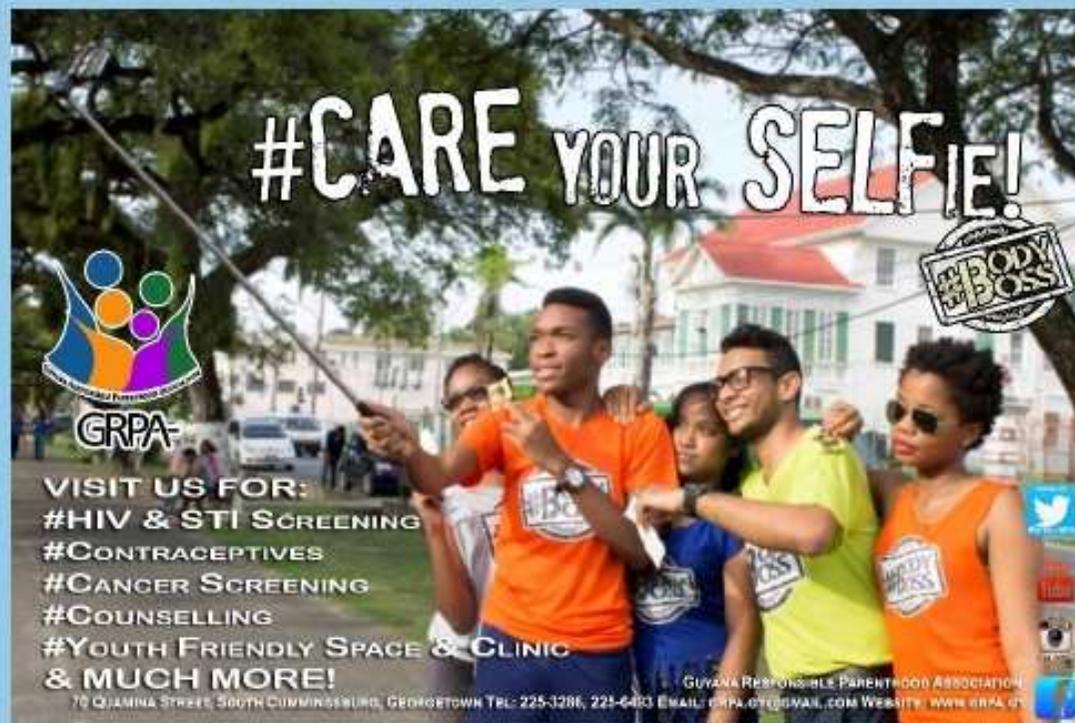




“Sexual Trends among youth in Guyana”



Guyana Responsible Parenthood Association:



The good, the bad, and the ugly.

A 'snapshot' of sexual knowledge, attitudes and practices among Guyanese youth aged 14-25.

December 2015

Researcher: Sherlina Nageer (MPH)



“Sexual Trends among youth in Guyana”



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FOREWORD

Young people today are confronted with critical issues, which often have adverse on their lives, threatening their future. These include susceptibility to health, social, psychological and economic difficulties, including Teenage Pregnancy, Gender Based Violence, Sexual Violence, increased vulnerability to HIV and STIs, Depression and Suicide.

To address these issues facing Guyana's youth population, the GRPA, a leading NGO in the area of Sexual & Reproductive Health and Rights in Guyana, implemented a **CHOICES** project in 2015. The project which was entitled: *Forwarding a Healthy Generation: Increasing SRHR Access and Services for Youth and Adolescents*, was aimed at enhancing the quality of sexual and reproductive health of adolescents and youth, and to address the crucial issues they face.

As part of the project, the GRPA conducted a *Survey of Adolescent and Youth Sexual Trends in Guyana* to address the lack of data on the state of adolescents and youth, with particular reference to Sexual & Reproductive Health. The aim of the study was to assess the sexual knowledge, attitudes, and practices of Guyanese youth aged 14 to 24 years of age. The research sought to obtain insights into the sexual behaviors and needs of Guyanese youth which would then be used to inform the internal programming of GRPA, in particular the activities of its youth component - the Youth Advocacy Movement (YAM).

The survey, which is entitled: *The good, the bad, and the ugly: A ‘snapshot’ of sexual knowledge, attitudes and practices among Guyanese youth aged 14-25*, presents a valuable insight into Guyana's youth population and provides a baseline for a comprehensive study to address sexual trends and behaviour of adolescents and to enable them to live a healthy lifestyle, realising their dreams and working to build a flourishing nation.

A significant aspect of the *Choices* project was the launching of the **#bodyboss Campaign** with the tagline: **#mybody#myrights#myrules**. The **#bodyboss Campaign** promotes positive reinforcement of adolescents and youth to be in control of their lives and not to be swayed by negative and evil forces which lead to risky behaviour

This aims at enabling adolescents and youth to become their **#bodybosses**. It is a toolkit for teenagers, youth, teachers, parents, social workers and community/faith based organisations to work with adolescents and youth. The manual provides information on the changes that that a teen faces as he/she is transitioning into adulthood, recognising that that many adolescents can be vulnerable to coercion, abuse, unintended pregnancy, and sexually transmitted infections, including HIV. It takes into consideration that the teen may also be



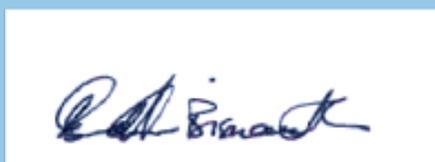
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bearing burdens of poverty, violence, family dysfunction, substance abuse, bullying, peer pressure, and depression, among others.

The GRPA expresses its deep appreciation to the International Planned Parenthood Federation (IPPF) for its financial contribution, to Sherlina Nageer , the Research Consultant whose excellent work and passion made this task a reality, and to all persons who participated in the survey. Thanks also to Renula Anandjit, GRPA Programmes Director who led the process.

We welcome your feedback.



.....
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SUMMARY OF FINDINGS

A total of 392 youth from 8 of the 10 regions of Guyana were reached by this research project. Most of the respondents (44%) were from Region 4. The second highest number of respondents- almost a third of the total (32%)- were from Region 6. A concerted effort was made to overcome geographic and other barriers and to reach at least one hinterland region of Guyana. 8% of surveys were collected from Region 1.

Just over a third of all survey respondents were Afro-Guyanese. Almost a quarter (23%) were Indo-Guyanese, and another almost-quarter (24%) were of Mixed heritage. 7% of the youth surveyed were Indigenous/ Amerindian.

Approximately 20% more females than males completed the survey tool. While most survey respondents (65%) were over the age of consent (16) and majority (18), over a third (35%) of respondents were underage (<16 years old).

The majority of youth who completed the survey were still attending school. Only a third of survey respondents were out- of school youth.

While the majority of youth surveyed (58%) were not sexually active, a significant percentage- 42%- were currently, or had at some point, engaged in sexual activity.

Approximately half (49%) of all males surveyed reported being sexually active, compared to just over a third (36%) of all females.

Over half of all sexually active youth reported having peers as partners- ie either the same age, or just one or two years apart. However, almost a quarter (22%) of sexually active youth reported having partners who were 5-10years older than them.

One fifth of all sexually active youth surveyed reported being raped or coerced into their first sexual experience. Women/ girls were more affected, with a quarter of all sexually active females reporting a coerced sexual debut, compared to 14% of sexually active males surveyed. However, males composed a significant 39% of all rape victims.

Almost three quarters (71%) of rape victims had been under age 16 when they were coerced/raped. Just over a quarter (26%) had been age 12 or younger.



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With the exception of Region 1, the pattern of sexual coercion mirrors the distribution of survey respondents per region- the majority (36%) occurring in Region Four, followed by 19% in Region Six and 13% in Region 10. The glaring exception is Region 1 which showed a disproportionately high number of rapes (26%) for the number of survey respondents (only 8% of the total).

The majority (69%) of sexually active youth did report using condoms during their most recent sexual encounter. However, a worrying 29% were not using condoms while having sex. Approximately a fifth (19%) of those said their reason for not using condoms was because they and/or their partner did not have any.

Of those who were sexually active, over half (56%) had gotten a STI test at some point in time. However, most of the youth conflated STI with HIV- i.e. most of their knowledge about sexually transmitted infections centered around HIV only; they were generally unaware of the other STIs.

Fewer than a third (31%) of sexually active youth reported using birth control (condom or other method) regularly. Troublingly, over a half (51%) reported not using any birth control at all. In general, almost a quarter of all the youth surveyed (23%) reported knowing nothing about birth control. Only 15% of survey respondents revealed knowledge of the specific birth control methods while 6% expressed significant misinformation about birth control- conflating it with abortion or believing it was something to prolong erections or ensure a good birth outcome.

The majority of sexually active youth who reported not using birth control (13%) said they did not know about it. A small percentage (4%) reported that they had tried some birth control method but had had problems with them. Worries about cancer and other side effects and believing that it was ‘wrong’ and a sin were also cited as reasons for not using birth control.

More than a third of the sexually active youth (36%) had, at some point in time, been pregnant or gotten someone pregnant. The majority of them (59%) had carried the pregnancy to term while 16% chose termination. Troublingly, over a quarter (27%) of the girls who had given birth at least once and over half (56%) of those who had terminated a pregnancy, reported still being unaware of birth control.

Parents in Guyana are still currently the primary source of information about sexual matters for their children- 30% of all youth surveyed first learnt about sex from their parents. A fifth (20%) first learnt about sex from their friends alone while 18% utilized the internet along with books and television. Less than 10% (9%) first got information about sex from school/their teachers.

However, while many Guyanese youth initially learn about sex from their parents, more (29%) increasingly turn to the internet for answers to questions they might have. Friends, remain a key source



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of information (19%). Only 5% said they would visit a health center/hospital or see a doctor or other health care worker.

In general, Guyanese youth mostly have a positive view about sex. Over a quarter (28%) of all those surveyed said sex is something normal in life, to be enjoyed, and a way of showing love. Only 9% viewed sex as something ‘bad’ or dangerous. While a significant percentage (over a fifth - 21%) believed that young people should not engage in sexual activity and that persons should wait until marriage to have sex, an additional 25% desired to have more education about sex and sexual wellbeing in the schools and believed that it was important that more information about sex be made available publicly to young people.



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BACKGROUND

Young people today are confronted by many issues which threaten their future, through increased vulnerability to health, social, and economic issues. Teenage pregnancy, Gender Based Violence (GBV) including sexual violence, increased vulnerability to HIV and STIs are all major challenges that young people are confronted with today. Many gaps and challenges exist that have undermined the approach to youth empowerment and health by national, regional, community systems and institutions, including the education and family institutions. Globally, regionally and nationally, there are efforts to promote youth involvement to better enhance service delivery and system strengthening to adequately address and cater to the needs of youth and adolescents. Unfortunately, this is still a struggle and youth and adolescents remain marginalized.

Young people who lack access to sexual and reproductive health (SRH) information and services are more likely to make bad decisions and be disproportionately affected by negative consequences such as contracting HIV, other STIs, and unwanted pregnancies. Universal access to SRH information and services remains one of the critical issues affecting the total health and wellness of young people.

A serious challenge in Guyana is the absence of data/empirical data highlighting the state of adolescents and youth, with particular reference to SRH. We rely on annual statistics published by the state and occasional publications or studies commissioned by international agencies which provide a stilted view of the youth and adolescent reality. In order to provide a stronger case for the need of Comprehensive Sexuality Education (CSE) and SRH education in and out of school targeting youth and adolescents, there must be evidence that reflect the needs and wants of youth. We cannot address the needs of this demographic, if we are unaware of what they are.

