

COMMENTARY

Research on African adolescents' sexual and reproductive health: Ethical practices and challenges

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Abstract

Sexual and reproductive health issues remain a huge public health challenge, especially in developing countries. These problems arise acutely in socio-cultural contexts marked by social prohibitions relating to adolescent sexuality. However, it is important to listen to adolescents to better understand how they experience their sexuality, the issues associated with it and their needs and expectations. For this, researchers must, among other things, appropriate the frame of reference of adolescents in terms of sexuality to promote relevant policies and interventions. But how can researchers conduct ethical research with people who are under parental care and socially condemned in relation to the research object? This article aims to contribute to the reflection on ethical research practices in sexual and reproductive health with African adolescents. In this paper, I have considered some ethical challenges and the prospects for solving them. (*Afr J Reprod Health* 2022; 26[3]: 13-19).

Keywords: Ethics, research, sexual health, adolescents, Africa

Résumé

Les questions de santé sexuelle et reproductive demeurent un énorme défi de santé publique notamment dans les pays en développement. Ces problèmes se posent avec acuité dans les contextes socioculturels marqués par des interdits sociaux relatifs à la sexualité adolescente. Cependant, il est important d'écouter les adolescents pour mieux comprendre comment ils vivent leur sexualité, les enjeux qui y sont associés et leurs besoins et attentes. Pour cela, les chercheurs doivent, entre autres, s'approprier le cadre de référence des adolescents en matière de sexualité afin de favoriser de pertinentes politiques et interventions. Mais comment les chercheurs peuvent-ils mener une recherche éthique avec des personnes sous protection parentale et socialement blâmées par rapport à l'objet de recherche? Cet article vise à contribuer à la réflexion sur les pratiques éthiques de recherche en santé sexuelle et reproductive auprès des adolescents africains. J'y ai évoqué quelques défis éthiques et les perspectives pour les résoudre. (*Afr J Reprod Health* 2022; 26[3]: 13-19).

Mots-clés: Ethique, recherche, santé sexuelle, adolescents, Afrique

Introduction

Research is an essential activity because it allows us to understand and improve the world around us¹. Nonetheless, research can potentially cause minor or serious harm to participants and others according to the Tri-Council Policy Statement (TCPS 2 2018) on the Ethics of Research Involving Humans¹. Hence the importance of and need for subjecting scientific activity to clearly established ethical principles and standards. However, conducting ethical research is a significant challenge. This challenge becomes more complex when scientific activity is carried out on specific populations or sensitive research objects. This is, for example, the

case of research in sexual and reproductive health with African adolescents who often do not have the right to openly experience their sexuality. To situate the framework of my analysis, I first want to return quickly to the notions of research ethics and adolescence.

The French National Council for the Development of the Humanities and Social Sciences considers that research ethics represent a set of rules intended to subject research to values considered higher than the freedom of the researcher². Thus, scientific activity is framed by ethical standards which must be observed by researchers. Similarly, I can cite the Tri-Council Policy Statement (TCPS2 2018) which prescribes

the ethical rules and principles to which Canadian researchers are subject in matters of research involving humans.

Adolescence is considered the period of human growth and development between childhood and adulthood. For their part, Dehne and Riedner believe that adolescence is a dynamic concept that can have several possible meanings because, according to the literature of international institutions, it can represent age groups ranging from 10-19 years, 10-24 years, 15-19 years and 15-24 years⁴. This elasticity of the definition of adolescence means that studies of this type of population go beyond the 10-19 years of age that WHO considers to be adolescents^{3,5}. Significantly, the African Charter on the Rights and Welfare of the Child (ACRWC) adopted by the African Union, signed, and ratified by almost all African countries, sets the minimum age for marriage at 18 years⁶. This suggests that on the Continent, legal majority is acquired from the age of 18 even if at this age most African adolescents depend mainly on parental assistance to ensure basic needs of food, health care, education etc. In view of the above, considering the age group of 10-19 years in research targeting adolescents is a reasonable and sensible choice on the African continent.

On the other hand, it is important to note that regardless of the practices of early marriage observed in Africa, the sexual activity of adolescents is also socially condemned. Several authors indicate that in Africa, adolescent sexual activity remains a taboo subject, difficult to be accepted by many parents who are reluctant to discuss it with their own children⁷⁻¹¹. For example, an exploratory study of parental perceptions of adolescent sexuality carried out among parents of adolescent Tunisian doctors and paramedics, shows that 61% of them believe that adolescent sexual relations are worrying even if they protect themselves during sexual acts¹². For this reason, adolescents are watched over by their parents who have no real dialogue with them on sexual matters¹³. In cases where there is a parent-adolescent discussion about sexuality, that interaction is often not constructive. For example, the review of the literature carried out by Bastien *et al* on parent-child communication on sexuality and HIV / AIDS infection in sub-Saharan Africa highlights several obstacles to this interaction which typically is authoritative, one-way, and made

of vague warnings rather than direct and open dialogue¹⁴.

