38
Strongly disagree	27	54
Total	50	100

**I fear I will be infected so I don't attend to HIV patients**

Strongly Agree	5	10
Agree	8	16
Disagree	22	44
Strongly disagree	15	30
Total	50	100

**Would you be willing to eat from the same dish with a person you knew had the HIV virus**

Strongly Agree	4	8
Agree	4	8
Disagree	17	34
Strongly disagree	25	50
Total	50	100

**If you knew a shop keeper or food seller who had the virus, would you buy food from her**

Strongly Agree	25	50
Agree	20	40
Disagree	3	6
Strongly disagree	2	4
Total	50	100

**If a relative becomes ill with AIDS, would you be willing to care for her in your household**

Strongly Agree	20	40
Agree	20	40
Disagree	5	10
Strongly disagree	5	10
Total	50	100

**Nurses should give more attention to PLWHA than others with other serious diseases**

Strongly Agree	3	6
Agree	14	28
Disagree	28	56
Strongly disagree	5	10
Total	50	100

**I tend to think that HIV patients do not share the same values as me**

Strongly Agree	2	4
Agree	7	14
Disagree	35	70
Strongly disagree	6	12
Total	50	100

**I would wear two set of gloves when examining HIV patients**

Strongly Agree	7	14
Agree	17	34
Disagree	22	44

Strongly disagree	4	8
Total	50	100

**I believe patients who have acquired HIV through sex are more at fault for contracting HIV than those who have acquired it through a blood transfusion**

Strongly Agree	10	20
Agree	10	20
Disagree	22	44
Strongly disagree	8	16
Total	50	100

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**Source: Authors' Field Work, 2023**

In the table above, fourteen percent (14, 7) of the respondents strongly agreed that they have the right to decline treatment to HIV patient out of concern for other patients, fourteen percent (14, 7) of the respondent agreed, forty-six percent (46, 23) disagreed and twenty-six percent (26, 13) respondents strongly disagreed that they have the right to decline treatment to HIV patient out of concern for other patients.

Six percent (6, 3) of the respondents strongly agreed that they would avoid conducting certain risky procedures on HIV patients, thirty eight percent (38, 19) agreed, thirty eight percent (38, 19) disagreed and eighteen percent (18, 9) of the respondent strongly disagreed to avoid conducting certain risky procedures on HIV patients.

Six percent (6, 3) of the respondents strongly agreed that they prefer not to attend to HIV patients, twelve percent (12, 6) of the respondent agreed, fifty two percent (52, 26) respondents disagreed and thirty percent (30, 15) respondents strongly disagreed.

Forty two percent (42, 21) of the respondents strongly disagreed that HIV patients should not receive any special attention, thirty eight percent (38, 19) of the respondent disagreed, sixteen percent (16, 8) respondents agreed and four percent (4, 2) respondents strongly agreed that no special treatment should be given to people who are HIV positive

Ten percent (10, 5) of the respondents strongly agreed to the fact that they fear they will be infected so they don't attend to HIV patients, sixteen percent (16, 8) of the respondent agreed, forty four percent (44, 22) respondents disagreed and thirty percent (30, 15) respondents strongly disagreed.

eight percent (8, 4) of the respondents strongly agreed that they would eat from the same dish with an infected person, forty two percent (42, 21) of the respondent agreed, twenty eight percent (28, 14) respondents disagreed and twenty two percent (22, 11) respondents strongly disagreed to eat from the same dish with an infected person.

Thirty six percent (36, 18) of the respondents strongly agreed that if they would buy food from an HIV patient, forty percent (40, 20) agreed, twelve percent (12, 6) disagreed and twelve percent (12, 24) strongly agreed.

From the analysis, eighteen percent (18, 9) of the respondents strongly agreed to take care of their relatives in their household if they have HIV, thirty-six percent (36, 18) agreed, thirty-eight percent (38, 19) disagreed and eight percent (8, 4) strongly disagreed.

