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Annotated Bibliography of Studies

Adolescent Reproductive Health and Policy Implications

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Adolescent Reproductive Health Project**

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Table of Contents

1.	Introduction	2
2.	Criteria for Studies Included and Format of the Reviews	4
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3.	Study Summaries	1 - 27
	<i>A - Socialization Regarding Sexuality & Reproduction</i>	1
	<i>B - Sexual Activity & Contraceptive Use</i>	8
	<i>C - HIV/AIDS</i>	12
	<i>D - Service Delivery & Access to Services</i>	17
	<i>E - Programs for Teen Mothers</i>	19
	<i>F - Crime, Violence and Sexual Exploitation</i>	21
	<i>G - Employment/Unemployment</i>	24
	<i>H - Children in Residential Care</i>	27

1. Introduction

This document reviews research that has been conducted in Jamaica on - or related to - adolescent reproductive health.¹ The purpose of this review is: to identify the factors that lead to negative (or positive) reproductive health outcomes (the antecedents to adolescent sexual behavior); to understand the lives of adolescents (the context in which sexual activity takes place); and, to identify factors that can be addressed through policies to improve the reproductive health of adolescents.

Jamaican adolescents, defined according to international convention as young people ages 10 through 19, face serious risks to their reproductive health. By the time they reach adolescence, girls and boys are adhering to gender roles that pressure boys to become sexually active at a young age and that give little support to girls to abstain from sexual activity (Jackson et al., 1997). Adolescents in rural areas may face increased pressure to become sexually active; for girls to prove they are not "mules." Adolescents, living in an environment that offers little hope for good schooling, few employment prospects, questionable support at home, and marred by increasing violence, social unrest and an unstable economy, have little motivation to be future-oriented. Gender-related violence and physical, sexual and mental abuse against children further take their toll on Jamaican families (World Bank, 1997). For girls especially, sex can become a means of support, particularly through liaisons with older men (Chambers and Chevannes, 1991; Chevannes and Mitchell-Kernan, 1995; Eggleston et al., 1999). Among young adults ages 15-17 surveyed in the 1997 Jamaica Reproductive Health Survey, 38 percent of females and 64 percent of males reported having had sexual intercourse (NFPB, 1997). Having sex with multiple partners is not uncommon among young people, particularly young men.

Yet, at that age, girls and boys are not well-equipped to handle their sexuality or to protect their reproductive health. They have received little more than general information on sex, family planning, sexually transmitted diseases (STD), or responsible parenthood from either their families or from school. In many cases, the information they receive comes too late. The mean age for first sex for girls ages 15-17 is 14.7, yet only 35 percent of girls had their first FLE class before the age of 13. Among girls ages 15-24 who receive information from parents or guardians, 35 percent did not receive information on pregnancy before their first menarche, and 38 percent did not receive information on pregnancy before their first sex. The mean age for first sex for boys ages 15-17 is 12.4, yet by age 13, only 30 percent have had a course in FLE. Many believe myths about getting pregnant or contracting an STD (NFPB, 1997).

Young people - and especially girls - are discouraged from seeking reproductive health services and, if they do so, are treated with disdain by many service providers (McFarlane et al., 1996). Among women in union ages 15-19, fewer than 60 percent were using contraception in 1997 (NFPB, 1997). In a school-based study of adolescents roughly ages 11-14, those who did not use contraception said they did not because they did not expect to have sex, they feared the

1. ¹ This literature review is a companion to the *Review of the Legal, Regulatory, and Policy Environment for Adolescent Reproductive Health in Jamaica*, compiled by Youth.now, 2001.

side effects of contraceptive methods, they faced barriers to access, and they had limited knowledge about methods and where to get them (Jackson et al., 1997). The main method used for youth is the condom, which also happens to have the highest discontinuation rate and one of the highest failure rates. It may also be the method a girl or woman has least control over.

Providers are understandably concerned about serving adolescents below the age of consent (age 16) for fear that providers who do so will be prosecuted. One outcome of this fear among providers is that some girls say that it is easier for a young person in Jamaica to get an abortion than to get contraception (HOPE, 1997).

Predictably, the reproductive health outcomes for adolescents include: unwanted pregnancies among school-age girls, few of whom finish school, and rising rates of STDs, including HIV among girls and boys. For example, among adolescent females in Jamaica who gave birth before the fourth year of secondary school, fewer than one-third returned to school after the birth of their child. Women ages 15-19 have the highest level of unmet need for a contraceptive method (they were sexually active but said they did not want to get pregnant within two years, yet they were not using contraception), and the unmet need for this age group increased from 16 percent in 1993 to 19 percent in 1997 (NFPB, 1997). While the numbers are low, from 1994-1995, the number of young people ages 10-19 who were HIV positive tripled, nearly doubling from 1995-1996, and continuing to increase since 1996. The first reported HIV non-AIDS case in the 10-14 age group came in 1995. By 1998, there were eight cases of HIV positive young people ages 10-14, six of whom were female (MOH, EPI, 1999). Many of these reproductive health outcomes have consequences that can affect the future well-being of adolescents, and their ability to guide their future development and to participate in the development of society.

