

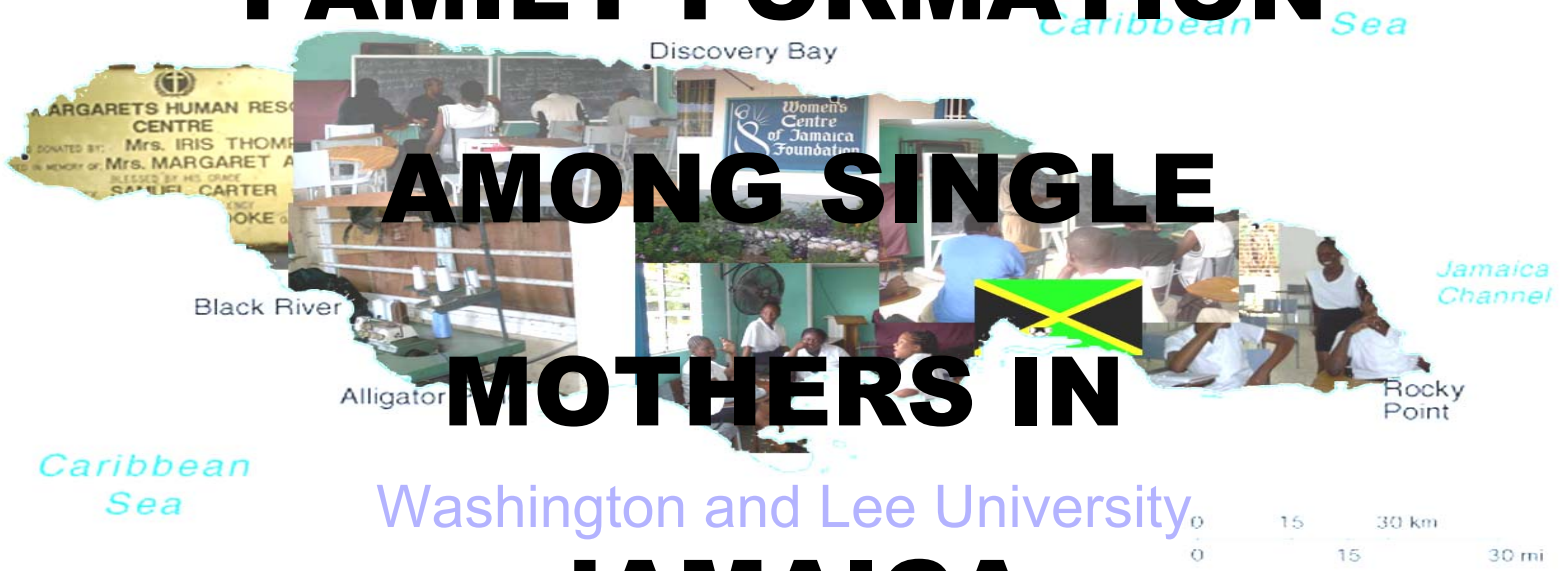
FAMILY FORMATION

AMONG SINGLE

MOTHERS IN

Washington and Lee University

JAMAICA



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Interdepartmental 423- Poverty
Research Seminar

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Reflection

I walk into a supermarket and see that one of the employees is a high school friend who dropped out during ninth grade because she became pregnant. She is stocking biscuits on the shelf. I remember her as being one of the sharpest Physics and Chemistry students in the class. There she is stocking biscuits on a supermarket shelf. I visit Jamaica during my school breaks and see a childhood friend; she is now twenty years old, with her two children – the first child is seven years old. She too, never completed high school. I intern at the Women's Centre of Jamaica Foundation for eight weeks, and I see fourteen and fifteen year olds about to become mothers. I realize that there is something wrong with this picture. Young girls should not grow up this quickly. Jamaica is losing some of her smartest and most valuable sources of human capital to adolescent pregnancy.

This research project is not a mere academic endeavour for me. I relate to every aspect of it because I have been exposed to it on many occasions. I have decided to tackle the issue of teenage pregnancy because as a young female I am aware of the drastic changes a young mother has to undergo. These changes become much harder when she does not have the support of her family, the school system, and from the rest of the Jamaican society. She then becomes another victim of ostracisms and marginalization. There is a high probability that she will be lost to poverty and relegated to a life that does not maximize her full potential.

This paper considers the severity of the problem of teenage pregnancy as a development issue in Jamaica.

