1.0 INTRODUCTION

Presented here are the findings of a national Knowledge, Attitude, Behavior and Practices (KABP) survey conducted as part of the monitoring for the HIV/STI Control Program in Jamaica.

Data for the survey was collected between June and September, 2000.

Sample size: 1498 (754 men; 744 women)

2.0 SUMMARY OF FINDINGS

- Early sexual activity among adolescents continues unabated as proportion of 15-19 year olds, who have already initiated sex, increases.
- Risk behavior (multiple relationships and non regular relationships) is highest among the adolescents of both gender.
- Women emerged as exposing themselves to greatest risk as declining trend in condom use is recorded among women 20-39 years.
- Dramatic increase in the proportion now subscribing to various myths is recorded.
- Impact of increased condom distribution noted in impressive decline in those not using a condom because of unavailability.
- Proportion participating in direct intervention increases, but reach of mass media outweighs this 2:1 with information on HIV/AIDS.

Sexual initiation:

Fewer adolescents, 15-19 years, reported delaying the initiation of sexual activity (males: 7% vs 9% in 1996; females:14% vs 15% in 1996). All other age groups however reported a trend to delaying same.

Mean age of first sex:

Adolescents**:** Among adolescents the mean and median ages of first sex remain at 13 for males and 14 for females, as was recorded in 1996.

Total**:** Overall, an increase is recorded in the mean age of first sex for men from 13 to 14 while the median age remains 14.

Mean and median ages for females remains at 16 as was recorded in 1996.

Multiple partnerships:

A decline in incidence of multiple partners for the preceding 3 months (Year 2000) is evidenced in all sub groups except females 15-19 year old. This is versus those reporting multiple partners at the time of the 1996 survey *(3 and 12 month comparisons were not available for 1996).*

Also of note is the fact that the proportion of both males and females who reported 2 or more partners for the previous 3 month period declined sharply when compared to the reports for the preceding 12 month period. Not only was the incidence of multiple partners considerably reduced over the period but also the mean number of partners reported.

The general trend is however encouraging.

(Note that the 1996 data is not directly comparable as it reflects partnership status at the time of the survey, not for the preceding 12 month period).

Table 1

Incidence of multiple partnerships

% reporting 2 or more partners	15-19y	20-24y	30-39y	40-49y
MALE	(N=196) %	(N=337) %	(N=88) %	(N=48) %
In last 12 months - Yr 2000	56.1	56.7	43.2	22.9
" 3 months - Yr 2000	24.0	31.8	26.1	12.8
1996 (2 or more at time of survey)	36.8	36.9	32.3	13.6
FEMALE	(N=132) %	(N=306) %	(N=113) %	(N=44) %
In last 12 months - Yr 2000	24.2	18.3	15.0	4.5
" 3 months - Yr 2000	4.5	5.2	7.1	2.3
1996 (2 or more at time of survey)	3.8	7.0	9.3	6.8

Table 2
Mean Number of Partners – Yr 2000

% reporting 2 or more partners	15-19y	20-24y	30-39y	40-49y
Male Mean number of partners 12 months	2.80	3.54	2.68	1.396
Mean number of partners 3 months	1.15	1.57	1.59	0.98
Female Mean number of partners 12 months	1.19	1.15	1.08	0.77
Mean number of partners 3 months	0.90	0.83	0.89	0.68

Types of partnerships

a. Males:

Regular partners: The vast majority of respondents reported having regular or main partners (partner known for >12 months). This was lowest (70%) for the 15-19 year olds increasing to 85% and 81% for the older groups.

Multiple regular partners in the previous 12 months were further reported by 25% of the 15-19 and 20-29 year olds. This feature however declined with age to 15% for the oldest group.

Non-regular partners: The highest proportion of the more high risk relationships (persons known for less than 12 months) was also reported by the 15-19 year olds (50%). This declined with age (47%, 34%, 15% for the other age groups, 15-19, 20-29, 30-39 and 40-49, respectively). Increased exposure to risk with many such relationships was also highest for the adolescents and again declined with age (2 or more non regular: 37%, 33%, 23%, 2% for the 15-19, 20-29, 30-39 and 40-49 age groups respectively.

Commercial partners: Although reported by the minority, this was again highest for the 15-19 year old males (2.5%). The trend declined with age.

Females:

The trend among females, in the previous 12 month period, was similar but with the proportion engaged in the more high risk situations of multiple regular relationships and non regular (partner known for <12 months) being significantly less (multiple regular: ranged from 10% to 2%, declining with age); non regular: ranged from 18% to 7%, declining with age).

Commercial partners in the previous 12 month period were reported by the 30-39 and 40-49 age groups only (2% each).

Note: No comparable 12 month data exists for previous surveys which reported 'current' practices not practices over the preceding 12 months.

Condom use:

a. In high risk situations (non regular partner)

Among men, incidence of condom use with non regular partners (known for <12 months) remained around the 77% level. This level has obtained since 1992.

Among women this however declined from 73% in 1996 to 67% which was the level recorded in 1994.

The pattern of condom use in high risk situations however fluctuates by age. While among the youngest (15-19 year olds) use increases for both gender, use declines among the 20-29 and 30-39 for both gender but increases again for the oldest group.

Frequency of use:

In respect of use in these high risk situations, consistent use (everytime and most times) increased among males (from 66% in 1996 to 74% in 2000) but decreased among females (68% in 1996 to 64% in 2000).

Consistent use is highest for the 15-19 year olds among both males and females.

b. With regular partner

Condom use last time with the regular partner again shows females increasingly exposing themselves to risk as condom use with the regular partner declines.

Protection via condom use (last time) with the regular partner increases among men (from 47% in 1996 to 52% in 2000) but declines among women (from 41% in 1996 to 38% in 2000).

Decline among women is reflected in all age groups while among men, all ages recorded increases. This was with the exception of the 30-39 male age group which declined (from 43% in 1996 to 35% in 2000).

Reasons (unprompted) for non-use of condoms:

While dislike of the condom remained the main reason for non-use overall, this reason declined significantly (from 51% in 1996 to 32% in 2000) and particularly so among females (from 67% in 1996 to 12.5% in 2000).

Unfortunately however, the second most important reason now cited indicates a lack of acceptance of the need to protect oneself in these situations. This reason, "didn't think of it" increased from 13% in 1996 to 22% in 2000. This was particularly so among the men where this reason increased from 9% in 1996 to 22% in 2000.

As distribution of condoms increased significantly islandwide, product unavailability declined as a reason for non use (from 19% in 1996 to 12% in 2000) and notably so among men (from 25% to 13%).

Of more credit to the successful condom distribution effort, is the fact that only 5% of the reasons specifically related to inability to locate an outlet for the product, when needed.

Unfortunately, women again demonstrated a very questionable attitude to high risk behavior in that the most important reason given by them for non-use of condoms was that they "know the partner well", in spite of this being a partner known for <12 months!

Condom sources:

Traditional retail sources remain the main sources from which condoms were accessed (67%). Another 12% of persons continued to source product from the public sector clinics or hospitals.

Risk perception:

More persons of both gender perceived themselves as having at least a "little" chance of contracting HIV/AIDS. Among men this increased form 22% in 1996 to 32% in 2000, and among women, from 18% to 32%.

Main reasons for perceiving risk is appropriately attributed to inconsistent or non use of condoms (40%) and existence of 'other' partners (34.3%).

Ambivalence clearly exists however in respect of the credibility of condoms to ensure complete protection. It was 36% of the total sample that agreed that consistent condom use would offer complete protection. This questionable view is as much held by men as by women. This ambivalence is also seen in the decline in the endorsement of condoms as a means of protection.

Attitudes to condoms:

Women and condom purchasing: Media efforts to take the embarrassment out of the purchasing of condoms by females could be having some success as 90% of the total sample agree that "it is okay for a woman to buy condoms." Agreement is highest among women themselves.

Having a condom readily available:

Historically there has been a sense of disapproval expressed to having a condom readily available as it was seen as inferring preplanned sex, however currently, just over two-thirds of the sample (69%) do not think their partner would be upset if they had a condom available.

Participation in HIV intervention:

A significant increase in participation in HIV/AIDS intervention, including Face-to-face intervention was recorded (from 27% in 1996 to 35% in 2000). Notably here was the citing of "community" intervention (15.7%) for the first time in a KABP survey. This undoubtedly is a reflection of the increased emphasis on Face-to-face intervention in the communities. In fact this is second to intervention in schools (48%), as the next most important source of intervention and is the most important source for men 20 years and over.

The clinic remains the most important source for women 20 years and over.

Mass media

While direct intervention reached 35% of the sample, mass media reached 83%, including the majority of those not reached with direct intervention. In fact 52% of the sample were reached only by the mass media, foremost among which was the radio (47.6%) and the television (46.5%).

Knowledge:

Knowledge of prevention remains high but unfortunately, subscription to myths increased significantly. Also disconcerting is the erosion of belief in consistent condom use as an endorsed means of protection.