The government and donors have recognized the need among adolescents for reproductive health information and services. In the Ministry of Health's (MOH) *Strategic Framework for Reproductive Health 2000-2005*, adolescents are noted as a primary target group for reproductive health services (MOH, 2000). The 1999 *Jamaica Family Planning Service Delivery Guidelines* (MOH and NFPB, 1999) includes a chapter on serving adolescents. The guidelines also contain a crucial section explaining the relevance of the Gillick case in the UK to providers in Jamaica. In that case, that House of Lords held that a doctor "consulted at a family planning clinic by a girl under sixteen would not be acting unlawfully if he prescribed contraceptives for the girl so long as he was acting in good faith to protect her against the harmful effects of sexual intercourse" (MOH and NFPB, 1999). The MOH's policy on this issue is consistent with the approach adopted in the Gillick case. This MOH policy of protection for providers who serve adolescents must be disseminated to all providers in Jamaica. In addition, attitudes of providers towards serving adolescents must be addressed.

2. Criteria for Studies Included and Format of the Reviews

Three criteria were used for selecting the studies included in this review:

1. Empirical studies that used either qualitative or quantitative data;
2. Data were obtained through fieldwork or secondary analysis; and
3. Studies were conducted in 1990 or later.

The studies are reported by author, year, title, sample, findings and policy implications, and are grouped thematically. Theme areas include: socialization regarding sexuality and reproduction; sexual activity and contraceptive use; HIV/AIDS; service delivery and access to services; programmes for teen mothers; crime, violence and sexual exploitation; employment and unemployment; and children in residential care.

3. Study Summaries

A. Socialization Regarding Sexuality and Reproduction

Author: Chambers, Claudia and Barry Chevannes
Date: 1991
Title: "Report on Six Focus Group Discussions"
Source: Unpublished report for the Project on Sexual Decision-making Among Men and Women in Jamaica, AIDSTECH.

Sample:

Six focus groups of young, teenage and older men and women in Kingston and Glengoffe in North-East St. Catherine, held in 1990.

Key findings:

- Parents (except in middle class families) played an insignificant role in providing children – particularly daughters – with information concerning sexual development. Children obtained information from older siblings, aunts, peers, guidance counselors, books and movies.
- For most girls, first menstruation was almost unanticipated, with little or no preparation
- There was little understanding of the relationship between sexual intercourse and pregnancy, with some women making the connection only at their first pregnancy
- Multiple sex partners is considered the norm by men, but love is different from sex. Love involves sex, but also implies some commitment. Sex implies no commitment, particularly among younger men. "She is jus' a mattress"
- Less frequently, women engage in multiple partnerships, some for sexual pleasure, but more often for money
- Masturbation occurs, but is considered bad by men; more acceptable to women
- Male homosexuality is considered wrong; female homosexuality less so. Males view homosexuality as a moral failing. Participants said the need for money and involvement with drugs leads to homosexual activity
- Sports recreation and self control are alternatives to unrequited libido.
- Condom use not common, even with multiple partners. This is especially so among middle class males
- Particularly for men, pornographic movies are increasingly becoming an agent of socialization in sexual innovation and experimentation
- Adolescent perceive wife beating as pervasive in society, among all classes. It is a private affair in which outsiders should be vary of intervening. Rural participants believe more strongly that wife beating is wrong, whereas some urban participants expressed the view that a woman who is beaten is getting what she deserved
- Incest is wrong, and for men viewed as worse than homosexuality

Policy Implications:

The almost total lack of socialization regarding sexuality that girls receive from their parents (generally mothers), which contributes to the experience of sex-related trauma, whether menstruation, sex or pregnancy, is so universal as to be a feature of female socialization. This lack of socialization of girls to understand their bodies, their sexuality and reproduction sets the course for a lifetime of poor reproductive health.

Jamaica's system of multiple partnerships, which is particularly practiced by men, is pervasive and must be taken into account in any reproductive health programs. In multiple partnerships, sex and money are interrelated. Addressing the root causes of the relationship between multiple partnerships and money will help reduce the incidence among women.

Author: Chevannes, Barry and Claudia Mitchell-Kernan
Date: 1995
Title: "How We Were Grown": Cultural aspects of high-risk sexual behavior in Jamaica"
Source: Appendix to FHI Final Report, Sexual Decision-Making Among Jamaicans. 1990-1994. Arlington, VA: AIDSCAP

Sample:

21 ethnographic interviews; 15 with males and 6 with females who admitted to high-risk behaviour in a national survey (lack of condom use, same sex behavior, migrant sex, prostitution, or group sex).

