

Interpersonal Competence and Sex Risk Behaviours among Jamaican Adolescents

S Longman-Mills¹, K Carpenter²

ABSTRACT

Objective: Of particular public health concern to the Jamaican authorities is the consistently high numbers of new HIV infections among adolescents and young adults. The thrust in HIV/AIDS prevention campaigns has largely been toward an increase in knowledge and attitudes as opposed to personality variables. However, it is widely believed that persons with high interpersonal skills may be less likely to engage in sex risk behaviours. This study investigated interpersonal competence as a personality characteristic associated with sexual risk-taking among Jamaican adolescents.

Methods: A cross-sectional survey of 500 adolescents, ages 13–18 years (250 males and 250 females) from nine randomly selected secondary government schools within Kingston and St Andrew was used. The sample ensured maximum variation in age groups. The BarOn EQ-i:YV(S) was utilized to provide a measure of interpersonal competence and the Sex Risk Scale from the Adolescent Risk Inventory acted as a measure of sex risk behaviours. The Spearman's rho correlational statistic was used to investigate the hypothesis.

Results: Of the students surveyed, 58.6% reported that they were sexually active; 31.8% reported having multiple sexual partners and 28.2% reporting inconsistent condom use. A significant, inverse relationship was observed between interpersonal competence and sex risk behaviours ($p < 0.05$).

Conclusion: This research provided evidence that adolescents with high interpersonal skills are less likely to participate in risky sexual behaviours. Therefore, interventions aimed at reducing risky adolescent sexual practices might benefit from the inclusion of strategies to build interpersonal skills.

Keywords: Adolescent sexuality, emotional intelligence, interpersonal skills, risky sexual behaviours

Competencia Interpersonal y Comportamientos de Riesgo Sexual entre los Adolescentes Jamaicanos

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RESUMEN

Objetivo: De interés particular para las autoridades jamaicanas de la salud pública es el número consistentemente alto de nuevas infecciones de VIH entre adolescentes y adultos jóvenes. El desempeño principal de las campañas de prevención del VIH/SIDA ha estado dirigido en gran parte hacia el aumento de conocimientos y actitudes, en vez de a variables de la personalidad. Sin embargo, existe la creencia ampliamente extendida de que las personas con buen desarrollo de sus habilidades interpersonales, serán menos propensas a involucrarse en conductas de riesgo sexual. Este estudio investigó la competencia interpersonal como una característica de personalidad asociada con riesgos sexuales entre adolescentes jamaicanos.

Métodos: Se llevó a cabo un estudio transversal de 500 adolescentes, con edades entre 13–18 años (250 varones, y 250 hembras) de nueve escuelas secundarias del gobierno, seleccionadas al azar en las áreas de Kingston y Saint Andrew. La muestra garantizó una máxima variación en los grupos de edad. Se usó el test BarOn EQ-i:YV(S) para obtener una medida de la competencia interpersonal, en tanto que la Escala de Riesgo Sexual del Inventario de Riesgo Adolescente actuó como una medida de los comportamientos de riesgo sexual. Las estadísticas correlacionales de Spearman fueron utilizadas para investigar la hipótesis.

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Resultados: De los estudiantes encuestados, 58.6% informó estar sexualmente activos; 31.8% informó tener múltiples parejas sexuales, y el 28.2%, reportó un uso sistemático del condón. Se observó una relación inversa significativa entre la competencia interpersonal y las conductas de riesgo sexual ($p < 0.05$).

Conclusión: Esta investigación proporcionó evidencia de que los adolescentes con alto desarrollo de habilidades interpersonales son menos propensos a participar en conductas sexuales riesgosas. Por lo tanto, las intervenciones destinadas a reducir las prácticas sexuales adolescentes riesgosas, podrían beneficiarse con la inclusión de las estrategias para desarrollar las habilidades interpersonales.

Palabras claves: Sexualidad adolescente, inteligencia emocional, habilidades interpersonales, conductas sexuales de riesgo

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INTRODUCTION

According to Freudian psychosexual theory, adolescents are within the genital stage of sexual development which is characterized by heightened sexual awareness and interest in seeking out sexual partners (1). While this is a normal feature of this phase, it proves challenging as a public health concern because adolescents' physical capacity for sexual and reproductive behaviour develops before their emotional and social ability to cope with the associated responsibilities (2) such as pregnancy and sexually transmitted infections. Adolescents are also less likely to talk about or negotiate their sexual experiences; therefore inconsistent condom use, multiple sexual partners and other sex risk behaviours become more likely.