Despite this attempt to control the sexual behavior of African adolescents and the social veto that parents place on it, minors experience their sexuality with consequences such as unwanted pregnancies, unsafe abortions, infections, etc.^{5,15,16}. Thus, the renewed interest in research with African adolescents on sexuality is justified. This research is essential for a better understanding of the determinants of their sexual behavior, the risks associated with it as well as their expectations for better public health policies in this area. However, to achieve this, researchers must face a major challenge: producing valid knowledge with people who are essentially minors, condemned for their sexuality and who, for the most part, must seek parental consent before participating in research. And yet, parents argue that teens shouldn't have any views let alone expectations or experiences to talk about in such a study because they are not supposed to be having sex. Without any pretension on my part, I believe that producing knowledge under these conditions requires special attention from an ethical point of view so as not to alter the epistemic value of the information sought and specially to ensure the well-being of adolescents and their families. If this assumption makes sense, it would logically be necessary to weigh the extent to which researchers apply the ethical principles of research with human beings to the development of knowledge with African adolescents about their sexuality. Using published research data, I will present some elements that, in my opinion, pose ethical problems regarding the respect and well-being of adolescents and/or their loved ones. For this, I will rely on the ethical principles of research promoted by the Tri-Council Policy Statement (TCPS2 2018)¹. Before addressing the ethical issues of research conducted with African adolescents on their sexuality, I will remind the reader of the ethical principles of TCPS2 2018 which constitute the frame of reference for my analysis.

Ethical principles of research according to the 2018 TCPS 2

Firstly, it is important to underline that the 2018 Tri-Council Policy Statement (TCPS2), developed by the three Canadian federal research

organizations namely the Social Sciences and Humanities Research Council, the Natural Sciences and Engineering Research Council of Canada and the Canadian Institutes of Health Research is inspired by international recommendations for ethics in research involving human beings jointly developed by the WHO and the Council for International Organizations in Medical Sciences¹⁷. According to the 2018 TCPS2, scientific activity carried out with human beings should be based on the fundamental ethical principles of: respect for persons, concern for well-being and justice¹. And although the 2018 TCPS2 admits that these principles do not constitute a complete and definitive answer to all questions related to research involving humans, it must be recognized that respecting these three principles would significantly improve the quality of data products and the safety of participants and/or their relatives.

According to the TCPS2 2018, respect for people as an ethical principle of research refers to the recognition and protection of participants' autonomy, and their ability to choose to take part in research without coercion through free, informed, and continuous consent. The principle also refers to the requirement of consent of an authorized third party to protect research interests of people with low judgment skills due to age or other situations such as mental health issues. Secondly, the 2018 TCPS2 recommends that researchers consider the well-being of participants and their loved ones. To do this, researchers and ethics committees must ensure that participants are protected from foreseeable risks. Thus, researchers are required to provide all information to participants who will weigh the benefits and risks before making any decisions about participating in the research. Researchers must also ensure the confidentiality and protection of personal data, a task that contributes to the well-being of participants.

Finally, the fair and equitable treatment of participants is an essential principle of research ethics. It is about treating all participants with equal respect and ensuring that the likely harms and benefits of research are distributed fairly across all segments of the population. This manifests itself primarily through the recruitment of participants based on inclusion criteria according to the objectives of the research so that no one is unduly included or excluded from the research. In summary, doing ethical research is at a minimum

ensuring that participants have given free, informed, and continuous consent; that they are protected from foreseeable risks, that they have made the decision to participate by weighing the risks and benefits of the research, that their data is protected; and that no one is included or excluded from the research in an abusive manner.

Research on adolescent sexuality in Africa: Ethical issues

The research carried out in sexual and reproductive health with adolescent in Africa poses, in my opinion, several ethical problems that I will evoke and try to analyze.

Problems related to the age of participants

It seems important to me to start with the age of the participants not as a specific ethical issue but rather as a methodological issue with ethical implications. The results of research with adolescents are intended to inform health policies for this segment of the population. So, it is important that research is especially done with this subgroup. Like Dehne and Riedner's findings, Tantchou points out that research practice reveals an elastic definition of adolescence that encompasses ages 10 to 26 instead of 10 to 19 as WHO suggests. When studying the sexuality of adolescents in Africa; researchers have targeted people aged 10-14, 10-25, 13-19, 13-24, 13-25, 14-19, 15-19, 17-25^{5,18,19}. In most cases, the authors do not justify the choice of age groups and there are even studies that target adolescents without defining any specific age⁵. At first glance, this segmentation of the age of participants may appear to be scientifically rich. This is not quite true, however, because the division of adolescence into several age groups maintains a conceptual vagueness through which, according to Tantchou, the "adolescent" category overlaps that of "young people" and the "young population" encompassing people aged 10-24. This suggests that adolescents are "young people" at the same time. However, the sexual needs and expectations of people aged 10 or 12 are different from those of 25. Therefore, the scientific community must necessarily agree on an operational definition of the concept of adolescence. This seems important to me for applying the ethical principle relating to justice because if researchers do not clearly define the notion of adolescence and delimit the

corresponding age group, people will be wrongfully included or excluded from studies on adolescents. In this case, the research results may not reflect the sexual needs and expectations of adolescents and therefore lead to ineffective policies.