Key findings:

- First sex is often seen as part of play in prepubescent children, with no moral significance or guilt
- Sex is often initiated on younger boys by older girls
- There is an association of marriage with sexual maturity and the passage of youth
- Fathers are assigned two roles: to provide for the family and to take responsibility for the moral upbringing of the children
- Conflicts exist between religious and cultural values regarding sexuality
- Men prefer to avoid stable relationships, preferring multiple partners who make fewer demands financially. Men will choose a stable partner who is monogamous and is tolerant of the male's other partners. Some men see the need for a second woman to escape the stress of the primary relationship or because one woman cannot fill all of a man's needs.
- Women choose multiple partners because the first one is not treating her right or because one man cannot provide sufficient money
- Condom use was once taboo (due to the influence of Rastafarians) but is now gaining acceptance. Natural sex is considered best; sex with a condom is considered better than sex that brings disease. Trust is an issue with condom use; its use implies more than one partner.

Policy Implications:

It is necessary to understand Jamaica's system of multiple partnerships when designing reproductive health programs.

Author: HOPE Enterprises
Year: 1997
Title: "Biomedical and Other Background Data Relevant to the Establishment of Adolescent Sexual and Reproductive Centres in Specific Sites in Jamaica"
Source: Unpublished report for UNFPA. Kingston: HOPE Enterprises

Sample:

Focus groups with young people in selected communities (Maxfield Avenue, Clarkes Town and Flanders). A survey of the three targeted areas found approximately 25% to be 10-19, evenly distributed between girls and boys.

Key findings:

Areas of concern stated in focus groups were:

Gender issues, power dynamics and decision-making

- Lack of skills for decision-making and negotiations related to sexuality and relations. Girls believe they have the right to make decisions on sexual matters, including right to refuse sexual advances and sex without a condom, but feel that refusal carries consequence of abuse and violence; therefore, some refrain from taking a stand
- Gender inequities
- Marginalization of males and their participation in reproductive health
- Discomfort among girls with changes to their bodies and menstruation

Lack of access to services and information

- Awareness about family planning methods and where methods are obtained
- Cultural, religious, legal and institutional constraints to access to reproductive health services and information.
- Lack of familiarity with the age of consent
- Adolescents below age 16 are sent away to seek parental consent
- Sources for contraception include pharmacies, clinics or shops
- Young people sought advice from mother or father or close adult relatives
- Regret about paucity of information available to adolescents on sexuality and reproductive health

Contraceptive use and discontinuation

- Adolescents ages 10-14 ranked condoms and withdrawal as their top contraceptive choices
- Discontinuation among young girls highest for the condom, compared to the pill and injection
- Family members, basketball stars and other sportsmen are adolescents' role models

Views on teen pregnancy, abortion and consequences

- Young people understood that possible outcomes of sex were pregnancy and STI including HIV/AIDS
- Agreement that teenage pregnancy has no positive attributes, and particularly that it interrupts schooling
- If pregnant, options include abortion, adoption, or fostering
- Abortion is widely practiced and accepted, if not condoned
- Abortions are performed, but these are mainly private due to legal, social, religious, and cultural constraints
- Abortions in public hospitals indicate that girls 15-19 form the modal group, followed by girls younger than 15.
- Abortions are accessed through doctors or "preparations" including rusty nails, Pepsi, and bleach, among other agents. Abortion can be done by "take three birth control pills to wash out the belly"
- Some feeling that abortion is wrong, but that pregnant girls and new mothers should be allowed to remain in school
- Out of school girls, especially, report desire to return to school
- Perception that it is sometimes easier for girls to access abortion than contraception

Other

- Intolerance towards homosexuality
- Young people were responsive to the idea of an adolescent Centre

Policy Implications:

Jamaica has a demonstrated commitment to adolescent reproductive health; however, certain areas need strengthening, such as a legal framework that supports adolescent reproductive health, including provision of services to adolescents below the age of consent; service delivery organized to serve young people; to address myths and misconceptions among young people regarding reproductive health; and, to increase access to reproductive health services for both girls and boys.

Author: Eggleston, Elizabeth, Jean Jackson, and Karen Hardee
Year: 1999
Title: "Mixed Messages: Sex Attitudes and Behavior Among Young Adolescents in Jamaica"
Source: *International Family Planning Perspectives*. 25(2):78-85

Sample:

This article describes the reproductive attitudes and behaviour among a group of 945 young adolescents (mean age 12.2) in Jamaica who come from low income families and attend schools of poor academic caliber. The article draws on data from a 1995 survey and a set of focus group discussions conducted with a subset of the survey respondents in 1996.

Key findings:

Even before they enter the teen years, these young adolescents' sexual attitudes and behaviour have been significantly shaped by sociocultural and gender norms that send contradictory messages about sexuality and impose different standards of behaviour for boys and girls. Focus group findings revealed that boys perceive social encouragement and pressure to be sexually active, while girls who have sex, particularly if a pregnancy reveals their sexual activity, are labeled as having poor moral character.

On the survey, girls were far less likely to report having had sexual intercourse than boys (6% versus 64%). The prevalence of sexual experience among 12 year-old boys in this study is surprisingly high and is the same as that among males aged 15-17 in the 1997 Jamaica Reproductive Health Survey. Given the social rewards bestowed on sexually active boys and the stigma attached to sexually activity among girls, it is likely that boys exaggerated the extent of their sexual experience, and girls may have been hesitant to reveal that had experienced sexual intercourse. Nevertheless, the differences in reported behaviour between the sexes in this study remain striking. The mean reported age of first sex was 12.4 for girls and 9.3 for boys.