The aim of this study was to conduct a quick assessment of the sexual knowledge, attitudes, and practices of Guyanese youth aged 14-24. It was undertaken as part of the Forwarding a Healthier Generation (Choices) Project of the Guyana Responsible Parenthood Association (GRPA).

The primary objectives of this study were to:

- Identify common sexual behaviours and practices of youth and adolescents in Guyana;
- Determine the levels of knowledge that exist around sexual and reproductive health;
- Assess attitudes of Guyanese youth toward sex and sexual practices;
- Gather information to assist in shaping the YAM programme to better meet the sexual and reproductive health needs of youth in Guyana



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This research was not intended to be ‘scientific’ nor representative of Guyanese youth as a whole; instead the survey was designed to provide a ‘snapshot’ of existing attitudes and practices, and serve as a baseline for more extensive future research projects.



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RESEARCH METHODS

A 26-question survey tool was developed and pre-tested with the current members of the YAM- a diverse group of both in and out of school youth ranging in age from 14 to 24, with necessary changes made based on their feedback.

Particular attention was paid to reading comprehension- making the language of the survey ‘youth-friendly’ and ‘non-technical’- as well as to ensuring that the confidentiality agreement was clear and easily understood.

Due to the sensitive nature of the topic, the survey was designed for individual completion, with minimal outside assistance.

The survey was conducted during outreach activities of GRPA and the YAM at a variety of locations ranging from in-school educational sessions to street fairs and public health campaigns. Respondents were a convenient sample of youth at those events.

A small incentive (\$200 phone card) was given to participants upon completion of the survey and each survey was stapled closed in front of the respondent to maintain confidentiality.

In total, 392 surveys were completed, reaching youth from eight of the ten administrative/geographic regions of Guyana.



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LIMITATIONS/ SPECIAL CIRCUMSTANCES

One of the biggest limitations of this survey was its inability to reach youth in all the geographic regions of Guyana. High travel costs to the hinterland areas of Guyana was a barrier, unfortunately, affecting our ability to survey more youth from those regions.

We partially overcame this challenge by combining data collection efforts with a medical service outreach, thereby reaching two important hinterland communities.

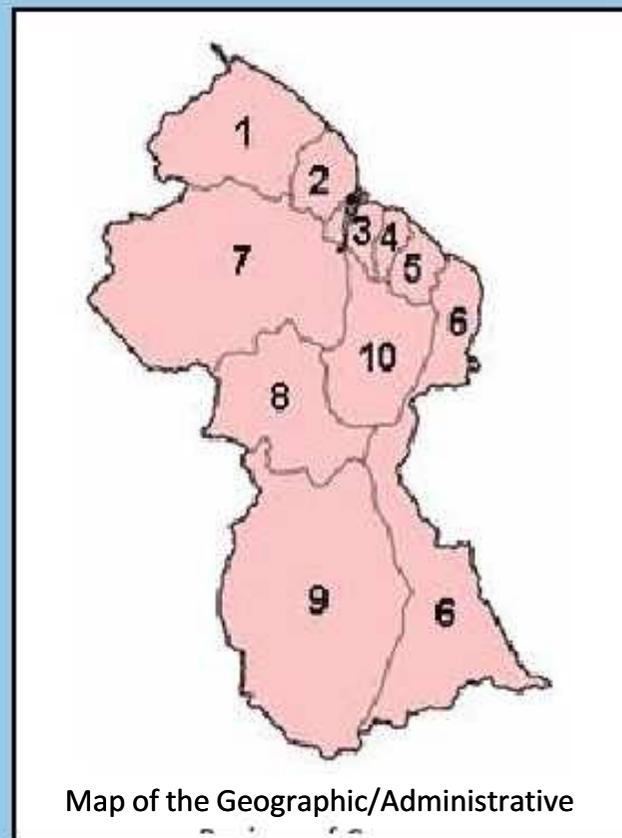
However, more efforts must be made to reach additional hinterland regions in future research projects as those regions have important, distinct sociocultural realities which cannot be ignored and must be captured if the research is to truly be comprehensive and representative of Guyana as a whole.

Low literacy levels were also a challenge to this project. While these efforts were made to take this into consideration from the beginning, and design a survey tool that could be completed by youth at all educational levels, the nature of the research also imposed certain limitations. Future survey designs should continue to try to be as user-friendly as possible.

Lesbian, gay, bisexual, and transgender youth were largely missed by this survey. Future research must make a special effort to ensure that members of this key population are included.

Future research of this kind must also reach out to more out-of-school youth.

These limitations notwithstanding, this data still provides a valuable ‘snapshot’ and important insight into the sexual knowledge, attitudes, and practices of the Guyanese youth surveyed.





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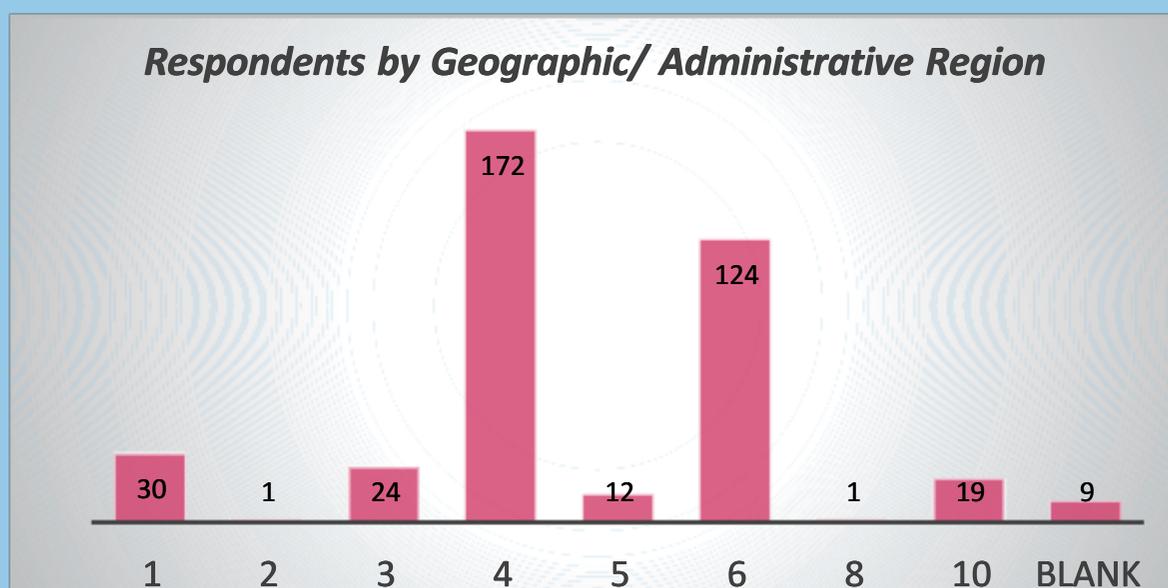


FINDINGS

I. Demographics

Geographic Area: A total of 392 youth from 8 of the 10 administrative regions of Guyana were reached by this survey tool. Not surprisingly, most of the respondents (44%) were from Region 4, the most populated coastal region of Guyana. The second highest number of respondents- almost a third of the total (32%)- were from Region 6- another coastal region. 6% of respondents were from Region 3 and 5% from Region 10.

Efforts were made to reach the youth in hinterland communities of Guyana as there are significant differences in the ethnic and sociocultural makeup of those regions which we wanted the survey to capture. As such, 8% of respondents came from two communities in Region 1. Only 1 respondent was from Region 2 and 8 respectively however, a negligible amount.



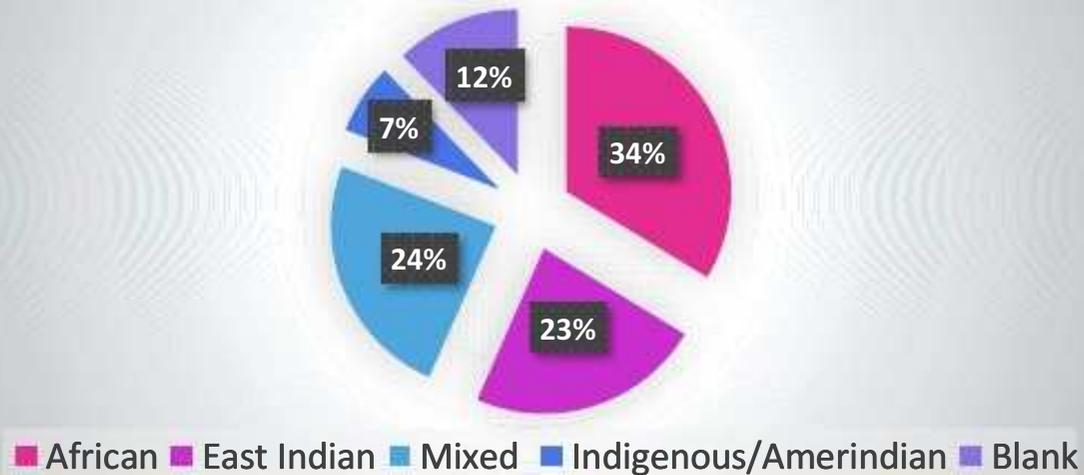
Respondents, by Race/Ethnicity: Just over a third of all survey respondents were Afro-Guyanese. Almost a quarter were Indo-Guyanese, and another almost-quarter were of Mixed heritage. Only 7% were Indigenous/ Amerindian.



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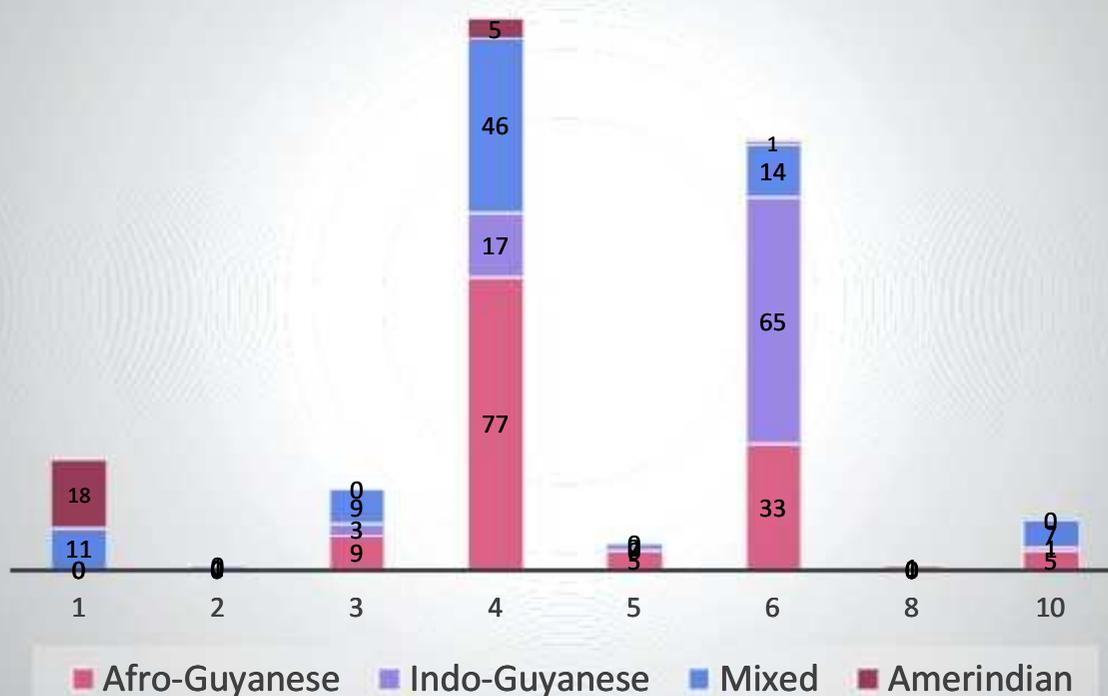


Race/Ethnicity of Respondents



There were significant differences in race/ethnicity among survey respondents from the various geographic regions of Guyana. Most of the indigenous/Amerindian respondents came, not surprisingly, from Region 1- a hinterland area and traditional homeland of the indigenous people of Guyana. Most of the Indo-Guyanese respondents hailed from Region 6 in Berbice- an area that has historically had a predominantly Indo-Guyanese population. Region 4, the most populated and developed part of Guyana, home to the nation’s capital and seat of government, had the greatest number of survey respondents claiming a ‘Mixed’ heritage. Most of the Afro-Guyanese survey respondents also hailed from Region 4.

