



are they listening?

The Response of
Teens to HIV / AIDS
Prevention Messages
and Campaigns.

unite for children



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acknowledgements

This report is primarily for practitioners working on developing HIV prevention and awareness campaigns and messages for teens and young people. It summarizes the findings of a study conducted in three Eastern Caribbean countries on the responses of teens to HIV campaigns and messages in their countries.

UNICEF hopes that this report will be useful for all those working with young people and HIV prevention not only in the Eastern Caribbean but in the wider Caribbean region.

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UNICEF would be happy to receive any feedback on this report.

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introduction

The Caribbean is the second most affected region in the world for HIV and AIDS after sub-Saharan Africa. AIDS is the leading cause of death among 15 to 44 year olds in the region. These figures have led Caribbean leaders to tackle the epidemic head-on. Combating HIV and AIDS and other diseases is also one of the UN Millennium Development Goals to be reached by the year 2015.

SOME KEY CAMPAIGNS

Various campaigns have been designed for different islands across the Caribbean. They run in the media (print, radio and television) and are also taken into the schools. Attitudes toward campaigns, knowledge of them and suggestions on how they can be improved are explored in the findings of this study which was conducted between September and November 2008. Some of the more popular and frequently broadcast campaigns include:

- **“Live Up. Love. Protect. Respect.”**
Launched by the Caribbean Broadcast Media Partnership (CBMP) in conjunction with UNICEF during Cricket World Cup 2007, presents six ways to live up or to get your knowledge on HIV:
 - 1) to be aware of all the information on HIV
 - 2) to get tested
 - 3) to speak up
 - 4) to take action
 - 5) to have respect for yourself and the person you are involved with and
 - 6) to protect yourself.

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- **“It’s Your Wicket. Protect It.”** These advertisements were created to focus on the cricket culture while targeting young adults, particularly those who were following Cricket World Cup 2007. One of the billboards linked to these advertisements featured a young woman dressed in her white cricket clothes, complete with bat, pads and gloves with a condom in her outstretched right hand saying: **“It’s Your Wicket, Protect It! Use A Condom Everytime!”**

“Got it? Get it”

- In the Eastern Caribbean, the behavioural change campaign: **“Got it? Get it”** targeted the most high-risk sexually active sector of the population with a mass media campaign for TV, radio and print media that highlighted the risks of having sex without using a condom. Following its success in the Eastern Caribbean, the **“Got It? Get It”** campaign was replicated in Belize. The yellow **“Got It? Get It”** sign also indicates a judgement free place where condoms can be purchased.

Abstinence campaigns

- One of the advertisements mentioning abstinence did so briefly, and continued the advertisement by promoting condom use. Another campaign that promoted abstinence and tackled peer pressure featured a teenaged girl stating that she has the power to choose to have sex or to refuse it and daring her peers to say no to sex.

Discrimination Campaigns

- One of the ad campaigns tackling discrimination featured primary school-aged children in a playground. When a group of children was approached by two others asking if they could play, one of the children in the group said no because she heard that one of the children asking to play has AIDS. This resulted in a discussion amongst the children about how AIDS is transmitted and the fact that you cannot tell who has it by looking. After sharing this information, the children decided they would all play together. Another popular campaign that tackled discrimination used both a television commercial and a billboard and featured a montage of faces of people of different races.



objective of the study

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OBJECTIVE

The aim of this study was not only to discover the effectiveness of HIV prevention campaigns and messages but also to find out from the target audience how such campaigns could be made more effective at reaching them and bringing about the required behaviour modification to lead to HIV and AIDS prevention. The study was conducted in St. Kitts and Nevis, St. Vincent and the Grenadines and in Barbados with students who ranged in age from 14 to 18, (from fourth form to upper sixth).

METHODOLOGY

Quantitative data for this research were obtained by the use of a self-administered questionnaire that combined structured and unstructured questions meant to determine basic knowledge, attitudes and practice (KAP) linked to HIV prevention messages. The questionnaires were also designed to determine individual perspectives on how the HIV messages could be structured and delivered more effectively to bring about the required change of behaviour among the target audience.

Qualitative data were derived from a series of gender-specific focus group discussions. These were geared toward generating information on the values, attitudes, and perspectives of young people in relation to HIV and the HIV prevention messages available to them. These focus group sessions were also used for brainstorming around what would improve the effectiveness of prevention messages. The gender-specific nature of the focus groups was required by the sensitive nature of the discussion to be conducted and also served to minimize braggadocio and/or reticence that might have been a consequence of the presence of the other gender.

SAMPLE SIZE

Sample sizes were determined by the size of respondent populations in respective countries. For Barbados a 0.75 percent sample yielding approximately 130 teens was used. This was structured around 4 classes (one for each form level from fourth through sixth) in randomly selected schools. Cohort sizes in St. Vincent and the Grenadines were similar to Barbados so the same numbers were used to calculate the sample size for St. Vincent and the Grenadines. However, in St. Kitts and Nevis, to have a meaningful sample size, a 2 percent sample was used, yielding 64 students. Again, this was structured around 4 classes (one for each form level from fourth through sixth) in randomly selected schools.

Just over one-third (39.2 percent) of the teens to the questionnaire were boys and 60.8 percent were girls. The participation rates were closer to being equally divided in Barbados (43.2 percent boys and 56.8 percent girls) and St. Vincent and the Grenadines (40.7 per cent boys and 59.3 per cent girls) than in St. Kitts and Nevis (28.8 percent boys and 71.2 per cent girls).

In terms of age, 15.6 percent were aged 14; 27.1 per cent were 15; 34.7 percent were 16; 21.5 per cent were 17 and only 1.0 per cent were 18.

One school was randomly selected on each island for participation in the focus group sessions, with 12 students (six girls and six boys) chosen from each school, based on their willingness to participate. The information collected from these focus group sessions complemented the information from the structured questionnaire. The focus group method allowed the exploration of youth attitude and value formation and expression. This was critical to understanding how to structure messages geared toward bringing about behaviour change among adolescents.

Table 1 Teens by Territory

Territory	Boys	Girls	Total
Barbados	43.2	56.8	38.5
St. Kitts & Nevis	28.8	71.2	20.5
St. Vincent & Grenadines	40.7	59.3	41.0

general findings

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Below is a summary of the findings of the study.

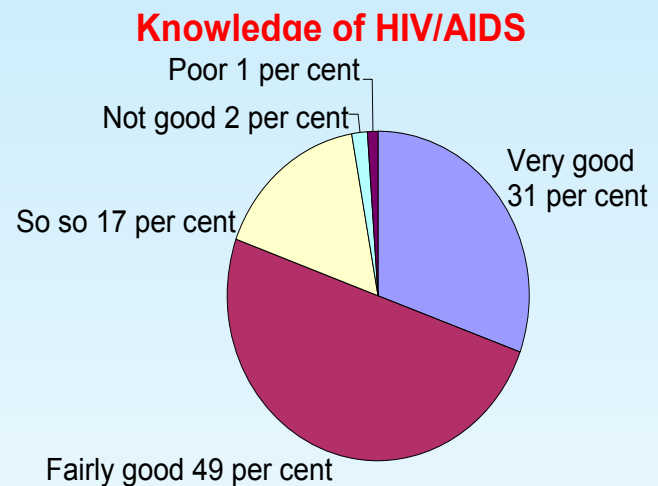
The detailed report can be found at:

www.unicef.org/barbados

KNOWLEDGE OF HIV AND AIDS

When asked to assess their knowledge of HIV and AIDS, 80.1 percent of teens rated their knowledge as very good (30.4 percent) or fairly good (49.7 percent). There was no substantial gender difference on this item, although boys were slightly more likely (by 4 percent) to rate their knowledge as very good.

Figure 1



SOURCE OF INFORMATION ON HIV AND AIDS

School was the main source of knowledge on HIV and AIDS.

School (48.3 percent) and media campaigns (39.5 percent) were by far the main source of teens' knowledge of HIV and AIDS, with family (9.6 percent) and friends (2.7 percent) being much less significant. Interestingly, the school was a more important source of knowledge for girls as more than half (51.6 percent) identified this as their main source, compared with 43.3 percent of boys. Conversely, media campaigns were the most important source of knowledge for boys (44.2 percent), compared with 36.3 percent of girls.

Table 2 Main source of knowledge about HIV and AIDS

Source of Knowledge	Boys	Girls	Total
Family	9.6	9.6	9.6
Friends	2.9	2.5	2.7
School	43.3	51.6	48.3
Media campaigns	44.2	36.3	39.5

SOURCE OF INFORMATION BY COUNTRY

While the majority of students from Barbados (55.8 percent) identified media campaigns as their main source of knowledge about HIV and AIDS, 67.9 percent of teens from St. Vincent and the Grenadines identified school as the main source. In St. Kitts and Nevis, media campaigns were the main source of knowledge for 44.4 percent of the teens and school for 40.0 percent.

UNDERSTANDING OF HIV AND AIDS

The responses to the questions asking teens what they understood by "HIV" and "AIDS" confirmed what many other surveys among young people had shown. There was considerable factual knowledge about the disease, with most teens able to explain the terms, the means of infection and the most effective means of prevention.

KNOWLEDGE OF SEXUAL PRACTICES ASSOCIATED WITH HIV

Teens were asked to identify, from a list, the sexual activities that are associated with HIV. The largest proportion of teens (94.8 percent) identified “intercourse”, 80.9 percent identified “anal intercourse”, 71.2 percent identified oral sex, 19.8 percent identified “kissing” and 1.7 percent identified “touching”.

