



UNITED NATIONS  
*Office on Drugs and Crime*



## **The link between drug use and HIV/AIDS among young people in Grenada**

**A semi-qualitative research study supported by the United  
Nations Office on Drugs and Crime, Regional Office,  
Barbados**

The contents of this report summarize the background, methodology and findings of the focus assessment study on Youth Centred Drug Abuse and HIV/AIDS Prevention conducted in Grenada which was supported by United Nations Office on Drugs and Crime (UNODC), Regional Office Barbados.

For further information contact:

United Nations Office on Drugs and Crime (UNODC)  
Regional Office Barbados  
UN House  
Marine Gardens  
Christ Church  
Barbados

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## **Executive Summary**

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Drug use, sex and HIV/AIDS are variables that this report seeks to give inference as to the behavior, attitude and potential risks involved with the above. The study was commissioned by the United Nations Office on Drugs & Crime (UNODC), through the use of focus group research.

The major findings of the study can be stated through the following:

Marijuana and alcohol are widely used among youth. Marijuana is the drug of choice among young persons with first use age as early as 10-13 years. Alcohol is used mainly at parties, fun occasions and in socializing, and its general social acceptance results in the minimization of its dangers by the society. The ready availability of alcohol at home and marijuana through local cultivation and cheap prices provided easy accessibility to these drugs. Cocaine and combining drugs were not popular practices among adolescents.

Young people used drugs for many reasons. The primary reason is for stress relief, to escape from problems – all focus groups identified marijuana as the main drug used for this purpose. Other significant factors include poor parent-child relationship, negative peer pressure (90%), curiosity (60%), fun (60%), and to improve academic performance (60%). Though not the main deciding factor, poor socio-economic status is influential in determining risky behavior among youth.

The majority of young people seem to be sexually active. Factors influencing sexual behavior among youth are peer pressure (90%), experimentation (80%), adult influences (70%), hormones (70%), money (60%) and media influence (40%). Half of ten focus groups and 75% of all female groups report that love coupled with fear of loss are the main reasons for girls having sex for the first time. 100% focus groups report multiple partnering as prevalent among youths as well as homosexual practices, particularly for monetary gain among young males with older men. There is also a trend of girls engaging in sexual activity with older men to facilitate easy access to money – poor young girls seem to be more involved in this activity, though girls of other strata were not immune to it.

Most young persons do not use condoms all of the time during sexual intercourse, and few use condoms at all, especially with their main boyfriend; 30% practice *coitus interruptus*. The reasons for not using a condom during sex are love and trust (60%) and 50% believe that greater sexual satisfaction is achieved without a condom.

Young people are generally knowledgeable about how HIV/AIDS is contracted. Though unprotected sex was seen as a major risk factor, the majority of sexually active youth are reported to practice unprotected sex. Teenagers are generally believed to be more at risk for contracting the disease; further, some believe that girls are more vulnerable to SIDs. However, other believe HIV/AIDS is an adult disease.

Most young people believe that marijuana and alcoholic beverages increase libido and sexual potency. Young people therefore do deliberately consume drugs for better sex. Alcohol (20%) and Spanish fly (30%) are substances used by boys to “drug” girls mainly for their sexual pleasure.

Further, youth are aware of the implications of using drugs – impaired judgment, short-term memory loss and potential sex without the use of condoms – increasing the risk of contracting HIV/AIDS. Young persons are then able to make the link between drug use and HIV/AIDS.

Current prevention strategies, although somewhat influential, are generally perceived as ineffective by youth. They favor programmes that increased and encouraged parent involvement (60%), improvement of socio-economic situations (50%), were school-based (50%), community-based (50%) targeting youth on the block and the general public, and use of drug and HIV/AIDS victims (50%) in

these programmes. More youth participation through youth-to-youth interaction (40%) and the use of entertainment and creative arts will help to increase the impact of prevention programmes on youth.

Given the findings of the study, the researcher recommends massive national sensitization and mobilization programmes; the implementation of sustainable programmes geared towards poverty reduction which will help reverse the readily and seemingly acceptable attitude for exchange of sex for money or drug trafficking for income generation or employment; and create linkages between ministerial, NGOs, social and religious institutions to sensitize and mobilize people as to the magnitude of the HIV/AIDS and drug issues and sustainability and continuity of programmes.

## 1. Introduction

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### 1.1 Socio-demographic background

Grenada is a small and mountainous Caribbean island which lies about 12° N latitude and 61° W longitude, towards the south of the chain of West Indies. Grenada is a member of the Caribbean Community (CARICOM) - an economic unit of 15 Caribbean members - and the Organization of Eastern Caribbean States (OECS). Grenada is also one of the four islands that form the Windward Islands.

Grenada is divided into six parishes and one dependently called Carriacou. St. George's is the capital city and the official language is English, however its inhabitants speak both English and French dialect. The people are of African and Afro-European ancestry, and a smaller percentage is of East Indian descendants. Both the French and British colonized the country; after the abolition of slavery many East Indians migrated to Grenada seeking work. Sixty percent (60%) of Grenadians are Roman Catholic, and the Anglican Church is the largest protestant denomination.

Grenada gained its independence from Britain in 1974 under its first Prime Minister Eric M. Gairy. Political unrest developed and in 1979 rebels overthrew the Eric Gairy democratic government through a coup, and made Maurice Bishop Grenada's first communist prime minister. In 1983, the nation again experienced political instability when a Marxist military council of US control along with a small Caribbean alliance seized the communistic system, consequently resulting in the murder of Maurice Bishop. Once again, Grenada is deemed a politically stable and democratic nation under the incumbent Prime Minister Dr. Keith Mitchell. Grenada has a constitutional monarchy with Westminster-style parliamentary system; it has a governor general, a prime minister and a cabinet, and a bicameral Parliament with an elected House of Representatives and an appointed Senate.

Security is maintained by a 650-member Royal Grenada Police Force (RGPF), including an 80-member paramilitary special services unit (SSU) and a 30-member coast guard. The U.S. Army and the U.S. Coast Guard provide periodic training and material support for the SSU and the coast guard.

Only 133 square miles, Grenada has a populace of 101,011<sup>1</sup> with 20,300 (20.1%) within the age group 15-24 years and about 50% under the age of 30 years. The birth rate is 23.05/1000 and a life expectancy of 72 years. The island is well endowed with infrastructure, telecommunication services and three airports. Education is compulsory and the literacy rate is estimated at 95%.

Grenada, known also as the Isle of Spice, ranks as one of the world's leading nutmeg and spice producers. Its economy relies chiefly on agriculture – mainly banana, nutmeg, cocoa and mace – and tourism. Grenada also manufactures rum. In the last 10 years have resulted in the collapse of the banana industry. Since then Grenada has come to rely more and more on tourism as its main source of foreign exchange.

The new thrust towards tourism has not brought the new wealth often associated with this direction. Grenada has an unemployment rate of about 14% with an inflationary rate of approximately 3%.

In regard to drug use in Grenada, it appears that there have been quite a lot of use and abuse of marijuana, alcohol, the introduction of cocaine, a perception of sexual or risky behavior within the society and the increase of sexually transmitted diseases. There has been a growing trend of school dropouts, unemployment and other societal situations.

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<sup>1</sup> Mid Year Population Estimates 2001, Statistical Department, Ministry of Finance. Grenada



## 1.2 Literature Review

A review of the Grenada Drug Information Network (GREN DIN) Annual Report 2003<sup>2</sup> provided substantial information for the purpose of this study. The report identified the use of marijuana as the main drug problem in Grenada; the drug of choice among age group 18-45 years with the main drug-related offence the possession of marijuana.<sup>3</sup> Of the 424 persons arrested and charged for drug-related offences from January – October 2002, 400 were Grenadians.<sup>4</sup> Although a decrease was recorded in the number of marijuana plants destroyed from 16,768 in 1996 to 4,920 in 2000, there was an increase when approximately 6,493 plants were destroyed in 2001.<sup>5</sup>

### *Data from law enforcement agencies*

According to the GREN DIN report, the majority of persons imprisoned for drug offences were males. A significant number of females currently imprisoned were foreigners, arrested on the charge of drug trafficking at Point Salines International Airport. It is evident that an active drug trade occurs through the international airport. Of the 1,185 inmates from 1988-2001 (97% males and 3% females), 19% or 230 were between ages 15-24 years.<sup>6</sup> 48 males and 3 females under 20 years old were imprisoned on similar charges from 1988-2002.<sup>7</sup>

### *Demand for drug use*

The report states that 75 youth aged 24 years and under were admitted to Carlton House Treatment Centre from 1993-2002, of which 11 were for alcohol abuse and 21 for marijuana, 27 and 16 were admitted for crack/cocaine and poly drugs respectively and were of age group 15-24 years.<sup>8</sup>

Further outlined in the GREN DIN report was the overall results of the 1998 “Alcohol Consumption in Grenada” population survey conducted by Richard Emil Lehman of St. George’s University. It revealed that 81% of students and 79% of adults in Grenada use alcohol consistently; first use began at ages 11-12 for students and 15-17 for the adults surveyed. 66% of students who drank alcohol consumed it once or less monthly, whereas 6% drank twice or more weekly. 35% of the adults consumed alcohol once or less monthly and 25% drank twice or more weekly. The alcoholic beverage of choice for 53% of students was wine, for 55% of the adults beer.<sup>9</sup>

From a 1995-1996 household survey of 409 respondents, age group 15-24 years, 70.7% had consumed alcohol. The reasons given were fun, enjoyment, and partying (67.9%), relaxation and to forget (7.1%) and no particular reason (12.5%).<sup>10</sup>

The 1996 Pan American Health Organization (PAHO) Adolescent Health Survey of 1255 primary and secondary students indicated that alcohol was the most used substance (48%) whilst 10% smoked cigarettes and a very small percentage of adolescents reported the habitual use of alcohol and marijuana. “With respect to age categories, middle adolescents [15-16 years] appeared to have had experimental or habitual use of cigarettes, inhalants, liquor and marijuana.”<sup>11</sup>

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<sup>2</sup> Grenada Drug Information Network (GREN DIN) Report, January 2003, Drug Control Secretariat, Ministry of Education and the Environment.

<sup>3</sup> *Ibid.*, p. 3.

<sup>4</sup> *Ibid.*, pp. 19-20.

<sup>5</sup> *Ibid.*, p. 3.

<sup>6</sup> *Ibid.*

<sup>7</sup> Drug Control Secretariat, Ministry of Education and the Environment, March 2003.

<sup>8</sup> *Ibid.* April 22, 2003.

<sup>9</sup> GREN DIN Report 2003, *op. cit.*, p. 13.

<sup>10</sup> *Ibid.*, p. 13.

<sup>11</sup> *Ibid.*, p. 14.

In “the study “Evaluation of Psychoactive Substance Use Among 14-20 Year Old Adolescents in Secondary Schools in Grenada and Analysis of Selected Influencing Factors in Urban-Rural Comparison 2000-2001”, a comparison between schools of urban and rural locations was conducted, prevalence rates were contrasted and variables determined regarding age and gender as influencing factors for consumption, as well as the influence of socio-economic and demographic factors in the context of family structure, social setting, school and peer influences, and health awareness.

Alcohol proved to be the drug of first choice for young people. The lifetime prevalence of the overall population was found to be 87.7% for male and 70% for female students. For the lifetime prevalence of marijuana, 19.1% of the boys and 9.3% of the girls reported consumption at some point in their lifetime. The lifetime prevalence of tobacco smoking for the sample population was 26.9% for male and 17.5% for female students. Gender-specific comparison for urban and rural sub-populations for the 12-month period showed a risk for alcohol consumption for girls that was statistically significantly lower (or 0.6 urban/0.4 rural) and for marijuana consumption a lower risk (or 0.4) for females in the rural sub-population. Female students in the urban sub-population were considerably more at risk than the females in the rural group (or 1.6) for alcohol consumption and were introduced to all substances for the first time at a lower age than the rural female students. Concerning the consumption behavior for other substances male students showed no other significant regional variation, although an earlier age of onset was reported in the urban group. For both genders the lifetime prevalence for cigarette smoking showed a significantly higher risk in the sub-population (or 1.6 males/or 1.7 females).

The statistically significant predictor in the phase of experimental consumption of psychoactive substances among the socio-economic and demographic aspects and also age – specific factors was the amount of money available per day, with more available money increasing the risk. Professional qualifications of both parents and a two-parent-household were evaluated as protective factors. Special risks for the consumption of marijuana were found for male (or 2.1) and female students (or 4.4) in the urban sub-population from single-parent household. Parental consumption of alcohol and first contact of alcohol through the family showed a highly-significant risk-increasing influence on the student’s consumption. Having peers who consume alcohol and drugs and being introduced to illegal drugs by friends were significant predictors for consumption of substances, along with curiosity, the desire to be accepted, and religious motives. There was a high degree of acceptance for medical intervention in the event that problems arise as a result of consuming psychoactive substances. Across cultures in industrial and threshold countries, predictors of consumption of psychoactive substances by adolescents in the phase of experimental consumption are to be found in the family setting and in peer group influence. Further evaluations are necessary which also include risk groups such as school drop-outs, in order to analyse trends and to develop and implement differentiated prevention programmes. In conclusion effective approaches at the prevent level must be pro-active and family-oriented, and must take account of the specific conditions of the situation of the individual. Medical specialists should be integrated in an effort to raise the awareness of young people about health risks associated with the consumption of psychoactive substances.”<sup>12</sup>

A survey was conducted by Peter Drago (1999)<sup>13</sup> with a total of 434 students from primary, secondary, technical, college and university of sexual behavior and attitudes towards HIV/AIDS in Grenada. The findings revealed that 326 (75.1%) respondents had engaged in sexual intercourse. Drago (1999) stated:

*“teenagers were the most vulnerable age group for infection”<sup>14</sup>. He further reported that “most Grenadians have their first sexual encounter in their mid to late teenage years. Males tend to report an earlier age than females. Most of the sexually active participants practice birth*

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<sup>12</sup> *Ibid.*, pp. 14-15.

<sup>13</sup> Peter Drago, Report of a knowledge, attitude and practices survey on sexual behavior and HIV/AIDS in Grenada, (Grenada, 1999), pp. 10, 46.

<sup>14</sup> *Ibid.*, p. 46.

*control none of the time or some of the time. The most common devices used for birth control are condoms, the withdrawal method or no condom use at all. The most frequent reason for not always using birth control devices was fear of the side effects from using them. Condom use was reported to be practiced by most of the participants some of the time. The most common excuses for not using condoms were "too uncomfortable," "not 100% safe" and "not having them at the time of a sexual encounter." The most popular reasons for not engaging in sexual activity were wanting to wait until married and wanting to wait until older. The majority of the respondents reported having received some information on HIV/AIDS. Most indicated there is a need for more education to prevent new cases of infection as well as more information to take care of those already infected.*"<sup>15</sup>

#### *Teenage pregnancy and sexually transmitted diseases (STDs)*

Grenada's record of total births in the year 2000 revealed that 17% (308) were of teenage motherhood, a 1-2% increase from 1988-1999.<sup>16</sup>

The Grenada HIV surveillance reported a total of 223 cases (143 males and 80 females) of HIV since the beginning of the epidemic 1984-2002. A total of 34 HIV positive cases were recorded for age group 15-24 years (13 males and 21 females) and 7 (3 males and 4 females) cases between 0-4 years old. There were no cases recorded for age group 5-14 years. 1993 and 1995 recorded the highest new cases of 23 each with an increase of 2 for the total male population. For the year 2001, 15 new cases were recorded.<sup>17</sup>

The AIDS surveillance reported a total of 129 AIDS cases (95 males and 34 females) since the beginning of the epidemic – 6 were between ages 0-4 years (2 males and 4 females) and 13 (5 males and 8 females) between ages 15-24 years. None were recorded from 5-14 years. In 2000 and 2001, there were 5 new cases recorded each year.<sup>18</sup> From 1984-2001, there were 106 recorded AIDS related deaths (79 males and 27 females) – 4 (1 males and 3 females) from 0-4 years, none between 5-14 years and 11 (7 males and 4 females) between 15-24 years.<sup>19</sup>

#### *Conclusion*

Given the above, it becomes apparent that up to the present time no study has been undertaken to examine the relationship between drug use and abuse and HIV/AIDS in Grenada. The present study therefore had the main objective examining this relationship and identifying and improving interventions that target drug use and HIV/AIDS.

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<sup>15</sup> *Ibid.*

<sup>16</sup> Epidemiology Unit, Ministry of Health and the Environment, Grenada

<sup>17</sup> *Ibid.* HIV Surveillance in Grenada, April 26, 2002.

<sup>18</sup> *Ibid.* AIDS Surveillance in Grenada, November 26, 2001.

<sup>19</sup> *Ibid.* AIDS Related Deaths in Grenada, November 26, 2001.

