NATIONAL HIV/AIDS COMMISSION
BARBADOS
The fight is NOT OVER!

KABP REPORT

Executive Summary

Report on Knowledge, Attitudes, Beliefs and Sexual Practices Survey Among Adults Ages 15 to 49 in Barbados 2016 -2017

Contents

EXECUTIVE SUMMARY

Introduction

In a local environment characterised by multi-partnering, inconsistent condom use, and relatively low HIV testing uptake[1], it is important to adopt an evidence-informed approach to facilitate effective, relevant and targeted HIV programming. It is therefore imperative that the progress of the National AIDS Programme (NAP) be assessed to determine not only programme coverage but gauge the extent to which programme gaps exist and the effectiveness of these implemented initiatives.

The NHAC in collaboration with the Ministry of Health decided to conduct another knowledge, attitudes, beliefs and sexual practices survey to assess risks associated with acquiring HIV/STIs among persons ages fifteen (15) to forty-nine (49) in between January 2016 and November 2017.

The survey therefore sought to:

- Determine the knowledge, attitudes and beliefs of persons living in Barbados between the ages of 15-49 towards HIV/STIs;
- Identify the sexual behaviours of persons living in Barbados between the ages of 15-49 that exposed them to the risks associated with HIV/STIs; and
- Identify the risk reduction practices and the health seeking behaviours of persons living in Barbados between the ages of 15-49 towards HIV/STIs.

This report is based on the findings of 2016/2017 Knowledge, Attitudes, Beliefs and Sexual Practices survey.

Methodology

A cross-sectional survey was conducted among persons living in Barbados between the ages of 15 - 49. A sample of this population was taken among persons ages 15 – 49 years using preliminary data from the 2010 census conducted by the Barbados Statistical Service. The survey utilised a multistage sampling methodology:

- Stage 1 - the selection of a 10% random sample of enumeration districts (EDs) or 60 EDs

[1] Drakes, N (2015) Report on Knowledge, Attitudes, Beliefs and Sexual Practices Survey among Adults ages 15 to 49 in Barbados 2013-2014. National HIV/AIDS Commission: Barbados.

- Stage 2 – the selection of twenty (20) households within each of the sixty (60) EDs
- Stage 3 – the random selection of a prospective respondent from each pre-selected household by interviewers using the last birthday method.

The survey, developed from Family Health International's ***"Guidelines for Repeated Behavioral Surveys in Populations at Risk of HIV: Behavioral surveillance surveys (BSS)"***, was interviewer-administered and consisted of ninety-nine (99) closed-ended questions. The topics covered by the survey included sexual history; use of and access to condoms; and STI symptoms and treatment. In order to address issues with survey design, the instrument was pretested among a sample of respondents similar to the study population.

Due to the sensitive nature of the study, several measures were instituted to safeguard respondent confidentiality including the non-recording of personal identifiers; obtaining informed consent and assent from respondents ages 18 and older, and those under the age of 18 respectively; and extensive training of the interview team in research ethics. Ethical approval was obtained from the Ministry of Health-University of the West Indies Institutional Review Board before conducting the survey.

Data analysis was conducted using Stata software package (versions 12, StataCorp. College Station, Texas). Analyses were weighted to account for the sampling design and to match the age–sex distribution of the Barbadian population according to the 2010 Barbados Population and Housing Census.

Key Findings

Socio-Demographic Profile

The sex distribution of the survey population was consistent with that of the 2010 Barbados Population and Housing Census – females 51.4% and males 48.6% - as was the age distribution with the 45-49 (15.6%) representing the largest proportion of respondents. The survey revealed that 72.3% of respondents were religiously affiliated in comparison with 27.7% who were not; 87.5% had obtained at least a secondary school education; while 76.2% were single.

