Pan American Health Organization | World Health Organization Americas

TERMS OF REFERENCE
A behavioral insights study to understand the psychological, social and environmental barriers and enablers of users of skin-lightening products to manage public health risks in Jamaica

16 July 2025

1. Background

The use of skin-lightening products (SLPs) is a considerable public health issue in Jamaica, reflecting a broader global concern. As of 2022, the global skin-lightening industry was valued at approximately USD $8.8 billion and is projected to reach $11.8 billion by 2026, largely driven by changing social norms, rising disposable incomes, and entrenched beauty ideals in regions such as Africa, Asia, and the Caribbean[1]. The continued demand for SLPs is largely driven by psychological and social factors rooted in colonial-era ideals that associate lighter skin with beauty, higher status, and success. These perceptions, reinforced by colorism, are perpetuated through media, advertising, and celebrity influence, leading many (especially young adults) to view lighter skin as more desirable[2][3].

In Jamaica, skin lightening (also referred to locally as "bleaching") is particularly common and often culturally accepted, despite increasing evidence of its health risks. The Jamaica Health and Lifestyle Survey III (2016–2017) found that 11% of Jamaicans aged 15 and older had engaged in skin bleaching, with a higher prevalence among men (12.5%) compared to women (8.8%) and with the highest prevalence among those aged 15–34, underscoring the influence of peer pressure, social media, and internalized beauty standards on this demographic[4].

Environmental and market dynamics further exacerbate the issue, as many SLPs in Jamaica are sold informally or through unregulated vendors, making it difficult to monitor product safety. A study by Ricketts and colleagues[5] found that 10% of 60 popular SLPs tested in Jamaica presented mercury concentrations over 1 ppm, with three products exceeding 400 ppm, with the highest recorded level reaching 17,547 ppm. Creams were particularly found to contain more mercury than soaps or lotions. The ease of access to these products, combined with limited public awareness of their risks, contributes to the ongoing use of

[1] World Health Organization (WHO). (2023). Countries unite to remove mercury from hazardous skin-lightening products. https://www.who.int/news/item/14-02-2023-countries-unite-to-remove-mercury-from-hazardous-skin-lightening-products

[2] United Nations Environment Programme (UNEP). (2023). Gabon, Jamaica and Sri Lanka unite to fight hazardous skin-lightening products. Available in: https://www.unep.org/globalmercurypartnership/news/story/gabon-jamaica-and-sri-lanka-unite-fight-hazardous-skin-lightening-products

[3] https://iris.who.int/bitstream/handle/10665/330015/WHO-CED-PHE-EPE-19.13-eng.pdf

[4] Jamaica Health and Lifestyle Survey III (2016–2017). Ministry of Health & Wellness, Jamaica. Retrieved from https://www.moh.gov.jm/data/the-jamaica-health-and-lifestyle-survey-2016-2017-jhls-iii/

[5] Ricketts, P., Knight, C., Gordon, A., Boischio, A., & Voutchkov, M. (2020). Mercury Exposure Associated with Use of Skin Lightening Products in Jamaica. Journal of Health and Pollution, 10(26). https://doi.org/10.5696/2156-9614-10.26.200601

potentially harmful products, with over half of users (both men and women) reporting daily use[5].

Mercury is a highly toxic substance with well-documented adverse effects[3]. Exposure through skin absorption can lead to kidney damage, neurotoxicity, gastrointestinal distress, and immune system dysfunction. Moreover, mercury can cross the placenta during pregnancy, increasing the risk of birth defects and developmental delays in infants, including cognitive and motor impairments[1]. Many users, however, remain unaware of the ingredients or potential adverse effects of the products they use. The Minamata Convention on Mercury[6], a global treaty "to protect human health and the environment from anthropogenic emissions and releases of mercury and mercury compounds", sets a 1 mg/kg (1 part per million [ppm]) limit for SLPs, yet many still exceed this to enhance whitening effects. Despite being banned in numerous countries, mercury-containing products remain easily accessible.