## **2. Background of the Study**

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Drugs use and HIV/AIDS transmission are major concerns affecting youth in the Caribbean. There is some evidence of a correlation between drug use and risky sexual behaviors leading to HIV/AIDS infection. Such links are associated with lifestyles adopted by young people. In Grenada, risky behaviors such as early sexual experience, multiple partners and drug use remain problematic. A major problem affecting the youth is the lack of information or the misconceptions related to these issues. Methods used to transmit preventive messages are viewed as inadequate and do not have the desired impact on youth. The United Nations Office on Drugs and Crime (UNODC) in collaboration with the AIDS Secretariat in Grenada launched the Youth-Centred Drug Abuse and HIV/AIDS Prevention in Grenada Project in 2002 that includes the implementation of research to better understand the relationship between drug use and HIV/AIDS in Grenada. The present report constitutes the findings of this particular research. The results will be utilized to provide proper information to youth and to develop a peer education programme and alternative activities under the umbrella of the 2-year project. These activities will not only provide life-skills training to youth but also aim to empower them by ensuring their participation in the planning, implementation and organization of these activities. A Youth Forum will also be established to facilitate the exchange of information, to discuss issues and problems affecting youth and to identify possible solutions.

### **2.1 Objectives**

The study underscored the following objectives:

1. Gain an understanding of the perception of youth of the link between drug use and HIV/AIDS.
2. Study and identify risky behavior among youth as it relates to drug use and HIV/AIDS.
3. Identify and assess current interventions geared towards the reduction and eradication of substance abuse and HIV/AIDS.
4. Provide an analysis of risky behavior among youth as it relates to drug use and HIV/AIDS (i.e. sexual behavior).
5. Study youth views of the current intervention programmes.
6. Conduct a needs assessment among youth in relation to prevention strategies and make effective recommendations for implementation of programmes to promote positive youth attitudes and behavior.

### **2.2 Operational Definitions**

For the purpose of this study the following definitions were used:

Out of school - school dropouts or persons who have failed to complete their formal education or secondary schooling and are predominantly of the lower socio-economic sector.

Youth at risk:

- Persons who have failed to complete formal education.
- Unattached.<sup>20</sup>
- Lacking parental guidance.
- Predominantly from the lower socio-economic sector
- Males on the block / teenage mothers.
- In school but possess similar characteristics to out of school youth.

Risky behavior - The practice of engaging in sexual behavior without condom protection and the drug use and abuse.

Drugs - Illicit drugs – marijuana, cocaine, crack cocaine, heroin, hallucinogens, LSD, methamphetamines, ecstasy; and legal drugs – alcohol, nicotine, hemp, and pharmaceuticals that are abused.

HIV/AIDS - Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome

Sexually transmitted /infectious diseases - Diseases acquired through sexual contact such as Chlamydia, trichomoniasis, gonorrhoea, syphilis, HIV/AIDS.

Youth - Persons from age 1 – 24 years.

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<sup>20</sup> Unattached is defined as not belonging to any structured organization or family system.

### **3. Methodology**

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The qualitative research approach was utilized incorporating relevant existing information with primary data collected principally through focus group discussions, as well as key informant interviews. This approach was used to provide a richer understanding of the perceived behavioral pattern and social meaning as it relates to drug use and HIV/AIDS within the social context and it was anticipated that this methodology would also give a better grasp of the concept of the subject matter.

#### **3.1 Focus Groups**

Focus group discussion was the method utilized to get the society's understanding of drug use and HIV/AIDS and its related themes from the perspective of young persons.

Ten focus group discussions were conducted to achieve the underlying objectives as they relate to the link between drug use and HIV/AIDS among the youth. The target group consisted of in school and out of school males and females between the ages of 14 and 24 years. Participants were selected from primary and secondary schools, technical/vocational institutions, college and university, probationary services, as well as urban, suburban and rural areas, including ghetto or grass-root communities. Eight participants were identified and selected to participate in each focus group discussion.

#### *Objectives of Focus Groups*

- ❑ To obtain an insight into youth's perception of the link between drug use and HIV/AIDS.
- ❑ To get an understanding of the pattern and type of drug usage and sexual behavior/activity among the youth.
- ❑ Study youth views of current intervention programmes and conduct a needs assessment among youth to make effective recommendations, which will influence positive behavior among youth and thereby reduce youth risky behavior.

The following themes made up the research list:

- ❑ Drug use and perceptions.
- ❑ Knowledge about HIV/AIDS – myths and perceptions.
- ❑ Perception of linkage between drug use and HIV/AIDS.
- ❑ Risky sexual behavior.
- ❑ Perception of prevention programmes on HIV/AIDS and drug use and abuse.

### *Selection Criteria*

The selection criteria were as follows:

#### Youth in school

- ❑ Males and females between age of 14 and 24 years.
- ❑ High and low achievers.
- ❑ A mixture of persons from rural and urban communities.
- ❑ Not necessarily best behaved, obedient and well-mannered students as is often promoted by teachers and principals
- ❑ Persons who may be considered to have used substances and/or may have demonstrated risky behavior and/or possible negative attitudes.

#### Out of school youth or at risk youth

- ❑ Males and females between age of 14 and 24 years.
- ❑ A mixture of persons from rural and urban communities.
- ❑ Persons with different socio-economic backgrounds.
- ❑ Persons who may be considered to have used substances and/or may have demonstrated risky behavior.
- ❑ Males on the blocks and adolescent parents.

### *Selection*

Selections were made based upon the criteria submitted to the relevant institutions and contact persons. Focus group participants were selected from primary and secondary schools, college and university, probationary services, technical/vocational institutions, rural, urban and suburban communities, and ghetto areas. (See Appendix A1 for of focus group tables)

### *Location & Setting*

The group discussions were held at conference rooms, institutional libraries and classrooms, at times that allowed for privacy and confidentiality, and sought to minimize distractions.

The focus group settings were informal. The moderator formed part of group setting and sought to foster discussion, minimize tension and observe participants who were non-responsive. The circular format was used to allow all participants to be visible to the moderator. An observer was also present at discussions to provide additional assistance to the researcher pertinent to the transcription and data analysis.

### *Equipment*

An effective mini-recorder was utilized and was placed in what was considered the best-fit location to optimize the recording of the entire discussion.

### *Pilot Study*

A pilot study was conducted with a group of 10 females between the ages of 17-20, which helped test the understanding of the questions. This proved beneficial, as some questions required rephrasing for the full understanding of every participant, given their varying backgrounds. However, due to the diversity of groups (age and education level), such modifications were made by moderator during the focus group discussions.

### *Questions*

Pre-designed semi-structured questions helped to guide the focus group discussions. These questions covered themes and sought to achieve the underlying objectives and purpose of the focus groups. (See Appendix B1)

At the end of each focus group discussion, participants completed a short questionnaire. (See Appendix C) This method provided researcher with further relevant information for analysis. The questionnaire covered the following:

- Age
- Gender
- Highest level of education
- Economic situation of the family
- Living conditions
- Lifetime use of any illicit drug
- Lifetime unprotected sexual behavior
- Lifetime sexual behavior under the influence of drugs (licit and illicit)

### **3.2 Secondary Data Collection**

Secondary data collection was used to identify similarities or differences in the primary information obtained. National statistical data was collected from respective agencies/institutions responsible for drug-related and HIV/AIDS incidences, such as the police, treatment centers and epidemiological units. Existing reports, studies and articles of previous works primarily on drug use and HIV/AIDS were all sources of secondary data collection.

### **3.3 Key Informant Interviews**

Key informants and relevant stakeholders were interviewed to help to give a theoretical as well as practical insight into the study topic. Their contributions were assumed to have a professional basis. Interventions cannot be done in isolation and through their practices the researcher was better able to assess intervention practices and strategies. See Appendix A2 for list of key informants.

Semi-structured instruments (See Appendix B2) obtained the following themes:

- Perception and behavior of youth and adults in communities.
- Drug of choice, sexually transmitted diseases (STD) and groups most susceptible.
- Implications of risky sexual behavior and drug use.
- Drug use and abuse and HIV/AIDS prevention programmes and their effectiveness.

### **3.4 Observation**

The semi-participant observation approach was utilized within the two community settings in keeping with the target population – youth on blocks and youth within perceived ghetto localities.

Use of observation helped the researcher obtain a clearer picture as to some of the realities, which occurred on the blocks and in ghetto areas where unattached at-risk youth tended to congregate.



### **3.5 Analysis**

Descriptive analysis was utilized to summarize the data provided by participants. Content analysis was utilized to determine the frequency of topics being discussed and also sought to identify and to establish the relative importance of the repeated theme by focus groups.

Data obtained from the questionnaires was analyzed by the use of Statistical Package for the Social Sciences (SPSS) to obtain simple frequency tests to assess the range of data. Responses have been tabulated and expressed graphically to analyze and present data.

### **3.6 Limitations of the Study**

The following limitations were identified within the undertaking of the study:

1. There were a few absentees for most focus group discussions. This was largely a result of the timeframe of the study in the case of in school youth, particularly given end of term examinations and graduation preparations, as well as the busy festive season.
2. Recruiting out of school youth proved challenging since these young persons seem not too keen on participating in such a project, particularly the male participants. Attracting participants from organized institutions, for example the Programme for Adolescent Mothers (PAM) proved more effective. Nonetheless, the youth who participated in the focus group discussions were very open in expressing their views on the issues of drugs and HIV/AIDS.
3. The questionnaire was not tested prior to administering it to focus group participants since in the research consultant's perspective the questionnaire was comprehensible. It appeared that there were some slight problems among some youth in understanding the questionnaire, particularly those considered as out of school youth who were unable to read. It also appeared that the tabulated and/or series questions demanded greater concentration and understanding by the out of school youths.
4. Though there were slight difficulties in the recording of participants' responses, the recordings were relatively audible and provided substantial information for analysis.
5. The presentation of the transcribed data and the lack of clarity in specific respondents verbalizing their individual points made it impossible for researcher to determine the frequency of topics discussed at each focus group session.
6. No existing data was obtained from hospitals, health centres and rehabilitation clinics to outline the correlation between teenage pregnancy, drug use and HIV/AIDS cases. Further, secondary data from rehabilitation treatment centres does not reveal whether patients were of Grenadian nationality. This would have helped to give greater quality to the research process, given that the major aspect of the study focused on HIV/AIDS and drug abuse.

## 4. Findings

### 4.1 Self-administered questionnaire

Prior to the presentation of findings of the focus group discussions, an examination of the questionnaire data will provide reader with an overview of the educational, social and demographic characteristics of focus group participants as well as an insight into their risky drug and sexual behaviors.

A total of 73 young persons participated in the 10 focus group discussions. There were 34 (46.6%) male and 39 (53.4%) female participants between the age group 14-24 years, with a mode of 16years. There was an equal representation of in school (37 or 50.7%) and out of school (36 or 49.3%) youth.

**Figure 1: Bar chart depicting percentage of participants in the various age groups**

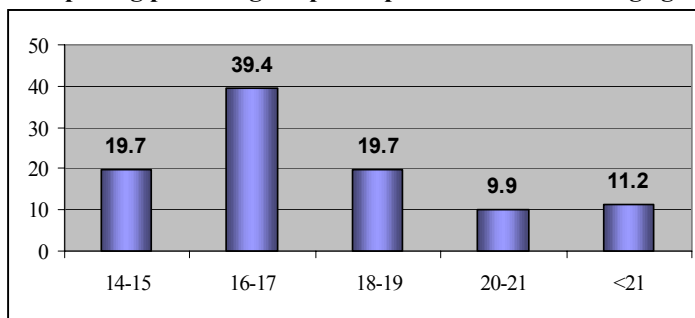


Table 1 below indicates that of the 72 respondents, the majority of in school youth were currently attending college level education and 61.1% of out of school youth were currently attached to a vocational/technical type educational institution. Further analysis of the questionnaire data revealed that of 14 out of school youth indicated in Table 1, 10 were unattached males (8 of age group 14-16 years and 2 22-23 years), 7 had never attended secondary school (though 1 completed vocational/technical schooling) and 3 were high school dropouts. 8 of these out of school males were unemployed and 2 worked part-time. The 4 out of school females were between 21-24 years. Though 3 were unemployed and 1 worked fulltime, 2 of these out of school females had completed secondary school education of which 1 had also completed higher education, and the other 2 had either completed primary and/or vocational/technical education.

**Table 1: Types of educational institutions participants are currently attending**

Educational Institution	Frequency	Percentage
Primary school	4	5.6
Secondary school	9	12.5
Vocational/Technical	22	30.6
College	22	30.6
University	1	1.4
Out of school	14	19.4
<b>Total</b>	<b>72</b>	

The questionnaire also revealed that among 70 respondents, only 5 (7.1%) held fulltime part-time employment respectively, whilst 12 (17.1%) were unemployed and 48 (68.6%) were students.

17 (24.6%) respondents indicated that their parents were married, 1 (1.4%) stated that the parents were divorced, 27 (39.1%) separated, 3 (4.3%) widowed, 13 (18.8%) living together, and 8 (11.6%) stated that they did not know the marital status of their parents.

It was reported that only 19 (26.8%) respondents were living in a household with both biological parents. 19 (26.8%) lived with their single mother and only 4 (5.6%) lived with their single father; 11 (15.5%) resided with their mother and stepfather, 2 (2.8%) with father and stepmother, and 4 (5.6%) and 7 (9.9%) lived with their grandmother and other relative respectively. The remaining 5 either lived alone, with a lover/spouse or friend.

Table 2 indicates that 37 (52.9%) respondents dwelt in a household with under 6 persons, a total of 26 (37%) respondents lived with 6-9 persons, and 7 (10.1%) had at least 10 persons living in one household.

Additionally, Table 2 below indicates that within these households, more than 1/3 or 22 (34.5%) respondents dwelt in a household with 4 or more dependents.

A total number of 52 (81.3%) respondents indicated that they had no children whilst 10 (15.6%) had 1 child only and 2 (3.1%) had 2 children.

In describing the economic situation of their family, 8 (11.6%) and 4 (5.8%) respondents indicated that it was very bad and bad respectively, whilst 21 (30.4%) respondents described it as moderately good, 24 (34.8) and 12 (17.4) indicated that it was good and very good respectively.

**Table 2: Number of persons in household and number of minors and/or dependents living in household**

Number of persons in household	Frequency	Percent	Number of minors/dependents living in household	Frequency	Percent
2	3	4.3	0	5	7.8
3	10	14.3	1	12	18.8
4	9	12.9	2	16	25.0
5	15	21.4	3	9	14.1
6	12	17.1	4	9	14.1
7	5	7.1	5	5	7.8
8	8	11.4	6	5	7.8
9	1	1.4	7	1	1.6
10	3	4.3	8	1	1.6
12	2	2.9	9	1	1.6
13	2	2.9			
<b>Total</b>	<b>70</b>	<b>100.0</b>		<b>64</b>	<b>100.0</b>
Non responses	3			9	

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The following table (Table 3) is an opinionated depiction of participants' perception of the harmfulness of risky behavior. The table indicates that across all types of risky behaviors listed, the majority of respondents rated them as being very harmful. In reference to drug use, more respondents (80.6%) viewed the consumption of cocaine / crack cocaine as being very harmful as compared to 68.7% for the consumption of marijuana and an even lower 58.0% for the frequent consumption of alcohol. It must be further noted that 6 (9.0%) indicated that smoking/using marijuana was not at all harmful. Only 73.5% viewed the combination of drugs for consumption as being very harmful and 8 or 11.8% indicated that such activity was only slightly harmful.

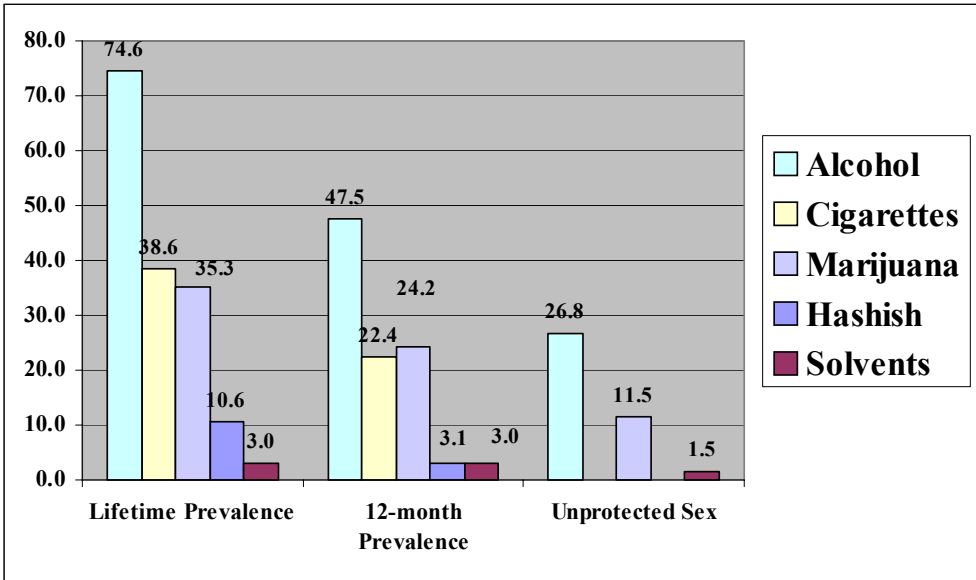
When reviewing respondents' perception as to risky sexual activity, 84.8% were of the opinion that multiple sex partnering was very harmful whilst only 79.4% indicated that unprotected sexual activity was very harmful. Further, 87.5% of the respondents indicated that sex under the influence of drugs was very harmful and an even higher percentage (89.7%) was of the view that unprotected sex under the influence of drugs was very harmful.