These results were largely confirmed by the focus group discussions. All participants showed a fairly good understanding of HIV and AIDS, including the difference between them (with HIV defined as an early stage, and AIDS as “full-blown”). When asked about means of transmission, focus groups participants duly listed unprotected sex, blood, sharing needles, mother to child and breastfeeding. Some mentioned the possibility of transmitting HIV through kissing, if both parties had open sores or cuts in their mouths.

In conclusion, young people in the study were generally knowledgeable about HIV and AIDS, its meaning, the modes of transmission and the means of protection. School and media campaigns were the main source of information for young people.

Table 3 Sexual activities associated with HIV infection

Activities Associated with HIV	Boys	Girls	Total
Touching	3.5	1.1	1.7
Kissing	22.1	18.3	19.4
Oral sex	67.3	69.7	68.7
Intercourse	93.8	94.9	94.8
Anal sex	84.1	78.9	80.9



assessment of risks and fears

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Boys rated their risk of contracting HIV higher than girls

RISKS OF CONTRACTING HIV

When asked in the questionnaire to assess their risk of contracting a Sexually Transmitted Infection, almost half of the teens (47.4 percent) thought that this was not likely at all, with the gender disaggregation showing more than half of girls (51.2 percent) as against 41.6 percent of boys making this assessment. Conversely, boys were 10 percent more likely than their girls counterparts to rate their risk as “likely” to one degree or another.

GREATEST FEAR ABOUT HAVING UNPROTECTED SEX

When asked to choose from among pregnancy, HIV and other STIs as their greatest fear about having unprotected sex, about two-thirds of the teens (59.6 percent) identified HIV as their main concern. Girls were substantially more likely to identify pregnancy (35.9 percent as compared to 22.4 percent of boys), whereas HIV was a greater fear for boys (66.4 percent) than for girls (55.3 percent).

Table 4
Greatest fear about having unprotected sex

Greatest Fear	Boys	Girls	Total
Pregnancy	22.4	35.9	30.7
HIV	66.4	55.3	59.6
Other STIs	11.2	8.8	9.7

In the focus group discussions, the responses to this question were more nuanced. For most of the participants, pregnancy seemed to be a greater fear than HIV in connection with unprotected sexual intercourse. Some participants said that pregnancy was more tangible, in that it could be seen and felt, while HIV infection was often invisible, so pregnancy was the greater immediate concern. One participant (a boy) said that pregnancy would keep a person from attending college, so it was more serious. When it was pointed out that HIV and AIDS could kill the infected person, he responded, *“but it can’t stop you from going to college.”*

...a boy said that pregnancy would keep a person from attending college, so it was more serious. When it was pointed out that HIV/AIDS could kill the infected person, he responded, “But it can’t stop you from going to college.”

The girls’ focus group from St. Kitts and Nevis indicated that pregnancy was common among teenagers. From the discussions of the girls’ focus group in St. Vincent and the Grenadines, it appeared that fear of pregnancy might cause young people to use condoms. However, if this fear is alleviated by the use of contraceptives there was concern that young people may choose not to use condoms and place themselves at risk of contracting HIV or other STIs.

influences on sexual practices

Are they listening?

ROLE OF FAMILY AND FRIENDS

Teens clearly assessed their family's opinions of their sexual practices as more important than those of their friends – 51.0 percent considered their family's opinions as very/extremely important as compared with just 22.7 percent in relation to the opinions of their friends. Girls considered their friends' opinions more important than did boys: 26.7 percent compared to 16.6 percent. Conversely, 22.0 percent of boys considered their family's opinions as "not important at all" compared to 12.3 percent of girls.

Family opinions about sexual practices were most important in St. Vincent and the Grenadines, at 75 percent, than in Barbados (61.5 percent) and St. Kitts and Nevis (57.9 percent).

Table 5 Importance of friends' opinions about sexual practices

Response	Boys	Girls	Total
Not important at all	28.6	23.4	25.5
Somewhat important	31.0	20.3	24.5
Important	23.8	29.7	27.4
Very important	7.1	12.5	10.4
Extremely important	9.5	14.1	12.3

Table 6 Importance of family's opinions about sexual practices

Response	Boys	Girls	Total
Not important at all	22.0	12.3	16.0
Somewhat important	12.2	20.0	17.0
Important	12.2	18.5	16.0
Very important	24.4	18.5	20.8
Extremely important	29.3	30.8	30.2

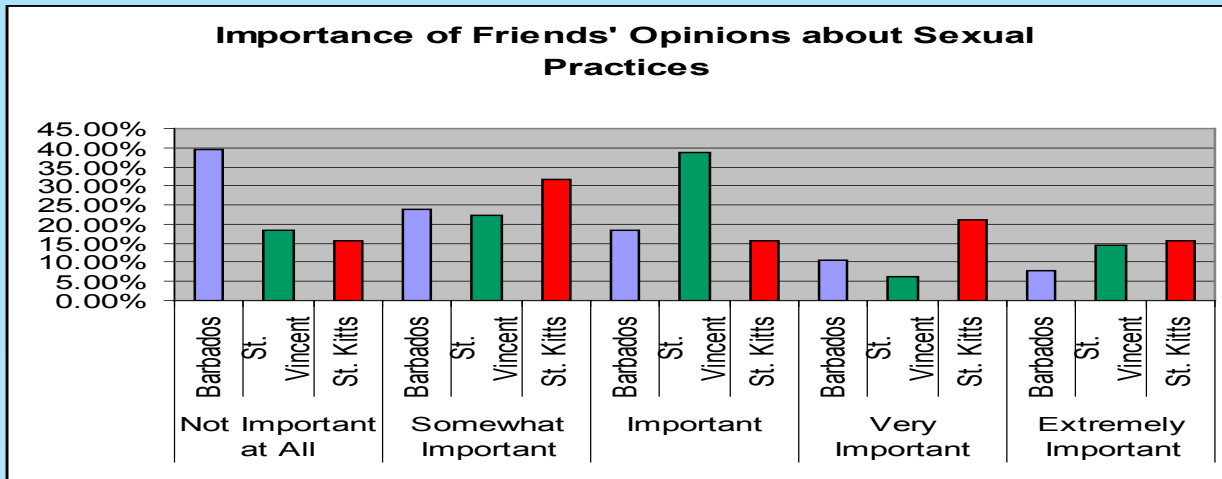


Figure 2

ROLE OF PEER PRESSURE

About one in five teens to the questionnaire (20.2 per cent) agreed or strongly agreed that they were encouraged to have sex by their peers, but such peer pressure was considerably stronger among boys (36.6 per cent) than among girls (9.8 per cent).

The answers to this question from St. Kitts and Nevis was significantly different from those of the other two countries. In St. Kitts and Nevis, fully 50.8 percent of teens said that they were not sure if their friends encouraged them to have sex, while a third (33.9 per cent) agreed or strongly agreed. Conversely, in Barbados (80.1 per cent) and St. Vincent and the Grenadines (74.3 per cent) the overwhelming majority disagreed or strongly disagreed that their friends encouraged them to have sex.

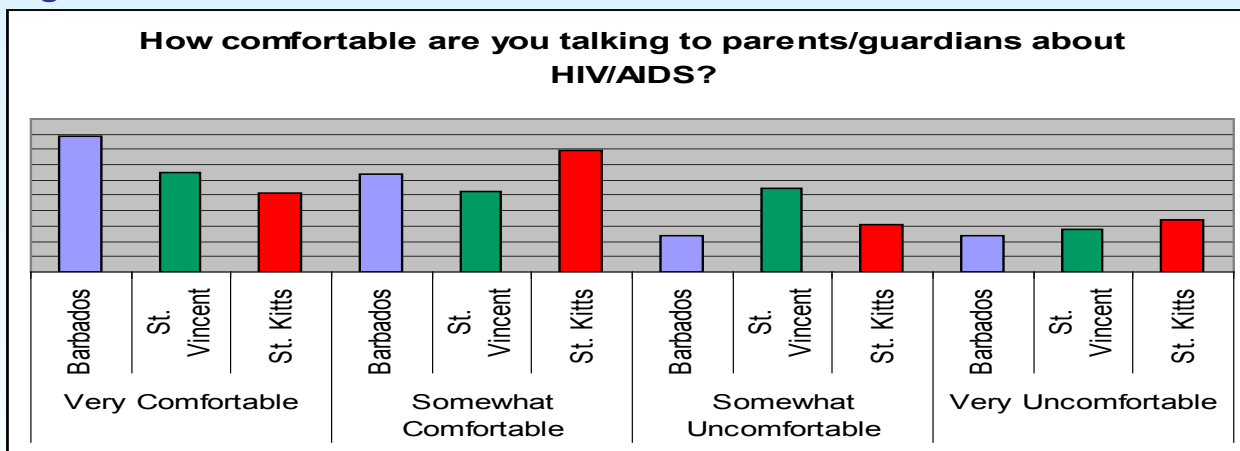
WHO WERE TEENS MOST COMFORTABLE TALKING TO ABOUT HIV?

It appeared that teens were more comfortable talking to their parents about HIV than about sex; 67.0 percent were very or somewhat comfortable talking to their parents about HIV but only 38.3 percent were comfortable talking to them about sex.

