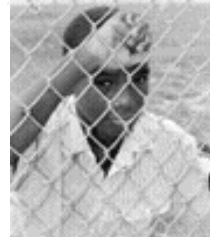



Report on the National KAPB Survey on HIV/AIDS



Ministry of Education
Youth Affairs & Sports
December 2001



**Report on the
National KABP
Survey
on
HIV AIDS**

All rights reserved. No part of this publication may be performed, reproduced, stored in a retrievable system or transmitted in any form or by any means electronic or mechanical, including photocopying, recording or otherwise, except by reviewers for the public press, without the prior written permission of the publisher.

Published by The Division of Youth Affairs, Barbados, 2001
Ministry of Education, Youth Affairs and Sports
The Elsie Payne Complex
Constitution Road
St. Michael
Telephone: (246) 430-2700
Fax: (246) 436-2411

ISBN 976-8079-31-2

T A B L E O F C O N T E N T S

ABSTRACT	1
INTRODUCTION	2
LITERATURE REVIEW	4
METHODOLOGY	8
PRESENTATION & ANALYSIS OF FINDINGS	11
SECTION 1: PROFILE OF RESPONDENT.....	11
Age Distribution.....	11
Gender Distribution	11
Race.....	12
Religion & Church Attendance.....	12
Union Status.....	12
Educational Status.....	12
Occupational Status	13
SECTION 2: KNOWLEDGE	13
Information	13
Knowledge of Persons living with HIV/AIDS	15
HIV/AIDS: Knowing the Difference	16
Perceptions of Modes of Transmission.....	16
Treatment/Prevention/Diagnosis.....	19
SECTION 3: ATTITUDES & BELIEFS.....	21
HIV/AIDS: Who is Responsible?	21
Treatment of Persons living with HIV/AIDS	22
Perceptions of HIV	23

Views on Preventative Measures	24
Perception of Risk	25
SECTION 4: SEXUAL PRACTICES	27
Sexual Activity	27
Safe Sex Behaviour	32
Disclosure & Reaction	35
Legal Framework	37
SECTION 5: POLICY/PROGRAMMING	37
Government	37
Private Sector	39
Community	39
Individual	39
CONCLUSION	41
APPENDICES	43
HIV/AIDS Questionnaire	43
List of Tables	49
BIBLIOGRAPHY	75

ABSTRACT

HIV/AIDS has become a global concern. The considerable and disproportionate impact of the disease on the youth population and the productive sector has reached a stage where it threatens the social and economic well being of human society. The Ministry of Education, Youth Affairs and Sports in collaboration with Ministry of Social Transformation have sought through a national survey to determine the knowledge, attitudes, beliefs and practices of young people as a pivotal plank in their component of the National HIV/AIDS Plan.

The survey employed a multi-stage systematic random sample with built-in age and gender quotas to select a 1.5% sample of the national youth population aged fifteen to twenty-nine. The survey instrument was an interviewer-administered questionnaire with a mix of open and closed-ended questions.

The findings generated from the survey suggest that although the vast majority of respondents are aware of HIV/AIDS and the principal modes of transmission, some aspects of their sexual lifestyles, practices and perceptions remain a cause for concern.

The research suggests that greater efforts are needed by the government, the private sector, the local community and indeed, the family network towards the more effective education and sensitisation of young people and by extension the wider society about the dangers of this disease.

INTRODUCTION

The emergence of the Acquired Immune Deficiency Syndrome (AIDS) in the United States of America in 1981 and its subsequent appearance in Barbados three years later served to reinforce the island's vulnerability to health crises and the inadequacy of the health care system to cope with this new epidemic.

AIDS by its very nature, has posed tremendous challenges to the social, political and economic frameworks of Barbados. This disease is caused by the inevitable destruction of the body's defences by the Human Immunodeficiency Virus (HIV), eventually culminating in death. The devastation wrought by the disease is exacerbated by its non-discriminatory and incurable nature. Its principal mode of transmission, sexual intercourse, threatens the basis by which society regenerates itself. Its prevalence among young people and young adults threatens the future development of the country socially and economically.

Data from UNAIDS (Joint United Nations Programme on HIV/AIDS) paints a disturbing picture of the HIV/AIDS epidemic in the Caribbean region:

- The region has the second highest rates of HIV/AIDS prevalence in the world,
- An estimated three hundred & sixty thousand (360, 000) persons are living with HIV,
- AIDS is the principal cause of death among adults in the fifteen (15) to forty-four (44) age group and,
- Factors such as early sexual activity, multiple partners and age mixing have served as stimuli for HIV transmission especially among the young and some older sectors of the population.

In Barbados, the situation is equally disturbing. From December 1984 to June 2000:

- Two thousand, four hundred and fifteen (2, 415) persons had tested positive for HIV,
- One thousand, two hundred and fifty-two (1, 252) AIDS cases were reported. Of these fifty-three (53) were children ages fourteen and under and,
- More than one thousand persons have subsequently died from AIDS (1,025).

Previous efforts to combat the HIV/AIDS phenomenon included the utilisation of the news media and lecture circuit to transmit educational programmes to the public and to temper negative social reactions to the disease and its victims. Available medical knowledge of the disease has replaced what was previously pure conjecture and resulted in the realisation at local, regional and international levels that unless HIV/AIDS is tackled comprehensively, it could assume even more catastrophic proportions.

Consequently, a series of global strategies have been formulated to combat HIV/AIDS. The most recent of these strategies and probably the most relevant to this report is the **Declaration of Commitment on HIV/AIDS** to which Barbados and other Caribbean countries are signatories. Emerging from the Declaration was the need for action at the national, regional, sub-regional and global levels. At the national and regional levels, emphasis was placed on the need for well-coordinated responses and plans to the HIV/AIDS epidemic. In August 2000, the **Caribbean Regional Strategic Plan of Action for HIV/AIDS** was formulated and in April of the following year, a programming framework for collaborative action on the development of a National HIV/AIDS Plan was conceptualised.

This framework sought to address issues of:

- Stigmatisation, marginalisation and discrimination,
- Gender and age related aspects of HIV/AIDS,
- Coordinating a multisectoral response to HIV/AIDS (this includes the private sector, persons living with HIV and AIDS and such like),
- Knowledge gaps about HIV/AIDS,
- Support mechanisms for persons living with HIV and AIDS and their families and,
- Inappropriate sexual norms and behaviours.

To this end, a National HIV/AIDS Survey was developed to solicit information on the knowledge, attitudes, beliefs and sexual practices of the Barbadian youth. The findings

derived from the survey would not only inform national policy/programming decisions but interventions at the community level. It is hoped that data arising from the survey could be employed in behaviour modification by changing existing value systems.

LITERATURE REVIEW

The Acquired Immune Deficiency Syndrome (AIDS) is caused by the Human Immunodeficiency Virus (HIV). The disease is primarily transmitted through sexual contact. Individuals diagnosed with AIDS eventually die from opportunistic infections. This incurable non-discriminatory epidemic has taxed and continues to tax the resources of developing and developed countries alike. The fight against this affliction has been strengthened as the existing pool of knowledge expands. The latter renders possible HIV/AIDS policies and programmes designed to prevent further spread of the disease. Despite this, HIV/AIDS continues to spread at an alarming rate. Regions such as the Sub-Saharan and the Caribbean with the highest and second highest incidence rates of HIV/AIDS globally, face tremendous challenges. In the Caribbean, AIDS is currently the leading killer of young people.

In Barbados, the prevalence rates are high and the situation is daunting. According to the **AIDS Window**, there were close to four hundred (400) cumulative AIDS cases per thousand between 1982 and 1998. Recognition of AIDS as the principal killer of young people especially those in the twenty (20) to thirty-five (35) age range, has prompted a number of research-driven interventions geared at procuring information on the knowledge, attitudes and beliefs about AIDS and sexual practices of various sectors of the population and of the entire population via representative samples.

The information provided from these studies is necessary for the proper understanding of at-risk behaviours and the formulation of culture-specific programmes to combat the disease.

The **June 1998 Report on the Global HIV/AIDS Epidemic** makes the assumption that the level of education and by extension the degree of access to relevant information can

be correlated to an individual's ability to successfully protect him/her self. A 1990 study of Barbadian school children revealed that while in excess of ninety percent (90.0%) were aware of the deadly nature of AIDS, only thirty-five percent always used condoms, while approximately thirty-nine percent possessed no knowledge of how to avoid contracting the disease. Another study of Health Science students revealed that forty-five percent (45%) possessed substantial knowledge as opposed to the fifty-one percent (51%) admitting to inadequate knowledge of AIDS as a disease.

A UNAIDS study of seventeen African and four Latin American countries established a correlation between the level of education and sexual behaviour. It was discovered that as the level of education increased, there was a tendency among females to have sex later. It would therefore appear that educational advancement can diminish at-risk behaviour by providing access to and imparting basic information on HIV/AIDS thus eliminating the vulnerability of individuals to the disease through misinformation.

Critical to the success of any prevention strategy is the empowerment of the individual through the dissemination of information. Consequently, the effectiveness of the dissemination mechanism in providing information and an appreciation of the knowledge base of the target group is important. A **KAP Survey to Measure the Efficacy of Intervention Strategies on HIV/AIDS** indicated that in excess of sixty percent (60%) of respondents derived information on AIDS from print and electronic media (the Internet excluded) while half indicated that no information was obtained from the church. The ubiquitous nature of the disease demands that the distribution of information should not be the exclusive province of the traditional agencies of information such as the media. The church, school, family and business sector must be incorporated as tools in the fight against HIV/AIDS.

Previously, education and information were touted as necessary to the promotion and encouragement of non-risk behaviour. These inter-related tools are also essential in alleviating much of the negative societal reactions accompanying the disease and those afflicted. Reactions such as:

- Stigmatization,
- Silence,
- Denial and,
- Discrimination

need to be addressed promptly. According to the **Report on Barbadian Health Science Students: A Knowledge, Attitudes, Beliefs & Practices Survey on AIDS,**

‘...the disease has been [accompanied by] an adverse societal reaction to persons identified and labelled as having the virus... not only among the general public, but among health care providers, professionals and para-professionals...’

To combat what has been on occasion, an irrational response to this unknown medical entity, there has been an introduction of educational programmes using the news media and the lecture circuit. A concerted effort has been made, insufficiently so, to allay the fears inherent and endemic to Barbados.’

The stigma and fear surrounding HIV/AIDS and the mass discrimination targeting affected persons is often manifested by reluctance at all levels, governmental, private, communal and individual, to acknowledge the relatedness of HIV/AIDS to the lives and livelihood of everyone. Persons with the disease face rejection daily by family, friends, employers (actual and prospective), health care providers and others. Persons living with HIV or AIDS or those who suspect they may have been affected by the disease are singularly unwilling to disclose their status due to the likelihood of recrimination by the society at large.

In addition to a failure to disclose is an unwillingness to discover one’s HIV status. The latter is frequently influenced by a variety of factors. The **June 2000 Report on the Global HIV/AIDS Epidemic** identifies some of these factors:

- Discrimination against individuals with HIV or suspected of HIV infection,
- Intolerance of racial, religious or sexual minorities and,
- Scarcity of HIV counselling and/or testing facilities.

One of the greatest possible sources of self-empowerment is joint testing and counselling. Knowledge of one's HIV status whether positive or negative, is accompanied by a myriad of feasible options. Infected persons can:

- Form support groups to assist other persons living with HIV/AIDS,
- Use protection to protect their partner or abstain completely,
- Solicit medical advice on pregnancy and breastfeeding and,
- Seek appropriate treatment.

Uninfected persons can practise safe sex and be supportive of infected persons. Both groups can collaborate with the authorities to establish frameworks and ameliorate and liberate existing resources available to the victims of HIV/AIDS, their families and communities.

Unless the measures previously advocated in the battle against HIV/AIDS are incorporated into a multi-sectoral response, successful mitigation will be an exercise in futility. Proper coordination of the governmental, private and communal (individual included) efforts must be organised. The efficacy of national plans must be fully supported by government. This opinion was expressed in a June 2000 Report:

‘To be effective and credible, national responses require the persistent engagement of the highest levels of government.’

Finally, despite the importance of the aforementioned factors (education, testing) and role players (government) to the fight against HIV/AIDS, their effectiveness can only be realised through a determination of existing knowledge and behaviours. These can be measured using various indicators:

- The quantity and frequency of multiple partners,
- The degree of condom use,
- Knowledge of modes of transmission and,
- Average age at which individuals first engaged in sexual intercourse.