Sexual History

The survey also examined the sexual experiences and past sexual behaviour of respondents. It revealed that a larger proportion of respondents reported having vaginal (88.1%), either oral (67.4%) or anal (9.6%) sex. An examination of sexual experiences by age at first sex revealed that most respondents had vaginal sex (66.8%) and oral sex (48.5%) while 30.0% first had anal sex between the ages of 20 and 24. Regarding descriptions of their first sexual experience, 84.2% stated

that they were willing and wanted to have sex as opposed to 11.7% who were persuaded and 1.6% who were forced.

Approximately 86.0% of respondents were sexually active in the 12 months preceding the survey. Of those who were sexually active, 41.5% reported using a condom the last time they had sex. Roughly forty-two percent (41.7%) had sex under the influence of alcohol, 15.3% under the influence of non-prescription drugs and 14.4% had sex under the influence of both alcohol and non-prescription drugs.

More respondents (98.9%) had regular sexual partners than commercial (67.0%) or non-regular (93.8%) partners. It was revealed that more respondents had multiple commercial (31.0%) and non-regular (46.8%) partners than multiple regular sexual partners (10.9%).

Nearly one-quarter of male respondents (23.7%) reported being circumcised.

The survey found that sexually active respondents were more likely to use a condom at last sex with their non-regular sexual partner (78.3%) than their regular partner (30.3%). Regarding the decision to use condoms, in the case of regular partners the decision was a mutual one (63.2%) whereas with non-regular partners the respondent made the decision to use condoms (51.5%). Conversely, the most common reason for not using condoms with regular (65.3%) and non-regular partners (42.0%) was "didn't think it was necessary."

Condom Availability and Accessibility

The survey showed that more respondents had used a male condom (85.6%) than a female condom (10.6%). Similarly, a greater proportion of respondents (1) knew where to get male condoms (98.2%) than female condoms (40.2%); (2) received free of charge male condoms (70.1%) than female condoms (30.3%). The survey sought information on the reasons for respondents' inability to access condoms when needed. The principal reasons given in the case of male condoms were "other reasons" (34.5%) and "too shy to buy or ask" (22.1%).

STI Symptoms & Treatment

The findings revealed that 98.8% had heard about diseases that could be transmitted sexually. Less than half of the respondents could name any one symptom of a sexually transmitted infection (STI) in women with 48.2%, 46.2% and 46.0% identifying a foul smelling discharge, genital discharge and genital ulcers/sores respectively. More respondents identified STI symptom in men with 1 in 2 persons citing genital ulcers/sores, 49.2% genital discharge and 47.2% burning pain on urination. In terms of action taken to address STI symptoms, most respondents stopped having sex when they had the symptoms (87.1%) or told their sexual partner about the discharge (80.3%).

Five (5) items from the STI Attitude and Belief Scale were included in the survey:

(1) You can usually tell whether someone is infected with an STI, especially HIV infection.
(2) The best way for sexually active people to protect themselves from STIs is to practice safer sex.
(3) The only way to catch an STI is to have sex with someone who has one.
(4) As long as you avoid risky sexual practices, such as anal intercourse, you're pretty safe from STIs.
(5) The time to talk about safer sex is before any sexual contact occurs.

Responses to these items indicated respondents held the belief that testing was essential to determining STI status (86.0%); that practicing safe sex protects the sexually active from contracting STIs (94.9%); some STI are transmitted via casual contact (39.9%); any sexual contact can lead to STI transmission (68.2%); and talks about safer sex should occur before any sexual contact (95.0%). These findings suggest that respondents were aware not only that physical appearance was an unreliable indicator of STI status and the importance of safe sex and safe sex practices, but that there was some confusion about how STIs may be transmitted.

HIV Related Knowledge, Opinions & Attitudes

The survey showed that most respondents possessed relatively high levels of knowledge about HIV. With 9 in 10 persons knowing HIV could be transmitted by using a previously used needle and having unprotected sex; its transmission reduced through condom use and a healthy-looking person could have HIV. Roughly 9 in 10 persons indicated that HIV could be prevented by practicing abstinence while 8 in 10 indicated HIV could be transmitted from an HIV positive mother to her unborn child. Slightly more than half of respondents (55.9%) were aware that HIV could be transmitted through breastfeeding from an HIV positive mother.