Ethnicity, by Region

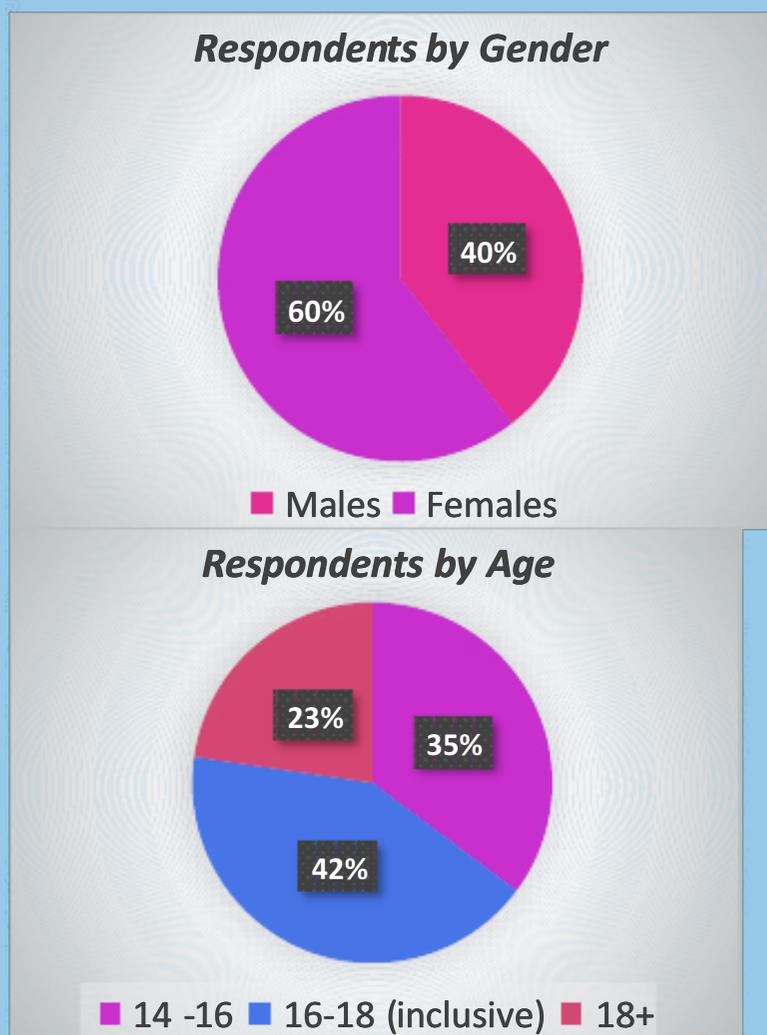




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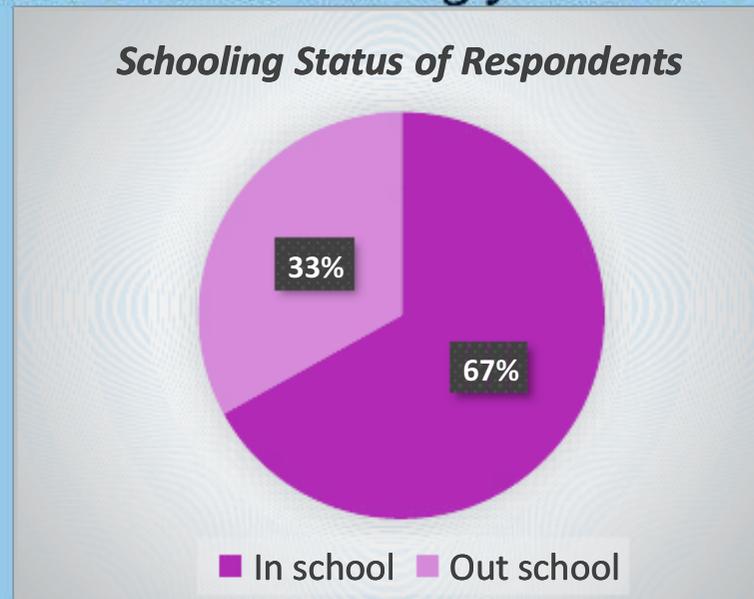
Gender and Age: More females (60%) than males (40%) completed the survey. Over a third of respondents were underage (<16 years old), while almost a quarter were over the age of majority (18). Most survey respondents were over the age of consent (16).



Educational Status: The majority of youth who completed the survey were still attending school. Only a third of survey respondents were out- of school youth.



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II. Sexual Activity Among Respondents- General

Note: For the purposes of this study, sexually active youth will be defined as any individual who has ever engaged in sexual intercourse, regardless of whether or not they were coerced into sex or are currently sexually active.

Sexual Activity of Respondents: 42% of youth surveyed reported being sexually active.

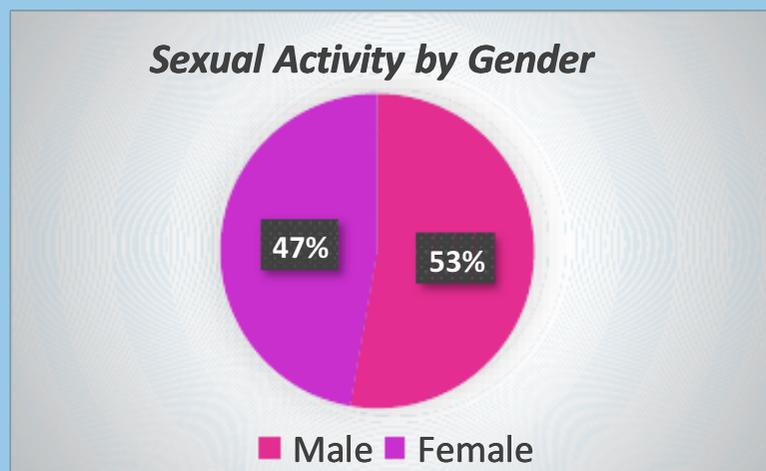




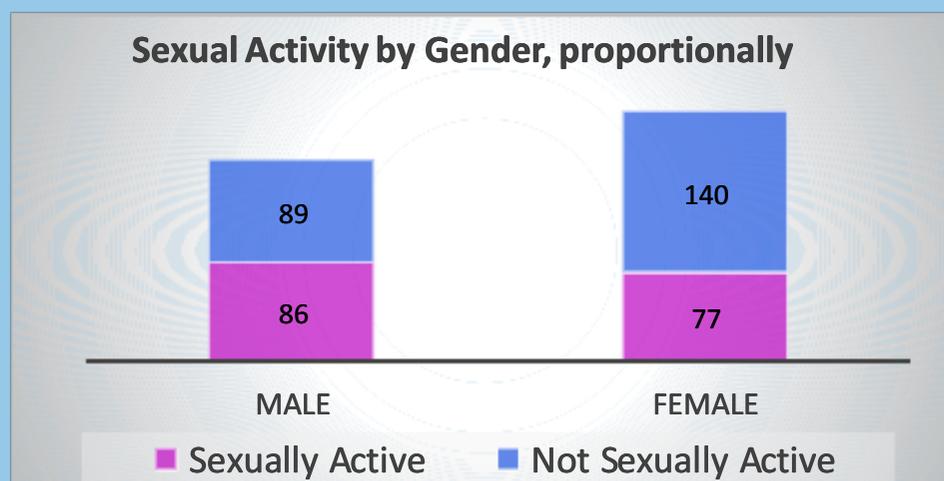
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Sexual Activity by Gender: Overall, slightly more males (n= 86) than females (n=77) reported being sexually active.



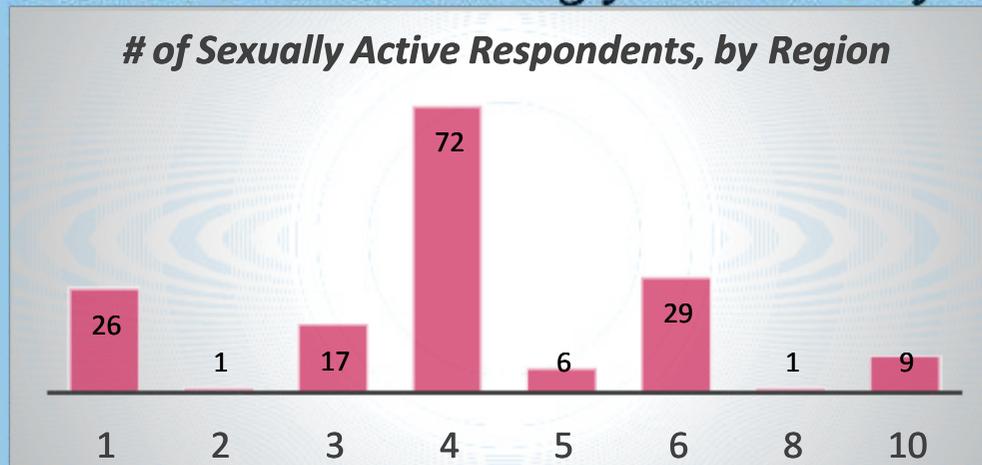
Proportionally, within each gender group, there were more significant differences. Approximately half (49%) of all males surveyed reported being sexually active, compared to just over a third (36%) of all females.



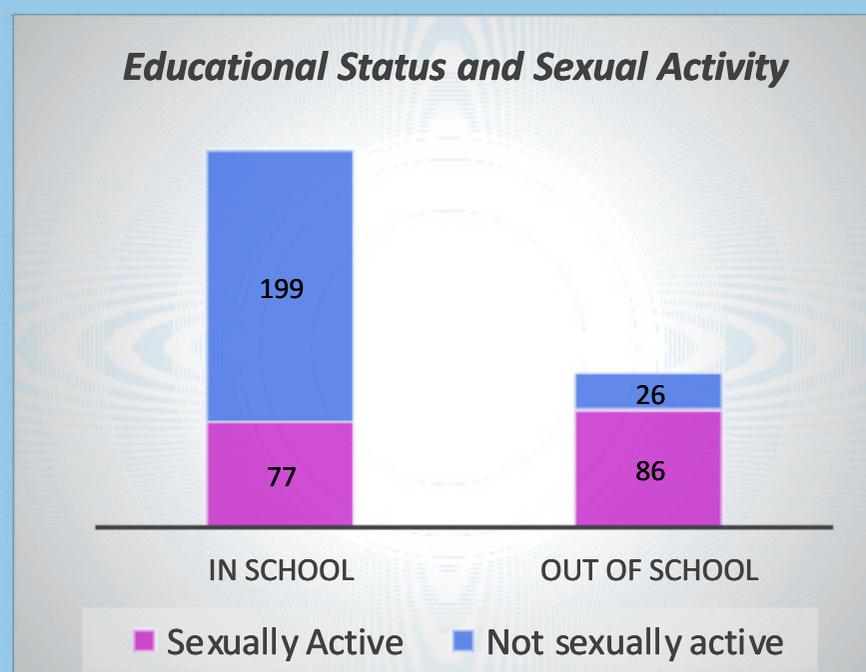
Sexual Activity, by Region: Not surprisingly, Region 4, being the most populated region of Guyana and the one from which the lion’s share of survey responses were collected, had the greatest percentage of sexually active youth- 44%. This was followed by 18% in Region 6- again, not surprising since that was the region with the second highest number of survey respondents, and 16% in Region 1.



