

# An AIDS-related Knowledge, Attitudes, Beliefs, and Practices Survey among Schoolchildren in Barbados<sup>1</sup>

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*A knowledge, attitudes, beliefs, and practices (KABP) survey was performed among Barbadian secondary schoolchildren 11–16 years old in January 1990. The survey sought to assess the children's knowledge of AIDS and human immunodeficiency virus (HIV) transmission; their attitudes toward people with HIV/AIDS; their sexual practices; and changes needed in education programs seeking to reduce childhood HIV transmission.*

*A pretested self-administered questionnaire was used. The survey sample was derived by selecting every eleventh student on the rosters of all the secondary schools in Barbados. All of the survey respondents completed the questionnaire on the same day, having been assembled examination-style for that purpose.*

*The results showed high levels of correct knowledge about the principal routes of HIV transmission. However, a considerable proportion of the respondents harbored incorrect beliefs regarding mosquito transmission and dangers to blood donors, and many showed uncertainty or incorrect knowledge regarding possible HIV transmission by biting, spitting, or use of public toilets.*

*About a third of the children (51.4% of the boys and 18.7% of the girls) said they had experienced sexual intercourse, though only 20% reported being sexually active in the year preceding the survey. Three-quarters of the sexually experienced group said they knew how to use condoms, but only a third said there was any time when they had used protection during sexual intercourse.*

*Overall, the results indicate that education efforts prior to the survey had been effective, but that reinforcement of such efforts as well as their extension into the primary schools is warranted. Further research directed at helping these efforts to encourage more meaningful changes in sexual behavior is also needed.*

Since the acquired immunodeficiency syndrome (AIDS) was first described in 1981, the mounting AIDS epidemic has affected mainly young people in the 20–35 years age range. The well-known facts that the responsible HIV virus is trans-

mitted mainly by sexual intercourse (1) and may take 10 years to express itself in an infected person (2) draw attention to the point that a large number of people may have been initially infected in adolescence.

Education programs, widely introduced to cope with the AIDS epidemic, have generally sought to influence the sexual behavior of young people during their school years and thereafter. In Barbados, information directed against AIDS has reached young people through television, radio, the newspapers, pamphlets produced by the Ministry of Health and the Barbados Association of Medical

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Practitioners, lecture-discussions at all the secondary schools, and additional lecture-discussions provided for all interested community groups (3).

Activities to date have been guided by the assumption that the AIDS epidemic will continue for many years and that young adults of the future should be prepared to deal with the challenges involved. Also, the adverse social reaction to this disease (1, 4) and the relatively high sexual activity of youth dictate that AIDS education programs should be designed in accord with adolescents' relevant knowledge, attitudes, beliefs, and practices as they pertain to this disease and its transmission.

## AIDS IN BARBADOS

Barbados is a small Caribbean island with a population estimated as of 1989 at 256,000 inhabitants. Approximately 25% of the people are under 15 years old, while 12% are over 65 (5). Education, available free of cost, is compulsory for all school-age children up to age 16. About 3% of the population is enrolled in institutions of higher learning.

The population is well served by the media, having access to two daily newspapers, five radio stations, and one television station. Sixty thousand families have television in their homes.

The country's health status is relatively good (for example, infant mortality in the mid-1980s was about 17 deaths per thousand live births—6). However, teenage pregnancies have been relatively common, accounting for 28.5% of all deliveries in 1980 and for 16% in 1988 (7).

The first indigenous AIDS case in Barbados was diagnosed in November 1984. As of the end of December 1989, the Ministry of Health reported that 111 AIDS cases had been detected, and that another 133 people had tested positive for HIV, 18 of the latter having been iden-

tified through a blood donor screening program (8, 9). Most of the HIV transmission had occurred among homosexual or bisexual males, the male:female ratio of identified HIV carriers being three to one. Six percent of the AIDS cases have occurred in infants, who acquired the disease through perinatal transmission; two people are known to have acquired HIV through an infected blood transfusion given before testing was available in 1985 (8).

