ABSTRACT

This study was prompted by concern about AIDS. The reality of serious morbidity and occasional mortality from other sexually transmissible diseases was also recognized. The spread of AIDS in the world is primarily through sexual intercourse, intravenous drug use, from mother to child (mainly in utero) and the receipt of contaminated blood and blood products.

Within the Caribbean, heterosexual and homosexual transmission are both predominant, with mother-to-child transmission ranking next. In view of the potential risk to young people entering sexual maturity and their tendency to indulge in high risk sexual behaviour, the investigator was interested in finding out to what degree students aged 10 - 14 years in one local school were prepared in terms of their knowledge, attitudes and perceptions relating to matters associated with their sexuality. One was also interested in their levels of knowledge about sexually transmissible diseases, including HIV infection, and in ascertaining whether any relationship exists between their level of religious involvement and high risk sexual behaviour. Interest was also generated in discovering what relationship exists
between students' knowledge of STDs and their perceived risk of acquiring STD/HIV infections.

A questionnaire was developed, pretested and then administered to 75 students selected by stratified random sampling from Gordon Town All-age School in north-eastern St. Andrew, Jamaica.

The students' religious affiliation was diverse. The majority were quite involved religiously as indicated by a mean score of 75% on an arbitrary scale. Knowledge of sexuality was mediocre showing a mean score of 58% with varying levels of understanding and appreciation of the concepts presented. Their attitudes with regard to their sexuality showed a mean score of 65.3% with wide differences in attitudes and perceptions of high risk sexual behaviours. Their knowledge of STDs showed a mean score of 69% with specific weaknesses indicating insufficient understanding of the concepts relating to STD transmission and human susceptibility.

There was no significant difference by religion between students' knowledge of STDs as against that of sexuality. A strong negative correlation existed between students' knowledge of STDs and their risk scores on sexuality ($r = -0.856$). Similarly, a moderate negative correlation existed between students' degree of religious
involvement and their risk score on sexuality ($r = -0.0368$).

The regression line representing the relationship between students' knowledge of STDs and their high risk score, supports the belief that a comprehensive STD/AIDS education programme is necessary to meet the specific needs of adolescents to enable them to make informed decisions and choices regarding their sexuality. The magnitude of the problem cannot be confined to the health care system alone, but rather, an intersectoral approach needs to be coordinated between the health care system, the education department and religious organizations.

Special effort must also be made to strengthen the capability of parents to assume their rightful role of preparing the new members of society in accordance with acceptable mores and lifestyles. This therefore, has serious implications for national economic and social policy.