

Adolescent Girls, Sexual Culture, Risk and HIV in Barbados

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The Caribbean response to AIDS has not been as successful as was anticipated as a preventive campaign to curtail the spread of HIV and reverse the tide of the epidemic, although some countries, Barbados included, have made substantial headway through epidemiological interventions (ARVs) to save and prolong life.¹ In line with the UNAIDS observation that the “*major challenges*” are the increasing rates of infection (and mortality) among females and among youth, and the Millennium Development Goal (MDG) to “*halt and begin to reverse the spread of HIV and AIDS*”, policy and programming in the Caribbean is increasingly according priority to Prevention and Behaviour Change Communication (BCC), especially among vulnerable populations including youth. In support, research is shifting ground from a heavy dependence on the documentation of sexual practices, towards the interrogation of sexual cultures and socio-economic environments in the search for the causes and correlates of the risky sexual behaviour that drives the epidemic. Only when we know why high risk sex persists can we hope to design effective policy for change.

This paper draws on qualitative research conducted with vulnerable adolescent girls in Barbados, on unpacking the contemporary sub-cultural construct of *bashment* that centers an active, assertive heterosexuality for females as well as males. Paradoxically, this self-image of sexual maturity and control is, in reality, located in liaisons with boys and men within which girls have little, if any, agency to negotiate safe sex or personal safety, and in a social environment of family and community, school and church that fails to provide protection. Their risk behaviours and vulnerability within this socio-cultural context raise critical questions about the effectiveness of official HIV and AIDS policies based on the premise that Health and Family Life Education (HFLE) provides the knowledge base for behaviour change, and that the promotion of ABC (Abstinence, Be faithful and Condomise) will protect against HIV infection.

The Epidemic

It is well known that the Caribbean has the second highest HIV/AIDS prevalence rate, second that is to Sub-Saharan Africa, and that AIDS has become the leading cause of death among

young adults in the 15-44 year age group. Within the region, the Barbados rate of 1.8 ranks among the highest. The epidemic has reached crisis proportions. Since the first case of AIDS was recorded in Barbados in 1984, the rate of infection has continued to rise steadily. Transmission in Barbados and the wider Caribbean is almost exclusively by heterosexual intercourse.ⁱⁱ Males continue to predominate among reported HIV cases within the total population, at a ratio of 1.8 to 1. Within the cumulative total, males account for 1770 cases (65 percent). The corresponding figure for females is 972 (35 percent). However, the gender gap has been closing as an increasing proportion of women becomes infected. Earlier, for example in 1995, the ratio was 2.3 HIV infected males for every one female.

A cause for serious concern is the spread of infection to the youthful population. A total of 38 percent of all cases of AIDS have occurred among persons aged 15 to 34 years. Given the relatively long incubation period of the virus before it develops into full-blown AIDS, estimated at anywhere between 7 and 15 years, it is clear that a large proportion of infected persons is contracting the virus during teenage years.

Data for adolescents disaggregated by sex reveal an alarming trend for teenage girls. While males carry a higher rate of infection in the overall population, the reverse is apparent within the adolescent cohort. Using the cumulative total since 1984, girls outnumber boys in the 10 to 19 year age group by 2.2 to 1 for HIV infection and by 2.0 to 1 for AIDS cases. In countries where the epidemic is more advanced, this gender imbalance is even greater. In Ethiopia, Malawi, United Republic of Tanzania, Zambia and Zimbabwe there are between 5 and 6 girls infected for every boy in the 15 to 19 age group (UNICEF/UNAIDS/WHO 2002:17). Closer to home, the ratio in the same cohort in Trinidad and Tobago is 5 females to every male (Anderson, Marcovici and Taylor 2002:1). It was this evidence of high rates of infection among adolescent females that prompted this research. It was clear that this gender ratio required an explanation, urgent attention and targeted interventions.

Adolescent girls: Sexual practices

We know a lot, too much some would say, about the sexual practices of youth. Survey results show that adolescents in Barbados and the wider Caribbean are a markedly heterogeneous group.

Despite prevalent generalizations of “*youth in crisis*”, most young people are well adjusted and do not engage in risk behaviour or violent activity. Neither do they participate in the drug trade or drop out of school (World Bank 2003:1). The majority is not sexually active and has made a conscious decision to postpone sexual initiation (PAHO 1999:15-16, PAHO 2000, Ellis *et al.* 1990).

