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Sexual Coercion, Unintended Pregnancy, and Poor Reproductive Health Among Adolescent Girls (Aged 13 - 19) in Mexico

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Abstract

In Mexico, nearly 23,000 adolescents between the ages of 12-17 years suffer sexual coercion every year. This group also has a high birth rate of 77/1,000 adolescents, which indicates that one in every five pregnant women is an adolescent. This study describes the sexual coercion of victims and their views regarding the experience based on data collected from 37 Mexican girls between the age of 13 to 19, selected purposively using the snowball method in Monterrey city, Mexico. Results indicate that sexual coercion among adolescents is a serious problem, where 70% of adolescents experienced vaginal sexual coercion, nearly 22% experienced vaginal and oral sexual coercion, and eight percent suffered vaginal, verbal, and anal sexual coercion. Almost 50% of adolescent girls suffered sexual coercion by multiple partners. Of 37 girls' responses, nearly one-fourth of them (nine adolescents) said that they suffered unintended pregnancy due to coercion, and many of them suffered from different types of sexually transmitted diseases, which may reduce their reproductive potential in the long term. This research study showed an association between sexual coercion and reproductive health outcomes among adolescents. Sexually coerced adolescents experience many reproductive health problems such as pain or burning while urinating, irregular menstruation, itching or irritation, lower abdominal pain, and vaginal discharge.

Keywords

Mexico, sexual coercion, unintended pregnancy, reproductive health, adolescent girls

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SEXUAL COERCION, UNINTENDED PREGNANCY, AND POOR REPRODUCTIVE HEALTH AMONG ADOLESCENT GIRLS (AGED 13-19) IN MEXICO

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ABSTRACT

In Mexico, nearly 23,000 adolescents between the ages of 12-17 years suffer sexual coercion every year. This group also has a high birth rate of 77/1,000 adolescents, which indicates that one in every five pregnant women is an adolescent. This study describes the sexual coercion of victims and their views regarding the experience based on data collected from 37 Mexican girls between the age of 13 to 19, selected purposively using the snowball method in Monterrey city, Mexico. Results indicate that sexual coercion among adolescents is a serious problem, where 70% of adolescents experienced vaginal sexual coercion, nearly 22% experienced vaginal and oral sexual coercion, and eight percent suffered vaginal, verbal, and anal sexual coercion. Almost 50% of adolescent girls suffered sexual coercion by multiple partners. Of 37 girls' responses, nearly one-fourth of them (nine adolescents) said that they suffered unintended pregnancy due to coercion, and many of them suffered from different types of sexually transmitted diseases, which may reduce their reproductive potential in the long term. This research study showed an association between sexual coercion and reproductive health outcomes among adolescents. Sexually coerced adolescents experience many reproductive health problems such as pain or burning while urinating, irregular menstruation, itching or irritation, lower abdominal pain, and vaginal discharge.

KEYWORDS

Mexico, sexual coercion, unintended pregnancy, reproductive health, adolescent girls, teen girls

SEXUAL COERCION, A FORM OF GENDER VIOLENCE, is a public health problem in developing countries (Song, Ji, & Agardh, 2014; Muzzey & Hensel, 2018; WHO, 2011; Kostrzewa, 2008; Moore, Awusabo-Asare, Madise, John-Langba & Kumi-Kyereme, 2007) that can have numerous adverse reproductive health consequences, such as unintended pregnancy and sexually transmitted diseases (STDs) (WHO, 2014; Miller, McCauley, Tancredi, Decker, Anderson & Silverman, 2014; Banikarim, Chacko, Wiemann & Smith, 2003; Watts & Zimmerman, 2002). The World Health Organization (WHO) has stated that sexual coercion is a significant issue that can impact the sexual and reproductive health of women (WHO, 2003). Nearly 35% of women, globally,

experience either intimate partner violence or non-partner sexual violence (WHO, 2014). The Population Council defines sexual coercion as

the act of forcing another individual to have sex against his or her will through the use of violence, threats, verbal insistence, deception, cultural expectations, or economic circumstances (Heise & Moore, 1995, n.p).

