

Challenges to Comparative Data on Adolescent Sexual and Reproductive Health in Sub-Saharan Africa

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In the era of HIV/AIDS in sub-Saharan Africa, it has become crucial to understand the sexual behaviors of adolescents and the factors that protect or put adolescents at risk of HIV infection. However, researchers have been challenged in the measurement of sexual behavior because respondents, especially young and female respondents, are reluctant to accurately report their experiences. In most African countries, open discussion about sexual behaviors is not common.

Research on sexual behavior has also been further challenged when attempts to carry out comparative research have been made (i.e., answering the same research questions across different contexts). Standardizing sexual and reproductive health concepts and terms across a wide range of settings is difficult. For example, in a study from Zimbabwe and Senegal on the influence of mortality on fertility intentions, Randall and Koppenhaver (2002) explicitly discuss the challenges of comparative qualitative research from experiences conducting and analyzing in-depth interviews with adults. Although there is much recognition of the challenges in measuring sexual behavior and conducting comparative research, the evidence base of the extent and nature of these challenges in sub-Saharan Africa remains small.

Using results from fifty-five focus group discussions (FGDs), this paper shows how young people from diverse socio-cultural contexts understand and respond to common sexual and reproductive health concepts and terms. The FGDs were conducted in four countries (Burkina Faso, Ghana, Uganda and Malawi) from January through April 2003. Participants in the discussions were adolescents ages 14 to 19 years from diverse circumstances - rural and urban, male and female, in-school and out-of-school, and single and married. The main purpose of the focus group discussions was to generate relevant information regarding norms and beliefs governing sexual behavior and sexual and reproductive health. Results from these discussions were also used to inform the development of a questionnaire for a nationwide survey of adolescents. The findings from this paper contribute to research on sexual behavior in two important ways:

- 1) Provide deeper understanding of adolescents' sexual and reproductive health: Information gathered from the cross-cultural FGDs provides insight into the norms and values that underpin sexual activity among young people in sub-Saharan Africa.
- 2) Strengthen the evidence base on comparative qualitative research: The FGDs, and the overall project, are meant to address similar research questions across very different contexts. Whilst many existing studies of adolescent sexual and reproductive health have shown results based on cross-national survey data, the evidence base for comparative qualitative data is still relatively undeveloped.

Methodology (preliminary description)

Logistical challenges. The recruitment of the FGD participants was done in different places (pubs, market places, water points, and so on) in order to capture young people from diverse backgrounds and with varying experiences. In two of the countries (Burkina Faso and Ghana) the participants were divided into 2 groups (14-16 and 17-19) while in Uganda and Malawi the study focused on 15-19 year olds, which provides a comparative challenge.

After the recruitment of adolescents in urban areas, another challenge was in locating their parents/guardians for consent (for those aged under 18). The main challenge in rural areas was the participation of young girls due to the parents/guardians' reluctance to allow them to be taken to a central place for the FGDs. The participation of out-of-school adolescents was constrained by their involvement in casual labor and other income-generating activities.

The selection criteria used for the field staff, which included education level, experience in qualitative research and ability to speak the local language, presented another comparative challenge. Most of field staff members were recruited in the urban areas, where the principal investigators were based in each country, with the consequent possibility of a greater social and cultural distance between the field team and the adolescents. To mitigate this, some of the country teams recruited local people to conduct the FGDs, which raises questions about standardizing the quality of information gathered across the four countries.

Preliminary findings

Silence. Younger girls (14-16 years old), and in some cases other sub-groups, did not readily provide information during the discussions, even despite being with peers and despite questions that were about adolescents in general rather than their own, individual experiences. This however varied across the countries and even within countries. There were differences noted between urban and rural youth, with more open discussions held in urban areas. The silence was likely due to discomfort regarding discussing private issues such as sexual behaviors at a stage in life when young girls are normatively not expected to have experience or even knowledge about sexuality.

Meaning of key concepts and terms. The meanings of key concepts and terms change depending on the context in which they are asked and the language used. For example, although "prevention" and "protection" may mean different things in English, upon translation they were considered similar by adolescents. Concepts such as "safe sex", "behavior change" "oral sex" and "risk perceptions" presented difficulties in translation and understanding. We found that some of the study participants did not understand what was meant by "types of sexual activities" and the moderators had to use probes to facilitate the discussions. Even within the same country, terminologies used in urban areas differed from those used in rural areas. Hence, analysis of the findings would require a close examination of the probes used with different groups across the four countries. With qualitative methodologies, because of their relatively unstructured

nature, time becomes less of a constraint and the opportunities to delve further into ambiguities are more plentiful. In contrast, under such circumstances, one can expect a challenge for large scale surveys, which are usually pre-coded and have limited time and protocols for probing and understanding the reasons behind divergent responses.

In conclusion, while these observations are not new to anthropology, and in fact underpin that discipline, the evidence presented in this paper will show just how wide the variation in adolescents' understandings of key sexual and reproductive health concepts can be. Moreover, the experiences of conducting cross-national, qualitative research with adolescents reveal the additional challenges of trying to understand how young people interpret the "same" key concepts and terms that are so important for public health efforts.