**Table 3: Degree of harmfulness as perceived by focus group participants (%)**

	Not harmful	Slightly harmful	Very harmful	Do not know	Total
Frequently drinking alcohol	5	17	40	7	69
Smoking/using marijuana	6	11	46	4	64
Taking/using cocaine/crack cocaine	3	6	54	4	67
Combining illegal and legal drugs	3	8	50	7	68
Having multiple sex partners	3	4	56	3	66
Having sex under the influence of drugs	1	4	56	3	64
Having unprotected sex	1	10	54	3	68
Having unprotected sex under the influence of drugs	2	1	61	4	68

Figure 2 shows that quite a large percentage of participants had consumed drugs in their lifetime and at least 35% had consumed an illegal drug in their lifetime. Approximately 75% of respondents have consumed alcohol in their lifetime, and almost 50% have consumed alcohol in the last 12-month period. An astounding 26.8% of respondents have consumed alcohol and engaged in unprotected sex, with 11.5% smoking marijuana and engaging in unprotected sexual activity. No participant of all focus group discussions reported personal usage of cocaine and/or crack cocaine.

**Figure 2: Lifetime and last 12-month drug usage of participants and the engaging of unprotected sex under the influence of drugs in percentages.**



Alcohol was the first drug consumed by respondents with a total number of 8 (17.7%) reporting having consumed alcohol by age 5; more than 50% had consumed alcohol by the time they became teenagers and at least 95.6% had consumed alcohol by the age of 18 or adulthood.

Respondents indicated an average age of 5 for first use of cigarettes and as early as age 1 for marijuana. However, the general reported age for first use among respondents was 10 years for cigarettes and 8 years for marijuana.

From Figure 3 below, 45 (64.3%) of the total respondents indicated that they had engaged in unprotected sex in their lifetime while 25 (35.7%) reported that they had never had unprotected sex implying that they had always used a condom during sex or that they had never had sex in their lifetime.

From the line graph, 15 (21.1%) reported that they had not used a condom while having sex under the influence of drugs.

Of the respondents who had engaged in unprotected sex, 1/3 had not used a condom.

**Figure 3: Line graph depicting risky sexual behavior of participants (n)**

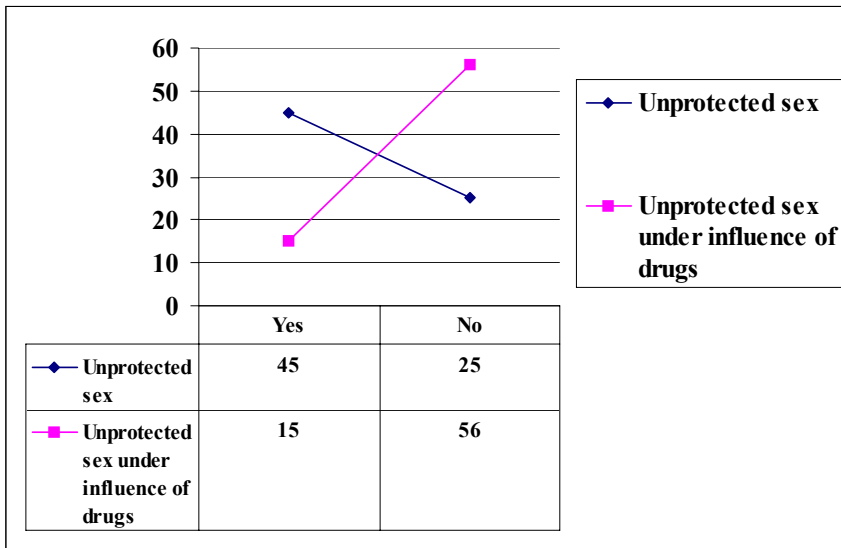
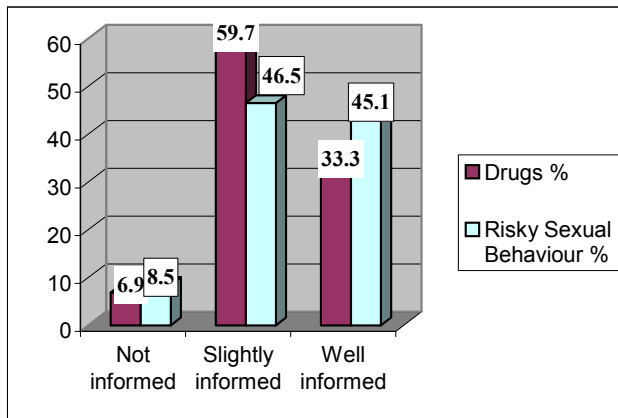


Figure 4 indicates that at least 93% of respondents believed that they had some knowledge as to the consequences of drug use. Nonetheless, only 24 (33.3%) indicated that they felt well informed as to the consequences of drug use. Comparatively, the bar graph indicates that more respondents (45.1%) felt they were more knowledgeable and well informed as to the consequences of risky sexual behavior.

**Figure 4: Bar graph depicting perceived consequences of risky behavior by participants.**



Respondents indicated that their main source of information on drugs and HIV/AIDS was the school / educational institutions. Other significant main sources of information included the television / Internet and one's own experience.

**Figure 5: Pie Chart depicting percentage of participants' main source of information on drugs and HIV/AIDS.**

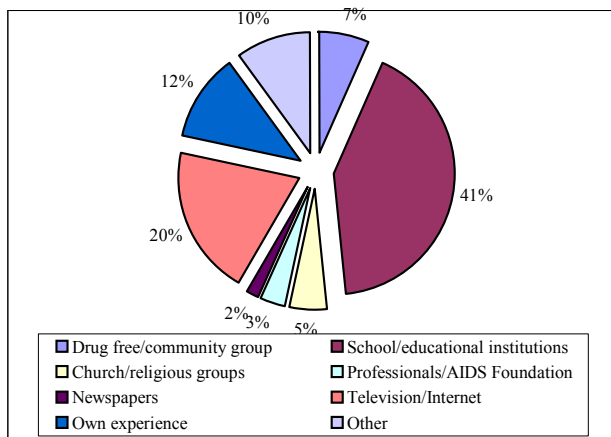
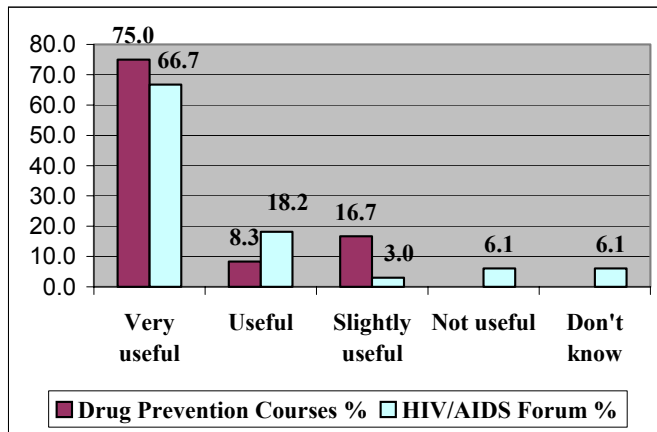


Figure 6 indicates that at least 21 (30%) respondents indicated that they had taken drug prevention courses whilst 32 (47.1%) had attended HIV/AIDS forums / discussions. Of those who had taken drug prevention courses all stated that the courses were somewhat useful; and at least 10 had attended 2 drug prevention courses. Of respondents who had attended HIV/AIDS forum, 22 indicated that these discussions were very useful and 7 indicated they were somewhat useful; 6 had attended at least 2 discussions and 3 had attended at least 4 discussions.

**Figure 6: Bar graph depicting the ratings (%) of prevention forums by participants.**



#### 4.2 Focus Group Discussions

The following summarizes the responses of the 10 focus group discussions:

##### *Defining the term “drug”*

The term “drug” was generally defined by participants as being any substance that when taken into the body modifies the manner in which the body works. Drugs were perceived by some youth as harmful to the body and health, and also addictive.

*“When I hear the word drug, I think of something that people use that is not healthy to our body, anybody and if we abuse it can cause a negative effect on us. Once it is harmful to the body and we know it can deteriorate our body, then it’s a drug. I also think it affects your body and mind. It mash up your brain. It’s a mood altering chemical; alters the way you think.”* [females and males, 14-16, in and out of school and 20-24 in school]

On the other hand, other participants indicated that some drugs such as pharmaceuticals were useful and it was the abuse of drugs that was dangerous. Still some participants defined a drug as something that positively stimulated the mind into a state of meditation and relaxation.

*“Something somebody take to feel nice and relax their mind; to refresh your memories, take it to be cool and revise. The drug let out the real person in you.”* [females 14-16 and mixed 20-24, out of school]

Participants identified the following drugs that were used in Grenada – marijuana, cocaine, crack cocaine, heroin, alcohol, tobacco, and hemp. They also pointed out that other local herbs such as black sage and rosemary were also smoked.

It was noted that the majority of participants were able to differentiate legal (*alcohol, cigarettes and over the counter drugs / pharmaceuticals only for medicinal value*) and illegal drugs (*marijuana, cocaine, heroin*). However, a few participants expressed belief that such substances like alcohol, cigarette and medicine were illegal drugs.

It was further noted that in four focus groups, alcohol was not mentioned as a drug and was subsequently introduced into the discussion by the moderator.

In two focus groups it was stated that alcohol was not a drug, the reason given was that alcohol was generally accepted, widely consumed and had little effect on the body.

*“I personally do not believe alcohol is a drug; because it is accepted by society. Because right now Christmas coming up. Carnival they will excuse you for drinking because of the time – it’s the culture of society. Alcohol also carry a certain amount of prestige. Because it make me feel nice.”* [males and females, 17-24, in and out of school]

It was also observed that a small contingent indicated that some drugs such as alcohol and marijuana were good drugs since they had medicinal value, but that it was the abuse of these drugs that was bad.

*“For the weed, most time I smoke weed I go just sit down calm and chill out me self and wait for the healing of the nation. Weed is a good thing you know. E everybody looking at weed as a bad thing. Weed is a good thing, like it could help asthmas, you could boil it and drink i., Is how you use the drugs; ...but the root of the ganja tree is good for the cold and other things.”* [males, 17-19, out of school]

### *Effects of drugs on behavior*

It was generally stated that there was a tendency for persons who consumed high levels of alcohol to become violent, lose control of their motor skills and experience short-term memory loss and impaired judgment.

Marijuana was generally perceived as bringing about a sense of tranquility, relaxation and meditation. Youths said that visible signs of use included laughter, red eyes and dim vision, darkened lips from heavy smoking, and short-term memory loss and impaired judgment.

*“When you smoke weed, you just cool, real humble. You get high. They talk a whole pack of stupidity; you laughing, your eyes get red and you seeing little balls and dim. After a while you don’t know yourself, like your mind making you see and do things, because is really the mind that been taken control of.”* [males and females, 14-19, in and out of school]

When compared to alcohol, it was reported that under the influence of marijuana one had more self-control not to engage in violence. However, it was further indicated that if one desired to become violent, the consumption of marijuana would certainly assist in that behavior.

*“As we said when you use drugs you gone. You don’t know yourself, you away, so ah guess as much you don’t know what you are doing, you high. Your mind is no longer in control so you do things you did not want to do.”* [females and males, 14-16, in school]

Cocaine was indicated as being highly addictive, even from the very first usage, and as a result persons who were addicted to cocaine had a tendency to engage in criminal acts to get money to purchase the drug.

### *Pattern of drug use among youth*

Participants indicated that young people in Grenada consumed alcohol, tobacco, marijuana, hemp, cocaine, crack cocaine and heroin. Although alcohol was reported as commonly used among youth, there was a general consensus that marijuana was the drug of choice for young persons age 14 and upwards in Grenada.

*“The weed, we smoke it. All of us smoke weed here. Marijuana is one of the most commonly used ones. Yes there are lots of drug use among the youth especially*



*marijuana. Youth use marijuana. The two most commonly used drugs is marijuana and alcohol.* [males and females, 14-24, in and out of school]

Cocaine was reported as a new drug amongst young adults. Participants indicated that cocaine was a hard-core drug generally used by older persons and those more mature in their drug usage. Cocaine was perceived as a highly addictive substance and was therefore avoided by young persons. It was further stated that very few persons in Grenada used heroin.

### *Combining drugs*

The findings indicated that out-of-school boys 14-16 years were combining hemp with marijuana to obtain a different experience. They further stated that hemp and weed were good because they are herbs.

*“When you smoke the hemp and the weed together you get a different vibes, a meditation. Weed is a good thing the hemp and thing is good thing. And ah really can’t stop smoke weed because weed is life; weed is a medicine.”* [males, 14-16, out of school]

### *Age and accessibility*

Participants reported early drug use based on age group:

#### *Alcohol*

Alcohol was perceived as the drug of choice based on its consumption by children under the age of 12, even as young as the toddler stage. When asked at what age young people used alcohol, one participant stated:

*“Once you could walk and you could drink.”* [males, 14-16, in school]

Participants stated that children had access to alcohol through parents and family members and that youth had greater access to alcohol because it was always available at home.

They further stated that in most instances parents and family members encouraged alcohol use among young people particularly during the festive seasons like Christmas and carnival. Some participants expressed disapproval of parents giving babies and toddlers alcohol to sip. Parents and adults were perceived as poor role models since they themselves consumed the substance in the presence of young people and therefore could not expect their children not to imitate their actions.

*“It is a double standard. The adult around set a double standard; they would tell you don’t drink and when you look at them and they are drinking more than ever, so therefore you think why should they tell me not to drink when they are drinking. So why shouldn’t I follow them.”* [males and females, 20-24, in school]

Participants especially pointed out the ease which minors were able to purchase alcohol from shops within the communities, but that it was more difficult to obtain in supermarkets. Nonetheless, they did indicate that contrary to the law, some minors were able to purchase alcohol from supermarket during the busy Christmas season. It was further reported that young people gained additional access to alcohol through peers who carried it to school in their ‘juice box’, usually at the end of the academic year.

#### *Marijuana*

Participants reported that young people generally used marijuana in their early teenage years. However, it was stated that boys as early as 8 years were using marijuana but it was in the minority and that age group was not aware of their actions and were more likely just following the crowd or

trying to fit in. It was further reported that those young boys began their habit by substituting marijuana with bluggo leaf and cement bag, and exercise book and rosemary leaves.

*“Yea, because when dey done with the bluggo leaf and the cement bag ...like when we use to go and cook by the river they use to walk with their exercise, I use to walk with rosemary ... and they fold it up just like marijuana; so at 9, 10.”* [males, 14-16, in school]

It was also reported that marijuana was given to children to make them sleep or to stop them from crying and to calm them down.

*“My brother-in-law when he want he little daughter to sleep, he smoking weed. When she was some months he just smoke the weed and blowing the smoke in her mouth let she swallow it and her eyes getting real red and she sleeping.”* [females, 14-16, out of school]

Participants reported that quite a number of persons including young people cultivated marijuana, even in their backyards and that they are able to reap a large harvest. Marijuana has therefore fast become one of the cheapest drugs and easily accessible to young people. Further, participants stated that young persons were also able to purchase marijuana from shops within the communities without any difficulty.

*“In my area, mostly all the guys have weed trees so if I want I could just go and ask them and they go give me. Because it is more cheaper to get and it is not really scarce. It have a lot in it so they finding that anywhere, you can just plant it and it have a lot. They buy it from shops and some buy it from more drug pushers and more ordinary people.”* [males and females, 17-19, out of school]

It was reported that in the secondary level more young persons became exposed to marijuana since secondary school afforded greater interaction with persons from various communities in contrast to those at the primary school level where generally students would have been from the same community. Participants gave information that at the secondary school there was an increase in negative peer pressure, which resulted in increased stress and the tendency towards risky behavior. It was further noted that during early teenage years young people felt that they were grown and independent and therefore had the tendency to engage in what is perceived as adult behavior.

Similarly as was with alcohol, it was stated that parents who used marijuana influenced its usage among their young children and would provide it to them. Also, children reused the marijuana stubs thrown away by their parents and older persons.

*“They get it from their parents – so me mother use to burn them (weed). Yea, the family have a lot to play in it too because most times... they would tell you to light up for them and then sometimes you self want to try it.”* [males, 14-16, in school and females, 14-16, out of school]

### *Cocaine*

Unlike alcohol and marijuana, cocaine was reported to be very expensive and was therefore not easily accessible by many young persons. It appeared that young persons were quite aware of the highly addictive nature of cocaine and therefore had very little interest in consuming this drug. Participants indicated that cocaine was used by a minority of young persons 19 years and older.

### *Places of use*

From much of the discourse, it appears that favorite places for the consumption of drugs were at parties, weekend street jams, at festivities such as Christmas and carnival, and also when socializing on the block with friends.

Alcohol was perceived as the ‘fun’ drug and was mostly consumed on Saturdays (particularly in Grenville), during Christmas and Ole Year’s night, and even more so at carnival in comparison to marijuana that was more consumed on the block, with friends, and in the ghetto. Some identified home as the place of use while others indicated there was no special time or place for using marijuana.

*“Yes, I take alcohol because we just have it home.”* [males, 17-19, out of school]

### *Characteristics of youth using drugs*

Participants indicated that there were no distinguishing characteristics of persons who used or consumed drugs. The rich and the poor, the well educated and uneducated, those who wore fancy clothing and held ‘great jobs’ were all perceived as using drugs.

