

**Case Study of
the Women's Center
of Jamaica Foundation
Program for Adolescent Mothers**

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Prepared by the Women's Studies Project
Family Health International



**Women's
Centre
of
Jamaica
Foundation**

Family Health International is a non-profit research and technical assistance organization dedicated to contraceptive development, family planning, reproductive health and AIDS prevention around the world.

Begun in 1993, the Women's Studies Project aims to support social and behavioral science research on the immediate and long-term consequences for women of family planning programs and methods; and to help improve policies and programs through increased knowledge of the needs and perspectives of women.

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Acknowledgments

This case study profiles the Program for Adolescent Mothers, administered by the Women's Center of Jamaica Foundation (WCJF). Supported by the Women's Studies Project (WSP) at Family Health International (FHI), this case study is the first in a series to describe innovative women-centered health programs.

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Executive Summary

To help address the serious socioeconomic and health consequences of adolescent pregnancy, the Women's Center of Jamaica Foundation offers the Program for Adolescent Mothers. Since its inception in 1978, the Program has had two goals: 1) to enable teenage girls to continue their schooling during their pregnancy and return to the school system as soon as possible after the birth of their child; and 2) to educate young women about family planning to prevent a second pregnancy during their adolescent years. To accomplish these goals, the Program has developed a comprehensive strategy to address the immediate and long-term needs of teen mothers — strategies that include cooperative relationships with schools, courts, churches and health centers, and the involvement of girls' parents.

Formal evaluations of the Program show it has met with success. More than 16,500 girls participated from 1978 through 1994, and most returned to school after their pregnancies. The repeat pregnancy rate for Program participants is 1.3 to 1.4 percent annually (pregnancy rates of Program participants are monitored through secondary school). In focus group discussions, held as part of this case study, former Program participants say the WCJF offered a supportive, nonjudgmental environment during an extremely stressful time in their lives. Through its emphasis on education and personal responsibility as a means to self-sufficiency, participants said the Program encouraged them to think about their futures, helped them improve their relationships with parents, helped them build strong relationships with their children, and prepared them for the difficult dual role of mother and student.

Introduction

Jamaica's adolescent pregnancy rates are among the highest in the Caribbean. According to the 1993 *Contraceptive Prevalence Survey* (CPS), the birth rate for women ages 15 to 19 is 108 births per 1,000 women. Forty-five percent of all Jamaican women ages 15 to 24 have been pregnant by age 19, and 41 percent have given birth (Morris et al., 1995). The consequences of an early, unplanned pregnancy — especially the difficulty of remaining in school and the resulting loss of potential job skills — place the adolescent mother at a distinct disadvantage in her attempts to achieve economic security.

Among efforts to reduce the incidence of adolescent pregnancy is the Program for Adolescent Mothers, operated by the Women's Center of Jamaica Foundation (hereafter referred to as the WCJF). Begun in 1978 as a pilot project in Kingston, the Program has now expanded to seven main centers and 13 outreach stations across the island. Its objectives are to help teenage mothers: 1) return to school and complete their education and 2) prevent a second pregnancy in their adolescent years.

The Program offers academic instruction that enables young mothers to continue their studies during pregnancy and return to school soon after their babies are born. To encourage young women to delay a second pregnancy until they are older and the social and health risks of motherhood are reduced, the Program offers information about family planning and works cooperatively with local health clinics and hospitals to ensure its students have access to contraception, as well as other reproductive health services, including prenatal care.

In addition to its emphasis on health and education, the Program for Adolescent Mothers offers a variety of services to support young mothers during and after their pregnancies. These include: day care for infants whose mothers are enrolled in the Program, classes in parenting and child nutrition, information about women's and children's legal rights, and job skills training.

The Program for Adolescent Mothers, which has gained international recognition for its accomplishments, seeks to address the immediate economic, emotional and health needs of pregnant teens, while addressing the long-term goal of improving young women's quality of life.

Adolescent Pregnancy in Jamaica

For most Jamaican men and women, sexual intercourse begins during adolescence. The mean age of first intercourse is 15.9 years for women and 13.9 years for men (Morris et al., 1995).

Islandwide, awareness of contraception among young people is high. According to the CPS, more than 95 percent of young adults ages 15 to 24 have heard of two or more family planning methods (Morris et al., 1995).

However, awareness of contraception does not guarantee its use. The Jamaica National Family Planning Board (NFPB) is concerned that many young people, who are aware of family planning methods, fail to use them consistently. Beryl Chevannes, executive director of the NFPB, comments that "awareness is not translating into action." Among sexually experienced young adults in Jamaica, fewer than half the females (43 percent) and 22 percent of males used contraception at first intercourse (Morris et al., 1995). Wyatt et al. (1995) report that "there appears to be a time lag between contraceptive use and sexual activity, which may account for unintended pregnancies in the early years."

There are numerous reasons for nonuse of contraception among young people in Jamaica. Among CPS respondents, the reason most frequently given by young women (47 percent) and men (35 percent) who did not use contraceptives during first intercourse was that they "didn't expect to have sex." Despite the high reported level of familiarity with family plan-

ning, "didn't know of any methods" was the second most frequently cited reason among both females (21 percent) and males (33 percent) (Morris et al., 1995).

Teenage pregnancy poses a serious threat to a young woman's education. According to the CPS, one of three ever-pregnant women ages 15 to 24 became pregnant for the first time while still in school. Almost 60 percent of these pregnancies occurred before the fourth year of secondary school (10th grade or 4th form)

(Morris et al., 1995). Given the demands of motherhood upon time and finances, many teenage girls do not return to school after their baby is born.

Jamaican law does not require that a pregnant teen drop out of school. However, social and cultural taboos make it very difficult for a girl to remain in school during her pregnancy. In previous decades, Jamaican schools did not allow a young woman to return to school after her child was born. Today, the Ministry of Education has adopted

'When the Reality Comes'

Sixteen-year-old Carrie wants to be a pediatrician when she grows up. Her classmate Julie, also 16, plans to attend business college. And friends Andrea and Frances, both 17, want to manage their own cosmetology businesses, while Roxanne, 16, hopes to raise money for philanthropic organizations.

When they have a break from their classes, they gather around a table in the library and talk about their plans for the future. They talk about clothes, music, boys, their parents and their teachers. They also talk about something else — their babies.

All five girls became pregnant while in school, and they are aware that as they prepare for jobs, they will have the difficult task of being both student and parent. While each girl said motherhood has dramatically changed her life, each is determined it will not interrupt her education.

The girls are enrolled as students in the WCJF Program for Adolescent Mothers. While they are pregnant and during the first months after their babies' births, the girls attend classes at the Kingston center. Afterward, the Program will help them return to the regular school system.

Students in the Program for Adolescent Mothers said it has given them an environment in which they can learn without feeling shunned or different from their peers. "They love and honor you so you don't feel re-

jected," said Julie. "It made me feel much better to know other girls were in the same situation. I know at least I have some friends. There are people who still care."

