

Findings and methodological and ethical challenges involved in conducting the FHI study “Early Sexual Debut, Sexual Violence, and Sexual Risk-taking among Pregnant Adolescents and Their Peers in Jamaica and Uganda.”

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Introduction

The project aimed to identify risk factors for adolescent pregnancy in order to inform culturally appropriate programs that aim to prevent unintended adolescent pregnancy in Jamaica. This presentation will focus on the Jamaican experience.

The study was conducted among pregnant and never pregnant but sexually active girls 15-17yrs and comprised of two phases of research.

Result

Overall, the study found that many female adolescents, 15-17yrs, in Jamaica are victims of sexual coercion, which occurs in a variety of forms ranging from sexual harassment to rape.

For the purposes of this project sexual coercion will be used to describe a wide variety of experiences that relate to *intimidation or loss of control over one’s sexual behavior*. (does not include economic pressure)

Methods

Phase 1:

The first phase of the project was formative research which sought to identify contextual factors and circumstances which may influence pregnancy among young adolescents (15-17 years old).

Four focus group discussions and a series of in-depth interviews with ~30 pregnant and never-pregnant participants.

Focus groups were designed to provide a broad overview about cultural perceptions and community norms.

The series of in-depth interviews focused on building rapport and getting to know the informant, and exploring:

- sexual debut experiences
- experiences of sexual coercion/violence,
- participants' perceptions of the risks associated with their own sexual behaviors (including pregnancy), and
- feelings about pregnancy.

Pregnant girls were recruited from The Women's Centre, a program designed to keep pregnant girls in school.

Non-pregnant participants were to be recruited using peer nomination. We were not able to recruit enough controls with this method because some girls were hesitant to give names of peers. Therefore additional girls were recruited by snowball sampling from schools in the girls' neighborhoods.

Phase 2:

The second research phase was a quantitative case-control study which aimed measured the relationships between sexual debut, sexual coercion/violence, and sexual risk-taking among pregnant adolescents and their never pregnant, but sexually active peers.

A matched case-control study design with a quantitative survey was conducted with 250 pregnant and 500 never-pregnant participants.

Cases were pregnant young women ages 15-17 and were recruited from seven public sector antenatal clinics in the greater Kingston area. All interviews took place on clinic or hospital grounds. Recruitment took place over a four to five month period.

Final survey design saw controls being selected to match the cases based on neighborhood or ED. The neighborhood would presumably serve as a proxy for socioeconomic status (SES).

The study was reviewed by FHI's Protection of Human Subjects Committee and local Ethics review boards. The study investigators and all study staff who came into contact with participants completed FHI's ethics curriculum training.

Challenges encountered:

Defining Sexual coercion in a culturally appropriate way:

Defining sexual coercion in a culturally appropriate way proved difficult given the range of experiences and perceptions.

The decision was taken to have questions of first and last intercourse include whether participant was willing, persuaded or forced or raped.

The challenge lies in indentifying a definition which captures the powerless nature of coercion, the perception of having no choice. The term *persuaded* was chosen to represent the range of force or pressure identified in the formative phase.

Although “persuaded” has less negative connotations than “coerced” it was felt that with the explanation given to the respondents it was better understood than “coercion.” (in the Jamaican context) and better able to capture the instances of verbal persistence and response to an unspoken threat.

Persuaded was explained as:

- *did not really want to/not sure/ talked into it, feared boyfriend leaving*

The question still remains however, does this definition accurately capture coercion and exclude situations of ambivalence when the teen is afraid to admit their desire. And how are the instances of verbal persuasion captured: if is thought to be pressure was it reported? Of it was seen as “sweet talk” and expected or accepted how was it reported? This is still a work in progress.

Identifying and recruiting participants:

Controls:

Identifying the controls proved challenging. Initially this was conceptualized as the peers of the pregnant teen, using the peer nominated method. However in the formative phase we were unable to recruit enough never pregnant participants. In Jamaica pregnant teens leave the formal school system and thus lose contact with school friends physically they also often ostracized from their regular social network and so are unwilling or unable to cite friends for participation. This lead to controls being recruited instead from the community from which the pregnant teen came rather than an immediate peer.

Physically finding the sexually active never pregnant teens within the communities also proved challenging as the girls were usually reluctant to admit to sexual activity. Interviewers found that finding a private location and rapport building vital to secure the respondents trust and thus gain disclosure.