But there are significant numbers of young people who do not fall into this ‘*safe*’ category. KAPB surveys among secondary school students and youth have provided disturbing information on adolescent sexual practices within this group. In one such survey it was revealed that 33 percent of the sample had been sexually active. Of these, 50 percent claimed that sexual intercourse had occurred before the age of 13 and 25 percent had been active with more than one partner (Ellis *et al.* 1990). This and other studies expose a sub-cultural youth sexuality of early experimentation and initiation, short-term relationships and multiple partnering (serial and concurrent), and casual one-night-stands (Blades 2002:10, Carter 2001:29, Dann 1987, Ellis *et al.* 1990:7-8, Rivers and Aggleton 1999:2, World Bank 2003:15). It has been found, generally, that adolescents whose sexual debut occurs early are involved in high-risk liaisons with multiple partners. Early sexual initiation is, therefore, a critical risk activity (UNICEF/UNAIDS/WHO 2002:11). There is also some indication that adolescent girls have experienced ‘*forced*’ sexual initiationⁱⁱⁱ (PAHO 1999:17) and are engaged in transactional sex for material gain (Stuart 2000:129).

Of greatest concern is the prevalence among adolescents of unsafe sexual practice, here meaning sex without condom use. Among secondary school children who were sexually active, 63 percent had practiced sex without condoms (Ellis *et al.* 1990). A more recent survey identified a disturbing proportion (45.8 percent) of young persons aged 15-29 years who admitted to inconsistent condom use, and an alarming 21.9 percent of females who “*never used condoms*” (emphasis in original), compared to 12.2 percent of the males (Carter 2001:25,30).

Other official statistics add further cause for concern. Even as we acknowledge the inaccuracy of official records and the under-reporting of sexual abuse, the record shows fluctuations but no decline in the incidence and reveals that girls were the victims in as many as 94.2 percent of

cases in 2004-05.^{iv} An alarming conclusion reached by researchers is that a certain “*normalcy*” attaches to these acts of sexual abuse (Barrow 2003, Rock 2002). Additionally, although the rate of adolescent motherhood has continued to decline, down to roughly 16 percent of all births since the late 1980s, teenage abortions in the public hospital account for nearly one quarter of the total.^v Early motherhood may, therefore, no longer be a social problem, but adolescents are clearly still being exposed to unprotected sex, pregnancy and HIV infection.

This statistical information has provided a substantial data-base on the sexual knowledge and practices of the younger generation, highlighting their risk behaviours. Most critically for policy interventions, the KAPB surveys have clearly revealed the disconnect between knowledge and behaviour – the so-called “*KAP gap*”. The message for the Caribbean HIV and AIDS response is that education and knowledge are critical and necessary, but not sufficient to induce behaviour change.

KAPB surveys were formulated, by the World Health Organisation (WHO) and subsequently adopted by UNAIDS, to collect critical base-line data on sexual knowledge, attitudes and practices and a few other pertinent issues such as partner relations. But they are not theoretically linked, and are not intended to be. Useful as they are, KAPB surveys are removed from the social context. By reducing sexuality to a series of quantifiable items of individual behaviour, they provide masses of quantitative information on the **What** of sexual behaviour – what people are doing, when, how often, with whom, with or without a condom. But they do not and were not designed to answer those all-important **Why** research questions: *Why do people practice unsafe sex when they know it puts them at risk, when they know it is potentially fatal?* If research is to inform effective programme design and policy for HIV prevention, the research agenda must turn attention to this and other related questions focusing essentially on risk and behaviour change or, indeed, the absence thereof.

Sexual culture and adolescent girls

Without a theoretical understanding of the **Why** of sexual behaviour, unsafe practices in particular, policies for behaviour change will be simplistic, limited and misguided. Furthermore, behaviour change cannot be reduced to a personal or psychological issue of individual attitudes

and motivations. While sexuality cannot be separated from the body and the mind, it is also socially constructed and driven, especially among the more vulnerable in society. As Katharine Wood and her colleagues (Wood *et al.* 1998:234) have stated: “*Understanding sexual encounters as sets of practices which are negotiated and enacted by the individuals concerned creates a space for considering how inequities determine and are played out during sexual intercourse, thereby affecting individuals’ capacity to control it on their own terms*”. The absence of the incentive or agency for behaviour change is a function of people’s lives within their gendered identities, their sub-cultural constructs of sexuality and their social environments that reinforce vulnerability and, in turn, fuel the epidemic. A study conducted among adolescents and young people in a Southern African township identified resistance to condom use “*despite high levels of knowledge about HIV infection and of the sexual health-enhancing benefits of condoms*” (MacPhail and Campbell 2001:1614). To explain this apparent anomaly, the researchers investigated a number of factors that inhibited condom use and placed young people at risk of HIV infection, including “*individual-level perceptions of health and vulnerability, community-level factors such as peer and parental pressure, and wider social influences including the social construction of male and female sexuality and gendered power relations, as well as economic constraints*” (MacPhail and Campbell 2001:1614).