The Problem

It is mid morning and the daily devotion service at the Women's Centre of Jamaica Foundation has just ended. Before the class period begins, I chat with the young ladies and we recount our week-end activities. I notice one girl, Keisha, who is usually talkative, sitting quietly in the corner of the classroom. I approach and begin to ask her about her weekend. In mid-sentence Keisha bursts out crying. I ask what is wrong, and she proceeds to tell me about her unpleasant week-end. Keisha did not get any money from her baby's father to buy diapers and food for their child. Keisha's mother said she would no longer buy baby supplies until the baby's father provides some financial support. Keisha begins to lament about the uncertainty of her future academic plans. She says that her counselor at the Centre had not heard from any of the high schools concerning her application. Keisha is a fourteen year old single mother who had to discontinue her high school education because of the pregnancy.

Keisha's story is not unique. I frequently heard similar stories while interning at the Women's Centre during summer 2003. The story highlights various issues I intend to examine in this paper. Keisha's story is comparable to the situations of many other adolescent mothers. This implies that there are many young girls who are mothers or about to become mothers. A 1999 study states that 40 per cent of Jamaica women have been pregnant before the age of 20 (Eggleston et al, 1999). While a 40 per cent pregnancy rate does not indicate how many of these women actually carry the pregnancy to full term, it highlights the high proportion of young women who are potential mothers.

Teen pregnancy greatly impacts the lives of the mother, the child and on the Jamaican society. Keisha's story included various other individuals who were also affected by the pregnancy. Therefore adolescent pregnancy has rippling effects on many sectors of society. Keisha had to discontinue her education because of the pregnancy. She is now unsure of her future educational plans. Her unemployment status makes her dependent on her family and baby's father for financial assistance. In addition, her future employment status is severely handicapped if she does not complete a secondary level education. Keisha is at a high risk of becoming poor because of her vulnerable economic situation. This risk is greatly increased if she is already from a poor family.

The child is obviously one of the big losers in this situation. From conception the baby is at risk of being underweight. After birth, the child is not afforded adequate amenities – food, clothing, shelter and a stable family. This has a big impact on her cognitive and social development. The economic situation of her parents can also lead to child shifting, that is, the child is sent to live with other family members or even non-family members. These are all formulae for an unstable childhood.

The Jamaican society is left to deal with an ever increasing group of teenage mothers, many of whom will not be able to reach their true academic and hence productive potential because of the pregnancy. The fragile economic situation of the country does not permit an effective social welfare system to assist these young mothers. The intergenerational role of poverty also leaves the society with children born into poverty. This is another group that the welfare state cannot effectively help. This has deleterious

effects on the human capabilities of these individuals, and in general, on the Jamaican human capital.

Policies addressing the problems associated with teenage pregnancy include both preventive and supportive measures. Incorporating both measures into policy making allows for programs to help the teenage mothers and prevent the recurrence of adolescent among other teenage girls. I intend to analyze the current policies that are established to alleviate teenage pregnancy and at the same time recommend changes and new innovations that can be incorporated into these policies.

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The Scope of the Problem

❖ International Context

Jamaica is not the only country afflicted with a high adolescent birth rate. Approximately 15 million girls aged 15-19 give birth every year, accounting for 10% of all babies born worldwide (UNICEF, 2001). It is important to note that adolescent pregnancy is not confined to developing nations. In fact, many developed nations are afflicted with high teenage pregnancy rates. The United States leads the developed countries in this category. In 2001 the adolescent birth rate per 1000 females age 15-19 in the United States was 50. This compares to 33 in the United Kingdom, 20 in Canada and 8 in Sweden (Darroch et al., 2001). Developing nations, however, face more difficulty in dealing with this problem because of their lack of resources.

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❖ Jamaican Context

The data about the adolescent birth rate in Jamaica are staggering in comparison to those of the United States, UK and Canada. While the fertility rate in other age groups has declined, the rate for females 15-19 years old has steadily increased over the years. In 1989 the fertility rate among 15-19 year olds was 105/1000, in 1999 it had increased to 115/1000 (Pan American Health Organization, 1999). Over the years 1987-1989, females aged 10-19 accounted for almost 25 per cent of all births (Statistical Institute of Jamaica). Another alarming statistic is that approximately 22 per cent of all births to teenagers 15-19 years were second births during the same period.

A 1997 study conducted by Jean Jackson et al. notes that “Jamaica’s adolescent pregnancy rate, 108 births per 1000 women aged 15-19, is among the highest in the Caribbean” (Jackson et al, 1997). While these numbers do not adequately inform us of the younger teenagers and their actual birth rate (because there is a huge difference between an 18 year old and a 13 or 14 year old having a baby), the high rate is indicative of the pervasiveness of teenage pregnancy in the Jamaican society.

The difference in incidence of teenage pregnancies means that the problem is more prevalent in Jamaica than in comparison to countries like the United States. In addition, the higher incidence implies that the consequences are felt more in a society that has fewer resources than developed nations. Jamaica is less equipped to adequately combat the problem of teenage pregnancy because she does not have all the necessary resources.