The AIDS patients' age distribution indicates that 23% of the cases of known sexual transmission occurred between the ages of 10 and 25, the male:female ratio of the young people affected being five to two (8). Given HIV's typically long incubation period, it appears likely that most of these young people were infected during their school years.

## MATERIALS AND METHODS

### Study Objectives

The study described in this article had the following aims:

1. To determine the state of knowledge of schoolchildren 11–16 years old concerning (a) the nature of AIDS, (b) transmission of HIV, and (c) behavior involving a high risk of HIV transmission;
2. To determine ways in which children have been acquiring information about AIDS;
3. To explore and analyze children's attitudes toward (a) people with HIV/AIDS and (b) relevant sexual practices;
4. To define the children's patterns of sexual activity;
5. To determine if and how any of the above were being influenced by age, religion, race, or gender; and

6. To determine the kinds of education programs needed to reduce the likelihood of HIV transmission among children.

## Methodology

The survey was designed and carried out by personnel from the National Advisory Committee on AIDS in Barbados, the Faculties of Social Sciences and Medical Sciences of the University of the West Indies' Cave Hill Campus in Barbados, and Project HOPE of the United States. Consent to do the study was obtained from the Ministry of Education. The questionnaire, designed to be self-administered, was pretested.

A systematic sample of students attending all the secondary schools on the island was chosen from the roster of each school. This was done by selecting one of the first 11 students on the roster at random, and then proceeding down the list and selecting every eleventh student. The chosen students were asked to fill out the survey questionnaire on an occasion when they were assembled by a designated teacher at each school.

The questionnaire, which was completed anonymously, requested demographic information such as the respondent's age, sex, race, nationality, and religion. Most of the questions asked in the main body of the questionnaire were multiple choice items with three possible answers, these being "yes," "no," or "not sure." In all, 38 items sought to assess the respondent's knowledge, 14 requested information about attitudes and beliefs, and 11 asked about sexual and drug use practices.

The questionnaire was administered in January 1990. After starting with an expected sample population of approximately 2,200, a total of 1,856 responses (85%) was obtained. The collected data were entered and analyzed by Systems Caribbean Ltd. using an SPSS (Statistical Program for the Social Sciences) software package. The numbers presented in this article do not include responses that were uncodable—either because no response was entered or because it was placed at an indeterminate position.

## RESULTS

### Demography

The ages of the participants as of their last birthdays are shown in Table 1. Typically, children enter secondary school at age 11. However, some enter at age 10 if they were born before September. Therefore, to a limited extent each class contains a mix of ages.

The 1,856 respondents constituted approximately 7.5% of the secondary school population. One refusal to complete the questionnaire was reported; the other students missing from the preselected group appear to have been absent from school on the day when the questionnaire was administered.

The respondents included 798 boys and 993 girls, making a male:female ratio of 1:1.2. (According to 1990 Ministry of Education data, the male:female ratio of the entire secondary school population was 1:1.1.) Sixty-five of the participating students (3.5%) provided no codable gender response.

The demographic profile of the 1,856

**Table 1.** Ages of the survey respondents.

Age in years	10	11	12	13	14	15	≥16	Total <sup>a</sup>
No. in sample	51	190	333	311	318	288	336	1,856

<sup>a</sup>The ages of 29 subjects included in the total (1.5% of the sample) were either not stated or uncodable.

respondents fitted reasonably well with that of the general population. Specifically, 91% of the respondents said they were born in Barbados; 93.5% identified themselves as black; and most said they belonged to some religion, the major choices designated being Anglican (30.2%), Protestant (18.3%), Catholic (8.1%), other religions (15.5%), and none (23.2%), the proportion of uncodable responses being 4.7%.