The 12-year-olds in the focus groups were highly aware of modern contraceptive methods and expressed generally positive attitudes toward family planning. Among the young adolescents who reported sexual experience, 43% of girls and 38% of boys said they used contraception at first sexual intercourse. However, given the likelihood of misreporting of sexual activity, the survey findings regarding contraceptive use should be viewed with caution. Misperceptions about pregnancy and pregnancy prevention existed among many young adolescents in the focus groups.

Both boys and girls expressed negative feelings about teenage pregnancy. However, some boys in the focus groups noted that a boy who fathers a child is admired by many of his peers. Although they did not approve of teenage pregnancy, girls and boys noted that it was common, and they thought that grandparents would help care for a teen parent's child. This familiarity

with pregnancy at an early age and assumption of familial support may be associated with the prevalence of early motherhood in Jamaica.

Policy Implications:

The clearly defined gender norms regarding sexual behaviour perceived by the 12 year-olds in the focus groups, the inaccurate knowledge revealed in both focus groups and survey findings, and the number of adolescents who reported having had sex suggests that FLE must be introduced among younger children, not just those entering puberty.

FLE programs should help adolescents develop the skills to make informed decisions about engaging in sexual intercourse and using contraception in a social context that sometimes encourages risky sexual behaviors. A gender-specific approach to FLE is probably needed, given the differences in attitudes and reported behaviour between boys and girls.

B. *Sexual Activity and Contraceptive Use*

Author: McFarlane, Carmen P., Jay S. Friedman, Leo Morris, and Howard I. Goldberg.
Year: 1999
Title: *Reproductive Health Survey, Jamaica 1997. Young Adult Report.*
Source: Kingston: NFPB

Sample:

The 1997 Reproductive Health Survey included a nationally representative sample of 1,191 young adult women ages 15-24. The sample also included responses from 2,279 young men.

Key findings:

- Sexual activity begins early. Among young adults ages 15-17 surveyed, 38% of females and 64% of males reported having had sexual intercourse
- Once they start having sexual intercourse, young Jamaicans (particularly men) are likely to have more than one partner. One-third (35 percent) of the young men ages 15-24 interviewed in 1997 had more than one partner during the three months prior to the interview (among married men that age, 21 percent had sex with more than one partner). Among young women ages 15-24, only 3 percent reported having more than one partner during the past three months
- Among adolescent females in Jamaica who gave birth before the fourth year of secondary school, fewer than one-third returned to school after the birth of their child
- The younger adolescents begin sexual activity, the less likely they are to use contraception, thus increasing the risk of pregnancy. Among women in union ages 15-19, fewer than 60 percent were using contraception in 1997
- Use of contraception by young adults in union ages 15-19 did not increase from 1993 to 1997, but increased somewhat for those ages 20-24, to about 68 percent
- The main method used by youth is the condom, which also happens to have the highest discontinuation rate and one of the highest failure rates. It may also be the method a girl or woman has least control over
- In 1997, the majority of young people ages 15-24 reported that they had received FLE or sex education in school or out of school. About 86 percent of young women and 76 percent of young men said they had received some type of FLE. Yet, 17 percent of girls who get pregnant in school are at the primary school level. The mean age for first sex for girls ages 15-17 is 14.7, yet only 35 percent of girls had their first FLE class before the age of 13

Policy Implications:

Adolescents need access to reproductive health information and services from an early age. Young people must understand the risks inherent in having multiple partners. FLE begins too late, after many adolescents have already become sexually active.

Author: Wyatt , G., RS Durvasula, D Guthrie, E LeFranc, N Forge
Date: 1999
Title: "Correlates of First Intercourse Among Women in Jamaica"
Source: *Archives of Sexual Behavior*. 28(2): 139-157

Sample:

Examines retrospective reports of factors anticipated to affect first intercourse in a random sample of 897 women.

Key findings:

- Found a relationship between the initiation of intercourse prior to the age of consent (16 years) and factors occurring around the time of first intercourse. Girls who began sex early were more likely to have less family stability and to have started menstruating earlier than those who initiated sex later
- Earlier initiators reported lower socioeconomic status, less STD knowledge and greater number of pregnancies
- Earlier initiators did not report more partners than later initiators and actually had a greater number of long-term relationships

Policy Implications:

There is a need for further research on adolescents' expectations at first intercourse, including for marriage, economic support and relationship stability, in order to improve behaviour change communication (BCC) programs.

Author: Ministry of Health
Date: 2000
Title: "Reproductive Health in Jamaica"
Source: Unpublished paper based on the PAHO Caribbean Health Survey

Sample:

School-based survey of 2,635 boys and girls in forms 1, 3 and 5, ages 11 to 17.

