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The Importance of Learning for Changing Sexual Practices in Response to the HIV/AIDS Crisis in Ghana

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Abstract: This study examined how adults in Ghana learned to make changes in their sexual practices in response to HIV/AIDS crisis. Findings include changes made in sexual practices and a learning process that included four components: initial awareness, catalysts for further learning, engagement in learning activities, and other influential factors.

Introduction

The purpose of this study was to understand how Ghanaian adults learned to make changes in their sexual practices in response to the HIV/AIDS crisis. This investigation addressed the following questions:

- 1) What changes have Ghanaian adults made in their sexual practices since learning about HIV/AIDS?
- 2) How do Ghanaian adults learn formally or informally what they need to know to make changes in their sexual practices in response to the HIV/AIDS menace?
- 3) What is the learning process that leads Ghanaian adults to change their sexual practices in response to the HIV/AIDS epidemic?
- 4) What other factors encourage or deter Ghanaian adults from making changes in their sexual practices in response to the HIV/AIDS crises?

Findings

The two major findings that emerged from the analysis were changes participants made in sexual practices and a learning process with four components. The findings and components are explained in the following sections.

Changes Made in Sexual Practices

Participants identified three changes they made in their sexual practices as a consequence of learning about HIV/AIDS. These changes were adhering to abstinence prior to marriage, limiting the number of sexual partners, and adopting the use of condoms.

Adhering to abstinence prior to marriage. Abstinence is the appreciation and practice of purity until marriage. Salifu narrated the following: "I practiced abstinence until I got married. I encourage my friends who are not yet married to practice abstinence." Samad, another participant narrated that he too practiced abstinence prior to his marriage and said: "Islam supports abstinence prior to marriage."

Limiting the number of sexual partners. This took various forms such as faithfulness before marriage, faithfulness in monogamous marriage, and faithfulness in polygamous marriage. As a society influenced by Islam and traditional African cultural practices, these changes are significant because multiple sexual partners are acceptable. Mariama noted that "I hate men who have extra marital affairs; I believe multiple sexual partners are not good. I have one sexual partner because of the education I got from the group." Sumaila said, "Since learning about the disease I don't go after women anymore." Samad, a married participant said, "I am married to one wife and I am faithful." Commenting on being faithful in a polygamous

relationship, Mba Ziblim explained: "I have many wives and I tell them I will not bring another woman into the family. I tell them I am faithful and I expect them to do the same. It will be a disgrace to me when I hear that one of my wives is in a relationship with another man." Mohammed, a polygamist with two wives said: "I reason that I know the HIV status of my wives but I do not know that of other women because I cannot convince them to take the HIV test." According to Mohammed, this decision was difficult because wealth and marriage in the community are seen as signs of success.

Adopting the use of condoms. The third change in sexual practice was the adoption of condom use when engaging in sexual activities. Amina in a polygamous relationship said: "it is very important that I use condoms to protect myself because my husband has two other wives and I don't know where everyone (other women) goes apart from our home, I don't even know where my husband goes every time. I know my condom is the best safeguard." On condom use, Mba Ziblim said: "it is difficult to tell you but let me say it is condom use. I have a lot of them and I use them."

The Learning Process in Changing Sexual Practices.

A four component process of learning to change sexual practices was discovered. It began with participants' initial awareness of HIV/AIDS. A catalyst in their lives, the second component, motivated them to engage in further learning, the third component. The fourth component was the role of culture and religion on participants' learning.

Initial awareness of HIV/AIDS. This is how participants learned about HIV/AIDS for the first time. Information was provided by friends, billboards, the radio, and pamphlets on HIV/AIDS. For example, Sumaila narrated how he heard about the disease for the first time "I heard it from a friend and later the radio. Look around you, you will see it on posters, billboards at the market place, every where an HIV/AIDS picture is staring at you." Mohammed also stated "I heard about HIV/AIDS for the first time from a friend who showed me some pamphlets on the disease. Later I learned that my wife also found out about the disease from the big billboard at the market place."

Catalysts for further learning. Participants admitted that the fear of death and the social stigma of the disease encouraged them to learn more about the disease. For example, Mariama, stated "when I learned that when you contract it there is no cure but suffering and death, I was so worried that I decided to learn more about it." In another instance, Sumaila, narrated that he was confused and emotional when he realized that unlike other diseases HIV/AIDS led to death, "knowing that if you had it you were going to die was too hard for me to understand. I wondered aloud what I could do to avoid getting this life sentence. Eventually I was led to the health center for more information." Samad, also said "in our community nobody wants to be associated with the disease, for me I do not want my family to become outcasts because of AIDS so I decided to educate my self about the disease and others in the community."

Engagement in learning activities. To continue their education about HIV/AIDS and to adopt changes in their sexual practices in response to the HIV/AIDS crisis, participants consulted with other people about HIV/AIDS and also participated in group learning activities. For example, Mohammed stated: "I approached Grace and Samad to learn more about the disease. At group meetings we learned that doctors have not yet developed any vaccines to make people immune to it. Abibita stated that "during naming ceremonies in the community, the sermons are geared towards adopting safeguards to prevent the disease."

Influence of culture and religion. Two factors emerged as both obstacles and encouragement to learning. Cultural practices in the community deterred change in sexual

practices. These include such practices as polygamy, lactation period, and gender ascribed roles for women as subservient to men. However, these same cultural factors provided further impetus for behavior change according to participants because of new information about HIV/AIDS. For example, Salifu said “I know all (die be die) but I don’t want to die before my time is due by behaving carelessly and getting HIV/AIDS.” Whereas religion in the form of Islam encourages polygamy it at the same times encourages faithfulness and abstinence. For example, Adam said “Islam also teaches that you should have only one wife.”

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