METHODOLOGY

The survey was conducted among the youth population aged 15 - 29, consistent with the target population of the Youth Affairs Department and the age-definition of youth used by the Commonwealth Youth Programme. Given that the latest census data available for sampling purposes were fully ten years old (Population Census, 1991) a determination of population size in this age group was made from registration data of the Statistical Department. These data showed a youth population (15 - 29) of 75 433 and it was decided to use a 1.5% sample of this population yielding a sample population of 1132 persons.

The survey utilised a multi-stage systematic random sample with interlocking quotas for age and gender which were considered to be critical socio-demographic variables in the context of the survey. At the first stage of sampling involved the selection of polling districts as the locus for fieldwork. The island is divided in to 289 polling districts and a 15% random sample of districts was drawn yielding 42 districts with representation from each parish. The second stage of sampling was done by the interviewers in the field who systematically selected every 5th household in their designated polling district to interview all young persons in the selected household towards filling their pre-determined quotas of age and gender. The sampling fraction ($n = 5$) for the household selection was determined from the approximate number of households per polling district and the average number of youth per household based on the most recently available census data.

The survey instrument was designed by the Youth Affairs Department based on previous KABP surveys in Barbados and in consultation with the National HIV/AIDS Commission, technical experts from the Ministry of Health and stakeholders from the Ministry of Social Transformation and the National Council on Substance Abuse. The instrument consisted of 57 items with a mix of open and closed-ended questions seeking to determine the knowledge, attitudes, beliefs and practices of the respondent population.

A pre-test on the survey instrument was conducted on a similar population to the respondent population for the survey with the objectives of identifying any weaknesses in

questionnaire design as well as providing practice for fieldworkers. Final modifications were then made and briefing of the interviewers completed.

Given the nature of the survey, Youth Commissioners of the Division of Youth Affairs and Community Development Officers and Aides of the Community Development Department were identified as interviewers based on their relative experience in fieldwork and in working with young people. The interviewers were each assigned to a polling district (outside of the area in which they generally work) and provided with maps/descriptions of the districts.

The survey yielded 1048 completed questionnaires representing a 92.6% response rate. Analysis of the response by district indicates low numbers of youth in some districts as the primary reason for unfilled quotas. There is no indication that non-responses were substantially skewed on any of the critical socio-demographic variables hence interpretation and inferential analysis could proceed with some measure of confidence.

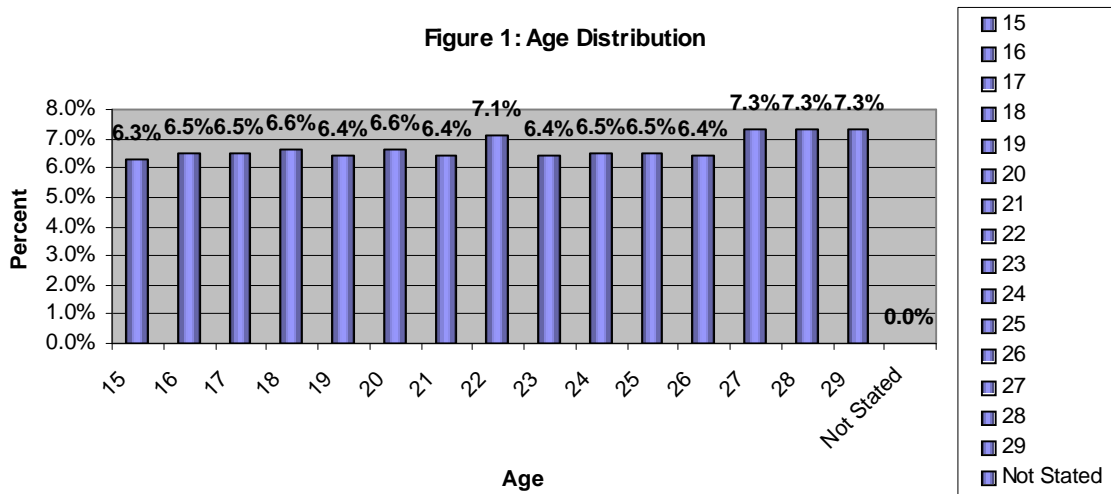
The entire data processing phase of the survey was completed in-house by the Division of Youth Affairs and the coding, keying and data-entry operations were limited to three persons in an effort to reduce researcher-induced error due to variability in interpretation. Statistical analysis was completed using the Statistical Package for the Social Sciences (SPSS) software.

PRESENTATION & ANALYSIS OF FINDINGS

SECTION ONE: PROFILE OF RESPONDENT

Age Distribution

The survey targeted individuals in the 15 – 29 age category and given the use of interlocking age quotas in the sampling procedure, the age distribution of the respondent population was relatively consistent. As Fig. 1 indicates, the proportionate size of the age quotas in the respondent population generally increases from younger to older age categories which is consistent with Barbados’ stage in the demographic transition and its decreasing fertility rate over the past four decades.



Gender Distribution

The use of interlocking quotas in the sampling procedure to mirror the gender distribution of the national youth population has yielded a respondent population that is relatively consistent on this variable with the national population. As Table 2 indicates males were under-represented in the respondent population by 1.9% and females over-represented by 1.6%.

Race

The racial distribution of the respondent population is consistent with the relative racial homogeneity of the Barbadian youth population. The majority of respondents were black whereas an aggregate of 2.4% of the respondents – 1.5% Mixed, 0.3% White and 0.6% Indian – constituted the non-black sector of the respondent population. Race was not stated for 4.9% of the respondents.

Religion & Church Attendance

Religion is a critical element in social research, as it is a fundamental element of culture. A frequency distribution of religious affiliation showed 20.1% of respondents to be Pentecostal while 17.6% were Anglican. More than one-fifth of respondents (20.6%) indicated that they had no religion and 19.7% was non-responsive.

Attendance at Religious Service

In response to the question ‘Do you attend religious service?’ 48.3% of the respondents indicated that they attended church while (35.2%) did not and 16.5% made no response. Some 23.3% of respondents indicated that they attended religious service on a weekly basis; 14.8% a few times a year; 7.8% monthly and 2.1% reported other levels of attendance while 16.8% made no response.

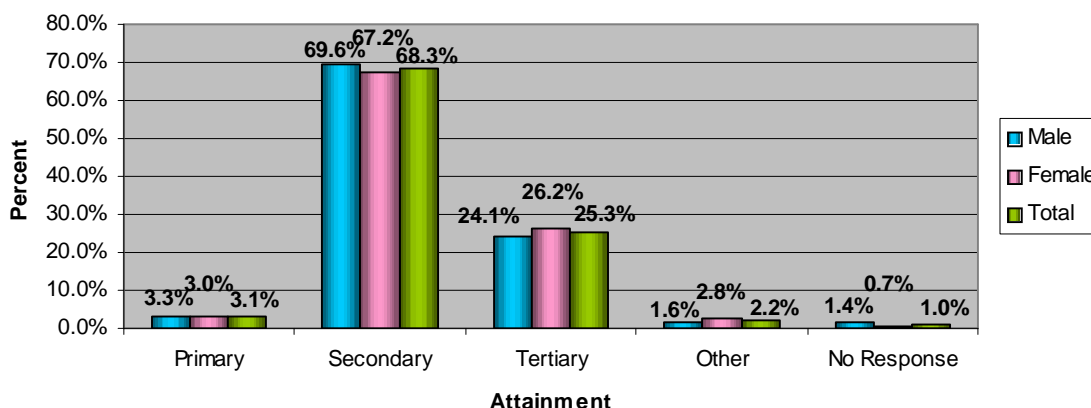
Union Status

The vast majority of the respondents interviewed (87.0%) reported being single whereas 5.7% were married; 3.1% were in common-law unions; 0.2% were separated and 3.7% gave no indication of their union status.

Educational Status

Respondents were asked to indicate their level of educational attainment. The findings show that an aggregate of 93.6% had attained at least secondary level education with a quarter (25.3%) going on to tertiary level. Approximately three percent (3.1%) of the sample had received primary school level education only. These findings are generally consistent with Barbados' longstanding policy of compulsory education to age sixteen. (See Figure 2).

Figure 2: Educational Attainment



Occupational Status

The survey sought to ascertain the occupational status of the respondents. Some 27.3% of the sample reported being unemployed, 17.1% were full-time students and 3.0% indicated being self-employed. The majority of respondents were employed in unskilled manual occupations such as cashier/sales clerk (4.8%), labourer (4.8%), waiter/waitress (2.0%). Gender disaggregation of the students showed 17.4% were males and 16.3% females.

SECTION 2: KNOWLEDGE

Information

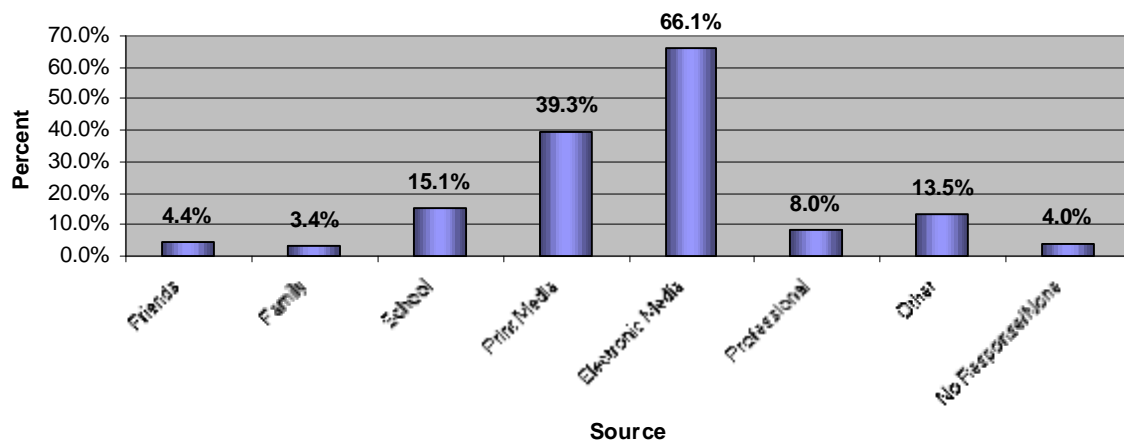
Critical to an understanding of the respondent's knowledge base, is a determination of their awareness of the disease. Information was therefore solicited on whether they had ever heard of HIV/AIDS and their level of knowledge about the disease.

The majority of respondents (98.7%) indicated that they had heard of HIV/AIDS. Only 0.7% of respondents indicated that they had not heard of HIV/AIDS and 0.7% were non-responsive.

The data also revealed that a cumulative total of 46.6% claimed substantial knowledge about HIV/AIDS. Of these 31.6% said they knew a lot and 15.0% quite a lot. About half of the respondents 49.7% reported little knowledge and 3.2% no knowledge at all.

Although a substantial proportion of the respondents indicated they had heard of HIV/AIDS, the 0.7% who indicated that they had never heard of HIV/AIDS is too large a figure, especially when one considers the universality of HIV/AIDS and the threat it poses to the social, economic and physical health of the society.

Figure 3: Source of Information on HIV/AIDS



In addition to offering an assessment of their basic knowledge, respondents were also asked to identify their sources of information on HIV/AIDS. The most popular sources

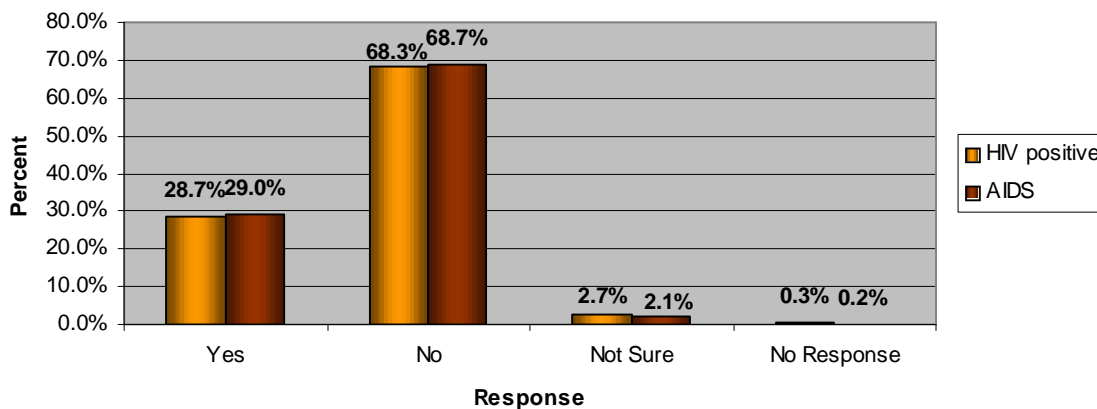
were the electronic (66.1%) and print (39.3%) media. The remaining sources identified were the school (15.1%), other sources (13.5%), professional sources (8.0%), friends (4.4%) and family (3.4%). Only 4.0% were either unable or unwilling to identify their information bases. (See Figure 3).