Key findings:

- There were more females than males at higher levels, likely due to higher dropout rates among boys
- 61% of males and 24% of the females reported engaging in sexual intercourse
- One-fifth were currently sexually active
- Mean age of intercourse 13 for females, and 11 for males
- Reasons for abstinence included waiting until older or waiting until marriage
- 50% females and 34% males reported forced initiation into sex
- 50% reported 3 or more partners, with a higher percentage of males than females reporting 3 or more partners
- 25% used a method of contraception at the time of first intercourse
- 53% never used contraception - because they didn't think of it
- 25% worried about getting AIDS
- Condom was the method of choice for 51% of the sample

Policy Implications:

This study confirms the results of other studies that sex begins early, often without benefit of contraception. Having sex with multiple partners, particularly for boys, is common. Concerted efforts must be made to keep all young people in school, with special attention to boys. FLE should be strengthened in schools.

Author: Eggleston, Elizabeth, Joan Leitch and Jean Jackson
Date: 2000
Title: "Consistency of Self Reports of Sexual Activity among young adolescents in Jamaica"
Source: *International Family Planning Perspectives*, 26(2). June

Sample:

This article was written based on a three-round longitudinal study of 698 young adolescents, ages 11 – 14. The study was conducted between 1996 and 1998.

Key findings:

- 95 of respondents reported sexual experience consistently in a given round, but 12% of girls and 65% of boys were inconsistent between rounds, with boys 14 times more likely to report sexual experience inconsistently.

Policy Implications:

There is a limitation in using self-reporting of sexual activity, particularly among boys. This has implications for evaluation of interventions to decrease sexual activity among adolescents.

C. HIV/AIDS

Author: Pierre, R. K Bailey BA Dicks and DH Ramsey
Date: 1999
Title: "The Impact of HIV on the Jamaican Child"
Source: Memo, Proceedings of Conference, Dept of Sociology and Social Work, University of the West Indies (UWI). Mona, Jamaica: UWI

Sample:

82 clients with family units, representing 36% of clients of CHARES, University Hospital of the West Indies (UHWI). Of the 82 clients, 80% were from Kingston/St. Andrew, 78% were female, 40% were unemployed, 26% were semi- skilled. The 82 clients had 174 children, 42% of whom were between 10-19 years of age.

Key findings:

- 69 of the children had lost one parent, and 15 had lost both
- Following the death of one parent, 37% of children went to live with a grandparent
- Older children tended to be informed of their parent's HIV status, but not younger children
- Of the sample, 4 children (all adolescents) dropped out of school
- There were only three reported cases of behavioral problems associated with the client's HIV positive status in family

Policy Implications:

The impact of HIV is felt by those infected as well as those affected by HIV. HIV-positive people rely on extended family for support. The social, economic and medical challenges faced by single HIV-positive mothers, particularly, limit their ability to create a nurturing environment for children. As the number of AIDS victims rises, there is a need to develop a policy and interventions to reduce the trauma to children who loose parents and sibling to HIV/AIDS.

Author: Brathwaite, AR, JP Figueroa
Date: 1997
Title: "Survey of Patients with Sexually Transmitted Diseases seen by Private Physicians in Jamaica"
Source: *West Indian Medical Journal* (1997) 46:43

Sample:

Descriptive analysis of 683 (men 353, women 330) STD clients attended by 127 physicians in private practice in 1993.

Key findings:

- The median age for men was 27, women 26. Two-thirds (68%) were first time symptomatic for STD, 19% came for follow up, 6% were referred by partners, and 12% were asymptomatic and were requesting a "checkup. Half (52%) of the patients related previous history of STD
- The private physicians were generally reluctant to discuss STD especially when linked to HIV issues.

Policy Implications:

The medical profession still reluctant to discuss STD/HIV issues, a position likely exacerbated for adolescents. Need to encourage adolescents to access services, particularly youth-friendly services and for private providers to counsel and give complete information to clients, including adolescents.

Author: Figueroa, J. Peter, Alfred Brathwaite, Elizabeth Ward, Marion DuCasse, Inge Tscharf, Orville Nembhard, and Evadne Williams
Date: 1995
Title: "The HIV/AIDS Epidemic in Jamaica"
Source: *AIDS*. 9(7)

Sample:

National surveillance data, including sentinel sites, blood donors, migrant farm workers, US visa applicants.

Key findings:

- Annual AIDS case rate doubled every two years from 1987 to 1993
- Heterosexual transmission predominates
- Rates in women are increasing more rapidly than in males
- Infection routes are well established, initially being associated with tourism; introduced in Jamaica through various channels, men who have sex with men (MSM), migrant farm workers, female prostitutes, and informal commercial importers
- The age distribution of AIDS cases show that one-third are in people ages 30-39, and one-quarter are in people ages 20-29

Policy Implications:

HIV/AIDS cannot be considered as a homosexual transmitted disease; women are especially vulnerable

When HIV symptoms appear in the twenties, the implication is that the virus was acquired in adolescence; therefore, there is a need to strengthen prevention messages to adolescents, particularly those involved in commercial sex work.