Rejection by family and friends is a concern for adolescents who learn they are pregnant. Fear of parental anger, ridicule from community members, and abandonment by their baby-fathers (the term commonly used in Jamaica to refer to a baby's father) were foremost in the minds of the girls when they learned they were pregnant.

"I told my mommy first, but not with words," said Roxanne. "I wrote her a letter. She came in my room and woke me up. She was walking around the room like she wanted to hit me."

"My first thought was: 'Where will I get the courage to tell Mommy?'," said Carrie. "And then, to have to face the community in which you live." Andrea said she worried about "the people on the street — what they might think and how they're looking at you."

For girls enrolled in the Program for Adolescent Mothers, a chief benefit is that they are able to continue their educations, which has given them hope for the future. In addition, the WCJF Program has helped them realize the future will be shared.

"I didn't think about taking care of the baby when I was pregnant," said Carrie. "When the reality comes, and the baby is really here, I have to look after her. When I had the baby, I knew I had this obligation."

a formal policy that ensures that teens whose schooling is interrupted by pregnancy can return to the regular school system — either to their former school or a new school.

Organized assistance for education may be effective in encouraging young Jamaican women to return to school after giving birth. Seven percent of women interviewed in the 1993 *CPS*, who became pregnant while in primary or secondary school, received such assistance. Thirty-eight percent of these women returned to school, compared to 14 percent of those who received no educational assistance (Morris et al., 1995).

Some pregnant teens may consider abortion. However, abortion is illegal in Jamaica, and both provider and client can be subject to prosecution for a criminal offense. Jamaican common law provides that a woman may undergo an abortion if two physicians separately identify a problem that would necessitate the procedure. Circumstances under which abortion might be permissible are when the mother's life is in danger, in reported cases of rape or incest, to preserve the physical or mental health of the woman, and in cases of contraceptive method failure.

The Program for Adolescent Mothers

The Program's History

The Program for Adolescent Mothers was established to address the individual and community problems of adolescent pregnancy in Jamaica among girls ages 12 to 16. Administered by the WCJF, the Program began in Kingston and now operates islandwide. It offers academic instruction, personal and group counseling, and, through referrals to local hospitals and clinics, health services, including family planning.

“The goals have always been to continue the education of the teen mother, to put her back in the regular school system and get her to delay second pregnancy until she finished her education, whether that is secondary or tertiary education,” says Pamela McNeil, national director of the Women's Center of Jamaica Foundation. “Family planning is a key to the whole program.”

The written objectives of the Program for Adolescent Mothers include:

- to continue the academic education of young mothers ... to return them to the normal school system and to provide any necessary support services after their return to school.
- to educate the young mother, her baby-father and parent(s) of their responsibilities in ensuring that correct child care standards are maintained.
- to provide skill training for young mothers who cannot return to school.
- to provide a sanctuary where teenagers can air their problems in a nonjudgmental, confidential environment.
- to intervene so as to delay early unwanted pregnancies among young women in Jamaica.

The WCJF grew out of the Jamaica Women's Bureau, a governmental agency established in 1975 to promote policies and programs that would involve women in Jamaica's national development efforts. When it first opened its doors, the WCJF offered two services. The first, contained in a six-room house donated by the Jamaican government, offered pregnant girls ages 12 to 16 academic instruction, as well as information about maternal and child health and family planning. Additionally, the WCJF offered vocational training placement for women ages 18 to 24.

With initial financial support provided by the Pathfinder Fund, the International Planned Parenthood Federation (IPPF) and the Jamaican government, the Program for Adolescent Mothers began in 1978 with 17 students. Fourteen returned to the regular school system following their pregnancies.

The Program Today

From 1978 through 1994, the Program provided services to 16,500 teenage mothers (WCJF, 1994). A WCJF annual report notes that in 1994, the Program reached 1,370 young women, or 48 percent of births to girls 16 and under islandwide.

Today, the WCJF is operated under the auspices of the Jamaican government's Ministry of Labor, Welfare and Sport. Funding comes primarily from the Jamaican government, with additional assistance from the United Nations Children's Fund, the United Nations Population Fund, the U.S. Agency for International Development, AVSC International, the Christian Children's Fund of Canada, and local chapters of international service organizations, such as the Rotary and Kiwanis clubs.

The Program for Adolescent Mothers now operates in seven main centers islandwide, in Kingston, Mandeville, Montego Bay, Port Antonio, Savanna-la-mar, Spanish Town and St. Ann's Bay. In addition, 13 outreach stations serve young mothers who cannot travel from remote rural areas or heavily populated urban communities to the main centers. Most WCJF centers and outreach stations are designed to serve rural populations, who typically have limited access to health services and family planning.

The Program participates in a two-way referral network. Organizations that collaborate with and support the WCJF, such as schools, churches, the legal system, and health centers, refer pregnant adolescents to the Program. Others hear about the Program from friends and relatives who are former participants, while others learn of its existence through informal neighborhood networks and word-of-mouth.

Once young women are enrolled, the Program then refers its participants to appropriate community programs, including family planning clinics, legal services and social services. In addition, staff work with local schools to ensure that each adolescent is placed in a school when it is time for her to leave a WCJF center. The Program provides follow-up counseling and monitors students' progress for two years after they return to the regular school system. Some financial assistance to young women also is available.

While helping pregnant teens is a central part of the WCJF's mission, in recent years the WCJF has implemented several projects designed to prevent first pregnancy among adolescents. These are: the Homework Project for children ages nine to 12, which offers after-school academic instruction and counseling; the Grade 7 Project, an in-school program designed to increase students' self-esteem, decision-making capabilities and knowledge about sexuality and reproduction; and the Knowledge and Education for Youth (KEY) Project, located at the Kingston center, which offers education and counseling on a variety of topics, including family planning for young people. FHI's Women's Studies Project is supporting an evaluation of the Grade 7 Project (Eggleston et al., 1996).

In addition to its established programs, the WCJF provides counseling and referral services to women of any age who approach a main center or outreach station for assistance. Skills training is offered to women and men, ages 17 to 25, at four locations.

The 'Typical' Student

The typical girl enrolled in the Program for Adolescent Mothers is 15 years old and a student in secondary school. She comes from a low-income home, headed by a single parent, with four to five additional children living at

home. A WCJF survey of 200 Program participants in Kingston indicated that, in 1994, 65 percent were children of women who themselves were teen mothers (WCJF, 1994).

Girls usually enroll in the Program during the second trimester of their pregnancy — when they begin to “show.” Ninety-eight percent of Program participants report that their pregnancies were the result of unplanned sexual intercourse (WCJF, 1994). “We knew about family planning, but we didn’t think about it at the moment,” said one 16-year-old Program participant and the mother of a six-month-old. Among 200 WCJF students surveyed in 1994, a small proportion (2 percent) reported that their pregnancies were a result of rape. More than 99 percent of girls in the Program planned to keep their babies, while 0.5 percent wanted to place their babies with adoption agencies.

The average baby-father is under 24 years old and not working. According to a 1994 WCJF survey, 27 percent of baby-fathers in Kingston were 14 to 18 years old, 49 percent were 19 to 23, and 19 percent were 24 to 30. Only 5 percent of baby-fathers were over 30 years of age. More than a third of the girls surveyed reported that their baby-fathers were working. Half (47 percent) said their baby-fathers were unemployed, and 21 percent said their baby-fathers were students.