Recognizing the urgency of the issue, international organizations and national governments are taking action. In 2023, the governments of Jamaica, Gabon, and Sri Lanka partnered with the United Nations Environment Programme (UNEP) and WHO to launch a $14 million initiative aimed at phasing out mercury from SLPs and promoting the acceptance of all skin tones. This multi-country intervention includes regulatory reform, public education, and support for safer cosmetic alternatives[2].

To effectively manage public health risks associated with SLP use in Jamaica, it is critical to examine the linked psychological motivations, social influences, and environmental enablers and barriers. Such understanding will inform culturally sensitive interventions, enhance regulatory enforcement, and promote health literacy among consumers. The high prevalence of skin-lightening practices in Jamaica is influenced by a complex interplay of psychological motivations, social influences, and environmental factors[37]. Addressing this issue requires comprehensive public health strategies that promote awareness, regulate the sale of SLPs, and challenge societal beauty standards that favor lighter skin tones.

To this end, professional services are required to further implement a study on behavioural insights on the use of SLPs in Jamaica.

[6] UNEP (2019). Minamata Convention on Mercury - Text and Annexes. Nairobi, United Nations Environment Programme. Available in: http://www.mercuryconvention.org/Convention/Text/tabid/3426/language/en-US/Default.aspx

[7] WHO Behavioural Insights Unit – Research in publication process on "Understanding skin lightening product behaviour: A guide to data collection tools." The WHO Behavioural Insights Unit has developed an SLP guide and tool based on an evidence review of SLP use in LMICs.

2. Objectives:

General Aim: To explore the psychological motivations, social influences, and environmental factors associated with the use of SLPs among adults in Jamaica, in order to inform the development of targeted, culturally appropriate, and evidence-based public health interventions.

Specific Objectives:

1. To characterize the demographic profile of SLP users and qualitatively explore the knowledge, motivations, and behaviors of Jamaican adults who use SLPs, including the social and cultural drivers influencing their use.
2. To quantitatively assess the drivers of SLPs use, sources of trusted information, networks and social influences, user knowledge, and product-use practices among a broader sample of Jamaican adults.

3. Scope of Services:

Study Design: This study will employ a mixed-methods design using both qualitative and quantitative data collection tools to provide a comprehensive understanding of the use of SLPs among adults aged 18-65 in Jamaica.

Tool 1: Qualitative Discussion Guide (Objective 1)

To address Objective 1, a **semi-structured discussion guide** proposed by WHO Behavioural Insights Unit[7] will be adapted for the Jamaican context and used for one-on-one in-depth interviews or focus group discussions with individuals who currently use or have previously used SLPs. This guide will help uncover nuanced insights into participants' knowledge, beliefs, motivations, and behaviors related to SLP use.

- Participants: A sample of adults and the elderly aged 18-65 in Kingston and Montego Bay, Jamaica, with variation in age, gender, and socio-economic backgrounds. Kingston and Montego Bay are located in different areas of the country and concentrate a high amount of population for residence or work/study-related activities. The sample composition will consider diverse backgrounds (e.g., students, unemployed, employed, single, married).

- Data Collection: Discussions will begin with broad, open-ended questions to build understanding and encourage free conversation. If SLPs are not spontaneously mentioned, facilitators will introduce the topic. The conversations will then explore specific themes such as awareness of health risks, beauty norms, social pressures, and decision-making processes.
- Structure: the tool application can be performed by applying focus group discussion or one-on-one in-depth interviews, depending on the local context. It is recommended to distribute the focus group discussions and the one-on-one in-depth interviews on different days and hours to facilitate engagement.
    - For focused group discussions, a minimum of seven (7) focus group discussions will be performed, considering the distribution of ranges of age and number of participants as follows:

Participant Category	Number of Focus Group Discussions
Young adults (18-25 years)	2 (6-8 participants each)
Adults (26-40 years)	2 (6-8 participants each)
Adults (40-60 years)	2 (6-8 participants each)
Elderly (60-65 years)	1 (6-8 participants each)
Total	7 (42-56 participants)

    - For one-on-one in-depth interviews, a sample size of approximately 10 to 24 participants is anticipated, ensuring representation across the range of ages and backgrounds. Interviews will continue until thematic saturation is achieved.
- Data Analysis: inputs will be transcribed, codified, categorized, and analyzed thematically using qualitative software and, preferably, applying the Capability, Opportunity, Motivation-Behavior (COM-B) model.