Adolescents persistently engage in sex risk behaviours despite numerous public education campaigns designed to highlight the adverse outcomes of these practices. While there has been a net reduction of HIV/AIDS cases in Jamaica, there has not been a significant reduction in the spread of HIV/AIDS among young people (3). Campaigns have been primarily focussed on increasing knowledge, encouraging behaviour change and increased condom use. However, research has shown that the key influences on adolescent sexual practices are thought to be biological, psychological and social in nature. The conditions that drive sexual behaviour are the maturation of sex organs as well as hormonal changes occurring in the body during adolescence. On the other hand, social and psychological factors are thought to guide sexual expression (4). Through socialization, the adolescents' sexual identity is shaped (5), but they bring to this process their own personality/psychological characteristics. The personality characteristic that has been implicated in adolescent sexual behaviours is their interpersonal competence (6, 7). Interpersonal competence essentially refers to the psychological characteristics involved in effective social interactions. It is the ability to correctly identify and comprehend the emotions of others, to effectively communicate and empathize, and also the capacity to have mutually satisfying relationships. Since sexuality is a social construct, typically requiring the physical or implied

presence of others (8), then interpersonal competence is expected to be integral to adolescent sexual behaviours.

Previous research has also found that adolescents who can effectively communicate with their parents and partner are more likely to utilize contraceptives (9). Therefore, it is anticipated that interpersonal competence will act as a protective factor against adolescent sex risk behaviours. The objective of this study is to investigate if adolescents' participation in sex risk behaviours will be inversely related to their interpersonal competence.

SUBJECTS AND METHODS

This study was part of a larger study that investigated the sex risk practices of adolescents in Kingston, Jamaica (10). This present segment of the study investigated students attending government secondary schools within Kingston and St Andrew. The sample size of 500 adolescents (250 males and 250 females) was decided by using power analysis, which showed 462 to be adequate. Nine secondary institutions as well as classes of intact groups were randomly selected while ensuring that the respondents were 13 years and older.

Ethical approval was obtained from the Jamaican Ministry of Education and the University Hospital of the West Indies/The University of the West Indies/Faculty of Medical Sciences Ethics Committee. The principals for each institution as well as a guardian for each student also provided informed consent and the students gave signed assent prior to completing the questionnaires.

Instruments

The questionnaire consisted of the Interpersonal Scale from the BarOn Emotional Quotient Inventory: Youth Version (short form) [EQ-i: YV(S)] (11), the Sex Risk Scale from the Adolescent Risk Inventory (12), four frequently used sexual knowledge questions that incorporated cultural myths and also demographic questions. The questionnaires were pre-tested using think-aloud interviews to ensure that the questions were being interpreted as intended (13). This resulted in minor amendments being made to the Interpersonal Scale and the Sex Risk Scales.

Interpersonal scale (Bar-On EQ-iYV(S))

The BarOn EQ-i: YV(S) (11) emerged from the BarOn Emotional Quotient Inventory (BarOn EQ-i) which is the most widely used measure of emotional-social abilities to date (14). The BarOn EQ-i: YV(S) was created for young people ages 7–18 years. It consists of five scales; however, for this study only the interpersonal scale was relevant. The interpersonal scale consists of seven questions with four possible Likert response choices. The original response choices were, “Not True of Me (Never, Seldom)”, “Just a Little True of Me (Sometimes)”, “Pretty Much True of Me (Often)”, “Very Much True of Me (Very Often)”. These responses were amended by linguistic experts to “Never”, “Sometimes”, “Most Times” and “All the Time”. This amendment was conducted to ensure that response choices were culturally unambiguous and familiar, while maintaining the integrity of the original instrument.

Sex risk scale (Adolescent Risk Inventory)

The Adolescent Risk Inventory is a short, yet comprehensive screening measure of risky behaviours during adolescence (12). It provides a measure of three main types of risk practices, 1) acting out behaviours, 2) abuse or self-harm and 3) sex risk behaviours. Only the sex risk scale was utilized for this research. This scale consisted of seven items, however, one item, which related to anal sex had to be excluded based on the requests of school principals, as they found it to be culturally offensive. This exclusion did not affect the interpretation or scoring of the measure and the instrument was found to have a Cronbach alpha of 0.698, which is considered acceptable considering the limited number of items.

The pretesting process identified that some students had literacy challenges and were unable to read the questionnaires. Therefore all the questions and their response choices were read aloud, in a standardized manner by trained researchers, to groups of between four and 30 students, at any one sitting. Each student sat behind a privacy screen to facilitate an air of confidentiality. They were asked to be honest, simply tick the appropriate box and also refrain from putting identifying information on the questionnaires. The

completed questionnaires were then placed in a ballot box and the students were given snack packages and thanked for their participation.

RESULTS

The students were between the ages 13 and 18 years, with a mean age of 15.43 years [SD 1.066] (Table 1). The majority of students (77.4%) reported that they were in a relationship, with 58.6% reporting that they were sexually active. The students who reported that they were sexually active included 41.2% of the fourteen year olds and 77.4% of the seventeen year olds, with a larger percentage (70.4%) being males. Additionally, 31.2% of the females and only 6.4% of the males who reported being sexually active also reported being in a relationship.