There were no major gender differences in relation to talking to parents about HIV, although girls were generally less comfortable talking to their parents about sex. This finding was borne out by the focus groups. In one case, a participant said that it would be easier to tell her parents that she had HIV than to tell them she was pregnant.

Some focus group participants were also asked about discussing such matters with guidance counsellors in their schools. For the most part, they would be reluctant to do this, out of concern for maintenance of confidentiality.

Figure 3



findings on sexual behaviours and protective practices of sexually active teens

Are they listening?

The majority of teens in the survey reported not having sex .

In the survey only 37.5 percent of teens reported having had sex with almost identical proportions of boys (37.2 percent) and girls (37.7 percent). Roughly one third of teens respectively found sex “somewhat enjoyable” or “enjoyable” and 5.7 per cent considered such sex not enjoyable at all. However, only an aggregated 27.3 per cent found sex with a condom to be very enjoyable (16.0 per cent) or extremely enjoyable (11.3 per cent). One in five teens (20.8 per cent) reported that they did not take any safety precautions during sex.

Precautions taken during Sexual Intercourse

In terms of the actual safety precautions taken, 50 per cent of girls reported using condoms alone whereas another 16.7 per cent used condoms along with other methods such as withdrawal, requiring a HIV test of partners and the pill.

Table 7 Precautions taken during sex

Response	Boys	Girls	Total
Condom only	57.5	45.2	50.0
Condom plus other	10.0	21.0	16.7
Other methods	15.0	6.4	9.8
No response	17.5	27.4	23.5

Boys tended to rely more on condoms alone (57.5 per cent) as opposed to girls (45.2 per cent), whereas girls with the additional option of the pill were more likely to combine condom use with other methods.

REASONS FOR NOT USING CONDOMS

- **Condom not available at the time of sex**

Almost half of teens (45.8 per cent) had had sex without a condom because it was not available at the time. 17.9 per cent of such teens reported that they were not at all concerned about this.

Table 8 Sex without a condom because one was not available at the time

Response	Boys	Girls	Total
Yes	52.4	41.5	45.8
No	47.6	58.5	54.2

- **Partner did not want to use one**

Almost one third of teens (31.3 per cent) reported that they had had sex without a condom because their partner didn't want them to use one. When analysed by gender, the data show tellingly that 16.7 per cent of boys but 41.5 per cent of girls had failed to use the protection offered by a condom because their partner did not want to use one.

The responses were fairly consistent across the three countries. In St. Vincent and the Grenadines, 37.5 percent of teens said that they had had sex without a condom because their partner did not want to use one. The comparable figure for St. Kitts and Nevis was 31.6 percent and in Barbados, 25.0 percent.

Almost one third of teens reported that they had had sex without a condom because their partner didn't want them to use one.

Table 9 Sex without a condom because partner did not want to use one

Response	Boys	Girls	Total
Yes	16.7	41.5	31.8
No	83.3	56.9	67.3

Is it okay for a girl to suggest condom use?

Responses to the questionnaire showed strong overall agreement with the statement "it is ok for a girl to suggest condom use", at 94.4 per cent. Only 3.1 per cent of teens disagreed. A much larger proportion of girls (80.5 per cent) agreed with the statement than boys (66.1 per cent). This was largely confirmed by the focus groups.

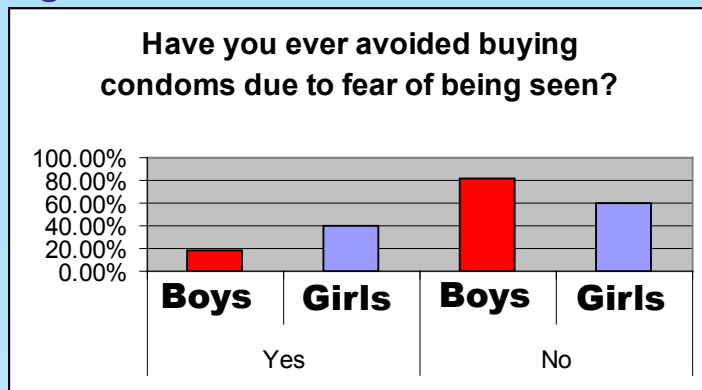
Are some teens being pressured into having sex without a condom?

Focus group participants were asked whether people they knew might be pressured into having sex without using a condom. The teens said that they personally would not accept this, but some admitted that they knew of such situations. Focus groups were asked what they would do if they wanted to have sex with their partner but a condom was not available. Most said that they would not have sex, but one boys said he would ask for oral sex. He was then asked if he was not concerned about potential health risks he could be imposing on his partner by asking her to perform oral sex on him. His response was: "That is up to her."

- **Afraid to be seen buying a condom**

Almost one third of teens (32.1 percent) said that they had avoided buying condoms because they were afraid of being seen doing so.

Figure 4

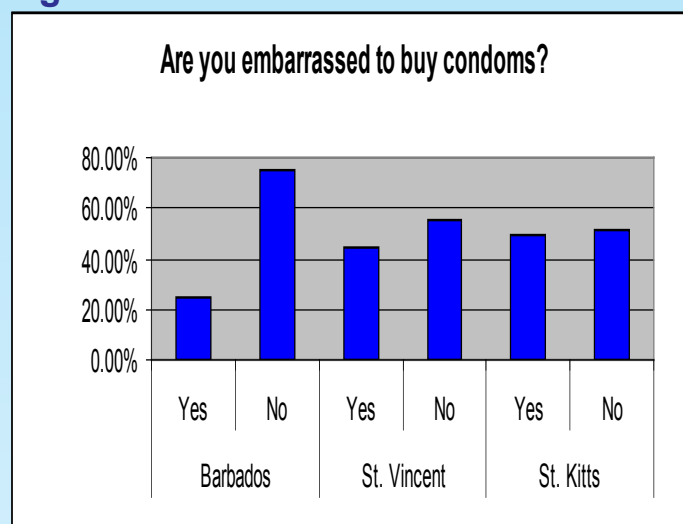


38 per cent of teens indicated that they would be embarrassed to be seen buying condoms. However, the gender distribution for this response was particularly instructive. Whereas just 19.3 per cent of boys indicated that they would be embarrassed, the corresponding figure for girls was 50 per cent.

On a country by country basis, teens in St. Kitts and Nevis were more likely (at 42.1 percent) to have avoided buying condoms for fear of being seen than they were in Barbados (30.8 percent) and St. Vincent and the Grenadines(29.2 percent).

In the focus groups. Most of the teens (boys and girls) said that they would not be embarrassed. Participants in St. Vincent and the Grenadines noted that buying condoms was not easy for young people, but the groups from Barbados found that condoms were readily available. Mention was made of free condom distribution at Crop Over in Barbados and dispensing machines in bathrooms.

Figure 5



Participants in St. Vincent and the Grenadines noted that buying condoms was not easy for young people, but the groups from Barbados found that condoms were readily available.



views of teens who were practicing abstinence

Are they listening?

In the questionnaire, 62.8 percent of boys and 62.3 percent of girls said that they had never had sex. St. Vincent and the Grenadines had the lowest percentage in this category (58.5 percent), followed by Barbados (64.0 percent) and St. Kitts and Nevis (67.8 percent).

Table 10 Ever had sex

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Yes	36.0	41.5	32.2
No	64.0	58.5	67.8

Influences on teens' decision to abstain

Only about a third of all teens (36.9 percent) said that friends' opinions were not important at all in their decision to abstain. More of these (40.6 percent) were boys than girls (34.5 percent). On the other hand, family opinions were more important for both boys and girls, though slightly less so (at 83.9 percent) for boys than for girls (92.7 percent).

Table 11

Importance of friends' opinions about decision to abstain from sex

Response	Boys	Girls	Total
Not important at all	40.6	34.5	36.9
Somewhat important	29.0	25.5	26.8
Important	14.5	12.7	13.4
Very important	14.5	7.3	10.1
Extremely important	1.4	20.0	12.8

Table 12

Importance of family's opinions about decision to abstain from sex

Response	Boys	Girls	Total
Not important at all	15.9	7.3	10.6
Somewhat important	18.8	14.5	16.2
Important	13.0	12.7	12.8
Very important	18.8	16.4	17.3
Extremely important	33.3	49.1	43.0

Sexually inactive teens also indicated that they would also be afraid to purchase condoms for fear of being seen if they were sexually active.

Teens who had never had sex were asked a number of hypothetical questions to determine their attitudes. Just over a quarter of these teens (26.1 percent) indicated that if they were sexually active, they would avoid buying a condom because of being afraid to be seen doing so. Twice as many girls (32.4 percent) as boys (16.2 percent) said that they would avoid buying condoms for fear of being seen.

These teens did not generally believe it was easy for adolescents to purchase condoms. Only about one third of teens (33.9 percent) felt that it was extremely easy/very easy/easy to purchase condoms whereas 30.5 percent felt that it was somewhat easy and 35.6 percent considered it "not easy at all."

At the same time, 67 percent believed that it was affordable / very affordable / extremely affordable for adolescents to purchase condoms while 27.4 percent felt that it was somewhat affordable and 5.6 percent not affordable at all.

Opinions of family members mattered most on decision to abstain from sex

FOCUS GROUPS' VIEWS ON ABSTINENCE

Participants in the girls' focus group for St. Vincent and the Grenadines were reluctant to talk about abstinence as an option. When pressed, one cited, as a reason for practising abstinence, the risk of pregnancy should a condom burst.