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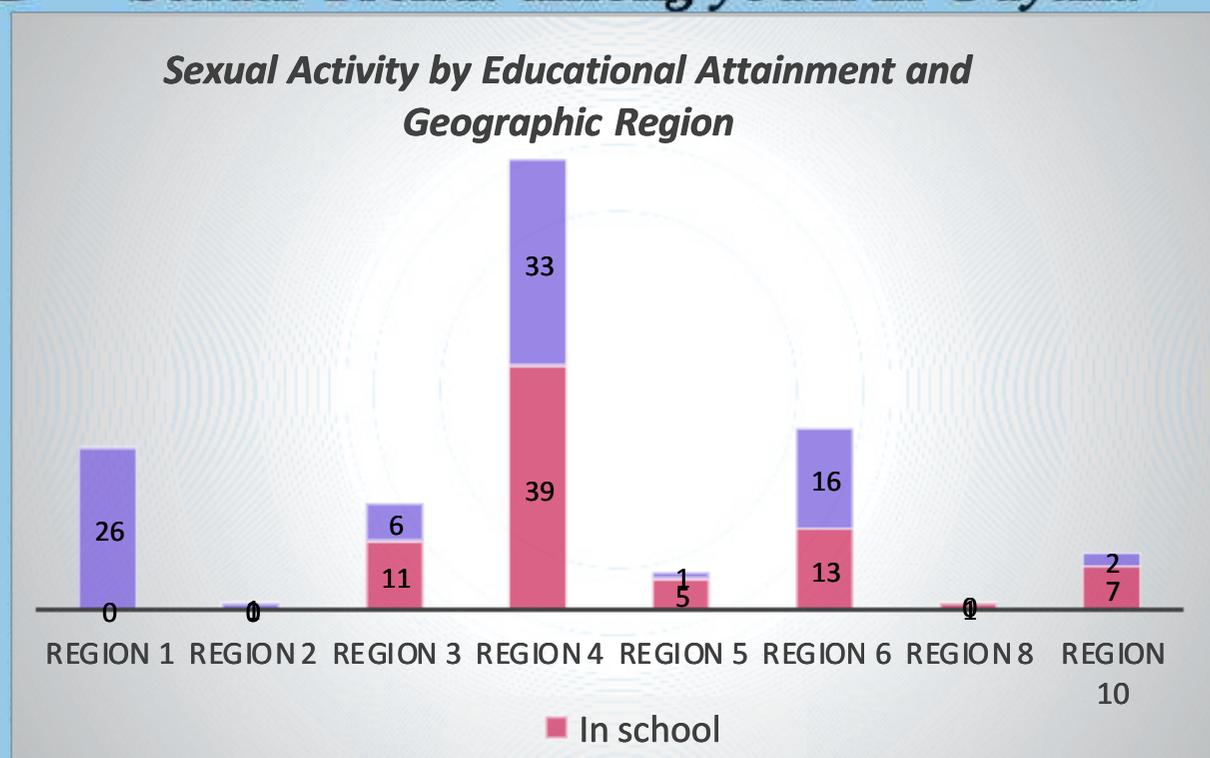
Educational Status and Sexual Activity: Most of the youth surveyed who were still in school were not sexually active (72%). Not surprisingly however, over three quarters (77%) of out-of-school youth were sexually active.



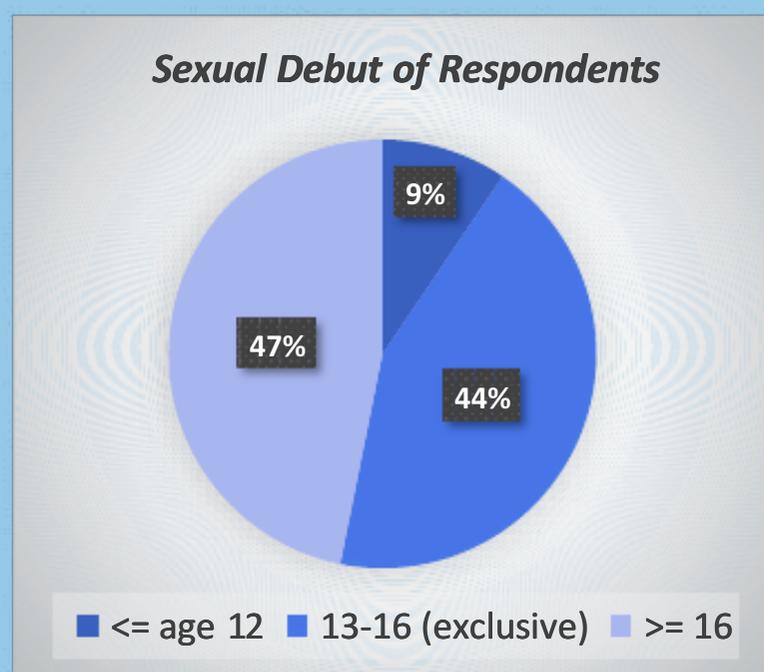
Sexual Activity by Educational Attainment: There are significant differences by region, of the educational status of sexually active youth. In Regions 4 and 6 on the coastland, there were roughly equal numbers of sexually active youth in school as well as out. However, in Region 1, all the sexually active youth were out of school, illustrating the fact that there is greater and earlier school-leaving among the youth of Region 1, a hinterland area.



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Age of Sexual Debut: As the data clearly shows, youth in Guyana are not waiting to reach the official/legal age of consent (16 years old) to initiate sexual activity. Overall, over half (53%) of the sexually active Guyanese youths surveyed reported engaging in sexual activity before age 16.



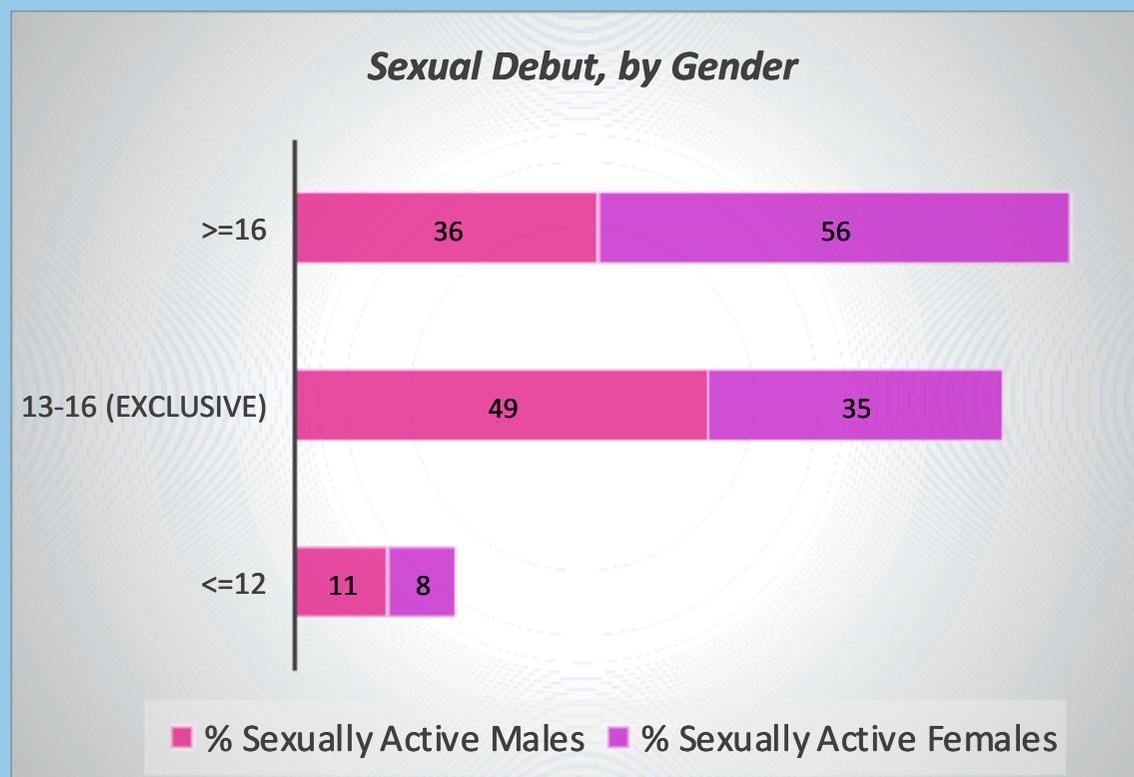
Age of Sexual Debut, by Gender: Boys had an earlier age of sexual debut than girls. 60% of the sexually active boys surveyed reported first having sex before age 16,



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compared to 43% of girls of comparable age. Most of the sexually active girls first had sex at or after age 16.



III. Rape

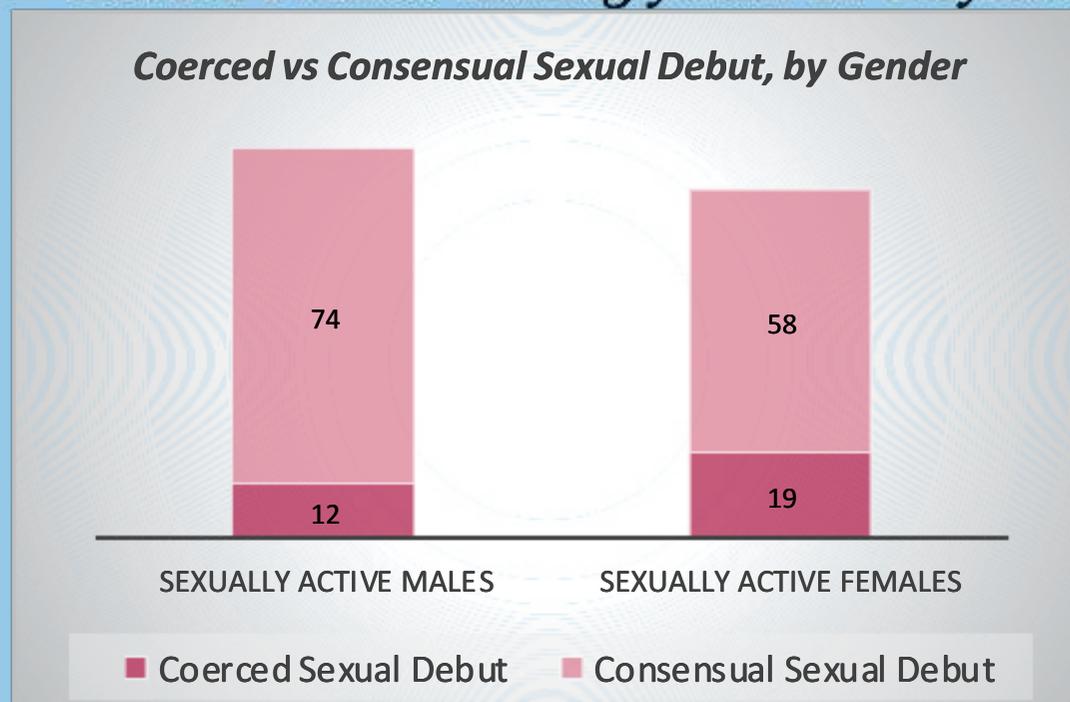
While the term ‘rape’ was not specifically used in the survey (respondents were asked if sex was by their choice or not), it will be used in this analysis to describe the instances of forced or coerced sexual activity experienced by the youth surveyed.

Forcible Initiation into Sexual Activity: Sadly, sexual coercion and rape are not uncommon experiences for young people in Guyana. One fifth (n=31; 20%) of all sexually active youth surveyed reported being raped or coerced into their first sexual experience.