*“I’ve been to houses where kids is so rich their father have house in every country and you would shock to know that they do a lot of weed and they have everything you can ever imagine. Well everybody, all the classes. No, we cannot say it is from poor people or unfortunate people because prestige people do it to, and is like everybody doing it.”*  
[males and females, 17-24, in and out of school]

Poor persons were identified as being generally perceived by society as the group who used drugs only because they are seen using and selling drugs on the streets within communities.

*“Because them that does be on the street... and they does go and sell drugs, and we poor people dressing up old and thing...because they letting down we standard.”* [females, 14-16, out of school]

### *The “blind set”*

It was also indicated in two focus groups that there was a group referred to as the “blind set” – young persons who did not engage in the use of drugs or submit to the negative influences of their peers and gangs of which they were a part; they were somehow able to resist these negative influences. When asked about the characteristics of the “blind set”, the participants stated:

*“I think that they may be have good thing for the future, and probably they are educated about the negative aspect of society, and maybe they can analyze their own problem and look after their problem.”* [males, 14-16, in school]

It was further suggested that the “blind set” may be members of religious groups that may teach and help them resist the temptations of negative behavior.

### *Reasons for Drug Use*

Participants identified the following as the causes for youth using drugs. These motivating forces have been presented in the order of frequency as indicated by groups.

#### *To relieve stress*

In all ten focus group discussions, it was reported that young persons used drugs to relieve stress.

*“But that (cigarettes) is the first thing young people does turn to when you stress out. We smoking we thing when we get stressed out.”* [females, 14-16, out of school]

Participants indicated that young people used drugs as a form of escape from emotional problems. These emotional problems were identified as family / home issues (conflicts with parents, step-parents and relatives; family health concerns, care-taking), peer pressure, boy/girlfriend issues, and difficulties arising from coping with the demands of schoolwork.

*“You had a bad day at home and you go out and you want to cool down your mind, so you take a smoke of marijuana. Sometimes you get disappointed by a girl so you take it on and then you start to drink alcohol first, then you take a smoke of marijuana after and then you end up in cocaine.”* [males and females, 20-24, out of school]

It was further reported by most groups that poor parent-child relationships (a result of the generation gap, pressure from parents, and parents’ actions and expectations of their children) and the perceived abuse inflicted upon children by parents were one of the primary causes of drug use among youth.

*“Parents are a real problem. Most of it is parents. Me mother has an attitude always cursing us like me aunt. Most of the reasons why we take drugs is adult fault.”* [females, 14-16, out of school]

Both alcohol and marijuana were perceived as stress relieving drugs, but, marijuana was the drug of choice to relieve stress.

*“If you stress out, you smoke a weed and you feel better.”* [females, 14-16, out of school]

Five focus groups further reported the use of drugs, particularly marijuana among youth for relaxation, tranquility and meditation.

*“Some say when they smoke it (marijuana) they get a calm feeling, put them in a relaxing state, give them a kind of different feeling to normal life. You want a little relax, and to relax the brain you just smoke something.”* [males and females, 17-19, in and out of school]

### ***Family influences and poor role models***

A total of nine groups stated that parents, family members and adults influenced the youth into drug use based on their activities and lifestyles.

*“Is a common thing. The way they design the system you hear them going around and say ‘the youth this, the youth that, nothing good for youths’. Is big people we get the things from, that is how it go.”* [males, 14-16, out of school]

It was further reported that parents who used drugs encouraged and in some instances pressured their children into the same activity.

*“If you in a home an your mother smoking you father smoking and you try to pull away from that, they would have a negative vibes for you. ... they go be like you not me child, how you not (doing) this thing and we doing this. So the parents have a big responsibility in getting their children to do these thing and they are responsible for the majority of drug use in Grenada.”* [females, 14-16, in school]

Participants reported parents as particularly encouraging young children in the consumption of alcohol during the festive seasons.

*“During the holiday that coming up – Christmas – 2 year-old babies will take alcohol. Otherwise or other times when they see the children drinking alcohol they will say no, but*

*then they will say 'take a little drink, this is Christmas, enjoy yourself. This is what they doing to the little kids, so they just keep on getting it every Christmas and then they go keep on drinking the alcohol and then they go get addicted.'* [females, 14-16, in school]

Participants further indicated that children who observed their parents using alcohol had a tendency to follow their behavior. It was also noted that this initial alcohol use might be based on curiosity that may result into habit and addiction with parents being unaware.

*"Like Christmas time everybody buying, drinking wine, ...(beer and other brews) and put it on the fridge and when it come to drink how the child might want a little bit so everybody would not drink all of their (beer) they might leave back half and this child might say let me go drink that."* [males, 14-16, in school]

### **Peer pressure**

Negative peer pressure was articulated as a driving force for drug use among young people in the majority of focus groups. Nonetheless, it is worthy of notation that peer pressure appeared to be voiced more frequently in individual focus group than any other factor. Participants expressed peer pressure in several forms:

*Friends encouraged them to do it.* Peers shared their personal experiences with drugs, encouraging and enticing them to participate in the same risky activity.

*"Because of peer pressure in school. School is the worst place to be, because it has a lot of peer pressure there, and what happens is that your friends tend to tell you things, like try this, try that, don't worry, just try it, and then what happen is that first time you did not like it but them know you would not like it at first, and then they saying try it again, don't worry that is first time and then you continue again, and then it become like a habit to you."* [males, 17-19, out of school]

*Friends were using drugs so they did it.* It appeared that young persons felt pressured to use drugs simply because their friends were doing it, although their peers did not directly verbalize or encourage them to use drugs.

*A prerequisite to being part of a peer group.* Further, six groups articulated that young people had a strong desire to belong to a group. As a result, most youth tended to engage in drug use and other negative behaviors just to be recruited into a group. Image was also reported as being a significant variable emanating from youth's desire to be part of a peer group.

*"Well some of them say you can't be part of this crew or gang because you not doing the stuff that we doing. But that peer pressure comes about say like them want to be part of that group and if you don't use that particular substance, drugs or whatever, like they could ask you to get out or something. I think that is the cause because everybody want to be cool these days, everybody want to lime together, you want to lime with the boys. You would want to be same with them."* [males and females, 14-16, in school]

*To avoid being teased by peers.* Although only two groups expressed this measure of peer pressure, it was noted that youth were highly affected by the embarrassment of teasing and preferred to conform, even while being fully aware of the negative consequences of their risky behavior.

*"Sometimes you don't want to drink, and you don't want to do it although most of them (friends) do it. They go say he is a fassy, a gigiman or something, so you have to blend in now to try to do all these kind of things for that name to come off."* [males, 17-19, out of school]

The need to be associated to a peer group seemed to be linked to lack of adequate parental love and guidance, and the expressed desire of young people to feel loved and gain a sense of security, image and identity.

*“When they go home, parents curse them. This friend would buy a soda when they meet them on the street and carry a joint to. They go want to be with that friend. ...and your friends showing you more love and you sitting down with them chilling and smoking and you feeling good.”* [males and females, 14-19, in and out of school].

The above further strengthens the significance and impact of peers to young people and the possible inherent need to feel accepted.

#### ***To experiment***

Participants in six focus group discussions described that children were at a stage where they experimented quite a bit and therefore drug use was a result of experimentation. They also mentioned the curiosity that developed among children after observing the actions of adults and experiences of peers with drugs.

*“So the only thing that go through your head is to see what really important about this thing that they want me to do it.”* [females, 14-16 in school]

#### ***For fun and enjoyment***

Six focus groups indicated that young persons used drugs for fun and a feeling of exuberance. It was indicated that alcohol was specifically used mostly during festive times and times of celebration – at parties, street fetes, Christmas, carnival, Old Year’s night, even last day of school. Alcohol was also consumed to put one in a social mood that one might dance and revel at parties.

*“It come like I never enjoy meself if I don’t drink rum. When you drink rum and thing and you get the feeling, I feel like I could do anything. I drink to get nice. To get a vibes. Like me and my friends out the street liming and we just decide that we will take a little drink and thing and just relax ourself, just mellow.”* [males, 14-19, out of school]

#### ***To study***

It was reported by some male and female participants of six focus groups that marijuana improved concentration and one’s learning ability, and thereby improved memory and academic performance. This perception by young persons made it easier for many at the school level to consume or utilize marijuana.

*“I hear people say they use drugs if they have to study because it helps them to concentrate better. More the young boys, those who go to school, secondary, primary, all schools, college, all schools, teenage boys. Some of them use it to study and thing to meditate so that they can remember their work and thing.”* [females, 14-19, in and out of school]

#### ***Lack of parental love***

Five focus groups cited lack of parental love as a cause for youth consuming drugs. Incidentally, four of those groups were out of school males and females between 14-24 years. Participants reported that parents verbally abused their children and did not show them adequate love and care. This affected their self-esteem and they were therefore prone to engage in negative behavior and rebellion.

*“The reason why some of us use drugs is because of not enough love, because they (parents) don’t tell you they love us, they only tell us bad thing. Move dere you ugly self”.*

*Like me mother she does tell me brother so much bad things, he does just break down and do bad things. Miss, our parents always calling us names and thing, I don't like that; breaking down our self-esteem.” [females, 14-16, out of school]*

Some males on the block emotionally expressed their distress as they reported their perception that females were receiving greater attention and protection from parents while they were treated as men and left to fend for themselves.

*“We is the boys, all of us here like around 16 and they (parents) have us like big men. They does give preference to the girls. And they does protect the girls because they could get pregnant. Miss make sure you show you boys love.” [males, 14-16, out of school]*

### ***Lifestyle and addiction***

It was stated by five groups that because of its easy accessibility, particularly at home, the habit of consuming the drug from a tender age and the tendency to progress to stronger alcoholic beverages, alcohol consumption has become the lifestyle of some young people.

Participants further highlighted that there was an increased tendency for young persons to use alcohol or marijuana if a family member was using and abusing the drug.

*“If you in a home and daddy smoking and mommy smoking you will think that it is something normal and you can do it too.” [males and females, 20-24, in school]*

It was also indicated that some young people use drugs because they believe it is something they need and thus become addicted.

### ***Popularity***

The use of marijuana was associated with popularity. It was reported that young persons used drugs for image and to make friends.

*“Young people mostly use weed, marijuana. Some do it just because they want to be popular.” [females, 14-16, in school]*

### ***To boost self confidence***

Four groups attested that alcohol consumption was used to boost self-confidence. In instances where persons were introverted or somewhat shy at social gatherings, the option was to consume alcohol to help boost self-confidence and become more socially interactive. In fact, three of these groups were males between 14-19 years attesting to their personal experiences.

*“Like you could express yourself. But when you in your normal state you feeling kinda shy but when you take alcohol you mind kinda go wild so you just dance and enjoy yourself better.” [females, 17-19, in school]*

### ***The passage of rites to adulthood***

It was reported by three male groups from 14-24 years that young persons imitated adults and since it was perceived that adults were allowed to use drugs, particularly alcohol, some young persons had a desire to be adults and to engage in adult behavior.

*“And it have times you feel like you big, Miss, like you do your own thing. You might go and drink that alcohol thing, you may just get that adult look ... because big people use it so you will feel that way too.” [males, 14-16, in school]*

Further, participants indicated that it was a rite of passage to manhood.

*“The reasons why some drink is that to become a man you have to do certain stuff like what man do, like fight, curse, drink, smoke weed, so when you are a teenager you growing up to be a man. In society men do those things, we are growing up to become adults one day. If they could do it we should actually start at an early age to actually get recognition.”* [males, 17-19, out of school]

Additionally, participants indicated that children received much of the socialization and role-playing from parents and adults and did whatever adults did.

*“You walking through Grenville on Saturday you will see two men, big men that suppose to be showing example, drunk and sleeping on the ground in Grenville.”* [males, 14-16, in school]

Children also observe and imitate the drug use activities of the older youth who smoke and drink on the block. Young adults are therefore role models for children and their risky behavior can be imitated causing a chain reaction.

Persons identified by participants as being role models and influential in the lives of young people were friends, school friends, home friends, relatives, people on the block in the village and adults.

### ***To rebel***

Three in-school groups reported that young persons reverted to drug use in an effort to spite parents in instances when parents did not comply with their expectations.

### ***Economic struggles***

Two focus groups reported that socio-economic hardships were key players instigating drug use. Unattached 14-16 year old males on the block blamed the ‘system’ for not providing employment, skills training or social activities for unattached youth to engage in. Lack of employment and idleness were reported to be a real struggle of the ghetto, which resulted in drug use.

*“As long as the youths can’t get work they go smoke. Life tuff.”* [males, 14-16, out of school]

### ***Youth Sexual Behavior***

#### ***Patterns & Characteristics***

It was the general perception of participants that most young persons were sexually active. Participants were of the belief that persons engaged in sex as early as primary level education. Some participants reported that they themselves had their first sexual encounter between the ages of 11 – 16 years.

*“I think it is most youths; you could say ½ or more than ½. I think it’s more than ¾ because what I hear my friends talking about that most of them have sex already. Right now I think you could say 90% of youths having sex these days.”* [females, 14-19, in school]

Participants indicated that there were no specific characteristics to determine which group of young persons engaged in sexual activity. However, it was reported that youth who were of poor households were more prone to engage in risky behavior at an earlier age.



*“Most of the times having sex with more than one person and using drugs come from poor people. Most young girls might have sex in a lower age in a working class family because they need financial assistance.”* [males and females, 17-24, in school]

It was stated that sexual behavior among youth was predominant in the working lower class, primarily due to their economic struggles and the domino effect or cycle of poverty.

*“If you come from poor parenthood...when you go for work you don't get employ, you go and make the money the fast way you can by having sex. Sometimes is not to be with the partner, you do it just to survive, because you have to do what you have to do to survive.”*  
[males and females, 20-24, out of school]

Further, it was reported that young persons from the lower class were more vulnerable to early sexual behavior as they spent little family time bonding and communicating with their parents since the fundamental focus of poor parents were to provide for the family economically.

*“...if I don't have time to come and talk and I have to go to work then my child will say, “Watch well you not listening to me”. So even though it's happening all over, it's much more prevalent in the lower class.”* [males and females, 20-24, in school]

It was reported that oftentimes persons who tended to engage in sexual activity to be in the latest styles were reported as not coming from poor families. The perception was that they came from average income families who enjoyed the basic necessities.

*“Don't look at it like we here is the bad ones. Everybody on the street, all who look good, all who working in bank, is same behavior, just to say them don't doing it like we in the street.”* [males, 14-16, out of school]

One group indicated that young persons belonging to a household with morals and values did not necessarily hinder their sexual activity or behavior.

*“Well some of them in good, good homes, they just like man, all man they see they like, especially man with transport and good looking guys and conductors and thing. Oh God, they does go ...behind them. Well I think is in good homes, but the kind of company you have yes does lead you astray.”* [females, 17-19, out of school]

It was noted that a person's mode of dress, wild and/or sexy behavior were not the determining factors or indicators that young persons were necessarily engaging in sexual activity. It was further noted that persons who tended to be 'quiet' and dressed 'decently' were seen as 'innocent' and generally perceived as not sexually active, but that was not often so.

Additionally, young persons who enjoyed a positive parent-child relationship were perceived as generally less at risk of becoming victims of risky sexual behavior.

*“I think that the children who are comfortable with their parents and who can go and talk to their parents are the ones that are safe from getting pregnant and getting STDs.”*  
[males and females, 20-24, in school]

### **Sexual Practices**

In reference to this variable, participants indicated that there was a problem of sexual promiscuity among the youth in Grenada. Some of the sexual indulgences of young people identified by participants were multiple partnering, group sex, homosexuality, bisexuality, and bestiality. Oral and anal sex were reported by one group each as being a new trend and there appeared to be the

misconception by those engaging in such activity that this eliminated the risk of pregnancy and/or STDs.

### **Multiple partners**

All groups reported that youth engaged in multiple partnering. It was also stated that this behavior was rampant and that monogamous relationships among both boys and girls were rare.

*“I think having sex with more than one partner is more prevalent than having sex with one partner, and this is for both males and females.” [males and females, 20-24, in school]*

It was reported by four groups that young people had sex with their friends as well as persons whom they did not know.

*“You see these young girls and them nowadays they want more than one boy. They don’t care, they don’t even know the boy but they doing it. Sometimes you know you meet a guy and he have a lot of money and he say he go give you money and you go and do it with him.” [females, 14-16, out of school]*

Participants reported that girls had multiple sex partners primarily for money and sexual satisfaction. Six groups, which all included female participants, reported that girls had sex for money. Two groups highlighted that the money was used to obtain the latest styles and fashion. It was further reported by two of these groups that there was a growing trend for girls to have sex with older men as their means to access to money.

*“Nowadays the trend for young girls is to sleep with older men for money because there are certain things they could get total amenities; it’s very common these days.” [males and females, 17-19, in school]*

Further, three female groups of age group 14-17 years in and out of school affirmed that older men targeted girls to have sex with, dangling before them money and material possessions. One all female group stated that parents also encourage child prostitution, and would even at times encourage their daughter to have sexual relations with older men, to provide a steady flow of money. Five focus groups indicated that girls had multiple partners for sexual fulfillment.