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The data become even more significant when a name and face, like Keisha’s or my childhood friend, can be attached to them. The numerical scope of the problem implies that the consequences of adolescent pregnancy are far-reaching for mother, child and the Jamaican society. Therefore it is imperative to highlight the devastating effects of these numbers on the young mothers, children and society.

Consequences of Teenage Pregnancy

The pervasiveness of the adolescent pregnancy combined with the various socio-economic factors implies that the effects of teenage pregnancy are also expansive and adversely affect all parties: – the mother, child and society. Keisha’ story highlighted the multi-dimensional nature of the effects of adolescent pregnancy. Consequences of teenage pregnancy range from discontinuation of education, social ostracism, health problems to a ballooning welfare state that the Jamaican economy cannot afford to take care of.

❖ The Mother

♦ Education

Teenage pregnancy disrupts and sometimes ends the education of the mother. Many of the young mothers have to drop out of school (usually their secondary level education) in order to take care of the child. Thirty- two per cent of all first pregnancies among Jamaican young women 15-24 years occur while they are still in school; the majority of these, approximately 60 per cent, before completion of secondary school. Only 36 per cent of teenage mothers complete more than four years of secondary school compared to 50 per cent of their peers who have never been pregnant (National Family Planning Board, 1995).

A lack of education limits the development of the mother’s capabilities, which may trap her in a life of poverty. A World Health Organization Report states, “they lose the possibility of achieving economic independence and may become even more economically impoverished” (WHO, 1986). This is more problematic for young girls in

countries like Jamaica where economic growth is stagnant. This means job availabilities are rare and usually attract the more skilled and educated employees. The young mother who has to discontinue her education is either unemployed or in a low-paying job. She finds it difficult and sometimes impossible to provide for herself and her child. Her job pool is severely limited because she is forced to accept jobs with low incomes and little chance of upward mobility.

♦ Social Ostracism

The young girl who becomes pregnant has to face her parents and the rest of society, which frowns upon sexual activities among their young daughters. In most cases, the girl is chastised for her actions that cause the pregnancy, and in some cases she is disowned and left to fend for herself and the child. The parents are angry at the 'shame' brought upon the family. The girl is left alone to deal with the emotional strain that she has now incurred because of this pregnancy. In her ethnographic study of the Jamaican mother, Charlotte Cox captured the actual voices of some Jamaican mothers (some who had their first child as a teenager) and their views on particular issues. Susan who became pregnant at 17, tells Cox about her uncle's reaction after hearing the news,

Susan: He started quarreling...he was disappointed because I had made a promise

Cox: How did you react to finding out that you were pregnant?

Susan: I was crying...did waan (want) kill myself...I was depressed...I didn't want to have a baby as yet...I was going to a training class, but I had to drop out because I started feeling sick (Cox, 1995).

Like many other adolescent mothers, Susan had to face the anger of her guardian. She also had to deal with the emotional stress by herself. Susan's suicidal thoughts should indicate how confused, perhaps angry and scared these young mothers are when they have to face a hostile family and society.

♦ Health

Early pregnancy is also a major health risk for these young girls whose physical development is still incomplete. Leo-Rhynie notes in her discourse on the Jamaican family “the maternal mortality rate is 40 per cent higher for mothers under fifteen and 13 per cent higher for mothers in their twenties” (Leo-Rhynie, 1993). Physically, the adolescent mother has not matured enough to carry and give birth to a child. This leads to complications in the future if the mother decides to have further children.

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❖ The Child

♦ Health

The child of the adolescent parent also faces considerable risk. Medical officials have noted these risks. There is a higher probability of low birth-weight, “the incidence of low birth weight (less than 2500 grams) is more than double the rate for children of adults” (American Academy of Pediatrics, 1999). Studies have also shown that the neo-natal death rate (within 28 days) is almost three times higher than for infants born to adults (American Academy of Pediatrics, 1999). These medical complications can also be attributed to socio-economic factors, and not merely to biological factors. Therefore factors such as poverty, drug use, inadequate prenatal care, undernourishment, marital

status and low educational levels especially about pregnancy increase the medical risks of the child.

♦ Socio-economic Factors

The socio-economic situation of a mother can and will affect the health of her child. If the mother has to change locations in order to find a job or has to work long hours, she is taken away from her child for long period of time. The lactating process is terminated quickly because of the mother's absence. The child is then given foods which lack the essential nutrients found in breast milk. Studies have begun to demonstrate that "early termination of breast-feeding and substitution of inappropriate foods are important causes of poor health and malnutrition among children in Jamaica" (Leo-Rhynie, 1993).