Girls in the focus group in Barbados were asked to comment on campaigns promoting abstinence. Some noted that such campaigns seemed "few and far between." Others expressed concern that the way current HIV prevention campaigns are structured, with an emphasis on condom use and sexually active youth, it can be difficult for someone who is practising abstinence to maintain that decision. They pointed also to the highly sexualized nature of the broader advertising environment and music videos, which further detract from promotion of abstinence.



other findings

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VIEWS ON MULTIPLE PARTNERS

Overall, 91.5 percent of teens either disagreed or strongly disagreed with the statement that men needed to have more than one sexual partner. A larger proportion of girls strongly disagreed (84.9 percent) compared to boys (76.1 percent).

However, there were marked differences among the three countries, with 22.0 percent of teens in St. Kitts and Nevis agreeing or strongly agreeing that men needed more than one sex partner at the same time, while the comparable figures were 6.5 percent for Barbados and 9.3 percent in St. Vincent and the Grenadines.

In the focus groups, however, participants agreed that Caribbean men often have more than one sexual partner and some of the boys justified this (which they considered “cool”), saying that if a girl breaks off a relationship because she met someone else, then the boy would be left alone, so it is better to have another girlfriend in the event that this happens.

VIEWS ON WHY TEENS ARE HAVING SEX

With regard to the statement “a person must have sex to keep their boy/girlfriend”, a larger proportion of girls strongly disagreed (69.1 percent) compared to boys (54.5 percent). There was substantial agreement overall with the statement “boys often pressure girls to have sex” – 39.4 percent strongly agreed and 42.5 percent agreed, for an aggregate of 81.9 percent. Feeling on this was much stronger among girls, with 89.1 percent being in agreement as opposed to 70.8 percent of boys. Boys in the St. Kitts and Nevis focus group acknowledged that sometimes peers are pressured by their partners into having sex, the ultimatum being that if they did not, the relationship would be over. For the most part, focus group participants rejected the idea of being pressured into having sex.

VIEWS ON THE ROLE OF SELF-ESTEEM IN TEENS' DECISION TO HAVE SEX

Specific questions about younger girls going with older men were asked in the Barbados focus groups. The girls' focus group suggested that this continues to happen because these younger girls saw the older men as father figures and were looking to them for love and affection. They suggested that girls who are involved with these men sometimes feel as if they will lose them if they (the girls) do not have sex with them or if they do not give in to their requests not to use a condom.

When asked about the role of self-esteem in the decisions young people make about sexual relationships, some focus group members said girls who do not consider themselves to be attractive sometimes give into sexual advances because it makes them feel wanted. For the two focus groups in St. Vincent and the Grenadines, the problem was not appearance but poverty. They did not think that their peers had sex because of low self-esteem, but that some of them might be doing it because they are poor and in need of money to attend school.

VIEWS ON PEOPLE LIVING WITH HIV

In an attempt to assess teens' attitudes to people living with HIV (PLHIV), the survey asked whether students living with HIV and HIV-infected teachers who were not sick should be allowed to attend school or continue teaching respectively. Overall, similar proportions supported the continuing attendance of students at school (71.6 percent) and teachers (70.3 percent). Active opposition was much stronger to teachers (11.2 percent) than to students (6.4 percent)

and girls were slightly more disposed to accepting students and teachers living with HIV than their male counterparts.

In the focus groups, there was more evidence of misinformation and aversion to contact with PLHIV. While girls in St. Kitts and Nevis agreed that PLHIV have a right to an education and should be allowed in mainstream schools, the boys felt that people with HIV and AIDS will always be stigmatized in some way, because the virus is associated with death. One participant saw positive elements to the stigma, since it encourages those who do not have HIV or AIDS to take precautions so that they are not stigmatized. Another participant noted that the stigma and discrimination causes people to not make their status known.

In St. Vincent and the Grenadines, when asked if students or teachers with HIV should be allowed to continue studying or teaching at their school, all but one of the teens said no. When asked why a teacher who is living with HIV should not be allowed to teach at the school, one respondent said: "Because you could catch it." When asked how, she stated that if the teacher was speaking to a student and sneezed, the student could catch it and if that student was allowed to come to school as well s/he would continue spreading the virus. Another misconception, expressed by a boy in St. Vincent and the Grenadines, was that sometimes when a person contracts HIV they want to spread it to other people by forcing them to have sex.

ASSESSMENT OF HIV/AIDS AWARENESS PROGRAMMES

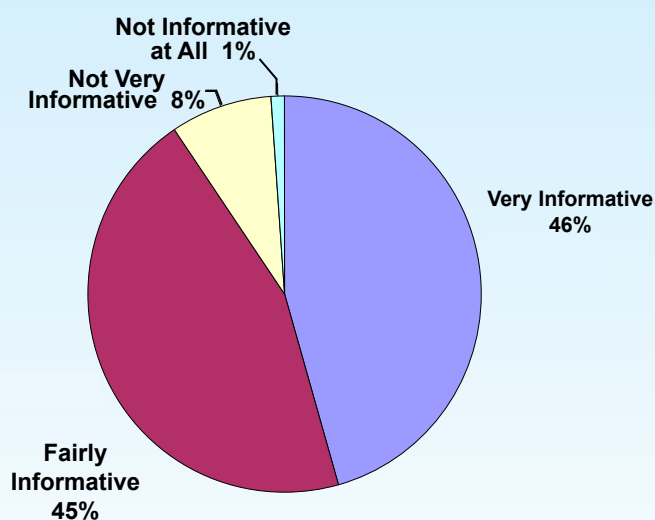
Teens to the questionnaire generally gave a positive assessment of the HIV/AIDS awareness programmes targeting young people. The assessments were also positive when teens were asked to rate the programmes in terms of teaching them to protect themselves from contracting HIV.

Table 13

Rating of programmes in terms of teaching to protect self from HIV

Response	Boys	Girls	Total
Extremely high	21.8	22.2	22.1
Very high	42.7	35.1	38.1
Somewhat high	31.8	36.8	34.9
Not high at all	3.6	5.8	5.0

Figure 6 Opinion of Current HIV and AIDS Awareness Programmes



HIV campaigns helped some teens to change their sexual habits

43.2 percent of teens indicated on the questionnaire that they had changed their sexual habits because of information gained from the HIV/AIDS awareness campaigns or programmes, although the 56.8 percent who indicated that they had not, constitutes some cause for concern.

Table 14

Changed sexual habits because of information from HIV campaigns or programmes

Response	Boys	Girls	Total
Yes	45.8	41.5	43.2
No	54.2	58.5	56.8

The table below indicates how some teens have changed their sexual behaviours.

Table 15

How sexual habits have changed by Country

Response	Total
Abstinence	26.0
Fear/Caution/Better choices	21.9
More consistent condom use	25.0
Greater awareness/better informed	27.1

ANALYSIS BY COUNTRY

The effectiveness of the HIV campaigns and programmes was not uniformed across the three countries. In Barbados, only 39.6 percent of respondents to the questionnaire said that they had changed their sexual habits because of information from HIV campaigns or programmes, while 42.9 percent of the teens in St. Vincent and the Grenadines and 50.9 percent of those in St. Kitts and Nevis said that they had made changes.

Table 16
Changed sexual habits because of information from HIV campaigns or programmes

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Yes	39.6	42.9	50.9
No	60.4	57.1	49.1

FOCUS GROUPS' VIEWS ON HIV CAMPAIGNS

Focus group participants were more critical of the HIV and AIDS campaigns. On the issue of whether HIV and AIDS prevention campaigns are successfully reaching young people, the St. Vincent and the Grenadines girls' group noted that they were just commercials and they did not believe that their peers took commercials seriously.

In a similar vein, the Barbados girls' focus group said, the ads are "constantly in your face," and now run the risk of causing apathy or desensitization. "It's like a tree you pass each day. Eventually, you do not see it anymore." One boy in the Barbados group said it is like flogging, stating that he has been flogged many times for bad behaviour at school but it has not resulted in behaviour change.

The boys' group from St. Kitts and Nevis felt that the campaigns tend to be boring, not geared toward youth and often tell them what to do without showing them the consequences and how these consequences will impact on their lives. Some of them also noted that current campaigns are too focused on fun and need to take a more serious approach.

The ads are "constantly in your face," and now run the risk of causing apathy or desensitization

VIEWS ON THE USE OF ROLE MODELS IN CAMPAIGNS

The Barbados boys' group commented that a good message is one that shows Hussain Bolt, the fastest man in the world, running the 100m in under 10 seconds. At the end of the race a statistic is announced to demonstrate how many people died from complications due to AIDS in the time it took him to run that race.

The use of role models in the various campaigns was considered by some of the focus groups. The girls' group from St. Kitts and Nevis said that using role models or famous people can be very effective, but care must be taken in choosing the role models, since the lifestyles and/or performances of some of the people chosen sometimes contradict the message they deliver on practicing safe sex.

Similarly, the girls' group in Barbados considered it is hypocritical of campaign designers to use some performers to promote safe sex and respect for oneself. They stated that it is a double standard to have these performers deliver these messages and then engage in performances they consider to be vulgar or that promote sexual promiscuity and/or a lack of self-respect.