Eighty-three percent of girls surveyed at the Kingston center reported that baby-fathers acknowledged paternity. Ten percent said the father did not know of the pregnancy, and 7 percent denied being the baby-father. Eighty-

three percent of girls said that their baby-father offered emotional support, and 38 percent reported that their baby-father offered financial support.¹

Academics, Child Care, Counseling

Originally, the Program for Adolescent Mothers planned to offer classes for 80 students per year — 40 during the spring term and 40 during the fall. To accommodate the growing number of applicants, three terms per year are now offered, and students typically attend two terms before they return to the school system. In any given term, as many as 120 students are enrolled at each center.

The students’ school day begins at 9 a.m., when they arrive on foot, by bus or by car. The centers offer a home-like atmosphere, rather than an institutional environment. Girls who have already given birth bring their babies to an on-site day-care center before joining other students for breakfast and religious devotional services led by local ministers. Afterward, they attend classes in mathematics and English language and literature. Classes in family life also are offered in the morning. After lunch, the girls return to the classroom, where they receive instruction in social studies and science. Remedial classes are offered for students who need to improve literacy skills, and students who need individualized instruction in various subjects receive one-on-one tutoring. Teachers are employees of local school systems and work at the WCJF part-time.

On-site day care is an important part of the Program’s services. “We operate a day-care facility at each of our seven centers because the Program isn’t only about providing care for the mother, it’s also about providing care for the baby,” said Mrs. McNeil.

Students at the WCJF are encouraged to visit their babies during lunch and between classes, and the Program encourages mothers to breastfeed. In 1994, Program day-care facilities in Kingston and its outreach stations

¹Jamaican law stipulates that men and women are equally responsible for financial support of their children, even if these children are born out of wedlock. However, proof of paternity is required before the Court will require fathers to pay child support, and child support payments are based on the father’s income.

provided care for 178 children, while islandwide, the Program provided day care for more than 430 children. Day-care facilities at the Kingston and Montego Bay centers are expanding and will provide care not only for students' children, but also for the children of ex-students and low-income women living in nearby communities.

Before they return home, around 2 or 3 p.m., girls participate in group counseling sessions. In one afternoon session in Kingston, Sister Gordon spoke to students about the "tools" they will need as they return to school. Students must develop self-confidence, self-esteem and self-respect. They must establish goals for their lives and cultivate discipline and determination to achieve their goals. Schools will not make exceptions for students who are mothers, the girls are told, so they should not expect special treatment.

"You must face life with confidence in yourself and confidence that God has given you abilities," she told the students. "You will encounter obstacles that make you feel discouraged and frustrated and tired from looking after your baby. What is important when you return to school is that you get a chance to learn. You must have an idea of what you want and go after it with all your heart."

Young mothers must learn to balance responsibility for their babies with responsibility for education, she said. Money that a student might have spent on clothes and make-up must be spent on the baby's needs. Time formerly devoted to dances or parties must instead be spent on the baby's care.

Each of the seven WCJF campuses offers students some vocational training before they return to school, as part of the effort to help girls develop job skills that will enable them to become financially independent. The Program in Kingston trains students in dressmaking, using materials donated by churches and social agencies. Girls sew clothes for themselves and their babies and also make garments and dolls that are sold in the community, with proceeds donated back to the WCJF. In WCJF programs

THEY ARE ONLY "MYTHS"



in other towns, vocational skill training includes vegetable gardening, fish farming, poultry farming, doll-making, and the sale of processed lime juice and fruits.

A girl spends three to six months at the WCJF, after which she returns to the regular school system. Often, she enrolls in a different school from the one she attended before her pregnancy. In cases where a principal may be reluctant to accept a teenage mother as a student, WCJF staff negotiate with school officials to gain admittance for the girl.

Reproductive Health

In addition to academic instruction, girls enrolled in the Program for Adolescent Mothers receive family life education, which includes information about family planning, child health and nutrition, parenting skills, women's legal rights, and decision-making. The Program offers students information about contraception and also makes referrals to local health clinics. When a girl first comes to any WCJF office,

parental permission is requested for her to accept a family planning method; 95 percent of parents consent to their daughter's use of family planning during this first visit to the WCJF (WCJF, 1994).

Many of the current Program participants said they had attended sex education classes in schools, but the content of the courses varied from school to school and from teacher to teacher. The National Family Planning Board confirmed that the content and scope of sex education programs is not consistent and often depends on the interest and knowledge of the school guidance counselors who coordinate the programs. One Program participant in Kingston said her sex education course was a lesson in male and female anatomy "but there was no talk about reproduction, family planning or sexuality." Another 17-year-old said sex education at her school included information on family planning methods. However, she said information from friends and relatives made her skeptical of contraceptive use. "Everybody I knew was down on the pill," she said. "They said you had side effects if you took it, so you don't know whether to take it or not. My cousin said I must not take it because it's not good."

Fear of contraceptive side effects was one reason participants gave for nonuse of family planning prior to coming to the Program. In interviews with staff from Family Health International, students said they had heard that family planning methods, particularly oral contraceptives, could cause infertility, infections, vaginal bleeding, brain damage and memory loss.

Students also said their fears of pregnancy, due to nonuse of contraception, were tempered by their beliefs they could employ a variety of folk remedies to cause late menstrual periods to begin. These include: drinking boiled Pepsi; drinking Pepsi that had been boiled with a rusty nail; drinking papaya juice; drinking boiled nut oil sweetened with milk; or drinking herbs boiled in water.

After attending sex education classes offered by the Program for Adolescent Mothers, students said their knowledge about contraceptive methods increased. "I learned that not every method works for every woman," said one 16-year-old, the mother of a six-month-old. Program participants receive information on a variety of methods, including IUDs, Norplant, injectables, natural family planning and abstinence, plus information on how and where to obtain methods. WCJF staff provide transportation to and from family planning clinics.

The repeat pregnancy rate for Program participants is 1.3 to 1.4 percent annually. Pregnancy rates for participants are monitored by the WCJF until the girls complete secondary school (WCJF, 1994).

For those who decide to use contraception, the choice of which method to use ultimately rests with the young woman. Girls enrolled in the Kingston center are encouraged to use the copper intrauterine device (IUD) because it is nonhormonal and requires little attention on the part of the user once it is inserted. Ninety-one percent of students at the Kingston center choose the IUD, while 5 percent choose injectable contraceptives, and 4 percent choose oral contraceptives. Although the IUD is the contraceptive method most commonly used by young women at the Kingston center, it is not necessarily the method most often selected by Program participants in other Jamaican towns. For example, participants at the Program in Mandeville most often choose oral contraceptives (65 percent), condoms (18 percent) and injectables (6 percent).

In addition to family planning, Program participants are counseled about the use of condoms to prevent transmission of HIV and other sexually transmitted diseases (STDs), and condoms are provided for those who consider themselves at risk of contracting STDs.