In a family where there is little or no income, nutritious foods are unaffordable, pregnant and lactating mothers are inadequately nourished, housing conditions are poor and there are poor dietary and health habits, the development and growth of the child is stunted. The child is vulnerable to illnesses and this becomes more problematic if the mother is unable to afford private medical services and the public health is overcrowded and overstaffed.

Cognitive Development

Under-nourished, malnourished or ill children do not maximize their cognitive abilities. This sets the child back in development; she not only loses learning time, but misses concepts at developmental stages. For example, a child is best able to acquire languages at a certain developmental stage, and if she is undernourished or ill, she struggles at this stage (American Academy of Pediatrics, 1999). This has calamitous repercussions for the

child's future. Hindrances to cognitive development imply that the child's school performance will be affected and this eventually affects her future employment.

♦ Child Shifting

Child shifting is another consequence of teenage pregnancy that can have negative impacts on the development of the child. A UNICEF report defines child shifting as “the practice of sending a child to live elsewhere with other family members or with other families” (Khan, 1999). The 1996 Jamaica Survey of Living Conditions showed that one-fifth of the children in their sample did not live with either mother or father. There are many reasons for child shifting: better educational opportunities by living with a more affluent family, the job of the parents results in frequent absence at home and more guardianship is needed for the child, or simply the parents cannot afford to take care of the child (Khan, 1999). Child shifting can have positive impacts. For example, the child may excel at her new school. She may move into a more stable family situation which leads to an improvement in her cognitive abilities. On the other hand, child shifting can be a formula for disaster. The new guardian may not care as much about the well-being of the child and so does not pay attention to her development; the child may be physically and sexually abused by members of the new family (McNeil, 2002). Therefore, child-shifting is a practice that needs to be closely examined before we know about its effects. Children of teenage parents are likely participants in child shifting and more research needs to be done to investigate such a hypothesis.

♦ Family Formation

The many negative consequences of teenage pregnancy will increase the difficulty of the family to effectively perform its main function of primary socialization of children. The struggle to balance all the roles of a parent with limited resources means that many teenage mothers encounter great difficulty in providing good parenting. Bailey et al concluded that “single parenthood, especially when the parent is a poor mother, has been singled out in a number of studies as a very important factor in the repression and abuse of children” (Bailey et al, 1998).

A UNICEF report states that one of the central functions of the family is the socialization of children (Ricketts, 1999). The family socializes and equips children with acceptable behaviours of the wider society. Sociologists Elsie Le Franc et al. have described the family as being “expected to provide the nurturing and integrative environment deemed necessary for the development of a properly functioning adult” (Le Franc et al. 1998).

❖ The Jamaican Society

♦ Economic Contribution

The human capital model provides a framework to analyze the impact of teenage pregnancy on society in economic terms. Economists Hess and Ross describe human capital as, “human capital formation, reflected in improvements in nutrition and health and gains in knowledge and skills, not only translates into increased productivity, but directly enhances the quality of life” (Ross & Hess, 1997). The break in the mother’s education because of the pregnancy results in less knowledge and skills being acquired. This further translates into limited contribution to economic production in Jamaica. The

increasing incidence of teenage pregnancy means that the Jamaican labour force is being handicapped.

The intergenerational role of poverty also implies that the children's human capabilities will not be maximized. Therefore the Jamaican labour force will also include a second generation that will not optimally contribute to economic production. The relationship between teenage pregnancy and poverty means that resources have to be allocated to welfare programs for these young mothers. The economic environment of Jamaica means that already limited resources have to be allotted to developing programs to address the needs of these young mothers and their families at the expense of other programs.

Conclusion

The impacts of teenage pregnancy indicate that the problem is larger and much more complex than mere numbers can reveal. The lives of the mother and child are greatly affected and this is felt in the wider society. The different dimensions of the consequences for the mother, child and the society are distinct and in many cases they are inter-related. This inter-relationship makes the problem of adolescent pregnancy much more complex and ultimately much more expensive, yet necessary, to address for developing nations like Jamaica. In addition to considering the consequences of teenage pregnancy, added attention needs to be paid to the larger economic, political and socio-cultural context in Jamaica in order to fully understand how the country should address this problem.

Contextualizing Teenage Pregnancy in the Jamaican Society

The rise in teenage pregnancy in Jamaica does not occur in a vacuum. Other factors need to be considered. This section examines how the political, economic and socio-cultural environments in Jamaica influence adolescent pregnancy.