Knowledge of two or more appropriate preventive practices remains high at 97% for men and 96% for women.

Increased endorsement was recorded for having one faithful partner by men (from 78% in 1996 to 86% in 2000) but decreased among women (from 87% to 83% in 2000).

There was however a decline recorded among both men and women for consistent condom use as an appropriate means of protection (men: from 92% in 1996 to 87% in 2000; women: from 93% in 1996 to 86% in 2000).
A significant increase was also recorded in the proportion of the sample that was now endorsing various myths. As a result, a significant decline in the proportion endorsing only appropriate practices was recorded (men: from 59% to 33%; women: from 62% to 44%).

Increased belief in most myths was recorded among both gender but more so among males.

Men: Pattern of increase is as follows: mosquito bites (form 26% in 1996 to 37%; public toilets (from 13% to 32%); casual contact, touching someone with AIDS (from 9% to 15%); not sharing food (from 10% to 22%); and touching the corpse of an PWA, 29%.

Women: Pattern of increase is as follows: mosquito bites (form 21% in 1996 to 26%; public toilets (from 13% to 23%); not sharing food (from 9% to 14%); and touching the corpse of an PWA, 23%.

Persons knowing a PWA: Not surprisingly, a significant increase was recorded in the proportion knowing a PWA (whether living or dead). This increased among men from 17% in 1996 to 35% in 2000, and among women from 15% to 36%. Of note also is the fact that for 10% of both males and females, the PWA was a close relative or friend.

3.0 PURPOSE

This study seeks to continue the periodic monitoring of changes in risk behavior as it relates to the transmission of HIV and other STIs nationally. For more than a decade Jamaica has implemented a very comprehensive HIV/STI Control Program which focuses on:

- partner reduction
- increasing the consistent use of condoms
- delaying sexual activity among females 15-19 years
- increasing consistent condom use among men 20-29 years in regular and non-regular partnerships
- dispelling myths and encouraging appropriate practices with regards to STI/HIV/AIDS, especially among men 20-29 years
- increasing appropriate knowledge and awareness of STI
- increasing condom accessibility

This target group covered in this survey is adults, 15-49 years, with an overweighting to those in the adolescent and young adult years of 15-24 years.

4.0 METHODOLOGY

A survey approach among a randomly selected sample of 1500 persons islandwide was used to provide data for this study.

Sample Design and Selection

The design used is a stratified multi-staged sample with quota controls for gender. The first stage involves a selection of census Enumeration Districts (EDs) followed by the selection of dwellings within each ED in the second stage. The EDs are selected with probability proportionate to their size (measured in terms of the number of dwellings per ED). An equal number of dwellings are selected from each ED using a systematic sampling with a random start.

For purpose of selection of the EDs, all EDs of the population census (after grouping them where necessary such that no ED contains less than 80 dwellings) are grouped into 234 strata (also called sampling regions); of equal size (again measured in terms of the number of dwellings); the 1991 population census dwellings were adopted for this purpose. The EDs are selected from each Sampling Region with probability proportionate to size.

For purpose of selection of the EDs, all EDs of the population census (after grouping them were necessary such that no ED contains less than 80 dwellings) are grouped into 234 strata (also called sampling regions); of equal size (again measured in terms of the number of dwellings); the 1991 population census dwellings were adopted for this purpose and every stratum contains approximately 25,000 dwellings. The EDs are selected from each Sampling Region with probability proportionate to its size

This design, which is also called the "paired selection design" has stood the test of time and has been adopted for the sample selection. However, only 25 of the 234 sampling regions have been selected (because of the importance of monitoring changes in behaviour in the island's capital and also its main tourist parish, Kingston & St. Andrew and St. James are purposely selected). From each selected sampling region two EDs have been selected with probability proportionate to size. From these selected EDs those areas which are physically not capable of being done or are not feasible to the study have been removed.

From each remaining ED, 30 dwellings are selected on a systematic sampling basis. Thus, the total sample will be 1,800 dwellings which accounts for incidence of non-response.

The classification of these EDs into KMA, other towns, and rural have been done with Portmore and Spanish Town Metropolitan Area. The rural/urban composition of this sample is generally representative of the country.

Same sex interviewing was the technique used. This is a technique which promotes higher respondent complacency and validity of information.

A random walk pattern was then used to identify the house to be interviewed. At the household level, the respondent to be interviewed was selected by means of a Kish Card using anyone thrown up in the targeted age range and gender. To facilitate as wide a coverage of the community as possible, one interview only was conducted per household.

Data was collected in confidential face-to-face interviews by trained interviewers. Same sex interviews were conducted in the community. This technique is thought to promote a higher comfort level and complacency among the respondents and hence greater validity of information. Interviewers obtained oral permission from the respondents before proceeding with the interview. Interviewers assured participants of their anonymity and the confidentiality of the information. No identifiers were included on the questionnaires.

Questionnaire Design

The questionnaire used was a modification of the global instrument and retained many of the measurements used in earlier KABP surveys in Jamaica.

Areas covered in the questionnaire included: Knowledge of AIDS and STIs, AIDS Prevention including personal risk perception, incidence of STI infection and treatment sought; condom use and sexual history and socio-demographic characteristics of sample. The following are some of the measurement used in the questionnaires:

- **Sex in the last 12 months** indicates what proportion of the population was potentially exposed to HIV/STI infection during the past 12 month; it provides a meaningful time frame that is long enough to allow for changes in HIV/STI risk behaviour and short enough for reasonably accurate recall.

- **Regular partners** indicates what proportion of respondents have regular sex partners, defined here solely in terms of sexual relationships that have lasted for at least 12 months;

  Sexual intercourse within a regular relationship carries a low risk of HIV infection provided that the partnership is mutually exclusive. This element of exclusivity or fidelity is measured by asking the respondents whether they think that their spouse or regular partner has sex with other people.

- **Non-regular and Commercial Sex**

  Non-regular relationships are defined as those lasting for less than 12 months. These are categorized as exposing the respondent to higher risk of infection.

  The extent of commercial sex is measured by asking the respondent whether they gave or received money or gifts in their last non-regular sexual encounter.

  An attempt is made to force a distinction between commercial sex and other forms of non-regular sexual relationships. This is achieved by two questions - one on exchange of money and the other on prior acquaintance with the person. The reason for this is the special importance for disease transmission of condom use by commercial sex workers, together with the growing realization that condom promotion may be more difficult for non - regular than for commercial relationships. The source of condom is asked.

- **Knowledge of AIDS**

  This section measures knowledge of preventive practices. People who have not heard of HIV/AIDS cannot be asked about preventive practices. Knowledge is assessed by reading out to each respondent a list of valid and invalid methods of protection. Respondents who endorse at least two of the main preventive practices will be classified as having effective knowledge of preventive methods. Endorsements of invalid preventive methods can be

useful for guiding IEC programs and will indicate the origins of possible discrimination against AIDS sufferers.

- **Risk perception, behaviour change and attitudes to persons with HIV/AIDS**

  Questions on risk perception and behaviour change are included because they can assist in the interpretation of behavioural information. They can also be useful in the evaluation of IEC campaigns in which one objective may be to heighten the accurate perception of risk. Questions are also included to elicit respondents attitudes and opinions about persons with HIV/AIDS and indicate the proportion of people aged 15 - 49 who report non-discriminatory attitudes against individuals with HIV/AIDS.

- **Socio-demographics of sample**

Table 3
Sex of sample

	2000 [N=1498] %	National Profile %
Male	50.3	48.7
Female	49.7	51.3
Total	100.0	100.0

Age: Sample was quota controlled by age group to directly reflect a weighting towards the 15-24 years group.

Table 4

Age of Sample

	% of total sample of KABP Study YR 2000	% of National Profile
15-19 years	33.5%	21.8
20-24 years	32.5%	19.6
25-49 years	33.8%	58.5
TOTAL	100%	1,138,150

Table 5

Level of Education

	1996 N=1189 %	**2000 N=1498 %**
Basic/primary	15.0	9.5
Secondary/high	71.0	74.7
Skills training/Tertiary	13.0	15.5
N/R	1.0	.2

Table 6

Religious Involvement/Church Affiliation

	1996 [N=1189] %	2000 [N=1498] %
Church of God	23.7	26.4
Anglican/RC/Methodist/United Church	12.3	6.8
Baptist	9.4	6.3
S.D.A.	8.7	9.5
Pentecostal	9.8	9.1
No religion	28.7	29.8
Other**	7.3	11.4

Other** includes Jehovah Witness

Table 7

Marital Status

	1996 [N=1189] %	2000 [N=1498] %
Married/live with partner	27.7	20.4
Have visiting partner	36.8	28.6
Boyfriend/girlfriend	12.7	18.7
Single	21.4	32.2
Total	100.0	100.0

Other sample characteristics

Length of time resident in community

Most respondents (>80%) have lived in their community for over 10 years. Noticeably however, it was the females, and in particular those 20 –24 years who were the newest residents in the communities surveyed with 35% residing in their communities for 5 years or less compared to 19% of the male age cohort.