HIV infection must no longer be interpreted as a personal misfortune or individual irresponsibility. Sexual vulnerability is culturally and socially structured by gender, social class, race and ethnicity, disability and poverty. With this in mind, the key question for this research was formulated as: *What is it in the gendered identity, sexual culture and social environment of sexually active adolescent girls in Barbados that promotes risk behaviours, undermines individual agency and generates high vulnerability to HIV infection?* Within the limited space of a conference paper, this presentation is confined to an interrogation of the paradox between the *bashment* adolescent self-image and sexuality, and the reality of gender inequity and risk in sexual encounters.

Bashment

Bashment is a sub-cultural construct of black youth centered on an active, assertive risk heterosexuality, for girls as well as boys. Appearance and looks are important – for girls “*a big boxcy*

and breasts". A "*bashy*" girl dresses in nice tight clothes and the latest in jewelry, hair-style and shoes. Hers is a loud and bold public performance in which she is "*the center of attention*", out to have a good time, to "*mek sport*" and enjoy life. She has "*attitude*", meaning that she is a mature, no-nonsense woman, who knows what she wants and meets life head on. She is street-wise, her life experiences of have toughened her up and no-one can "*mess with she*". She is sexy and "*hot*", sexually experienced, attracts men and knows how to "*handle*" them and manages relationships without falling in love and becoming vulnerable. She does not cry or show fear or any other sign of weakness. Her mirror opposite is the "*li'l girl*", the "*church girl*", quiet and modest, leading a "*dull and boring*" life at home. She is the virgin who is timid and "*scared of sex*", "*saving sheself for somebody*".

The girls involved in the research aged between 14 and 16 years indicated that the appropriate age of a boyfriend would be between 19 and 23 years, definitely not their contemporaries and class-mates who "*act like two years old*", "*get on like little boys*", are "*always running 'bout and play wid marbles*", and were described as "*little freaks*", "*nasty*" and "*vulgar*", and "*immature*". A relationship with one of them would be "*totally embarrassing*". They were also of the view that 14 years is an appropriate age for a girl to have a boyfriend, and for sexual initiation between 15 and 16 years, though some were in favour of postponement at least until the age of 18 years. The idea of abstinence until marriage was greeted with: "*Marriage wuh! Yuh got tuh life to the fullest*" and "*Most women getting married when dum in dum 30s and ting. Who gine wan' wait dah late?*" The girls also claimed that they would be assertive in initiating contact with someone to whom they were attracted, not waiting for him to make the first move. In their words: "*I would send out the first signal*", "*I like tuh be straight forward*", "*I would go and tell him face to face*".

The subculture of *bashment* centers hetero-sexuality. Sex is highlighted in the music and dance of youth (Best 2000), in mass media images on their favourite television channel Black Entertainment Television (BET) and in advertising. It is the main topic of conversation in their peer group talk and communication with partners focuses on the mechanics of sex – "*what positions to do it in*", "*if yuh like it hard or soft, yuh like kinky sex, dem sorta ting*", "*if it hurt*" and "*why you ain't ready*".

Girls achieve a reputation among their friends by boasting about sexual encounters, while others with no such experience are left out of the conversation. Several described being motivated by curiosity and experimentation. One girl described her first sexual experience by saying that she just wanted to know what it would feel like, she was curious because all her friends were talking about it. Girls feel the pressure *“because all of dem rest a friends doing it, so ...”*

With more immediate and direct effect is the pressure from boys and men on younger girls to have sex and to do so without a condom. Initially they use persuasive techniques and *“bribe with sweet talk”*. Failing that, they taunt, gossip and undermine one’s reputation. As one girl summed up the pressure: *“And den de man might say, might say, ‘You is a bare lil girl, you don’t trust me, and I love you and all uh dah foolishness. And dem (the girls) gine feel now, ‘Oh shoot, he gine go and tell my friends so and so, and so and so. So it is more, sometimes it is more that they don’t want people to talk about, and say that they are that kindah li’l girl, can’t tek it, and stuff like dat”*.