Most of the respondents fifty six percent (56, 28) disagreed that nurses should give more attention to PLWHA than others with other serious diseases, twenty eight percent (28, 14) agreed, six percent (6, 3) strongly agreed and only ten percent (10, 5) strongly disagreed.

Also, four percent (4, 2) strongly agreed that they tend to think they do not share the same value as those with HIV, fourteen percent (14, 7) agreed, as much as seventy percent (70, 35) disagreed and twelve percent (12, 6) strongly disagreed.

In case of wearing two gloves when examining HIV patient, fourteen percent (14, 7) strongly agreed, thirty-four percent (34, 17) agreed, forty-four percent (44,22) disagreed and eight percent (8, 4) strongly disagreed

Twenty percent (20, 10) of the respondents strongly agreed that they believe those who acquire HIV through sex are more at fault than those who acquired through blood transfusion, Twenty percent (20, 10) of the respondents agreed, forty-four percent (44,22) disagreed and sixteen percent (16, 8) strongly disagreed.

### 4.3 Misconception towards HIV/AIDS

**Table 4.3 Misconception**

This table contains the analysis of response obtained on the misconception student nurses in HFNMTTC towards HIV patients.

<b>Characteristics</b>	<b>Frequency</b>	<b>Percentage (%)</b>
<b>HIV+ patients tend to have numerous sexual partners.</b>		
Strongly Agree	6	12
Agree	11	22
Disagree	23	46
Strongly disagree	10	20
Total	50	100
<b>I often think HIV+ patients have caused their own health problems</b>		
Strongly Agree	5	10
Agree	12	24
Disagree	28	56
Strongly disagree	5	10
Total	50	100
<b>Most HIV+ patients acquired the virus through risky behaviour</b>		
Strongly Agree	7	14
Agree	20	40
Disagree	21	42
Strongly disagree	2	4
Total	50	100
<b>HIV can be cured with spirituality</b>		
Strongly Agree	3	6
Agree	3	6

Disagree	20	40
Strongly disagree	24	48
Total	50	100

**Do you think having HIV/AIDS is death  
warranty**

Strongly Agree	2	4
Agree	19	38
Disagree	16	32
Strongly disagree	13	26
Total	50	100

**Being too close to an HIV patient can get you  
infected**

Strongly Agree	5	10
Agree	4	8
Disagree	20	40
Strongly disagree	21	42
Total	50	100

**You are likely to be infected if your parent or  
sibling test positive**

Strongly Agree	4	8
Agree	19	38
Disagree	20	40
Strongly disagree	7	14
Total	50	100

**Taking in of antibiotics can help protect you  
from contracting the disease**

Strongly Agree	3	6
Agree	13	26
Disagree	23	46
Strongly disagree	11	22
Total	50	100

**Traditional medicines are effective in the management of HIV than the ART regimen**

Strongly Agree	3	6
Agree	10	20
Disagree	26	52
Strongly disagree	11	22
Total	50	100

**HIV/AIDS can be a curse or punishment for an evil conduct**

Strongly Agree	5	10
Agree	8	16
Disagree	19	38
Strongly disagree	18	36
Total	50	100

**Nursing HIV patient on the ward together with other patients possess great threat to their health and safety**

Strongly Agree	9	18
Agree	16	32
Disagree	15	30
Strongly disagree	10	20
Total	50	100

**Source: Authors' Field Work, 2023**

In the table above, twelve percent (12, 6) of the respondents strongly agreed that those with HIV have numerous partners, twenty-two percent (22, 11) of the respondent agreed, forty-six percent (46, 23) disagreed and twenty percent (20, 10) respondents strongly disagreed that those with HIV have numerous sexual partners.

Ten percent (10, 5) of the respondents strongly agreed that those with HIV caused their health problem, twenty-four percent (24, 12) agreed, fifty six percent (56, 28) disagreed and ten percent (10, 5) of the respondent strongly disagreed that those with HIV caused their health problem.

Fourteen percent (14, 7) of the respondents strongly agreed that most HIV patients acquired the virus through risky behaviours, forty percent (40, 20) of the respondent agreed, forty-two percent (42, 21) respondents disagreed and only four percent (4, 2) respondents strongly disagreed.