Interviewers also found that at this stage non-verbal communication, particularly touching, proved important in building the necessary relationship.

Cases:

Identifying cases was relatively easy however gaining access to them also had its own challenges. Pregnant girls in the clinic setting were often initially suspicious of the interviewers and would refuse to participate. This was overcome via working through a social worker.

In Jamaica there are social workers assigned to public sector clinics. The decision was taken then to seek the support of the social worker and use her as our initial approach to the teen. The social worker was a known and trusted individual and thus their endorsement of the interviewer and the research and introduction of same were necessary. This endorsement by a trusted source was important to establish trust between participant and interviewer.

Interviewers:

Selection

- Interviewers were selected as being persons the teens could identify with. Interviewers were females in their early 20's who did not project as authority figures. Instead interviewers were selected as persons who could empathize with the respondent and thus successfully build rapport.
- Study participants were recruited from the public sector clinics and thus were most likely to be from the lower socio-economic groups. Interviewers were also selected as persons who did not appear to be in a higher social class and so did not dress or behave as such. Instead they were deliberately selected to be neutral and briefed to dress in a casual way (jeans and a button down shirt or a polo shirt) so as increase the comfort level of the respondent and not to influence the interview with projections of authority or superiority.
- Field supervisors were selected as university graduates in psychology and social work. This provided the added resource of field staff who were trained in dealing with human subjects and more aware, prior to the research, of the likely complexities of the topic they were exploring.

Training:

- Training included research procedures as well as how to respond appropriately to emotional responses that might have occurred as a result of some of the questions about sexual debut and sexual violence.
- One component of the training was devoted to contextual information about early sexual debut and sexual violence, including services and programs available for sexual violence victims.
- A referral system to a psychologist was also a part of the project should the need arise.

Gaining entry:

Controls were recruited from the lower income inner city communities from which the cases came. In order to ensure the safety of the interviewers, interviewers gained access to the communities through local gate keepers.

Interviewers travelled in teams accompanied by a driver who served as protection if necessary. On arrival in the communities, interviewers were invariably approached by a resident who would either inform them that the community was not safe (in which case it was abandoned for that day), gave them entry or took them to the local area leader (the don) who would grant entry.

Once the interviewer was granted entry safety was not a concern. Additionally, interviewers would generally keep their ears and eyes open and listen to the advice of residents as to whether it was safe to continue on a specific road or in the community in general.

Key Ethical considerations which impacted the study were issues of protection of human subjects:

Consent:

A dilemma faced was whether to seek parental consent for participation in the study particularly since some participants were minors. Other behavioral surveys including HIV/AIDS KABP Surveys and Sexual reproductive Health Surveys conducted in Jamaica among this age group have sought participant consent and not parental consent. Given that teenage sex is a socially taboo subject, seeking parental consent, particularly for the never pregnant but sexually active peers would have resulted in:

- girls denying being sexually active
- increased difficulty in finding controls
- protracted the study time and prohibitive cost
- a sample skewed to only those willing to admit to sexual activity to their parents

Thus following the convention of work done in other countries including Jamaica the decision was taken to seek participant consent and not parental consent except in the formative phase.

In the formative phase pregnant girls were recruited from the Women's Centre and the Centre requested parental consent for participation. At this stage parental consent would have had minimal impact considering that the girls were currently pregnant and involved in a school which instructs in both academics and sexual and reproductive health.

Age for inclusion into study:

Girls 15-17yrs were included in this project although the legal age of consent in Jamaica is 16yrs. The project proposal and instruments were all submitted to local ethical review boards and approved with inclusion criteria being sexually active and 15-17yrs.

Questions to be considered therefore are:

- if other authorities including nurses and doctors are aware of sexually active minors and have not reported it, do we as researchers report it?
- Do we report our participants after we have spent time building trust and rapport, when the project has been approved by the boards set up to ensure ethical guidelines are followed and when the findings will be used to better understand a reality and guide the appropriate prevention programs?

We took the decision to continue with project, sought the relevant approval and hope the findings will be used to better the lives of many.

Findings:

Formative phase: Experience of sexual violence

From the formative phase we learn that girls experience a wide variety of sexual coercion. In this context sexual coercion is used to describe a wide variety of experiences that relate to *intimidation or loss of control over one's sexual behavior*. Girls report sexual harassment, pressure or force and coercion by men in the household.

