

NFPB

HIV in Jamaica: The Adolescent Perspective

Volume 1, Issue 2

August 20, 2010

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What is HIV?

HIV is the **H**uman **I**mmunode-**f**iciency **V**irus. It is the virus that can lead to **A**cquired **I**mmune **D**eficiency **S**ndrome, or **A**IDS. (Centres for Disease Control and Prevention (CDC), 2010)

HIV works by damaging blood cells which help to fight diseases in the body.

The CDC also states that HIV is spread primarily by:

- ◇ Not using a condom when having sex with a person who has HIV. All unprotected sex with someone who has HIV contains some risk. However:
- ◇ Having multiple sex partners or the presence of other sexually transmitted infections (STIs) can increase the risk of infection during sex. Unprotected oral sex can also be a risk for HIV transmission, but it is a much lower risk than anal or

vaginal sex.

◇ Sharing needles, syringes, rinse water, or other equipment used to prepare illicit drugs for injection.

◇ Being born to an infected mother—HIV can be passed from mother to child during pregnancy, birth, or breast-feeding.

How Many Persons in Jamaica Have AIDS?

According to the Ministry of Health National HIV/STI Programme Jamaica HIV/AIDS Epidemic Update for January to December 2008, there have been a total of 925 cases for the year 2008. From the year 1982 to 2008 there have been a total of 13,445 AIDS cases in Jamaica.

In addition, from the year 1983 to 2008 there have been a total of 7,394 AIDS deaths with the majority being male (4,452) and the remainder being female (2,942).

Males therefore account for 60.2 percent of the cases and the females, 39.8 percent.



Do Adolescents Have Accurate Information?

According to the 2008 Reproductive Health Survey (RHS), comparing males and females between the ages of 15 and 19, similar percentages spontaneously mentioned the condom as a method to reduce the risk of HIV transmission (93.2 percent of males and 93.3 percent of females). A far less percentage identified abstinence as a method to reduce the risk of transmission (56.4 percent for males, 68.9 percent for females).

Guidance Counsellors need to therefore reinforce the message that abstinence is the only method that guarantees 100% that individuals will not contract HIV and will also not become pregnant.

On a positive note, the majority of adolescents were able to reject various misconceptions about HIV Transmission.

Five (5) misconceptions were stated which included transmission through:

- ◇ Shaking hands;
- ◇ Working together;
- ◇ Sharing utensils;
- ◇ Sharing toilets; and
- ◇ Through mosquito bites.

The vast majority (over 90%) of females rejected the first four (4) misconceptions with the vast majority of males (over 90%) rejecting the first two (2).

In total, 72 percent of females rejected all five (5) misconceptions compared with 65 percent of males.

Guidance counsellors could therefore reinforce the necessary information to debunk myths, with special emphasis on increasing the understanding of their male students.

Self-Perceived Risk of HIV Infection

Of sexually experienced females who stated they had no self perceived risk of transmission, the most common reasons included that they used condoms (51.6%), they were not having sexual relations (18.9%), because of their own behaviours (13.8%) and “partner’s sexual behaviours” (10.6%).

In addition, of sexually experienced males aged 15-19 years who stated they had no self perceived risk of transmission, the most common reasons included that they used condoms (70.4%), they were not having sexual relations (12.9%), because of their own behaviours (6.8%) and “partner’s sexual behaviours” (3.7%).

While it is a positive find that adolescents who are sexually active are using condoms, it is unfortunate that some believe themselves to be at no risk due to their own behaviour or their partners behaviour.

Although one may believe their partner is faithful to them and being truthful about their sexual history, one can never be certain. In addition at the time of adolescence, some individuals may not be aware that certain experiences they had in the past were risky and may have led to the transmission of STIs.

The lack of awareness and accurate Re-

productive Health information at this age has far-reaching implications for the risk of contracting HIV and other STIs.

As a counsellor you can help by ensuring that adolescents understand it is best to abstain from sexual intercourse all together due to the uncertainty of a partner’s past history

Accepting Attitudes Towards Persons With HIV

The majority of adolescents seemed to have an accepting attitude towards persons with HIV.