Twelve percent (3, 6) of the respondents strongly agreed that HIV can be cured with spirituality, Twelve percent (3, 6) of the respondents agreed, thirty eight percent (20, 40) respondents disagreed and thirty eight percent (24 48) respondents strongly disagreed that HIV can be cured with spirituality.

Four percent (4, 2) of the respondents strongly think that getting HIV/AIDS is a death warranty, thirty eight percent (38,19) of the respondent agreed, thirty-two percent (32, 16) respondents disagreed and twenty-six percent (26,13) respondents strongly disagreed.

Ten percent (4, 8) of the respondents strongly agreed that being too close an HIV patient can get you infected, twenty four percent (4, 8) of the respondent agreed, forty percent (20, 40) respondents disagreed and twenty six percent (21, 42) respondents strongly disagreed.

Eight percent (8,4) of the respondents strongly agreed that being directly related to an infected person can put you at risk, thirty-eight percent (38, 19) agreed, forty percent (40, 20) disagreed and fourteen percent (14, 7) strongly disagreed.

From the analysis, six percent (6, 3) of the respondents strongly agreed that taking antibiotics can help protect you from HIV, twenty-six percent (26, 13) agreed, forty-six percent (46, 23) disagreed and twenty two percent (22, 11) strongly disagreed.

Most of the respondents fifty two percent (52, 26) disagreed to the claim that traditional medicine are effective in the management of HIV than the ART regimen, twenty percent (20, 10) agreed, six percent (6, 3) strongly agreed and twenty-two percent (10, 5) strongly disagreed.

Also, ten percent (10, 5) strongly agreed that HIV can be a curse or punishment for an evil conduct, sixteen percent (16, 8) agreed, as much as thirty eight percent (38, 19) disagreed and thirty six percent (36, 18) strongly disagreed.

Eighteen percent (18, 9) of the respondents strongly agreed that nursing HIV patients on the ward together with other patients possess great threat to their health and safety, Thirty two percent (32, 16) of the respondents agreed, thirty percent (30, 15) disagreed and twenty percent

(20, 10) strongly disagreed that nursing an infected person on the ward together with other patients possess threat to their health and safety.

## **CHAPTER FIVE**

### **DISCUSSION, SUMMARY, CONCLUSION AND RECOMMENDATION**

#### **5.0 Introduction**

This chapter presents discussions and summary of results from the analysis of data. The chapter also presents conclusion in relation to the objectives of the study. It also entails recommendations, thus suggestions for future actions based on the findings of the research.

#### **5.1 Discussion of results**

The main focus of this study was to assess the knowledge, attitude and misconception of first year students have towards people living with HIV/AIDS, a survey at the Holy Family Nursing and Midwifery College, Berekum. A total of fifty respondents were selected using a proportionate convenience sampling technique to obtain a sample that is as representative as possible of the target population.

##### **5.1.1 Knowledge on HIV.**

Compared to similar findings by Famoroti, Fernandes, & Chima (2013) and Shahzadi, Kousar, Jabeen, Waqas & Gilani (2017), the overall knowledge of student nurses in this study were found to be adequate. Almost all the respondents (98%) knew that management of HIV should commence immediately after diagnosis is made. This is useful because it is consistent with the guidelines of the Center for Disease Prevention and Control, which recommends offering prompt management of case upon the basis of an effective established diagnosis. (Centre for Disease Prevention and Control, 2016) The majority of participants, 92%, realized that the CD4 receptors are the virus affinity for HIV and AIDS. This is in line with the research conducted by Ndikom and Onibokun