## Knowledge

Most (65.2%) of the respondents said they had been taught about AIDS/HIV in school. However, 49.4% said television was their main source of information about AIDS, 24.1% said the main source of information was their parents, only 15.3% cited school as their main source, 6.7% cited books and pamphlets, 2.7% cited newspapers, 0.9% cited radio, and 0.9% gave uncodable answers. Less than half the respondents (43.3%) said they had talked to friends about AIDS, 42.2% said they had spoken about it with their parents, and 37.8% said there was free discussion of the AIDS subject at home.

Nearly all (96.6%) of the respondents classed AIDS as a deadly disease, and most (88.4%) said they knew how to avoid getting it. Regarding general knowledge, however, the results were mixed: 27.3% said they knew a lot about AIDS, 66.7% said they knew a little, and 4.3% said they knew nothing. About half (47.6%) of the respondents said they knew how to get further information, while 59.4% said they knew where to get tested.

The data in Table 2 suggest that most (between 75% and 90%) of the respondents knew the right answers to most questions dealing with sexual practices and AIDS transmission when such answers were clear-cut. Where the answers were not clear-cut, where there was legitimate uncertainty about the efficacy of

HIV transmission (e.g., through the oral route—via kissing or oral sex), the percentages of uncertain respondents rose. And while many respondents seemed uncertain regarding the protective efficacy of abstinence, condoms, birth control pills, and so on, the highest levels of uncertainty related to the question of whether oral sex (fellatio or cunnilingus) was a transmission route for HIV.

Questions designed to show the respondents' knowledge of HIV transmission through various social contacts revealed a similar pattern (Table 3). That is, at least a majority of the respondents knew the right answers to most questions. However, there were high levels of uncertainty about whether someone could get AIDS by being spat upon or bitten (acts considered antisocial and aggressive), or through other forms of social interaction that are sometimes considered possible transmission routes for other diseases (e.g., use of public toilets and sharing food).

The respondents' knowledge about certain other routes of transmission is shown in Table 4. Most respondents were aware of the dangers of needle-sharing and transmission during pregnancy. However, many showed considerable misunderstanding about the potential for mosquito transmission and danger to blood donors.

## Attitudes

Table 5 indicates the respondents' answers to a number of attitude-related questions. These answers show that the children were clear about two things: They felt they should be taught about AIDS/HIV in school, and they accepted that AIDS is a deadly disease. Every other question elicited high percentages of both yes and no answers, as well as a substantial "not sure" response accounting for 14.4–29.1% of the answers. Between

**Table 2.** Survey questions regarding sexual transmission of HIV, showing the percentages of respondents giving the indicated answers (the percentages giving uncodable answers to each question are not listed).

	Yes (%)	No (%)	Not sure (%)
Can HIV/AIDS infection be passed from one person to another by kissing?	11.1	68.0	20.1
Can AIDS/HIV be prevented by two people being sexually faithful with each other?	74.4	12.0	12.3
Can a person get AIDS/HIV infection from having sexual intercourse without a condom (frenchy)?	76.1	11.5	11.0
Can a person get AIDS/HIV infection from oral sex?	50.2	9.5	38.3
Can a person who has the AIDS virus (HIV) infect someone else during sexual intercourse?	89.5	2.3	6.8
Is it true that only homosexual men (bullers) can get AIDS/HIV infection?	13.6	78.9	6.6
Can people reduce their chances of becoming infected with the AIDS virus (HIV) by not having any kind of sexual intercourse?	58.2	13.7	26.8
Can people reduce their chances of becoming infected with the AIDS virus (HIV) by using condoms (rubbers/frenchies) during sexual intercourse?	76.1	9.5	13.0
Are condoms (frenchies) foolproof methods to prevent a person from getting AIDS?	21.3	52.9	24.4
Can people reduce their chances of becoming infected with the AIDS virus (HIV) by taking birth control pills or using Coca Cola immediately after having sex?	3.7	59.4	35.4

38% and 63% of the responses to these latter questions reflected attitudes generally considered acceptable to the authorities.

Less than 30% of the children responding said they would want anyone to know if they had HIV, and most of these (76.2%) indicated that the person who they would want to know would be their mother.