*“Some have different partners, because one could afford to give me money, the next one the vehicle, the next one like different things; everybody talking about the latest... so you go and have sex for money; because the steady boyfriend not making you feel as good as the side boyfriend [females, 14-19, in school]*

Boys were reported as having sex with many girls to compete with one another and to gain status and respect within their group.

*“The boys they will have sex with many different girls and so on; they will tell their friends ...so they want that particular status... Like I have partner and they just go to see who will sex the most girls and they keep an average; ...so they getting ranks from that and people will say ‘that my boy’ and he get a little hail up ... they getting high ranks most of them when they doing that ... and people respect you, like the boys from the group most of them respect you because you getting the girls.” [males, 14-16, in school]*

It was further indicated by both genders that multiple partnering was a result of the growing trend of unfaithfulness and as a result of their lack of faith in marriage.

*“You see nobody eh believe in this marriage thing now.”* [females, 14-16, out of school]

Four groups indicated that young people had multiple partners because they mirrored the behavior of their parents and because married persons have multiple partners.

*“All girls. Right now I having sex with any girl. I have an uncle he married and right now he still having sex with other people.”* [males, 14-16, out of school]

### **Group Sex**

Three focus groups reported that young persons engaged in group sex, with one adult group indicating that there was a tendency towards this activity when under the influence of drugs.

*“Some have sex with two persons at the same time, three, four, five. Remember a lot of them take drugs in groups, ...and most likely it will be a group sex.”* [males and females, 17-24, in school]

One participant related her experience with a threesome involving another girl and a boy. She reported that this sexual encounter was desired and enjoyed by all participating individuals. She further indicated that the lesbian aspect of the encounter was enjoyable, thereby accenting bisexuality within group sex.

*“Say when you (girl) and a boy and you friend (girl) dere together and they want a threesome, just do it. Everybody like it. It nice. It more fun (lesbianism).”* [females, 14-16, out of school]

### **Homosexuality**

Eight groups reported that homosexuality was practiced among young people. All of these groups indicated that boys engaged in homosexuality; five of which stated the practice was popular. It was further reported by five of these groups that money was the motivation behind this sexual activity.

*“You want a Nike, that man go brush you and give you the money to buy the Nike. But that is the faster way to make money and bigger money too. Especially with older men and young boys.”* [males and females, 17-24, in and out of school]

Six groups also stated that young females engaged in lesbianism. Experimentation and fun were the reasons cited for this practice.

*“I just want to experience (sex) with a lesbian. I just want to experience it you know how people talk about this thing.”* [females, 14-16, out of school]

### **Reasons for engaging in sexual behaviors**

The groups responded to this question with the following, again according to the frequency and details mentioned by the youths

#### **Peer pressure**

Peer pressure was reported in nine of the ten focus group discussions as one of the main reasons for youth engaging in sex. Similarly as with drug use, peer pressure was presented in various forms:

*Friends encouraged them to do it.* Peers who themselves were already sexually active, encouraged their friends to become sexually active, enticing them with their expressed pleasure of the act.

*“Because I hear a lot of children saying that already, that It’s pleasure and it’s good to have sex. Its peer pressure all around.”* [females, 14-16, in school]

*Pressured by their boyfriend.* It was further reported by some female participants that their first sexual encounter was a result of pressure by their male counterparts to have sex.

*“I really didn’t want to do it (have sex) but is only the boy that force m. They really force me. Me boy force me so I do it. He beg, he beg, he beg until I get fed up then I give him. I think the man does force them to do it because they like that man bad.”* [females, 14-16, out of school]

*To avoid being teased.* It appeared that young people were being ridiculed by their friends because they had not had a sexual encounter. This teasing impacted negatively on them and in some instances young persons had sex simply to avoid being teased by sexually active peers. This, however, appeared to be more of an issue for males.

### ***To experiment***

Eight groups reported that youth, during their preteens and teenage years, were highly curious, and thus desired to experience and experiment with sex.

*“Well I just wanted to try it to see what it was like. Young people are having sex is because of curiosity and experimentation. And with experiment, you have a friend and she came to you and say “Girl I had sex and it was the bomb” and you want to know why she say it was a bomb and you going and see for yourself. I had sex because they talking about break, how they break on a girl, so I wanted to break on a girl so I go and do that.”* [males and females, 17-24, in and out of school]

### ***Adult Influences***

Seven groups stated that the youth had sex because adults influenced them. They followed the behavior of their parents and other adults. It was reported that young persons were being targeted by older men to exchange sexual perversions for material and monetary gains.

*“Bigger men are looking at younger girls. Nowadays the trend of young girls is to sleep with older men for money. He said I really like you, I can buy anything for you, you want to give me a day tomorrow and come down ...with me. He tell me I go give you \$300 if you just come and stand in front him and he just juck off, he will give me \$300.”* [males and females, 14-24, in and out of school]

Two groups stated that parents were also encouraging their children into child prostitution.

*“So you go and have sex for the money. You come home with the money and your parents don’t care where you get the money. That is the slack parents; they don’t ask where you get the money. They ask you for the money for themselves. They send you to make the money.”* [females, 14-16, in school]

### ***Hormones***

Seven groups stated that the desire to have sex was a natural response to the sexual development that took place during the stage of puberty.

### ***For monetary and material gain***

Six groups indicated that many young persons had sex for money and designer clothing. It appeared from all statements that this practice was common amongst females. It would appear that there was a

strong desire to be socially accepted and to have a particular image. This was achieved by dressing in the latest fashions.

*“So you want to be in the style and they can’t afford it so you go out and you beg somebody for that money. In exchange for the money you have to give them sex.”*  
[females, 14-16, in school]

Another reason for engaging in such promiscuous behavior for monetary gain was to gain status and popularity with peers.

It was further indicated that poor girls had the tendency to engage in prostitution for economic reasons, which was in some instances even encouraged by their mothers.

*“Your mother will be like bringing men into her house for you to have sex with so that she can collect money at the end of the day.”* [females, 17-19, in school]

### **Lack of parental love and concern**

Five groups, mainly females in and out of school and in school males 14-16 years old, highlighted that the tendency for young girls to engage in sex was a direct result of lack of love, neglect and problems at home. They were seeking love and thus became victims of male prowlers seeking sex.

*“I believe it’s a lack of love at home because most children don’t get love at home, so if they find a boy to love them, ...that person ask them for sex obviously they will give them. You mother who does push you so you going somewhere else and get their love. Sometime they even going for a man and all. Miss, when you eh get love home, they does go out and see whey they getting love; if you eh get from you father you going by a man. So you sexing whey you getting love.”* [females, 14-16, in and out of school]

### **Love**

Female participants from four groups indicated that young females engaged in first time sexual acts as an expression of love towards their boyfriends.

*“I had sex because I felt that I was in love with the boy. Because they love their boyfriend they tend to get involved in sexual activity.”* [males and females, in and out of school, 17-24]

It was further indicated that in such instances it was the boyfriend who had initiated the desire for sexual contact, and though the girls did not wish to have sex, they did it to please their boyfriends.

In school males 14-16 reported that the girls seemed to express a greater desire for love and admitted that males manipulated these girls to obtain sexual favors.

*“Sometimes, well you will lie for them. Ssometimes and you will tell them if you love me have sex with me and thing and the boy just saying that to have sex with you and the girl will think that you love her. Girls tend to feel that anytime a boy tell them that he love them that is what they mean but apparently they don’t mind; they don’t learn from their mistakes. It happen to them once, three times and like they can’t see that you know.”*  
[males, 14-16, in school]

### **Media influence**

The barrage of sexy material, music and entertainment aired on the electronic media was cited by four groups as influencing young persons into sexual behavior.

*“Entertainment promote it... It’s a known fact of the advertising industry that sex sells. I think that TV plays an important part in influencing children sexual behavior, like the movie that they see on TV – sexual movies like blues and thing.”* [males and females, 17-24, in school]

Three of these groups made special reference to Black Entertainment Television (BET) as having great influences on young persons. It appeared that BET was a favorite channel for youth nowadays, as they aspired to be like the artists and stars featured in their sexy outfits and scenes.

### ***Fear of loss***

Three groups (all appeared to be female participants) made a strong point that girls were afraid of losing their boyfriends and as a result would have sex with them to keep the relationship. In most instances the boys would threaten to leave them if they did not have sex with them. It was further reported that when the boys initiated sex without mutual desire, the girls were of the belief that their boyfriends would leave them, even without it being verbalized by the boyfriends. After a few attempts, the girls would give into sexual intercourse simply out of fear of loss.

*“And that is the only way that they can stay with the person is just going in bed and they don’t want to do it and if you don’t want to do it they saying they leaving you.”* [females, 14-16, out of school]

### ***Youth & Contraceptives***

Though there was not a clear-cut perspective as to the use of contraceptives by young persons, there appeared a general understanding as to the value for utilization of any form of contraceptives.

It was the general consensus that most young persons did not use condoms during every sexual encounter.

*“Not every time. Sometimes. Because the people that you have been with will tell you, well without a condom, nothing for you. Some of them will tell you straight up. You have a condo. Once you decide to use it you don’t get nothing. Normally I had sex with condom but then at that one time I did not have sex with condom and that was the time I got pregnant. As he put it on (condom) and he put it in, I saying. take it out. That, I eh want that; that eh feeling good.”* [males and females, 17-19, out of school]

It was further reported that young people normally did not use protection while having sex with their main partners – trust was cited as the main reason for this behavior. Some did not want to use condoms at all during intercourse.

*“I used condom when was my first time but right now I don’t use because my boyfriend I trust and ...he trust me.”* [females, out of school, 17-19]

Three out of school groups 14-19 years reported that *coitus interruptus* was a practised form of protection against pregnancy among youth.

*“No, I just pull it out. No I don’t use, I pull it out and spray it on the ground or on them. Nah, I pull Its up to the. If they don’t want to use, then its just so. Well the boy suppose to know what he doing and when he ready to come he suppose to pull out. Exactly.”* [males and females, 14-19, out of school]

One group also identified a new practice among youth; that being the use of clear plastic wrap as a substitute for both male and female condoms.

### ***Who is responsible?***

It was reported that boys were generally seen as being responsible for both obtaining and using the condoms and that most females were afraid to buy condoms in the store. It was also indicated that some males were embarrassed to purchase condoms and thus a condom may not be used during sexual intercourse. Six groups and 50% of these respondents reported that the males normally bore the responsibility or made the decision as to whether or not condoms were needed, whilst three groups out of the six stated that boys provided the condoms.

However, some participants stated that there was a new trend among females being bold, assertive and independent and these reportedly carried condoms.

*“There are some girls who say they will walk with their condoms; even the girls walking with the condom these days, they becoming more aware. They no longer leaving it up to the man. They are taking a different trend, they going to have sex so they getting themselves protected. The other thing is that not because a girl didn’t get pregnant that doesn’t mean that she is not sexually active. Nowadays they much more aware of sex, they are much more aware of the contraceptive, and they will use the contraceptive.”*  
[females, 14-16 and males and females, 20-24, in school]

### ***Reasons for using a condom***

The condom was stated as the most widely used form of contraceptives among young people. It was indicated that young persons use contraceptives to prevent pregnancy and protect against sexually infectious diseases. It was further stated that young persons may use condoms to protect against sexually transmitted diseases if they perceived their sexual partners as being promiscuous.

It appeared that the majority of out of school females 14-19 years did not personally use condoms most times and that their use of protection (injection or pill), if any was for the prevention of pregnancy.

### ***Reasons for not using a condom***

The following variables were cited as the major reasons for youth engaging in risky sexual behavior, discussed in order of frequency:

#### ***Love and trust***

Similarly as for reasons for youth having sex, the female participants from all six focus groups in reference to this component reported that love and trust were one of the main reasons for not using a condom when having sex. Further, it appeared that young females did as their boyfriends requested in an effort not to disappoint them. Again this was cited as a result of love and trust.

*“Once you know you boy have you alone, I eh using no condoms. I eh have nothing man, He took a blood test like about a month or two weeks before we had sex and he did not have nothing and I know that I was clean because I did use to do nothing and thing, and he did not mess around with nobody. So what the sense.”* [females, 14-19, out of school]

It was stated that if the male partner was older and more mature than the female, then it was expected that the male controlled the relationship and therefore dictated use of condom or not. The ‘weaker’ female might feel threatened to suggest condom use.

#### ***Greater sexual satisfaction***

Five groups indicated that it was believed that greater sexual satisfaction was achieved without the use of a condom.

*“I hear my friends talking and saying that it does feel better when you don’t use protection. Me I just don’t like using it. The condom does not give you no vibes (sensation) and thing. And them boy does say ‘Let flesh meet flesh’, that the way we do it – raw. I like it raw.”* [females, 14-16, in and out of school]

#### *Don’t like using condoms*

Three groups of females in and out of school 14-19 years indicated that they did not like using the condom so they engaged in unprotected sex.

*“I don’t like using it. Why? it does burn? Me, I just don’t like using it.”* [females, 14-16, out of school]

More so, three groups of in and out of school males 14-19 years reported that in most cases it is the girls who did not want to use condoms.

*“Nah, nah, I does not use that, it take away the feeling. Sometimes you want it and them girls and them say they want it just so, so you give them just so.”* [males, out of school, 17-19]

#### *Unprepared*

It was noted by two groups that oftentimes young people were not prepared to engage in responsible protected sex since sex may take place at a party or after a movie and persons may not be equipped at the time with a condom or did not have the time to put on a condom.

*“A lot of people having sex spontaneously without planning.”* [males and females, 20-24, in school]

#### *Immunity, opportunity and carelessness*

As pointed out by one group, some young persons believed they were immune to the consequences of having unprotected sex - they desired sex and the mood was right, therefore they engaged in sexual intercourse without the use of a condom. For some as long as the opportunity presented itself they would have sex, with or without a condom.

*“You know as men, you behind a girl for a long time and the time she want to give us we did have no condom so we did not want to make the opportunity pas. So we had to take it, yeh.”* [males and females, 20-24, out of school]

All the above are examples of carelessness displayed by young people.

### *Drugs, Sex & HIV/AIDS*

#### **Knowledge**

Generally participants were well informed as to how HIV/AIDS was contracted. They identified the following: unprotected sexual intercourse, the sharing of needles for drug use and tattooing of the skin, blood transfusion, French kissing with open wounds, and breast feeding from infected mother to child.

#### **Perception of HIV/AIDS epidemic**

It was generally agreed that HIV/AIDS was a major problem in Grenada and that some young persons were of the perception that HIV/AIDS was an adult disease.

*“Yes because we small and we think that AIDS is for big people and big people that do these stuff to get AIDS so we have the pride that we can’t get it. We don’t take heed and we just carelessly spread the disease.”* [females, 14-16, in school]



Sexual promiscuity was reported as a high risk for HIV/AIDS. Participants reported that young people engaged in sex out of curiosity and experimentation, and did not fully understand the consequences of their actions, thus making it easier for them to contract the virus.

*“So people don’t stick with their own boyfriend these days; that eh reigning. It has a increase risk that we could be infected because we don’t know who our partners are.”*  
[females, 14-16, in and out of school]

While it was stated that the age group more at risk for contracting HIV/AIDS was 13–25 years, the teenage years were generally seen as being a time of greater vulnerability since these were the years of puberty and maturity – the development of sex hormones resulted in the desire to have sex. Specific mention was made of the adolescent period:

*“14-18; that is the most active time. That is the time of adolescence, they describe it as the period of storm and stress. So at that time you wild, you want to experience everything, you want sex and drugs. So what that lead t? Disease.”* [females, 14-16, in school]

It appeared that there was a belief that females were more vulnerable than males because of the perception that women were more prone to contracting STDs than men, the trend of many young girls beginning their sex life with older men and the control men have over women as being responsible for contraceptive use.

*“I believe that women are more vulnerable. Yes. For example, a girl having sex with a boy, it’s up to the guy whether or not he want to get her pregnant or not. Teenagers, they hot, that is the age when their hormones start to rage and they craving sex, and most girls mature faster than guys and they prefer the older guys and these older guys have been there already and they might pick up that disease and some of them don’t even know and they having sex with these teenagers and we young boys when we looking for these young girls to be we wife, they have the thing on them.”* [males and females, in and out of school, 17-19]

A minority indicated that HIV/AIDS was not a problem in Grenada because of their misconception that there was indeed a cure for HIV/AIDS.

### ***Drugs & Sex***

Participants indicated that one of the effects of consuming drugs was the desire to engage in sex.

*“I think when you use drugs, you change, your mood changes; it’s very influential in your sexual feeling. Drugs lead to having sexual intercourse.”* [females, 14-16, in school]

It was reported that young persons deliberately consumed drugs to have sexual intercourse. Nine groups (100% respondents) mentioned the belief by young persons that drugs such as marijuana, alcohol, and the combination of Panadol or Phensic and coke (Coca Cola) increased sexual energy and stamina and allowed for more pleasurable sexual intercourse.

*“If you take drugs, you perform better. Yes, they usually take alcohol and marijuana to get high to perform better in bed.”* [males and females, 20-24, in and out of school]

Five groups reported that boys did drug or ‘spike’ girls’ drinks in order to take advantage and engage in sexual misconduct with them.