Table 8
Years Lived in Community

Male	**Male**		
	15-19yrs %	**20-24yrs %**	**25-49yrs %**
Less than 1 year	6.9	6.6	5.2
1-5 years	16.9	12.8	12.0
6-10 years	15.8	13.2	16.3
Over 10 years	13.5	18.9	25.5
Since birth	46.9	47.7	40.2
Female	**15-19yrs %**	**20-24yrs %**	**25-49yrs %**
Less than 1 year	9.1	14.3	6.6
1-5 years	17.3	20.4	21.5
6-10 years	13.2	12.2	14.1
Over 10 years	7.0	13.9	30.9
Since birth	53.1	38.4	27.0

The vast majority of 15-19 year olds live in family units (males: 92.3%; females: 95.1%) which may or may not include a partner. For the most part, females continue living in family units while the incidence of this declined with age for men even as the incidence of men living alone, increased in importance (males living alone: 15-19 years – 6.5%; 20-24 years –25.1%; 25-49 years – 37.1%)

Table 9
Living arrangements

Male	**15-19yrs %**	**20-24yrs %**	**25-49yrs %**
Live alone	6.5	25.1	37.1
Live with family	92.3	72.0	58.6
Live with friends	1.2	1.6	0.8
Female	**15-19yrs %**	**20-24yrs %**	**25-49yrs %**
Live alone	2.9	13.1	12.5
Live with family	95.1	85.3	84.8
Live with friends	1.2	0.8	1.2

Just under 30% of the sample, regardless of gender lived outside the community for a month or more in the previous 12 months. Females showed a slightly higher likelihood of so doing (15-19 years: 29.6%; 20-24 years: 29%; 25-29 years: 24% vs males 15-19 years: 28.5%b; 20-24 years: 23.9%; 25-49 years: 21.5%).

5.0 DETAILED FINDINGS

5.1 Knowledge of AIDS

Of the total sample, only five persons (2 men; 3 women) reported never having heard of HIV. Of those five, three (1 man; 2 women) reported having heard of AIDS. With the increased prevalence of the disease, it is not surprising that he proportion of both gender who know someone who is either living with or has died form AIDS has doubled since 1996 (males knowing a PWA increased from 17% in 1996 to 35% in 2000) while for females, this moved from 15% in 1996 to 36% in 2000.

Within both gender, 10% report that among the person(s) known was a close relative or friend.

5.2 Knowledge of methods of prevention

The vast majority of respondents (men 96.7%; women 96.0%) know that AIDS can be prevented. Not only do they know that AIDS can be prevented but most persons (95.6%) knew at least two preventive practices. Among the youngest group (15-19 years) males were more knowledgeable than females but this was reversed in the oldest age group (25-49 years) and here more females than males knew at least 2 preventive practices. Males who know 2 or more practices was as follows: 15-19 years: 97.7%; 20-24 years: 93.8%; 25-49 years: 96.4% while among females it was: 15-19 years: 93.9%; 20-24 years: 92.2% and 25-49 years: 99.2%.

While the majority of persons interviewed knew at least 2 correct preventive practices (95.6%), it was just over a third of this group (39.3%) who did not also endorse inappropriate practices.

Table 10
Appropriate and Inappropriate Practices Endorsed (by gender)
2000 vs 1996 (Prompted)

	Male		Female	
Appropriate methods	2000 N=754 %	1996 N=641 %	2000 N=744 %	1996 N=548 %
One faithful partner	85.7	78.0	82.6	87.0
Condom use	87.3	92.0	86.3	93.0
Use clean needles	90.8	94.0	91.1	90.0
Abstain	82.1	/a	83.6	n/a
Inappropriate methods				
Avoid mosquitos or insect bites	36.7	26.0	25.7	21.0
Avoid public toilets	32.0	13.0	23.4	13.0
Not touching corpse of person who died from AIDS	29.0	N/a	23.0	n/a
Not sharing food with PWAIDS	22.0	10.0	14.2	9.0
Having a good diet	16.3	5.0	11.0	7.0
Not touching someone with AIDS	14.7	9.0	8.1	9.0

There was a significant decline in the proportion of both male and females who subscribed to condom use as a preventive method. Among males this declined from 92% endorsing condom use in 1996 to 87% in 2000, p=.005. Among females this declined even more significantly from 93% in 1996 to 86% in 2000, p=.0001. For both gender, it is particularly troubling to note that the proportion endorsing condom use as a preventive method is lowest among those 20-24 years.

Table 11.i
Knowledge of Appropriate Prevention Practices- Prompted (males)

Practices	**Male**		
	15-19yrs %	**20-24yrs %**	**25-49yrs %**
One faithful partner	85.3	84.4	87.3
Using condoms all the time	89.2	85.6	86.9
Abstain from sex	81.5	79.4	85.3
Ensuring injections are done with a clean needle	91.5	88.1	92.8

Table 11.ii
Knowledge of Appropriate Prevention Practices- Prompted (females)

Practices	Female		
	15-19yrs %	20-24yrs %	25-49yrs %
One faithful partner	79.0	81.2	87.5
Using condoms all the time	85.2	84.1	89.5
Abstain from sex	81.9	79.6	89.1
Ensuring injections are done with a clean needle	90.1	89.4	93.8

Interestingly it is approximately a third of the sample (males: 37% and females: 34%) who believe that a man who uses a condom when having sex with a woman is fully protected against HIV. This was similar across age groups and regardless of educational levels. This widespread uncertainty in the ability of the condom to offer the required protection could well be contributing to this declining endorsement of the condom as a preventive method.

Table 12

% Agreeing that a Condom Offers Full Protection Against HIV

Male	Male		
	15-19yrs n=260 %	20-24yrs n=243 %	25-49yrs n=251 %
	37.3	37.0	37.8
Female	**15-19yrs n=243 %**	**20-24yrs n=245 %**	**25-49yrs n=256 %**
	32.1	30.0	39.5

5.3 Myths

Belief in myths increased significantly in 2000 versus 1996, doubling and tripling in some cases. Males were much more likely to endorse myths than females. In the case of mosquito bites, 37% of males subscribe to this versus 26% of females, p=.0000; not sharing food with a PWA, males 22.0% vs females: 14.2%, p=.0001; avoiding public toilets, males 32% vs females 23.4%, p=.0002.

Belief in myths also tends to decline with age and with increased educational education.

Table 13.i
Inappropriate Practices (Myths) as endorsed by gender
2000 vs 1996 (Prompted)

	Male		Female	
Inappropriate methods	2000 N=754 %	1996 N=641 %	2000 N=744 %	1996 N=548 %
Avoid mosquitos or insect bites	36.7	26.0	25.7	21.0
Avoid public toilets	32.0	13.0	23.4	13.0
Not touching corpse of person who died from AIDS	29.0	N/a	23.0	n/a
Not sharing food with PWAIDS	22.0	10.0	14.2	9.0
Having a good diet	16.3	5.0	11.0	7.0
Not touching someone with AIDS	14.7	9.0	8.1	9.0

Table 13.ii
Belief in Myths Analyzed by Age & Gender

Myths	**Male**		
	15-19yrs %	**20-24yrs %**	**25-49yrs %**
Avoid being bitten by mosquitoes	41.2	38.3	30.7
Avoiding public toilets	31.9	32.9	31.1
Not touching corpse of an AIDS victim	30.4	26.7	31.1
Avoid sharing food with person who has AIDS	27.3	20.2	18.3
Avoid touching a person who has AIDS	15.8	11.9	16.3
Having a good diet	13.8	18.5	16.7

Table 13ii (cont'd)
Belief in Myths Analyzed by Age & Gender

	Female		
	15-19yrs %	**20-24yrs %**	**25-49yrs %**
Avoid being bitten by mosquitoes	30.5	25.7	21.1
Avoiding public toilets	26.3	25.7	18.4
Not touching corpse of an AIDS victim	28.4	18.0	22.3
Avoid sharing food with person who has AIDS	19.3	12.2	11.3
Avoid touching a person who has AIDS	12.8	5.7	5.9
Having a good diet	12.3	12.2	8.6

Table 13iii
Belief in Myths Analyzed by Educational Level

MYTHS	Male		
	Primary N=143 %	**Secondary N=1119 %**	**Tertiary N=112 %**
Avoid being bitten by mosquitoes	41.3	32.0	18.0
Avoiding public toilets	42.0	28.0	12.0
Not touching corpse of an AIDS victim	30.0	26.0	24.0
Avoid sharing food with person who has AIDS	27.0	18.0	7.0
Avoid touching a person who has AIDS	22.0	11.0	3.0
Having a good diet	25.0	13.0	12.0

5.4 **Asymptomatic transmission:** is widely known and recorded the highest level of knowledge ever (male: 96.3% in 2000 vs 82% in 1996 and 94% in 1994) and females (96.5% in 2000 vs 80% in 1996 and 93% in 1994)

5.5 **Mother to child transmission:** The possibility of reducing the risk of mother to child transmission is not widely known. Among males knowledge

ranged from 16.5% among 15-19 year olds to 16% among 20-24 year olds and 19.9% among 25-49 year olds. Among females, knowledge was also low but was higher than among males (females 15-19 years: 19.3%; 20-24 years: 25.7% and 25-49 years: 20%).

