

# Women Promiscuity and Reproductive Health Matters: Findings and Policy Implications

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**Background:** For millennia, women with multiple sexual partners have been labeled and stigmatized as whores, prostitutes, promiscuous and commercial sex workers. However, there is little literature comprehensively addressing factors related to reproductive health in this group. **Aim:** The aim of the current study is to elucidate the reproductive health matters of women who have multiple sexual partners. **Setting and design:** The data use for this research is taken from the Jamaica Reproductive Health Survey, 2007. Stratified random sampling is used to design the sampling frame. **Materials and Methods:** The current study extracts a sample of 225 respondents (from 7,168 women ages 15-49 years) who indicate having had multiple sex partners. **Statistical analysis used:** Data are analyzed using the Statistical Packages for the Social Sciences for Windows, Version 21.0. Multiple logistic regressions were used to analyze factors that explained current method of contraception. **Results:** Women with multiple sex partners on average are involved with men at least 9.5 years their senior, and 72% of them have become pregnant. Currently, contraception use can be explained by social class (middle class, Odds ratio (OR) = 0.08, 95% CI = 0.01 – 0.59); age at first sexual intercourse (OR = 0.90, 95% CI = 0.68 – 1.21);  $\chi^2 = 75.8005100570048005, df = 76, p < 0.001$  analysis of variance (ANOVA) = 0.0560100570025n5,  $F = 76, p < 0.001$  = t common-law, OR = 0.09, 95% CI = 0.01 – 0.59). This study is a public health problem because of the increased incidence of teenage pregnancy and increased incidence of sexually transmitted diseases, which must be addressed with the same intensity and resource allocation used to

## INTRODUCTION

Using statistics for Jamaica, Bain (Bain, 2005) stated that the prevalence of sexually transmitted infections (STIs) is 6% and 10-20% respectively. Cooper, Hoffman, Carrara et al. (Cooper, Hoffman, Carrara et al., 2007) found that women who have multiple sexual partners (4) were 2 times more likely to have cervical cancers; women who have 2 sexual partners were 1.1 times more likely to have cervical cancers and women who reported having 3 sexual partners were 1.4 times more likely to have cervical cancers compared to women who reported having one sexual partner. There

is no doubt, that sexual relationships are a public health matter and that elaborate health intervention programs cannot be developed and implemented without first addressing the reproductive health concerns of women with multiple sexual relationships and risky behavioral practices (Duncan et al., 2010; Kishore & Joshi, 2001).

There are studies that have examined the behavior of commercial sex workers (Duncan et al., 2010; Kishore & Joshi, 2001; Elmore-Meegan et al., 2004) to determine their health status, health-care seeking behaviour and reproductive health matters of those with multiple sex partners. In 2007-2008, using a sample of 2,848 randomly selected Jamaicans aged 15-74 years, Wilks and colleagues (Wilks, Younger, Tulloch-Reid et al., 2008) discovered that 24.4% had at least 2 sexual partners (women, 8.4%; men, 41.0%) in the study period. It should be noted here that the number of Jamaicans using a condom in their last sexual relation was about 53.1%, indicating the higher level of risk among this population. Furthermore, in 2008 Wilks et al. (Wilks, Younger, Tulloch-Reid et al., 2008) found that only 43.1% of Jamaicans used a condom with their main partner in the last sexual relation, which is a decline of 35.2% since 2000 (in 2000, 78.3%). This further demonstrates the increase in risky behaviour among those that are sexually active. The sexual behaviour of some Jamaicans can also be captured in the prevalence of sexually transmitted infections (STIs) between the sexes. Wilks and colleagues found that over the last twelve months, women reported having had a STI 2.6 times more



determine the use of health demand. Grossman's model is forwarded below, where health status is a function of particular determinants and these are given as:

$$H_t = f(H_{t-1}, G_o, B_t, MC_t, ED) \quad (1)$$

Where  $H_t$  current health in time period  $t$ , stock of health ( $H_{t-1}$ ) in previous period  $B_t$  smoking and excessive drinking, and good personal health behaviours (including exercise –  $G_o$ ),  $MC_t$ - use of medical care, education of each family member ( $ED$ ), and all sources of household income (including current income).

Grossman's model has been modified and used by many scholars to examine health, health outcome and other health-related issues. Contraceptive usage is a health matter, which means that Grossman's theoretical framework can be modified and employed thereby. In this case the dependent variable is a dichotomous one (currently using a contraceptive method or not), which means that logistic regression can be applied to examine the factors that influence the dichotomous dependent variable. For this study, four factors determine contraceptive usage among women with multiple sexual partners:

$$C = f(MS, A, E, S) \quad (2)$$

Where  $MS$  denotes marital status,  $A$  means age at first sexual encounter,  $E$  represents employment status and  $S$  indicates social class

## RESULTS

Almost 33% of the study population was 15-24 years of age, compared to 16.4% ages 25-29 years, 20.9% ages 30-34 years, 14.2% ages 35-39 years, 10.7% aged 40-44 years and 4.9% aged 45-49 years.

The socio-demographic characteristics of the study population are presented in Table 1. On average women' first sexual encounter was with men at least 9.5 years their senior. Almost 29% of the respondents indicated that they had been sexually assaulted during their lifetime, while 51% of those who were sexually assaulted indicated that they were sexually assaulted on their first sexual encounter.