The findings in respect of respondents' knowledge of HIV/AIDS represent an issue of some concern with too many persons (52.9%) possessing little or no knowledge of the epidemic. All available evidence indicates that lack of knowledge increases the vulnerability and susceptibility of the individual to contracting the disease. In this regard, identification of sources is important as this provides crucial data on the best means of information dissemination and on the underutilised sources of information. The latter is an area which needs to be addressed if public education on HIV/AIDS is to be more effective.

Knowledge of Persons Living with HIV/AIDS

In response to questions as to whether respondents personally knew persons with HIV and AIDS, more than a quarter of respondents 28.7% and 29% respectively indicated that they were aware of persons living with HIV and with AIDS while 2.7% and 2.1% respectively were unsure. (See Figure 4). Given the comparative secrecy which still surrounds the disease and indicators on the level of infection in Barbados, these findings are testimony to the spread of the disease across the general population and the range of relationships that are impacted by it.

Figure 4: Personal Knowledge of Individual with HIV or AIDS



HIV/AIDS: Knowing the Difference

Given the number of misconceptions that exist about HIV and AIDS, respondents were asked to indicate whether there was a difference between the two. The majority of respondents (71.4%) reported knowing the difference, 14.3% stated there was no difference while a similar percentage (14.2%) remained uncertain.

Perceptions of Modes of Transmission

The effective formulation of educational programmes and the dissemination of information require that knowledge gaps concerning the transmission of HIV be identified and addressed. Respondents were therefore asked their views on a range of media as modes of transmission of HIV. The response data are presented in Box-1 below.

It is a matter of some concern that definitive identification of media as not being modes of transmission only exceeded 90% in respect of “shaking hands” (94.2%) and “hugging” (93.6%). In general, approximately 75% of respondents were clear that media such as “insect bites”; “drinking from the same glass”; being coughed/sneezed on”; eating food prepared by an HIV positive person”; “using the same toilet seat” and sharing a smoke” did not constitute modes of transmission with 7% to 9% believing that they did. It is also an extremely important finding that 59.9% and 36.3% of respondents felt that giving blood and having a blood test respectively were modes of transmission. Even though

injectible drug use is apparently minimal in the Barbadian cultural context, the 4.1% of respondents who did not consider sharing needles a mode of transmission gives additional cause for concern.

Box-1 Knowledge of HIV Transmission

Mode of Transmission	Yes	No	N/Sure	D/K	N/Resp.	Total
<i>Insect Bites</i>	9.6	78.0	9.9	1.8	0.7	100.0
<i>Communion Cup</i>	5.5	83.9	7.4	2.3	0.9	100.0
<i>Giving Blood</i>	59.9	30.2	7.5	1.5	0.9	100.0
<i>Having a Blood Test</i>	36.3	49.9	10.7	1.7	1.4	100.0
<i>Shaking Hands</i>	2.0	94.2	2.1	0.9	0.9	100.0
<i>Hugging</i>	2.4	93.6	2.1	1.0	0.9	100.0
<i>Kissing</i>	14.6	65.9	16.5	2.3	0.7	100.0
<i>Drinking from same glass</i>	7.2	79.0	11.0	1.9	1.0	100.0
<i>Being coughed/sneezed on</i>	7.3	73.5	15.7	2.7	0.9	100.0
<i>Eating food/drink prepared by a HIV positive person</i>	7.9	76.3	13.1	1.7	1.0	100.0
<i>Being bitten by a HIV positive person</i>	60.1	15.4	19.8	2.9	1.8	100.0
<i>Using the same toilet seat as by a HIV positive person</i>	7.6	76.2	13.2	2.1	0.9	100.0
<i>Sharing a smoke</i>	11.0	72.8	12.2	2.8	1.2	100.0
<i>Sharing a needle</i>	94.0	4.1	0.5	1.0	0.5	100.0

The survey also sought to address respondent awareness of HIV transmission through bodily fluids. As a result, respondents were asked to indicate whether HIV/AIDS could be contracted from any of the following fluids:

- Blood
- Sweat
- Tears

- Semen
- Saliva
- Urine

Box-2 Transmissibility of HIV/AIDS by Body Fluids

Fluid Type	Yes	No	N/Sure	D/K	N/Resp.	Total
<i>Blood</i>	94.8	1.8	2.4	0.6	0.5	100.0
<i>Sweat</i>	6.7	74.0	15.7	2.5	1.0	100.0
<i>Tears</i>	3.9	82.8	10.0	2.0	1.2	100.0
<i>Semen</i>	92.5	2.8	3.0	1.0	0.8	100.0
<i>Saliva</i>	25.1	47.3	23.6	3.1	0.9	100.0
<i>Urine</i>	17.4	50.0	26.8	4.3	1.5	100.0

In response to this question, more than 90.0% of the interviewees knew that HIV/AIDS could be transmitted by blood and semen. It was equally clear that the interviewees were generally knowledgeable of the non-transmissibility of HIV/AIDS by sweat (74.0%) and tears (82.8%). Mixed responses were recorded on the question of transmission by saliva or urine. Only 47.3% indicated that transmissibility by saliva was impossible, 25.1% declared this to be a possibility, 23.6% were uncertain while 3.1% and 0.9% did not know and made no response respectively. The corresponding figures for urine were: 50.0% declared transmission an impossibility, 26.8% were not sure, 17.4% though it possible, 4.3% did not know and 1.5% made no response.

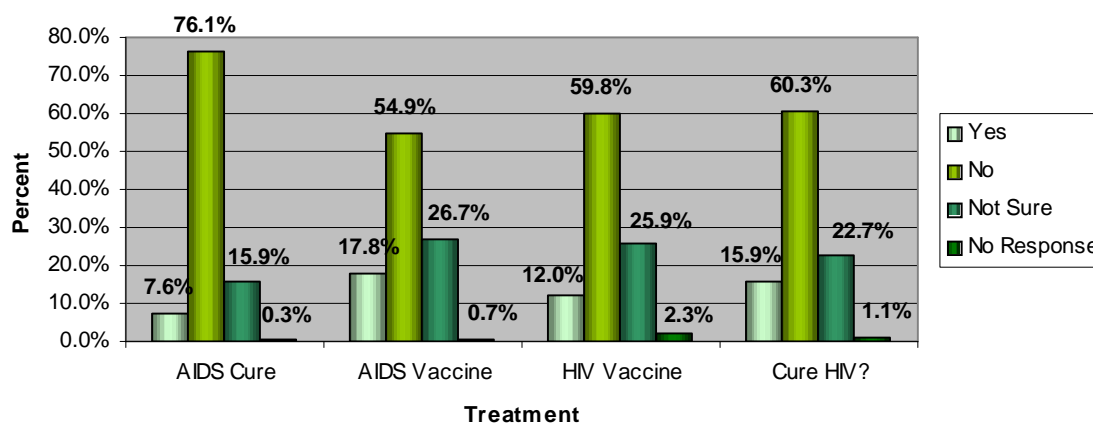
Overall, the data revealed a relatively high capacity for distinguishing between the myths and facts about the transmission of HIV/AIDS through casual contact, basic medical procedures, unhealthy habits and body fluids. However, there remain knowledge gaps – some of them considerable - which need to be addressed for true self-empowerment and the objectives of educational programmes and HIV/AIDS strategies to be realised.

Treatment/Prevention/Diagnosis

The survey sought to test respondents' basic knowledge regarding the treatment, prevention and prognosis for HIV/AIDS. Accordingly, respondents were asked four questions:

- Can AIDS be cured?
- Is there a vaccine for AIDS?
- Is there a vaccine to prevent HIV infection?
- Can HIV be cured if diagnosed early and treated?

Figure 5: Treatment of HIV and AIDS



More than three-quarters (78.2%) of the respondents indicated there was no cure for AIDS, 14.6% were not sure, 6.9% believed a cure existed while 0.3% did not respond. On the question of an AIDS vaccine, 57.5% indicated that there was no vaccine for AIDS; 25.3% were not sure whether a vaccine existed; 16.6% indicated there **was** a vaccine and 0.6% made no response.

Responses were similarly mixed on the question of a vaccine to prevent HIV infection. Some 61.5% indicated there was no vaccine; 25.7% were unsure; 10.8% felt a vaccine existed while 2.1% made no response.

Although the majority of respondents were aware that there was no AIDS cure and that no vaccine existed for either HIV infection or AIDS, quite a number of respondents, ranging from 6.9% (cure) to 16.6% (AIDS vaccine) considered that these medical solutions existed. Though it is not possible to determine the extent to which these misconceptions may influence sexual behaviour, they do represent a serious cause for concern.

The survey attempted to gauge the receptiveness of the respondents to HIV testing. In this respect, two questions were asked. The first queried the respondents' willingness to have a test and saw 80.8% expressing willingness while 10.6% were unwilling to be tested and 7.4% were uncertain.

The second item queried whether anyone concerned about contracting HIV should be tested to which 92.2% responded in the positive, 3.5% were not sure, 3.1% did not agree and 1.1% did not respond.

These data show broad willingness among the youth population to determine their HIV status. Although this is a positive finding, there is no way of determining within the limits of the survey, the demotivating factors among the almost 20% who were unwilling or uncertain about being tested. This raises at least two questions: -

- 1) Is there a lack of information on the HIV test?
- 2) Is there a need to upgrade counselling services and facilities?

Respondents were asked to indicate whether they considered that condom use was a good form of protection against HIV. Approximately two-thirds of the respondents (66.7%) believed this to be the case, 24.6% disagreed while 8.3% were not sure. Clearly, respondents were aware that apart from abstinence, condoms were the best method of self-protection.

A crosstabulation of those who considered condoms good protection against HIV by condom use revealed that 46.5% of this group used condoms sometimes, 33.3% always

used while 16.1% never used them. These data suggest that while the bulk of respondents were aware of the importance of condom use to sexual health, only one-third consistently used them. The implications of these findings are potentially quite serious as they suggest that many young people, even when knowledgeable, are not using their knowledge to protect themselves.

The majority of respondents (84.7%) agreed that it was possible to live in the same house as someone with HIV without contracting the virus whereas 8.0% did not think it possible and 6.7% were uncertain. It is clear that while the majority of respondents were aware that HIV could not be contracted through basic everyday activities (See Box-1) a substantial proportion remained uncomfortable with the prospect of living in the same household as someone who is HIV positive. It is evident that HIV/AIDS interventions must continue to address the issues of myth and stigma if they are to be effective.

Respondents were asked to assess the likelihood of HIV transmission from mother to unborn child. The majority (89.5%) indicated that transmission was possible, 7.3% were unsure while 2.8% disagreed. Only 0.4% failed to respond.

SECTION 3: ATTITUDES & BELIEFS

HIV/AIDS: Who is Responsible?

In order to determine perceptions of responsibility for contracting the virus or disease, respondents were asked to agree or disagree with two statements:

- 1) People with HIV have only themselves to blame
- 2) HIV has been sent by God to punish people for their sins

On the first issue, more than two-thirds (69.8%) disagreed that persons with HIV had only themselves to blame but almost one-fifth (19.1%) agreed and 8.8% were non-committal. A larger proportion 79.8% disagreed with the statement that HIV had been sent by God to punish people for their sins with only 5.6% agreeing and 7.7% unsure.

Treatment of Persons Living with HIV/AIDS

The survey addressed this issue in two ways:

- 1) Through individual assessment of particularly phrased statements and,
- 2) Using a question/answer format.

When respondents were asked whether HIV infected persons should be shut away by themselves 87.5% disagreed and 6.8% agreed whereas 3.6% said maybe and 1.8% did not know. The data show that although the majority of respondents were generally sympathetic to HIV infected persons there remained a small proportion that advocated isolation and thereby demonstrates a mix of fear, ignorance and/or intolerance. Such attitudes would need to be addressed through a comprehensive programme of education and counselling.

Similarly, although three-quarters of respondents (75.2%) were opposed to the idea of a public list of HIV infected persons, 15.6% favoured the idea, while 6.1% said “maybe” and 2.7% did not know.