According to the 2008 RHS, of females between the ages of 15 and 19, 86.3 percent would work with an HIV-infected person, 84.3 percent believed an asymptomatic HIV-infected teacher should be allowed to teach, 84.4 percent would care for an HIV infected family member in the household and

81.5 percent believed an asymptomatic child should be allowed to take classes.

Less accepting attitudes were however observed when adolescent females were asked: “would you buy fresh vegetables/ fruits from an HIV infected vendor” and had to reply to the statement “would not keep a secret about an HIV-infected relative”.

These received 38.6 percent and 23.8 percent respectively.

Accepting Attitudes Towards Persons With HIV (Cont'd)

The majority of male adolescents also seemed to have an accepting attitude towards persons with HIV.

According to the 2008 RHS, of males between the ages of 15 and 19, 82.4 percent would work with an HIV-infected person, 74.8 percent believed an asymptomatic HIV-infected teacher should be allowed to teach, 87.4 percent would care for an HIV infected family member in the household and 77.4 percent believe an asymptomatic child should be allowed to take classes.

As with females, less accepting attitudes were however observed when adolescent males were asked: “would you buy fresh vegetables/fruits from an HIV infected vendor” and had to reply to the statement “would not keep a secret about an HIV-infected relative”.

These received 34.3 percent and 22.7 percent respectively.

It seems therefore that where family is concerned, the majority of male and female adolescents would care for an infected family member, but would not keep the secret about the family member having HIV.

This information implies that while adolescents have accepting attitudes with some things, they discriminate with others. It would therefore be useful to determine their thoughts and further misconceptions through focus groups, class debates and other discussions.

In addition, the discussion could include why they would work with an infected person, but not buy fruits/vegetables from an infected person.

What is important here is for counsellors to facilitate student expression of what makes them uncomfortable with regard to HIV/AIDS and how some perceptions, if they are incorrect, can be altered to be less judgmental and fearful.

What Else can Guidance Counsellors do?

In the Health and Family Life Education Curriculum information is provided to students about HIV/AIDS including signs and symptoms and how HIV is transmitted.

What needs to be focused on now is ensuring adolescents understand that they can't go by “hear say”. If they want to become sexually active or are already sexually active they must acknowledge that they are taking huge risks with their health.

Their partners may keep some sexual history a secret due to the fear of losing the relationship.

Also, counsellors must use opportunities to help students put themselves in the shoes of HIV infected persons. Have them reflect on how they would want to be treated and emphasise what situations put them at risk and which ones do not.

Counsellors must be equipped with the necessary information to refer that adolescent to a clinic where a Health Profes-

sional can talk them through their options.

As a counsellor, try to prepare adolescents mentally, socially and psychically for any sexual encounters they may have later in life.



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NFPB

Remember to Visit our Website:
www.jnfpb.org

The National Family Planning Board (NFPB), where it can, seeks to provide valuable information on Reproductive Health to the public.

One way in which the Board has been doing so is with the distribution of Information Packages to Guidance Counsellors within various High, Junior High, Technical High and All-ages schools in Kingston and St. Andrew (KSA).

ATTENTION: WE ARE ON FACEBOOK!!!!

If any of your male students are older than 14 years of age, get them to join our Male Sexual and Reproductive Health Caucus Page. Invite them to go to Facebook and type in: Male Sexual and Reproductive Health Caucus and give their views on our discussion boards! We discuss issues related to Reproductive Health.

Publications Available in our Library

Publication	Year	Volume/Author
You, Your Life, Your Dreams	2008	Petrina Lee Poy, Maria Faget Montero and Martha Murdock
Annual Family Planning Statistical Report	2003-2009	The National Family Planning Board
Reproductive Health Survey	2002	The National Family Planning Board
Outlook	1993-2010	Path
Reproductive Health Survey: Young Adults Report	2002 and 2008	The National Family Planning Board
International Family Planning Perspectives	1987-2007	The Guttmacher Institute
Reproductive Health Matters	1999-2010	Elsevier
Family Planning Saves Lives	1991-2009	Population Reference Bureau
Network	1994	Family Health International