CONCERN THAT THE MESSAGE WAS NOT CONNECTING TO THE AUDIENCE

The St. Kitts and Nevis girls' group contended that, with the *"Get It, Got It"* campaign, an important

message was lost in an attempt to have a hip catch phrase. They said that understanding the message the slogan sought to deliver was virtually impossible if one only heard the commercial on the radio. It had to be seen as well, to be understood. They also commented on messages that promote condom use with slogans such as: "condomize," "use a condom each and every time" and "be wise, condomize", saying that, while this message is simple and effective, care must be taken to ensure it does not promote promiscuity through the idea that it is okay to have sex when you want, with whom you want, as long as you wear a condom.

CONCERNS THAT CAMPAIGN MESSAGES WERE BORING AND DID NOT SHOW CONSEQUENCES

Some teens noted that the campaigns tend to be boring, not geared toward youth and often tell them what to do without showing them the consequences and how these consequences will impact on their lives.

Some noted that current campaigns are too focused on fun and need to take a more serious approach. Concern was expressed that *"The more we see people with HIV telling us how normal their lives are the more likely we are to slack off on protecting ourselves."* This implies that the messages directed toward non-discrimination and elimination of the stigma associated with HIV and AIDS can counteract efforts to want people about the dangers of HIV and AIDS.



**what teens think must be
done to make HIV campaigns
ads more effective**

Are they listening?

◇ **GIVE A FACE TO AIDS**

When the questionnaire asked what could be done to make the HIV and AIDS awareness programmes more effective for young people, the largest single category of teens (18.7 per cent) felt that there was a need to give a “face to AIDS,” either through having real persons living with HIV as part of the messaging or demonstrating in a real way what someone living with HIV has to deal with.

A further 15.7 per cent of teens called for more realistic programmes where the scenarios presented or the packaging of the information resonated more fully with the lived experiences of young people.

◇ **INVOLVE YOUNG PEOPLE IN THE ADS**

Some teens (11.9 per cent) called for greater involvement of young people in the design and presentation of the programmes and for a much more concerted attempt to reach young people where they were.

◇ **USE MORE CREATIVE METHODOLOGIES TO REACH TEENS**

Some teens (11.1 per cent) felt that there was a greater need for the use of drama, creativity and the media to present more effective programmes while 10.6 per cent indicated that multiple or a greater range of methodologies needed to be employed to reach the very diverse and heterogeneous audience that constituted young people.

Other responses called for greater use of the school (11.5 per cent), for condom distribution (4.7 per cent) and for a range of other unspecified approaches to increasing the efficacy of the programmes.

FOCUS GROUPS' RECOMMENDATIONS

◇ INVOLVE YOUTH IN DEVELOPING AND DELIVERING THE MESSAGE

Most focus group participants, in all three countries, agreed on the importance of providing more serious, informative campaigns that educate them about the dangers of unprotected sex and living with HIV or AIDS. They also stated that if campaigns are to successfully reach youth, then youth must be used to deliver the messages, particularly those who have been affected by HIV or AIDS. Campaign designers must be very careful with the choice of adults they use in campaigns. A balance must be reached between using an adult that youth will listen to and one that sets a good example.

In Barbados, the girls' focus group considered the possibility that the most effective campaigns would involve the use of young people with HIV or AIDS coming into schools to share their stories. They stated that it would however probably be difficult to find young people willing to do this because of stigma and discrimination and the fact that Barbados is so small. So they were asked if they thought an exchange program might work, where HIV positive youth from another islands or countries were used to share their story. They agreed that this would be effective. One teen said: "That would be pretty cool. For real."

The girls' focus group in St. Kitts and Nevis also wanted to see someone in their age group who had been diagnosed with HIV or AIDS attend school with them for a period of time so that they can see the realities of living with the disease.

All focus groups agreed that campaign producers and designers need to be more in touch with youth, their language and their interests so that campaigns are delivered in a manner that catches the attention of youth.

◇ EVALUATE CAMPAIGN

The St. Kitts and Nevis boys' group saw a need to do more testing to see if campaigns are effective.

◇ USE FRIENDS AND FAMILY TO REACH YOUTH

One respondent in St. Vincent and the Grenadines suggested that friends and family members should be used to reach young people more effectively.


◇ HFLE HAS AN IMPORTANT ROLE TO PLAY

The focus group participants wanted to see greater involvement by schools in HIV/AIDS prevention, including more discussions in schools that teach them about the dangers of HIV and AIDS.

Health and Family Life Education (HFLE) was seen as a good vehicle for this. The St. Kitts and Nevis girls' group suggested that HFLE should be a staple part of the curriculum. The St. Kitts and Nevis boys' group thought HFLE should be a mandatory course for all students.

◇ INTERACTIVE APPROACH NEEDED

A more interactive approach is needed to effectively reach youth. The St. Vincent girls' group suggested a more interactive approach involving the youth, like a rally.



conclusions

Are they listening?

RISK ASSESSMENT AND CONDOM USE

Roughly half of teens did not consider themselves at any risk of contracting an STI or HIV and this was so even for teens who indicated that they had had unprotected sex. The challenge of negotiating condom use, even where there was clear knowledge of its protective value in the unequal environment of gender power relations was clearly borne out in the survey. Girls were much more likely to be embarrassed about buying condoms; to have avoided buying them out of fear of being seen; and to have had sex without them because of their partner's wishes.

In terms of sexual activity, anal sex remains an issue of some. The concern revolves around the fact that in spite of its higher risk (biologically) teens were less likely to identify this as an activity associated with HIV infection (or to take precautions against) than vaginal intercourse. The challenge of inconsistent condom use in this age group was also apparent in the findings – only one-third of sexually active teens reported using condoms every time – which effectively means that two-thirds had put themselves at elevated risk of having had unprotected sex.

RESPONSE TO MEDIA CAMPAIGNS

Media campaigns generally got a positive rating from teens. More than 40 percent reported having changed their sexual habits as a result, particularly in the direction of secondary abstinence and more consistent condom use. Teens who stated that media campaigns did not result in behaviour change for them generally stated that it was because they were already abstaining. However, there was some

cause for concern, as indicated in the findings, since some teens who were active and not taking precautions stated that they did not change their habits because of campaigns.

IMPROVEMENT OF MEDIA CAMPAIGNS

While campaigns were generally highly rated, room for improvement was highlighted by the range of suggestions offered by teens. These related especially to making campaigns more realistic, more dramatic, and more diverse in their messaging, with greater involvement of young people in their design and presentation.

However, the change requested by youth in the study, which perhaps resonates most, is giving HIV/AIDS a face: young people living with the virus, brought into schools to share their heart-felt, honest and uncensored stories. As one participant in the study stated: “It is then we will take notice.”

**UNITE FOR CHILDREN
UNITE AGAINST AIDS**



APPENDIX I: RESPONSE BY GENDER

Table 1 Teens by Territory

Territory	Boys	Girls	Total
Barbados	43.2	56.8	38.5
St. Kitts & Nevis	28.8	71.2	20.5
St. Vincent & Grenadines	40.7	59.3	41.0

Table 2 Teens by Age

Knowledge of HIV and AIDS	Boys	Girls	Total
15	46.7	53.3	15.6
15	35.9	64.1	27.1
16	32.0	68.0	34.7
17	50.0	50.0	21.5
18	33.3	66.7	1.0

Table 3 Teens by Sex

Sex	Total
Boys	39.2
Girls	60.8

Table 4 How would you rate knowledge of HIV / AIDS

Knowledge of HIV and AIDS	Boys	Girls	Total
Very good	32.7	28.9	30.4
Fairly good	45.1	52.6	49.7
A little	16.8	16.8	16.8
Not good	3.5	0.6	1.7
Poor	0.9	1.2	1.0

APPENDIX I: RESPONSE BY GENDER

Table 5 Main source of knowledge about HIV and AIDS

Source of Knowledge	Boys	Girls	Total
Family	9.6	9.6	9.6
Friends	2.9	2.5	2.7
School	43.3	51.6	48.3
Media campaigns	44.2	36.3	39.5

Table 6 Sexual activities associated with HIV infection

Activities Associated with HIV	Boys	Girls	Total
Touching	3.5	1.1	1.7
Kissing	22.1	18.3	19.4
Oral sex	67.3	69.7	68.7
Intercourse	93.8	94.9	94.8
Anal sex	84.1	78.9	80.9

Table 7 Chances of contracting a STI

Likelihood of STI Infection	Boys	Girls	Total
Extremely likely	7.1	5.8	6.3
Very likely	8.8	7.0	7.7
Likely	16.8	9.9	12.6
Somewhat likely	25.7	26.2	26.0
Not likely at all	41.6	51.2	47.4

Table 8 Chances of contracting HIV

Response	Boys	Girls	Total
Extremely likely	5.4	4.6	4.9
Very likely	5.4	3.4	4.2
Likely	9.8	8.0	8.7
Somewhat likely	33.0	26.4	29.0
Not likely at all	46.4	57.5	53.1

Table 9 Greatest fear about having unprotected sex

Greatest Fear	Boys	Girls	Total
Pregnancy	22.4	35.9	30.7
HIV	66.4	55.3	59.6
Other STIs	11.2	8.8	9.7

Table 10 Embarrassed to Buy Condoms

Response	Boys	Girls	Total
Yes	19.3	50.0	38.0
No	80.7	49.4	61.6

Table 11 Men Need More Than One Sex Partner Often At Same Time

Response	Boys	Girls	Total
Not sure	1.8	1.7	1.8
Strongly agree	4.4	2.3	3.2
Agree	4.4	2.9	3.5
Disagree	26.5	8.1	15.4
Strongly disagree	62.8	84.9	76.1