Author: Figueroa, JP, E Ward, J Morris, AR Brathwaite, A Peruga, W Blattner, SH Vermund, and R Hayes
Date: 1997
Title: "Incidence of HIV and HTLV-1 Infection Among Sexually Transmitted Disease Clinic Attenders in Jamaica"
Source: *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology*. 15:232-237

Sample:

970 STD patients enrolled at Comprehensive Health Centre between November 1990 and January 1991 were examined in January 1992 and July 1993.

Key findings:

- 7 men and one women became HIV positive in the follow-up period
- Associations with HIV infection in men included: drinking alcohol before sex, cocaine use, total number of sex partners, sex with a prostitute, accepting money for sex, the average number of sex partners per month, bruising during sex, and presence of genital ulcers

Policy Implications:

STD clinic attendees have a higher rate of HIV than the general population, but there is still a need for greater public awareness of the risk factors associated with HIV/AIDS. Messages should be targeted especially to adolescents where behaviour modifications may be possible.

Author: Figueroa, JP , K Fox and K Minor
Date: 1999
Title: A Behaviour Risk Factor Survey in Jamaica
Source: *West Indian Medical Journal*. 48 (1): 9-15

Sample:

Population-based probability sample of 958 persons (454 male and 504 female) ages 15–49 years in late 1993. Adolescents were 13% of the sample.

Key findings:

- 21% of the women had a pap smear, and the probability of having a pap smear increased with age, as did probability for ever having a breast examination
- Men were three times more likely than women to smoke, and 30% started before age 15, compared to 8% of female smokers
- Men were two twice as likely as women to drink, although women were twice as likely as men to report heavy drinking
- Men were four times more likely as women to use marijuana. Women were more likely to report use only once per week (58% of women compared to 40% for men)
- Men report more injuries requiring medical attention. In domestic settings and traffic accidents, injuries were similar for the sexes
- Reproductive health findings were similar to Contraceptive Prevalence Survey (CPS) of 1993
- The 20-24 age group tended to report having more than one sexual partner

Policy Implications:

Heavy alcohol use, multiple sex partners and inconsistent condom use is highest among young adults, which requires a behaviour change communication approach promoting health seeking behaviour and healthy lifestyles.

D. Service Delivery and Access to Services

Author: McFarlane, Carmen, Karen Hardee, Marion Ducasse and Rosemary McCloskey
Year: 1996
Title: *The Quality of Jamaica Public Sector and NGO Family Planning Services: Perspectives of Providers and Clients.*
Source: Kingston: McFarlane and Associates and Research Triangle Park, NC: Family Health International.

Sample:

National survey of 344 of 346 health facilities that offer family planning services. The sample included 1,074 workers and 135 supervisors (92% of all workers and 87% of all supervisors). Twenty adult female simulated clients visited 50 clinics island-wide.

Key findings:

This study did not focus on service to adolescents, but included some questions to providers on how they treat girls and boys who come into their health centres.

- Both supervisors and workers said they had appropriate training for respective tasks
- Providers deal positively with adolescent clients but are reluctant to offer them contraceptive methods.
- 70% of providers rely on counseling adolescent clients
- Fewer than 70% take a sexual history from adolescent clients
- Providers are more likely to serve boys than girls
- Twice as many providers suggest abstinence to girls over boys
- Fewer than 17% of providers give condoms to girls compared to 67% who give condoms to boys
- 25% of providers say they give girls the pill or the girl's method of choice
- More providers suggest girls need parental consent than boys

Policy Implications:

Young, sexually active girls and boys need access to reproductive health information and services, including the full range of contraceptive methods. Providers need legal protection in serving adolescents. An MOH policy outlining the rights and responsibilities of providers to serve young people is needed.

Author: Fox, Kristen, Aldrie Henry Lee, Karen Katz and Laura Johnson
Year: 2000
Title: *Contraceptive Use Dynamics of Public Sector Family Planning Clients in Jamaica*
Source: Final Study Report. Research Triangle Park, North Carolina: Family Health International

Sample:

Longitudinal study of 463 women acceptors of family planning in public health facilities, age 18 and over, who were followed for 12 months.

Key findings:

Profile of the sample

- The average age of the women was 24 and the average age of the partners was 29. 75% had secondary education or higher; half were married/in a common law relationship, the other half had visiting relationships; 40% were working; Half of the women had at least one child.

Contraceptive acceptance and discontinuation

- 52% of women accepted the injectable, 37% the pill, and 8% the condom. Fewer than 3% accepted long term methods (IUD, Norplant, or tubal ligation)
- At the end of the study, 57% were still using the same method, 19% switched, and 24% discontinued
- Users of long-term methods were most likely to be continuers
- Two-thirds said they did not want their last pregnancy
- 57% said they wanted no more children, 38% wanted to space their next pregnancy
- 87% of partners wanted the women to use contraception.
- All long-term users expressed satisfaction. 85% of injectable users were satisfied. Pill users tended to be dissatisfied
- Side effects were the main reason to discontinue method
- Partner support was main reason to continue
- Stable unions were an important factor in continuing
- Service delivery factors were also important, particularly waiting time, the manner and attitude of service providers, and the amount of information and counseling

Policy Implications:

Waiting time is a significant issue for clients. The MOH should study the adoption of an appointment system to reduce waiting time. Clinic operational policies should encourage clients to bring their partners, at least for the initial visit, to encourage joint decision-making and to increase satisfaction and continuation. Service providers need to give more information and counseling, especially regarding side effects.