The World Health Organization (2002) stated that sexual coercion includes a wide spectrum of degrees of force. Apart from physical force, it may involve psychological intimidation, blackmail, or other threats, for example, the threat of physical harm or of being dismissed from a job or of not obtaining a job that is sought. Furthermore, a person may be sexually coerced when the victim is unable to give consent, for example, while drunk, drugged, asleep, or mentally incapable of understanding the situation.

Several researchers have confirmed that sexual coercion may result in unintended pregnancy and poor sexual reproductive health (French & Neville, 2008; Williams, Clear & Coker, 2013; Jejeebhoy & Bott, 2005; Miller et al., 2014; Mmari & Sabherwal, 2013). Researchers found that female youths, especially adolescents, coerced into sex, had higher odds of suffering from sexually transmitted infections (Gomez, Speizer & Beauvais 2008). Other researchers found that exposure to sexual coercion is highly associated with unwanted pregnancy and emotional distress (Tusiime, Musinguzi, Tinkitina, Mwebaza, Kisa, Anguzu & Kiwanuka, 2015; Gomez, 2011; Rangel Flores, 2016). In Mexico, a few studies have analyzed the problem of sexual coercion and its connection with unintended pregnancies and reproductive health. Approximately 23,000 adolescents between the age of 12 and 17 experience sexual coercion every year in Mexico, and this group also has a high birth rate of 77 live births in every 1,000 adolescents (Flores, 2016; INEGI, 2016).

A study on sexual violence and associated health problems in Mexico indicated that participants who experienced sexual coercion or violence reported a wide range of physical and mental health problems (Ramos-Lira & Saltijeral-Méndez, 2001). Flores (2016) studied migrant women in Mexico and found that adolescents are vulnerable to sexual coercion during the migration journey, and the victims are at greater risk of acquired immunodeficiency syndrome (AIDS) caused by the human immunodeficiency virus (HIV). According to the Centro Nacional para la Prevención y el Control del VIH y el Sida (CENSIDA) (*Translation: National Center for the Prevention and Control of HIV and AIDS*), a total of 210,931 HIV/AIDS cases have been identified in Mexico since 2019 and nearly 26,841 of these are adolescents, representing almost 13 percent of the total cases (CENSIDA, 2019). However, research about sexual coercion and the unintended pregnancy and health issues among adolescents in Mexico is limited. As Jejeebhoy and Bott (2005) explain, adolescents are not equipped to avoid non-consensual sex and may have fewer choices available to prevent it. This study describes the experiences of sexual coercion among selected adolescent girls in Mexico and their views on sexual coercion and the resulting unintended pregnancies and poor sexual reproductive health.

SEXUAL COERCION AND ADOLESCENT HEALTH

Women's studies has highlighted that culturally influenced gender values, specifically, the negative aspects of male masculinity (i.e., machismo) and the female counterpart (i.e., marianismo), influence sexual coercion (Rueda, Hoffman & Grytza, 2019). Men's behavior is intended to maintain power and control in a relationship and

includes objectification of male desire. It includes explicit attempts to impregnate a partner against her will, control pregnancy outcomes, coerce a partner to have unprotected sex, and interfere with contraceptive methods. These acts of coercion can negatively impact the health of victims (Das, 2005, 1996). Studies have also confirmed a positive association between sexual coercion, unwanted pregnancy, and poor reproductive health (Bhana & Pattman, 2011; Howard & Wang, 2005; Maharaj & Munthre, 2007).

A research study in India revealed that women who were forced to have sex are more likely to have unintended pregnancies than those who did not (Martin, Kilgallen, Tsui, Maitra, Singh & Kupper, 1999). Similarly, Tusiime et al. (2015) found that incidents of unwanted pregnancies were higher among sexually coerced women and those who had nonconsensual sexual debuts based on data collated from women aged between 15 to 24 years.