Among those who claimed to be aware that mother-to-child transmission can be reduced, 25% were unable to say how this could be done while 56.7% (male: 57.3%; female: 53.3%) cited AZT as the treatment. Another 19% indicated that the mother should not breastfeed the child while a few thought the mother should not "handle the baby."

5.6 Personal Risk Perception

Males: Proportion of each sub group that assessed themselves as at no risk of contracting HIV declined as age of respondents increased. Among males the proportion moved from 68% among the 15-19 year olds to 43% among the 25-49 year olds while among females it moved from 69% among 15-19 year olds to 50% among 25-49 year olds. Those in the respective age groups who perceived possible risk of contraction among the males were: 15-19 years, 25%; 20-24 years 35.4%; 25-49 years 36.3% who assessed themselves as at some degree of possible risk of contraction.

Females: As with the males, the perception of not facing any risk of contracting HIV, is inversely related to age (15-19 years 68.1%; 20-24 years 52.7% and 25-49 years 50.4%). Also the proportion perceiving some degree of risk of infection varies between 23.5% and 37.1% (15-19 years: 23.5%; 20-24 years: 37.1%; 25-49 years: 35.6%).

Table 14i
Perceived Risk of Contracting HIV - Male

Perceived Risk	Male		
	15-19yrs n=260 %	20-24yrs n=243 %	25-49yrs n=251 %
No chance	68.1	56.8	54.2
Little chance	13.8	22.6	21.5
Moderate chance	5.8	6.2	9.2
Good chance	5.4	6.6	5.6
Don't know	6.5	7.4	9.2
No response	.4	.4	.4

Table 14ii
Perceived Risk of Contracting HIV - Female

Perceived Risk	Female		
	15-19yrs n=243 %	20-24yrs n=245 %	25-49yrs n=256 %
No chance	69.1	52.7	50.4
Little chance	15.2	24.1	18.4
Moderate chance	5.8	6.5	8.2
Good chance	2.5	6.5	9.0
Don't know	6.6	9.8	12.9
No response	.8	.4	1.2

Based on the reasons given, the stated risk perception was appropriate in >90% of cases. Main reasons given for feeling 'safe' were: 'no sex', 'always use condoms' and 'only have sex with spouse'. While females were more likely to focus on partner protection (have sex only with spouse 33.8% vs 23.9% for males), males were more likely to focus on consistent condom use (30.9% vs 20% for females).

Table 15i
Reasons for feeling safe from infection - Male

Reasons why not likely to Contract HIV	Male			
	TOTAL N=451 %	15-19yrs n=177 %	20-24yrs n=138 %	25-49yrs n=136 %
Use condoms all the time	39.9	40.1	43.5	36.0
No sex	30.6	46.3	23.2	17.6
Sex only with spouse	23.9	10.2	23.9	41.9
Use condoms sometimes	6.6	4.0	9.4	6.6
No blood transfusions	1.3	2.8	0	.7
Partner is faithful	1.1	.6	2.2	.7
No sex with CSWs	.4	0	0	1.5
No sex with homosexuals	.4	.6	0	.7
Other*	1.9	.6	3.6	2.2

* includes don't dp drugs/ get reg. check-ups

Note: Percentages exceed 100 due to multiple responses

Table 14ii
Reasons for feeling safe from infection - Female

		Female		
	TOTAL N=426 %	15-19yrs n=168 %	20-24yrs n=129 %	25-49yrs n=129 %
No sex	44.8	69.6	33.3	24.0
Sex only with spouse	33.8	13.1	43.4	51.2
Use condoms all the time	19.7	18.5	21.7	19.4
Use condoms sometimes	2.3	.6	4.7	2.3
Partner is faithful	1.9	.6	.8	4.7
No blood transfusions	1.6	1.8	0	3.1
No injections	.7	1.2	.8	0
Don't do drugs	.5	.6	.8	0
Other	1.9	.6	3.1	2.3

Note: Percentages exceed 100 due to multiple responses

Reasons given for assessing risk indicate an increasing acceptance among some persons of the importance of the condom in offering protection from infection. Inconsistent or non-use of condoms for instance emerged as the most dominant reason for assessing risk among men while the principal reason

previously was having many partners. Compared to 1992, this decreased from 43% to 7% while inconsistent or non-use of condoms increased from 7% in 1992 to 54% in 2000.

A similar situation emerged among females which suggests a greater recognition of their own role in protecting themselves. Here the proportion of females citing partner infidelity as the reason for their exposure to risk decreased from 62% in 1992 to 21% in 2000, p=.000 while those citing inconsistent condom use increased from 2% in 1992 to 30% in 2000, p=.000.

Table 16
Reasons for perceiving exposure to risk of infection by gender and age

	Male			
	TOTAL N=238 %	**15-19yrs n=64 %**	**20-24yrs n=83 %**	**25-49yrs n=91 %**
Use condoms sometimes	37.8	35.9	47.0	30.8
Don't use condoms	16.0	18.8	12.0	17.6
Condom may burst	6.7	4.7	7.2	7.7
Have different partners	20.6	20.3	24.1	17.6
Partner may be unfaithful	6.7	1.6	6.0	11.0
Spouse has many partners	2.1	1.6	2.4	2.2
Had injections	3.4	3.1	2.4	4.4
Had /blood transfusions	1.7	0	1.2	3.3
Sometimes unfaithful/practice unsafe sex	4.6	6.3	2.4	5.5
Other	5.0	4.7	1.2	8.8

Table 16 (cont'd)
Reasons for perceiving exposure to risk of infection by gender and age

	Female			
	TOTAL N=242 %	**15-19yrs n=56 %**	**20-24yrs n=93 %**	**25-49yrs n=93 %**
Use condoms sometimes	22.3	21.4	33.3	11.8
Don't use condoms	16.9	16.1	16.1	18.3
Condom may burst	4.5	5.4	6.5	2.2
Have different partners	5.4	7.1	3.2	6.5
Partner may be unfaithful	20.7	17.9	18.3	24.7
Spouse has many partners	15.3	14.3	16.1	15.1
Had injections	5.8	5.4	1.1	10.8
Had /blood transfusions	2.5	1.8	3.2	2.2
Could be raped	1.2	1.8	1.1	1.1
Can have unprotected sex	4.1	3.6	3.2	5.4
Have had sex with CSWs/homosexuals	1.6	1.8	1.1	2.2
Other	2.9	3.6	1.1	4.3

Table 17
Knowledge & behavior in respect of ascertaining HIV status

Male	**15-19yrs (n=260) %**	**20-24yrs (n=243) %**	**25-49yrs (n=251) %**
Know where to get an HIV test	66.9	81.1	84.9
Have had HIV test done	6.1	22.2	23.1
	(n=16)	**(n=54)**	**(n=58)**
Results of the test known	100.0	90.0	89.1
Went back for the results yourself	64.3	63.8	86.3
Reasons for doing test:			
Medical reasons*	46.2	72.8	59.7
Wanted to know HIV status	23.1	26.4	17.5
Job requirement	7.7	9.4	3.5
For insurance	0.0	9.4	8.8
Immigration	0.0	1.9	3.5
Other**	15.4	5.7	8.8

Table 17 (cont'd)
Knowledge & behavior in respect of ascertaining HIV status

Female	**15-19yrs (n=243) %**	**20-24yrs (n=245) %**	**25-49yrs (n=256) %**
Know where to get an HIV test	75.3	87.8	88.3
Have had HIV test done	11.1	24.5	25.8
	(n=27)	**(n=60)**	**(n=66)**
Results of test known	73.1	95.0	92.4
Went back for the results yourself	84.2	91.4	85.5
Reasons for doing test:	**(n=28)**	**(n=60)**	**(n=66)**
Medical reasons*	64.3	65.0	57.6
Wanted to know HIV status	14.3	21.7	16.7
Pregnancy	10.7	8.3	7.6
Immigration	3.6	1.7	1.5
Was raped	3.6	1.7	0.0
Job requirement	0.0	3.3	1.5
For insurance	0.0	1.7	9.1
Other**	7.1	1.7	3.0

* 'Medical reasons' include doctor's orders, in hospital, regular check-up and other medical reasons

** 'Other' reasons include partner's suggestion, blood donation and having multiple partners

HIV/STIs discussed with regular partner(s)

Based on self reports, females were much more likely to have spoken to their regular partners about HIV/STIs. In fact the female teens were almost twice as likely to have spoken to their partners than their male counterparts (25.4% vs 13.5% respectively). Additionally their reports indicated that they were very much a part of the decision to use a condom. If both these facts are as reported yet actual use with regular partners is declining among teens, then probably they need further assistance in how to successfully negotiate condom use.