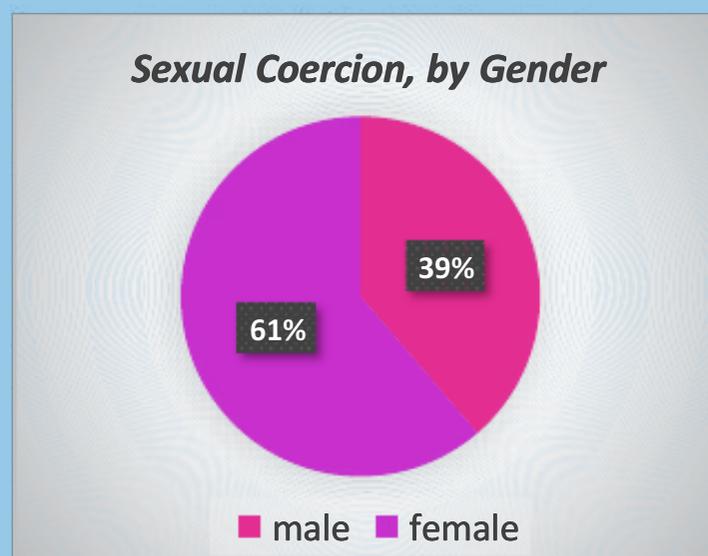
Sexual Coercion, by Gender: Women/girls were more affected with a quarter of all sexually active females reporting a coerced sexual debut, compared to 14% of sexually active males surveyed.



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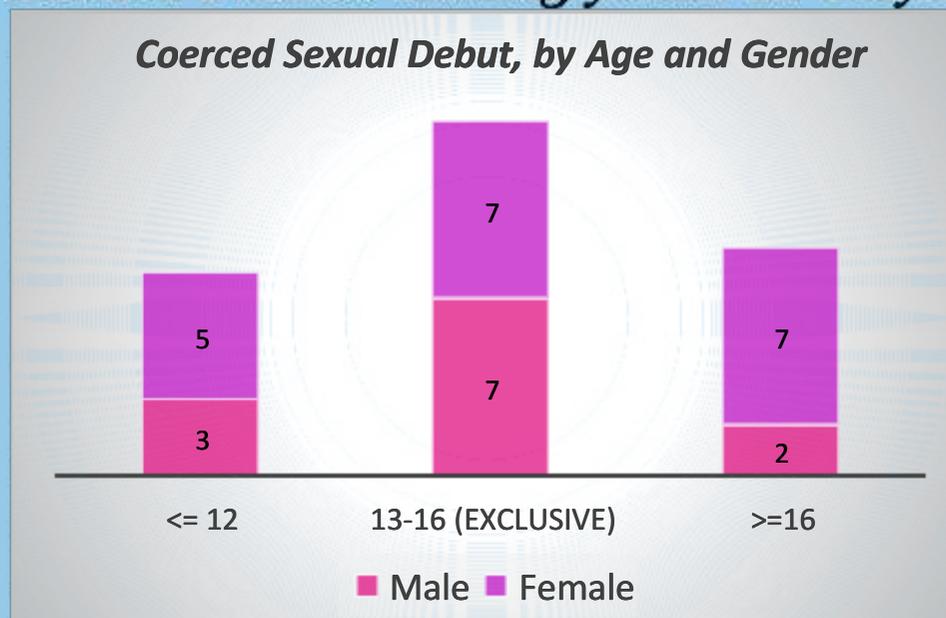
While the majority of those coerced into sexual activity were female (61%), a significant percentage of males were also victimized, composing 39% of all rape victims.



Sexual Coercion, by Age: Almost three quarters (71%) of rape victims had been under age 16 when they were coerced/raped. Just over a quarter (26%) had been age 12 or younger.

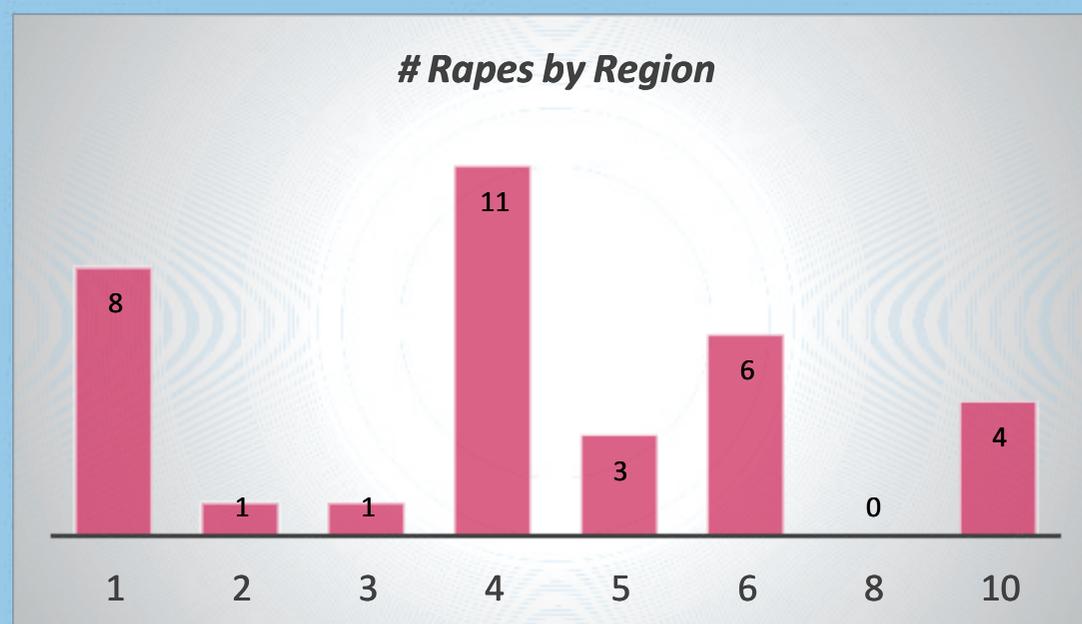


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Age of Rapists: Over half (55%) underage child victims of rape, had been raped by persons aged 18 and older. The majority of rapists overall (61%; n= 19) were 18 years and older.

Sexual Coercion, by Region: 36% of coerced sexual debuts occurred in Region Four, followed by 26% in Region One. Almost a fifth (19%) of rapes occurred in Region Six, followed by 13% in Region 10.



That the majority of reported rapes would come from Region 4 is not surprising, since that was the region from which the majority of surveys were collected. The fact that Region 1 respondents reported over a quarter of all the rapes is very troubling however, since only 8% of respondents were from that region; this is a disproportionately high number of rapes for that region.

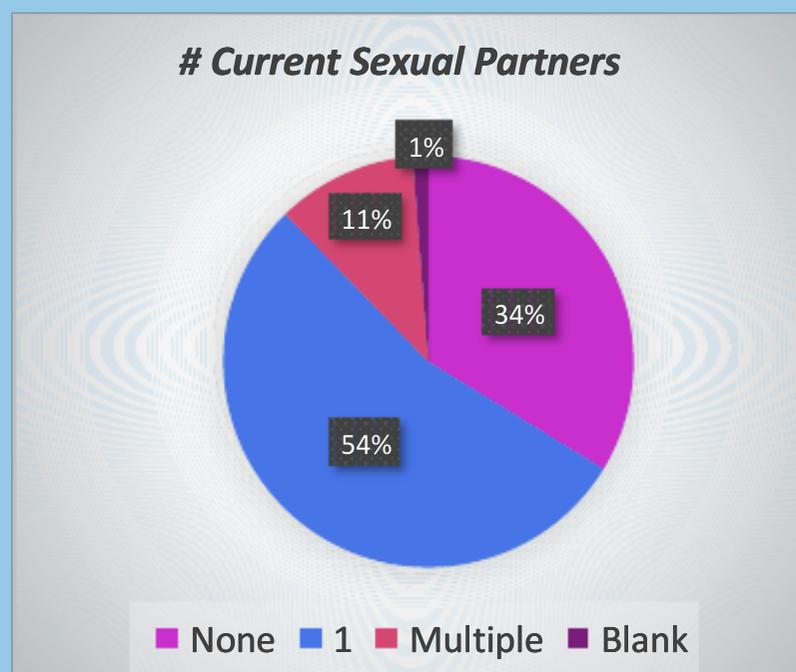


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IV. Sexual Activity among Respondents- Specifics

Number of Current Sexual Partners: Just over a third of the youth who reported ever having had sex did not have a sexual partner at the time of this survey. Over half reported having a single sexual partner currently. Only a small percentage- 11% reported having multiple concurrent sexual partners.



Nature of Relationships: The majority (95%) of the reported relationships were heterosexual. There were 4 reported lesbian relationships and 4 of a bisexual nature.

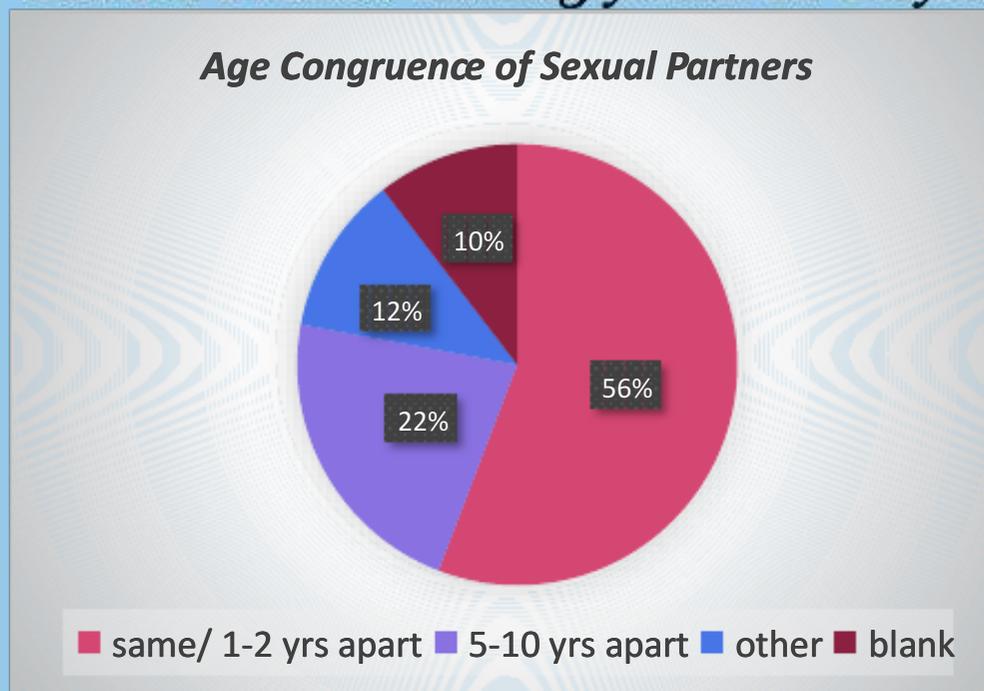
Age of current sexual partners: Over half of all sexually active youth reported having peers as partners- ie either the same age, or just one or two years apart- either younger or older. However, almost a quarter (22%) of sexually active youth reported having partners who were 5-10years older than them.