Tool 2: Structured Questionnaire (Objective 2)

To address Objective 2, a **structured questionnaire** proposed by WHO Behavioural Insights Unit[7] will be adapted for the Jamaican context and used to collect data on the key factors influencing SLP use from a broader sample of Jamaican adults. The tool incorporates validated scales from previous studies and covers eight thematic areas.

- Participants: A representative sample will be defined (approx. 400 persons), considering persons aged 18-65 in Kingston and Montego Bay, Jamaica, with

variation in age, gender, and socio-economic backgrounds, selected through stratified convenience sampling. Kingston and Montego Bay are located in different areas of the country and concentrate a high amount of population for residence or work/study-related activities. The sample composition will consider diverse backgrounds (e.g., students, unemployed, employed, single, married).

- Data Collection: The survey will be conducted in person, depending on accessibility and participants' preferences. The structured questionnaire is divided into different sections, which include:
  - Consent and introduction
  - Using SLPs
  - Motivations for use SLPs
  - Use of skin lightening products in family and peer networks
  - Knowledge and sources of information
  - SLP practices
  - Socio-demographics and conclusion
- Data Analysis: Statistical analysis (descriptive/inferential) will be used to identify correlations between knowledge, motivations, social influence, and SLP use behaviors. Qualitative data from open-ended questions will also be considered and analyzed. Full analysis will include subgroup analysis by demographics. Data will also help validate findings from the qualitative phase.

Integration of Findings

Findings from the qualitative and quantitative components will be triangulated to produce a comprehensive understanding of behavioral drivers of SLP use in Jamaica. The insights will support the development of culturally appropriate and evidence-based recommendations for behavior change interventions and public health policies tailored to the needs and realities of different population groups.

4. Deliverables:

Approximated delivery date	Deliverable
31 August 2025	1. Study protocol submitted for Ethical approval, including the adaptation of tools for the Jamaican context and contextualization of

	the use of SLP in Jamaica (based on available literature, government strategies, and manufacturer reports when available) 2. Ethical approval provided by the research ethics committee (valid at the Jamaica national level), and supportive materials required for submission of the request for Regional PAHO/WHO ethical clearance.
28 November 2025	3. Fieldwork report describing the application and results of focus group discussions and structured survey.
15 January 2026	4. Comprehensive Research Report with analysis of findings, including methodology, analysis, discussion, actionable conclusions, and recommendations for targeted, culturally appropriate, and evidence-based public health and behavioral interventions. 5. Slide presentation for outreach and dissemination for national and international stakeholders, with the main outcomes and insights from the study.
15 February 2026	6. Draft/preparation a paper on this consulted work to a peer-reviewed scientific journal with input from the PAHO/WHO Country Office and WHO Behavioural Insights Unit, summarizing the research procedures and findings to contribute to global research on SLP use and public health.

5. Payments:

- 30% or fixed dollar amount upon receipt of deliverables 1 and 2
- 30% or fixed dollar amount upon receipt of deliverable 3
- 30% or fixed dollar amount upon receipt of deliverable 4 and 5
- 10% or fixed dollar amount upon receipt of deliverable 6

6. Timeframe:

- Seven (7) months from the date of appointment (reference: 15 July 2025 – 15 February 2026)
- Timeline below is for orientation and dependent on the ethical approval for validation:

Phase	Activities	Timeline
Phase 1: Preparation	• Ethical approval • Adaptation of tools for the Jamaican context • Team training and pilot testing	15 July – 15 September
Phase 2: Data Collection	• Semi-structured discussion guide application • Administration of the structured questionnaire • Data cleaning and organization	15 September – 31 October
Phase 3: Data Analysis	• Data analysis • Triangulation of findings	1st November – 15 December
Phase 4: Synthesis & Reporting	• Comprehensive research report • Translation Report	15 December – 15 January
Phase 5: Publication and Dissemination	• Stakeholder presentations • Academic article submissions	15 January – 15 February

7. Qualification/Experience:

Mandatory

- Experience in conducting pragmatic document analysis in public health
- Experience in qualitative, interview, and survey research methods to characterise populations and determine behavioural barriers/enablers, including recruiting samples as per criteria and developing instruments for data collection
- Experience in related work and previous experience in the field of public health
- Experience in scientific writing, writing of protocols and reports
- Proven project management capability to deliver on time
- Fluency in English

Desirable

- Experience of working for PAHO/WHO or UN agencies

8. Management Plan:

We are seeking an institution registered in Jamaica to lead the project in collaboration with key stakeholders. The selected institution must attend key and regular meetings, including inception, training, methodology approval, mid-term, and final reports at the PAHO/WHO Country Office. Ethical clearances are required both locally and from the PAHO/WHO Regional Office, so adequate time must be allocated for this process.

9. Special Terms and Conditions:

All rights, including title, copyright, and patent rights of any material(s) produced under the terms of this contract shall be vested in PAHO/WHO, which shall be entitled to make any changes or eliminate any part of the material(s) it deems advisable.

10. Ethical Considerations:

- Ethical Clearance: The study protocol will be developed in line with PAHO/WHO standards and submitted for ethical approval to the research ethics committee in Jamaica (national level), to ensure compliance with national and international research ethics standards and national regulations. Once national approval is provided, the study will be submitted for clearance at the regional level to the PAHO/WHO Research Ethics Review Committee. Submissions will include the full protocol, consent forms, and data protection measures. The contractor shall address any feedback from the committees, revise and resubmit documentation as needed, and ensure the timely submission of final reports as required by both ethics bodies.
- Informed Consent: All participants must be provided with detailed information about the study objectives, procedures, potential risks, and their right to withdraw at any time. Written informed consent will be obtained prior to participation.
- Confidentiality: Participant data must be anonymized and stored securely. Names and identifying information will not be collected or used in any reports or publications.
- Sensitivity and Stakeholder Engagement: Discussions around skin tone, beauty, and health risks require sensitivity. Facilitators will be trained to maintain a respectful, non-judgmental environment, with referral information provided if needed. To support contextual understanding, stakeholder workshops will be co-facilitated with the

PAHO/WHO Country Office and WHO Behavioural Insights Unit. These workshops will inform the behavioural journey map for SLP use in Jamaica.

11. Reporting Relationship:

Dr. Evelise Pereira Barboza, Health Promotion and Social and Environmental Determinants.

12. Requirements for submission of Proposal for the Contract:

- Submit a short proposal to be considered for the study protocol
- Submit an updated CVs/Organizational Profile showing relevance to the project
- Submit a Financial Proposal and Proforma Invoice showing the costing for the services requested above (See Guide to Financial Proposal/Costing)
- Include any special requirements/instructions for payment

13. Evaluation Criteria

Proposals will be evaluated based on the following criteria:

- **Portfolio Quality (35 points):** Quality of the short proposal to be considered for further study protocol
- **Technical Expertise (35 points):** Demonstrated qualification/experience in the scope of the project
- **Budget (15 points):** Reasonableness and cost-effectiveness of the proposed budget.
- **Timeline and deliverability (15 points):** Ability to meet the project timelines and complete the work proposed.
  Total: 100 points

14. Submission of questions and proposals

Should you have any questions, please submit them electronically by 19th July 2025.

Proposals should be submitted electronically to projamaica@paho.org **by 23rd July 2025**.