Problems related to respect for people

Respect for people is a sacred principle of ethics in research involving human beings. It translates in practice into the free, informed, and continuous consent of the participants or their authorized third parties when their faculty of judgment is hindered for various reasons. According to me, this principle represents the heart of research with human beings. When it fails, research becomes a dubious activity with risks of generating public distrust of science. Despite this, the way in which the issue of consent of African adolescents is treated in research about sexual and reproductive health raises some concerns.

In other parts of the world such as Canada, for example, it is recommended that vulnerable people such as adolescents are protected during research activities involving humans¹. Thus, the involvement of people under the age of 18 in research requires both the assent of the adolescent and the consent of an authorized third party²⁰. According to Flicker and Guta, this measure is justified by the fact that disempowered adolescents live in guardianship and are assumed to lack the intellectual maturity and life experience required to make a responsible decision regarding participation in a research activity²⁰. It should be noted that assent and consent are based on the adolescent's freedom of choice and their authorized third party's consent to the minor's participation in research. In addition to freedom of choice, consent implies responsibility, and the ability to judge, evaluate, and weigh the benefits and risks of research to make an informed decision to participate. In other words, asking adolescents for assent instead of consent implies that they are unable to make a responsible decision. Morton and Green's study supports this perspective by showing that in psychotherapy, hospitalized adolescents aged 10-17 had misconceptions about the nature of treatment, including their right to object²¹. This leads the authors to conclude that the judgmental capacity of these adolescents was affected by their

age. In contrast, other studies indicate that by age 14, adolescents are as capable of making informed and thoughtful decisions as adults^{22,23}. Flicker and Guta therefore point out that obtaining consent from adults before involving adolescents in sexual health research is no longer entirely justified²⁰. These multiple and even opposing postures about the ability or inability of adolescents to make informed decisions highlight the complexity of the essential issue of consent relating to the involvement of minors in research. In studies carried out with adolescents in Africa, we observe two practices related to the search for consent.

Firstly, there are studies where researchers "simplify the life" by working with schools to recruit adolescents based on institutional authorization. This is, for example, the cases of Kobelembi Nyanzi, Pool and Kinsman, and Dangbemey *et al* who recruited 12-year old adolescents for their studies without the consent of the parent or guardian^{9,11,16}. To justify this practice, Kobelembi, who mentions the sexual taboos linked to his study context, specifies that "the recruitment of participants was done, for reasons of convenience, in schools [...], and never inside the houses of the interested parties"⁹. In other words, since it is difficult to negotiate the recruitment of adolescents with parents/guardians because of the prohibitions that weigh on adolescent sexuality, it is better to fall back on institutional authorizations such as those of the heads of schools to involve minors in research activities. In the African context, according to me, involving adolescents in sexual health research based on the agreement of school heads and minors themselves, is a risky practice for adolescents. A school has hundreds or even thousands of children and each of them has a story, a special relationship with his or her parents/guardians on sexuality questions, especially in a context where sex is taboo. Therefore, it is important to seek the consent of a parent/guardian to protect minors from reprisals in case they reveal any clues of their participation in the research.

Secondly, researchers such as Ramathuba *et al* have simultaneously sought the consent of a parent/guardian and the assent of the adolescent in addition to the institutional authorization of school principals before involving minors in their research²⁴. However, researchers who make this choice limit the quest for parental consent to

adolescents under the age of 18. Researchers should consider this aspect of the legal majority age set at 18 years by keeping in mind that the value of consent lies in respecting and protecting the autonomy of the participants, i.e., their ability to analyze the research project, to make a considered decision regarding their participation or not and to apply it without retaliation. Legal majority does not automatically translate into autonomy because a participant who turns 18 without being able to apply his decision independently is still a "minor" from a social point of view. There is no point in obtaining someone's consent directly because they are 18 years old and having them participate in a research project only to have them subjected to psychological harassment or increased control over their sexual activity by the parents/guardians after the departure of the researcher. These situations can happen and the researcher who leads a participant into such a situation cannot claim ethical research.