Additional studies concluded that women, who experienced sexual coercion, suffer different types of gynecological and reproductive health complications such as frequent decreased sexual desire, genital irritation, pain during intercourse, chronic pelvic pain, and urinary tract infections (Coker, Sanderson, Fadden & Pirisi, 2000; Campbell & Soeken, 1999; Letourneau et al., 1999). Researchers studied sexual experiences of women aged between 15 to 19 years ($n=575$) in 2001 and 2002 and found that a significantly high percentage of women who had been coerced into their first intercourse reported unwanted and mistimed pregnancies (Koenig, Lutalo, Zhao, Nalugoda, Kiwanuka, Wabwire-Mangen, Wagman & Gray, 2004). This study also found that coerced sex victims suffered various reproductive health problems such as lower abdominal pain, discharge, vaginal itching, unpleasant odor, frequent or painful urination, pain during intercourse, and genital ulcers.

Victims of sexual coercion also display risky health behaviors that lead to varied adverse health consequences. A cross-sectional analysis of over 100,000 urban Chinese students by Song et al. (2014) indicated that students who had forced sexual intercourse reported drug use, suicide attempts, binge drinking, smoking cigarettes, and mental health problems. Similarly, a study conducted in 132 schools in the United States determined that the first sexual experience of many young female adolescents may have been forced. These young women try to alleviate their emotional distress by alcohol and drug use, and this can impair their judgment and reduce the ability to escape from dangerous situations (Raghavan, Bogart, Elliott, Vestal & Schuster, 2004).

Studies indicate that female victims of sexual coercion suffer different types of reproductive health consequences and unintended pregnancies. However, research in Mexico is limited, and thus the principal goal of this paper is to describe the prevalence of sexual coercion among adolescent women in Mexico and its association with unintended pregnancy and adverse reproductive health problems. This analysis will contribute to the development of programs and policies that can effectively reduce sexual coercion among Mexican adolescents.

METHODS

For this study, quantitative and qualitative approaches have been used. To collect quantitative data for descriptive statistics, 37 sexually coerced adolescent girls between 13 to 19 years old and of the same ethnic group—mestizo (Spanish mixed race) were selected using the snowball method. They were interviewed through a pilot-tested semi-structured questionnaire with open and close-ended questions. The first

part of the questionnaire was about their socio-demographic characteristics. The second part of the questionnaire included the context in which sexual coercion occurred, the place, and other characteristics related to the coercion. The third section had questions on pregnancies and their reproductive health. For the qualitative approach, seven of the participants were selected for in-depth interviews, and this information was used to interpret and complement the quantitative data. This study was conducted during the year 2018 in Monterrey City, the capital of the northeastern Mexican state of Nuevo León, a sprawling business and industrial center fringed by mountains.

Before the interviews, a key informant, *Lucia* (not her real name), a 19-year-old unmarried mother of one child and a university graduate student in Monterrey, Mexico, was identified. She was sexually coerced at the age of 17 by her boyfriend and became pregnant. Although she wanted to terminate the pregnancy, the option of having an abortion was not available in Monterrey City. After the project was presented to her, Lucia agreed to cooperate and assist. Other respondents were identified with her assistance as she knew victims who were participating in psychological counseling provided by the *Alternativa Pafificas A.C.*, a Monterrey-based NGO. Lucia asked the victims if they would participate in a research interview, and after obtaining their consent, she contacted the principal investigator. Although Lucia arranged these, the principal investigator asked the interviewees for their consent again, and they were given a brief overview of the investigation. The principal investigator did not ask any questions that the girls might interpret as being discriminatory or that their decisions, or character were being judged. The interviews were conducted at parks, restaurants, and university campuses based on the convenience of the participants. Interviews lasted for approximately an hour and were conducted in Spanish. The audio was recorded with their permission.

DATA ANALYSIS

All quantitative information was analyzed using SPSS Version 18.0. This systemized the socio-demographic data of the adolescents. The participants' age, marital status, educational level, sexual coercion history, violence faced during coercion, unintended pregnancy, and reproductive health outcomes were obtained. Descriptive statistics, such as frequencies and relative frequencies, were used to analyze the quantitative data. The words (discourse) of adolescent victims, which revealed how the perpetrators forced the victims, were analyzed using Critical Discourse Analysis (CDA). The researchers also analyzed how the aggressors lured and trapped the adolescent before sexual coercion, how they sexually coerced adolescents, the violence against victims, and the consequences.