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Age Congruence of Sexual Partners



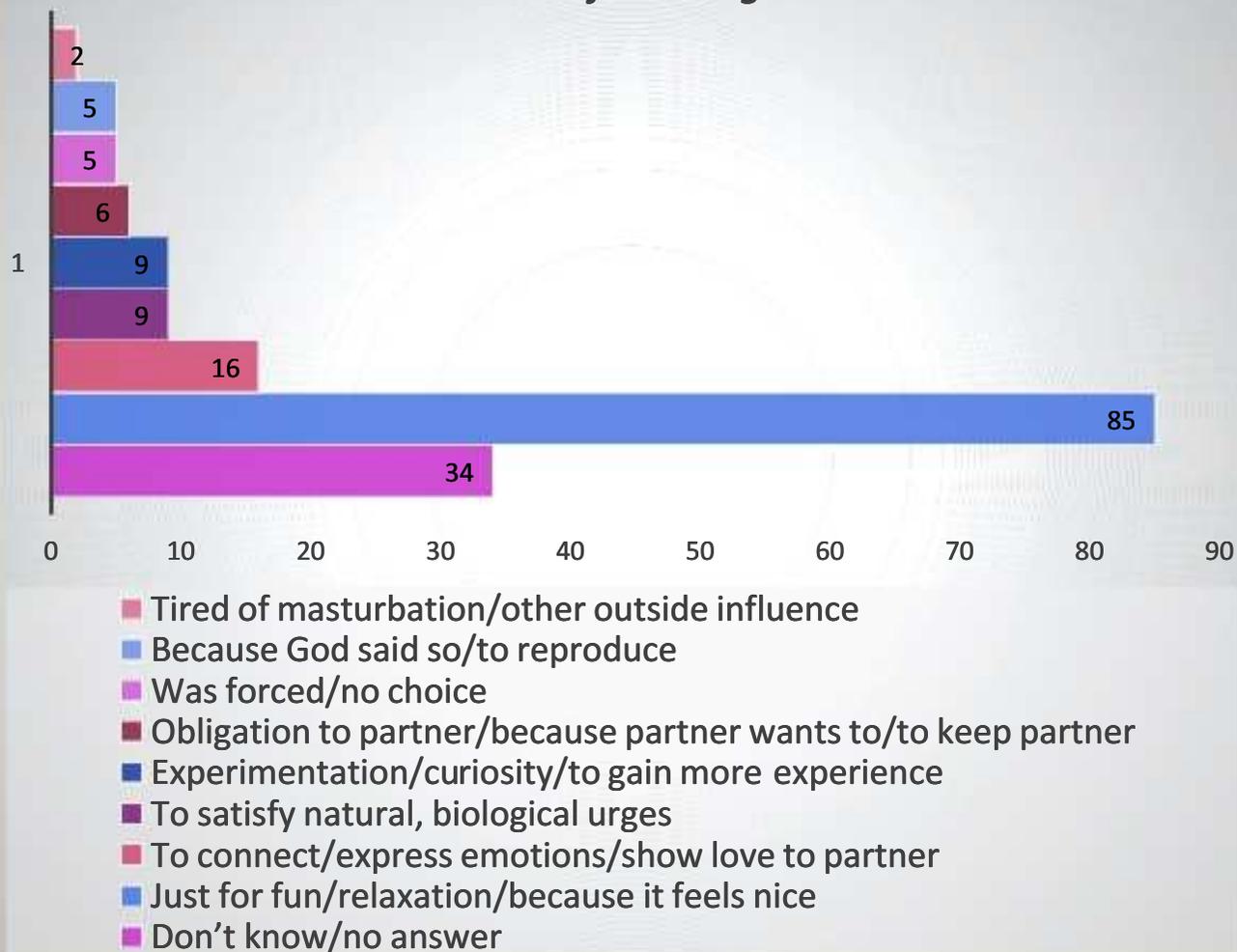
Reasons for Having Sex: Over half (52%) of all youth currently having sex reported doing so “just for fun/the pleasure” of it. However, a fifth (21%) either didn’t know or have a proper reason to share, or left this survey question blank. Approximately 10% said they were doing it out of love for their partner. Equal numbers were experimenting and satisfying what they viewed as a natural urge (6% each), while some felt pressured to oblige a partner or engage in sex in order to ‘keep’ their partner (4%).



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Reasons for having sex



Enjoy Sex?



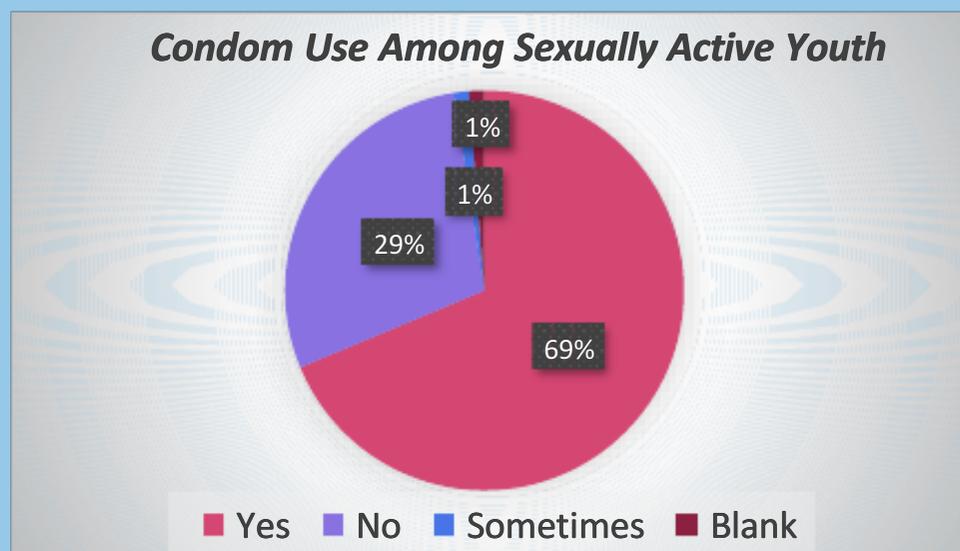


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V. Pregnancy and Sexually Transmitted Infections

Condom Use: Although a worrying 29% of sexually active youth were not using condoms while having sex, the majority (69%) did report using condoms during their most recent sexual encounter.

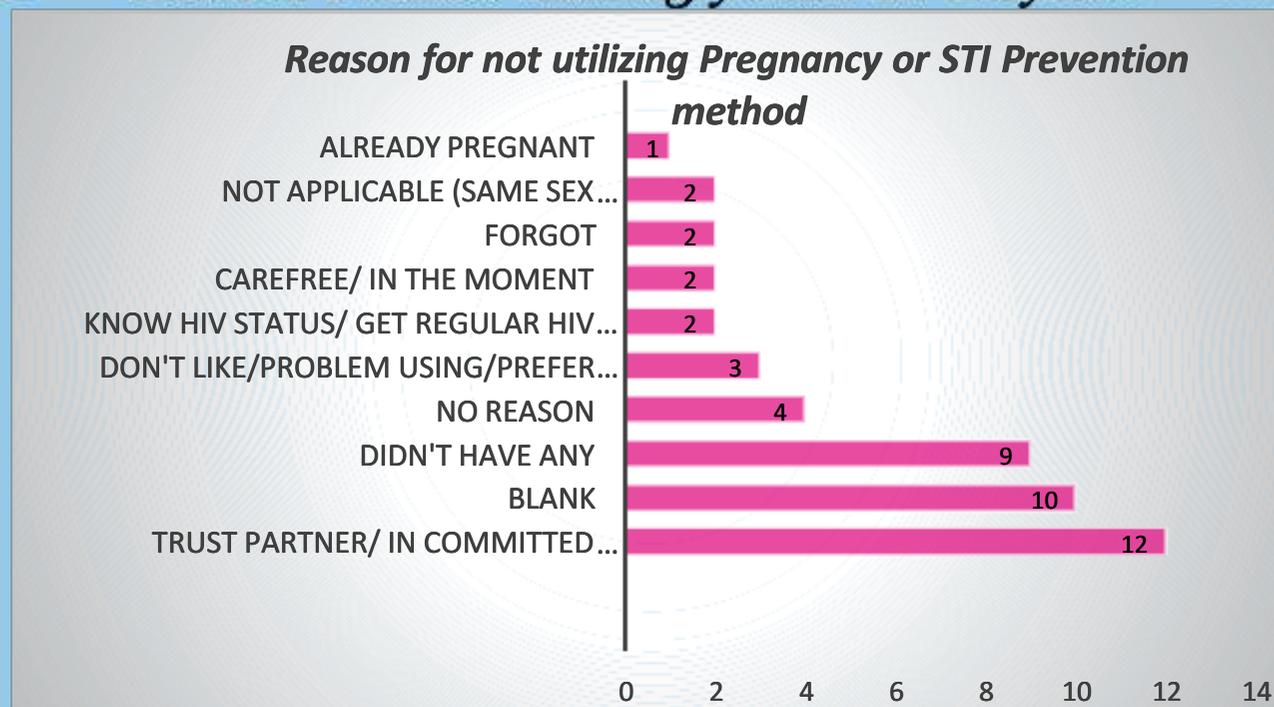


Condoms were twice as likely to be purchased from a store or pharmacy rather than obtained from a health center. Friends/other family members were also a common source of condoms for sexually active youth.

Reasons for not using condoms: Just over a quarter of those (26%) who were not using condoms said that was because they ‘trusted their partner and/or were in a committed relationship. About a fifth (19%) said they and/or their partner didn’t have any condoms at the time. 21% did not answer this question while 9% said they could give no reason. 6% said they ‘didn’t like’ or had some problem with condoms while equal numbers (4% each) of persons said they were ‘carefree’, knew their HIV status, forgot, or didn’t need to use anything because they were in same-sex relationships.

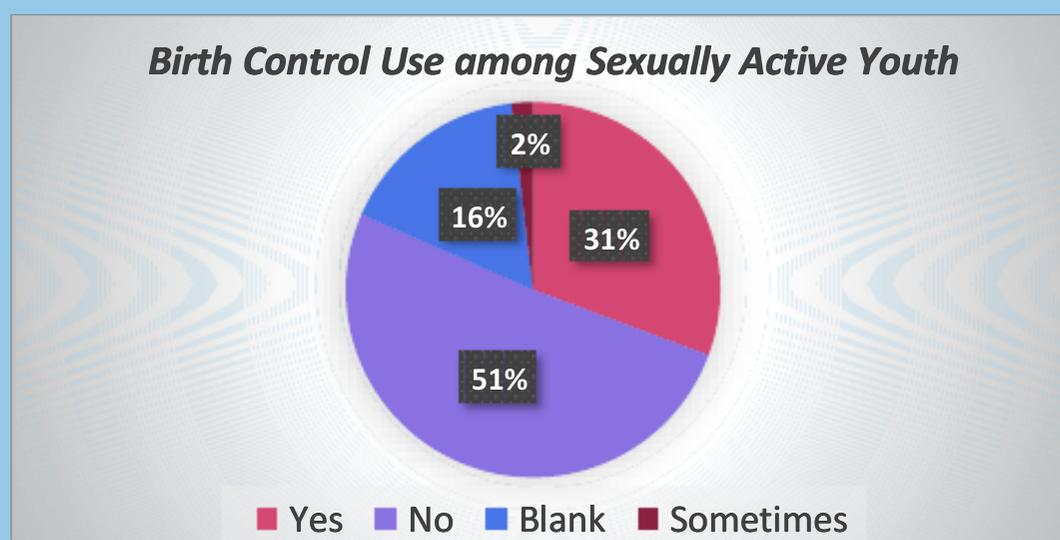


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STI testing: Overall, 69% of all survey respondents had been tested for STIs* at some point in time. *Note- with a very few exceptions, respondents viewed “STI test” as referring to a HIV/AIDS test almost exclusively. Of those who were sexually active, over half (56%) had gotten a STI (HIV) test at some point in time. Some who were not sexually active but still getting testing reporting having to do it for employment purposes, “just to check”, or to support friends who were getting tested.