*“You see a nice girl you can’t leave her so. So you go and get rum, weed and you start giving her an she now would start to feel more horny than you because she dere on a higher level now.”* [males and females, 20-24, out of school]

### ***Marijuana & Sex***

Participants indicated that marijuana smoking affected the brain, including behavior and mental control. Persons who smoked marijuana tended to influence others to use drugs and/or engage in sexual activity. It was reported that girls who smoked marijuana became targets of boys who took advantage of their state of mind.

*“If you see you dancing with a real thirsty boy and he see that you real smoke and thing, he will bring you in a corner and just mash you up and you don’t know what happen.”* [females, 14-16, out of school]

Some male participants were of the belief that marijuana boosted their confidence and made them more extroverted and sociable to engage in conversation with girls that would lead to sexual contact. Six groups reported that marijuana was the most popular drug perceived and used by youth to stimulate sexual desire or appetite.

*“Anytime ah smoke weed and thing ah does be on a different vibes, ah ask them (girls) for it (sex). Having sex under the influence of marijuana is very fulfilling.”* [males, 14-16, out of school and males and females, 20-24, in school]

### ***Alcohol & Sex***

One perception was that alcohol stimulated one’s sex drive resulting a more passionate and ‘rough’ sexual encounter.

*“When I drink I don’t have me normal mind, I doh lying to tell nobody anything come in my way especially girls ...and I does want a lot of girls when I high.”* [males and females, 20-24, out of school]

Alcohol was also used to deter premature ejaculation. Four groups 14-19 years in and out of school identified Guinness as the main alcoholic beverage used to prolong erection and delay ejaculation.

*“I hear fellas say “I go drink 2 Guinness suck some salt”. I hear about it, they say you go longer.”* [males, 17-19, out of school]

Two groups indicated that boys encouraged girls to consume alcohol to take advantage of them sexually. Some males were of the opinion that young girls lost control easily when they drank alcohol.

*“I know some girls can’t drink, when they drink half a (beer) they gone. Yea, mostly all. So when guys giving girls alcohol to drink, normally they giving them because they want them in a particular way.”* [males, 14-16, in school]

### ***Spanish fly – an aphrodisiac***

Three groups reported that Spanish fly was used by males to drug females with the intention of having sexual intercourse with them without resistance. It was also indicated that some boys who engaged in this activity were popular guys.

*“I think that girls they don’t want to have sex with that particular boy and he may give her drugs or so. For example, what I know of Spanish fly, and it can turn them on and*

*eventually they can't control themselves so the boys do what they want.*" [males, 14-16, in school]

*"It have drugs man give woman to turn them on faster. Yes powder, Spanish fly; boys drug girls with Spanish fly."* [males and females, 20-24, in and out of school]

### *Drugs, Sex & Condoms*

All respondents reported that since drugs impaired one's judgment it was highly unlikely that a condom would be used during sexual intercourse. Oftentimes, the users were unaware of their activities and there was the increased risk that they had unprotected sex with strangers. Young persons were therefore incapable of giving consideration to condom use under the influence of drugs.

*"Some of them feeling so nice they ere thinking about nothing. You see when you smoke and thing your mind does be fa. You eh thinking about protection; even more than one people will come and have sex with you without using protection."* [females, 14-19, in and out of school]

One participant further went on to explain the length of time and difficulty experienced in attempting to put on a condom under the influence of drugs.

*"When you high and you having sex you don't know what you are doing so you might not use condom. That is a 30 minutes things, a half an hour thing to put on a condom. You high, you have it already you fall down you have to put it on again, so I eh in that."* [males, 14-16, out of school]

Additionally, those who drugged females in order to rape them certainly were not prepared or did not risk the time of putting on a condom.

### *Link between drug use and HIV/AIDS*

Participants reported that since one was unable to control and determine one's behavior and mental state under the influence of drugs, then there was definitely a link between drug use and HIV/AIDS.

*"You see when you drink and thing and you busy to go and have sex you don't even think about putting on a condom and that you just get AIDS one time. Five minutes you get AIDS. When you high, you having sex you don't know what you doing so you might not use a condom."* [females and males, 14-16, out of school]

It was the general belief that drug use increased the risk of HIV/AIDS since persons were 'high' and unaware of their behavior and thus had the increased tendency to engage in risky activity, which one might not have done when one was sober. This increased one's chance of contracting the virus.

*"Sometimes you using drugs and you go over your limit. You don't know what you doing then you doing certain things and you don't know what you doing, you can't help yourself. A man could just take you and go and you don't even know what go on right, and he use you."* [males and females, 20-24, out of school]

### *Prevention & Intervention Strategies*

The current prevention and intervention strategies in Grenada that were somewhat familiar to a small number of participants were the Drug Abuse Resistant Education (DARE), counseling, truancy programme by Ministry of Education, Young Leaders' youth seminars and debates, Red Cross peer education programme, summer programme by Presentation Brothers College, condom distribution, Youth Vibes television programme (not continuous), Leo Club programme, radio, and television call-in programme.

### ***Impact of prevention strategies***

In school females 14-16 years reported that the existing prevention and intervention programmes were a bit influential and helped young people. Some who had participated in some programmes stated that the programmes had benefited them but some were not aware of the impact on other youth. They appeared well informed of intervention programmes, had participated in a few and stated that the programmes were effective.

It appeared that in school males, and out of school males and females did not know much about current intervention programmes on drug use and HIV/AIDS. Only about two out of school females 14-16 years appeared to have participated in or attended just about two programmes, which they reported were good but ineffective.

*“It was very good but that din mean nothing, but that din mean nothing. Like it come in here and it pass out here. They have to do something better.”* [females, 14-16, out of school]

The mixed group of in school participants 17-19 years indicated that the radio and television messages were not attractive and thus did not hold youth's attention.

One group criticized the abstinence efforts targeted at youth, indicating that it was difficult for youth to abstain.

*“Because you feel like the world going and leave you and everybody having sex ... and everybody having fun ... and you just dere as a stupid .. so time, you time will never come. Because you start to do it already, you get addicted to it and so you can't stop.”* [females, 14-16, out of school]

The two groups 20-24 years, particularly the out of school mixed group seemed to know very little about prevention strategies, and in fact reported that there were none within their communities. After briefly identifying only two programmes, the in school mixed group reported that these programmes were not too effective.

### ***What can be done?***

Participants were very vocal in identifying what intervention strategies need to be implemented in order to curtail the negative activities of young people. The major points identified by participants to ensure the effectiveness of intervention and prevention programmes were that programmes needed to be continuous, allowing youth to hear the messages frequently to have an impact and that young people needed to know they can trust those implementing the programmes to be there for them at all times.

Six groups asserted that it was essential for parents to be more involved in prevention and intervention programmes in order to redirect the youth to positive attitudes. Further, parents needed to foster better relationships with their children to eliminate the fear that young persons face in talking with their parents about drugs and sex. It was important to youth to have adults set the example and be positive role models for young persons.

Five groups reported that there was a dire need to change the poor socio-economic situations of persons in order to attain positive behavior. Provision of housing, employment, skills training and education for the poor, as well as the building of community centers and sports facilities in communities as after-school activities and to occupy unattached youth were also identified as appropriate measures for the prevention of risky behavior among youth.

Five groups argued that there should be more school-based programmes. The government should employ persons whom young persons can trust (confidentiality), who are well educated on drugs and HIV/AIDS, and, more importantly, persons who do not themselves use and abuse drugs, and who do not engage in negative behavior. The government should also start groups where students visit other schools to talk about risky behavior. Form a link between students who are knowledgeable about drugs and HIV/AIDS with youth on the block.

Community-based programmes were recommended by five focus groups. It was reported that in school youth, when out of uniform, engage in similar behavior as youth on the block. It is thus believed that these in-school youth would employ better approach tactics than adults and can have a more positive influence on youth on the block. They in turn can advocate positive peer pressure which will eventually filter into the community. Other effective activities included brochure campaigns, marches and motorcades, condom distribution, non-advertisement of alcohol and cigarettes and follow up programmes.

Five groups indicated that it was important to use drug and AIDS victims for greater impact and to improve the effectiveness of the programmes.

Young persons are more prone to react or modify their behavior if they can identify with the messenger. It was the expressed belief that youth communicated and interacted better with youth than with adults. Additionally, persons of the same age group seemed to be experiencing similar problems and were therefore able to identify with each other, creating a greater impact and fostering behavioral modification. There should therefore be more prevention and intervention programmes with youth involvement with little adult supervision. Four groups therefore recommended more youth groups.

*“Imagine me as a child listening to another child. I will get caught up and say, ‘Oh, I will listen to a child. She is like me I will listen to her.’ So then we (young people) could have an advertisement for the prevention of HIV and drug abuse.”* [females, 14-16, in school]

Reasons identified as to why adult interference was not effective were the perceived generation gap, where generally youth do not trust adults to maintain confidentiality, and young persons seeing adult talking about HIV/AIDS and the negative effects of drug use implies to youth that these issues are strictly adult issues and such problems cannot affect the youth.

Four groups recommended the use of entertainment through creative arts, drama, and music and more fun based and social activities so that young people would get the message that people care and life is enjoyable without drugs and other negative behaviors. These include music with positive lyrics, including hip hop, reggae, dance hall – all which already attract young people. Use concerts and youth conventions to talk to young people about drugs and HIV/AIDS, portraying drug users and AIDS patients, through the collaborative efforts of social and religious groups, leaders, comedians and famous singers / stars and utilizing new methods to reach a diversity or wide cross-section of persons and avoid boredom.

Four groups stated that the law was too lenient with drug offenders, and that even the law enforcers were involved in such offences. Therefore stricter law enforcement must be employed to deter the incidence of drug use among young people. Other recommendations included boot camps for youth, reality checks where youth are made to experience street violence and homeless and are frightened by AIDS patients and information on persons who died of AIDS.

### 4.3 Key Informant Interviews

Eight key informants who participated in the study reported the following:

#### *Current drug situation among young persons in Grenada*

There was a need for concern over the drug use and abuse situation in Grenada among all sectors of the society, the youth in particular. According to the key informant<sup>21</sup>, data collected during the period 1988 – 2002 showed that 11% of all drug related arrests were of persons 20 years and under and approximately 5% of all persons convicted and imprisoned for drug offences were persons between 15 – 19 years.

Although there was a small percentage of young persons using crack cocaine, the most problematic drugs among the youth in Grenada were alcohol and marijuana. From studies conducted in Grenada among students, “81% of our secondary students have used alcohol at least once in their lifetime. With respect to marijuana, significantly less use, ranging from 9 – 10%.”<sup>22</sup>

The consumption of alcohol among young people was significantly higher than marijuana due to the fact that alcohol was a legal and uncontrolled substance unlike marijuana. Additionally, given the historical and cultural perspective within a Caribbean context, alcohol is made readily available and highly accessible at every social function, and in almost every household. Part of the problem existed due to the lack of adherence to the License Ordinance restricting the sale of alcohol to minors and the great difficulty in enforcing such a law. Hence, the increased accessibility of alcohol to young people.

The exorbitant prices of cocaine and the significantly more expensive crack cocaine, compared to alcohol and marijuana made these drugs less accessible to young persons in Grenada and they were rarely consumed by them.

#### *Trend of combining drugs*

In Grenada, although it was not prevalent, there was a new trend of young persons using “black pellets”<sup>23</sup>, marijuana cigarettes laced with cocaine hydrochloride.

However, general admissions to the rehabilitation and treatment center were poly drug users, who consumed at least two types of drugs – alcohol, marijuana or cocaine.

#### *Reasons for risky behavior among youth in Grenada*

Drug use and risky sexual behavior among youth in Grenada were cited as part of the general breakdown of values, morals and norms within Caribbean society. Concerned was raised about the prevalence of uneducated school drop-outs, negative role models and poor parental skills.

Key informants from the health profession indicated that many young Grenadians were knowledgeable about the dangers of risky sexual behavior and drug use. Negative peer pressure and the need to belong, lack of love and attention at home, materialism, unemployment and lack of skills were all alluded to as the cause of lack of behavioral modification among young people.

Negative peer pressure was the main reason cited for the drug use among the youth in Grenada. Other reasons were experimentation, to feel good, to meditate and to escape reality (emotional pain).

#### *Characteristics of youth engaging in risky behavior*

It was indicated that due to the ready availability, low price and accessibility, legality and the general acceptance of alcohol by society, there was no distinctive attribute as to who used the substance. Demographics, race, religion, education, social and economic status were not determining factors in

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<sup>21</sup> Drug Avoidance Officer, Drug Control Secretariat, Grenada.

<sup>22</sup> *Ibid.*

<sup>23</sup> *Ibid.*

usage of alcohol among young persons. Alcohol consumption was culturally acceptable and was therefore a lifestyle issue; the implications being that young persons in general were likely and vulnerable to alcohol consumption.

In the case of marijuana, *“in terms of the persons arrested, charged, convicted, sent to prison or sent to Carlton House, we found that generally over 90 – 95% of the persons are those who are employed, persons who are working. However, on examination... a lot of these persons are in the lower income bracket...”*<sup>24</sup> It was believed that underemployed persons or low income earners were more vulnerable or at a higher risk of falling prey to marijuana consumption since they have the tendency to cultivate the crop for monetary gain and to improve their economic situation. Nonetheless, it was indicated that persons from other economic strata do access the illicit drug. However, given their economic situation and tendency for those in the lower stratum to have little access to higher learning institutions, they were easy targets of those who control the black market and were therefore easily caught. Otherwise, it was only students under tremendous pressure at school who used marijuana.

It was also stated that there was a trend of males getting involved in drug use and abuse. The reasons given were the higher levels of freedom given to boys and their adventurous nature as pleasure seekers. Also given due consideration as a factor for the higher tendency of males using drugs was the recent marginalization of males in society, where females were perceived as performing better than males.

Another key informant was of the view that there was a correlation between drugs and poverty. Though risky behavior permeated class barriers, it was noted that such activity was predominant amongst the poor in society. However, it was further noted that the social meaning of risky behavior among youth varied from social strata. It was also indicated that boys were more vulnerable, particularly due to their economic status, the community in which they lived and their association with gangs.

An AIDS educator indicated that young persons most vulnerable to engaging in risky behavior were the unattached youth, those who were not at school and unemployed. There was also the tendency for youth living in extreme poverty to exchange sexual favors for monetary gain and/or educational material for school. In some instances, again mostly due to poverty, these young children were encouraged to engage in such risky sexual activities by their parents.

Key informants from the Rathdune Treatment Centre (psychiatric unit) and Carlton House (rehabilitation centre) indicated that based on their admittance records, drug abuse was a cross-sectional disease that affected young persons of all walks of life. Most young persons admitted to the treatment center were found to be from homes with single parenthood or absence of both parents. The general consensus was that young people on the whole were vulnerable to drug use and abuse.

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<sup>24</sup> *Ibid.*

### *Contraceptive use among youths*

It was noted that the most commonly used form of contraception among young persons in Grenada was the condom. It was believed by the key informant that though there was an increased education and awareness of the risk of contracting HIV/AIDS and there was increase in the demand for condoms specifically, the main reason for condom use among youths was protection against pregnancy.

However, it was further noted by health professionals that there were a number of factors that affected youth usage of the condom in Grenada.

*The size of the populace.* A small society means there was an increased tendency for a 'close' society, implying that the personal activities of one person may become the talk of the day, since the family of the teenager seeking access to condoms may be known by a relative or health professional. This was a huge embarrassment to teenagers who may be sexually active.

*Attitudes of health professionals.* Although young persons could access contraceptives without cost at all public health facilities in Grenada, the poor attitudes and lack of professionalism of some health professionals towards the sexual activeness of young people were a hindrance to the youth accessing these condoms. Young persons were therefore afraid to approach the health workers and/or nurses for contraceptives. Additionally, there was no legislation or policy identifying the age group for contraceptive distribution so health professionals tended to impose their own personal values and morals upon young persons, as sex was still seen as a 'taboo'. This definitely acted as a deterrent to the youth in accessing the free contraceptives.

*Religion.* Some religions opposed the use of contraceptives as well as premarital sex. This deterred youth from using contraceptives, though it may not deter their sexual activity.

*Youth's attitudes toward condoms.* Fairly common was the refusal for some young persons to use a condom during sexual intercourse for several reasons – the condom itches, allergies towards condoms, or their partners do not wish to use condoms. A more serious reason was denial; they refused to believe they could possibly be victims of HIV/AIDS or get pregnant. "...look at the number of teenagers getting pregnant. To every pregnant one, you know that one was exposed to HIV/AIDS."<sup>25</sup>

### *Link between drug use and HIV/AIDS*

The general consensus was that there was a link between drug use, risky sexual behavior and HIV/AIDS. There was a high tendency for persons to engage in risky sexual behavior when under the influence of drugs since drug use altered one's ability to think.

Under the influence of drugs, young people lacked the mental ability and were not able to focus at the particular time to make the responsible decision to use protection, be it for the prevention of pregnancy or protection against sexually transmitted diseases. In many instances, such persons were not even aware of whom they were having sex with and did not give any consideration to protection. "...to use a condom when having sex or in preparation of sex takes a person to think about it, ...we know there are youths that drink, youths that smoke, and the same youths that drink and smoke have sex. ...HIV/AIDS is a behavioral issue; it's risky behavior. You drink you get high, you can't think well; you smoke, you can't think well, and then you are going to have sex and you would not think about using a condom and you would not think about who you are having sex with."<sup>26</sup>

It was very easy to contract the HIV/AIDS when sharing needles to inject drugs into the body, since the virus was transferred through body fluids. Persons under the influence of drugs were unaware of

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<sup>25</sup> AIDS Coordinator, Grenada

<sup>26</sup> *Ibid.*



the dangers associated with such practices and were more focused on the pleasure derived from their activities.