❖ Economic and Political Factors

Jamaica will continue to face many economic challenges that have a deleterious effect on the social fibre of the nation. These various challenges continue to impede sustainable human and national development. Economic growth has been marginal since 2000; and for three consecutive years, 1996-1998, the economy experienced negative growth (Planning Institute of Jamaica, 2001). This shrinking in the economy resulted in various business closures and increased unemployment. The economic situation is also closely linked to other rapidly increasing social problems in Jamaica. The high level of crime and violence is one such result of the bad economic situation.

The fragile economic situation has many repercussions for teenage pregnancy. These girls fare worse off in the labour force because of their lack of education. The shrinking economy means that all labour force participants are competing for a limited number of jobs, and the ones with the most skills and qualifications are mostly likely to obtain these jobs. Dropping out of school because of the pregnancy places these young females at the lowest rung of the labour force ladder because of their unfinished education.

The shrinking economy influences what the government can do to assist these young females. Jamaica's enormous budget deficit means that public funds are directed towards

servicing the debt and diverted from more productive uses. For the 2004/2005 fiscal year, the Honourable Omar Davies, Minister of Finance, tabled a JA\$ 328 billion budget. Seventy (70) per cent of the budget is earmarked for debt allocation (Henry, *The Jamaica Observer*, 2004). Various other ministries have complained about the allocation for debt payment because their budgets have been cut in order to accommodate the debt allocation. Many social services which fall under the Ministry of Local Government, Community, Development and Sports have been adversely affected by the cuts in allocations to the ministry. Grants to infirmaries and the Poor Relief Services which are under the responsibility of the local governments all received budget cuts (*The Jamaica Observer*, 2004).

As a result of Jamaica's dire economic situation, those essential organizations in combating the problem of teenage pregnancy are unable to obtain enough financial assistance from the government. One of these organizations is the women centres that cater specifically to the needs of the teenage mother. An article in *The Jamaica Observer*, "Local Government Ministry's Budget Severely Chopped", stated that "as women got ready to mark International Women's Day tomorrow, March 8, news came that the grant to women's centres had been chopped by 8 million" (*The Jamaica Observer*, 2004). The resources made available to teenage mothers through the women's Centres will be severely limited because of this budget cut.

❖ Socio-Cultural Factors

♦ Early Motherhood

The social mores that surrounding sexuality and motherhood in Jamaica are also important. Elsa Leo-Rhynie notes that “Jamaican women assume motherhood readily since they gain status and identity within their communities on the basis of their motherhood rather than on marriage” (Leo-Rhynie, 1993). This ‘status’ usually involves dispelling notions of infertility, “They often have their first child in their teen years, thus establishing their fertility and escaping the accusation of barrenness” (Leo-Rhynie, 1993).

It is paradoxical that “tacit approval of early childbearing coexists with the disapprovals and taboos against sexual behaviour in girls” (Ricketts, 1999). Cox includes a poignant conversation about the meaning of motherhood in the Jamaican society,

Cox: Why is it important for women to have children?

Eunice (mother): Because being a mother you get more respect from say yuh (your) family members.

Cox: Than if you are not a mother?

Arsa (mother): Yes because if you’re not a mother people claim that you don’t know true responsibility, if you don’t have children (Cox, 1995).

The lauding of early motherhood co-exists with taboos against single mothers. Jamaica’s strong Christian background emphasizes a girl’s modesty – this includes her sexuality. A girl is never to speak of her sexuality because she would be viewed as having ‘loose morals’. This reluctance to discuss sexuality with children is very prevalent. It has resulted in a communication gap between parents and their children. Information about

puberty and the maturation process are usually received through school or from their peers. This Christian belief in no sex before marriage has also resulted in females not being introduced to other sexual health and reproduction issues besides abstinence. I attended an all female, church-owned high school, and the main premise of our guidance counseling sessions was abstinence. While important, abstinence does not necessarily pertain to the young women who are already sexually active.

As a nation, Jamaica has been conditioned not to communicate openly with her young girls about adolescence and the various physical changes that occur during this period. These young girls then engage in sexual activities and are not fully aware of the consequences and become socially ostracized because of their actions. Another extract from Cox's field study supports this claim,

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Shirley (mother): At least if my parents did sit down and talk with me that first time (of period), I wouldn't have gotten pregnant.

Cox: They didn't tell you?

Shirley: No

Cox: Did you know how people got pregnant?

Shirley: Yes, I knew all of that, but they didn't sit down and talk with me.

Cox: So, did you get your sex education from school?

Shirley: No man, from friends (Cox, 1995).