Table 18
Ever Discussed HIV/STIs With Regular Partners?

MALE	**15-19y (n=133) %**	**20-24y (n=198) %**	**25-49y (n=203) %**
Yes, all	13.5	25.8	29.6
Yes, some	30.8	43.4	37.9
No, none	51.1	28.8	29.6
N/A	4.5	2.0	3.0
FEMALE	**15-19y (n=114) %**	**20-24y (n=198) %**	**25-49y (n=209) %**
Yes, all	25.4	32.8	33.0
Yes, some	36.0	44.4	41.6
No, none	33.3	19.7	20.6
N/A	5.3	3.0	4.8

5.7 Sexual Activity

Compared to 1996, marginally more males in 2000 (93% vs 91% in 1996) as well as females (86% vs 85% in 1996) reported having already initiated sexual activity. The decline in the proportions of those who have so far abstained from sex is however only among those 15-19 years (males: 24% vs 34% in 1996, p=.03; females:45% vs 56.6% in 1996, p=.769).

Unlike previous years, the 2000 survey, included a very broad definition for sexual intercourse which was defined as "vaginal, oral or anal sex" and it is uncertain to what extent this may have affected the response.

Table 19
Sexual Activity

	KABP Year		Age		
MALE	**1996**	**2000**	15-19y	20-24	25-49
	N=641 %	**N=754* %**	260 %	243 %	251 %
Sexually active	**91.0**	**93.0**	75.8	95.9	97.6
Not S A	**9.0**	**7.0**	24.0	4.1	2.4
Not S A (1996)			*34.2*	*2.3*	*0.3*
FEMALE	**N=548 %**	**N=744* %**	243 %	245 %	256 %
Sexually active	**85.0**	**86.0**	54.3	91.4	96.1
Not S A	**15.0**	**14.0**	45.7	8.6	3.9
Not S A (1996)			*56.6*	*6.8*	*1.5*

**Re-weighted to national age distribution profile*

5.8 Types of Partnerships

Not only were more persons 15-19 years sexually active during 2000 as compared to 1996, but in the preceding 12 months they were more likely to have had non regular partners (sex with persons know for under 12 months). Among the males also, the teenagers were more likely than their older sub groups to have had partners who were CSWs. The behavior of this youngest age group indeed heightens their risk.

Table 20
Sexual Activity and Partner Types in Previous 12 months

Male	**15-19 N=196 %**	**20-24 N=231 %**	**25-49 N=242 %**
Abstained	16.8	6.9	8.7
Had a single partner	27.0	34.2	47.9
Had many partners	56.1	58.9	43.4
Partner types			
Regular partner	69.7	86.6	83.4
Non regular partner	50.5	48.1	35.1
Commercial sex worker	2.5	1.8	1.2
Female	**15-19 N=132 %**	**20-24 N=221 %**	**25-49 N=241 %**
Abstained	9.1	7.7	12.4
Had a single partner	66.7	75.2	72.2
Had many partners	24.2	17.1	15.4
Partner types			
Regular partner	86.3	89.1	87.1
Non regular partner	18.2	12.7	9.6
Commercial sex worker	0	0	1.2

5.9 Incidence of Multiple Regular Partnerships

The proportion of each age group reporting multiple regular partnerships declined significantly between 12 months and 3 months. While the highest mean number of partners for men over a 12 month period was 3.19, over a 3 month period it was 1.50. Similarly for women, the highest mean number of partners over a 12 month period was 1.19 partners while over a 3 month period it was .9. In both groups a tendency towards serial monogamy is indicated.

Table 21
% Reporting 2 Or More Partners

	15-19y	20-24y	25-49y
MALE	**N=196 %**	**N=231 %**	**N=242 %**
In last 12 mths – Yr 2000	56.1	58.9	43.0
" 3 mths - Yr 2000	24.0	32.9	24.9
*2 or more partners currently – 1996**	*36.8*	*34.9*	*31.1*
FEMALE	**N=132 %**	**N=222 %**	**N=241 %**
In last 12 mths	24.2	17.1	15.4
" 3 mths	4.5	5.4	5.4
*2 or more partners currently – 1996**	*3.8*	*6.3*	*8.2*

- *More 12 or 3 month comparison not available for 1996*

Table 22
Mean Number of Partners – Year 2000

MALE	**15-19y**	**20-24y**	**25-49y**
Mean 12 months	2.80	3.19	3.136
" 3 months	1.15	1.50	1.49
FEMALE			
Mean 12 months	1.19	1.158	1.0456
" 3 mths	0.90	.8333	.8257

5.10 Condom use with Non-Regular Partner and Reasons for Non Use

More teens, 15-19 years report using condoms with their non regular partners. Overall condom use with a non-regular partner (partner known for less than 12 months), remained virtually stable among males but slipped among females from 73% in 1996 to 67% in 2000, p=.612. Among teenagers, 15-19 years, however condom use in these situations showed increases . This was also true among males where use among teens showed increase even though overall the picture was static.

Table 23
Condom Used with Non-Regular Partner Last Time

	1996 %	2000 %
TOTAL		
Male	77.0 (n=151)	76.4 (n=292)
Female	73.0 (n=45)	67.1 (n= 73)
MALE		
15-19	74.0 (n=23)	78.1 (n= 96)
20-24	80.6 (n=36)	76.6 (n=111)
25-49	76.1 (n=92)	74.1 (n=85)
FEMALE		
15-19	71.4 (n=7)	79.2 (n= 24)
20-24	60.0 (n=10)	64.3 (n= 28)
25-49	78.6 (n=28)	57.1 (n= 21)

Even as condom use in high risk situations overall showed slippage among females, so did consistent use which slipped from 'use everytime' to 'use most times'. Among males however the picture showed encouraging improvement versus 1996. Also encouraging is the fact that among the females, the teenagers were much more likely to report consistent use than were the older sub groups.

Table 24
Frequency of Condom Use - 1992-2000

	1992 %	1994 %	1996 %	2000 %
MALE	(n=269)	(n=195)	(n=151)	(n=292)
Every time	55.0	61.0	59.0	60.6
Most times	26.0	16.0	7.0	13.4
Occasionally	13.0	9.0	9.0	13.4
Never	6.0	8.0	11.0	10.6
NR	N/A	7.0	14.0	2.1
FEMALE	(n=20)	(n=38)	(n=45)	(n=73)
Every time	30.0	63.0	64.0	43.8
Most times	25.0	5.0	4.0	20.5
Occasionally	45.0	8.0	16.0	15.1
Never	N/A	18.0	7.0	19.2
NR	N/A	5.0	9.0	1.4

Table 25
Frequency of Condom Use with Non regular Partner by age - Year 2000

	15-19y (n=96) %	20-24y (n=111) %	25-49y (n=85) %
MALE			
Every time	59.4	62.2	60.0
Most times	14.6	13.5	11.8
Occasionally	15.6	14.4	9.4
Never	7.3	8.1	17.9
NR	3.1	1.8	1.2
FEMALE	15-19y (n=24) %	20-24y (n=28) %	25-49y (n=21) %
Every time	54.2	39.3	38.1
Most times	25.0	21.4	14.3
Occasionally	8.3	21.4	14.3
Never	12.5	17.9	28.6
NR	-	-	4.8

- **Reasons for not using condoms with non-regular partners**

Main reasons given by males for not using condoms with non-regular partners related to not liking the condom (males: 38.8% vs females: 12.5%) while among females the main reason was the misguided notion that they 'know the partner well' (females: 33% vs males 13%). Among both gender however the second most important reason was that of sex being unplanned hence 'didn't think of it'. Unavailability as it relates to access was the reason given in 5% of the cases ('didn't know where to get one': 3 persons; 'tried but couldn't find an outlet': 2 persons).

Table 26
Reasons For Not Using Condoms With Non-Regular Partners

	TOTAL (N=91) %	**Male** (n=67) %	**Female** (n=24) %
Don't like them	31.9	38.8	12.5
Didn't think of it	27.5	28.4	25.0
Know partner well	18.7	13.4	33.3
Partner objected	4.4	3.0	8.3
Don't need one	3.3	3.0	4.2
Don't know where to get one	3.3	3.0	4.2
Allergic to condoms	2.2	1.5	4.2
Wanted pregnancy	1.1	-	4.2
Used other contraceptive	1.1	1.5	-
Other	2.2	1.5	4.2

In the case of non-regular partners, males were significantly more likely to be the ones making the decision to use a condom (male: 73.8% vs female: 54.5%, p=.02). Additionally it is noticeable that the teenaged females (15-19 years) were even less likely to be the decision-maker in respect of condom use.