Risk Perception

Respondents were asked to assess their risk of contracting HIV. Most persons thought it was either unlikely (35.9%) or very unlikely (29.9%) that they would contract HIV.

HIV Testing

The majority of respondents (93.1%) knew where to get an HIV test with most persons identifying the polyclinic (74.6%) and private doctor/clinic (69.5%) as testing venues. In terms of the frequency of HIV testing, only 33.9% had an HIV test within the last 12 months. Of these persons, 95.6% found out their test results.

HIV-related Stigma and Discrimination

The survey revealed there were generally positive attitudes towards people living with HIV with at least 8 in 10 persons being willing to:

(1) care for a sick family member in their household;

(2) support the presence of HIV+ teachers and students in the school environment provided they were not ill;

(3) work alongside a co-worker living with HIV;

(4) visit the home of a community member who has HIV; and

(5) socialise with a community member who has HIV.

On the other hand, about 44.0% had no desire to conceal the HIV+ status of a family member while roughly 1 in 3 persons were willing to buy food from an HIV positive person. About 1 in 4 persons felt that landlords and co-workers should be informed of the HIV positive status of tenants and workmates respectively.

Exposure to HIV Information and Interventions

The survey revealed that most respondents obtained information on HIV from TV (85.1%), radio (75.6%), social media (53.9%), pamphlets/brochures (50.1%) and email/internet (43.0%). 7 in 10 persons reported that they were well-informed about HIV from these sources. The survey also revealed that 42.1% of the respondent population had attended an HIV awareness activity with lectures (46.1%) and workshops (40.1%) being the most common.

Of those that had attended such activities, 72.2% and 68.7% had benefited from condom distributions and demonstrations respectively while others stated that they benefited from HIV prevention activities, in particular in & out of school sexuality education (49.7%) and condom use programmes (47.2%).

Conclusion

Overall, the 2016/2017 KABP survey among adults ages 15 to 49 revealed relatively high levels of HIV knowledge; moderate levels of STI knowledge; low HIV testing uptake among the general population; high levels of inconsistent condom use particularly with regular partners; existence of multi-partnering; and HIV-related stigma and discrimination.

Based on these findings, several programmatic recommendations were made including:

(1) Implementation of health promotion campaigns stressing the importance of seeking medical attention for suspected STI infection.
(2) Development and implementation of targeted programmes designed to educate recipients about STI symptoms and STI transmission.
(3) Incorporation of a child care component encouraging HIV positive mothers not to breastfeed their babies while promoting a supportive environment out of the clinic. Knowledge about HIV transmission via breastfeeding from an HIV positive mother declined from 61.2% in 2013/2014 to 55.9%.
(4) Development of targeted condom programming with emphasis on consistent condom use given the decline in condom use. Attention is drawn to the substantial proportions not using condoms with regular (65.3%) or non-regular (42.0%) partners because they did not think it was necessary. Also, given condom use at last sex is a gold standard by which consistent condom use is measured, it should be noted that figures reported in 2016/2017 (41.5%) were lower than in 2013/2014 (45.4%).
(5) Development and implementation of complementary and culture-appropriate structural and behavioural interventions designed to reduce HIV-related stigma and discrimination.
(6) Promotion of HIV testing uptake. This is important given the percentage of persons tested in the 12-month period preceding the survey declined by about 7.0% between 2014 (40.1%) and 2017 (33.9%).

Warrens Office Complex
2nd Floor East, Warrens, St. Michael, BB12001, Barbados
Tel: (246) 535-1701/1702 • Fax: (246) 421-8499
Email: info@hivaidsbds.org
www.nhacbb.org