Table 12 My Friends Encourage Me to have sex

Response	Boys	Girls	Total
Not sure	6.3	1.7	3.5
Strongly agree	13.4	2.9	7.0
Agree	23.2	6.9	13.2
Disagree	31.3	28.0	29.3
Strongly disagree	25.9	60.6	47.0

APPENDIX I: RESPONSE BY GENDER

Table 13 My Friends Encourage Me to have sex

Response	Boys	Girls	Total
Not sure	6.3	1.7	3.5
Strongly agree	13.4	2.9	7.0
Agree	23.2	6.9	13.2
Disagree	31.3	28.0	29.3
Strongly disagree	25.9	60.6	47.0

Table 14 Most people in my class are having sex

Response	Boys	Girls	Total
Not sure	59.3	52.0	59.4
Strongly agree	11.5	16.6	14.6
Agree	13.3	23.4	19.4
Disagree	11.5	6.3	8.3
Strongly disagree	4.4	1.7	2.8

Table 15 A person must have sex to keep their boy/girlfriend

Response	Boys	Girls	Total
Not sure	4.5	3.4	3.8
Strongly agree	1.8	4.6	3.5
Agree	5.4	8.0	7.0
Disagree	33.9	14.9	22.3
Strongly disagree	54.5	69.1	63.4

Table 16 Boys pressure girls to have sex

Response	Boys	Girls	Total
Not sure	4.4	2.9	3.5
Strongly agree	32.7	43.7	39.4
Agree	38.1	45.4	42.5
Disagree	15.0	5.2	9.1
Strongly disagree	9.7	2.9	5.6

Table 17 It is ok for a girl to suggest condom use

Response	Boys	Girls	Total
Not sure	3.6	1.7	2.4
Strongly agree	66.1	80.5	74.8
Agree	29.5	13.2	19.6
Disagree	0.0	0.6	0.3
Strongly disagree	0.9	4.0	2.8

Table 18 Should a student with HIV be allowed to attend school

Response	Boys	Girls	Total
Yes	67.9	74.0	71.6
No	7.3	5.8	6.4
Not sure	24.8	20.2	22.0

Table 19 Should a teacher with HIV be allowed to continue teaching

Response	Boys	Girls	Total
Yes	68.1	71.7	70.3
No	12.4	10.4	11.2
Not sure	19.5	17.3	18.2

Table 20 How comfortable talking to parents/guardians about sex

Response	Boys	Girls	Total
Very comfortable	16.8	10.9	13.2
Somewhat comfortable	23.9	25.9	25.1
Somewhat uncomfortable	35.4	27.6	30.7
Very uncomfortable	23.9	35.1	30.7

APPENDIX I: RESPONSE BY GENDER

Table 21 How comfortable talking to parents/guardians about HIV and AIDS

Response	Boys	Girls	Total
Very comfortable	38.4	34.1	35.8
Somewhat comfortable	30.4	31.8	31.2
Somewhat uncomfortable	18.8	19.1	18.9
Very uncomfortable	12.5	14.5	13.7

Table 22 Sexual activities to take precautions against

Activities Associated with HIV	Boys	Girls	Total
Touching	5.3	5.7	5.6
Kissing	16.8	17.7	17.4
Oral sex	64.1	77.1	73.6
Intercourse	89.4	93.7	92.0
Anal sex	77.0	80.6	75.7

Table 23 How high would you rate your self-esteem

Response	Boys	Girls	Total
Not high at all	2.7	4.0	3.5
Somewhat high	19.6	22.0	21.1
High	29.5	28.3	28.8
Very high	33.9	29.5	31.2
Extremely high	14.3	16.2	15.4

Table 24 Ever had sex

Response	Boys	Girls	Total
Yes	37.2	37.7	37.5
No	62.8	62.3	62.5

Table 25 How enjoyable is sex

Response	Boys	Girls	Total
Not enjoyable at all	4.8	4.6	4.7
Somewhat enjoyable	9.5	26.2	19.6
Enjoyable	11.9	20.0	16.8
Very enjoyable	26.2	23.1	24.3
Extremely enjoyable	47.6	26.2	34.6

Table 26 How enjoyable is sex with a condom

Response	Boys	Girls	Total
Not enjoyable at all	4.9	6.2	5.7
Somewhat enjoyable	31.7	35.4	34.0
Enjoyable	31.7	33.8	33.0
Very enjoyable	22.0	12.3	16.0
Extremely enjoyable	9.8	12.3	11.3

Table 27 How enjoyable is sex without a condom

Response	Boys	Girls	Total
Not enjoyable at all	8.3	20.4	15.6
Somewhat enjoyable	8.3	9.3	8.9
Enjoyable	5.6	7.4	6.7
Very enjoyable	30.6	22.2	25.6
Extremely enjoyable	47.2	40.7	43.3

Table 28 How easy is it to talk about sexual matters to partner

Response	Boys	Girls	Total
Not easy at all	2.4	3.1	2.8
Somewhat easy	12.2	9.2	10.4
Easy	26.8	18.5	21.7
Very easy	34.1	29.2	31.1
Extremely easy	24.4	40.0	34.0

APPENDIX I: RESPONSE BY GENDER

Table 29 (a) Take safety precautions during sex

Response	Boys	Girls	Total
Yes	78.6	79.7	79.2
No	21.4	20.3	20.8

Table 29 (b) Precautions taken

Response	Boys	Girls	Total
Condom only	57.5	45.2	50.0
Condom plus other	10.0	21.0	16.7
Other methods	15.0	6.4	9.8
No response	17.5	27.4	23.5

Table 30 Ever avoided buying condoms due to fear of being seen

Response	Boys	Girls	Total
Yes	19.0	40.6	32.1
No	81.0	59.4	67.9

Table 31 How often use condoms during sex

Response	Boys	Girls	Total
Every time	32.5	34.4	33.7
Most of time	42.5	37.5	39.4
Occasionally	12.5	18.8	16.3
Never	12.5	9.4	10.6

Table 31 (b) How easy would it be to start using condoms every time

Response	Boys	Girls	Total
Not easy at all	4.0	6.8	5.8
Somewhat easy	24.0	18.2	20.3
Easy	24.0	27.3	26.1
Very easy	16.0	15.9	15.9
Extremely easy	32.0	31.8	31.9

Table 32 How easy is it to get condoms

Response	Boys	Girls	Total
Not easy at all	2.4	9.5	6.7
Somewhat easy	7.1	14.3	11.4
Easy	9.5	25.4	19.0
Very easy	33.3	9.5	19.0
Extremely easy	47.6	41.3	43.8

Table 33 How affordable to buy condoms

Response	Boys	Girls	Total
Not affordable at all	4.8	6.3	5.7
Somewhat affordable	9.5	7.9	8.6
Affordable	21.4	38.1	31.4
Very affordable	11.9	9.5	10.5
Extremely affordable	52.4	38.1	43.8

Table 34 (a)
Sex without a condom because one was not available at the time

Response	Boys	Girls	Total
Yes	52.4	41.5	45.8
No	47.6	58.5	54.2

Table 34 (b) How concerned about this

Response	Boys	Girls	Total
Not concerned at all	25.0	12.5	17.9
Somewhat concerned	12.5	15.6	14.3
Concerned	25.0	9.4	16.1
Very concerned	16.7	31.3	25.0
Extremely concerned	20.8	31.3	26.8

Table 35 Sex without a condom because partner did not want to use one

Response	Boys	Girls	Total
Yes	16.7	41.5	31.8
No	83.3	56.9	67.3

Table 36 Importance of friends' opinions about sexual practices

Response	Boys	Girls	Total
Not important at all	28.6	23.4	25.5
Somewhat important	31.0	20.3	24.5
Important	23.8	29.7	27.4
Very important	7.1	12.5	10.4
Extremely important	9.5	14.1	12.3

Table 37 Importance of family's opinions about sexual practices

Response	Boys	Girls	Total
Not important at all	22.0	12.3	16.0
Somewhat important	12.2	20.0	17.0
Important	12.2	18.5	16.0
Very important	24.4	18.5	20.8
Extremely important	29.3	30.8	30.2

Table 38 How enjoyable do you believe sex is

Response	Boys	Girls	Total
Not enjoyable at all	1.5	5.5	4.0
Somewhat enjoyable	11.8	17.4	15.3
Enjoyable	16.2	22.9	20.3
Very enjoyable	30.9	23.9	26.6
Extremely enjoyable	39.7	30.3	33.9

Table 39 How enjoyable do you believe sex with a condom is

Response	Boys	Girls	Total
Not enjoyable at all	8.8	11.0	10.2
Somewhat enjoyable	29.4	31.2	30.5
Enjoyable	35.3	33.0	33.9
Very enjoyable	16.2	17.4	16.9
Extremely enjoyable	10.3	7.3	8.5

Table 40 How enjoyable do you believe sex without a condom is

Response	Boys	Girls	Total
Not enjoyable at all	10.4	14.7	13.1
Somewhat enjoyable	7.5	13.8	11.4
Enjoyable	13.4	18.3	16.5
Very enjoyable	28.4	30.3	29.5
Extremely enjoyable	40.3	22.9	29.5