ETHICS STATEMENT

The study protocol was reviewed and approved by the university's review board in Mexico. Before and during the interviews, the ethical recommendations of the World Medical Association (WMA) Declaration of Helsinki for interviewing adolescents, including relevant methodological procedures, such as informed consent, confidentiality, and anonymity, were followed. The purpose of the research, voluntary participation, and the study's risks and benefits were explained to all participants.

RESULTS

DEMOGRAPHICS OF THE ADOLESCENT GIRLS

The socio-demographic data of the adolescent victims of sexual coercion indicates that out of the study participants, 17 (46%) belonged to the 13 to 16 age group and 20 (54%) to the 17 to 19 age group. Only seven adolescents (18.9%) were 18 years old (Table 1). The results indicated that 24 respondents (65%) had completed secondary school education and 21 (56.7%) lived with both parents. Further, 10 (27%) adolescents reported living with their parents. Regarding the socioeconomic status, 16 adolescents (43%) considered themselves in the medium range, and 21 (56.7%) stated that they were in the low socio-economic group.

Table 1: Socio-Demographic Data of Adolescent Girls Who Are Victims of Sexual Coercion in Mexico

	Percentage	Number
Current Age (N=37)		
13-16	45.9	17
17-19	54.1	20
Education Level (N=37)		
Primary	18.9	7
Secondary	64.9	24
Higher	16.2	6
Family structure (N=37)		
Both parents	56.7	21
Single parents	27.0	10
One biological parent and one stepparent	16.3	6
Socioeconomic status (N=37)		
High	0	0
Medium	43.2	16
Low	56.7	21

Source: fieldwork

VICTIM-PERPETRATOR RELATIONSHIP

Considering victim-perpetrator relationships, 18 girls (48.6%) said the perpetrator was their boyfriend. Some of the girls were coerced by their “friends” (n=7, 18.9%), strangers (n=3, 8.1%), and relatives (n=2, 5.4%). Seven participants (19%) refused to disclose the nature of their relationship with the perpetrator. Sixteen-year-old Claudia was sexually coerced by her boyfriend and said:

On a weekend, my boyfriend, Roman, invited me to his house, saying that we could watch movies on Netflix. He also said that his parents were not there, so we would have a good time together, and I accepted his invitation. When I reached his house, he offered me a beer and asked me to relax. Nobody was in the house. He then took me to his room, where we watched a movie. At the same time, he kept asking me if I loved him or not. If I loved him, then how

much, and what could I do for him? Every few minutes, he asked the same questions. After some time, I told him not to ask the same question repeatedly.

After the movie was over, Ramon said: “la verdad si me amas tienes que dar una maxima prueba de amor’ (*Translation*: if you really love me, you need to give your ultimate proof of love). I understood his intentions when I heard this. I said: “I love you very much, and there is no need to prove my love, but he insisted ...at that point I tried to run away and leave the room, but he suddenly closed the door and forcefully hugged and started kissing me... I tried to escape but could not; he then turned off the light and coerced me sexually for more than an hour... I told him that I was feeling severe pain. Instead of listening to me, he started beating me and said: “It is the duty of a girlfriend to prove how much she loves her boyfriend.” When he left, I had severe bleeding; I went to the bathroom, cleaned myself, and went back home.

During the dating or courtship process in Mexican society, the *maxima prueba de amor* (*Translation*: ultimate proof of love) is considered a “normal event” and implies having a sexual relationship. Furthermore, in most cases, the boyfriend is not satisfied with the kind of affection that the girlfriend has for him, and the sexual pressure is common. Therefore, they insist that the girlfriend should give the “ultimate proof of love,” and if the girl disagrees, she is threatened that the relationship will be terminated or sexually coerced.