Birth Control Use among Sexually Active Youth: Of those youth having sex, less than a third (31%) reported regularly using birth control (condom and/or other method). Over a half (51%) reported not using any birth control method. 16% did not answer this question. 2% said they used birth control ‘sometimes’.



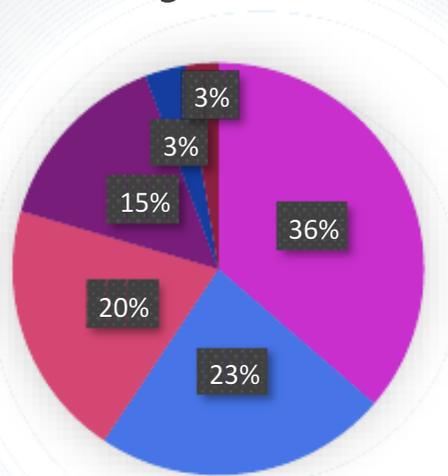


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Knowledge of birth control: In general, almost a quarter of all the youth surveyed (23%) knew nothing about birth control. A fifth of them (20%) left this question blank, which could reasonably be interpreted as a lack of knowledge as well. Just over a third (36%) reported knowing the basic fact that it was something to prevent pregnancy. Only 15% revealed knowledge of specific methods. 6% expressed significant misinformation about birth control, with half conflating it with abortion and the other half believing it was something to prolong erections or ensure a good birth.

Knowledge about Birth Control



■ Basic- prevents pregnancy ■ NOTHING/don't know ■ Blank
■ Different methods named ■ Misinformation ■ Conflation with abortion

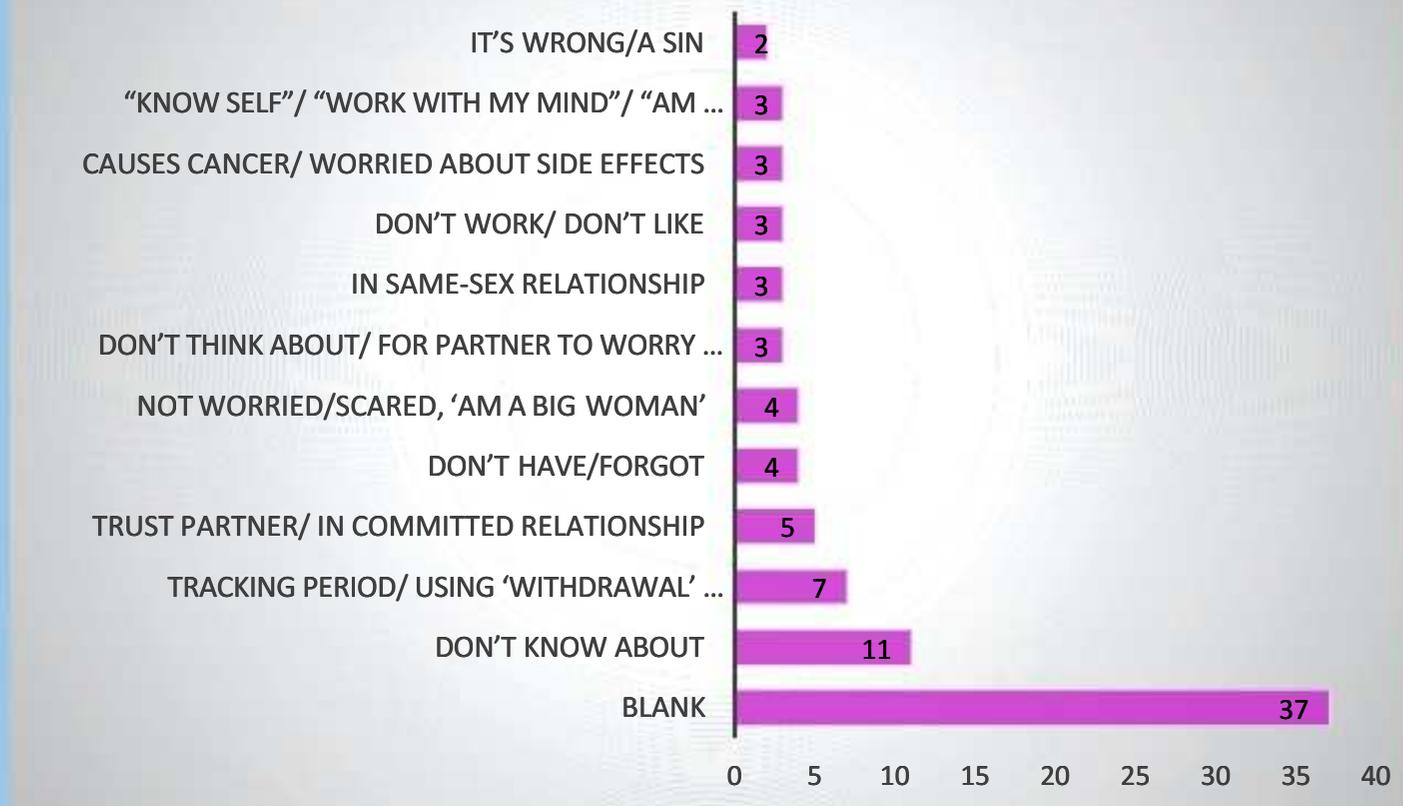
Reasons for not using birth control: Of those sexually active youth who reported not using birth control, 44% did not give a reason for their lack of use. 13% said they did not know about birth control while 5% said they didn't have any or forgot to use. 8% reported using the withdrawal and various other 'natural' methods. 6% said they were in committed relationships and trusted their partner. 4% were worried about side effects, with some erroneously believing birth control was linked to cancer. Another 4% reported that they had tried some birth control method but had had problems with them. 4% simply did not think about it, or left it up to their partner to deal with. 2% believed that birth control was 'wrong' and a sin.



“Sexual Trends among youth in Guyana”



Reasons for Not Using Birth Control



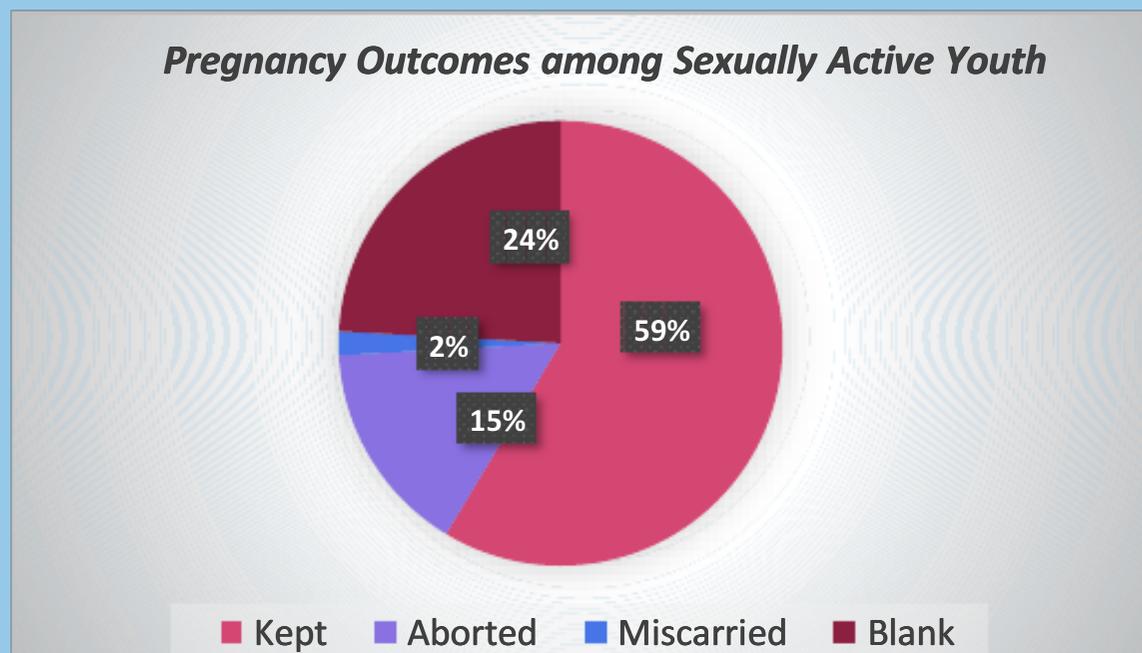
With the exception of those who reported trying but experiencing problems particular birth control methods and those who were in same-sex relationships (4%), most of the reasons given for not using birth control are not convincing and reveal a worrying amount of misunderstanding. The large number of uninformed youth is also problematic. Clearly, more work needs to be done to increase awareness and uptake of family planning and birth control methods among Guyanese youth.



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Pregnancy: More than a third of the sexually active youth (36%) had, at some point in time, been pregnant or gotten someone pregnant. The majority of them (59%) carried the pregnancy to term while 16% chose termination. A quarter did not answer this question.



Note: This survey included youth up to age 25 and did not ask the age of first pregnancy so it is not possible to make any conclusions regarding teen pregnancy. However, it is likely that some survey respondents who reported having children may have become pregnant while still in school. There is currently no consistent policy in the education and/or child welfare system of Guyana regarding teen mothers' ability to remain and return to school to complete their education once giving birth and it is likely that some survey respondents might have been negatively affected by this.

Knowledge of Birth Control among Girls who had Experienced a Pregnancy: Troublingly, over a quarter (27%) of the girls who had given birth at least once and over half (56%) of those who had terminated a pregnancy, reported still being unaware of birth control.

Although the abortions may not have taken place at a public healthcare facility, the births most likely did (the survey did not ask about this specifically). As such, this statistic indicates a failure on the part of the healthcare system that deals with young mothers; health workers are not adequately educating these obviously sexually active girls on family planning methods and how to prevent future additional pregnancies.