When asked to indicate their willingness to associate with a close friend who was HIV positive, 85.6% said yes, 8.1% were not sure, 3.2% made no response, while 3.1% were opposed to the idea.

Perceptions of HIV

The survey included a series of statements designed to capture respondents’ perceptions in relation to HIV. These are detailed in Box-3 below.

The responses indicate that HIV was not generally viewed as a homosexual disease. Specifically, 94.2% and 94.7% rejected the respective statements that ‘only male homosexuals get HIV’ and ‘only homosexuals spread HIV’. Issues of race (88.7%) and physical appearance (90.6%) were largely considered as irrelevant.

Almost three-quarters of respondents (71.9%) considered HIV a death sentence – a finding that speaks volumes regarding the relative success of recent poly-drug therapies and the need for public education in that regard. The fact that 91.0% of respondents were aware that sex was not the only means of spreading HIV is consistent with other findings in the survey showing reasonably sound knowledge on modes of transmission. It is not surprising that the greatest degree of uncertainty/lowest definitive responses were recorded on items dealing with proneness of lesbians to HIV infection and whether HIV always led to AIDS. On the former item, approximately two-thirds of respondents (68.2%) disagreed that lesbians stood a lower chance of contracting HIV whereas the remaining one-third agreed (10.7%), were not sure (9.9%), did not know (10.7%) or were non-responsive (0.5%). Again, approximately two-thirds of respondents felt HIV always led to AIDS (66.9%) but one-fifth (20.7%) disagreed and the remainder were unsure (6.1%), did not know (5.7%) or were non-responsive (0.9%).

Box-3 Perception of HIV

Statements	Agree	Disagree	Maybe	D/K	N/Resp.	Total
<i>Only male homosexuals get HIV</i>	2.5	94.2	1.0	1.8	0.6	100.0
<i>A healthy looking person cannot have HIV</i>	7.3	90.6	0.8	0.9	0.4	100.0
<i>Black people are more likely to catch HIV</i>	5.1	88.7	2.8	3.0	0.5	100.0
<i>Lesbians have less chance of contracting HIV</i>	10.7	68.2	9.9	10.7	0.5	100.0

<i>HIV is a death sentence</i>	71.9	20.3	5.7	1.3	0.7	100.0
<i>Sex is the only way of spreading HIV</i>	5.2	91.0	1.9	1.2	0.6	100.0
<i>Only homosexuals spread HIV</i>	2.1	94.7	1.3	1.2	0.7	100.0
<i>HIV always leads to AIDS</i>	66.9	20.4	6.1	5.7	0.9	100.0

Views on Preventative Measures

More than half the respondents (59.5%) did not regard condoms as a sure way of preventing HIV whereas 26.0% considered them effective, 11.4% were unsure and 2.7% said they did not know.

Other areas examined on the issue of HIV protection related to the myths surrounding marijuana use, drinking and having sex with a virgin. More than 90.0% of respondents disagreed that marijuana or alcohol offered protection against infection. However, it is a matter of some concern that only 80.5% disagreed that having sex with a virgin was an effective protective measure whereas 8.5% said “maybe” and 3.7% did not know.

Perception of Risk

Several questions were asked to determine how the respondents gauged the extent to which other individuals in the community and themselves were at risk of contracting HIV/AIDS.

Respondents were asked to specify the group/type of people most at risk of contracting HIV. The largest discrete category (22.8%) of respondents considered that youth most at risk while 20.0% felt that everyone was at risk. 12.3% identified persons with multiple partners, 12.2% other, 13.3% homosexuals, 8.8% prostitutes, 6.9% persons practicing unprotected sex, 4.1% sexually active individuals while 5.1% identified person sharing contaminated needles.

Apart from identifying at risk groups, respondents were asked to evaluate the risk of specified age groups contracting HIV/AIDS:

- 14 & under
- 15 – 24
- 25 – 49
- 50 & over

The assessment was conducted using a scale of one (1) to five (5) with one (1) being indicative of low risk and five (5) of high risk. Refer to Box-4 below for details.

Box-4 Rate of Risk by Specified Sectors of the Population

Sectors of Population	Low (1)	2	3	4	High (5)	N/Resp.	Total
<i>14 & under</i>	26.0	30.8	21.0	9.1	8.2	4.9	100.0
<i>15 – 24</i>	0.8	3.1	15.2	28.9	47.7	4.4	100.0
<i>25 – 49</i>	1.8	3.4	16.9	29.3	44.3	4.3	100.0
<i>50 & over</i>	30.4	30.2	19.0	7.3	7.9	5.2	100.0

The data show that respondents considered youth (15 – 24) and younger adults (25 – 49) to be at higher risk for contracting HIV/AIDS. Respective cumulative figures of 76.6% and 73.6% at the higher end of the scale were recorded for these groups. At the other end of the spectrum, children (14 & under) and the 50 and over group were categorised as lower risk with cumulative figures of 56.8% and 60.6% at the lower end of the scale.

When asked whether they considered persons from poor families more likely to contract HIV, almost one-fifth (18.2%) agreed but the majority (69.2%) did not consider their susceptibility any greater whereas 11.5% were not sure and 1.0% made no response.

When asked to assess their own likelihood of contracting HIV, a cumulative total of 61.2% of respondents considered themselves unlikely while 36.6% considered themselves likely. A crosstabulation of likelihood of contracting HIV with condom usage reveals quite interesting findings (Box 5). Paradoxically, the proportion of respondents who never used condoms was **highest** among those who considered themselves most likely to contract HIV.

Box-5 Likelihood of contracting HIV by Condom Use during sex

Likelihood of contracting HIV	Condom Use during Sex					Total
	NA	Always	S/times	Never	N/Resp.	
Very Likely	15.2	29.3	34.8	16.3	4.3	100.0
Likely	9.1	23.9	49.8	14.8	2.4	100.0
Unlikely	14.8	28.6	39.7	13.9	3.0	100.0
Very Unlikely	20.4	25.7	27.7	16.0	10.2	100.0
No Response	15.0	20.0	10.0	10.0	45.0	100.0

N.B.: - NA refers to those persons who had never had sex

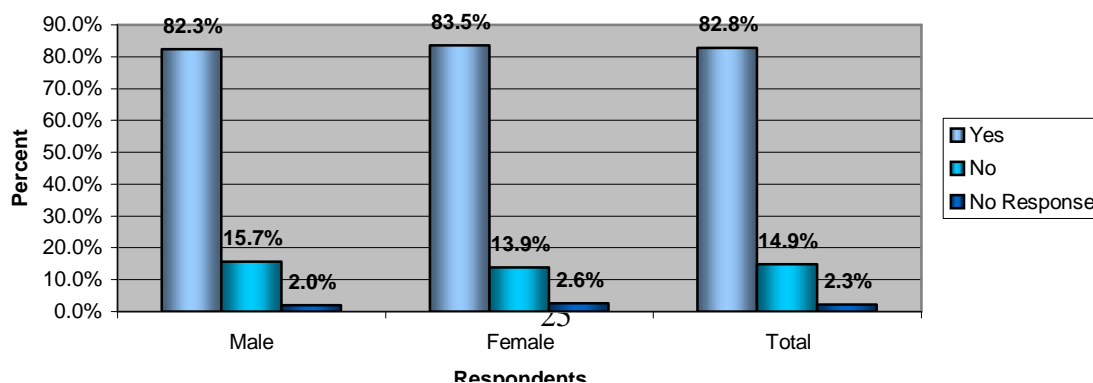
SECTION 4: SEXUAL PRACTICES

Sexual Activity

Ever Had Sex

In an effort to gauge the extent of sexual activity among young people, respondents were asked to indicate if they had ever had sex. The data show that an overall 83.6% of the

Figure 6: Ever had sex?



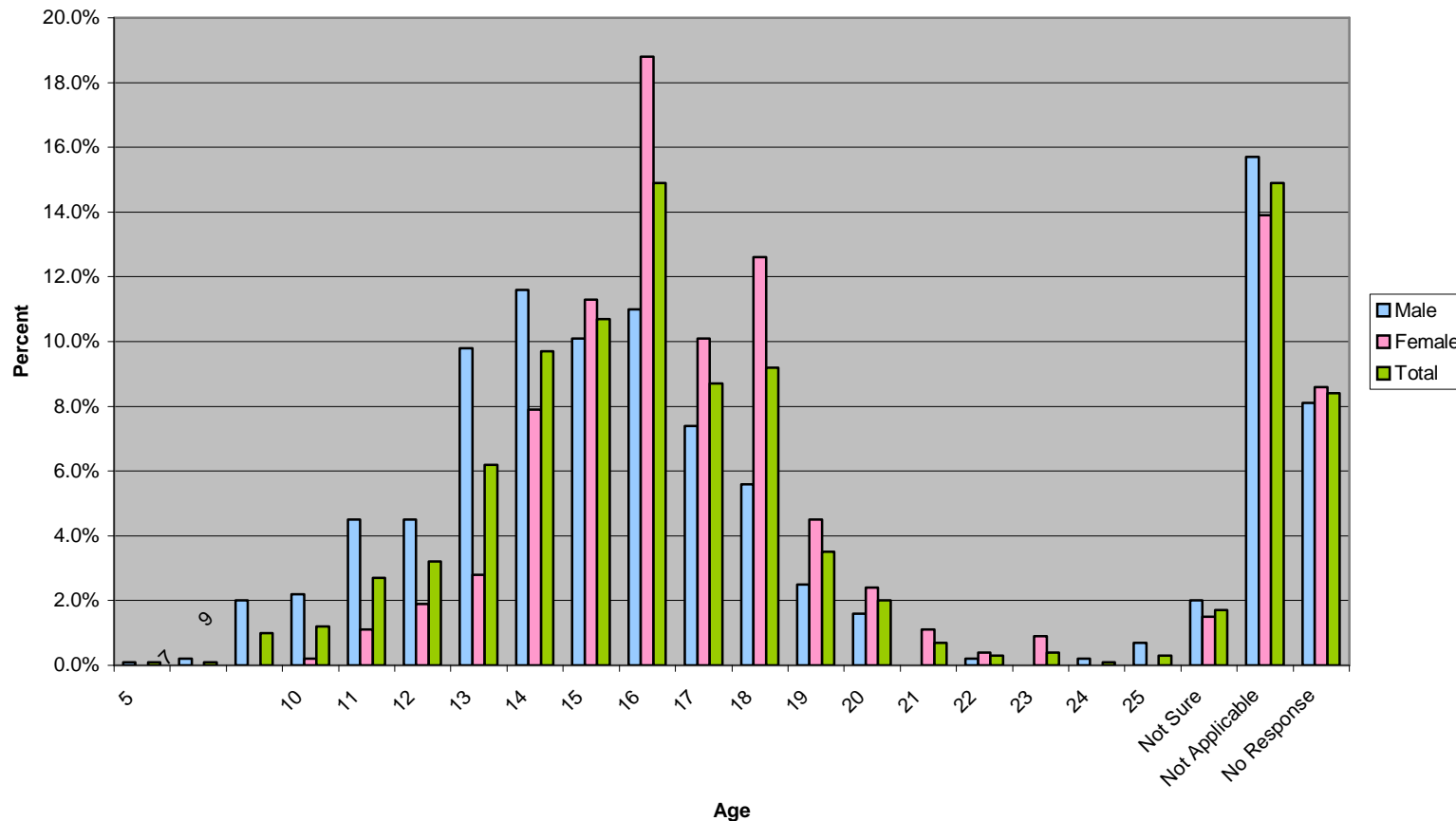
sample admitted having had sexual intercourse whereas 14.3% reported that they had never had sex and 2.1% did not respond. (See Figure 6).

Gender disaggregation of the data revealed that equivalent proportions of males and females (83.7%) admitted to having had sex whereas slightly more males than females had not (14.5% as against 13.9%). There was also a slightly higher no-response rate among female respondents – 2.4% as against 1.8% for males.

Respondents were also asked to indicate the age at which they had their first sexual encounter. The median age of first intercourse for all respondents as well as for each specific gender was 16 years. The mean age of first intercourse for all respondents 15.6 years but the figure was substantially lower for males (14.8 years) than for females (16.3 years). The data show that fully 8.6% of males and 1.1% of females reported having had sex by age 11 – effectively while at primary school. Further, one in four female respondents had had sex by age 15 – effectively, under the age of consent.

These findings confirm other research which has indicated relatively early initiation into sexual activity in Barbados and together with the evidence presented here of multiple partners and inconsistent condom usage, create a major challenge in the fight against HIV/AIDS.