Sexual harassment:

Verbal and physical harassment was described by many girls, and was experienced mainly while they were out walking on the street. Girls would be walking down the street and the male would call out to them in a sexual way or touch them. Girls spoke of feeling powerless against this harassment and only being able to "continue walking".

Pressure or force:

Girls described a variety of forms of force or pressure to have sex exerted by their boyfriends. Of great interest however are the differences in perception and the fact that the words “pressure” and “force” meant different things to different girls.

For some forced or pressured meant constant verbal persuasion:

A “never pregnant” girl from Kingston put it this way: *“So when you say pressured you mean like he gives you argument or him keep asking you for it ?”*

Sometimes if referred to response to an unspoken threat:

One never pregnant girl from Mandeville said, *“I was there alone. He forced me to have sex and I didn’t want to. [Why did you think you had no choice?] Maybe he would have hit me or something. I am afraid of him. He is very tall.”*

In other instances the terms were used to refer to actual physical force:

A pregnant girl from Kingston said, *“Sometime my baby father force me sometime me no want to an him a force me.”*

And actually being held down by their boyfriend :

A pregnant girl from Mandeville said, *“At one point, he was trying to talk me into it and then he held me down but I was still refusing....I was vex afterwards...Bad, I felt bad and sad.”*

Coercion by men in the household.

Several girls in Jamaica also described instances of unwanted advances being made by adult males in their households. Often, if the perpetrator was in the household or a friend of a parent the credibility of the girls was questioned and thus making it harder for her to get help.

A never pregnant girl from Kingston reported that *“her [mother’s] boyfriend tried to molest me and I told her about it and she say is lie me telling; and I run away from her and I end up into a home for six months.”*

Quantitative findings:

The quantitative phase found similar levels of sexual coercion reported by both the cases and controls or pregnant vs never pregnant girls.

Approximately a third of girls, irrespective of whether case or control group, reported some type of coercion at first sex., with 10% reporting coercion at last sex and just over a fifth (23%) reporting ever having been force to have sex.

17% (overall) reported having been a victim of violence in their homes; 6% had been forced to do something sexually degrading and 2% and 3% had been raped at last sex.

Results related to sexual coercion and violence were similar across pregnant and never pregnant girls except for the issue of “having ever been touched in a way that made me feel uncomfortable”. This was reported by more never pregnant girls than pregnant girls. In fact it was 63% of never pregnant girls who reported having been touched in a way that made them uncomfortable, compared to 51% of pregnant girls.

Other:

Conscious use of contraception was a main difference between pregnant and never pregnant girls with the never pregnant girls being more likely to report conscious use of contraception.

Most pregnant participants did not plan their pregnancies and did not think it was the right time to be pregnant.

Compared to their never pregnant, sexually active peers, pregnant participants showed:

- Less connection to their communities :
 - o they had lived in their community less than three years
 - o they were not be involved in clubs/community groups,

- Less connection to family and in particular parents:
 - o They did not live with their father,
 - o Did not live with their mother,
 - o did not receive emotional/financial support from their mother,

- be in a stable relationship,
- have had an early sexual debut
- had a first sexual partner more than five years older
- have had two or more sexual partners in their lifetime
- think that contraception is the woman’s responsibility.

Recommendations:

Although the study did not find sexual coercion and violence to be associated with pregnancy, the prevalence of reported sexual coercion, in its many forms indicates that it is an important issue which should be addressed through programs for and with adolescents.

Coming out of the study it is recommend that programs to prevent adolescent pregnancy should:

- build adolescents' self-esteem and future orientation
- encourage stronger connections with parents and community groups
- teach girls and boys about contraception and make it accessible
- teach the community about the benefits of delayed childbearing teach boys to respect that girls' have the right to refuse sex
- teach refusal skills to girls
- provide girls with good reasons to delay sexual debut
- reach girls and boys at young ages (before age 14)

Conclusion

- Many girls describe having been forced to have sex at one time or another by their boyfriends or someone they had a relationship with.
- Sexual coercion experienced maybe:
 - Actual physical force or the threat of force
 - It may be being asked over and over again until it was easier to say “yes” than to say “no”
 - It may be violent rape
- Although the study found no association between sexual coercion and sexual risk taking (pregnancy) the prevalence of sexual coercion indicates it is an important issue which needs to be understood further and an issue programs need to address.