(2007), who also discovered an elevated level of understanding among nurses and midwives in seeking to ascertain their knowledge and attitudes on the management of HIV and AIDS among pregnant females. This research also discovered that 78% of participants knew that pregnant females were able to transmit HIV and AIDS to their unborn baby and that the bulk of participants also knew that the routes of transmission of HIV and AIDS to an unborn baby were through vaginal fluids and amniotic fluid. All of these results were in line with the results of Marranzano et al. (2013) and Shahzadi et al. (2017) whose results indicated that nurses and midwives had an accurate understanding on the transmission of HIV. However, some of the participants still have a bad understanding of HIV and AIDS, its transmission and misconceptions. Some respondents (30%) actually believed that witchcraft can cause a person to be infected with HIV and AIDS, while some proportion of participants (24%) did not know that mere hugging of an infected person cannot cause you to be infected. This should be a cause for concern as such poor knowledge could impact nurses' and midwives' methods in managing patients living with the disease. A comparable observation is reported by Wu et al. (2016) and Iwoi et al. (2017), whose research results showed an inadequacy of knowledge on the management of people with HIV and AIDS portrayed by health care providers due to limited amount of HIV and AIDS training courses through workshops and seminars.

### **5.1.3 Attitude towards HIV patients**

Several studies indicate that nurses and midwives demonstrate good attitudes towards people living with HIV and AIDS (Ishimaru et al., 2017), (Ledda et al., 2017) and (Zarei, 2015). Similarly, the findings of this research showed that there are favourable attitudes among student nurses of HFNMTC attending to HIV/AIDS patients, with the majority indicating higher agreement with favourable statements and higher disagreement with unfavourable statements.

Majority of the participants (82%) preferred to attend and manage individual's with HIV and AIDS and also disagreed that there is no need for special attention to be paid to individual's with HIV and AIDS. These findings are in line with a research by Ledda et al. (2017), whose research found that while nurses and midwives are afraid of contracting HIV and AIDS, their conscience and integrity enabled them to show positive attitudes during the management of people living with HIV and AIDS (PLWHA).

The lack of fear and anxiety among respondents was revealed when majority (74%) and (52%) of participants responded negatively to statements on fear of getting infected and their usage of two sets of gloves when examining HIV patients respectively. However, a proportion of participants (50%) and (52%) disagreed neither of their willingness to share the dish with HIV patients nor their willingness to purchase food from an infected vender. This is a cause for concern as this attitude tends to influence the management of pregnant females with HIV and AIDS, and can lead to stigma and discriminatory attitudes towards PLWHA.

In this research, the generally favourable attitude of nurses and midwives/ is useful for the future delivery of health care various hospitals as research respondents can serve as ambassadors for the appropriate management of individual's with HIV and AIDS. The poor attitudes shown by few participants, however, imply that some nurses and midwives may have stigmatizing or

refraining attitudes toward managing individuals living with HIV and AIDS, and this may adversely affect their engagement in health service delivery of PLWHA.

#### **5.1.4 Misconceptions on HIV**

From the study, misconception on false cure such as traditional and spiritual remedies available for HIV/AIDS were greatly disproved as majority of the respondents (76%) of the respondents denied the claim and this findings confirms the literature “Some of the widely shared misinformation include conspiracies around unproven treatments, false cures and antivaccine messages” (WHO 2020)

Majority of the respondents (54%) gave in to the idea that most HIV patients actually acquire the virus through risky behaviors such as prostitution and homosexuality and this finding is in line with a study conducted by (McConnell, 2015) which states that “In some circumstances, young women and girls who suffer these traumatic experiences go on to work as prostitutes or as sex workers, which raises their risks and aids in the spread of AIDS due to a lack of treatment. (McConnell, 2015)

Majority of the respondents (66%) and (54%), denied the claim that being too close to an infected patient can get you infected and also the likeliness of being infected if your close relative is infected respectively and this findings affirms a statement made by (Linsangan,2022) that “The only way that HIV can spread from one person to another is through the sharing of specific bodily fluids like semen, blood, and vaginal discharge, which the virus uses as a vehicle to enter the recipient's

bloodstream and that one could only become infected when come into close touch with these fluids, for example, through an open wound on their body.