Students also receive information on their menstrual cycles and nutrition during pregnancy. In addition, they learn about health care for their babies — immunizations, breast-feeding, hygiene, skin care and disease prevention.

The WCJF does not encourage abortion among its clients. Abortion is not mentioned as an option to girls when they come to the WCJF (the majority come after their first trimester), nor is it covered in the WCJF family life curriculum.

Long-term Program Impacts

To better understand the impact of pregnancy on teen mothers and the WCJF's role, the Women's Studies Project conducted focus group discussions (FGDs) among former Program participants. Participants talked about their perceptions of the Program's impact on numerous aspects of their lives, including educational attainment, self-esteem and family relationships.

Methodology

In June and July 1995, two FGDs were conducted with women who participated five or more years ago in the Program for Adolescent Mothers in Kingston. The focus groups were moderated by a staff member from the Fertility Management Unit (FMU) of the University of the West Indies (UWI), who is a former social worker with extensive experience in conducting focus groups. Each group met for approximately two hours, and sessions were tape recorded. FGDs were held during the day, on weekends, at the UWI campus.

Focus group participants were recruited using the WCJF's recently updated address list. FMU staff attempted to hand-deliver letters to all former participants in the Program for Adolescent Mothers living in the Kingston metropolitan area for whom an address was available (approximately 40 women). The FMU was able to locate 25 of these women; the others were not at the address listed. The letter asked women if they would be willing to meet to talk about the Program and its impact on

various aspects of their lives. Twelve women responded and expressed interest in participating in FGDs. One woman was subsequently unable to attend either of the two focus groups.

FGD participants were assured that their names and other identifying characteristics, such as their place of employment, would not be mentioned in this report. They were given approximately US\$10.00 to cover the cost of transportation to the focus group site.

Due to the potential biases introduced in the nonrandomized method of locating women and the women's voluntary decision to attend the focus groups, FGD participants may not be representative of all former students in the Program for Adolescent Mothers. In addition, the small number of participants limits the generalizations and conclusions that can be drawn.

Focus Group Participants

The 11 women participating in the focus group discussions ranged in age from 19 to 34. When they participated in the Program for Adolescent Mothers in Kingston, they were ages 14 to 17. Five of the women still have only one child. Among these five, two would like another child, one wants no more children, one would like two more children, and one is unsure if she wants more children. Five of the focus group participants have two children; only one of them would like another child. One focus group participant has three children and does not want more children.

After giving birth to their first children as teenagers, all but one of the women returned to the regular school system and completed secondary school. Eight of the focus group participants attended college or university. Seven currently work for pay, while four are unemployed. Three work in secretarial positions; one is a teacher; and the others listed their jobs as sales representative, marketing, and computer analyst.

Nine of the 11 FGD participants are current family planning users. Two women rely on traditional methods, one uses injectable contraceptives, and the other six use either the condom or the intrauterine device. One woman in the group is not at risk for pregnancy because she is not sexually active. One woman does not use family planning but lives with her partner and reports that she does not want any more children.

Women's Perceptions

During the focus group interviews, the women described their feelings about becoming a mother while still a teenager; their relationships with their parents, their children, and male partners; family planning; and education. In each of these areas of their lives, focus group participants said the WCJF Program for Adolescent Mothers played a meaningful role.

Pregnancy

Being pregnant as a young unmarried teenager was an extremely stressful experience for all focus group participants. The women feared rejection by family and community members, and many felt they had disappointed their loved ones. For all the women, perhaps the hardest aspect of pregnancy was dealing with the reactions of their parents, who were upset and often unsupportive.

My mother was so negative that I had to go stay at my child's father[s] family. She was just nag, nag, nag that I stayed away from her for most of the time.

My mother was very mad, very upset about it, as she is alone and I have no father. I had stopped going to school ... and she would look at me in the house and say, 'Look at you,' and she wanted me to put on my uniform and go to school, and she wanted me to have an abortion.

Some mothers were frustrated to see their daughters repeating mistakes they themselves had made.

My mother was always a negative person and always saying that I would come out to nothing good. She was always focusing on the negative things, because she had children young and nothing good came out of it, so she feel that I would just have a bag of children.

My mother ... got the first child at 18, so she empathized and she tried to be supportive. But there were times when she resented it. ... Sometimes she would be talking to me and she would break down. It was very traumatic.

Parental anger was rooted in disappointment. Most of the young women were from poor families who had made financial sacrifices to send their children to school. Parents saw their children's education as an investment in their own future; when their daughters became pregnant and had to leave school, hopes for the future faded.

My father ... wanted [me] to leave the house. ... He said that I was the one with potential, and he spent his money on me, and then I let him down.

My mother, when she find out, she cry. She feel disappointed. They invest everything in me, and they looking for something good to happen to you, and then that happen to you, so they feel that is the end of the world.

My father did not want to have nothing to do with me, but I think the reason he did that was because he was so disappointed. He really used to have great confidence in me and had plans

for me. ... So when I became pregnant he was very disappointed, and ... the relationship just broke and there was a bridge between us for awhile.

Girls also encountered disapproval and blame from neighbors and community members.

They would look down on me and say, 'You disappoint your parents, you know. You should be ashamed and you dress up with your pregnant belly and walk all over the place. You should stay at the back of the house and learn to sew.' They said that I had a nerve to go walking up and down displaying my stomach, that I should be ashamed.

Motherhood

While pregnancy brought blame and disapproval from family and community members, the birth of the baby and the young woman's new role as a mother brought acceptance and admiration from some. Many focus group participants said they noticed a marked change in their parents' behavior after the baby was born. Parents who were angry and disappointed when their daughter became pregnant became more supportive after a grandchild joined the family. They also regained hope for their daughter's future when they saw her return to school.

Parents change and come around after the baby. Mine see I was making extra effort with my school work and changed. But before, like during the pregnancy, I could not go near the house.

Before the baby, it was like I commit a crime, everybody look down on me. But after the baby — boom, they love the child and treat you much better.

But some parents remained bitter about their daughter's pregnancy. One focus group participant, who did not finish high school, recalls that her mother never offered support or acceptance.

I had to use the nursery [at the Women's Center], as my mother would not help. ... My mother cuss me, handle me bad, and show no interest. I bear it all.

Some of the women recounted how their status in their community improved after their baby was born. They were no longer regarded as "just" schoolgirls. Motherhood elicited respect and recognition.

Some persons that I know and some I don't even know come and play with my child. ... People will know me because of my child.

Other focus group participants felt, however, that neighbors continued to look down on them. Male contemporaries, particularly, viewed the young mothers with disdain.

The baby-mother is like a stigma. ... They see you as a baby-mother and go look for another person to marry. There are some men who say that they don't want any baby-mother to be their wife.

You hear some of the men talk it. Like they'll meet you and say you're a nice girl, and you'll ask about their children's mother, and they just treat it casually. Some talk about how their baby-mother coming to look for money and how they hide. The person they want to be their friend and their wife, that person some of them want to be [a] virgin, dignified, and studying. ... Some of them see the baby-mother as just nagging, and them want to get rid of the baby-mother and get married to a nice girl. You see, it is the perception, and that needs to be changed. Most

times they don't get married to the baby-mother, and they marry another girl. They put the baby-mother in a corner. None of us here marry our baby-father.