Figure 7: Age of First Sexual Encounter



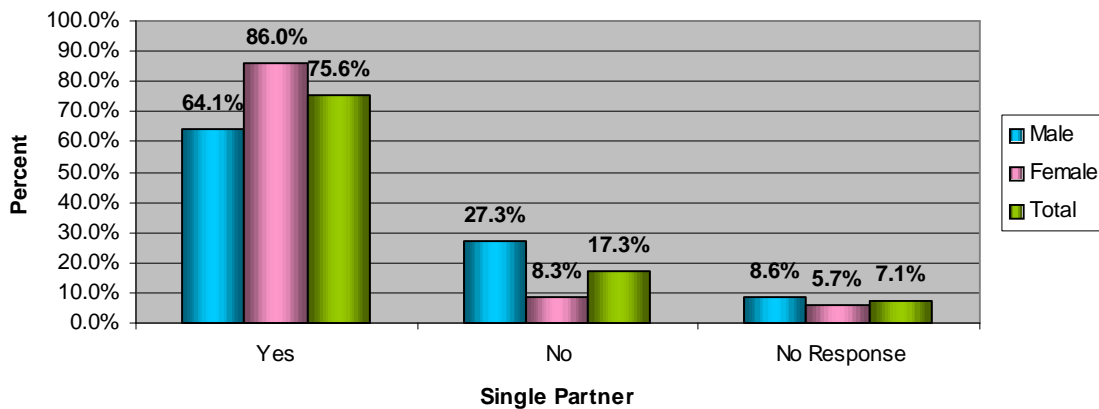
Current Sexual Activity

Respondents were further asked whether they were currently sexually active and if such activity was restricted to one partner. Of those respondents who had ever had sex, 77.5% reported that they were currently sexually active while 18.2% were not and 4.3% did not respond. Similarly, 79.4% said that their sexual activities were limited to one partner whereas 18.1% indicated multiple partners and 7.4% were non-responsive.

When asked to indicate the number of current sexual partners, an essentially corroborative 76.1% said “one” whereas 10.1% had had two; 3.4% three; 1.2% four and 1.4% five or more. Some 7.9% did not respond.

Gender disaggregation shows a greater proportion of female respondents (79.8%) than males (75.2%) were currently sexually active. However, females (86.0%) were more likely than males (71.0%) to limit their current sexual activities to a single partner whereas 8.2% of females and 30.3% of males admitted to multiple current sexual partners.

Figure 8: Involvement in Single Partner Relationships



Sexual History within the Past Year

In an effort to gauge the rate of sexual involvement among youth, respondents were asked to indicate the number of sexual partners (male and female) that they had had over the past year.

Of those female respondents that had had sex, 68% had a single sexual partner in the past year and much smaller proportions had two (11.5%); three (3.0%) and four (0.9%) sexual partners. Some 2.1% of respondents had had five or more sexual partners in the past year. The data also show that 3.2% of female respondents had had female sexual partners in the past year.

As indicated elsewhere in this Report, the tendency for multiple sexual partners was greater among males. Some 35.2% reported having had a single sexual partner in the past year whereas 25.7% had had two; 12.0% one and 4.8% four sexual partners. Some 6.0% of male respondents had had five or more sexual partners in the past year. The data also show that 4.0% of male respondents had had male sexual partners over the past year.

Sexual History over the Past Five Years

Respondents were similarly asked to indicate the number of sexual partners of either sex that they had had over the past five years. Of those female respondents that had had sex, 41.5% reported having had a single sexual partner over the past five years whereas 17.7% reported having had two; 8.5% three; 5.3% four and 6.6% reported having had five or more partners over the period. In addition, 3.9% of the female respondents indicated having had female sexual partners over the past five years.

As for the male respondents, 18.3% had had a single sexual partner over the past five years, 16.0% two; 13.9% three; 7.0% four and more than a quarter (27.0%) indicated that they had had five or more sexual partners over the past five years. In addition, 3.9% of male respondents indicated having had male sexual partners over the past five years.

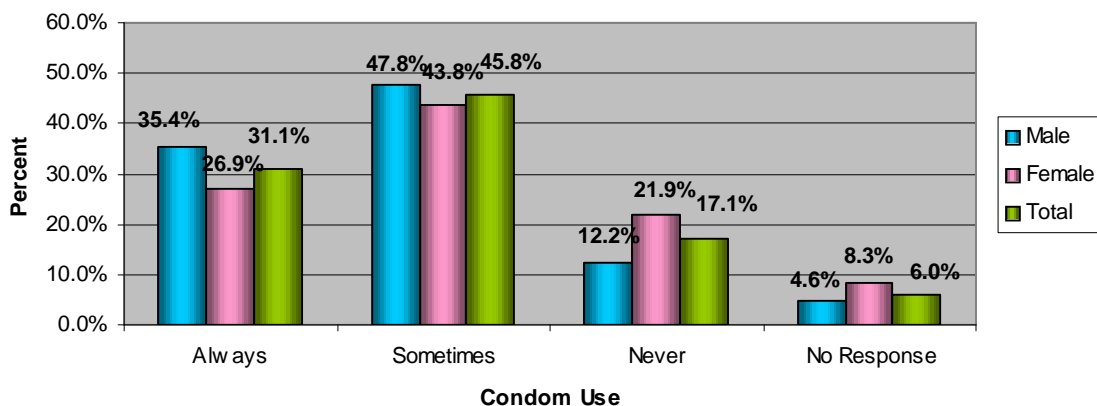
Safe Sex Behaviour

Since safe sex behaviour is one of the primary ways to combat the spread of HIV, an effort was made to ascertain the level of safe sex measures taken by respondents.

Condom Use during Sex

With respect to condom use during sexual intercourse, 31.1% of respondents indicated that they always used condoms whereas 45.8% used them sometimes and 17.1% indicated that they never used them. Given the fact that the efficacy of condom usage as a preventive measure depends on appropriate and **consistent** usage, the fact of 45.8% of respondents indicating inconsistent usage represents a major concern.

Figure 9: Condom Use



A crosstabulation of condom use by gender revealed that a larger proportion of males (35.4%) than females (26.9%) practised consistent condom use. Though the proportions were relatively similar in respect of inconsistent condom use (47.8% male; 43.8% female) more than one-fifth (21.9%) of females **never** used condoms as compared with 12.2% of males. This finding is generally consistent with the lower level of multiple partners among the female respondent population.

Refused Sex Because No Condom Available

When asked if they had ever refused sex due to the unavailability of a condom, more than half (52.3%) of the respondents indicated that they had. On a similar item 34.6% said they had been refused sex because of the unavailability of a condom. While these data show some measure of insistence on condom usage, they nevertheless suggest substantial proportions willing to “take chances” in the event of unavailability of condoms.

Request/Insistence of Condom Use

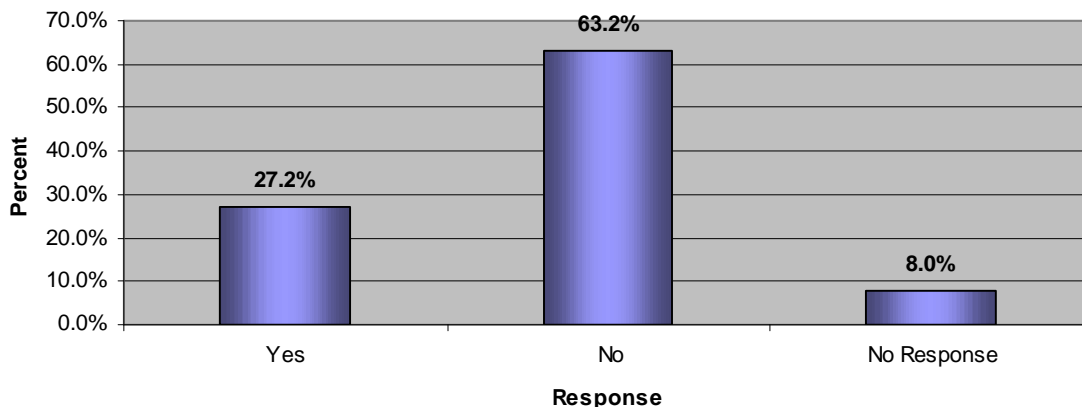
The male respondents of the sample were asked to indicate if they had ever been requested to wear a condom by their partner. The majority (64.6%) indicated that they had been asked to use protection while a smaller percentage (26.8%) stated that they were not. 8.6% made no response.

On a similar note, when asked if they had ever insisted that their partner use a condom, a corroborative 68.5% of female respondents indicated that they had whereas 21.2% had not and 10.3% did not respond.

Had Sex without Condom

As a measure of internal consistency, an attempt was made to determine the proportion of respondents who engaged in unprotected sex because their partner did not wish to use a condom. More than a quarter of the respondents (27.2%) indicated that they had had sex under such circumstances and 63.2% responded in the negative. These findings raise the critical issues of empowerment and negotiation skills in situations involving sex and reinforce the frequently made point that simply being armed with the knowledge about prevention is not enough.

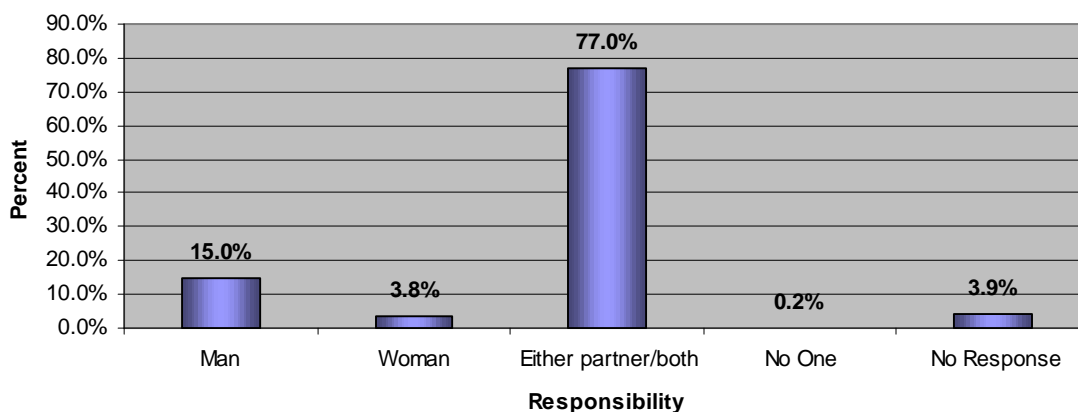
Figure 10: Had Sex without Condom



Responsibility to provide Condoms in Relationship

On the question as to whose responsibility it is to provide the condoms in a relationship, more than three-quarters (76.1%) of the respondents indicated either partner/both whereas 15.6% felt that it was the man’s responsibility; (3.1%) believed that it was the woman’s; and 4.2 the sample gave no response. (See Figure 11).

Figure 11: Responsibility to Provide Condom



Had Sex while under the Influence

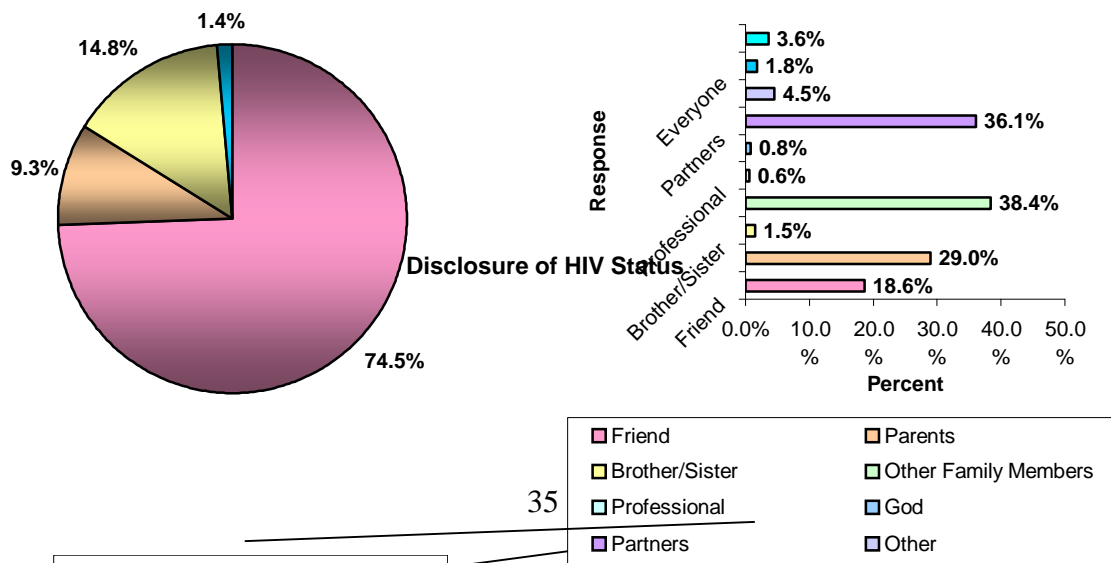
In an effort to establish the link between unsafe sexual behaviour and drug abuse, respondents were asked to indicate if they had ever engaged in sexual activity while

drunk or high. Though 72.7% responded in the negative, more than one-fifth (21.2%) indicated that they had had sex while drunk or high. Again, the possibility of impaired judgement in such circumstances makes this finding a matter of concern.