Table 27
Decision-maker re using condom last time with non-regular partner

	TOTAL (N=144) %	**Male** (n=122) %	**Female** (n=22) %
Myself	70.8	73.8	54.5
My partner	10.4	8.2	22.7
Both of us	17.4	16.4	22.7
No answer	1.4	1.6	0

5.11 Condom Use with Regular Partner and Reasons for Non-Use

Condom use with regular partners (partners known for over 12 months) also showed a marginal increase among males but as with non-regular partners, showed a decline among females. All age groups showed a decline among females while among males, the teens showed encouraging increases in condom use with regular partners.

Table 28i
Condom Use with Regular Partner

	1996 %	2000 %
TOTAL		
Male	47.0	51.7 (n=538)
Female	41.0	38.0 (n=521)
MALE		
15-19	69.0 (n=80)	73.9 (n=134)
20-24	45.2 (n=104)	51.0 (n=200)
25-49	42.4 (n=316)	37.7 (n=204)
FEMALE		
15-19	67.0 (n=45)	59.6 (n=114)
20-24	38.0 (n=79)	41.4 (n=198)
25-49	37.5 (n=261)	23.0 (n=209)

Consistent condom use with a regular partner inched upwards among men (use everytime from 27.8% in 1996 to 32.8% in 2000) while it drifted downwards among women (use everytime from 25% in 1996 to 21.2% in 2000).

Table 28ii
Frequency of Condom Use with Regular Partner - 1996-2000

	1996 %	2000 %
MALE	(n=500)	(N=539)
Every time	27.8	32.8
Most times	18.4	16.2
Occasionally	19.2	19.4
Never	28.2	30.4
NR	6.4	1.3
FEMALE	(n=384)	(n=520)
Every time	25.0	21.2
Most times	16.1	15.8
Occasionally	17.2	20.2
Never	33.3	40.4
NR	8.3	2.5

Among those using condoms however, for both gender, the teens record the highest levels of consistent use. Consistent use is also shown to decline with age.

Table 28iii
Frequency Of Condom Use With Regular Partner By Age - Year 2000

	15-19y (n=134) %	20-24y (n=200) %	25-49y (n=203) %
MALE			
Every time	52.2	29.0	23.6
Most times	16.4	20.5	11.8
Occas.	15.7	23.5	17.7
Never	5.7	26.0	44.3
NR	0	1.0	2.5
FEMALE	15-19y (n=114) %	20-24y (n=197) %	25-49y (n=209) %
Every time	39.5	19.8	12.4
Most times	20.2	18.8	10.5
Occas.	13.2	21.8	22.5
Never	24.6	37.1	52.2
NR	2.6	2.5	2.4

Table 29
Reasons For Not Using Condoms With Regular Partners

	TOTAL (N=583) %	**Male** (n=261) %	**Female** (n=322) %
Know partner well	43.4	46.7	40.7
Don't like them	20.6	22.6	18.9
Don't need to	6.2	4.2	7.8
Not available	5.5	3.8	6.8
Used other contraceptive	5.5	3.8	6.8
Didn't think of it	5.0	6.1	4.0
Partner objected	4.8	.8	8.1
Wanted pregnancy	3.6	3.4	3.7
Allergic to condoms	2.4	1.9	2.8
Didn't feel like using one	.7	.4	.9
Both of us did HIV test	.3	.4	.3
Have one partner	.3	-	.6
Too expensive	.2	-	.3
Condoms always burst	.2	.4	-
Rasta – don't use condoms	.2	.4	-
Other	.7	-	1.2

In the case of regular partners, the decision to use a condom was much more likely to be made jointly.

Table 30
Decision-Maker Re Using Condom Last Time With Regular Partner

	TOTAL (N=476) %	**Male** (n=278) %	**Female** (n=198) %
Myself	52.7	63.9	38.4
My partner	8.2	9.0	7.1
Both of us	37.2	26.3	52.5
Don't recall	.8	1.1	.5
No answer	1.0	.7	1.5

5.12 Knowledge & Treatment of STIs:

The vast majority of all respondents reported having heard of 'infections which could be transmitted through sex' (males 96%; females 96.5%). Most known symptoms of STIs in women were foul smelling discharge, genital discharge and genital ulcers. Main symptoms recalled for men were 'burning pain on urination' and genital discharge.

Table 31i
% Knowing Symptoms of STIs in Women

Male	**15-19yrs %**	**20-24yrs %**	**25-49yrs %**
Foul smelling discharge	12.2	24.2	22.9
Genital discharge	10.2	19.9	26.5
Genital ulcers	10.6	7.6	5.3
Burning pain on urination	5.7	2.6	6.1
Loss of weight	5.7	4.3	0.8
Swellings in genital area	2.4	1.3	2.4
Abdominal pain	2.4	3.0	4.1
Blood in urine	0.8	0.0	1.2
Inability to give birth	0.8	1.3	0.8
Don't know any	55.1	51.7	45.3
Female	**15-19yrs %**	**20-24yrs %**	**25-49yrs %**
Genital discharge	27.0	28.8	40.6
Foul smelling discharge	15.0	23.7	28.1
Genital ulcers	11.2	8.5	10.4
Burning pain on urination	10.7	12.7	12.0
Loss of weight	6.9	4.2	3.6
Swellings in genital area	3.0	4.2	2.4
Abdominal pain	7.3	6.8	12.9
Blood in urine	1.7	0.8	2.0
Inability to give birth	0.0	0.4	0.8
Don't know any	40.8	37.3	30.2

Table 31ii
% Knowing Symptoms of STIs in Men

Male	**15-19yrs %**	**20-24yrs %**	**25-49yrs %**
Burning pain on urination	24.8	34.2	38.4
Genital discharge	11.4	26.4	35.9
Foul smelling discharge	8.1	9.1	10.6
Genital ulcers	6.1	6.5	6.5
Loss of weight	5.7	4.3	2.0
Rashes	5.7	5.2	7.8
Swellings in genital area	3.7	3.0	4.1
Abdominal pain	3.3	1.7	3.3
Blood in urine	2.0	0.9	2.0
Unable to have child	0.4	0.4	0.0
Don't know any	44.7	35.1	24.6
Female	**15-19yrs %**	**20-24yrs %**	**25-49yrs %**
Burning pain on urination	18.9	27.1	35.3
Genital discharge	16.3	18.6	28.9
Genital ulcers	10.7	5.9	5.6
Foul smelling discharge	6.4	6.4	8.9
Rashes	6.0	3.8	5.2
Loss of weight	4.3	2.5	1.6
Swellings in genital area	3.0	5.5	3.6
Abdominal pain	1.7	2.1	3.6
Blood in urine	1.3	0.8	0.4
Unable to have child	0.4	0.0	0.4
Don't know any	52.6	46.6	35.3

- **Incidence of genital discharge and/or ulcer**

Men: Incidence of both genital discharge and genital ulcers showed encouraging reductions for the period 1996 to 2000. Reported genital discharge was 3.5% in 2000 compared to 5.1% in 1996 and 1% for genital ulcers compared to 1.7% in 1996.

Women: This 2000 KABP survey marks the first time that incidence of genital discharge and/or ulcer among women was investigated in a national KABP survey in Jamaica. Results indicated an incidence of 9.4% for discharge and 1.8% for ulcer in women with all age groups reporting.

Table 32.i
Self-reported incidence of discharge and/or ulcer in last 12 months

Male	**15-19yrs %**	**20-24yrs %**	**25-49yrs %**
Had genital discharge in last 12 months	2.4	4.3	3.7
Had genital ulcer in last 12 months	1.0	1.3	.8
Female	**15-19yrs %**	**20-24yrs %**	**25-49yrs %**
Had genital discharge in last 12 months	9.5	10.2	8.5
Had genital ulcer in last 12 months	1.5	1.8	2.0

- Treatment of Last Episode of Genital Ulcer/Discharge

Based on self reports, it was the minority (10%) who 'did nothing' upon discovering their symptoms. While this change is not statistically significant (p=.07), it is an encouraging improvement from the 34% of men who reported symptoms but 'did nothing' in 1996 and does indicate a greater awareness of the need to seek treatment.

Among these reporting symptoms, 20% of males and 15% of females did not take appropriate action. Inappropriate action includes 'taking medicine had at home', 'seeking advice from health worker in clinic or hospital without attending as a patient' and 'obtaining drugs from clinic, hospital, health centre or pharmacy without a prescription.'

For men, public sector treatment centres were the most used facilities (hospital or clinic – 54.8% vs 16.1% for private doctor) while for women both public and private sources were almost equally used (hospital/clinic – 39.7%; private doctor – 33.8%).