Sheena, aged 13 years, had her first sexual experience with an 18 year old boy in a store-room at school. She describes the pressure she was under: *“Because he was just confusing me all de time. And every time he see me, he telling me junk like ‘little girl come along little girl’ and ting. And I just get fed up and say dat I wuh gih he a little piece to make he happy and stop confusing me”*. She states that theirs was not a relationship, they had sex only once and did not use a condom. Most girls were also of the view that sex is essential to maintaining relationships, that without sex boys and men would move on. They denied that the pressure they were under constituted coercion or force, though harassment is clear and *“forced sex”* has been reported in other studies (PAHO 1999:17).

There was general agreement that relationships are short lived – *“a month, a week, sometimes a day!”* - and a disturbing perception that serial monogamy constitutes safe sexual practice. Concurrent multiple partnering is commonplace and the girls expect it of their sexual partners, though they hope otherwise. Their response was to propose the same behaviour for females, in their words to have a *“back up”*, *“a flam”*. As one put it: *“When yuh boyfriend horning yuh, yuh does doan know so you should got a flam”*. Not all agreed and they were fully cognisant of the

gender double standard of morality and the implications of such action for a girl's social standing.

"People does say, yuh know, if a fella got more than one girl he's a player. A girl got more than one man, she's a whore. The first thing, first I feel it should guh both ways. A fella should not got more than one girl, nor a girl more than one man. If you got somebody you should only got one person. 'Cause dats why AIDS spreading. Everybody want to hit everything".

Most at risk are those girls involved in sexual relationships with older men. These have a long history in the Caribbean and are in all likelihood more culturally embedded than is generally acknowledged. They have become popularly known as the "*sugar daddy syndrome*". The girls in the research agreed that they are culturally familiar and commonplace, transactional as sex is exchanged for money, jewelry and brand name goods, are central to the *bashment* cultural complex, and attractive to adolescent girls. A relationship with a man variously known as a "*bad boy*", "*gangster*", "*thug*" moneyman" or "*ghetto man*", enhances ones reputation and popularity and also provides protection.

"Look at she. She is a boss. Look, she man is a pure, pure thug. Nobody can't mess round she. Girls get a level of respect when they deal with certain fellas. Alright, if he supposed tuh be a bad man and she got he pun lock, she got tuh got something. When certain fellas like certain girls, de girls is automatically get look at in a different way. When certain fellas fuh whatever reason notice she. Then other fellas wuh reason wuh if he checking she, she got tuh got something. Leh me look at she too".

"Protect sheself. A girl wuh say, alright I gine go wid he ... Any time anybody interfere with me, he would be dey fuh me"

But, although the girls adopt a bravado, *bashment* style and "*big up theyself*", within these relationships they are at their most vulnerable - without the capacity to refuse sex or negotiate condom use, at great risk of physical and sexual violence, and unable to put an end to the relationship.

"I tell yuh, dem (the girls) ent got nuh say. When a fella wanna to do it he is say, 'Come, leh we do it', and dem is just guh long. Dey (the girls) don't say, 'Leh we use a condom', dey doan say nuttin'. Dem frighten dat them gone get beat. A lot of dem is get beat by de older men. In town and ting yuh does see dem getting beat, cruel so, in front dem friends and ting. Dem is guh wid big man and de man is just beat dem up and don't gih dem nuttin', all de time so, and den dem is go and do it back again, again and again."

"And de girls can't do without dum, 'cause he is de bank. She got tuh keep he happy tuh get in he wallet"

“Dem (the men) big and strong. A lot of girls got thugs, ghetto men. Most girls want men dat got a reputation dat nuhbody gine want to come round. It is backfire 'cause dem men is turn pun dem. Duh got dis girl that live out by me. She got this man that from T (neighbourhood). She feel that because she got a man from a ghetto, that she safe. De man turn round and beat she to a pulp. Girls don't know where to draw de line. Dem feel that fame and popularity is everyting”.

“Dem girls frighten. De men is tell dem dey can't leave... I know girls that get beat from their men and don't leave”.