The co-existence of the belief in motherhood and early childbearing with female modesty in the Jamaican society is difficult to explain. Leo-Rhynie suggests the high regard for

motherhood is linked to African revivalism in which “respect for the matriarch is paramount and the sacredness of motherhood, pregnancy and fertility are important features” (Leo-Rhynie, 1993). At the same time, this African revivalism occurs within the colonial legacy of Christianity and its belief in abstinence until marriage. However, I argue that such an explanation is not compatible with the harsh economic realities of becoming a teenage mother. While motherhood is still held in high esteem in Jamaica, teenage girls are aware of the disadvantages of becoming pregnant at a young age. It would be interesting to research if the co-existence of these beliefs is more prominent in various regions in Jamaica. It is possible that the belief in early childbearing is more prevalent in rural communities than in urban areas.

♦ The School System

While adolescent pregnancy is nothing to laud, teenage mothers are discriminated against in the education system. The education system, or more specifically, many high schools, are not accommodating towards the adolescent who becomes pregnant. Many of these girls drop out of school and are not re-admitted after the birth of the child because the school fears soiling its reputation. According to a UNICEF report, “In spite of the amendment of the Jamaica Education Code to allow for re-entry of adolescent mothers into the formal school system, opportunities to continue education become quite challenging as some schools prefer not to admit such students” (Khan, 1998). The Executive Director of the Women’s Centre of Jamaica Foundation, Beryl Weir, noted that one of the main challenges for the Centre is to replace girls back into the high schools, “It is surprising to find that in this day and age, and after twenty-five years of the Programme’s close association with schools, many Principals still find it difficult to

accept these girls” (WCJF, 2002). For many of these girls who are unable to take advantage of the few programs available to adolescent mothers, the rejection of re-admittance to a secondary school condemns them to a life of low-paying jobs, dependence on a partner or family member, and most seriously, to poverty.

♦ Myths

Despite the availability of medical facts through school guidance counselors and medical officials at health clinics, many young teenagers still adhere to certain myths that claim to prevent pregnancy. According to recent study conducted by two education students at the Northern Caribbean University in Mandeville, Jamaica, “some young girls in Mandeville still believe that drinking Pepsi after sex or having intercourse in the sea will prevent pregnancy” (*The Jamaica Observer*, 2004). The study argued that these myths may be a contributing factor to the rise in teenage pregnancies in the city of Mandeville which has the second highest number of teenage pregnancies in the island. The presence of these myths in the Jamaican society is cause for concern because it impedes the dissemination of the medical facts on sexual health.

Contextualizing adolescent pregnancy in the Jamaican society means that policy recommendations cannot simply focus on the economic factors and ignore the socio-cultural mores that may encourage adolescent pregnancy. Policy recommendations will have to reflect the various aspects of Jamaica’s society that play a role in perpetuating teenage pregnancy.

Policy Recommendations

Amartya Sen notes that paying attention to women's well-being and agency has far-reaching effects on the society. He cites various studies where variables relating to a woman's well-being play a pivotal role in enhancing social well-being,

Here again, the messages seems to be that some variables relating to women's agency (in this case, female literacy) often play a much more important role in promoting social well-being (in particular, child survival) than variables relating to the general level of opulence in the society (Sen, 1999).

Many of Jamaica's social ills can arguably be alleviated by simply addressing the well-being of her women. This section uses Sen's hypothesis as a means to analyze current policies that provide support for Jamaica's adolescent mothers and promote preventative measures for teenage pregnancy. I recommend changes and new innovations that would serve to improve policies addressing teenage pregnancy.

❖ Preventative Measures

Addressing teenage pregnancy ought to be approached two-dimensionally :- programs that promote preventing teenage pregnancy and those that provide support for the adolescent mothers.

◆ Poverty

One of the primary means of promoting preventative measures is attacking those factors that increase the risk of teenage pregnancy. Poverty is one of the primary factors that

influences adolescent pregnancy. Founder of the Women's Centre of Jamaica, Pamela McNeil states, "Many of our young participants across the island are the product of poor, single parent households or from no household at all. Alice was not the only girl we found on a dirt floor with her baby!" (McNeil, 2002). She continues to state that poverty is "so corrupting to the spirit that only with assistance of a "champion" can the young poor escape to a better place of existence" (McNeil, 2002). Therefore more attention needs to be given to poverty reduction programs as they apply to preventing volatile situations that become breeding ground for adolescent pregnancies.

Drayton (1999) refers to a study conducted by Dull and Blythe (1998) which makes the recognition of "poverty as the most prevalent risk factor" for teenage pregnancy. This is a critical recognition for anyone attempting to address teenage pregnancy in Jamaica. According to a Pan-American Health Organization report, "extreme economic deprivation, conflict in the family, a family history of behavioural problems and a lack of a protective environment are common risk factors for most adolescent abuse, delinquency, *pregnancy* and dropping out of school" (PAHO, 1998, emphasis added).