As the next section shows, the lack of consensus evident in the Table 5 data

regarding sex before marriage or before settling with one partner reflected the children's sexual practices.

### Practices

Nearly a third (33.1%) of the respondents said they had sexual intercourse at some time in the past, this percentage including 51.4% of the boys and 18.7% of the girls plus 19 subjects with an un-

**Table 3.** Survey questions regarding HIV transmission by social contact, showing the percentages of respondents giving the indicated answers (the percentages giving uncodable answers to each question are not listed).

	Yes (%)	No (%)	Not sure (%)
Can a person get AIDS/HIV infection from holding hands with someone?	1.8	95.1	2.5
Can a person get AIDS/HIV infection from using public toilets, stand pipes, or swimming pools?	5.1	70.3	23.1
Can a person get AIDS from sharing a cutter or a drink with someone who has AIDS/HIV infection?	10.8	60.7	27.3
Can a person get AIDS/HIV infection from being in the same class with a student who has AIDS/HIV infection?	2.5	89.0	7.8
Can a person get AIDS from someone who has AIDS/HIV infection and who spits on another?	13.0	51.9	33.8
Can a person get AIDS from being bitten by someone who has AIDS/HIV?	24.2	33.4	41.0

codable gender entry. The rate of positive response rose progressively with age, from 7.8% of the 10-year-olds to 48.8% of those 16 and over.

Table 6 lists the ages at which these sexually experienced respondents (410 boys, 186 girls, and 19 of unknown gender) said their first sexual encounter occurred. Twenty-four of the boys (5.8%) and 37 of the girls (19.9%) gave uncod-

able responses. The boys indicated they had started earlier, over 50% of those who gave codable responses claiming to have had sexual intercourse before age 12, while the girls did not reach the fiftieth percentile until four years later. Within this context, it should be noted that the proportion of sexually experienced girls reporting their first encounter at age 14 was relatively high (16.7%), while the per-

**Table 4.** Survey questions about HIV transmission by other routes, showing the percentages of respondents giving the indicated answers (the percentages giving uncodable answers to each question are not listed).

	Yes (%)	No (%)	Not sure (%)
Can a person get AIDS/HIV infection from sharing needles used to inject (shoot up) drugs?	83.7	5.0	10.2
Can a person get AIDS/HIV infection from donating blood?	39.3	36.2	23.0
Can HIV be passed from person to person by mosquitoes?	37.9	22.8	38.3
Can a pregnant woman who has the AIDS virus (HIV) infect her unborn baby with the virus?	88.8	2.2	8.2

**Table 5.** Survey questions reflecting the respondents' attitudes toward AIDS-related situations, showing the percentages giving the indicated answers (the percentages giving uncodable answers to each question are not listed).

	Yes (%)	No (%)	Not sure (%)
Should students your age be taught about AIDS/HIV in school?	90.2	3.9	4.0
Should a student with AIDS/HIV infection be allowed to attend classes?	48.3	29.8	19.9
Should a student with AIDS be allowed to attend your school?	44.6	31.0	22.4
Would you be willing to be in the same form with a student who has HIV infection?	38.9	33.8	25.3
Do you believe that a person who has AIDS should be blamed?	21.3	47.5	28.5
Do you believe that AIDS is really a killer disease?	91.9	2.8	3.2
Do you consider suicide as a way out for a person who has AIDS?	12.6	62.9	22.1
If you tested HIV positive, would you consider suicide as a way out?	12.0	56.4	29.1
If you had AIDS or HIV infection, would you want anyone to know?	28.5	54.9	14.4
Is treatment for AIDS a waste of time?	19.1	61.7	16.8
Do you think you should have sex before you get married or settle with one partner?	28.9	46.0	22.3

centages reporting first encounters at the earlier ages listed (13, 12, 11, 10, and 9 or younger) were relatively low. Overall, 50% of the youths who reported being sexually active said they had had their first sexual encounter by age 13.