Regarding the location of the sexual coercion, 23 participants (62%) said that the sexual violence took place in the perpetrator’s house, as in the case of Claudia. Some respondents (n=6, 15%) said that the incident took place in a hotel or motel, and four adolescents (11%) stated that it took place in a car. A few girls also said they were coerced (sexually) at school (Table 2). Although no direct questions were asked about the reason for sexual coercion, the narratives of victims indicate that resisting the “ultimate proof of love,” compensation for a favor, blackmail, and sextortion¹ were the possible causes behind the coercion (Wolak, Finkelhor, Walsh & Treitman, 2018). Regarding the compensation or payback for a favor, in most cases, it happened when a friend or boyfriend helped a girl with her homework or school assignments. If she resisted his advances, he began blackmailing her by complaining to the director or teacher that she had not done the assignment on her own. These types of sexual coercion occurred in a hotel, motel, or school. In certain cases, “friends” of the respondents also blackmailed them by taking sexual pictures or videos, also known as *sextortion*. Thirteen-year-old Nadia said:

During the second semester, my school arranged a study tour to Mexico City. We were all staying in a hotel close to downtown, and I was sharing a room with Albina. A day before the tour ended, at night, I received a message in my mail, containing a video. Someone had taken a recording of me while I was taking a bath. I asked my roommate if she had done that, she said “No,” and asked me to delete the message. She said a boy at the hotel might have done it; however, I did not tell the teacher as I felt ashamed. The next day, we returned to Monterrey. After a few weeks, I received a message saying: “la persona quien tiene video quiere verte” (*Translation*: the person who has that video wants to meet you). I ignored the message. The next day, I received the

¹ *Sextortion* is a form of sexual violence that involves non-physical forms of coercion to extort money or sexual favors from victims.

message again, with the hotel's address and it said that if I did not follow the instructions, the video would be shared with my entire school. I did not tell my parents. However, in the evening, I went to the hotel and found a classmate there. He took me to the restaurant, I fought with him and asked him to delete the video. I also offered money, but he did not listen and said that he would delete the video only if I spent a night with him. I said, "You are garbage, and I cannot do it." He began threatening me that if I did not obey, he would share the video. He took me to the hotel room and forced me to have sex. Although I fought with him, he did not listen and forced me to stay with him for the whole night.

Table 2: Sexual Coercion Among Adolescent Girls in Mexico

	Percentage	Number
Age at the time of sexual coercion(N=37)		
Before the age of 18 years	94.6	35
After the age of 18 years	5.4	2
Perpetrators(N=37)		
Boy friend	48.6	18
Friend	18.9	7
Stranger	8.1	3
Family relatives	5.4	2
No response	18.9	7
Place of sexual coercion(N=37)		
House	62.1	23
Hotel/motel	15.2	6
Car	10.8	4
Other	10.8	4

Source: fieldwork

Sexual coercion comprises a continuum of practices ranging from subtle psychological pressure and the use of language that leads to a sexual encounter. This coercion primarily happens in a formal relationship, such as courtship, as was observed. Fifteen-year-old Sandra said:

I had a formal courtship with Eduardo since we were in the first year of secondary school [seventh grade]. Eduardo was a little jealous and never liked that I was friendly with other boys; however, he loved me a lot. To me, love was more important than friendship. Last year (2016) during Christmas time, he stopped calling me, and when I called, he did not answer my call, so one day I went to his place. I tried to talk to him, but he avoided me. After several questions, he said he did not want to continue with the relationship, then I asked, "Do you have another girlfriend?" He said "No" and that it was better to end it here. I insisted that he should give me a reason, he said, "We have been going out for two years, but we still do not know each other sexually." That is when I realized what his intentions were. I was absolutely against having a sexual relationship before marriage, so I told him that this was impossible. After that, he began to pressurize me every time, and told me

that if I wanted to continue the relationship, I had to accept the physical relationship. Later, he started humiliating me in front of his friends. He would send messages saying, “Sandra is virgin, Sandra is a saint,” he also called me Mother Teresa of Kolkata.

After a month, on February 14, 2017, Eduardo invited me for dinner and told me that he was sorry for his actions and said that he been feeling upset because his parents were separating. He began crying and asked me not to leave him alone. We went to his house and watched a movie. He began crying again after some time and told me that he was stressed. I hugged him and asked him not to worry, he continued crying, and then we had sex. Following that, he began avoiding me and never called again. When I met him in school, he told me that he did not want to continue the relationship. Although I tried to convince him, he did not listen. Later, I discovered that his parents were not separating, and that he had been lying. A friend of mine also had the same experience with him told me that he emotionally blackmails girls to have sex.