Within the wider environment of adolescence and childhood, it is the function of the three major social institutions – family, education and religion – along with the society and community in general, to provide a counterbalancing protective context, value system and behavioural codes to support and guide children and adolescents. However, according to a recent World Bank review of Caribbean youth development: *“The literature on youth in the Caribbean and the findings of this report suggest that negative youth outcomes are a result of failures on the part of families, government, and society as a whole to provide the appropriate and adequate supports for young people to grow into responsible and productive adults”* (World Bank 2003:2). This conclusion is echoed in this study of adolescent girls in Barbados. The messages they received from their parents and families, teachers, guidance counselors and priests effectively either denied or condemned and their sexuality, thereby silencing their questions and concerns, and failing to provide them with alternative choices and, perhaps, a safer sexual culture.

Other researchers have also noted a lack of empowerment and economic autonomy among adolescent girls in the Caribbean and evidence of poor body image and low self-esteem (PAHO 1999:25,40, Stuart 2000 127-128). They have also revealed a fatalistic attitude - *“if they don't dead of one thing they dead from another”* (Blades 2002:8), and little sense of direction or goals for the future, and even depression and suicidal tendencies among adolescents (PAHO 1999:25,27). Also reported among a minority is the desire for pregnancy and child-bearing to please their partners and *“because babies are cute”* (Blades 2002:13). The consequences are resistance to condom use and exposure to STI and HIV infection.

On the face of it, the bashment girls appear to be adopting a sexual posture traditionally associated with masculinity. Their cultural construct privileges the personal qualities of control, resilience and survival, and separates the mature from the little girl. But this self-image becomes

an illusion within the real world of risk and danger, gender and age inequities, male power in sexual relationships, and a less than protective social system.

Risk

Risk has become a keyword in our understanding of modern society and human behaviour. Increasingly, risk has come to mean the threat and danger associated with uncertainty and undesirable or harmful outcomes. A proliferation of literature seeking to theorise and measure risk has emerged from two principal disciplinary perspectives - from cognitive psychology and from socio-cultural constructionism.^{vi} The former presents psychometric risk measurements founded on the notion of rational action. The '*health belief model*', for example, that underpins HIV and AIDS response in the Caribbean, assumes a linear link between the knowledge of risk and preventive behaviour change. Individuals are constructed as calculating, self-interested and non-emotional, positioned outside of their environments and, therefore, immune to social and cultural influences. The side effect of this model is to assess the behaviour of "*Others*" as careless, irrational, pathological and as the individual's own fault, to construct "*risk groups*", and to objectify and distance persons in these groups, especially those living with HIV and AIDS (PLWHA), in the process reinforcing stigma and discrimination.

Social constructionism, on the other hand, directs attention to the social and cultural settings in which risk is experienced and negotiated. Theorists such as Mary Douglas (1966), Anthony Giddens (1990, 2000) and Ulrich Beck (1992), among others, locate and explain the increasing pervasiveness of risk within the context of modern society characterized by the breakdown of traditions and rapid and constant change generating uncertainty, anxiety and fear.

Adolescence and risk-taking have always gone hand in hand. Youth is constructed as a period of experimentation and adventure, of breaking the boundaries and walking on the wild side before settling down to mature, responsible adulthood. In modern society, adolescents live in a risk-charged environment. They are challenged to by advertising and marketing to take even greater risks by driving faster, feting longer and later, drinking a greater variety of alcoholic brands, participating in extreme adventure sports and having unprotected sex. Their local environments present extra dangers in the form of new drugs, HIV and violence. Risk behaviours are gender differentiated, normally associated with male action, while the feminine script prescribes safety

at home with women and girls “*more often portrayed as the passive victims of risk than as active risk-takers*” (Lupton 1999:161). But, as the figures show, adolescent girls are more vulnerable to HIV infection, implying higher risk sexual activity than their male contemporaries.

Barbados and other Caribbean countries have placed the well-being and development of youth firmly on their policy agendas and established and funded desks, departments and a variety of programmes. But relatively little attention has been devoted to acquiring an understanding of the challenges and problems that underlie their risk behaviours, including unsafe sexual practices. Space is not always provided for the participation of young persons in the design and implementation of these interventions that, as a result, tend to be uninformed and misconceived.

The theoretical perspective of social constructionism enables us to better interpret adolescent sexuality, in this case among sexually active girls in Barbados, and how they experience and negotiate their realities and risks. This approach exposes the failure of social institutions to provide a counterbalancing protective framework. It also facilitates our understanding of how social and sexual relationships reduce their capacity for agency and expose them to the risk of STIs and violence, and how their own cultural construct of adolescence – *bashment* – paradoxically, promotes resilience and autonomy, while celebrating high risk sexual behaviour.