The students had above average sexual knowledge as 75.4% answered at least four of the five sexual knowledge questions correctly. However, 31.2% of the students were not aware that a condom could stop them from contracting a sexually transmitted infection and 25.6% of the students believed pregnancy could not occur the first time they had sex (Table 2).

Table 2: Response frequencies for knowledge questions

Knowledge responses	f (%)
You cannot get pregnant the first time you have sex	128 (25.6)
A condom does not prevent STIs	156 (31.2)
Birth control pills prevents STIs	69 (13.8)
Standing up while having sex prevents pregnancy	54 (10.8)
Drinking Coca-Cola or Pepsi after sex prevents pregnancy	52 (10.4)

n = 500

Table 3 highlights a few of the sex risk practices that were reported. It identified that approximately a third of the sample had two or more sexual partners and similar numbers reported inconsistent condom use. Of note, 50.9% of those adolescents who reported having multiple sexual partners also reported inconsistent condom use. A Mann-Whitney U test identified that boys participated in significantly more sex risk behaviours than girls ($U = 21869$, $N1 = 250$, $N2 = 250$, $p = 0.000$).

Table 1: Demographic characteristics of the sample

	Males (n = 250)		Females (n = 250)		Total (n = 500)		
	f	%	f	%	f	%	
Age (years)	13–15	139	55.6	139	55.6	278	55.6
	16–18	111	44.4	111	44.4	222	44.4
Sexually active	Yes	176	70.4	117	46.8	293	58.6
	No	74	29.6	133	53.2	207	41.4
In a relationship	Yes	192	76.8	195	78.0	387	77.4
	No	58	23.2	55	22.0	113	22.6

n = 500

Table 3: Frequency of sex risk behaviours and experiences

Sex risk behaviours	<i>f</i>	%
Multiple sex partners	159	31.8
Had a sexual infection	14	2.8
Ever pregnant or got someone pregnant	21	4.2
Did not use a condom every time	141	28.2
Used stimulants before sex	39	7.8

n = 500

The association between sexual knowledge and sex risk behaviours was investigated. A Spearman's rho correlational analysis was conducted between knowledge scores and sex risk behaviour scores and a non-significant relationship was found ($r_s = 0.017, p = 0.704$). This suggests that the students' participation in sex risk behaviours was not significantly associated with the knowledge of the possible adverse consequences.

The students' average interpersonal skills score was found to be 86.34 (SD 13.959) which is within the low level of functioning. An independent samples *t*-test was conducted to compare the interpersonal scores of males and females. There was no significant difference in the interpersonal scores of males ($M = 87.02, SD = 13.938$) and females ($M = 85.65, SD = 13.973$); $t(498) = 1.0099, p = 0.272$ (two-tailed). A Spearman's rho correlational analysis was conducted to explore the relationship between sex risk scores and interpersonal skills. This analysis identified a significant inverse correlation between sex risk behaviours and interpersonal competence ($r_s = -0.085, p = 0.029$).

DISCUSSION

The most frequently reported sex risk behaviour was having multiple sexual partners. More than a third of the students reported having two or more sexual partners within the past year and to further compound the potential negative outcomes, half of these students also reported that they did not use a condom every time they had sex. It can also be inferred that most of the sexual encounters were casual in nature, as less than a third of the sexually active students reported that they were currently in a relationship. These results are corroborated by the 2012 National Knowledge, Attitude, Behaviour and Practices Survey (15) which identified multiple sexual relationships as being the leading sex risk behaviour and also that there has been no overall increase in condom use, at last sexual experience, since 2008.

The adolescents' interpersonal competence was found to act as a protective factor against their participation in sex risk behaviours; the higher their interpersonal skills the less likely their participation in sex risk behaviours. This is understandable considering that the negotiation of safe sexual practices would be facilitated by having good interpersonal skills (16). Therefore, the adolescents' ability to effectively communicate and to understand the emotions of others is expected to facilitate healthy sexual practices, even in the

presence of social pressures. However, the average interpersonal competence of the students was found to be low and inadequate, with room for significant improvement. This is a noteworthy finding as it gives a partial explanation for the high rates of sex risk behaviours exhibited by the youth population. At the same time, we need to appreciate that interpersonal competence is a malleable skill that can be improved with training. This finding highlights the need for guardians to help young people build their interpersonal skills and assertiveness.

The students' sex risk behaviours did not demonstrate a correlation with their sexual knowledge. This suggests that knowledge may not have been a significant influence on adolescent sexual practices. Therefore, national campaigns aimed at reducing sex risk behaviours should continue to encourage use of a condom for every sexual encounter and also should incorporate programmes aimed at building adolescents' interpersonal competence.

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