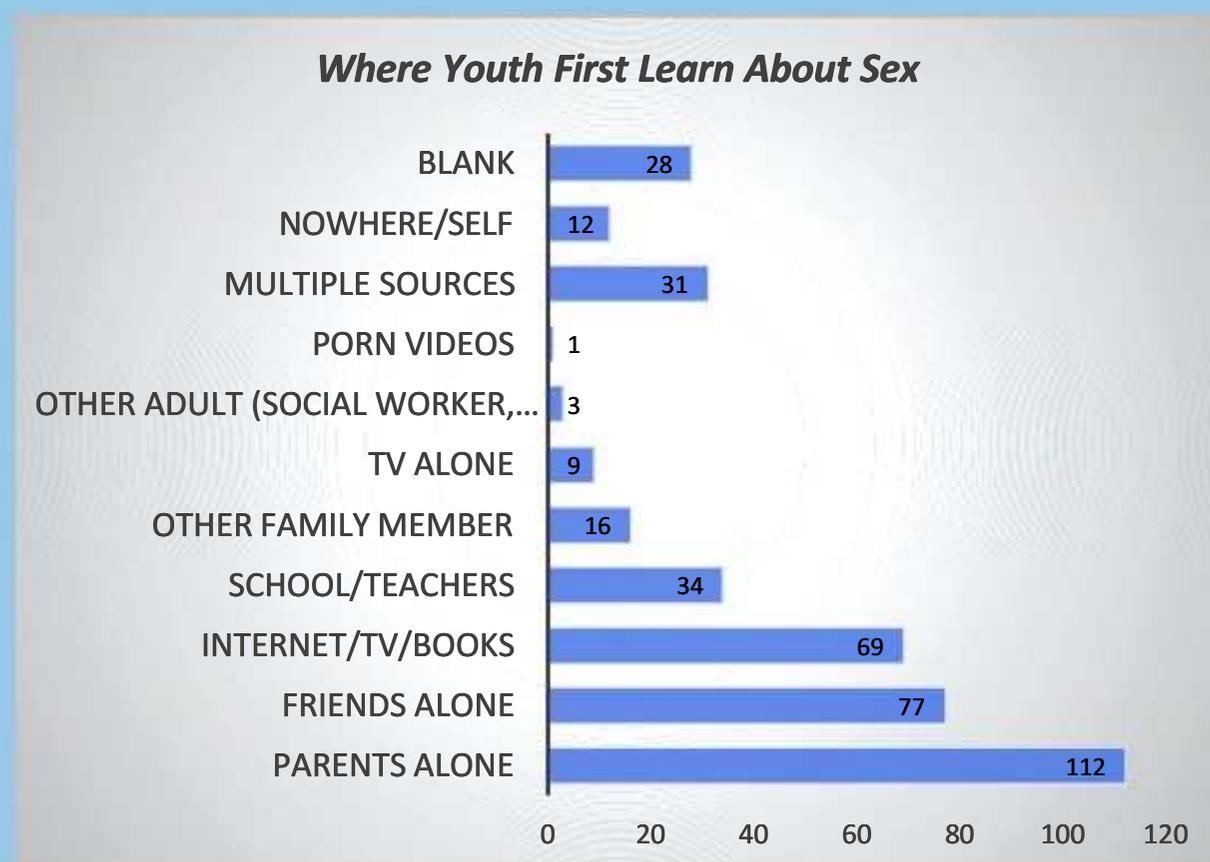


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VI. Sources of Information

Initial Source of Information on Sex: Parents in Guyana are still currently the primary source of information about sexual matters for their children- 30% of all youth surveyed first learnt about sex from their parents. 20% first learnt about sex from their friends alone while 18% utilized the internet along with books and television. 9% first got information about sex from school/their teachers, while 4% learnt from other family members. 3% of all youth surveyed reported not learning about sex from anywhere, while 7% left this question blank. 8% reported first learning about sex from multiple sources.



While this finding speaks to the strong influence of family, it is also problematic for it illustrates the lack of other neutral, more scientific sources of data for young people. The fact that school was the source of information for less than 10% of all youth surveyed is also problematic.

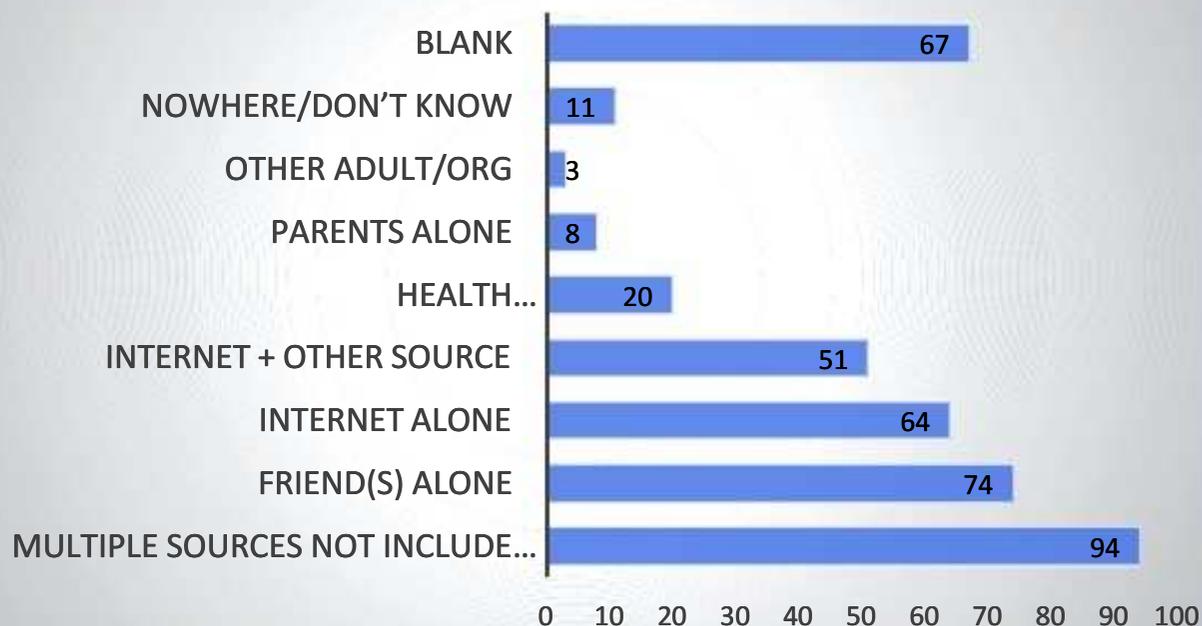


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Preferred Source of Information about Sex: 29% of youth surveyed said they use the internet to get answers for questions they have about sex and sexual health. About a quarter (24%) said they would refer to multiple sources not including the internet, while 17% did not answer this question. Almost a fifth (19%) still rely on friends, while only 5% said they would visit a health center/hospital or see a doctor or other health care worker. 3% of youth surveyed said they did not know where to go to get information about sex or sexual health matters, while 2% said they would ask their parents alone.

Preferred Sources of Information about Sex



As these responses clearly indicate, while many Guyanese youth initially learn about sex from their parents, most do not continue to engage with them on that topic, turning instead to the internet for answers to questions they might have. Friends, however, remain a key source of information. This is important to note for, while the internet does have a great deal of information, it also has a lot of misinformation and it may not always be easy for a young person to realize the differences between such. This points once again, to the necessity of having a trusted, comprehensive, and accurate source of sexual health and wellness information for the young people of Guyana.



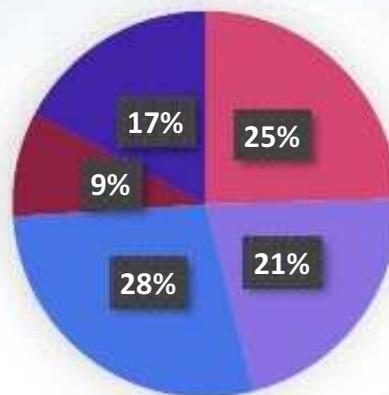
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VII. Attitudes and Beliefs

Views about Sex: In general, Guyanese youth mostly have a positive view about sex. Over a quarter (28%) of all those surveyed said sex is something normal in life, to be enjoyed, and a way of showing love. Only 9% viewed sex as something ‘bad’ or dangerous. While a significant percentage (over a fifth- 21%) believed that young people should not engage in sexual activity and that persons should wait until marriage to have sex, an additional 25% desired to have more education about sex and sexual wellbeing in the schools and believed that it was important that more information about sex be made available publicly to young people.

Youth Views On Sex



- Want more sex ed in schools/talk more about it publicly
- Only for marriage/reproduction/not for young people/to be abstained from
- Normal/natural/important/way of showing love/fine as long as safe



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CONCLUSION

The findings of this research reinforce much of what is already common anecdotal knowledge. Young people in Guyana, like young people the world over, are having sex. Education makes a difference in delaying the onset of sexual activity. There remains a gender differential- with males having more sex and at earlier ages than females. The legal age of consent does little to prevent either consensual or forced initiation of sexual activity.

Rape and sexual coercion of youth by adults is a persistent and pervasive problem in our society, with females experiencing more victimization than males. Women and girls belonging to indigenous communities in the hinterland suffer more than their coastal counterparts.

Much of the information that youth in Guyana receive about sex, sexual health and wellness come from their family, friends, and the internet. Little information is received from educational institutions or more authoritative organizations. Much of the information is general or focused on the most high-profile concerns, such as HIV. Birth control remains poorly understood, with limited rates of uptake and an overreliance on male-centered methods such as the condom.

Youth need and want more information about sex and related topics. There is a clear need for additional unbiased and non-judgmental sources of information about sex, sexual health, and wellness for the young people of Guyana. The educational sector, in particular, remains an under-exploited avenue for providing such crucial information.

Additional work also needs to be done to sensitize and train health care providers about how to sensitively deal with and empower youngpeople so that more youth utilize and feel safe accessing these sexual and reproductive health services. Community-based ‘safe spaces’ for youth are also an important way to support and provide quality information and care to young people in Guyana.



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Specific Recommendations:

1. Comprehensive sexual and reproductive health rights education must be implemented in all public schools in Guyana beginning in the 2016-17 academic year latest.
2. Child Protection Offices and a full complement of staff- Child Protection and Welfare Officers- need to be stationed in all regions of Guyana.
3. Youth-friendly spaces such as health centers, as well as community hubs, must be established in all regions of Guyana, and providers trained to sensitively and positively interact with youth, including those who identify as LGBT.
4. Age of consent policies must be amended to allow the distribution of contraceptives to youth without fear of sanction.
5. Teenage girls who present at any healthcare facility must be provided with accurate and non-judgmental information about birth control/ family planning methods before they exit the facility.



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About the Guyana Responsible Parenthood Association (GRPA)

The Guyana Responsible Parenthood Association (GRPA) is a non-government organisation which is dedicated to the positive sexual health for all people in Guyana. The Association was founded in 1973 as an educational, training and family planning institution; and in 1995 it embarked on a more holistic approach to Sexual & Reproductive Health and Rights.

In 2014 the GRPA merged with the Family Planning Association of Guyana (FPAG) in its stride to fully meet the sexual and reproductive needs of the people of Guyana. Today it is recognized as a leading SRH organization, providing efficient and optimum SRH services and serves to educate, inform, assist and advocate for sexual and reproductive rights.

Through awareness, education, and health services based in a confidential and friendly environment, the Association promotes individual choice, family planning and quality Sexual and Reproductive Health services. The GRPA is also an advocate for sexual and reproductive rights, demanding full human rights, particularly for sexual and reproductive rights - for all people to live with dignity.

The GRPA is a Member Association of the International Planned Parenthood Federation (IPPF). It has Special Consultative Status with the UN Economic and Social Council and is a recipient of a National Award - the Medal of Service (for service of a consistently high standard).

Vision: The vision of the GRPA is for all people in Guyana live in an environment where they are free to make healthy choices about their sexuality and wellbeing, and to access quality sexual and reproductive health services.

Mission: GRPA is a leading provider and enabler of sexual and reproductive health services and an advocate of sexual and reproductive rights.

Values: The guiding principles of GRPA's work are: Integrity and Accountability, Social inclusivity, Diversity, Equality, Volunteerism, Commitment to Service, Love, Justice, Quality, Respect and Resourcefulness.



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Youth Advocacy Movement (YAM)

The GRPA has a Youth Advocacy Movement which comprises a cadre of young people who are working together for the development of themselves and their peers

Key objectives of YAM

1. To increase the knowledge and skills of young people on sexual and reproductive health and rights so that they can be equipped to make wise choices and to live healthy lifestyles.
2. To strengthen the capacity of young people to advocate and promote adolescent sexual and reproductive health rights and to equally participate as active citizens in the society.
3. To promote sexual and reproductive rights, safe and responsible practices, and access to youth friendly sexual and reproductive health services.
4. To create and promote opportunities for social interaction amongst members of the movement and other young people in the society.

ESSENTIAL MEDICAL SERVICES FOR YOUTH

- Contraceptives
- Cancer Prevention and Treatment, Human Papillomavirus (HPV) Test
- Gynecological Examination
- Pregnancy Testing and Counselling
- Termination of Pregnancy
- HIV, STI Management, VDRL (Syphilis), Gonorrhoea
- Fitness Medical / Physical Exam
- Blood Group
- Urine Analysis
- HB (Blood Count / Haemoglobin Complete Blood Count (CBC)
- Thyroid Profile, Kidney Profile

COUNSELING SERVICES

- Relationship counselling
- Family counselling
- Pre Marital and Marital counselling
- Life skills counselling
- Adolescent counselling
- Sexuality counselling
- Gender Based violence