♦ Education

Another effective means of preventing adolescent pregnancy is education. Sen states, "Education makes the horizon of vision wider, and, at a more mundane level, helps to disseminate the knowledge of family planning. And of course educated women tend to have greater freedom to exercise their agency in family decisions, including in matters of

fertility and childbirth” (Sen, 1999). The role of education in spreading information about sexual behaviour cannot be emphasized enough. Mensch, Bruce and Greene (1998) argue that the expansion of girls’ social participation, schooling and economic opportunities, all of which influence reproductive behaviour, need to be addressed in policy recommendations. Therefore, guidance counseling classes in secondary schools need to complement programs about abstinence with family planning topics in order to make girls, especially those who are sexually active, aware of preventative measures against unwanted pregnancy. Schools should invite local medical officials to give talks about sexual health and the risks involved in engaging in risky sexual activities.

♦ Social Norms

The reluctance by many families to discuss sexual health issues also needs to be addressed. Just as guidance counseling lessons in the classroom need to complement topics about abstinence with other sexual health issues, parents and family members need to be educated about including other reproduction issues into their social norms. Therefore schools and local health centres could organize workshops for parents on how to talk with their children and about sex and reproduction. Parents and guardians need to know how to talk to their children about adolescence and the changes that occur during this stage of development.

❖ Supportive Measures

♦ Education

It is important that the teenage girls who are now mothers are not forgotten when policy recommendations are being made. These girls also need educational opportunities to increase their income earnings and enhance their knowledge of available family planning methods. Buvinic (1998) argues that in order to break the cycle of poverty that is associated with early childbearing, a 'social nexus' policy between the expansion of both educational and income opportunities and access to high quality reproductive health services.

One means of ensuring this social nexus policy is to get rid of the discrimination against teenage mothers in the school systems. I urge Jamaica's Ministry of Education to ensure that secondary schools adhere to the amendment of the Jamaican Education Code which allows for re-admittance of teenage mothers into high schools. Denying adolescent mothers admittance into the school system hurts everyone in the long run. If the Jamaican Legal Code prohibits discrimination against these young mothers in the education system, then school principals and other officials are subject to the stipulations of this law.

Therefore, I propose more policing by the Ministry of Education to ensure that young mothers are not denied access to schools because of their pregnancy.

♦ Poverty Reduction Programs

The role of poverty as a catalyst for teenage pregnancy prompts an examination of poverty reduction efforts by the Jamaican government. A World Bank research project

examined the effectiveness of Jamaica's Food Stamp Program (FSP) for alleviating poverty (Ezemenari & Subbarao, 1998). The FSP was implemented in 1984 to mitigate the impacts of macro-economic restructuring on the poor. The FSP targets two main categories of people who are considered at nutritional risk: (i) pregnant and lactating women and children under the age of 5 and (ii) the poor elderly and handicapped (Ezemenari & Subbarao, 1998). The researchers concluded that in the absence of the FSP, the poverty gap in Jamaica would be higher. They found that particular groups would have been far worse without the FSP. Therefore groups like households with young children benefited more with the FSP. By providing for groups like pregnant and lactating women and children under five, the FSP is taking bold steps to alleviate nutritional poverty in these households. This contributes to enhancing the agency of these women, who in turn become more resourceful and stable figures in the lives of their daughters. I therefore recommend that the Jamaican government place special attention on their poverty reduction programs like the FSP to ensure that young girls do not grow up in abject poverty which increases the risk pregnancy at a young age.

♦ Women's Centre of Jamaica Foundation

The best manifestation of developing supportive measures for adolescent mothers is the Women's Centre of Jamaica Foundation (WCJF). The WCJF, established in 1978, focuses on education, training and development counseling as a means to improving levels of employment and productivity among the young mothers, and also to delay unwanted pregnancies. As of 2002, the WCJF has assisted 29,216 pregnant school girls. Many of these girls have become invaluable assets to the Jamaican society. In her

memoirs about the birth of the WCJF, founder Pamela McNeil tells of the success of some the girls who have passed through the WCJF's walls. She spoke of Laura, an ex-student who was now the Caribbean Sales Manager for a large Jamaican Company. Laura was sent to live with an aunt (child shifting in full effect) and was put in the 'out' room, doing all the housework with few belongings. Her uncle attempted to rape her and she moved out and lived with a woman. She became pregnant at 14 by the next door neighbour and ended up at the Women's Centre (McNeil, 2002). Young mothers are literally given a second chance at life when they enter the Centre. They do not have to fear being ostracized within the Centre and therefore they blossom and make full use of the opportunity afforded to them.