That's not always the case. I know some baby-fathers 'big up' their baby-mother and say their baby-mother come first, and they think their baby-mother special. Most of the ones I talk to feel that way.

But sometimes they have more than one baby-mother, so which baby-mother they calling special? [Laughter]

The Women's Center

For the women participating in the focus groups, the Women's Center of Jamaica Foundation was a place of warmth and support. They were under a great deal of stress at home; some were thrown out of homes by their parents because of their pregnancies. At the Program for Adolescent Mothers, they found understanding and encouragement, which

diminished their sense of isolation. Through their participation in the Program, young women were able to regain — in some cases, achieve — a sense of self-worth.

I made friends there at the Women's Center, and we used to talk together about how it happened. They [the staff] were very supportive, especially to girls like me who had to leave home.

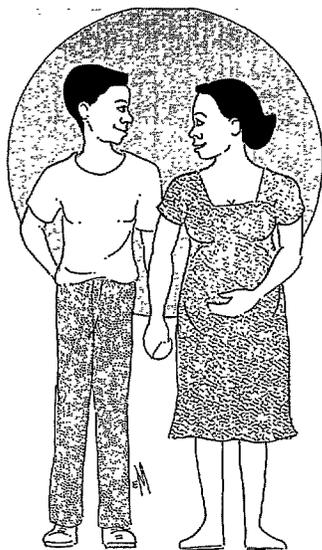
I had to stay with my baby-father family, but I got more love at the Center. The atmosphere was really warm and more like what a home should be.

You really feel good with other people like yourself.

When you having a problem at home, the counselors were there to help you. They had time for you.

They would talk to us and make us feel like we were real persons. They did not make us feel spoil, or 'mash-up,' or disfigured or things like that. ... They were understanding. ... I suppose they saw us as having potential, not bad but unfortunate, so they tried to make us feel welcome and worthwhile and taught us what they knew. ... My self-esteem was boosted and I was taught to feel conscious and positive almost whatever I was doing.

At the WCJF, the girls were taught how to care for their babies and were helped to make the psychological transition to motherhood. Adolescence can be a time of self-absorption, but the WCJF staff helped the young mothers recognize that their first responsibility was to their children.



**OWN UP - IT'S YOUR
RESPONSIBILITY TOO**

They really teach us how to care [for] the babies, how to be responsible mothers, and also how to move on with our lives by concentrating on our school work.

When we have a counseling session, the counselor would let us know that we have to feel good despite of what's happening to you. You have to feel good about yourself, you know, and look forward to better days and love your child, and talk about your values, you know, that you display to your kid. And they would say that you have another chance. You know, so that you make use of it and try to be a better person and be an example for your child so that people could really eat their words and say, 'Boy, I proud of you, just look at you in the community.'

The Program for Adolescent Mothers offers counseling for the girls' parents, as well as the teens themselves. Parents are invited to attend initial counseling sessions, during which WCJF staff discuss school curriculum, plans to place the girl back in school after the baby is born, and family planning. WCJF staff later discuss details, such as who will care for the baby while the girl is in class or studying and how the girl will pay for school uniforms and books.

Baby-fathers are invited to attend counseling sessions and to participate in other programs offered by the WCJF. Those who attend learn about contraceptive use and are encouraged to be emotionally supportive of the adolescent mother when she returns to school. They are also encouraged to further their own educations.

Focus group participants felt that the counseling for parents was especially valuable, because it encouraged them to accept their daughter's pregnancy and to help her with the enormous responsibility of motherhood. In addition, WCJF counseling sessions helped parents learn how to provide emotional support to their daughters, rather than offer blame and guilt.

Counseling for parents also was good, as it helped parents to support their teenage daughters and not reject them. It really broke my mother into accepting me as a teenage mother.

The women felt that baby-fathers did not take advantage of the services available at the Women's Center.

Most of us had little contact with baby-father at the Center, because they won't come in. There was a program for them, but they won't cooperate. I think that they should be forced to come in.

Family Planning

Before coming to the WCJF, many of the young women who were pregnant had very limited knowledge of family planning. The focus group discussions reinforced the frequently heard opinion that social norms in Jamaica discourage discussions of sexual matters between parents and their children, or at least among parents and daughters. Participants recounted how their mothers failed to explain puberty, sex, and pregnancy to them. Moreover, their mothers implied that signs of physical maturation were undesirable, and daughters perceived that their mothers were upset or angry during discussions of sexuality.

My mother ... said nothing to me about menstruation, and the way [she] get on about 'now you see your period, you can breed,' and [it was] like she was quarreling.

When I saw my period I was crying, and I think I was going to die, and my mother say, 'You don't know what it is?,' and I said, 'No.' I was still crying, and she said, 'If you don't know, I won't tell you.' She did not explain it to me, but she show me what to use.

My mother ... always accuse me and say, 'Don't go near a man, don't make a man touch you.' It's like she blaming you for having breasts and seeing period.

As adults today, the women recalled how little they knew about sex and pregnancy as teenagers.

I had sex, and I did not know where his thing was to go. [That] show how foolish I was at 13!

Even when I was pregnant, I did not think I was pregnant, even though I did not see my period. ... I remember my aunt saying, 'Why, you look like you pregnant,' and I said, 'I don't know.' She asked me, 'Anybody trouble you?,' and I say, 'Nobody trouble me.' I didn't realize what she meant by 'trouble you!'

Before coming to the Program for Adolescent Mothers, some of the focus group participants had been reluctant to use contraception because of concerns about side effects. Others did not use contraception because sex was not planned. While participating in the Program, girls learned about a variety of family planning methods, were told how and where to get the methods, and were given transportation to family planning clinics. The young women left the WCJF with a sense of their ability to control their own fertility and the belief that being sexually active necessitates a responsibility for one's body.

When I get pregnant, contraceptives never even came to my mind. It just never crossed my mind. You just think that it would never happen to you. But after I had the baby, I thought about family planning every minute of the day.

The Center really help us a lot because it instill in us that we need to plan our family, and you can't take on a child when you go arbitrarily and get pregnant. We were taught to value your body and value yourself.

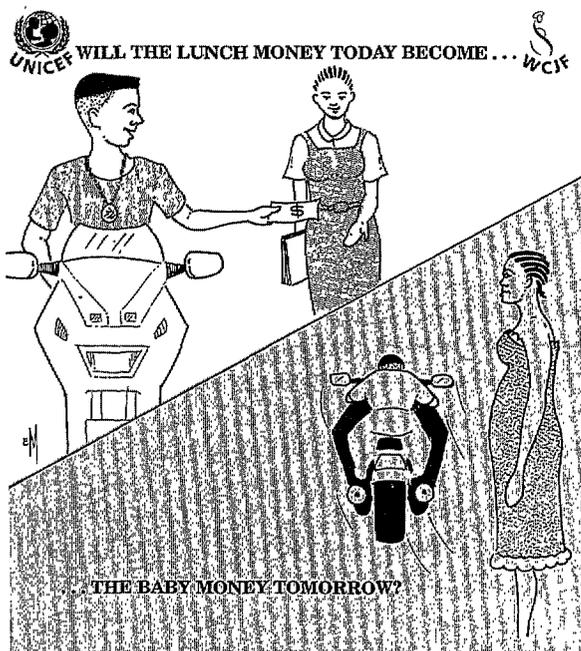
The real good thing about the Program is that we were given a number of options, and we were allowed to make choices and taught to be selective in our clinics.