Disclosure & Reaction

Had HIV/AIDS, would you tell anyone?

As indicated in the review of literature, given the stigma attached to HIV/AIDS, persons with the disease or the virus are likely to conceal their HIV for fear of rejection, stigmatisation and ostracism. The survey sought to determine what proportion of respondents would be willing to disclose their status, having discovered that they had contracted HIV. The majority of respondents (74.5%) indicated that they would tell someone, whereas 14.7% were uncertain and 9.3% indicated that they would not tell anyone about their diagnosis. These findings suggest a fairly high willingness for disclosure among youth. (See Figure 12).



Of those respondents who indicated that they would disclose having the disease or virus, the largest single category (38.4%) indicated that they would tell their family with 36.1% saying that they would tell their partner. Other respondents indicated that they would tell their parents (29.0%) and their friend(s) (18.6%). Other options included everyone (1.8%), God (0.7%) and a professional (0.5%). (See Figure 12 above).

Personal Reaction to HIV/AIDS

On the issue of personal reaction to the disease, respondents were asked to indicate what they would do, having discovered that they had contracted HIV. The largest discrete categories of respondents were those who indicated that they would live with the disease (32.7%) and 28.8% who were uncertain about what they would do. Other responses included seek medical attention (5.0%), seek counselling (3.8%) and seek God (3.6%).

Legal Framework

The indiscriminate or deliberate spread of HIV/AIDS has emerged as a socio-legal reality and in this regard respondents were asked whether they thought that persons indiscriminately spreading HIV should be charged. The majority (84.5%) of respondents believed that such persons should be charged while 7.5% disagreed, 6.2% were uncertain and 1.7% made no response.

SECTION 5: POLICY/PROGRAMMING

Four aspects of policy and programme formulation were examined: -

- Government
- Private Sector
- Community
- Individual

Government

Government, as the principal actor in the fight against HIV/AIDS, was more closely scrutinised within the context of the survey. As a consequence, the following issues were explored: -

- Effectiveness of existing HIV/AIDS programmes
- Role of Government in HIV/AIDS prevention
- Role of Government in supporting persons living with HIV/AIDS

Effective Programmes

An aggregated 77.9% of respondents did not identify any programmes they considered to be effective. Of these, 36.0% gave no response while 41.9% were either not sure or did not know. Of those respondents who considered that there were effective programmes 28.0% identified public support hotlines, 47.3% televised public education programmes, 10.3% in-school education programmes/workshops, (8.6%) public health programmes and (11.6%) other public education programmes.

These findings clearly show that considerable public education remains to be done on existing programmes to deal with the epidemic both at the macro and micro levels. These figures suggest that existing programmes may not be reaching the intended target group or may not be effectively impacting the target audience. For example, though 66.3% of respondents indicated that most of their information on HIV/AIDS was obtained from the electronic media, only 10.2% identified the televised programmes as effective.

HIV/AIDS Prevention: Government's Role

The data revealed that for the most part, respondents envisioned the role of Government in HIV/AIDS prevention as:

- Educating the public (28.8%)
- Providing/distributing greater information on HIV/AIDS (10.7%)
- Promote safe sex behaviour (7.0%)
- Offer financial/non-monetary support to HIV/AIDS programmes (6.1%)

HIV/AIDS: Government's Role as Supporter

Respondents considered that the role of the government in supporting persons with HIV/AIDS primarily involved the provision of counselling and other support programmes (23.6%) and the provision of affordable and/or free medication (21.6%). Issues of accommodation (11.5%) and the provision of financial/non-monetary assistance (8.9%) were also identified as part of the government's responsibility.

Private Sector

Respondents considered that the role of the private sector was primarily in the provision of financial/non-monetary assistance to AIDS programmes (33.0%). Other respondents (11.4%) envisioned the private sector playing a role in the organisation of public education programmes while 5.9% indicated a contribution could be made through the provision of medical assistance.

The data revealed that respondents generally regarded the fight against HIV/AIDS as a governmental problem with the private sector playing a largely supporting role. The reality of the situation as emphasized in the literature review, is that HIV/AIDS affects everyone. In the case of the private sector, the common effects are loss of revenue, a related decline in productivity and loss of experienced workers due to prolonged illness or death.

The private sector, in addition to offering support to Government and communities, can deal with the HIV/AIDS issue at the level of the workplace, for example through counselling and the provision of medical services to employees.

Community

For many respondents (39.0%), the community response revolved around the organisation of group discussions/education/counselling programmes. Other suggestions included community talks (10.8%) and other non-specified responses (11.2%). Relatively small proportions of respondents considered encouraging safe sex behaviour (7.4%),

distributing literature about HIV/AIDS (2.5%) and encouraging HIV testing (0.8%) as a vital part of a community response.

Individual

The largest proportion of respondents (46.9%) defined the role of the individual as the practice of safe sex while 30.6% highlighted single partner relationships and 17.1% identified the individual's role as abstinence. Other respondents felt that the individual's role involved educating oneself (9.6%), other (7.3%), getting tested for HIV (5.3%) and knowing one's partner (3.0%). These findings revealed that the respondents interpreted the role of the individual to be one of self-protection for the most part.

CONCLUSION

This exploratory study revealed high levels of knowledge and relatively positive attitudes and beliefs. Nevertheless, there were several inconsistencies across and within the areas under investigation and a number of issues that emerged as cause for concern. Although the respondents (more than 90.0%) displayed familiarity with and significant knowledge of most modes of transmission, ignorance of some basic facts on transmissibility continues to exist. Other instances of inconsistency were revealed between:

- knowledge and attitudes and beliefs,
- knowledge and sexual practices and,
- attitudes and beliefs and sexual practices.

The survey shows that considerable education in relation to HIV/AIDS remains to be done among young people regarding body fluids such as saliva and urine as well as medical procedures such as giving blood and having a blood test.

In respect of sexual practices, the triad of early onset of sexual intercourse, multiple partners and inconsistent condom usage remain major challenges in dealing with the disease. In similar vein, there is evidence that the socio-cultural context of sexual activity frequently compounds the problem as substantial proportions of respondents indicated having had sex while drunk or high, or having had sex without a condom because their partner did not want to use one.

Emerging from the survey, were interesting perceptions of the various players in the fight against HIV/AIDS and their role. For the most part, the private sector has been regarded as a silent partner with more than one-fifth of the respondents not identifying a role for this entity. This is ironic given the establishment of a social partnership to deal with economic issues and merely underscores the necessity of a strong multisectoral response.

The fact that the majority of respondents did not consider the current HIV/AIDS programmes to be effective is a sobering finding. Whether this is an indicator of ignorance or misperception on the part of respondents or a genuine lack of efficacy of the programmes, this is an issue that must be addressed with some urgency.

The survey confirms that whereas education and sensitisation remain important responses to the HIV/AIDS epidemic, the more difficult and urgent challenge is translating knowledge and information into appropriate behaviour. There is an insistent call from respondents in this survey for changes in the methodologies and approaches to public sensitisation. There is a call to put a human face on the epidemic and to move the public education out of the sterile, abstract world of statistics and factual statements. It is perhaps here that the demands of youth and the requirements for efficacy will meet.

APPENDIX 1 – QUESTIONNAIRE

Interviewer: _____

District: _____

HIV/AIDS QUESTIONNAIRE

The Government of Barbados is concerned about the impact of HIV/AIDS on the community especially on the Barbadian youth and is in the process of developing a policy framework to deal with this social problem. To this end, a brief questionnaire has been prepared to ascertain the level of knowledge, attitudes, beliefs and sexual practices of the youth. Your cooperation would be appreciated. No names are required and all information given will be kept in the strictest confidence.

1. Age: _____ years
2. Sex: 1) Male 2) Female
3. Race: _____
4. Religion: _____
5. Do you attend religious service? 1) Yes 2) No 3) No Response
6. If yes, how often:
 1) Weekly 2) Monthly 3) Few times a year 4) Other _____
7. Union status: _____
8. Highest Educational level attained:
 1) Primary 2) Secondary 3) Tertiary 4) Other _____
9. Occupation: _____
10. Have you ever heard of HIV/AIDS? 1) Yes 2) No 3) Not Sure
11. How much do you know about HIV/AIDS?
 1) Nothing 2) A little 3) A lot 4) Quite a lot
12. Where do you get **most** of your information about HIV/AIDS?

13. Have you personally known anyone who is/was HIV positive?
 1) Yes 2) No 3) Not Sure
14. Have you personally known anyone with AIDS?
 1) Yes 2) No 3) Not Sure
15. Is there is a difference between HIV and AIDS?
 1) Yes 2) No 3) Not Sure
16. Can you catch HIV the virus that causes AIDS from any of the following:
 Yes⁽¹⁾ No⁽²⁾ Not Sure⁽³⁾ D/K⁽⁴⁾
 - a) Insect bites
 - b) Communion cup

c) Giving blood

d) Having a blood test

e) Shaking hands with someone who is HIV positive

f) Hugging with someone who is HIV positive

g) Kissing (*i.e. on the cheek or lips*) someone who is HIV positive

h) Drinking from the same glass as someone who is HIV positive

i) Being coughed/sneezed on by someone who is HIV positive

j) Eating food/drink prepared by someone who is HIV positive

k) Being bitten by someone who is HIV positive

l) Using the same toilet seat as someone who is HIV positive

m) Sharing a smoke with someone who is HIV positive

n) Sharing a needle with someone who is HIV positive

17. Can you catch HIV/AIDS from any of the following: (*Tick appropriately*)

	Yes ⁽¹⁾	No ⁽²⁾	Not Sure ⁽³⁾	D/K ⁽⁴⁾
a) Blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Sweat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Tears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Semen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Saliva	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Can AIDS be cured? 1) Yes 2) No 3) Not Sure

19. Is there a vaccine for AIDS? 1) Yes 2) No 3) Not Sure

20. Is there a vaccine to prevent HIV infection? 1) Yes 2) No 3) Not Sure

21. Would you be willing to have an HIV test? 1) Yes 2) No 3) Not Sure

22. Do you think that using a condom is good protection against getting HIV during sexual intercourse?
 1) Yes 2) No 3) Not Sure

23. Do you think that any one concerned about catching HIV should get an HIV test?

- 1) Yes 2) No 3) Not Sure

24. Can HIV be cured if diagnosed early and treated?

- 1) Yes 2) No 3) Not Sure

25. Can an individual live in the same house as someone who has AIDS without contracting the disease?

- 1) Yes 2) No 3) Not Sure

26. Can a pregnant woman pass on HIV to her unborn child?

- 1) Yes 2) No 3) Not Sure

27. Please give me your opinion on the following statements:

- | | Agree ⁽¹⁾ | Disagree ⁽²⁾ | Maybe ⁽³⁾ | D/K ⁽⁴⁾ |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a) People with HIV have only themselves to blame. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) HIV patients should be shut away by themselves. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) HIV has been sent by God to punish people for their sins. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) The authorities are hiding the extent of the HIV/AIDS problem from the people of Barbados. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) There should be a public list of all persons infected with HIV | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

28. If one of your close friends tested HIV positive, would you still associate with them?

- 1) Yes 2) No 3) Not Sure

29. Please give me your opinion on the following statements:

- | | Agree ⁽¹⁾ | Disagree ⁽²⁾ | Maybe ⁽³⁾ | D/K ⁽⁴⁾ |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Only male homosexuals get HIV | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) A healthy looking person cannot have HIV | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Black people are more likely to catch HIV | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Lesbians have less chance of contracting HIV | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Condoms are a sure way of preventing HIV | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Question 29 cont'd

- | | Agree ⁽¹⁾ | Disagree ⁽²⁾ | Maybe ⁽³⁾ | D/K ⁽⁴⁾ |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| f) HIV is a death sentence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Sex is the only way of spreading HIV | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Only homosexuals spread HIV | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) HIV always leads to AIDS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j) Using marijuana protects you from HIV | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k) Drinking a lot of alcohol protects you from HIV | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

l) Having sex with a virgin protects you from HIV

30. Specifically **which group/type of people** in society do you think are most at risk of contracting HIV?

31. Using the scale below, what is the risk of the following groups contracting HIV/AIDS?

	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
	<i>low</i>				<i>high</i>
a) Persons aged 14 & under			<input type="checkbox"/>		
b) Persons aged 15 – 24				<input type="checkbox"/>	
c) Persons aged 25 – 49				<input type="checkbox"/>	
d) Persons aged 50 & over				<input type="checkbox"/>	

32. Are people from poor families more likely to contract HIV?

1) Yes 2) No 3) Not Sure

33. How likely do you think it is that you will ever contract HIV?

1) Very Likely 2) Likely 3) Unlikely 4) Very Unlikely

34. Have you ever had sex?

1) Yes 2) No 3) No Response

35. At what age did you first have sex? _____ years

36. Are you sexually active now?

1) Yes 2) No 3) No Response

37. If yes, are your sexual activities confined to one partner only?

1) Yes 2) No 3) No Response

38. How many sexual partners do you currently have? _____

39. How many sexual partners have you had within the following time periods?

- Men in the past year _____
- Men in the past five years _____
- Women in the past year _____
- Women in the past five years _____

40. Do you use a condom during sex?

1) always
2) sometimes
3) never

41. Have you ever had sex while drunk or high?

1) Yes 2) No 3) No Response

42. Have you ever:

a) refused sex because there was no condom available?