E. *Programs for Teen Mothers*

Author: McNeil, P, S Morris, M Warren, V Robinson and J Brown.
Date: 1995
Title: Tracer Study on Ex-participants of the Women's Centre of Jamaica Foundation
Source: Kingston: The Women's Centre of Jamaica Foundation

Sample:

Interviews with 180 former participants of the programme in the Mandeville and Kingston centres

Key findings:

- The women's center had a positive effect on the lives of the participants
- All but four completed secondary and 19% completed university
- The spacing of children was longer (5.5 and 3.5 years in Mandeville and Kingston, respectively) than the national average (25% of teen mothers had the second birth the following year)
- Their children are better off also, as all children of school age among the 180 former participants are attending school, and 77% of these are in traditional or vocational high schools

Policy Implications:

There is a need for an official policy that students who get pregnant can finish school.

Teen mothers need increased access to daycare facilities for their infants and children, particularly those teen mothers who stay in school.

For those teen mothers not wanting to get pregnant again in the near future, there should be increased acceptance of long-term contraceptive methods in the postpartum period.

Author: Barnett, B, E Eggleston, J Jackson and K Hardee
Date: 1996
Title: "Case Study of the Women's Centre of Jamaica Foundation Program for Adolescent Mothers"
Source: Research Triangle Park, NC: Family Health International

Sample:

Focus group discussions with former participants of the programme and in-depth interviews with programme managers, staff and community members.

Key findings:

- Former programme participants expressed appreciation of the Women's Centre for helping them through a difficult time. They credited the programme for contributing to the wellbeing of themselves and their children
- In discussing the circumstances of their first pregnancies, former participants said they did not use contraception when they had first had sex because they didn't expect to have sex; furthermore, they knew little or nothing about contraception or were afraid of possible side effects
- Former participants said they received little information on sex and reproductive health from their parents and that social norms discourage such discussions. Some said their mothers were not comfortable having discussions about sexuality.

Policy Implications:

Former participants noted the need to pay greater attention to baby fathers through the Women's Centre. Policies and interventions are needed to help baby-fathers bond with their babies to increase the chances to their continued support to their children.

F. *Crime, Violence and Sexual Exploitation*

Author: Caroline Moser and Jeremy Holland
Year: 1997
Title: *Urban Poverty and Violence in Jamaica*
Source: World Bank Latin American and Caribbean Studies Viewpoints. Washington, DC: The World Bank

Sample:

This study used a Participatory Urban Appraisal Approach (PUA) methodology with fieldwork in five communities that are broadly representative of Jamaica's poor urban areas.

Key findings:

- Jamaica has the third highest rate of homicide in the world
- Young men account for 60% of arrests for murder (highest in 20-24 age group)
- Women are increasing as perpetrators
- 40% of murders are due to domestic disputes with women as victims

Policy Implications:

Jamaica faces a tremendous problem with crime and violence that affects adolescents and youth - as perpetrators of violence and crime, as victims and as innocent bystanders who must live in a violent environment. Crime and violence are related to reproductive health as pregnant women are often the victims of abuse from their partners, women of all ages are victims of rape and women feel compelled to seek security in settings of violence and crime. They often turn to men for such protection, perpetuating the cycle of multiple partnerships and sex for resources. Any policies that have an affect on violence and crime will have an indirect effect on reproductive health.

Author: Williams, Sian
Year: 1999
Title: "Sexual Violence and Exploitation in Latin America and the Caribbean: The Case of Jamaica"
Source: Unpublished Mimeo, CCDC. Mona, Jamaica: University of the West Indies

Sample:

Interviews with 50 agencies and individuals on their experience working on sexual violence and exploitation, and content analysis of research papers, government documents newspaper articles.

Key findings:

- Child abuse is pervasive in Jamaica
- Children are both victims of and perpetrators of sexual violence
- There is a connection between childhood experience of abuse and later engagement in commercial sex and other exploitative activities
- The perpetrator of abuse is usually a male between ages 20 to 49, and is known to the victim. The perpetrators also tend to have a history of sexual abuse
- Many children under 18 are thought to be engaged in commercial sex activities, including girls as young as 12 and boys as young as 9
- The scope of sexual exploitation activities include go-go dancing, erotic and pornographic movies and other materials, sex for tourists and locals, and street sex trade
- Transactional sex is also significant. Males exchange goods (food, school fees and clothes) for sex with women and girls

Policy Implications:

A policy against the commercial sexual exploitation of children is needed

Further research is needed to measure the magnitude of the problem and the perspectives of children and benefactors and the root causes of the problem.