Table 32.ii
Treatment of Last Episode of Genital Ulcer/Discharge

Treatment Sought	Male N=31 %	Female N=68 %
Went to hospital/ clinic	54.8	39.7
Went to a private doctor	16.1	33.8
Went to pharmacy	16.1	25.0
Sought advice from friend/relative	9.7	4.4
Obtained drugs from a clinic, hospital, health worker or pharmacy without a prescription	6.4	7.4
Sought advice from health worker in a clinic or hospital without going there as a patient.	3.2	2.9
Used medicine that had at home	0.0	1.5
Did nothing	9.7	10.3

Among the subgroup of those with symptoms, 50% of men and 60% of women sought treatment within a week of same with another 30% of men and 16% of women doing so within 2-3 weeks (Table 33). The majority of those seeking

appropriate treatment, received a prescription (males: 82%; females: 86%) but while everyone filled their prescriptions, 17% of the males and 11% of the females did not complete the full course of medication. (Table 34)

Table 33
When Treatment Sought from Hospital, Clinic or Private Doctor

	Male N=31 %	Female N=68 %
A week or less	50.0	60.0
Within 2-3 weeks	30.4	16.0
One month or more	9.1	10.0
Did not seek treatment	9.7	11.8

Table 34
Outcome of Visit to Health Provider

	Male %		Female %	
Received prescription	81.8	(n=22)	86.0	(n=50)
Obtained medicine prescribed	100.0	(n=18)	100.0	(n=43)
Took all of medicine prescribed	83.0	(n=18)	88.4	(n=43)

Use of Antenatal Services & Incidence of STI Investigation

It would appear that as women get older and feel more experienced about pregnancy and delivery, they are less like to seek antenatal care (15-19y 97%; 20–24y 96%; 25-49y 79%). Not seeking antenatal care further translates into not being screened for STIs. To minimize transmission of STIs to the fetus however, detection and treatment of the mother is important at this juncture and older women must be encouraged to continue using antenatal services regardless of parity.

Overall, of the 150 females who saw a health care worker during their last pregnancy 95% report having had a vaginal examination. Most (71.3%) recalled these examinations as being conducted using an instrument versus a hand examination (28.7%) (indicating a less than ideal vaginal examination for STIs).

Table 35
Use of Antenatal Services & Incidence of STI Investigation

Females Only	Female		
	15-19yrs %	20-24yrs %	25-49yrs %
Given birth in last 2 years	23.0 (n=135)	35.5 (n=220)	23.7 (n=245)
Saw health care worker	97.0 (n=31)	96.0 (n=78)	79.0 (n=58)
Had vaginal examination	90.0	95.9	95.7
Examined by instrument	55.6	70.8	80.0
Examined by hand	44.4	29.2	20.0

5.13 Other Risk Behaviours:

Alcohol, ganja, crack and cocaine are seen as substances which have the propensity to increase one's likelihood of engaging in risky sexual behavior. Increases in trial and use of these substances will therefore be cause for concern. It is of note that alcohol use within the previous 4 weeks increased significantly among the teenaged males and the 25-49 years old women while trial of ganja more than doubled among both male and female teenagers as also women 25-49 years.

Table 36.ii

Alcohol Consumption in last 4 weeks 2000 vs 1996

Male	15-19 yrs %	20-24 yrs %	25-49 yrs %
1996: Alcohol consumption in last 4 weeks	29.8	64.3	65.8
2000: Alcohol consumption in last 4 weeks	41.9*	64.2	64.1

Female			
1996: Alcohol consumption in last 4 weeks	18.0	31.1	24.8
2000: Alcohol consumption in last 4 weeks	21.8	30.6	32.8*

- significant p<.05

Table 36.iii

Incidence of trial for ganja 2000 vs 1996

Male	**15-19 yrs %**	**20-24 yrs %**	**25-49 yrs %**
1996: Ever tried ganja	13.0	40.3	33.9
2000: Ever tried ganja	26.9*	43.6	38.2
Female			
1996: Ever used ganja	.8	6.8	7.4
2000: Ever used ganja	7.4*	11.8	13.7*

- significant p>.05

For the majority of both men and women alcohol is consumed in social settings on the corner, in bars or at sessions and therefore still present as viable places for face-to-face intervention. Among teenaged girls and older women (25-49y) however, it is more likely to be consumed in the safety of the home.

Table 36.iv

Alcohol Consumption: Number of times alcohol had in last 4 weeks

Male	**15-19yrs (n=260) %**	**20-24yrs (n=243) %**	**25-49yrs (n=251) %**
Everyday	4.2	4.9	13.1
At least once a week	18.5	29.2	31.9
Less often	19.2	30.0	18.7
Never	58.1	35.8	35.9

Table 36.v
Alcohol Consumption: Number of times alcohol had in last 4 weeks

Female	**15-19yrs (n=243) %**	**20-24yrs (n=245) %**	**25-49yrs (n=256) %**
Everyday	1.2	1.6	1.6
At least once a week	6.6	8.2	9.0
Less often	14.0	20.4	21.5
Never	78.2	69.4	67.2

Table 37
Alcohol Consumption: Location where alcohol had

Male	**15-19yrs (n=67) %**	**20-24yrs (n=88) %**	**25-49yrs (n=111) %**
At home	38.8	25.0	32.4
On the corner	28.4	27.3	30.6
In bars	19.4	26.1	32.4
At sessions	14.9	19.3	8.1
In the club	3.0	3.4	2.7
Female	**15-19yrs (n=20) %**	**20-24yrs (n=23) %**	**25-49yrs (n=37) %**
At home	55.0	17.4	56.8
On the corner	15.0	8.7	18.9
In bars	15.0	30.4	10.8
At sessions	5.0	26.1	13.5
In the club	5.0	8.7	5.4

Reported trial and continued use of crack and cocaine is still relatively low while ganja is widely used, particularly among the men.

Table 38
Drugs tried in the past

Male	**15-19yrs (n=260) %**	**20-24yrs (n=243) %**	**25-49yrs (n=251) %**
Cigarettes	16.5	24.7	43.8
Ganja	26.9	43.6	38.2
Cocaine	0.0	0.4	0.4
Crack	0.0	1.2	0.8
Female	**15-19yrs (n=243) %**	**20-24yrs (n=245) %**	**25-49yrs (n=256) %**
Cigarettes	12.3	20.0	19.9
Ganja	7.4	11.8	13.7
Cocaine	0.0	0.0	0.4
Crack	0.0	0.0	0.0

Table 39
Drugs Still Used

Male	**15-19yrs (n=260) %**	**20-24yrs (n=243) %**	**25-49yrs (n=251) %**
Cigarettes	6.2	14.0	25.9
Ganja	15.4	34.3	24.7
Female	**15-19yrs (n=243) %**	**20-24yrs (n=245) %**	**25-49yrs (n=256) %**
Cigarettes	4.5	7.8	12.1
Ganja	3.3	6.5	7.8

5.14 Attitude towards those living with HIV or AIDS:

The majority of both men (76.5%) and women (80.3%) indicate a willingness to care for a family member who is living with AIDS. This indicates an encouraging level of willingness to participate in the care of the AIDS infected and less need for institutional care.

Table 40
Attitude of compassion

Male	**TOTAL (N=754) %**	**15-19yrs (n=260) %**	**20-24yrs (n=243) %**	**25-49yrs (n=251) %**
Willing to care for someone in family who is sick with AIDS	76.5	78.7	75.2	75.4
Female	**TOTAL (N=744) %**	**15-19yrs (n=243) %**	**20-24yrs (n=245) %**	**25-49yrs (n=256) %**
Willing to care for someone in family who is sick with AIDS	80.3	80.2	83.5	77.2

In respect of an HIV+ nurse however, the vast majority were of the opinion that she should not continue to work as a nurse once infected.

Table 41
PLWA's right to work

Male	**15-19yrs (n=260) %**	**20-24yrs (n=243) %**	**25-49yrs (n=251) %**
An HIV+ nurse should be allowed to continue working if she is not 'sick'	23.5	24.7	30.4
Female	**15-19yrs (n=243) %**	**20-24yrs (n=245) %**	**25-49yrs (n=256) %**
An HIV+ nurse should be allowed to continue working if she is not 'sick'	23.5	35.5	35.9

5.15 Attitude to domestic violence:

It was very few of the women (6% to 10%) and less of the men (3% to 6%) who reported having been physically abused because they refused sexual advances. Younger men show a much higher level of intolerance than their older counterparts for infidelity and see this as deserving of physical abuse. Women understandably were much less likely to endorse this.

Table 42
Domestic violence

Male	**15-19yrs (n=260) %**	**20-24yrs (n=243) %**	**25-49yrs (n=251) %**
Have been physically abused because he did not want to have sex	3.1	2.9	6.0
Believes woman deserves to be beaten if supper is late	1.5	4.5	2.4
Believes woman deserves to be beaten if she refuses to have sex	3.5	3.3	2.8
Believes woman deserves to be beaten if she has sex with another man	30.0	24.7	18.3
Female	**15-19yrs (n=243) %**	**20-24yrs (n=245) %**	**25-49yrs (n=256) %**
Have been physically abused because she did not want to have sex	6.6	6.5	10.5
Believes woman deserves to be beaten if supper is late	.4	.4	.4
Believes woman deserves to be beaten if she refuses to have sex	.4	.4	.4
Believes woman deserves to be beaten if she has sex with another man	11.9	13.9	10.9

5.16 Attitude to having multiple partners

Very few women indicated approval for multiple partners whether among men or women (5% or less). Men meanwhile concur on the matter of women practicing monogamy but many, particularly the men 20-24 years, condone polygamy for themselves. Results here are similar to the multiple partner status reported for the previous 3 month period.