The respondents who indicated sexual experience were asked how many people they had had any kind of sexual intercourse with during their lives and within the past year, and were given choices of 0, 1, 2, 3, and 4 or more. Their responses to these questions are summarized in Table 7. As indicated in the table, small percentages of the respondents provided uncodable answers to these questions, and another small percentage (3.1%) of the respondents who claimed to be sexually

experienced said they had never had any sex partners. The reason or reasons for this latter contradiction are unclear.

Many of the sexually active youths reported having had more than one sex partner, the lifetime average being 2.3 partners when those reporting four or more partners were considered to have had four partners for calculation purposes. Only about two-thirds of the sexually experienced children reported having had sex during the preceding year, producing a corresponding fall in the average number of partners; but 25.7% of the experienced children did report having had sex with more than one partner over the course of the preceding year.

More specifically, 36.3% of the sexually

**Table 6.** The sexually experienced respondents' reported ages at the time of their first sexual encounter, by gender. Nineteen respondents who said they were sexually experienced did not provide a response that could be coded with respect to gender.

Age in years	Males		Females		Total codable by gender	
	No.	(%)	No.	(%)	No.	(%)
≤9	134	(32.7)	9	(4.8)	143	(24.0)
10	52	(12.7)	5	(2.7)	57	(9.6)
11	41	(10.0)	9	(4.8)	50	(8.4)
12	42	(10.2)	6	(3.2)	48	(8.1)
13	37	(9.0)	13	(7.0)	50	(8.4)
14	25	(6.1)	31	(16.7)	56	(9.4)
15	34	(8.3)	36	(19.4)	70	(11.7)
16	21	(5.1)	40	(21.5)	61	(10.2)
Uncodable	24	(5.9)	37	(19.9)	61	(10.2)
Total	410	(100)	186	(100)	596	(100)

experienced boys and 26.9% of the sexually experienced girls reported having had no sexual intercourse during the preceding year. In terms of the entire group of respondents, this meant that while 32% of the children reported one or more sexual partners, only 20.5% reported a sexual encounter during the year preceding the survey. And while 19.4% of the respondents reported having had sexual

intercourse with more than one partner during their lifetimes, only 8.5% reported having had more than one partner during the past year.

**Table 7.** The percentages of sexually experienced respondents who reported having the indicated number of sexual partners during their lifetimes and during the year preceding the survey.

Partners	Whole life		Last year	
	No.	(%)	No.	(%)
None	19	(3.1)	206	(33.5)
One	217	(35.3)	223	(36.3)
Two	115	(18.7)	64	(10.4)
Three	82	(13.3)	41	(6.7)
Four or more	163	(26.5)	53	(8.6)
Uncodable responses	19	(3.1)	28	(4.5)
Total	615	(100)	615	(100)
Average number	2.3		1.2	
Average for boys	2.6		1.2	
Average for girls	1.7		0.96	

Of those who reported they had remained sexually active in the last year, the percentage of all respondents involved rose with age—from 2% of the 10-year-olds to 35.7% of those 16 or over; and a similar rise with age was seen in the proportion of respondents who reported having more than one partner in the last year, this proportion rising from 1.6% of the 11-year-olds to 14.3% of those 16 or over. The numbers of children who said they were sexually experienced and who provided codable responses, classified by age and number of partners reported, are shown in Table 8.

In response to one of the questions, "Do you use anything to protect yourself from getting AIDS when having sexual intercourse?" 35% of the sexually experienced youths responded "always," 28% "sometimes," and 31.5% "never," with 5.5% giving uncodable responses. In response to the question "Do you know how to use a condom during sex?" 75.3% (78% of the boys and 68.3% of the girls) replied "yes," 16.6% replied "I think so,"



**Table 8.** The numbers of sexual partners reported by sexually experienced respondents during the year preceding the survey, by respondent age at the time of the survey.