### *Myths and youths' knowledge about HIV/AIDS*

It was indicated by key informants that young people were generally well educated about HIV/AIDS, how it was contracted and prevent measures against contracting the virus. Nonetheless, some youth were in denial that they could actually contract the virus. *“Young people are always so carefree and they don't want to think about something that would prevent them from having fun or having them so stressed out and worry, ... and young people are becoming infected and this is a reality that they have to learn to live with ... but the problem is not so much that they don't know, the problem is that young people would want to do things that young people do without having to worry about HIV.”*<sup>27</sup>

### Current Intervention Programmes & Effectiveness – Drugs & HIV/AIDS

Key informant indicated that there were presently many programmes in place to sensitize and educate young persons and the public in general on drug prevention and HIV/AIDS. Institutions engaged in intervention programmes were:

Young Leaders, which was a very educational and popular school-based programme, specifically targeting young persons. Some of their most effective prevention strategies included the distribution of ribbons along with house-to-house visitations and discussions on HIV/AIDS, television programmes, the building of a resource center, flyers distribution and billboard installation. In times past, older folks had engaged in prevention programmes. Young Leaders gave young people the opportunity to engage in such programmes since they were *“the leaders of tomorrow”*<sup>28</sup>.

One of the most effective programmes of Young Leaders<sup>29</sup> was a visit to a primary school where young persons were having sex as early as 8 years old. Facts were given, pictures were shown and questions were answered. Drums were utilized to help convey the message of HIV/AIDS in a more comfortable manner. Most effective was the fact that young persons were delivering the message of the dangers of risky behavior to young persons, resulting in more interaction and none of the intimidation the presence of older persons might have caused. A follow up indicated that some children did change their sexual behavior.

Another effective programme was a motorcade, which resulted in the participation of most persons in the community. Some persons in the community indicated *“they were happy to see young people taking the lead. This is because so many young people are involved in bad thing. It was good to see some promoting positive things.”*<sup>30</sup>

One of the drawbacks of the Young Leaders activities was that if any member was perceived within the community as engaging in negative behavior, then the impact was reduced. One way to combat this problem was to withdraw any such member from public activity within the known community.

The Grenada Red Cross Society does not implement any direct drug prevention programmes but focused on youth empowerment through Young Achievers programme. The agency believed that instilling values and morals and the involvement of young persons in constructive activities were the key to positive attitudes and behaviors among the youth. The HIV Peer Education Programme was also a behavioral modification and youth empowerment programme, which stressed the avoidance of risky situations and situational management. The camp approach was employed and the programme has successfully trained an excess of 300 young persons throughout the island. One of the strengths of the programme was the close bond that developed between facilitators and trainees. Programme

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<sup>27</sup> AIDS Educator, National AIDS Programme, Ministry of Health and the Environment, Grenada.

<sup>28</sup> President & PRO, Young Leaders, Anglican High School, Grenada

<sup>29</sup> *Ibid.*

<sup>30</sup> *Ibid.*

facilitators, though few in number were very committed to the cause. The Grenada Red Cross Society received needed and welcomes support from NGOs (such as FAVA/CA), the media, religious organizations and the Ministry of Health and the Environment.

*One of the major challenges was the lack of human resource to provide follow up professional counseling with young people. Further, there was need for community empowerment and greater awareness among the management of educational institutions and religious organizations of the social issues and involvement of these organizations in helping curb these social problems.*

The Drug Control Secretariat conducted a series of prevention activities at various levels of society. This agency utilized the HFLE modules for the prison programme to educate and sensitize the inmates. There were specialized programmes in place for young persons. One such programme was 'Operation Safe Summer' which targeted students on vacation, geared specifically towards the negative effects of the festive activities of June – August. The Secretariat promoted drug prevention and general safety (water, fire and road safety) throughout the country to youth groups, religious groups and other community organizations through lectures and in collaboration with the Police, Red Cross and HIV/AIDS Unit.

SID/AIDS Unit, Ministry of Health – This agency has several intervention programmes in place to sensitize and educate the public on prevention measures. These include: condom promotion involving the distribution of condoms free of charge from all public health facilities, education of condom usage and storage, and encouragement of consistent use as protection against HIV/AIDS. There was continuous training of health professionals, as well as education and awareness programmes for the general public through collaborations with other agencies and institutions such as Agency for Rural Transformation (ART), GRENCODA, churches, public and private sectors. An abstinence programme was put in place for students in an attempt to dissuade youths away from sexual activities of youths towards self-realization, self-esteem and self-enrichment.

National AIDS Programme, Ministry of Health and the Environment engaged in sensitization and dissemination of HIV/AIDS information to young people through brochure distribution campaigns, billboard installation, school-based educational forums, implementation of the continuous abstinence promotional programme at schools, essay writing competitions to challenge and stimulate interest, distribution of the AIDS ribbon with information cards, radio and television programmes and AIDS alert spots (short messages), and one-on-one sessions. The department also engaged in activities with parents at PTA meetings, antenatal and postnatal clinics, churches, and at the community level.

*Generally, the programmes were very effective in alerting and educating young persons about HIV/AIDS. Young people were aware of HIV/AIDS, how it was contracted and the preventive measures to protect themselves against the epidemic. However, difficult circumstances and poor living conditions were not conducive to behavior modification and consequently have a negative impact on their decision to change their risky behavior. Both key informants within the AIDS sector alluded to the need for collaboration by all agencies and organizations to successfully deal with the social ills that plague the country, particularly among young people.*

*The major obstacles were lack of funds to implement suitable intervention strategies and lack of support from other sectors that do not perceive a correlation between their organizations and the issues of HIV/AIDS.*

Ministry of Education Health & Family Life Education (HFLE) is a school-based programme. The Drug Control Secretariat assisted the HFLE by providing training to teachers in delivering the drug abuse component of the programme to students.

The electronic media such as the television were also utilized. Although young persons viewed television programmes and productions, their impacts were minimal, particularly if productions were not dramatic, and eventually the ultimate purpose was defeated.

Generally, these programmes were not 100% effective since programmes were mainly aired and discussed during special events and were not continuous (focused upon year round). For instance HIV/AIDS programmes are generally publicized around December 1 annually, which is World AIDS Day. There was a need for continuous sensitization and programming.

The effectiveness of the programmes depended on its target audience. Younger children may be more prone to listen than the older ones, who tend to be more stubborn minded.

#### Recommendations – Intervention & Sensitization Programmes

The following were recommended by key informants in an effort to prevent risky behavior among youth:

It appeared that young persons were more sensitive to programmes such as group or seminar activities, that is, programmes that they themselves were involved in. Young people had a tendency towards needing to share their perceptions. Such activities can also act as counseling sessions. Drama also attracted young people and impacted on their lives and way of thinking/cognitive ability.

Television productions should be utilized. However, it was very important that they have a dramatic effect on the young viewers. Otherwise, the productions would be seen as “boring” and the intended impact would be lost.

There was also a need to have persons affected by or who had contracted HIV/AIDS talk to the young people about their own experiences and their struggles with the disease – the emotional stress and the fight to maintain employment, how they are spurned by the public, and more importantly see how AIDS victims look. This would definitely have an impact on young persons and scare them away from risky behavior.

It was reported that young people imitated adult behavior. Therefore, it was important for adults to be positive role models to young people.

Young persons had the general tendency to feel more comfortable, more relaxed interacting with other young persons. Prevention and intervention were therefore more effective when young persons talked to young people about the effects of negative behavior. Well informed, responsible and highly perceived teens should talk to young persons about the dangers of drug use and risky sexual behavior.

It was very important that stakeholders find out what young persons were interested in before programmes were implemented. Otherwise, these programmes would prove ineffective and promote boredom on the parts of young persons.

In order to obtain the knowledge–attitude–behavior change, one must first understand the reason for the behavior in the first place. In the instances where the behavior was for monetary gain as a result of unemployment or poverty, provision must be made for skills training. All government ministries, religious organizations and NGOs should collaborate, evaluate the situations and implement appropriate strategies and programmes that address all psychosocial issues. Behavioral modification is a multi-sectoral and holistic issue and cannot be dealt with in isolation.

More young people need to be engaged in peer educators training sessions so that they may have positive influences on their peers, thereby replacing negative peer pressure with positive peer pressure and decision-making.

#### 4.4 Semi Participant Observation<sup>31</sup>

##### **Gun Battle, Gouyave, St. John's (urban):**

From the observations, as early as 6 a.m. adults and young people both males and females begin assembling in the tiny alley-like area, about 60 metres by 5 metres. It is one of the most popular spots in the area. The area is lined with shack-like houses on one side and the back end of commercial buildings on the other. From the observations, as early as 9 a.m. on a typical day, it appeared there are over 40 or more persons milling around, with a significant number being youths. There are youths who appear to be 13-14 years, largely males who seem to be secondary and primary school dropouts. I was informed that young females accompanied by their babies and very young children (about 4 years) also come there to cool out because there is nothing else to do. The observer was told though that when things are good, that is when fish is prevalent and money is available, the number of persons and the activities increase tremendously in the vicinity.

Sniffing, smoking, gambling are predominant visual activities in the area. Males irrespective of age, will pile around a large table and buy and/or share goods (drugs – cocaine, marijuana, hemp). The observer was informed that this is the culture of the area.

From the vantage point at the home of one of the householders (who sells all kinds of little goods, including breads and other flour based products, cigarettes, drinks, fried fish, coffee and other hot beverages to 'make a dollar' as they say, in a little over an hour, about 12 males (primarily adults) came to buy cigarettes (Special) at 0.25 cents. Some of them came back at least once to purchase more cigarettes. The informant told the observer that cigarettes are the fastest selling item in the area. All shops in the general district sell cigarettes and within Gun Battle there are over 5 or more small sales persons selling the product, and as she mentioned, everybody is doing well. The observation revealed that some people appear to show signs of drug use. The observer noted someone cleaning the lady's kitchen, who (as stated by an informant) was a 17-year old male who dropped out of secondary school at the fourth form level. The informant mentioned that he was very intelligent but used cocaine, which "really sent him off". He was actually cleaning the kitchen for \$2. After he was finished his task she gave him some vegetables and asked if he had meat to cook. He said "Yes, fish".

The informant indicated that ball playing (soccer) was a recreational activity primarily among idle youth and that violence is predominant as residents made trouble for any simple reason.

##### **Sabs, St. Andrews (rural):**

From the observations, idleness among a significant number of youths during the working part of the day is evident. The observer was informed that some young boys and girls who did not complete formal academic training spent most of their time unemployed and might be recruited for occasional short-term employment.

The observer noted that one house in the area, which is the home of a teenager (about 18 years) whose parents are not in Grenada. It is alleged that the females visit that house for sexual favours in exchange for money. Some youths from that area mentioned to the observer that they do smoke marijuana.

From the observation and information received, one regular occurrence in that area is the high truancy rate for some households. There are about 3 homes that the observer passes daily where the children of school age stay home everyday, or at least are very late for school (this is me here being sarcastic since I pass through there about 9 a.m. most mornings) and they are playing in 'home clothes' on the road. The observer was further informed of a lack of responsible, mature parental figures in some homes.

##### **Grenville, St. Andrew's (urban):**

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<sup>31</sup> Semi-participant observation was conducted by Mrs. Dianne Roberts, Research Consultant and are related in her words with slight modifications to omissions for the purpose of reporting.

The observer noticed that that particularly on Saturday evenings from about 2 p.m., young people parade the streets of Grenville for hours dressed in all available fashion. Some of them remain in the area in excess of 9 p.m. Music is playing at strategic locations in the area. Small bars and Carib happy hour tents are located in some high used areas. Youths are seen drinking beers, Guinness, rum, etc. It was also observed that girls drinking alcohol, but to a lesser extent than the males.

A few violent outbursts were noted, as well two girls engaging in physical altercations. Public show of affection among some young people is also evident.

## 5. Discussion/Recommendations

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The study seems to highlight four major factors or themes relevant to the topic under discussion. These being:

### *Risky Behavior*

- Alcohol is not perceived as an unhealthy or dangerous substance due to the fact that it is generally accepted and consumed within the society. Alcohol is also viewed as a beverage for every social activity and is generally the beverage of choice for enjoyment and festivities.
- Young persons seem not to be aware of or accept the negative effects of marijuana and generally perceive marijuana as a good herb or 'tree of life'. It appears to be the belief that marijuana has medicinal value and improves learning ability.
- In terms of the effects of drugs on the body, alcohol is associated with delinquent/violent behavior while marijuana is perceived as creating tranquility and relaxation. Thus, marijuana is the drug of choice to relieve stress among the youth.
- Stress is one of the most often identified factors for drug use. Parents are constantly blamed for youth engaging in this activity. Therefore the problem of drug use is predominantly perceived as arising out of home and parental issues.
- It appears that peer pressure has a very strong effect on the behavior of young people. The study reveals that young people relate to fear of embarrassment from being teased for not being sexually active, for not using drugs, and for not being fashionable, even to the point that young people would put themselves in harms way and go against their values and morals to avoid such embarrassments.
- The idea of young persons engaging in risky behavior to follow a crowd and to fit in brings forcefully to the fore the beginning of major problems particularly given every indication that negative peer pressure has a tremendously significant role in young people's lives and decision making processes.
- There appears to be a general loss of values and morals which has destroyed the fabric of society – the family – and thus creates further problems such as teenage pregnancy and drug use. The age of parenthood has become younger and such young parents lacked adequate parenting skills. There appears to be little or no bonding between parent and child, which further results in a lack of expression of love and concern. Young parents are unable to provide adequate guidance and support for their teenage children experiencing the stages of puberty and adolescence, these being both difficult and significant periods for young people.
- There appears to be pressure amongst young people not only to use drugs or engage in sexual behavior but also to maintain a particular level in current fashion. Similarly, pressure appears to be a learnt practice by young people through adult influence. The view was expressed that adult use and pressure their children to acquire material wealth to facilitate them to 'keep up with the Jones' (their neighbors).
- The findings of the study further demonstrates very clearly that, due to all these pressures, young people engaged in various risky behaviors to assure their position in groups and in society, to fit in, and to be socially accepted; again, there was expression of a strong sense to belong.

- From the onset of primary socialization, occurring at birth, children are prone to imitate the behaviors and activities of their parents and others who directly impact their lives. The lack of proper socialization and inadequate parental guidance and nurturing resulted in the identity crisis and low self-esteem problems among young people. The initial implication is a desire to seek a ‘family’ outside of the natural family or home for love, acceptance and support; thus increasing young people’s risk of engaging in negative activities. Therefore, the natural need for expression of love and care from parents seems to be a key issue/factor contributing to negative behavior by youth.
- It appears that unattached youth and ‘guys on the block’ are alienated and isolated, hence one of their reasons for ‘liming on the block’ with persons of commonality. This sense of alienation or isolation is a result of poor socio-economic situations and the tendency to become ‘adults’ prematurely.
- From the findings of focus groups, it appears that some males are willing to use a condoms when having sex with girls who were not their girlfriends but these girls would decline the use of condoms in some instances. It appears that most females rarely use condom for one reason or the other, particularly with their main boy. There is the perception amongst youth that sexual intercourse without the use of a condom is more pleasurable.
- The study reveals that there are no set characteristics of persons taking drugs or engaging in risky sexual behavior. Subsequently, it may be fair to state that each case that presents itself is unique in terms of socio-economic, sub-cultural and psychological factors. This further complicates prevention strategies and finding broad-based solutions to the issues at hand.
- It is further safe to assume that unemployment and underemployment, that is persons in lower income bracket or rather the poor are more vulnerable to engaging in risky behavior since they appear to have more economic problems which appear to link to so many other social issues/problems. A change of socio-economic situations may result in behavior modification.

#### *Knowledge about HIV/AIDS – myths and perceptions*

Generally, young persons seem to be well informed as to how HIV/AIDS is contracted. Nonetheless, a few misconceptions and myths were reported as follows:

- HIV/AIDS can be contracted through normal kissing;
- There is a cure for HIV/AIDS – sexual intercourse with a young child or virgin can cure the disease;
- HIV/AIDS cannot be transmitted through lesbian relations since there is no penetration; and
- HIV/AIDS is an adult disease.

#### *Risky Behavior and HIV/AIDS*

From the study the general consensus was that contraceptives are used not for the purposes of protection against sexually transmitted diseases but mainly for protection against pregnancy.

It appears that the males are generally responsible for condom use and that the purpose of contraceptives seems to be mainly for protection against pregnancy since it was stated in many focus groups that the male is to show self-control and engage in *coitus interruptus*. Otherwise, the other form of contraception was the pill.