Dr. Barry Chevannes' Evaluation of the WCJF concluded that the program is a huge success in providing supportive measures for adolescent mothers. He states that, "In 1993 the estimated reduction in the number of births caused by the Women's Centre was 323" (Chevannes, 1996). In addition to the reduction in births, Chevannes estimated the actual savings that the WCJF provides for the Jamaican government, "The implied savings to the health sector were JA\$13,840,873, and to the educational sector JA\$14,647,536 over the 73 years life expectancy" (Chevannes, 1996). Therefore programmes like the WCJF need to be encouraged and supported by the Jamaican government.

The Women's Centre has expanded from its first location in Kingston to seven main centres and nine outreach stations island wide. I was able to attend some of the other centres and outreach stations and many of these facilities are in need of repair and

valuable equipment. One outreach station specializes in teaching the young girls and women sewing skills, but the sewing machines were old and almost out of date.

Therefore the Women's Centre of Jamaica Foundation can be improved with more funding. The generosity of various organizations like USAID, the Jamaica Chamber of Commerce and the Jamaican government has helped in the functioning of the Foundation.

One of the many programs that the Foundation has developed is the 'Young Men At Risk' program. The programme assists young men in the 17-25 years age group in the areas of education, training, reproductive health counseling and job placement (WCJF, 2002). This programme serves the dual purpose of supporting the adolescent mothers and preventing further teenage pregnancies. By assisting these young men who may be adolescent fathers themselves, they are able to improve their capabilities that will enable them to contribute more finances to the well-being of their child. The knowledge gained will also enable them to become more effective parents in the life of the child. Such a program should be adopted by various organizations, like the church and other non-profits, to ensure that Jamaica's young men are made aware of the repercussions of their sexual activities and take responsibilities for these consequences.

♦ Mentoring

Ricketts (1999) suggests that the concept of a 'resource fathers and mothers program' can also prove to be useful as means of support for adolescent parents. She alludes to David Hamburg who described the concept of "resource mothers as one of the valuable set of

innovative programs we know about” (Ricketts, 1999). The programme was developed in South Carolina by then governor Richard Riley. The resource mothers and fathers come from the same neighbourhoods as the adolescent mothers and fathers and were parents who had successfully raised their own children and have gained skills that would be relevant to the young parents. Therefore it is a mentoring programme for these adolescent parents. I think that such a programme would prove to be invaluable in the Jamaican society because while the young mothers and fathers are being exposed to older and mature parents, they are also being exposed to individuals who have excelled in their own professions. Such a programme does not have to be administered by the Jamaican government but could be a pilot programme for churches, philanthropic societies or even businesses that want to give back to society. This programme would reach out to not only the young mothers, but also to the young fathers who are usually left out of the parenting process.

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The mentoring programme could also help to dispel the negative social norms against teenage mothers. The resource mothers and fathers can serve as facilitators between adolescent parents and their families during discussions on how to cope with the pregnancy. Therefore the social ostracism that many teenage parents face will be minimized and replaced with more constructive ways to deal with the pregnancy and to prevent a second pregnancy. Such a mentoring programme can be supplemented with educational sessions sponsored by various organizations on how to deal with teenage pregnancy.

Policy recommendations imply financial obligations – a phrase that the Jamaican economy is finding difficult to currently uphold. Therefore other institutions like the church, local non-profits, schools and businesses are needed to ensure that adolescent pregnancy is addressed and bridled. It is important that all institutions and individuals play a role in addressing family formation among teenage mothers.

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Conclusion

Giving birth to and raising a child is no easy task. It is a huge responsibility when the mother is in her twenties or older; it is an even bigger task when the mother is a fourteen year old. The lives of these babies are in the hands of individuals who themselves are still growing and maturing. It is not difficult to see how the primary role of the family is at risk when the parents are younger than nineteen years old.

Teenage pregnancy in Jamaica is a development issue because its effects are felt in every facet of the society. The mother's ability to care for her child both financially and emotionally is severely limited. The effects felt by the children borne to teenage mothers have huge impacts on the types of citizens and productive labourers that are formed. The Jamaican society is just as intimately affected by teenage pregnancy as the mother and child.

Teenage pregnancy increases the risk of what Sen terms as 'unfreedoms' for both mother and child. These 'unfreedoms' which range from undernutrition, little access to good health care to unnecessary mortality, impede the economic development of Jamaica. On a micro-level it reduces the human capabilities of both mother and child. Therefore both individuals are unable to enhance their well-beings.

The increase in the fertility rates of the adolescent age group means that teenage pregnancy can no longer be ignored. Teenage pregnancy marginalizes the capabilities of these girls. This ultimately hurts the general society. It is therefore imperative that

attention is paid to adolescent pregnancy. Progress will require changes at several levels: the government, non-profits, social norms and the attitudes of individuals.

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