1) Yes 2) No 3) No Response

- b) been refused sex because there was no condom available?
1) Yes 2) No 3) No Response
43. **(Ask Males)** Were you ever asked by your partner to wear a condom?
1) Yes 2) No 3) No Response
44. **(Ask Females)** Have you ever insisted that your male partner use a condom?
1) Yes 2) No 3) No Response
45. Have you ever had sex without using a condom because your partner did not want to use one?
1) Yes 2) No 3) No Response
46. Whose responsibility do you think it is to provide the condoms in a sexual relationship?
1) Man
2) Woman
3) Either partner/Both
4) No one
5) No Response
47. If you had HIV/AIDS, would you tell anyone?
1) Yes 2) No 3) Not Sure
48. If yes, who would you tell? _____
49. If you discovered you had HIV, would you consider suicide?
1) Yes 2) No 3) Not Sure
50. Should persons who knowingly spread HIV/AIDS without caring be charged?
1) Yes 2) No 3) Not Sure
51. Are there any current HIV/AIDS programmes that you think are effective? *(Identify)*

52. ~~What else do you think the Government can do to help prevent the spread of HIV/AIDS?~~

53. What do you think the Government can do to support people with HIV/AIDS?

54. What do you think the Private Sector can do to help prevent the spread of HIV/AIDS?

55. What do you think can be done at the community level to help prevent the spread of HIV/AIDS?

56. What do you think individuals can do to help prevent the spread of HIV/AIDS?

END OF SURVEY
THANK YOU FOR YOUR COOPERATION

APPENDIX 2 – TABLES

Table 1: Age of Respondents

Age	Frequency	Percentage
15	66	6.3
16	68	6.5
17	68	6.5
18	69	6.6
19	67	6.4
20	69	6.6
21	67	6.4

22	74	7.1
23	67	6.4
24	68	6.5
25	68	6.5
26	67	6.4
27	73	7.3
28	76	7.3
29	77	7.3
Total	1048	100.0

Table 2: Gender Distribution of National and Respondent Populations

Sex	Frequency		Percentage	
	National	Respondent	National	Respondent
Male	32, 168	447	50.7	48.7
Female	31, 450	467	49.4	51.0
Not Stated	0	4	0	0.4
Total	63, 618	1048	100.0	100.0

Table 3: Race of Respondents

Race	Frequency	Percentage
Black	972	92.7
White	3	0.3
Indian	6	0.6
Mixed	16	1.5
No Response	51	4.9
Total	1048	100.0

Table 4: Religion of Respondents

Religion	Frequency	Percentage
Anglican	184	17.6
Methodist	25	2.4
Roman Catholic	35	3.3
Pentecostal	211	20.1
Moravian	12	1.1
Baptist	13	1.2
Jehovah's Witness	9	0.9
SDA	64	6.1
Rastafarian	41	3.9
Muslim	4	0.4
Other Christian Religions	24	2.3
Other Non-Christian Religions	4	0.4
No Religion	216	20.6
No Response	206	19.7
Total	1048	100.0

Table 5: Attending Religious Service

Attendance	Frequency	Percentage
Yes	506	48.3
No	369	35.2
No Response	173	16.5
Total	1048	100.0

Table 6: Frequency of Religious Attendance

Frequency of Attendance	Frequency	Percentage
Weekly	244	23.3

Monthly	82	7.8
Few Times A Year	155	14.8
Other	22	2.1
Not Applicable	369	35.2
No Response	176	16.8
Total	1048	100.0

Table 7: Union Status

Union Status	Frequency	Percentage
Single	912	87.0
Married	60	5.7
Divorced	1	0.1
Separated	3	0.3
Common-law Union	33	3.1
No Response	39	3.7
Total	1048	100.0

Table 8: Highest Educational Level Attained

Educational Level	Frequency	Percentage
Primary	33	3.1
Secondary	716	68.3
Tertiary	265	25.3
Other	23	2.2
No Response	11	1.0
Total	1048	100

Table 9: Current Occupation

Occupation	Frequency	Percentage
Professional	56	5.3

Technical	29	2.8
Skilled Manual	118	11.3
Unskilled Manual	179	17.1
Clerical	102	9.7
Self-Employed	32	3.1
Student	179	17.1
Housewife	7	0.7
Unemployed	286	27.2
No Response	60	5.7
Total	1048	100.0

Table 10: Heard of HIV/AIDS

Response	Frequency	Percentage
Yes	1034	98.7
No	7	0.7
No Response	7	0.7
Total	1048	100.0

Table 11: Degree of Knowledge about HIV/AIDS

Response	Frequency	Percentage
Nothing	34	3.2
A Little	521	49.7
A Lot	331	31.6

Quite A Lot	157	15.0
No Response	5	0.5
Total	1048	100.0

Table 12: Source of Information about HIV/AIDS

Sources	Frequency	Percentage
Friends	45	4.4
Family	34	3.4
School	156	15.1
Print Media	413	39.3
Electronic Media	691	66.1
Professional	83	8.0
Other	140	13.5
No Response	42	4.0

Table 13: Personally Known/Knows Anyone HIV Positive

Response	Frequency	Percentage
Yes	301	28.7
No	716	68.3
Not Sure	28	2.7
No Response	3	0.3
Total	1048	100.0

Table 14: Personally Known/Knows Anyone With AIDS

Response	Frequency	Percentage
Yes	304	29.0
No	720	68.7
Not Sure	22	2.1

No Response	2	0.2
Total	1048	100.0

Table 15: Difference between HIV and AIDS

Response	Frequency	Percentage
Yes	748	71.4
No	150	14.3
Not Sure	149	14.2
No Response	1	0.1
Total	1048	100.0

Table 16: Knowledge of HIV Transmission

Mode Of Transmission	Yes	No	Not Sure	Don't Know	No Resp.	Total %
Insect Bites	9.6	78.0	9.9	1.8	0.7	100.0
Communion Cup	5.5	83.9	7.4	2.3	0.9	100.0
Giving Blood	59.9	30.2.	7.5	1.5	0.9	100.0
Having a Blood Test	36.3	49.9	10.7	1.7	1.4	100.0
Shaking Hands	2.0	94.2	2.1	0.9	0.9	100.0
Hugging	2.4	93.6	2.1	1.0	0.9	100.0
Kissing	14.6	65.9	16.5	2.3	0.7	100.0
Drinking from same glass	7.2	79.0	11.0	1.9	1.0	100.0
Being coughed/sneezed on	7.3	73.5	15.7	2.7	0.9	100.0
Eating food/drink prepared by a HIV positive person	7.9	76.3	13.1	1.7	1.0	100.0
Being bitten by a HIV positive	60.1	15.4	19.8	2.9	1.8	100.0

person						
Using the same toilet seat as by a HIV positive person	7.6	76.2	13.2	2.1	0.9	100.0
Sharing a smoke	11.0	72.8	12.2	2.8	1.2	100.0
Sharing a needle	94.0	4.1	0.5	1.0	0.5	100.0

Table 17: Transmissibility of HIV/AIDS by Bodily Fluids

Fluid Type	Yes	No	Not Sure	D/K	No Resp.	Total
Blood	94.8	1.8	2.4	0.6	0.5	100.0
Sweat	6.7	74.0	15.7	2.5	1.0	100.0
Tears	3.9	82.8	10.0	2.0	1.2	100.0
Semen	92.5	2.8	3.0	1.0	0.8	100.0
Saliva	25.1	47.3	23.6	3.1	0.9	100.0
Urine	17.4	50.0	26.8	4.3	1.5	100.0

Table 18: Cure for AIDS

Response	Frequency	Percentage
Yes	72	6.9
No	820	78.2

Not Sure	153	14.6
No Response	3	0.3
Total	1048	100.0

Table 19: Vaccine for AIDS

Response	Frequency	Percentage
Yes	174	16.6
No	603	57.5
Not Sure	265	25.3
No Response	6	0.6
Total	1048	100.0

Table 20: Vaccine to Prevent HIV Infection

Response	Frequency	Percentage
Yes	113	10.8
No	644	61.5
Not Sure	269	25.7
No Response	22	2.1
Total	1048	100.0

Table 21: Willingness to have HIV Test

Response	Frequency	Percentage
Yes	851	81.2
No	111	10.6
Not Sure	78	7.4
No Response	8	0.8
Total	1048	100.0

Table 22: Perception towards Condom as Good Protection against HIV

Response	Frequency	Percentage
Yes	699	66.7
No	258	24.6
Not Sure	87	8.3
No Response	4	0.4
Total	1048	100.0

Table 23: Anyone concerned about HIV should get Tested

Response	Frequency	Percentage
Yes	966	92.2
No	33	3.1
Not Sure	37	3.5
No Response	12	1.1
Total	1048	100.0

Table 24: HIV Cured if diagnosed Early and Treated

Response	Frequency	Percentage
Yes	156	14.9
No	645	61.5
Not Sure	237	22.6
No Response	10	1.0
Total	1048	100.0

Table 25: Living in Same House as Someone with AIDS without Contracting the Disease

Response	Frequency	Percentage
Yes	888	84.7
No	84	8.0
Not Sure	70	6.7
No Response	6	0.6
Total	1048	100.0

Table 25: Pregnant Woman Passing On HIV to Unborn Child

Response	Frequency	Percentage
Yes	938	89.5
No	29	2.8
Not Sure	77	7.3
No Response	4	0.4
Total	1048	100.0

Table 26: Perception of HIV (Attitudes)

Statements	Agree	Dis-agree	May-be	D/K	No Resp.	Total
People with HIV have only themselves to blame	19.1	69.8	8.8	1.8	0.6	100.0
HIV patients should be shut away by themselves	6.8	87.5	3.6	1.8	0.3	100.0
HIV has been sent by God to punish people for their sins	5.6	79.8	7.7	6.3	0.6	100.0
Authorities are hiding the extent	23.1	52.9	11.8	11.5	0.8	100.0

of the HIV/AIDS problem from Barbadian public						
There should be a public list of all persons infected with HIV	15.6	75.2	6.1	2.7	0.4	100.0

Table 27: Close Friends with HIV, Willingness to Associate with Them

Response	Frequency	Percentage
Yes	897	85.6
No	32	3.1
Not Sure	85	8.1
No Response	34	3.2
Total	1048	100.0

Table 28: Perception of HIV (Beliefs)

Statements	Agree	Dis-agree	May-be	D/K	No Resp.	Total
Only male homosexuals get HIV	2.5	94.2	1.0	1.8	0.6	100.0
A healthy looking person cannot have HIV	7.3	90.6	0.8	0.9	0.4	100.0
Black people are more likely to catch HIV	5.1	88.7	2.8	3.0	0.5	100.0
Lesbians have less chance of contracting HIV	10.7	68.2	9.9	10.7	0.5	100.0
Condoms are a sure way of preventing HIV	26.0	59.5	11.4	2.7	0.4	100.0
HIV is a death sentence	71.9	20.3	5.7	1.3	0.7	100.0
Sex is the only way of spreading HIV	5.2	91.0	1.9	1.2	0.6	100.0