Conclusion

The Barbadian adolescent girls, who were the main focus for this study constitute a minority within the wider cohort, but are arguably at highest risk of HIV infection. They have, some more than others, assumed a peer-norm and self-image of *bashment* that celebrates and promotes a risk femininity and an active, assertive sexuality, that expressly counters and challenges the hegemonic feminine construct of virginity and monogamy, modesty and submission. But their lived reality privileges male domination in relationships and a construct of hetero-sexual masculinity centered on an assumed biological “*need*” for sex, sexual prowess and power and concurrent multiple partnering. This undermines the resilience and control assumed within the *bashment* subculture, leaving adolescent girls with little, if any, agency to refuse or postpone sex, or to negotiate safe sex and personal safety. Their disempowerment is most evident within mixed-age transactional relationships in which they exchange sex for material gain and a dubious

protection from the same men that reject condoms, expose them to HIV infection, and are the perpetrators of sexual coercion and violence.

Turning attention to the cultural images and expressions of sexuality for these adolescent girls and the dynamics of their relationships, and also to the social environments in which they live, enables us to understand their vulnerabilities and risk behaviours, and to begin to answer the **Why** questions that were raised earlier on. Rather than condemn adolescent practices as '*promiscuous*' and '*deviant*', we might begin to interpret their sexuality within a counter-discourse that valorizes risk taking and a social constructionist model of the gendered meanings of risk. The disruptive femininity of *bashment* may, for these girls, represent resistance to a highly restrictive and disempowering hegemonic femininity (and youth) that has dominated their lives. Perhaps, by crossing the boundaries into risk performance they are challenging feminine norms strongly encoded as passive, submissive, virgin and victim, and escaping from a social construct of adolescent girl that denies their sexuality and emerging adulthood, and condemns them to the dullness and boredom of being a good "*li'l girl*".

This is by no means a full account, the research is ongoing, but already it raises questions about the efficacy of the two policy perspectives on which Barbados and other Caribbean countries have been heavily dependent for the behaviour change response to HIV and AIDS, namely Health and Family Life Education (HFLE) and Abstinence, Be Faithful and Condomise (ABC). KAPB surveys have revealed a clear disconnect between knowledge and behaviour, and the limited effectiveness of education campaigns based as they are on the flawed premise that, in response to HIV and AIDS, once people have the knowledge, they will change their attitudes and protect their lives by altering their behaviours. And yet this premise continues to underpin HFLE to which all the girls in this research have been exposed in their secondary schools.

The ABC intervention is also virtually meaningless in the lives of these girls, though this is not to say that within the lifestyles and realities of others, it would not be appropriate. But for *bashment* girls, virginity and sexual inexperience are personal and social burdens, the mark of being an immature girl. Within sexual relationships, especially with older men, they have virtually no capacity to negotiate sexual practice, fidelity or condom use or even to ensure their

own personal safety from forced sex and physical abuse. They appear to be exposing themselves to maximum risk. At the same time as they seek to reject a prevailing submissive femininity, they also confront a Caribbean masculinity centered on dominant and aggressive heterosexuality. Deeply paradoxical, perplexing, troubling and even self-destructive as their behaviour might appear, this is the reality that an effective HIV and AIDS response must address.

ⁱ Since the inception of the Highly Active Anti-Retroviral Programme (HAART), entitling all residents of Barbados to treatment free of cost, the mortality rate has been cut by 50 percent and there has been a decline in hospitalization as a result of AIDS.

ⁱⁱ There is also evidence of mother-to-child-transmission (MTCT) in that, by June 2004 (the most recent date for which figures are available), a total of 71 cases had been identified among children under 5 years of age. This continues to be an area of concern despite targeted interventions that, since the introduction of the AZT programme in 1995, have reduced the incidence by 82 percent.

ⁱⁱⁱ In a study that spanned 9 CARICOM countries, of the one-third of adolescents who had experienced sexual intercourse, almost half of the girls (49 percent) reported that their first sexual experience had been forced.

^{iv} Statistical information from the Child Care Board (CCB), Barbados.

^v Barbados legalized abortion with the passage of the Termination of Pregnancy Act, 1983.

^{vi} See Lupton (1999) for a review of alternative theoretical perspectives in relation to risk.

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