Evidence on delay in sexual initiation, multiple partnerships and condom use among young people: review of Caribbean HIV behavioural studies

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Figure 1: Primary abstinence: Percentage of young people aged 15-24 who report they have never had sex

Figure 2: Early sex: Percentage of young people aged 15-24 who report sexual intercourse before the age of 15

Figure 3: Age mixing in sexual relationships: Percentage of females aged 15-19 who report they had sex with a man at least 10 years older than themselves in the last 12 months

Figure 4: Percentage of young people aged 15-24 who report they had sexual intercourse with more than one partner over the past 12 months

Figure 5: Condom use at first sex: Percentage of young people aged 15-24 who report they used a condom the first time they had sex, of those who ever had sex

Background

Half of HIV transmission globally takes place in the age group 15-24. Frequency of sexual activity and partner turnover are high while many youth have limited skills to adopt safer sexual practices.

Methods

Studies with internationally recommended indicators were prioritised (e.g. UNAIDS, PEPFAR and UNGASS indicators). The age group 15-24 was selected for analysis in line with international recommendations. Studies were accessed via internet searches on PubMed online database, the Caribbean Health Research Council Database of Caribbean HIV Research and the HIV/AIDS Survey Indicators Database. PAHO sent a letter to National AIDS Programmes (NAPs) requesting access to studies and Caribbean HIV researchers were contacted via email.

Results

Diagrams show the limited number of studies with the 15-24 age group and the selected indicators.

Conclusions

Sexual health promotion strategies that focus on delay in sexual initiation, reduction in partners number and condom use adherence. Being faithful and Condom use – or ART – have had limited success. They should be supplemented by initiatives against child abuse and to contest the gender norms and economic factors driving transactional sex and multiple partnerships, along with skills to negotiate safe sex and equitable relationships.

Implications for HIV research

The capacity to build a regional picture and to assess progress in national HIV interventions is limited by lack of uniformity in survey indicators and age groups. Further survey capacity building is recommended. Results of structured face-to-face interview surveys should be compared with studies using methods offering more privacy (self-completion) and qualitative methods. Future surveys should capture factors such as transactional sex, gender-based violence, partner concurrency and HIV treatment adherence.