Only homosexuals spread HIV	2.1	94.7	1.3	1.2	0.7	100.0
HIV always leads to AIDS	66.9	20.4	6.1	5.7	0.9	100.0
Using Marijuana protects you from HIV	1.4	90.2	1.6	5.8	1.0	100.0
Drinking a lot of alcohol protects you from HIV	0.8	93.8	1.1	3.6	0.7	100.0
Having Sex with a virgin protects you from HIV	8.5	80.5	6.5	3.7	0.8	100.0

Table 29: Group/Type of People Most Likely to Contract HIV

Group	Frequency	Percentage
Youth	237	22.8
Prostitutes	91	8.8
Homosexuals	137	13.3
Persons practicing unprotected sex	69	6.7
Sexually active individuals	42	4.1
Persons with multiple sexual partners	129	12.4
Persons sharing contaminated needles	51	5.1
All/Any	210	20.0
Other	129	12.4
No Response	141	13.5

Table 30: Rate of Risk by Specified Sectors of the Population

Sectors of Population (yrs)	Low (1)	2	3	4	High (5)	N/Resp.	Total %

14 & under	26.0	30.8	21.0	9.1	8.2	4.9	100.0
15 – 24	0.8	3.1	15.2	28.9	47.7	4.4	100.0
25 – 49	1.8	3.4	16.9	29.3	44.3	4.3	100.0
50 & over	30.4	30.2	19.0	7.3	7.9	5.2	100.0

Table 31: People from Poor Families are More Likely to Contract HIV

Response	Frequency	Percentage
Yes	191	18.2
No	725	69.2
Not Sure	121	11.5
No Response	11	1.0
Total	1048	100.0

Table 32: Likelihood of Contracting HIV

Response	Frequency	Percentage
Very Likely	92	8.8
Likely	297	28.3
Unlikely	433	41.3
Very Unlikely	206	19.7
No Response	20	1.9
Total	1048	100.0

Table 33: Have You Ever Had Sex?

Response	Frequency	Percentage
Yes	876	83.6
No	150	14.3
No Response	22	2.1
Total	1048	100.0

Table 34: Age of First Sexual Encounter

Age	Frequency	Percentage
5	1	0.1
7	1	0.1
9	10	1.0
10	11	1.0
11	27	2.6
12	32	3.1
13	68	6.5
14	102	9.7
15	117	11.2
16	160	15.3
17	94	9.0
18	97	9.3
19	35	3.3
20	22	2.1
21	7	0.7
22	4	0.4
23	4	0.4
24	1	0.1
25	3	0.3

Not Sure	16	1.5
Not Applicable	150	14.3
No Response	86	8.2
Total	1048	100.0

Table 35: Currently Sexually Active

Response	Frequency	Percentage
Yes	696	77.5
No	163	18.2
No Response	39	4.3
Total	898	100.0

Table 36: Sexual Activities Limited to One Partner

Response	Frequency	Percentage
Yes	556	75.6
No	127	17.2
No Response	52	7.0
Total	735	100.0

Table 37: Number of Sexual Partners Currently Involved With

Number of Partners	Frequency	Percentage
1	559	76.1
2	74	10.1
3	25	3.4
4	9	1.2
5+	10	1.4
No Response	58	7.9
Total	735	100.0

Table 38: Number of Sexual Partners within Specified Time Frames

Number of Sexual Partners	Men in the past year		Men in the past 5 years		Women in the past year		Women in the past 5 years	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
0	428	40.8	428	40.8	472	45.0	452	43.1
1	327	31.2	172	16.4	195	18.6	85	8.1
2	55	5.2	122	11.6	79	7.5	76	7.3
3	14	1.3	56	5.3	38	3.6	61	5.8
4	4	0.4	24	2.3	24	2.3	33	3.1
5	4	0.4	10	1.0	10	1.0	37	3.5
6	3	0.3	3	0.3	5	0.5	15	1.4
7	1	0.1	-	-	1	0.1	14	1.3
8	-	-	2	0.2	-	-	5	0.5
9	-	-	-	-	3	0.3	7	0.7
10	1	0.1	6	0.6	4	0.4	10	1.0
11	-	-	1	0.1	1	0.1	1	1.0
12	-	-	1	0.1	1	0.1	1	0.1
13	-	-	-	-	-	-	1	0.1
14	-	-	-	-	1	0.1	1	0.1
15	-	-	2	0.2	1	0.1	9	0.9
16	-	-	-	-	-	-	2	0.2
20	-	-	3	0.3	1	0.1	6	0.6
25	-	-	-	-	-	-	1	0.1
30	-	-	-	-	-	-	1	0.1
35	-	-	-	-	-	-	1	0.1
45	-	-	-	-	-	-	1	0.1
50	-	-	-	-	-	-	1	0.1
100	-	-	-	-	-	-	1	0.1
Many	-	-	-	-	2	0.2	3	0.3
Not Sure	1	0.1	4	0.4	-	-	10	1.0
Not Applicable	150	14.3	150	14.3	150	14.3	150	14.3
No Response	60	5.7	62	5.9	60	5.7	63	6.0
Total	1048	100.0	1048	100.0	1048	100.0	1048	100.0

Table 39: Frequency of Condom Use during Sex

Response	Frequency	Percentage
Always	279	31.1
Sometimes	411	45.8
Never	154	17.1
No Response	54	6.0
Total	898	100.0

Table 40: Had Sex while High/Drunk

Response	Frequency	Percentage
Yes	190	21.2
No	651	72.7
No Response	55	6.1
Total	896	100.0

Table 41: Refused Sex because of Unavailability of Condom

Response	Frequency	Percentage
Yes	548	52.3
No	292	27.9
Not Applicable	1	0.1
No Response	207	19.8
Total	1048	100.0

Table 42: Been Refused Sex due to Unavailability of Condom

Response	Frequency	Percentage
Yes	363	34.6
No	455	43.4
Not Applicable	2	0.2
No Response	228	21.8
Total	1048	100.0

Table 43: Males Asked by Partner to Wear Condom

Response	Frequency	Percentage
Yes	285	64.6
No	118	26.8
No Response	38	3.6
Total	441	100.0

Table 44: Females – Insisted that Partner Wear Condom

Response	Frequency	Percentage
Yes	326	68.5
No	101	21.2
No Response	49	10.3
Total	476	100.0

Table 45: Had Sex without Condom because Partner did not Use want to Use One

Response	Frequency	Percentage
Yes	243	27.2
No	566	63.2
No Response	85	9.5
Total	845	100.0

Table 46: Responsibility to Provide Condoms in Relationship

Response	Frequency	Percentage
Man	164	15.6
Woman	40	3.8
Either partner/both	798	76.1
No one	2	0.2
No Response	44	4.2
Total	1048	100.0

Table 47: Had HIV/AIDS, Would You Tell Anyone?

Response	Frequency	Percentage
Yes	781	74.5
No	97	9.3
Not Sure	155	14.7
No Response	15	1.4
Total	1048	100.0

Table 48: Had HIV/AIDS, Who Would You Tell?

Response	Frequency	Percentage
Friend	148	18.6
Parents	231	29.0
Brother/Sister	12	1.5
Other Family Members	306	38.4
Professional	5	0.6
God	7	0.8
Partner(s)	288	36.1
Other	36	4.5
Everyone	14	1.8

Table 49: Had HIV, What Would You Do?

Response	Frequency	Percentage
Cry	11	12.4
Go Insane	2	0.3
Keep to Myself	2	0.3
Seek Counselling	21	2.0
Live with It	182	32.7
Seek Medical Attention	28	5.0
Commit Suicide	25	4.5
Conceal Illness	2	0.4
Notify Others of My Illness	9	1.6
Seek God	20	3.6
Educate Self & Others	7	1.3
Other	17	3.1
Don't Know/Not Sure	160	28.8
No Response	69	12.4
Total	556	100.0

Table 50: Should Persons who Knowingly Spread HIV/AIDS be Charged?

Response	Frequency	Percentage
Yes	886	84.5
No	79	7.5
Not Sure	65	6.2
No Response	18	1.7
Total	1048	100.0

Table 51: Current Effective HIV/AIDS Programmes

Measures	Frequency	Percentage
Televised Public Education Programmes	206	10.2
Public Health Programmes	20	1.9
In-School Education Programmes/Workshops	17	1.6
Other Public Education Programmes	27	2.6
Public Support Hotlines	65	6.2
Other	22	2.0
Not Sure/Don't Know	439	41.9
No Response	377	36.0

Table 52: Role of Government in Preventing the Spread of HIV/AIDS

Measures	Frequency	Percentage
Offer financial/non-monetary support to HIV/AIDS programmes	63	6.1
Educate public about HIV/AIDS	301	28.8
Encourage HIV testing	20	1.9
Provide/distribute greater information on HIV/AIDS	112	10.7
Promote safe sex behaviour	73	7.0
Develop a vaccine/cure	20	1.9
Identify/Isolate HIV/AIDS infected	22	2.1
Charge persons spreading HIV indiscriminately	9	0.9
Other	10	1.0
Not Sure/Don't Know	254	24.2
No Response	224	21.4

Table 53: Role of Government to Support People with HIV/AIDS

Measures To Be Taken	Frequency	Percentage
Offer counselling & other support programmes	225	21.6
Offer financial/non-monetary assistance	92	8.9
Provision of affordable and/or free medication	246	23.6
Provide accommodation for victims	119	11.5
Provide proper treatment facilities	80	7.7
Offer moral support	39	3.8
Other	58	5.6
Not Sure/Don't Know	194	18.5
No Response	146	13.9

Table 54: Role of Private Sector in Preventing the Spread of HIV/AIDS

Measures To Be Taken	Frequency	Percentage
Provide financial/non-monetary assistance to AIDS programmes	345	33.0
Increase the availability of condoms to general public	20	1.9
Organise public education programmes	118	11.4
Spearhead the development of HIV/AIDS cure	7	0.7
Provision of medical assistance	62	5.9
Other	51	4.9
Not Sure/Don't Know	306	29.2
No Response	219	20.9

Table 55: Role of Community in Preventing the Spread of HIV/AIDS

Measures	Frequency	Percentage
Organize Group Discussions/Education/Counselling Programmes	408	39.0
Talk to Members of Community	113	10.8
Encourage Testing for HIV	8	0.8
Encourage Safe Sex Behaviour	77	7.4
Distribute Literature about HIV/AIDS	25	2.5
Other	117	11.2
Not Sure/Don't Know	199	19.0
No Response	185	17.7

Table 56: Role of Individual in Preventing the Spread of HIV/AIDS

Measures	Frequency	Percentage
Practice safe sex	489	46.9
Engage in single partner relationships	320	30.6
Abstinence	178	17.1
Get tested for HIV	56	5.3
Educate oneself & others about HIV/AIDS	99	9.6
Have good knowledge about one's partner	30	3.0
Other	75	7.3
Not Sure/Don't Know	52	5.0
No Response	78	7.4

BIBLIOGRAPHY

- **AIDS Update: The Caribbean Picture**. AIDS Window, 2000, 1: 8 - 10
- **Barbados Epidemiological Fact Sheets on HIV/AIDS and sexually transmitted infections**: Pan American Health Organisation and World Health Organisation, 2000 (revised)
- **Caribbean Regional Strategic Plan of Action for HIV/AIDS**: Caribbean Task Force on HIV/AIDS, 2000
- **Declaration of Commitment on HIV/AIDS**: United Nations, 2001
- **KAP Survey to Measure the Efficacy of Intervention Strategies on HIV/AIDS**. Systems Caribbean Limited, 1999.
- **Report on Barbadian Health Science Students: A Knowledge, Attitudes, Beliefs & Practices Survey on AIDS**. Barbados: UWI, 1990
- **Report on Barbadian School Children: Knowledge, Attitudes, Beliefs and Practices Survey on AIDS**. Barbados: UWI, 1990
- **Report on the Global HIV/AIDS Epidemic - June 1998**: Joint United Nations Programme on HIV/AIDS and World Health Organisation, 1998
- **Report on the Global HIV/AIDS Epidemic - June 2000**: Joint United Nations Programme on HIV/AIDS (UNAIDS), 2000
- **Socio-economic impact of the epidemic and the strengthening of national capacities to combat HIV/AIDS**: United Nations, 2001
- **Strategic Plans of Action for the Management, Prevention and Control of HIV/AIDS**: Government of Barbados, 2001
- **UNAIDS Fact Sheet**: Joint United Nations Programme on HIV/AIDS (UNAIDS) 2001