When we were taken to the clinic we were treated well, and they were pleased, and they did not treat us like outsiders. ... They thought that it was a good step that we were making.

While students were presented with information on all types of contraception, including abstinence, the intrauterine device was the method recommended by WCJF staff in Kingston. Focus group participants, five to 15 years after leaving the Program for Adolescent Mothers, remain supportive of the priority given to family planning and the promotion of the IUD.

Usually you can't go back to school unless you get a contraceptive. ... When [girls] come, they have to agree to a method.

Some of them did not want to [agree to use a method]. Some persons did not know about the coil [IUD] — some heard that babies are born with a coil in their forehead, and that the coil make them rot inside and the coil make them smell bad. Those were some of the myths about the coil, and some people heard these myths and didn't want to do it. But after they heard about it, and were educated about it, and heard how it worked, those persons who were skeptical in the beginning were convinced that it was convenient and better than taking a pill in the morning.



It was safer to use the coil. Once it is in, it is in and you just have to feel the passage to know it is there. So if you were to get active again, you know that you are protected. It was for three years ... so then the Center would ensure that you are protected, so they would not have to worry.

We were told about the pill and how to use it and the injection and the diaphragm. ... We were told about the rhythm — you'll have to have a partner or be married with an understanding about it — but IUD was the method we preferred.

We were told about different methods of family planning, and the coil was highly recommended for us. It was promoted as safe and suitable for young people, and we could not say that we forgot to take it.

For me, the IUD is still my preferred method. I kept it in for years. ... Then I got into the Apostolic Church and I did not need it any more. I got saved, and for quite awhile now I don't need any method. But if I did need one, I would choose the IUD.

I counseled my sister, a cousin, and sister-in-law to use the IUD. I sold the idea because the IUD is a good method.

Some of them did not like the family planning. ... It came up in one of the group counseling sessions, and it was discussed that this was a way of ensuring that you did not go out there and get pregnant again. Some people did not want the family planning and did not want to put in the Lippes loop, but they prefer the pill. But the reason [the girls] choose the Copper T [IUD] is that we in school and might not remember to take the pill.

The importance the Women's Center place on family planning is justified. What has happened is that most persons I know from the Center has not gotten pregnant foolishly and have a lot of children they did not plan for. ... This is because of the knowledge about family planning they got at the Center. The knowledge really helped, because it made you aware that you should only have the number of children you can cope with and that [you need] time and resources to have a child. ... You were also taught that if you were sexually active you should protect yourself and not have an unwanted child.

Returning to School

Returning to school was difficult for many adolescents. They had to struggle with the multiple responsibilities of being a mother, a daughter, and a student. These young women placed a high value on finishing their educations. They recognized schooling as a means to

support themselves and their child. Also, the return to school was an opportunity to regain the respect they felt they had lost in the eyes of their parents and community.

There was some people, a set of them, who say don't bother about school again, as you pregnant. But there was some who was supportive and say you must go back to school. ... Then there was the Women's Center staff with so much confidence in us and motivate us, and that was the reason that made me want to go back to school. If somebody believe in you ... you try to make it true. That confidence really made me work hard, as I did not want to disappoint them.

When I had to go back to school the people there could see the difference. They accept you because they see you have ambition by going back to school. They would say nice things to you like 'Baby-mother; you going back to school, that's good.'

I decided I could not blow this chance. ... I wanted to prove to myself that I could work hard. ... And my child — I had to work hard and support him. ... My mother would show my father the school report, and he'll look and pretend that he is not smiling. He was looking at me from the corner of his eye and pretend that he was not looking at me. Then he'll turn around and look at me, and I'll see the smile on his face and say, 'That's what I have been waiting for, for a long time.' That was the first time he really smiled at me since I've gotten pregnant. That was a touching moment for me. From then we came back together, and that inspired me and I continued to work.

While pregnant girls in Jamaica today sometimes return to their previous school after giving birth, during the years when the women in the focus groups were at the WCJF, the Program for Adolescent Mothers placed each girl in a different school than the one she attended before her pregnancy. This was done to avoid ostracism from schoolmates, and girls were told by the WCJF staff not to tell anyone at their new school that they had a child.

I did not tell them about mine, because we were told not to let anybody know when you go back to school.

When I went back to school some found out about the child. Some found out I had a child, and they were curious about my breast leaking. Others marvelled at the experience but were glad that I was able to come back to school.

One day it embarrass me badly. I went to school, and it [milk] came right through my uniform, and somebody point at me and say, 'You have a child.' I did not know what to say, as sometimes it gets around so I did not want it to get out, so I said nothing at the time. ... Eventually I told them. We had a family life class or something and we were talking about the body and so on and I got up and answered something, and everybody just got silent and the teacher said, 'You sound experienced.' No, the teacher did not know, so it was an innocent remark. And I said yes, and then everybody just hush and I got up and said, 'Yes, I am a mother.' And then she said, 'Oh!,' and the other children were just looking at me and did not say much then. And then a few said

that they expected somebody who had a baby would be 'fat out,' with their breast big and long and that sort of thing.

I know in the case of Y., somebody came up to her and said, 'You have a child,' and she just brave it and said, 'Yes I do, and she is a girl.'

You don't have to go about and advertise it and tell everybody that you have a baby. But if you are confronted with it, then you should. If not, you will make people more curious and they'll probe some more, and they'll say, 'Why is she hiding it?' and 'It's not a crime.'

Relationships with Children

In addition to providing emotional support to girls during their pregnancies, the WCJF seeks to prepare the young women for the changes that will occur after the baby is born. Focus group participants said they were taught how to be loving and responsible mothers, and they learned the enormous impact that they could have on their child's development.

We were made aware of what motherhood is. After you have the baby, you feel that any decision you made must be in the best interest of the child. You have a child, so everything you do, you must think of him. So when you think about a relationship, you consider personality traits. You are looking for someone who would be a good father to the child. We are definitely different from some other mothers, because we were taught to be more responsible. ... You learn to be independent — don't matter what other people are doing, it is what you are doing for your child that counts. That's the kind of thing the Women's Center taught us.

The Program helped me a lot to be a responsible accepting parent. ... After the Program, I think we should all be conscious about having a good relationship with our child because we learn all those things at the Center — 'Do me anything, but when it comes to my child, it is something else.'

The WCJF stresses good parent-child communications, and focus group participants said they have seen the benefits of this in relationships with their own children.

I try to be open with my child — something my mother did not do for me. Sometimes I think if I had been able to talk to her and had good knowledge about life I would not have found myself pregnant. ... Now that I have been exposed from going to the Center, I deal differently with my child. From the day the baby born and before that, they teach you and counsel you how to love and care [for] your baby right.