From the study, lesser portion of the respondents (20%) of respondents stated that traditional medicine and spirituality are effective in the management of HIV than the ART regimen and (William,2014) confirms the responds of the participants by stating that “PLHIV can have no risk of transmission by taking the carefully following the ART regimen that greatly reduces the quantity of HIV virus in the bloodstream, making the person have an undetectable viral load.

## **5.2 Conclusion**

Ensuring proper and professional conduct towards PLWHA is important to improve the psychological health and the enhancement of their cooperation to treatment regimen. In essence, this could help address issues related to the discrimination and stigma experienced by HIV patients on the ward and in the society. This paper has reviewed a number of literature from different authors that have given insight to the knowledge on HIV, attitude towards infected individuals and the misconception against the disease and those infected which was the objective for the study.

In summary, it was clear that most students have adequate knowledge on HIV including the cause, mode of transmission and treatment regimen and it was directly reflected in the responses the

respondents gave. The research finding also confirmed that students possess favourable attitude towards HIV patients are that despite their status, they were willing to nurse them without any act of stigma, fear and prejudice on the side of the students.

The study indicates that most people know that there are various misconceptions circulating on HIV but according the response from majority of the respondents, positive attitude towards patients no matter the diagnosis is of the highest priority to them.

### **5.3 Recommendations**

Based on the findings from this research, the following recommendations are made for possible implementation by management and students

1. The management of the school should enrich the library of the school with modern literatures, articles and studies on HIV, stigmatization and discrimination against them and how best to relate with the infected patients
2. Continuous dialogue and intermittent feedback should be received from HIV and AIDS patients by the school Clinical Managers in order to improve on the attitudes of their students towards the management and care of people with HIV and AIDS.
3. Routine monitoring and evaluation of the practices of Nurses and Midwives during the care of people living with HIV and AIDS should be organised by the Nurses and Midwifery Council so that various Health Institutions will ensure that their students conform to the standard guidelines and practices during people living with HIV and AIDS management in a way that conforms to the ethics of their profession.
4. Nurses and Midwives should collaborate to create an online platform to enable them share knowledge and Practices in the management of people living with HIV and AIDS

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**SECTION A**  
**APPENDIX I**  
**QUESTIONNAIRE**

We are students of Holy Family Nursing and Midwifery Training College Techiman-Kenten conducting research on the topic: *“assessing knowledge, attitude and misconception students have about HIV/AIDS.”*

The information provided will be kept confidential and strictly used for academic work. We count on your cooperation. Please tick in the boxes corresponding to the item that best describes your response.

**SECTION A**  
**BACKGROUND INFORMATION**

1. Age
  - a. 18 – 25 [ ]    b. 26 – 30 [ ]    c. Above 30 [ ]
  
2. Sex
  - a. Male [ ]    b. Female [ ]
  
3. Programme
  - a. Registered General Nursing [ ]
  
4. Tribe
  - a. Akan [ ]    b. Dagaaba [ ]    c. Ewe [ ]    d. Ga [ ]    e. Dagomba [ ]
  - f. Frafra [ ]    g. Others, specify.....
  
5. Religious affiliation
  - a. Christianity [ ]    b. Muslim [ ]    c. Traditionalist [ ]    d. Others specify .....

**SECTION B**  
**KNOWLEDGE ON HIV/AIDS**

This section contains questions and responses on the knowledge on HIV/AIDS.

NOTE: SA - Strongly Agree A- Agree D – Disagree SD- Strongly Disagree

NO.	KNOWLEDGE ON HIV	SA	A	D	SD
1.	Management of HIV should start immediately after the diagnosis				
2.	The HIV virus has a high affinity to the CD4 receptor				
3.	<b>How can a person get the virus that causes AIDS</b>				
	Sexual intercourse				
	Blood transfusion				
	Mother to unborn child				
	Sharing toilet				
	Sharing sharp objects like razor				
	Sharing eating utensils				
	Mosquito bites/bed bugs				
	Kissing				
	Witch craft				
	Hugging				
	Specify	.....			
4.	HIV can be transferred from pregnant mother to her unborn child				
5.	Children who are born HIV negative can still be infected by the mother through breast feeding				
6.	Wearing gloves and apron when attending to HIV patient can protect you from being infected				
7.	Condom is the only contraceptive which prevents the transmission of HIV through sex				
8.	It is possible for a healthy looking person to have the HIV virus				
9.	<b>The following may be useful in the prevention of HIV transmission</b>				
	Avoiding sex with people who have many sexual partners				