Age in years	Number of partners					
	None	One	Two	Three	Four or more	Uncodable
Uncodable	2	—	—	1	—	1
10	3	1	—	—	—	—
11	12	5	2	1	—	3
12	32	17	6	4	8	8
13	33	36	6	9	8	4
14	39	45	10	10	12	4
15	46	47	17	5	11	3
≥16	39	72	23	11	14	5
Total	206	223	64	41	53	28

6.2% replied "no," and 1.9% gave uncodable answers. In response to the question "Do you believe that you can say no if you are not ready to have sex?" 68.1% of the sexually experienced said "yes," 16.9% said "no," 12.8% said they were uncertain, and 2.2% gave uncodable answers.

Regarding drug use, the study children were asked "Have you ever injected (shot up) cocaine or other illegal drugs into your body?"; 2.4% responded "yes" and 95.4% "no," with 2.2% giving uncodable answers. Similarly, in response to the question "In the last year, have you used ganja [marijuana], cocaine, or other illegal drugs?" 3.3% responded "yes," 93.7% said "no," and 3.0% gave uncodable answers.

## DISCUSSION

The methods used to select the population sample surveyed and to collect data produced a group of respondents that appeared to accurately reflect Barbados' school population with regard to student age (see Table 1) and that conformed reasonably closely to the demographic profile of the Barbadian community as a whole with regard to gender, race, and religion. However, no signifi-

cant differences were found in the responses provided by children of different races or religions.

Responses to attitude and practice queries, particularly when they are of a sensitive nature, can always be questioned. However, in this survey there are indications that the respondents' answers did accurately reflect student attitudes and practices, in that the responses to some indicator questions were consistent with our general knowledge of childhood behavior. For example, at a very basic level, when the children were asked whether they had had a sexual encounter, the percentage of positive responses rose progressively with the age of the respondents.

It is also possible that students may treat a survey questionnaire like a test, giving responses that they feel are expected or that their teachers want. In this case there is no evidence of that. For instance, while 65% of the respondents said they had been taught about AIDS in school, only 15% listed school as their main source of knowledge about AIDS, placing it third behind television (49.5%) and parents (24%).

Regarding television and its ability to reach schoolchildren, many programs of a general nature have focused on the risks

that young people confront with respect to sexual transmission of HIV. Some of the short messages put out by the authorities have been aimed particularly at young people and their sexual practices. There is no doubt that basic awareness of HIV's sexual transmission and the deadly nature of AIDS is very high among Barbadian schoolchildren. There is also some intimation in our data that messages about the need to reduce sexual activity may be getting through to a degree, in that only about two-thirds of those who reported sexual experience said they had been sexually active during the year preceding the survey.

It is also encouraging to note that a significant percentage of the children identified their parents as the most important source of information about AIDS, and that some 40% said AIDS was discussed freely in the home. One of the aims of the educational drive among community groups in Barbados has been to stress the responsibilities of parents to themselves and their children, so as to help bring the subject of AIDS and sexual matters in general out into the open.

High percentages of the survey children, generally in the range of 75–90%, exhibited correct knowledge of HIV's sexual transmission and "safe sex" measures. However, such knowledge does not automatically translate into safe sexual behavior. Thus, while 75% of the sexually experienced children said they knew how to use a condom and knew that it provided protection against getting AIDS, 30% said they never used any protective measures during sexual intercourse. On the positive side, however, 35% of the sexually experienced youngsters said they always used protective measures, and the remaining respondents said they sometimes used them.

This experience among Barbadian schoolchildren is far from unique. For example, a survey done among U.S. high-

school students in Iowa, reported by the U.S. Centers for Disease Control in March 1990, indicated that 54% of those surveyed were sexually experienced (as compared to 33% in Barbados) but that only 33% used condoms (10, 11).

The foregoing results provide some encouragement for continuing the education effort in Barbados, and for adding positive reinforcement directed at those who have not been sexually active and those who have adopted safe sex practices. It is also true, however, that the minority persisting in high-risk sexual behavior must be influenced.