A significant statistical association existed between the number of sexual partners and commercial sexual encounter ( $\chi^2=39.4$ ,  $P<0.0001$ , Figure 1). Figure 1 show that 69.2% of women with 2 sexual partners were paid for the sexual encounter compared to 11.5% of those with 3 sexual partners, 3.8% of those with 4 sexual partners, and 11.5% of those with 11+ sexual partners.

Half of the commercial sex workers indicated that they had been sexually assaulted, and 19.2% stated they were sexually assaulted on their first sexual encounter. Of those who had indicated being commercial sex workers, 32% had intercourse 2-5 times (per week), 16% between 6-10 times, and 52% at least 11 times per week. When the commercial sex workers were asked when they began this

**Table 1.** Sociodemographic Characteristic of Sample, n = 225

Characteristic	n	%
<b>Religiosity</b>		
At least once a week	56	24.9
At least once a month	49	21.8
Less than once a month	30	13.3
Only on special occasions (weddings, funerals, christening)	62	27.6
Does not attend at all	25	11.1
No response	3	1.3
<b>Marital status</b>		
Legally married	18	8.0
Common-law	44	19.6
Visiting	107	47.5
Divorced, separated, widowed	44	19.6
Single	12	5.3
<b>Ever been forced to have sex</b>		
Yes	65	29.1
No	157	70.4
Not sure	1	0.5
<b>Currently having sex (in the last 30 days)</b>		
Yes	120	53.6
No	104	46.4
<b>Currently using a method of contraception</b>		
Yes	175	77.8
No	50	22.2
<b>Employment status</b>		
Unemployed	143	63.6
Employed	82	36.4
<b>Are of residence</b>		
Urban	34	15.1
Semi-urban	65	28.9
Rural	126	56.0
<b>Socioeconomic class</b>		
Lower	56	24.9
Middle	95	42.2
Upper	74	32.9
<b>Years of schooling mean (SD)</b>		13.5 years (8.3 years)
<b>Age mean (SD)</b>		29.6 years (8.7 years)
<b>Coitarche mean (SD)</b>		16.0 years (2.7 years)
<b>Age of person had first sexual intercourse with mean (SD)</b>		25.7 years (19 years)

activity, 31% indicated during high school (i.e., post-secondary level including preliminary University and college), 46% reported after leaving high school and 23% noted both.

Of the 54% of the respondents who indicated being currently sexually active (i.e., in the last 30 days), 8.5% reside in urban zones, 25.8% in semi-urban areas, and 65.8% were from rural areas ( $\chi^2=13.09$ ,  $P$

between age at first sexual encounter and method of contraception use. It demonstrates that many adolescent women would be ten (10%) percent less likely to use protection against STIs as this may be rejected by the male partner, their inexperience, and most importantly the economics associated with promiscuity. In this study, men who initiate sexual intercourse with adolescent women were about 10 years older. Although these males are older and more sexually experienced, they also have more material resources compared to the young women. This places the women at a disadvantage of being exposed to various STIs, in particular HIV/AIDS, and the human papillomavirus (HPV) (Norman, 2003; Cooper, Hoffman, Carrara

steady partners fifty-six (56%) percent. When the aforementioned issues are taken within the context of Wilks and colleagues work; that only 52% of young women (ages 15-24 years old) indicated having used a condom, the incidence of STIs has increased greater among women than men in 2008, and the rate of inconsistent condom usage among those in multiple relationships, especially with a casual partner (46%) as found by this work, multiple sexual relationships is more than an individual matter, it is a national public health matter in Jamaica. Hence, it should come as no surprise that in the Caribbean, of the 7 million births in 2013, 2 million were from young women

bridge the unemployment and poverty gap, and material deprivation (Bourne, 2009f). The notion that poverty, material deprivation and unemployment are related to increase multiple sexual relationships is a reality. In 2008, the Jamaican economy was in a significant

secondary level education and 3) they are engaged in non-paid sexual relations, which suggest that involvement into this lifestyle is embedded in the desire for acceptance and cognitive development. Jamaican women who are engaged in promiscuous sexual relations commence their sexual journey at 16 years old, which is in the period of adolescence. During this stage of development, they seek acceptance (Cotterell, 1996) and not have a strong religious belief, they become susceptible to sexual lures of adults. Adults are more likely to lure adolescents using material goods, owing to the economic vulnerability of the persons. This often explains the reason adolescents may not use contraceptive devices (Juarez & LeGrand, 2005; George et al., 2007) because of the dictate of the adults with the economic resources who have vetoing power of person. The vetoing powers of powerful adults allow them to lure vulnerable young women into sexual activities because of the economic vulnerability of the young women, particularly the unemployed ones. Orr et al. found that females who are initiated early in sexual activities are mostly those who have poor self-image (Orr, Wilbrandt, Brack et al., 1989), which is related to the psychological matter of self-esteem. So, we deduce from the current data, within the context of the literature that multiple sexual relationships among Jamaican women could eventually lead to depression this view is also forwarded by DiClemente et al. (DiClemente, Wingood, Crosby et al., 2001).

Many of the women in this study have multiple sexual partners outside of commercial sex. This indicates mental health issues such as frustration, psychological trauma, early neglect, substance use, seeing oneself as a risk taker, and therefore sexual promiscuity is an expression of psychosocial challenges. This has been empirically established by Kowaleski-Jones and Mott (Kowaleski-Jones & Mott, 1998). The fact that many of the sampled .278 TDpcommence

sexual activity (as a child) are similar to those who have had a history of abuse in the



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