	Avoid sharing of sharp objects like needles, razors				
	Praying to God				
	Using antibiotics				
10.	HIV/AIDS cannot be cured but managed with ART medications				

## SECTION C

### ATTITUDE TOWARDS HIV PATIENTS

This section contains questions and responses on the attitude of students towards HIV patients.

NOTE: SA - Strongly Agree A- Agree D – Disagree SD- Strongly Disagree

NO.	ATTITUDE	SA	A	D	SD
1.	I believe that I have the right to decline treating HIV-positive patients out of concern for other patients.				
2.	I would avoid conducting certain risky procedures on HIV+ patients.				
3.	I prefer not to attend to HIV positive patients				
4.	No special attention should be given to people who are HIV positive				
5.	I fear I will be infected so I don't attend to HIV positive patients				
6.	Would you be willing to eat from the same dish with a person you knew had the virus that causes AIDS				
	If you knew a shopkeeper or food seller who had the virus that causes AIDS, would you buy food from him/her?				
7.	If a female relative of yours becomes ill with AIDS, would you be willing to care for her in your household?				
8.	Nurses should give more attention PLWHA than others with other serious diseases				
9.	I tend to think that HIV+ patients do not share the same values as me.				
10.	I would wear two sets of gloves when examining HIV+ patients				
11.	I believe HIV+ patients who have acquired HIV through sex are more at fault for contracting HIV than HIV+ patients who have acquired HIV through a blood transfusion.				

**SECTION D**  
**MISCONCEPTION**

This section contains questions and responses on the misconceptions toward HIV/AIDS

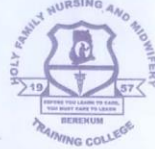
NOTE: SA - Strongly Agree A- Agree D – Disagree SD- Strongly Disagree

<b>NO.</b>	<b>MISCONCEPTION</b>	<b>SA</b>	<b>A</b>	<b>D</b>	<b>SD</b>
1.	HIV+ patients tend to have numerous sexual partners.				
2.	I often think HIV+ patients have caused their own health problems				
3.	Most HIV+ patients acquired the virus through risky behaviour				
4.	HIV can be cured with spirituality				
5.	Do you think having HIV/AIDS is death warranty				
6.	Being too close to an HIV patient can get you infected				
7	You are likely to be infected if your parent or sibling test positive				
8	Taking in of antibiotics can help protect you from contracting the disease				
9	Traditional medicines are effective in the management of HIV than the ART regimen				
10	HIV/AIDS can be a curse or punishment for an evil conduct				
11	Nursing HIV patient on the ward together with other patients possess great threat to their health and safety				

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Our Ref. HFNMTG/GC/011/051823

Your Ref. ....

Date ..... May 18, 2023

Rita Gyamfi  
Holy Family NMTC  
Post Office Box 21  
Berekum

Dear Mrs. Gyamfi

**RE: PERMISSION TO CONDUCT RESEARCH**

With reference to your Memorandum dated May 16, 2023, I write to notify you that the students listed below have been granted permission to conduct their research in the College on the topic **'To assess the Knowledge, Attitude and Misconceptions that First Year Nursing Students of Holy Family Nursing and Midwifery Training College, Berekum have towards individuals living with HIV'**

1. Agyei Sandra
2. Agyemang Amma Nyantah

Thank you.

Yours sincerely

ACADEMIC CO-ORDINATOR OF NURSING  
HOLY FAMILY NURSING & MIDWIFERY  
TRAINING COLLEGE, BERKUM

Rev. Sr. Margaret Afrifa  
Academic Coordinator for Nursing  
For: Principal