According to World Health Organization guidelines on the topic, researchers can recruit adolescents in their studies without parents' consent in cases where it's not possible to find them and when the research focuses on sensitive topics such as sexual abuse, sexual violence, mistreatment etc²⁵. In the same vein, authors such as Flicker and Guta consider that asking adults for consent before involving adolescents in research about their sexuality constitutes a violation of the ethical principle relating to justice, and therefore of the equitable treatment of children and silences them about their legitimate concerns and expectations²⁰. Although this argument may be used, researchers often do not request parental consent simply due to the sensitivity of the research topic but rather because it is easier to recruit adolescents in this way as indicated by Kobelembe in his research⁹. In my opinion, in contexts such as in Africa where adolescents face social opposition regarding their sexuality, the respect and safety of adolescents and their families must take precedence over all other considerations because the future of science itself in the field of adolescent sexuality depends on it. There is no research involving humans if there is no one to participate. To do this, researchers must preserve public confidence in science.

In summary, in sexual and reproductive health research with adolescents in Africa, seeking consent is a multi-faceted practice. In most of the published articles, researchers do not even address

how this important question was resolved. Yet in a context where sex is taboo, and where adults oppose adolescent sexuality, specifying the ethical aspects of research with minors in publications is not an optional unimportant precaution but rather a moral and scientific requirement.

Concerns related to adolescent well-being

As the 2018 TCPS2 points out, the ethical principles of research involving human beings are interdependent and complementary. Therefore, the way consent is negotiated for adolescent involvement can negatively impact their well-being and that of those around them. Caring for the well-being of adolescents means protecting them from unnecessary research risks and ensuring the protection of their personal data. For this to happen, the risk mitigation strategy must focus on preventing potential conflicts between adolescents and their parents/guardians. I had previously pointed out that the sexual activity of adolescents in the African context is often a subject of adolescent-parent disagreement, and the involvement of minors in research on this subject without the required precautions, could aggravate the situation and break down family relationships. Also, the fear that adolescents may have about the potential disclosure of their data to parents who have consented to their participation in research, can also be considered a risk. This fear could silence teens about their real concerns and expectations¹⁹ which could affect the quality of the data collected. However, by studying the capacity to consent to participation in psychological research among children aged 5-12, Abramovitch *et al* observe that it is those under 12 who seem to doubt the confidentiality of their performance, knowing that their parents have been informed of their participation in the research²⁶. This suggests that reassuring adolescents about the confidentiality of their personal data can give them confidence and lead them to open to researchers without fear of disclosure of their data.

Ethical issues related to justice

The ethical principle of justice presupposes equitable treatment of participants and a balanced distribution of the risks and benefits of research among various subgroups of the population. In my opinion, the last aspect of this principle especially

the balanced distribution of risks and benefits of research on the various population subgroups is not considered in the study on adolescent sexuality in Africa. Recruiting only adolescent participants to understand issues related to their sexuality is a mishandling of minors. The problems of adolescent sexuality in Africa (early pregnancy, infections, fatal abortions, dropping out of school, etc.) are also the responsibility of adults because of their role in relation to the sexual activity of minors. Therefore, the feeling of shame, embarrassment, emotions and other risks associated with research on adolescent sexuality must also be borne by adults, since they will share the benefits of the research with adolescents. For example, if research results lead to health policies that delay adolescent sexual activity, eliminate fatal abortions, and keep girls in school, both adults and minors will benefit. Therefore, recruiting both adults and adolescents as participants in the same research is one way of ensuring the application of the ethical principle of justice.

Conclusion

The quality of research is closely linked to the ethics of research. Research in sexual health with African adolescents poses specific ethical problems. It appears that Africa's national or institutional ethics committees still do not have the answers to the ethical questions raised by research with adolescents regarding their sexuality. And yet, the quality of research is decisive in implementing interventions capable of reducing the incidence of adolescent sexual health problems. It should also be emphasized that research involving minors is an ethically complex activity. It becomes more complicated when the research focuses on a taboo subject like sexuality. Therefore, it is important to help researchers better negotiate ethical aspects in research with adolescents. For this, it is necessary to harmonize ethical research practices in sexual health with adolescents by developing clear and operational ethical guidelines which could help researchers and African national and institutional ethics committees. Universities can initiate this task which could mobilize researchers, physicians, socio-anthropologists, jurists, political and religious leaders, members of civil society and national ethics committees, etc. In addition, it is important to cross perspectives and views of adults

and adolescents in the same research project to increase the epistemic value of the data produced. It is unrealistic to believe that the perspectives of adolescents are sufficient to solve their sexual health problems. For an intervention to be effective, it must also be socially acceptable to all stakeholders. In Africa, parents/guardians are key stakeholders in adolescent sexuality, so their voice counts as much as that of adolescents in finding effective and lasting solutions.

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