The role and influences of adults in the lives of young persons are significant in spite of the high level of peer influence. The general perception and belief of young persons is that adults though married, generally do not engage in monogamous relations, particularly when adult males seem to offer and entice young girls into sexual activity promising material wealth. A sense of uncertainty and possible anxiety as to their future result in a lack of faith in marriage or monogamous relationships among

young persons, and a desire to live and enjoy life to the fullest during youthful years plays itself out into risky behavior through the practice of multiple sex partners. Youth also tend to engage in present gratification rather than future gain. They have little prospects for the future, possibly due to lack of adequate guidance by parental figures and poor adult role models. That coupled with their ignorance and immaturity spell trouble for the general society in terms of the socio-economic implications of such behaviors.

The aforementioned sexual promiscuity of young persons combined with their perceived benefits of alcohol and marijuana consumption, and the poor correlation between knowledge and behavioral modification all create an environment conducive to young persons contracting the epidemic HIV/AIDS.

### ***Prevention Strategies***

It appears that most out of school youth and in school early teenage males are not aware of current prevention strategies. Therefore programmes seem not to adequately target or reach these groups.

It further appears that young persons may be disinterested and/or unaffected by adult educators and adult victims of risky behavior, which may result in the interpretation and perception that drug abuse and HIV/AIDS are “adult diseases”; not something that is or can affect young persons.

Similarly, community workers and educators whose characters are not exemplary (that is, known by attendees and students to be engaging in drug use and deviant behavior) may not create the desired impact in the attempt to provide information, advice and encouragement towards positive behavior among the youth. It should be stressed that such information providers should consider the link that appears to be necessary in terms of provision of information and lifestyle presentation, given the social implications of these issues.

It must be noted that parents should be the key in avoidance strategies. Some major focus must be made on addressing the role of parents in providing facilitating conditions for youth involvement in drug use and sex. Parents need to accept their role and responsibility towards youth development and therefore measures must be put in place to develop citizens that are responsible and capable of sound decision making skills.

## **RECOMMENDATIONS**

The focus groups and key informant interviews revealed that people generally have information as to alcohol, drugs, risky sexual behavior, and HIV/AIDS but lack the incentives to focus on turning the acquired knowledge and information into positive decision-making and healthy life-styles to reduce their involvement in risky lifestyles or behavioral patterns. The following recommendations are made based on these findings:

1. There is need for massive national level media awareness programmes – billboards, television, radio, posters, brochures, pamphlets, newspaper articles, youth rallies and marches, motorcades – focusing on the effects and impact of risky sexual behavior targeting youth and all vulnerable groups in society.
2. The ideas and suggestions of young people on how to implement prevention programmes need to be taken into consideration when planning such activities.



3. The implementation of programmes specific to parents, including parenting skills workshops, parent community exchange programmes, parent school based activities. Both schools and communities need to advocate more parent-child activities, which foster informative and social development, teach proper parenting skills and create positive bonds between parents and children, all in an effort to avert deviant behavior among youth.
4. The implementation of programmes geared towards poverty reduction which will help reverse the readily and seemingly acceptable attitude towards exchange of sex for money or drug trafficking for income generation or employment.
5. Conduct a feasibility study to understand why youths refuse to work or have a negative attitudes towards work. There may very well be lack of interest in work because they lack the skills needed to be gainfully employed and may therefore have the tendency to seek easy money from drug trafficking or prostitution. There may therefore be a need to invest into skills training institutions with particular target towards out of school youth.
6. There is a need to create linkages between ministerial, NGOs, social and religious institutions to sensitize and mobilize people on the magnitude of the HIV/AIDS and drug issues in Grenada and further the social, economic, educational and psychological implications of the epidemic and drug use, ensuring the general understanding and perception that all are affected.
7. It is imperative that all educational institutions include within their curricula the Health and Family Life Education inclusive of parenting skills training as an integrated subject rather than an occasion topic of discussion.
8. There is need for agencies to engage in greater edification campaigns. For instance, there is a tendency for a greater learning about sexual promiscuity and the different types of condoms from such agencies like Planned Parenthood specifically targeting the out of school youths and school-based educational programmes such as HFLE targeting youths at school.
9. It is important to sensitize and mobilize youth groups within the various communities to foster youth involvement so that a level of education of the effect of risky behavior and social enrichment is achieved through popular theatre, and street vibes educational programmes. There is also need to strengthen such programmes such as Young Leaders and peers training programmes.
10. Sustainability and continuity of programmes is very significant in achieving the difficult task of subverting risky behavior among youth. There is therefore need to identify resources and funding to sustain meaningful programmes to foster behavioral modification into positive attitudes and thus healthy lifestyles among people.
11. Apprenticeship programmes. A significant recommendation to avert or subvert risky behavior is to provide an alternative for youth. Contact should therefore be made with the private sector to provide job placement and employment opportunities for youth and persons participating in the prevention programmes.

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## Appendices

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### Appendix A1

**Table 4: In School Focus Groups Participants**

Age Group	Gender	Educational Institutions
14 – 16 years	Males only	St. Andrew’s Anglican Secondary Grenville Secondary St. Andrew’s Anglican Primary
	Females only	Anglican High School Wesley College Beaulieu Roman Catholic School
17 – 19 years	Females only	<u>T.A. Marryshow Community College</u> Secretarial Science Department Foundation Studies Programme
	Mixed	<u>T.A. Marryshow Community College</u> Department of Arts, Science & General Studies Department of Applied Arts & Technology
20 – 24 years	Mixed	<u>T.A. Marryshow Community College</u> Pharmaceutical Programme Teacher Education Programme <u>St. George’s University</u>

**Table 5: Out of School Focus Groups Participants**

Age Group	Gender	Institutions/Communities
14 – 16 years	Males only	<u>Primary &amp; Secondary School Drop-Outs</u> Gun Battle and surrounding villages (urban) Gouyave, St. John’s (urban) Gouyave Estate, St. Georges (rural)
	Females only	New Life Organization (NEWLO) Petit Bacaye, St. David’s
17 – 19 years	Teen Moms only	Programme for Adolescent Mothers (PAM)
	Males on the Block	New Life Organization (NEWLO), Grenville St. Andrew’s Skills Training Centre
20 – 24 years	Mixed	<u>Primary and Secondary School Drop-outs</u> St. Cloud’s , Mirabeau and Sab (rural)

## **Appendix A2 - Key Informants**

1. President, Young Leaders Programme, Grenada Boys' Secondary School, 2<sup>nd</sup> Place in Royal Bank of Trinidad & Tobago (RBTT) Young Leaders Programme 2001 – 2002, Grenada.
2. President & Public Relations Officer, Young Leaders Programme, Anglican High School, 1<sup>st</sup> Place in Royal Bank of Trinidad & Tobago (RBTT) Young Leaders Programme 2001 – 2002, Grenada.
3. Dave Alexander, Drug Avoidance Officer, Drug Control Secretariat, Ministry of Health and the Environment, Grenada.
4. Nurse Sylvester, AIDS Coordinator, SID/AIDS Unit, Ministry of Health and the Environment, Grenada.
5. Judy Benoit, AIDS Educator, National AIDS Programme, Ministry of Health and the Environment, Grenada.
6. Terry Charles, Director General, Grenada Red Cross Society, Grenada.
7. Nurse, Rathdune Treatment Centre, Grenada.
8. 20 year-old male drug addict, Rathdune Treatment Centre, Grenada.

## Appendix B1 – Focus Group Questions

- What is a drug?
  - Do young people use drugs in Grenada? Let's discuss drug usage among youths in Grenada (types, most common, legal, illegal).
  - Why do young people use drugs? (age of first use among youths)
  - How do young people behave after using drugs?
  - Do young people have sex in Grenada? Let's discuss sexual behavior among young people (age of commencement of sexual activity).
  - Do young people use protection? Why and /or why not?
  - Do young people between the ages of (which ever group I am working with) engage in other kinds of sexual activities? What are the reasons for this kind of behavior?
  - Do young people have sex with one partner at a time (e.g. boy or girl friend) or any male? Provide reasons for answer provided.
  - Do young people take drugs to have sex? Why?
  - Who is responsible for using contraceptive during sex? Is it the male or the female? Why?
  - How is HIV/AIDS contracted?
  - Do you think that there is a problem of HIV/AIDS in Grenada? Why do you say that?
  - Which age group do you think is most at risk for contracting/getting HIV/AIDS in Grenada? Why do you say that?
  - Do you think there is a link between drug use and contracting HIV/AIDS? Give a reason for your answer.
  - What do you know about programs or measures in place in Grenada (past and present) to address the issues of drug use and HIV/AIDS among young people? Comment on their effectiveness.
  - If you were placed on a committee to develop programs for sensitizing young people about drug use and HIV/AIDS to ensure a positive response, what would you do?
  - If the persons in authority in Grenada were to put together the best programs to prevent drugs use/abuse and HIV/AIDS among youths, are there other things that young people would need to ensure that they respond positively to these programs/measures? What are they?
  - Last comments
- NB: Although the guide is written in an impersonal tone, based on the responses provided by participants, direct questions are posed, e.g. why did you have sex or what age was your first sexual encounter?

## **Appendix B2 - Key Informants Questions**

### **Key Informant #1**

Drug Avoidance Officer, Drug Control Secretariat, Ministry of Education and the Environment

- Could you comment on the current situation of drug use and abuse among youths in Grenada?
- Why is there a significantly higher use of alcohol among young people in Grenada?
- Could you describe the characteristics of youths using drugs?
- Do we have a trend of mixing drugs in Grenada among youths?
- Could you discuss the intervention and preventative strategies adopted by the Drug Secretariat to address drug abuse and HIV/AIDS among young people?
- What are the major challenges and opportunities faced by the Secretariat in preventing drugs use and abuse among young people in Grenada?

### **Key Informant #2**

Nurse, HIV/AIDS Coordinator<sup>32</sup>, Ministry of Health and the Environment

- Comment on the use of contraceptives by youths (why, accessibility, reasons for use and non use, primary type use etc) in Grenada.
- Do you think that youths under the influence of drugs would be responsible to use a condom?
- Do you think that there is a link between use of drugs among youths and risky sexual behavior?
- Could we classify the youths involved in risky drug and sexual behavior into geographical and or socio economic groups?
- What are the past and present plans implemented by the Ministry of Health and the Environment to prevent the spread of HIV/AIDS among young people?
- Could you comment on the effectiveness of these programs?
- Why is it that the regular youths (these are youths who are not considered at risk) in our society are not making the link between knowledge (of drug use and HIV/AIDS) and behavior?

### **Key informant #3**

AIDS Educator, Ministry of Health and the Environment

- Could you discuss the awareness strategies implemented by the Ministry of Health and the Environment to address the issues of drug use and HIV/AIDS among young people?
- Comment on the major obstacles and opportunities faced by the Ministry of Health and the Environment in preventing HIV/AIDS among youths in Grenada.
- Could you comment on youths' knowledge concerning HIV/AIDS?

### **Key Informants #4 and #5**

President, Grenada Boys Secondary School Young Leaders

President and PRO, Anglican High School Young Leaders

- Do you think that there is a link between drug use and HIV/AIDS among youths?
- Comments on past or present programs implemented in Grenada to sensitize young people about drug prevention and HIV/AIDS.
- Based on your Young Leaders project, what was the most and least effective strategy used to sensitize young people about HIV/AIDS. Give a reason for your answer.
- What are your ideas for sensitizing young people about the issue of drug use/abuse and HIV/AIDS in Grenada?

### **Key informant #6**

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<sup>32</sup> Nurse selected the questions from my prepared list that she is qualified to answer.

**Terry Charles, Director, Grenada Red Cross Society**

- Suggest reasons for risky drug and sexual behavior among youths.
- Could you comment on Red Cross past and present activities designed to address the threat of drug use and HIV/AIDS among our youths?
- Comment of the effectiveness of past programs.
- What are the challenges and opportunities faced by the Red Cross in addressing the issue of HIV/AIDS among youths?

**Key informant #7**

**Nurse, Rathdune Treatment Centre**

- What are key reasons responsible for the admission of young people to Rathdune?
- What are the common drugs abused by the young people admitted to Rathdune?
- Were the young people in this Centre involved in risky sexual behavior prior to their admittance?
- Could you comment on the characteristics of the young people who are admitted to Rathdune?

**Key informant #8**

**20 year old male resident, Rathdune Treatment Centre**

- What drugs did you take before you came here (to Rathdune)?
- Why did you take marijuana?
- Where did you get the drug from?
- How did you feel after smoking marijuana? Do you remember at what age you started smoking marijuana?
- Did you have sex before you came here? Who did you have sex with?
- Did you use condom when you having sex?

**Key informant #9**

**Nurse, Carlton House Treatment Centre**

- What are the main reasons responsible for youths (14-24) usage of drugs?
- Could you comment on the characteristics of the young people who are admitted to Carlton House?
- I see a lot of people from Gouyave, St. John's and St. George's admitted to Carlton House. What is it that motivates that group of people to come here?

**Appendix C – Focus Groups Questionnaire**

The information provided in this questionnaire will be kept strictly anonymous and will only be used to generate general statistics.

**FOCUS GROUP ON DRUG USE & HIV/AIDS QUESTIONNAIRE**

1. COUNTRY _____	2. DISTRICT / COMMUNITY _____
3. Sex <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female	4. Age <input type="text"/> years
5. What is your highest level of education? <input type="checkbox"/> 1. Incomplete primary <input type="checkbox"/> 2. Complete primary <input type="checkbox"/> 3. Incomplete secondary <input type="checkbox"/> 4. Complete secondary <input type="checkbox"/> 5. Incomplete vocational/technical education <input type="checkbox"/> 6. Complete vocational/technical education <input type="checkbox"/> 7. Incomplete higher education <input type="checkbox"/> 8. Complete higher education <input type="checkbox"/> 9. Other _____	6a. What is your work status? <input type="checkbox"/> 1. Work full time <input type="checkbox"/> 2. Work part time <input type="checkbox"/> 3. Unemployed (skip to Q. 7) <input type="checkbox"/> 4. Student (skip to Q. 7)
	6b. What is your occupation? _____
7. What type of educational institution are you currently attending? <input type="checkbox"/> 1. Primary school <input type="checkbox"/> 2. Secondary school <input type="checkbox"/> 3. Vocational / Technical <input type="checkbox"/> 4. College <input type="checkbox"/> 5. University <input type="checkbox"/> 6. Out of school <input type="checkbox"/> 7. Other _____	8a. What grade / level are you if in school? _____
	8b. Day, evening and night classes? <input type="checkbox"/> 1. Day <input type="checkbox"/> 2. Evening <input type="checkbox"/> 3. Night
9. What is your parents' marital status? <input type="checkbox"/> 1. Married <input type="checkbox"/> 2. Divorced <input type="checkbox"/> 3. Separated <input type="checkbox"/> 4. Widow(er) <input type="checkbox"/> 5. Living together <input type="checkbox"/> 6. I do not know <input type="checkbox"/> 7. Other _____	10. With whom do you live? <input type="checkbox"/> 1. Father and Mother <input type="checkbox"/> 2. Mother <input type="checkbox"/> 3. Mother and Stepfather <input type="checkbox"/> 4. Father <input type="checkbox"/> 4. Father and Stepmother <input type="checkbox"/> 5. Girl/Boyfriend <input type="checkbox"/> 6. Spouse <input type="checkbox"/> 7. Grandmother <input type="checkbox"/> 8. Grandfather <input type="checkbox"/> 9. Other relative <input type="checkbox"/> 10. Friend <input type="checkbox"/> 11. Lives alone <input type="checkbox"/> 12.                      Other
11a. How many persons live in the same house as you, including yourself? _____ 11b. How many are employed? _____ 11c. How many are minors/dependents? _____ 11d. How many children do you have? _____	12. How would you describe the economic situation of your family? <input type="checkbox"/> 1. Very bad <input type="checkbox"/> 2. Bad <input type="checkbox"/> 3. Moderately good <input type="checkbox"/> 4. Good <input type="checkbox"/> 5. Very good

13. In your opinion, how harmful are the following in relation to sexually transmitted diseases?

	1. Not harmful	2. Slightly harmful	3. Very harmful	4. Don't know
13.1 Frequently drinking alcohol				
13.2 Smoking / using marijuana				
13.3 Taking / using cocaine / crack cocaine				
13.4 Combining illegal and legal drugs				
13.5 Having multiple sex partners				
13.6 Having sex under the influence of drugs				





<p>24. Have you ever taken drug prevention courses?</p> <p><input type="checkbox"/> 1. No (skip to Q. 26)</p> <p><input type="checkbox"/> 2. Yes state how many _____</p>	<p>25. How would you rate the drug prevention courses you took?</p> <p><input type="checkbox"/> 1. Very useful                      <input type="checkbox"/> 2. Useful</p> <p><input type="checkbox"/> 3. Slightly useful    <input type="checkbox"/> 4. Not useful</p> <p><input type="checkbox"/> 5. Don't know</p>
<p>26. Have you ever attended HIV/AIDS discussions?</p> <p><input type="checkbox"/> 1. No (End of questionnaire)</p> <p><input type="checkbox"/> 2. Yes state how many _____</p>	<p>27. How would you rate the HIV/AIDS educational forum you attended?</p> <p><input type="checkbox"/> 1. Very useful                      <input type="checkbox"/> 2. Useful</p> <p><input type="checkbox"/> 3. Slightly useful    <input type="checkbox"/> 4. Not useful</p> <p><input type="checkbox"/> 5. Don't know</p>