I try to be open, to be a good mother. ... When it comes to boys, we talk. She know my life story, and I make sure it don't happen to [her] and I lay it out. ... Last year she was going through that teenage thing, and sometimes I wanted to kill her. She was doing no work in school, just boyfriend talk, and always on the phone. ... After a while I gave her some freedom and she's doing well in school and takes the CXC.²

² The CXC, or Caribbean Examination Council, is a standardized examination taken by students after five years of secondary education, usually when they are about age 17.

Relationships with Baby-Fathers and Other Men

The women in the focus group reported disappointment and frustration with the fathers of their children. Most said their baby-fathers were not supportive during their pregnancies and do not share responsibility for the children's upbringing.

When my mother told him that I was pregnant, he turned and said that it was not his.

My baby-father went to Miami after a year or so. ... He sends money once in a while.

My child's father was not supporting him when he realized the sexual part [with me] was out. He started having an affair with someone else, we drifted apart, and that was the end of the relationship.

Most of us, I think, have little contact with our baby-father. Most of the men shy away. In my case, we were so young, and he was there for a while, but he went away afterwards and come back only once. She [my daughter] know him only on the phone.

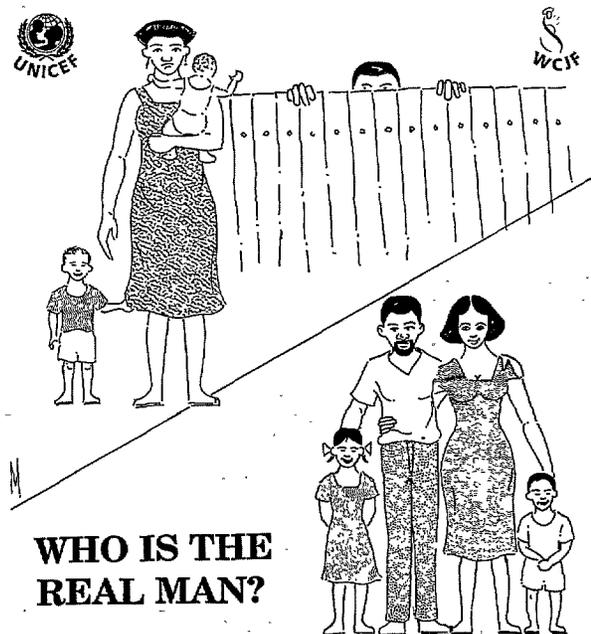
Just as WCJF staff encourage young women to be responsible, they encourage them to demand that the men in their lives be honest and responsible.

I gained a lot about how to relate to men. I became more prepared to think about what you want out of a relationship — qualities such as how he relates to your child. The person might not be too pretty and have a lot of money, but that quality with the child is important. Also a next quality I look for is a man who has pride in himself.

I relate to men in a more responsible way since the pregnancy. I remember one of our counselors saying we must love with your head and not with the heart.

It [the Women's Center] helped me to have a very clear head about how I deal with men, to understand them better — like how they feel, how they think, and how they act. You know, some of them have this macho image and want to have as many babies as they could. Also, most men are out for just having a good time, especially when they are young. So they are not serious and parent-conscious to say, 'Boy, I planning my family.' Most of the time they just want to have a friend and to get sexual — with the result that the girl gets pregnant and they are not ready to handle it.

We were taught not to be fooled by men and their little tricks, because if you talk to them and realize that they are not serious about commitment,



move on. We were made aware that we have our future ahead of us. You had your child to consider and, therefore, had no time to waste. You were educated to know that these relationships can be distractors.

The women's conversations reveal a pattern of disappointment by men. Some women said it was difficult to find men who met the high standards instilled by WCJF staff.

Because of how we think, we'll have problems with our relationships. At least I know that is so in my case.

I have two other children, and they are not for the first baby-father; and I think most of us are in that position.

Well, I am with the same baby-father from when I was 14 and he was 16. We have two children, and him love to control me and don't want me to work. Every time I tell him I want to do cosmetology, he talk about something else. He's jealous and always thinking that I have somebody else.

He wants to keep you under control, and then you have those who don't want to make a commitment. When you are assertive and seem to have confidence, they don't want that either. Most men want women that are weak.

Yeab, the men are confused. They don't know what they want. As soon as you moving forward they ask, 'Why you want a career? Why you want to go to University? Why you want to change job?' and that sort of thing.

As far as I'm concerned, this is the '90s, and we don't have to sit at home anymore, and the men don't like that.

The women in the focus groups have reacted in different ways to their inability to develop relationships with men they consider responsible, caring, and mature. Some resign themselves to an unfulfilling relationship, while others have given up and chosen to remain single.

All him want me to do is stay home and he bring the money. And then when a woman not independent, they handle you anyway. I don't like how him handle me sometimes, like saying what him would do and not do with me. Sometimes we have a quarrel and he 'tump me, but not kick and things like that. I don't like him to hit me — sometimes it seem like my life mean nothing to him. ... Sometimes he move like a mad man. ... Sometimes I feel sad and cry. I'm in the house sometimes and I sit and cry because I feel frustrated.

I had relationships, but most of them found that my standards were very high. I was looking for qualities in them which I could not find in them, so I just could not bother with it. You know some guys who talk to you for a while and then want to get sexual, so I would tell them, 'Look, we have not made any plans as yet, and I have a son, and I'm not ready for that sort of thing,' and because of that I had a lot of broken relationships. So I said, well, since I am not making it this way, it's best to just go back to the Lord. And I said, if I am to get a husband then it will happen. The church has been very supportive and they just adopted my child in a way. I ... got involved in all sorts of activities, that I did not need to think about wanting a partner. There were times when I felt lonely and wanted someone to hug me and so, but then I think, 'Next thing, the man is gone.' So if you are not sure that the relationship is going to be long lasting, it's best to wait that.

until you are sure of that person's honesty and trust. So it's best to stick with the Lord, who will give you the resources and strength.

Gaining Self-esteem

The WCJF follows participants in the Program for Adolescent Mothers for several years after they return to the regular school system. Most women in the focus groups were given some form of support from the WCJF after they were no longer actively participating in the Program.

The Women's Center did not stop helping after we left. I remember that I could not find graduation fees, and I went to them, and they paid it for me.

I remember also having problems with bus fare and getting assistance. And even after I went back to Queen's [High School], they kept inquiring about me.

When my son pass [the] Common Entrance [Exam],³ now that was the time I went back to the Center. Mrs. McNeil was glad I come and said anything I needed, she would try and assist me to help me with his books and so. And she gave me [some money], and he's in 4th form now.

Focus group participants said they were keenly aware that the Program for Adolescent Mothers changed the course of their lives. By participating in the WCJF Program, all but one were able to finish school and most were able to avoid a second adoles-

³The Common Entrance Exam is a standardized examination taken by students in Grade 6 that determines what type of secondary school they will attend.

cent pregnancy. Yet, in addition to academic instruction and education about family planning, the WCJF's emphasis on counseling with compassion helped boost participants' self-esteem. All focus group participants mentioned increased self-confidence or feelings of self-worth as a result of participating in the Program.