Table 41

If sexually active, would you avoid buying condoms due to fear of being seen

Response	Boys	Girls	Total
Yes	16.2	32.4	26.1
No	83.8	67.6	73.9

Table 42

How easy do you believe it is for adolescents to purchase condoms

Response	Boys	Girls	Total
Not easy at all	27.5	40.7	35.6
Somewhat easy	26.1	33.3	30.5
Easy	20.3	8.3	13.0
Very easy	14.5	6.5	9.6
Extremely easy	11.6	11.1	11.3

Table 43

How affordable do you believe it is for adolescents to purchase condoms

Response	Boys	Girls	Total
Not affordable at all	2.9	7.3	5.6
Somewhat affordable	23.2	30.0	27.4
Affordable	40.6	30.9	34.9
Very affordable	15.9	16.4	16.2
Extremely affordable	17.4	15.5	16.2

Table 44

Importance of friends' opinions about decision to abstain from sex

Response	Boys	Girls	Total
Not important at all	40.6	34.5	36.9
Somewhat important	29.0	25.5	26.8
Important	14.5	12.7	13.4
Very important	14.5	7.3	10.1
Extremely important	1.4	20.0	12.8

Table 45

Importance of family's opinions about decision to abstain from sex

Response	Boys	Girls	Total
Not important at all	15.9	7.3	10.6
Somewhat important	18.8	14.5	16.2
Important	13.0	12.7	12.8
Very important	18.8	16.4	17.3
Extremely important	33.3	49.1	43.0

Table 46 Opinion of current HIV and AIDS awareness programmes

Response	Boys	Girls	Total
Very informative	41.8	46.2	44.5
Fairly informative	49.1	43.9	45.9
Not very informative	8.2	8.8	8.5
Not informative at all	0.9	1.2	1.1

Table 47

Rating of programmes in terms of teaching to protect self from HIV

Response	Boys	Girls	Total
Extremely high	21.8	22.2	22.1
Very high	42.7	35.1	38.1
Somewhat high	31.8	36.8	34.9
Not high at all	3.6	5.8	5.0

Table 48 (a)

Changed sexual habits because of information from HIV campaigns or programmes

Response	Boys	Girls	Total
Yes	45.8	41.5	43.2
No	54.2	58.5	56.8

Table 48 (b) How sexual habits have changed

Response	Total
Abstinence	26.0
Fear/Caution/Better choices	21.9
More consistent condom use	25.0
Greater awareness/better informed	27.1

APPENDIX I: RESPONSE BY GENDER

Table 49

What would make HIV and AIDS awareness programmes more effective for young

Response	Total
Showing the 'face of AIDS'	18.7
More realistic/graphic presentations	15.7
Greater involvement/reach of youth	11.9
More involvement/use of school	11.5
Greater creativity/drama/use of media	11.1
Greater range/variety of presentation methods	10.6
Condom distribution	4.7
Already effective	3.0
Other	8.5
Don't know/Not sure	4.3

National Comparison Data

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APPENDIX II: RESPONSE BY COUNTRY

Table 1 Teens by Age

Knowledge of HIV and AIDS	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
14	16.2	12.7	20.3
15	26.1	22.9	37.3
16	27.9	41.5	33.9
17	27.0	22.9	8.5
18	2.7	0.0	0.0

Table 2 Teens by Sex

Sex	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Boys	43.2	40.7	28.8
Girls	56.8	59.3	71.2

Table 3 How would you rate knowledge of HIV and AIDS

Knowledge of HIV and AIDS	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Very good	25.5	31.6	37.3
Fairly good	46.4	53.0	49.2
So-so	23.6	12.0	13.6
Not Good	2.7	1.7	0.0
Poor	0.9	1.7	0.0

Table 4 Main source of knowledge about HIV and AIDS

Source of Knowledge	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Family	10.6	8.0	11.1
Friends	2.9	1.8	4.4
School	30.8	67.9	40.0
Media campaigns	55.8	22.3	44.4

Table 5 Sexual activities associated with HIV infection

Activities Associated with HIV	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Touching	1.8	0.8	1.7
Kissing	13.5	19.5	32.2
Oral sex	66.7	73.7	74.5
Intercourse	89.2	97.5	96.6
Anal sex	81.1	84.7	72.9

Table 6 Chances of contracting a STI

Likelihood of STI Infection	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Extremely likely	11.9	1.7	5.1
Very likely	7.3	5.1	13.6
Likely	11.0	15.4	10.2
Somewhat likely	28.4	29.1	15.3
Not likely at all	41.3	48.7	55.9

Table 7 Chances of contracting HIV

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Extremely likely	6.4	0.9	10.2
Very likely	4.5	2.6	6.8
Likely	10.9	6.8	8.5
Somewhat likely	27.3	38.5	13.6
Not likely at all	50.9	51.3	61.0

Table 8 Greatest fear about having unprotected sex

Greatest Fear	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Pregnancy	30.2	29.8	33.3
HIV	53.8	64.0	61.4
Other STIs	16.0	6.1	5.3

APPENDIX II: RESPONSE BY COUNTRY

Table 9 Embarrassed to buy condoms

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Yes	24.8	44.8	49.1
No	75.2	55.2	50.9

Table 10 Men need more than one sex partner, often at same time

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Not sure	3.7	0.0	1.7
Strongly agree	1.9	5.9	1.7
Agree	4.6	3.4	20.3
Disagree	17.6	11.0	76.3
Strongly disagree	72.2	79.7	0.0

Table 11 My friends encourage me to have sex

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Not sure	2.7	3.4	50.8
Strongly agree	6.3	7.7	27.1
Agree	10.8	14.5	6.8
Disagree	31.5	25.6	11.9
Strongly disagree	48.6	48.7	3.4

Table 12 Most people in my class are having sex

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Not sure	58.6	53.4	5.1
Strongly agree	13.5	9.3	5.1
Agree	20.7	24.6	11.9
Disagree	6.3	8.5	22.0
Strongly disagree	0.9	4.2	55.9

Table 13 A person must have sex to keep their boy/girlfriend

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Not sure	3.6	3.4	5.1
Strongly agree	1.8	4.2	5.1
Agree	4.5	6.8	11.9
Disagree	27.3	17.8	22.0
Strongly disagree	62.7	67.8	55.9

Table 14 Boys pressure girls to have sex

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Not sure	2.7	4.3	3.4
Strongly agree	34.2	41.9	44.1
Agree	39.6	42.7	47.5
Disagree	14.4	6.8	3.4
Strongly disagree	9.0	4.3	1.7

Table 15 It is ok for a girl to suggest condom use

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Not sure	5.4	0.0	1.8
Strongly agree	75.7	74.6	73.7
Agree	14.4	22.9	22.8
Disagree	0.9	0.0	0.0
Strongly disagree	3.6	2.5	1.8

Table 16 Should a student with HIV be allowed to attend school

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Yes	79.8	62.6	74.1
No	2.8	10.4	5.2
Not sure	17.4	27.0	20.7

APPENDIX II: RESPONSE BY COUNTRY

Table 17 Should a teacher with HIV be allowed to continue teaching

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Yes	76.4	62.7	74.1
No	7.3	17.8	5.2
Not sure	16.4	19.5	19.0

Table 18 How comfortable talking to parents/guardians about sex

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Very comfortable	17.3	10.2	11.9
Somewhat comfortable	31.8	20.3	22.0
Somewhat uncomfortable	24.5	33.1	37.3
Very uncomfortable	26.4	36.4	27.1

Table 19 How comfortable talking to parents/guardians about HIV and AIDS

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Very comfortable	44.5	32.5	25.9
Somewhat comfortable	31.8	26.5	39.7
Somewhat uncomfortable	11.8	27.4	15.5
Very uncomfortable	11.8	13.7	17.2

Table 20 Sexual activities to take precautions against

Activities Associated with HIV	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Touching	5.4	6.8	3.4
Kissing	18.0	16.1	18.6
Oral sex	72.1	75.4	72.9
Intercourse	88.3	92.4	79.7
Anal sex	79.3	81.4	74.6

Table 21 How high would you rate your self-esteem

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Not high at all	6.4	0.9	3.4
Somewhat high	27.3	17.9	15.5
High	29.1	28.2	29.3
Very high	24.5	38.5	29.3
Extremely high	12.7	14.5	22.4

Table 22 Ever had sex

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Yes	36.0	41.5	32.2
No	64.0	58.5	67.8

Table 23 How enjoyable is sex

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Not enjoyable at all	5.0	2.1	10.5
Somewhat enjoyable	12.5	25.0	21.1
Enjoyable	20.0	18.8	5.3
Very enjoyable	20.0	25.0	31.6
Extremely enjoyable	42.5	29.2	31.6

Table 24 How enjoyable is sex without a condom

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Not enjoyable at all	10.0	4.2	0.0
Somewhat enjoyable	32.5	35.4	33.3
Enjoyable	32.5	27.1	50.0
Very enjoyable	17.5	16.7	11.1
Extremely enjoyable	7.5	16.7	5.6

Table 25 How enjoyable is sex with a condom

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Not enjoyable at all	20.0	14.3	11.1
Somewhat enjoyable	0.0	19.0	0.0
Enjoyable	10.0	4.8	5.6
Very enjoyable	30.0	21.4	27.8
Extremely enjoyable	40.0	40.5	55.6