SEXUAL COERCION

Aggressors force victims to practice risky sexual behavior, and victims may not be able to follow safe sexual practices due to violence. Furthermore, the perpetrators may force victims to participate multiple times in vaginal, vaginal-oral, and vaginal-oral-anal sex. The results in Table 3 indicate that a majority of the participants (70%) experienced vaginal sexual coercion, eight of them (22%) experienced vaginal-oral sexual coercion, and three (8%) experienced vaginal-oral-anal sexual coercion. However, none of these respondents experienced oral-anal sexual encounters. Fifteen-year-old Lucia said:

When my boyfriend forced me to have sex, I begged him to use a condom, but he did not listen to my words and said, “Put a no te voy a soltar tampoco, te voy a embarazar” (*Translation: Whore, I am not going to let you go, I am not going to get you pregnant either*). However, I asked him many times, but he was behaving like an animal, and I was his object. Later, he forced me to have anal sex, I could not stand the pain and felt that I was bleeding. When he saw blood, he freed me, took pictures, and threatened that I must not tell anyone about it.

Twenty-one victims (57%) suffered coercion by a single aggressor, seven (18.9%) experienced coercion by two aggressors, and nine (23.4%) reported that they suffered coercion by three or more aggressors (Table 3). This indicates that nearly half of the victims suffered sexual coercion by multiple offenders. A majority of the 31 selected victims (83.8%) reported that the aggressor did not use condoms.

Table 3: Sexual Encounter Through Coercion Among Adolescent Girls in Mexico

	Percentage	Number
Sexual experience		
Only vaginal	70.3	26
Vaginal and Oral	21.6	8
Vaginal, Oral and Anal	8.1	3
Coerced sex by number of partner (N=37)		
Single partner	56.7	21
Two partners	18.9	7
Three and more partners	23.4	9
Condom use during coerced sex(N=37)		
Yes	16.2	6
No	83.8	31

Source: fieldwork

Most of the victims faced different forms of physical violence such as threats of (physical) violence or were pushed or manhandled by the perpetrators. Some girls also stated that they were slapped (n=27, 73%), followed by a blow with an object (n=19, 51.3%), kicked (n=9, 24.3%), or threatened with a knife or gun (n=9, 24.3%) (See Table 4). Fourteen-year-old Natalia elaborated:

One weekend, my cousin “Efren” along with his other friends invited me to a party. I was not interested in going, but my mother forced me to go as she trusted my cousin and hoped that I would marry him. At the party, Efren served me beer, and later asked me to come to the swimming pool with him. We began talking about our childhood, and suddenly, he tried to kiss my neck. I did not want him to, so I pushed him and told him that he is “crazy.” Immediately, he said that he was sorry. After some time, he dragged me and kissed me on my mouth. He then forcefully took me to a corner of the garden and took off my clothes. I shouted for help, but no one could hear me because of the music. He put his hand on my mouth and told me not to shout again, and when I tried calling for help, he slapped me and hit me with an object. He told me to keep quiet and said that he would kill me otherwise. He pulled my hair and told me to obey and forcefully had sexual intercourse. I could not say anything to him because I was extremely scared. For a while, I thought that he would kill me. Afterwards, I felt that I had a “dirty body” because he had forced me to have sex.

Table 4: Physical Violence by Sexual Coercion of Adolescent Girls in Mexico

	Percentage	Number
Physical violence (N=37)		
Threats of physical violence	100	37
Pushed and shaken	100	37
Slapped	73.0	27
Hit with objects	51.3	19
Kicked	24.3	9
Threaten with a knife/gun	24.3	9

Source: fieldwork

UNINTENDED PREGNANCY AND ABORTION

The participants who reported sexual coercion are significantly more likely to experience unintended pregnancy. These victims face a compromised decision-making situation regarding the use of contraceptives, and fear of violence leads to difficulties in negotiating contraception and condom use with the perpetrator. When asked *whether they had ever been pregnant due to coerced sex?* The adolescent girls reported a significant incidence of pregnancy among sexually coerced girls. Approximately 25% (n=9) of the participants became pregnant due to forced sexual intercourse. However, 22 participants (59.5%) responded that they were not pregnant, and six girls (16%) did not want to answer the question (Table 5). All of the nine pregnant participants stated that they did not want to continue with the unwanted pregnancies. Thus five of them terminated the pregnancy, one participant did not respond, and three others stated that even though they would have preferred terminating the pregnancy, their moral and religious beliefs obligated them not to do so, and the child currently lives with them. Nineteen-year-old Cristina stated:

What happened to me is very painful and disgusting. I still live with the trauma caused by the incident. That incident completely changed my life and handicapped me. My family rejected me, and for the last four years, I have been living alone in this house. In 2013, one of my cousins, Eduardo, went with me to a party and while returning home at midnight, he coerced me sexually in his car. When I missed my next period, I was worried and contacted my cousin. He asked me to come to his house and take a pregnancy test. The result was positive. I talked to Eduardo but he refused to take responsibility for the pregnancy. He argued that he had used a condom, I fought with him and insisted that something might have gone wrong, or the condom was damaged. He then told me that that he had removed the condom... when I heard this, I slapped him and told him to take the responsibility of this pregnancy. The next day, I told my mother; instead of helping me, she supported my cousin, saying that he is good person and I am taking advantage of him. After three months, Eduardo contacted me and told me that I could have an abortion in Mexico City, where it is legal. I said, "Are you crazy, do not behave like a coward, if you are actually worried, instead of telling me to abort, you should take responsibility for the child, I cannot kill a life, God will punish me, it is a sin." After that, he never contacted me. After delivering my child, I left

my mother's house and now I live here (north of Monterrey) and work as a maid on the weekends.

Table 5: Sexual Coercion, Unwanted Pregnancy, and Abortion Among Adolescent Girls in Mexico

	Percentage	Number
Ever get pregnant due to coerced sex(N=37)		
Yes	24.3	9
No	59.5	22
No response	16.2	6
Abortion outcomes (N=9)		
Yes	55.5	5
No	33.3	3
No response	11.2	1

Source: fieldwork

Sexual coercion is a costly and pervasive problem, and this limits the ability of girls to manage their reproductive health and exposes them to STDs. The girls were asked if they experienced any reproductive health problems after sexual coercion. Seventeen girls (46%) reported pain or a burning sensation while urinating, while six (16%) reported irregular menstruation. Similarly, 17 adolescents (46%) noticed itching and irritation in their genitals, 23 (62%) experienced severe lower abdominal pain, and 7(19%) noticed abnormal vaginal discharge. (See Table 6). Sixteen-year-old Adriana said:

For the past two and half years, Jose, my boyfriend has been blackmailing and coercing me sexually almost three to four times a week. The first time we were intimate, he recorded it on his mobile phone, and he showed it to me many times. I asked him to delete it, but he said that he wanted to keep it, so he did not miss me. I also did not say much because we love each other, and he promised to marry me soon. However, later, I discovered that he was unfaithful and had other girlfriends. When I demanded an explanation, he simply said, 'I want to try something different.' After that, I ended the relationship, but he began blackmailing me with the video and forced me to have sex every weekend. When I refused, he threatened to post the video on YouTube and among friends. Most of the time he does not use a condom, and when I ask him to use it, he beats me and behaves like an animal. For the last few months, I have noticed some problems, such as, a burning sensation while urinating and pain in my lower abdomen. I spoke with a few friends, and they have recommended some teas, but these have not helped, and I am shy about consulting a doctor.

Table 6: Poor Sexual Reproductive Health Outcomes Due to Sexual Coercion among Adolescent Girls in Mexico

	Percentage	Number
Reproductive health outcomes		
Pain or burning while urinating	45.9	17
Irregular menstruation	16.2	6
Itching or irritation	45.9	17
Severe lower abdominal pain	62.1	23
Any abnormal vaginal discharge	18.9	7

Source: fieldwork

DISCUSSION AND CONCLUSION

This study attempts to understand the characteristics and impact of sexual coercion and the victims' views on unintended pregnancy and poor sexual reproductive health issues. The findings indicate that a majority of victims are under the age of 18 and therefore it is evident that teenage adolescent girls are highly susceptible to sexual coercion as they are unaware of the consequences and may be easily trapped by the perpetrator with promises, gifts or emotional blackmail (French & Neville, 2008; Wood & Jewkes, 2001; Hallman, 2004).