Table 43
Attitude to having multiple partners

Male	**15-19yrs (n=260) %**	**20-24yrs (n=243) %**	**25-49yrs (n=251) %**
Approves of men having multiple partners	28.1	34.6	29.1
Approves of women having multiple partners	9.2	4.5	11.6
Female	**15-19yrs (n=243) %**	**20-24yrs (n=245) %**	**25-49yrs (n=256) %**
Approves of men having multiple partners	2.5	4.1	5.1
Approves of woman having multiple partners	2.9	4.1	3.5

5.17 Attitude to condom purchase and ready availability

The majority of both gender, regardless of age, approve of women buying condoms. Women were even slightly more positive than men on this matter.

For years many have indicated that they did not use a condom because sex was unplanned. For the first time this issue was probed in an effort to understand what persons may think if their partner seemed obviously prepared for sex by having a condom on hand. The proportion who either said their partner would

be upset or indicated they did not know whether he/she would be, shows a significant difference between the perception of the sexes in the 15-19 years group. Here girls are more than twice as likely to think they would upset their partners if they came 'armed' with a condom (male:16.8% vs female:38%, p=.0000). This fear of offending their partners could make female teens reluctant to be proactive in getting their partners to use condoms and more emphasis may need to be put on increasing empowerment and negotiation skills for condom use among female teens.

Table 44
Attitude to condom purchase and ready availability

Male	**15-19yrs (n=260) %**	**20-24yrs (n=243) %**	**25-49yrs (n=251) %**
Approves of woman buying condoms	88.0	87.7	88.0
Thinks partner would/could be upset if he had a condom on hand*	16.8	27.7	35.0
Female	**15-19yrs (n=243) %**	**20-24yrs (n=245) %**	**25-49yrs (n=256) %**
Approves of woman buying condoms	90.1	90.6	93.7
Thinks partner would/could be upset if she had a condom on hand*	38.0	28.0	38.7

** 'Yes' and 'Don't know' reported*

5.18 Media Habits/Channels of communication

Among the total sample, it is 3% of the males and <1% of the females who report not being able to read. Reading is not however a popular means of getting information and it was few who reported reading a newspaper every day while about a third reported reading same at least once per week. Daily newspaper reading was however found to increase with age. In contrast, radio and more so television is listened to or watched by between a third to three-quarters of the

target daily. Females, regardless of age were noticeably more television watchers than males while among men the radio was as popular as the television for daily use or in the case of the 20-24 year old male, the radio is even more used daily than the television (radio listened to daily by the 20-24 year old male: 74% vs television watched daily by the same group: 64%).

Table 45
Frequency Newspaper Read

Male	**15-19yrs (n= %**	**20-24yrs (n= %**	**25-49yrs (n= %**
Everyday	13.1	13.3	23.9
At least once week	34.9	31.7	33.2
Less often	19.8	27.1	16.4
Never	32.1	27.5	28.5
Female	**15-19yrs (n= %**	**20-24yrs (n= %**	**25-49yrs (n= %**
Everyday	15.5	17.6	22.5
At least once week	35.4	36.9	35.2
Less often	19.8	18.9	20.9
Never	28.8	26.6	21.3

Table 46
Frequency Radio Listened to

Male	**15-19yrs (n=260) %**	**20-24yrs (n=243) %**	**25-49yrs (n=251) %**
Everyday	64.6	73.7	73.3
At least once week	18.8	7.4	12.0
Less often	10.0	11.9	10.0
Never	6.5	7.0	4.4
Female	**15-19yrs (n=243) %**	**20-24yrs (n=245) %**	**25-49yrs (n=256) %**
Everyday	67.9	70.2	73.4
At least once week	14.4	9.0	11.7
Less often	8.2	13.1	10.2
Never	8.6	7.8	4.7

Table 47
Frequency with which television watched

Male	**15-19yrs (n= %**	**20-24yrs (n= %**	**25-49yrs (n= %**
Everyday	68.8	63.8	72.5
At least once week	14.2	13.6	13.5
Less often	11.9	15.2	4.4
Never	5.0	7.0	9.6
Female	**15-19yrs (n= %**	**20-24yrs (n= %**	**25-49yrs (n= %**
Everyday	79.0	77.6	80.5
At least once week	10.3	9.0	8.6
Less often	5.3	9.0	4.3
Never	5.3	4.5	6.6

5.19 Recall of public education messages and intervention

The vast majority of persons (83%) were able to recall public education messages aired within the previous 12 months. Main sources of information were the electronic media of radio and television. Television emerged as a particularly good medium for reaching females and in particular teenaged females. Recall from radio was more likely to be reported by the older (25-49 years) age group.

Table 48
Recall of public education messages in past year

	15-19yrs (n= %	**20-24yrs (n= %**	**25-49yrs (n= %**
Had info on HIV/AIDS - **Male**	85.7 (n=259)	81.1 (n=243)	79.6 (n=250)
Had info on HIV/AIDS - **Female**	82.7 (n=243)	83.7 (n=245)	86.7 (n=256)

Table 48 (cont'd)
Recall of public education messages in past year

Male **Source of information**	**15-19yrs (n=222) %**	**20-24yrs (n=197) %**	**25-49yrs (n=199) %**
Radio	43.9	48.7	54.5
TV	49.8	46.7	40.4
Press	5.4	6.6	10.1
Posters	3.2	4.1	3.0
Posters at clinic	2.8	3.0	3.0
Other	1.8	.5	2.0
School/library	2.3	0	.5
Magazines/books/phamplets	1.4	0	2.0
Billboard	1.4	1.0	1.0
Doctor's office	0	.5	0
Community centre/youth clubs	0	.5	.5
Hospital	0	0	.5
Female **Source of information**	**15-19yrs (n= %**	**20-24yrs (n= %**	**25-49yrs (n= %**
Radio	38.7	48.1	51.8
TV	54.3	48.5	39.6
Press	6.0	5.8	10.8
Posters	2.5	1.0	1.8
Posters at clinic	1.5	2.9	1.4
Other	2.0	1.0	2.7
Clinic	1.5	1.5	3.6
School/library	3.0	.5	0
Magazines/books/phamplets	1.5	.5	.9
Billboard	.5	1.0	.9
Doctor's office	0	1.0	.9
Community centre/youth clubs	0	.5	0
Hospital	.5	0	0
Church	.5	0	0
Internet	0	0	.5

5.20 Participation in HIV/AIDS intervention

Direct intervention was found to have reached 35% of the population interviewed. This was most likely to be among 15-19 year olds with female teens being more likely to have participated than males (females: 53.7% vs male: 40.2%). School was by far the most likely place for this intervention to have taken place for teens while for males 20 years and older, community intervention was an important emerging avenue. This latter source would undoubtedly include face-to-face intervention which was being reported for the first time in a national KABP survey. The importance of on-the-job intervention among older men was also noticeable.

Among females 20 years and over, the clinic was the most important source for HIV/AIDS intervention. The church, which appears to be still attended by the majority, (70%) is however not as influential in this respect as one would expect that it could be. Even as a shift appears to be taking place in affiliation between the various churches eg the traditional churches, Anglican, Methodist, etc. are declining in importance, and Church of God is increasing in importance, one must ensure that the commitment of that church is also in place.

Table 49

Level of Participation in HIV/AIDS Intervention/Workshops

	15-19yrs	20-24yrs	25-49yrs
Participated in HIV/AIDS workshops			
- Male	40.2 (n=259)	33.5 (n=242)	25.5 (n=251)
- Female	53.7 (n=242)	31.1 (n=244)	26.5 (n=253)

Table 50

Location of Intervention /Workshops

Male **Where workshop held:**	**15-19yrs (n=104) %**	**20-24yrs (n=81) %**	**25-49yrs (n=64) %**
School	88.2	22.2	10.9
Community	5.9	33.3	25.0
Clinic	1.0	12.3	20.3
Church	1.0	8.6	10.9
Youth Club	1.0	7.4	9.4
Other	1.0	7.4	9.4
On the job	1.0	6.2	15.6
Hospital/Doctor's office	0	2.5	3.1
Sports Club	1.0	1.2	0.0
Library	1.0	0.0	1.6
Female	**(n=130)**	**(n=76)**	**(n=67)**
School	78.6	29.3	11.8
Community	7.6	13.3	19.1
Clinic	3.9	21.3	39.7
Church	2.3	8.0	10.3
Youth Club	3.8	13.3	1.5
Other	5.3	8.0	8.8
On the job	0	8.0	4.4
Hospital/Doctor's office	.8	1.3	0
Sports Club	0	0	1.5
Library	0	0	1.5