On the theory that poor knowledge may correlate with poor attitudes and unsafe behavior, one could seek to bolster knowledge in those areas where knowledge is demonstrably poor. For example, the schoolchildren in our survey showed considerable variation in their levels of correct knowledge about HIV transmission via nonsexual routes. Correct knowledge about accepted positive routes of transmission was high, but the students gave many incorrect and uncertain answers regarding transmission through antisocial acts (biting and spitting) and also regarding apocryphal danger to blood donors and HIV transmission by mosquitoes (see Tables 3 and 4).

Until now, education campaigns have tended to concentrate on those areas where knowledge is currently high; but clearly, reason for concern remains in areas where emphasis has not been placed. Specifically, there is a need to allay worries about blood donation and mosquitoes, and also to compare the answers to those survey questions with answers to other questions, in order to see if there is a correlation between incorrect knowledge about these and other matters.

This survey sought no information regarding the age or other characteristics of the respondents' sex partners, and therefore no conclusions can be reached

about people who may be influencing the sexual activity of children.

It is clear, however, that although the respondents generally acknowledged AIDS as a deadly disease, fear had deterred only a minority of them from having sexual intercourse. This finding, consistent with human behavior patterns, highlights the need to find ways of using education to induce positive behavior changes without relying on fear.

The survey results also showed important gender differences in the study children's sexual behavior. These differences are consistent with differences in the age patterns of male and female AIDS patients reported in Barbados. Specifically, analysis of the AIDS cases reported in patients 15–25 years old (those presumed likely to have acquired HIV in their school years) shows a male:female ratio of 5:2, similar to that of the sexually active children among the respondents. If one takes the ages of these patients and applies a theoretical 10-year incubation period, one also finds that many of the males might have acquired their HIV infections before age 10, an observation consistent with the young ages at which many of the sexually experienced boys among the respondents said their sexual activity began. Similarly, one finds that the bulk of the younger female patients were likely to have acquired their infections in the 10–15 year age range, an observation consistent with the ages at which the sexually experienced girls among our respondents said their sexual activity began (see Table 6).

Within this context, while more information is required regarding the ages at which children are likely to have sexual encounters, the survey results strongly suggest a need to take the AIDS education drive to the primary schools.

The information gleaned by this survey about the respondents' attitudes is not surprising. Students do lean heavily on

their mothers in the home, or on friends. And they do have a fear of intimate social contact with HIV-infected people, although they are aware that the risks of transmission are remote. These latter attitudes, in fact, are shared by most people; and so educational modes and forms must be found that will help convert this knowledge into attitude and behavior patterns leading to reduced discrimination against HIV-infected individuals.

Although no cases of AIDS contracted through intravenous drug abuse have been recorded in Barbados, and although 84.5% of the children surveyed knew that HIV can be transmitted this way, it is noteworthy that 2.4% of the respondents said they had taken illegal drugs by injection. This finding, which was totally unexpected, needs to be examined more carefully. It is, however, similar to some reports from schools in the United States (11).

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### *World AIDS Day 1992*

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The World Health Organization has announced that the focus of World AIDS Day 1992 will be the pivotal role communities can and must play in confronting the global AIDS challenge. Observed every year on 1 December, World AIDS Day represents the culmination of a year's activities around a given theme. This year's theme, "AIDS: A Community Commitment," is inspired by examples of communities throughout the world rising to the AIDS challenge with innovative programs and services. An example is GIS-SIDA, a community-based organization in Mexico City whose membership includes many practicing lawyers. It operates a legal assistance network to help affected persons with litigation problems related to employment, property, or insurance and to advise national bodies and other community organizations on legal, accounting, and administrative matters associated with AIDS.

The support of the community is also pivotal in prevention programs. As WHO's Director-General, Dr. Hiroshi Nakajima, pointed out, "The community—be it the neighborhood, the school or college community, a professional group, or the smaller support network composed of family or friends—is a uniquely powerful force in societies everywhere which needs to be harnessed if we are to bring the AIDS pandemic under control."

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*Source:* World Health Organization, Press Release WHO/19, 27 March 1992.