The responses of the girls indicate that in most cases, the perpetrator is a person known to the victim; he could be a boyfriend, relative, or school friend. A majority of the victims of sexual violence are female and most perpetrators are male, and the perpetrator is usually known to the victim, and in some cases, is even fairly well known to the victim, such as a current or former intimate partner, or a relative (WHO, 2003). Although the participants were not asked the reason for the sexual coercion, most of them stated that it was the resistance to "the ultimate proof of love" (*Translation: maxima prueba de amor*). A study substantiated that *maxima prueba de amor* is major instrumental factor for sexual coercion during courtship in Mexican society (Cortés-Ayala, Flores Galaz, Bringas Molleda, Rodríguez-Franco, López-Cepero Borrego, & Rodríguez Díaz, 2015; Viñas Velázquez, Águila Aguilar, & Preciado Hernández, 2013; Villaseñor-Farías and Castañadas-Torres, 2003). Furthermore, the boyfriend is usually not satisfied with the attention received from the partner and therefore desires more. The victims feel pressurized to please their partners and are coerced into the undesired sexual activity (Impett, Schooler & Tolman, 2006).

Studies have indicated that culturally, Mexican femininity is often characterized by a need to maintain relational harmony and place a man's desires above their own, and to remain sexually pure and faithful (Castillo, Perez, Castillo & Ghosheh, 2010). Also, masculinity discourses tend to emphasize the acceptance of early sexual behavior, including dominance, assertiveness, and the desire for control within relationships (Villarruel, Jemmott, Jemmott & Ronis, 2007; Acharya, Padilla y Sotelo & Cervantes Niño, 2018). As has been observed, in our sample adolescent girls are coerced sexually to "prove their love" and based on the societal and cultural discourse, men attempt to control the girls' lives and objectify them. Females may not attempt self-defense or may not "resist" due to fear of rejection and threats (Rueda, Hoffman, &

Grytza, 2019). Moreover, participants were not asked to analyze the reason for sexual coercion; however, most of them suffered coercion as they resisted the ultimate proof of love, and the reasons also included compensation for a favor, blackmail, and *sextortion* that involves non-physical forms of coercion to extort money or sexual favors from victims.

The perpetrator may use different tactics and may manipulate the situation for consensual sex. However, if this does not work or the victims are unwilling, the perpetrator exercises physical violence to control the girl and may do so repeatedly.

Sexual coercion is closely associated with unintended pregnancy and risky health behaviors, as the victims are not in a position to dictate the use of contraceptives and fear of violence makes it difficult for them to negotiate contraception and condom use. Some participants also experienced *stealthing*, where the aggressor deliberately stops using the condom during sex for his personal satisfaction. Brodsky (2017) stated that condom removal during sexual intercourse exposes victims to physical risks of pregnancy and disease and is also a violation of dignity and human rights. The deliberate removal of protection or condom is a form of coercion or violence against the victim. Stealthing should be treated as a criminal act to protect victims.

The findings suggest that victims of sexual coercion are more likely to experience unintended pregnancy, as they usually cannot make decisions regarding the use of contraceptives. The coercive behavior of perpetrators limits the ability of adolescents to manage their reproductive health and exposes them to different types of reproductive health problems, like STDs. Researchers found that forced sex leads to different forms of gynecological morbidity (Gazmararian, Petersen, Spitz, Goodwin, Saltzman & Marks, 2000; Acharya & Bryson, 2014; Miller et al., 2014; Silverman, Decker, McCauley, Decker, Miller, Reed & Raj, 2011.) However, in developing countries, such instances are unnoticed due to a lack of awareness and disempowerment of women and girls. Consequently, this may have an adverse impact on a large number of girls.

This study has a few limitations, including a small sample representation and a narrow definition of sexual coercion as it is primarily considered as forced sexual encounter. However, it provides important information about a subpopulation that is fairly invisible in the Mexican society.

Finally, our study clearly showed an association between sexual coercion and poor reproductive health among girls of ages between 13-19 years. As observed, the coercive sexual experiences are associated with serious and far-reaching outcomes in the lives of adolescents. Unintended pregnancy and abortion as well as the experience of STIs, appear to be more likely among our studied adolescents.

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