Table 26 How easy is it to talk about sexual matters to partner

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Not easy at all	2.5	4.3	0.0
Somewhat easy	5.0	12.8	15.8
Easy	22.5	14.9	36.8
Very easy	35.0	34.0	15.8
Extremely easy	35.0	34.0	31.6

Table Twenty-Seven Take safety precautions during sex

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Yes	82.1	75.0	84.2
No	17.9	25.0	15.8

Table 28 Ever avoided buying condoms due to fear of being seen

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Yes	30.8	29.2	42.1
No	69.2	70.8	57.9

Table 29 (a) How often use condoms during sex

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Every time	37.8	35.4	21.1
Most of time	45.9	37.5	31.6
Occasionally	10.8	12.5	36.8
Never	5.4	14.6	10.5

Table 29 (b) How easy would it be to start using condoms every time

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Not easy at all	0.0	13.8	0.0
Somewhat easy	16.0	20.7	26.7
Easy	28.0	17.2	40.0
Very easy	20.0	13.8	13.3
Extremely easy	36.0	34.5	20.0

Table 30 How easy is it to get condoms

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Not easy at all	10.8	2.0	10.5
Somewhat easy	10.8	16.3	0.0
Easy	21.6	16.3	21.1
Very easy	18.9	18.4	21.1
Extremely easy	37.8	46.9	47.4

Table 31 How affordable to buy condoms

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Not affordable at all	5.4	4.1	10.5
Somewhat affordable	8.1	8.2	10.5
Affordable	27.0	34.7	31.6
Very affordable	13.5	8.2	10.5
Extremely affordable	45.9	44.9	36.8

Table 32 (a) Sex without a condom because one was not available at the time

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Yes	45.0	41.7	57.9
No	55.0	58.3	42.1

Table 33 (b) How concerned about this

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Not concerned at all	25.0	13.0	15.4
Somewhat concerned	5.0	26.1	7.7
Concerned	20.0	8.7	23.1
Very concerned	20.0	26.1	30.8
Extremely concerned	30.0	26.1	23.1

Table 34 Sex without a condom because partner did not want to use one

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Yes	25.0	37.5	31.6
No	75.0	60.4	68.4

Table 35 Importance of friends' opinions about sexual practices

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Not important at all	39.5	18.4	15.8
Somewhat important	23.7	22.4	31.6
Important	18.4	38.8	15.8
Very important	10.5	6.1	21.1
Extremely important	7.9	14.3	15.8

Table 36 Importance of family's opinions about sexual practices

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Not important at all	25.6	4.2	26.3
Somewhat important	12.8	20.8	15.8
Important	15.4	18.8	10.5
Very important	20.5	22.9	15.8
Extremely important	25.6	33.3	31.6

Table 37 How enjoyable do you believe sex is

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Not enjoyable at all	4.4	1.4	7.5
Somewhat enjoyable	8.8	20.3	17.5
Enjoyable	19.1	14.5	32.5
Very enjoyable	26.5	31.9	17.5
Extremely enjoyable	41.2	31.9	25.0

Table 38 How enjoyable do you believe sex with a condom is

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Not enjoyable at all	5.9	10.1	17.5
Somewhat enjoyable	25.0	31.9	37.5
Enjoyable	29.4	36.2	37.5
Very enjoyable	25.0	14.5	7.5
Extremely enjoyable	14.7	7.2	0.0

Table 39 How enjoyable do you believe sex without a condom is

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Not enjoyable at all	13.4	14.5	10.0
Somewhat enjoyable	6.0	14.5	15.0
Enjoyable	10.4	13.0	32.5
Very enjoyable	34.3	30.4	20.0
Extremely enjoyable	35.8	27.5	22.5

Table 40 If sexually active, would you avoid buying condoms due to fear of being seen

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Yes	19.1	30.9	30.0
No	80.9	69.1	70.0

Table 41 How easy do you believe it is for adolescents to purchase condoms

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Not easy at all	25.0	42.0	42.5
Somewhat easy	33.8	29.0	27.5
Easy	14.7	14.5	7.5
Very easy	13.2	5.8	10.0
Extremely easy	13.2	8.7	12.5

Table 42 How affordable do you believe it is for adolescents to purchase condoms

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Not affordable at all	8.7	2.9	5.0
Somewhat affordable	26.1	27.1	30.0
Affordable	27.5	38.6	40.0
Very affordable	15.9	18.6	12.5
Extremely affordable	21.7	12.9	12.5

Table 43 Importance of friends' opinions about decision to abstain from sex

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Not important at all	37.7	37.1	35.0
Somewhat important	33.3	15.7	35.0
Important	8.7	17.1	15.0
Very important	8.7	15.7	2.5
Extremely important	11.6	14.3	12.5

Table 44 Importance of family's opinions about decision to abstain from sex

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Not important at all	14.5	8.6	7.5
Somewhat important	26.1	8.6	12.5
Important	11.6	12.9	15.0
Very important	10.1	27.1	12.5
Extremely important	37.7	42.9	52.5

Table 45 Opinion of current HIV and AIDS awareness programmes

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Very informative	41.4	50.0	39.7
Fairly informative	48.6	40.2	51.7
Not very informative	9.9	8.9	5.2
Not informative at all	0.0	0.9	3.4

Table 46 Rating of programmes in terms of teaching to protect self from HIV

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Extremely high	20.7	25.9	17.2
Very high	32.4	38.4	48.3
Somewhat high	42.3	31.3	27.6
Not high at all	4.5	4.5	6.9

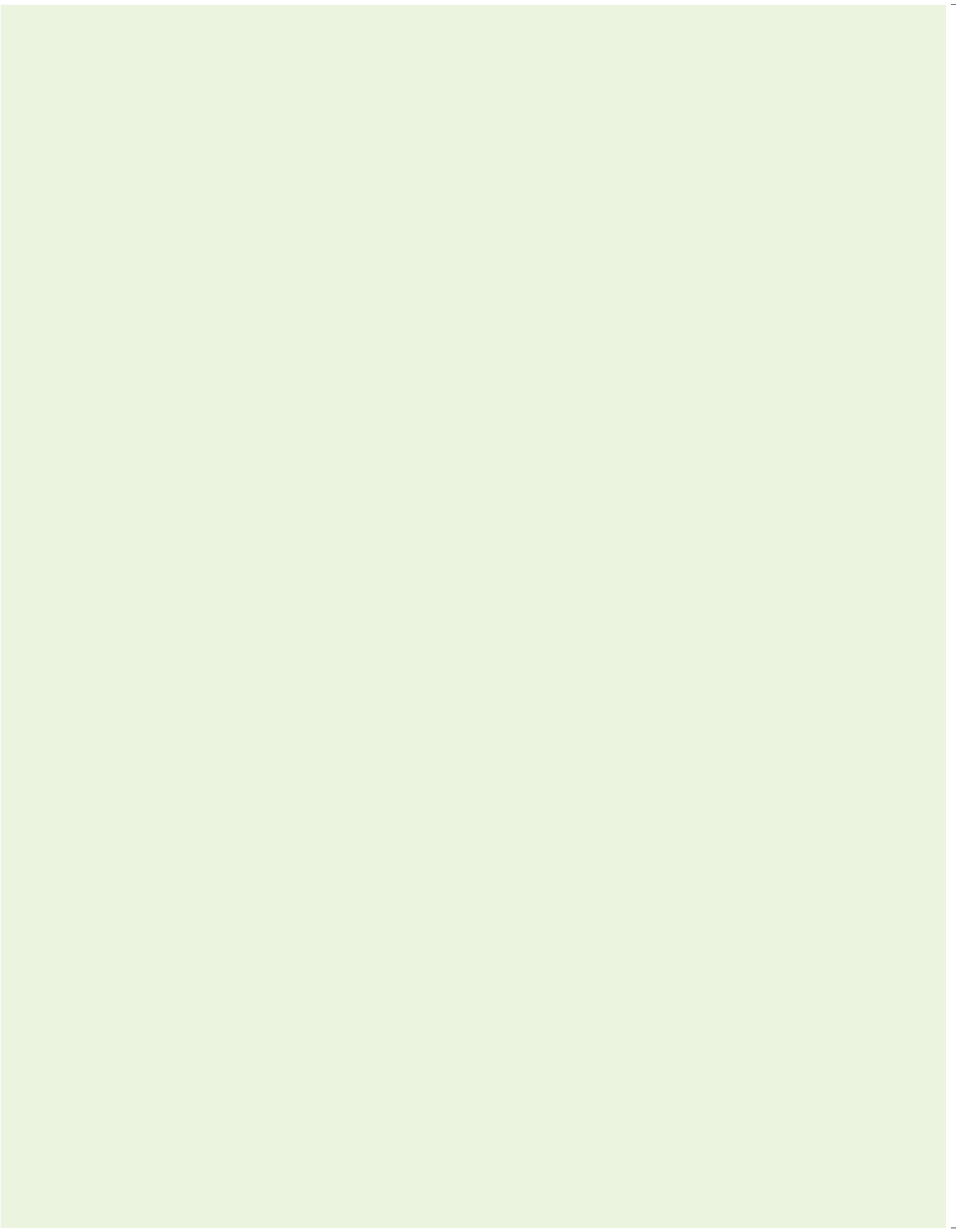
Table 47 Changed sexual habits because of information from HIV campaigns or programmes

Response	Barbados	St. Vincent and the Grenadines	St. Kitts and Nevis
Yes	39.6	42.9	50.9
No	60.4	57.1	49.1



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