Author: Leith Dunn, et al.
Year: 2000
Title: *Sex for Survival and Status*
Source: Geneva: International Labour Organization and Kingston, Government of Jamaica

Sample:

Rapid assessment for ILO in 23 countries to test a manual for ILO /UNICEF on rapid assessment of the worst forms of child labor. Data collection was primarily qualitative – focus groups with children in seven areas islandwide.

Key findings:

- The majority of workers were adolescents, involved in transactional relationships of sex for money
- The children worked as prostitutes, in massage parlors, and go-go clubs
- The children brought up common themes in their lives: poverty, lack of education, poor parenting, early sexual abuse (e.g., rape, incest, and molestation)
- The situation is exacerbated by weak monitoring of existing laws, and lack of appropriate laws to control the situation

Policy Implications:

There is a need for a multisectoral approach aimed at prevention and rehabilitation.

There is a need to strengthen laws against child labor and exploitation, including enforcing existing law such as the Child Care and Protection Act.

Implications for health: Use the Caribbean Youth summit recommendations for follow-up.

G. *Employment/Unemployment*

Author: Anderson, Pat
Year: 1997
Title: *Youth Unemployment in Jamaica*
Source: Ministry of Local Government Youth and Local Government

Sample:

National Survey of Living Conditions and National Labour Force Survey, various years.

Key findings:

- Youth unemployment does not have the same characteristics as adult unemployment
- The unemployment rate for female teenage workers is 60.9% and for male teenagers is 33.5%
- Male teenagers with secondary education are more likely to be unemployed than those with primary education
- Rural youth are more likely to be unemployed than urban (especially late adolescents)
- High fertility in the post war period led to increased numbers in the job market in the 1990s
- Unemployment is not a transitory state as more than half of young people say they have been out of work for longer than one year. The situation is worse for young women, with pregnancy considered a contributory factor

Policy Implications:

Need special programmes to address youth unemployment as a separate phenomenon from adult unemployment.

Encourage youth to stay in school and link increased education to income generation opportunities.

Increase employment opportunities for females with secondary school education.

Author: Samms Vaughn, Maureen
Date: 2000
Title: Longitudinal study of children born in 1986 (young women residing in Kingston)
Source: University of the West Indies Pamphlet, to be published by PIOJ

Sample:

Longitudinal study of children born in 1986, sample of the females who reside in the Kingston Metropolitan Area.

Key findings:

Socioeconomic background

- 17% of girls live with both parents, 37% with mother only, 19% with mother and step father, 20% with neither parent
- 36% missed breakfast on the reference day, one-third reported going to bed hungry in the last week, 31% report insufficient funds to purchase food on reference day
- 54% expressed a desire to return to school
- 35% consumed alcohol
- Few had tried drugs and cigarettes

Health/Reproductive Health

- 19% visited a doctor in past year
- 80% had reached menarche, with a median age 13.1 years (vs. 12.8 for US reference population)
- Half of the young women had a boyfriend
- 20% had had sexual intercourse
- 10 were or had been pregnant
- 85% knew of AIDs, 55% of gonorrhoea, but knowledge of other STIs was poor
- 50% knew of the condom and pill as methods of contraception, 20% could not name any method
- 35% of girls sexually active had used contraception at first intercourse
- Just under 20% were regular users of contraception

Sexual activity and school

- Dropping out of school was influenced by pregnancy (32%), problems at home, and desire to start working (2%)
- Sexual activity was correlated with lower levels of achievements, and is a major risk factor for school drop out
- Girls who were sexually active were more likely to drop out of school

Gender-Based Violence

- One-third of the girls had experienced unwanted physical or verbal inducement to have sex

- 13% reported experience of attempted rape and 4% reported being raped
- These experiences of gender-based violence were with adult casual acquaintances
- Only 6 of 16 who reported being raped said they reported the rape to police and received medical attention; none received counseling
- Most had experienced violence in the past year and one-third were afraid to go to school because of violence

Policy Implications:

Knowledge of contraception (including dual method use) needs to be improved among young women. In addition, continuing in school must be stressed (in this study over half of the girls said they wished to return to school), and the consequences of getting pregnant while a student highlighted. Gender-based sexual violence, including coercive sex and rape, are troubling and should be addressed through policies and programs.

H. *Children in Residential Care*

Author: Government of Jamaica
Date: 1999
Title: Faces of Residential Care in Jamaica
Source: Children Services Division, MOH

Sample:

Data were collected on 52 places of residential care for children, including data on the institutions, members of staff and the children resident in the homes.

Key findings:

- There were nearly twice as many boys as girls in care
- 65% were between ages 6 and 10; 4% were between 11 and 16
- The majority (42.6%) were in care because their carers were unable to cope
- Study examined standards in place for care, access to education and health for children as well as for the caregivers, and monitoring and evaluation

Policy Implications:

Due to the small numbers of older adolescents in residential care, this group does not seem to be a priority, although there is anecdotal evidence of sexual activity within the children's home.