I think the path you are placed on during the Program remains for some of us. When you are in an institution where not just academics and skills are taught, but also perceptions about how you feel about yourself. It really impacted on me a lot, so I really feel that this is where the seeds were sown.

I have to give Women's Center the credit for the way I think about things, my standards, my discipline, and my goals in life.

I have to say that the Women's Center program is the best thing that happen in Jamaica for young girls. I say so because young girls are taught good discipline, how to have a relationship with your children and how to deal with men and how not to get pregnant.

Suggestions for Improvement

The focus group discussion closed with the moderator asking participants how the Program for Adolescent Mothers could be improved. The women all returned to the topic of male involvement.

I think the boys who get girls pregnant should remove from school also and attend classes and counseling. There is so much that is offered there that they would benefit. And even older men who get girls

(continued)

Pamela McNeil, Women's Center Director

The successes of the Program for Adolescent Mothers are due in large part to the work of Pamela McNeil, national director of the WCJF.

Through her former work as a school teacher, Mrs. McNeil became aware that unplanned pregnancies interrupted many teens' education. While working as a volunteer with economically disadvantaged families, she saw the long-term impacts of adolescent pregnancy. "I used to see a lot of women, very bright, and here they were at 30, looking 60, with four or five children, and very poor," she said.

Although the Program now has wide acceptance among school officials, religious and civic leaders, and teens themselves, initially community members viewed the Program with skepticism. "It's been a very gradual process of acceptance," says Mrs. McNeil. "It was totally negative at first — really hostile."

Initial referrals to the Program came from nurses who provided prenatal care to pregnant teens. "We got the names of girls who had attended the clinics, and we visited them in their homes," said Mrs. McNeil. "We found a little oasis with the nurses. They were seeing the tragedy of these young girls' lives, and they welcomed us with open arms."

To build alliances with school officials, Mrs. McNeil began attending Parent-Teacher Association meetings, where she spoke about the need for adolescent mothers to return to school. Teen pregnancy exacted a heavy per-

sonal toll on the teens themselves, who were not able to complete their schooling, Mrs. McNeil said, but teen pregnancy also had a devastating impact on the larger community and on the economy. "I asked what it would be like to have these 20-year-olds with four or five children — women who were unemployable." Within six years of the Program's inception, all schools in the Kingston area were accepting students from the WCJF and were referring their own pregnant students to the Program.

When it began in the mid-1970s, one of the Program's goals was to serve as a model. Colleagues in several Caribbean and African countries have visited the Program, with the aim of replicating it in their home countries. Groups from Kenya, Tanzania, the Gambia, Sierra Leone and Botswana have requested information or visited the WCJF campuses and outreach stations. Organizations in other Caribbean countries, including St. Vincent, Antigua and St. Lucia, also have studied the Program. A program for adolescent mothers recently began in Grenada; a coordinator and staff members were trained at the WCJF.

For communities hoping to establish efforts similar to the Program for Adolescent Mothers, Mrs. McNeil advises that administrators must be committed to its mission and that community support is essential. "It's hard work," said Mrs. McNeil. "You have to be prepared for personal sacrifice — your friendships, your own money. Of course, you love the girls, but you have to look at it as a business. It has to be well-planned, well-administered and well-implemented, or it won't work."

pregnant, if they can own up to it, can benefit from the counseling, too. ... They can invite the older men to seminars after work — seminars like what are some of the things the girls went through, feelings of rejection and so on.

They can also be there for the child and be a father figure for the child.

They can get marriage counseling, too.

Like my baby-father — if he had not gone ahead and start a new relationship and if he had proposed to me, I would have gone ahead and married him. ... If after a couple of years and we had stuck together, then we could have got married. But he went and started a new family. ... With counseling for him, things might have worked out. ... There should be some mandatory rule to make them come in.

We need a Men's Center to get the same type of exposure. Let them learn to stop being a careless person having a good time.

Prevention of first pregnancy also was recommended as an issue for the WCJF to address.

The Program has to try to get to girls who are not yet pregnant because if the program has to deal with more girls getting pregnant, the program will lose its impact because it has to deal with too many girls.

Community Support

Many Jamaicans know about the Program for Adolescent Mothers and support its work. A 1989 survey of 189 Jamaicans from different socioeconomic groups in four areas of the country found that 47 percent knew about the Program's activities and an additional 8 percent recognized the Program after a brief description. Ninety-two percent of respondents who knew about the Program characterized it as useful, citing its efforts to help teens continue their schooling and its "caring environment." Six percent of respondents did not believe the WCJF served a useful purpose, saying it encouraged girls to become pregnant (McNeil et al., 1989).

Local residents interviewed by Family Health International staff said they support the Program for Adolescent Mothers because it benefits both individuals and the larger community. They see the Program as a means to break a cycle of poverty, dependence and low self-worth.

One of the Program's supporters is Monsignor Richard Albert, director of the St. Patrick's Foundation, a nonprofit, non-governmental organization operated by the Catholic church. The foundation has donated space for a WCJF outreach station in the Olympic Way community, an inner-city neighborhood in Kingston noted for its widespread poverty, high crime rate, and escalating drug trade.

"As a Catholic priest, I adhere strictly to the church teachings of fidelity in marriage, abstinence before marriage ... responsible sex, discipline and self-control, but I am very realistic that this is not working for the vast majority," Monsignor Albert said. The Women's Center outreach station was established because "it really emerged we had to do something for unwed mothers. You can't take a girl who is pregnant and just give her an education. You've got to let her know she is valuable for herself and there is more to her than her sexual prowess. There

is a whole cultural attitude that women are considered property here. They are only considered valuable in providing services and pleasure to men.”

The Olympic Way outreach station provides education and counseling for approximately 40 pregnant teens at any one time. “I’m grateful the Women’s Center is a resource,” Monsignor Albert said. “What I try to do in the community is bring help here. Not every girl in the neighborhood could make it to the Women’s Center main office.”

Dahlia Repole, principal of St. Andrew’s High School in Kingston, also sees the Program as a valuable community resource. Although only a small percentage of St. Andrew’s students become pregnant — approximately three students per year in a student body of 1,366 — Mrs. Repole said involvement with the WCJF benefits parents as well as students. “When we say to the parent, ‘There is help,’ it softens the blow of learning their daughter is pregnant.” In addition to referring girls to the Program, the school also accepts students who are returning back to the school system.

One agency that refers young women to the Program is the Kingston Family Court. Designed to serve as a bridge between the social services system and the legal system, Family Court helps resolve differences, through counseling, so that family members, who are not charged with a crime but are engaged in a legal dispute, can avoid a court appearance.

The work of the Program for Adolescent Mothers complements the work of the Family Court’s own Teenage Pregnancy Project, which was begun to provide counseling and social services for young mothers and their parents or guardians. “We feel if we could help the girls to prevent second pregnancy and learn parenting skills, we would be [doing a great deal] to help encourage responsible adulthood,” says coordinator Marilyn Dunbar. “We see the end result of poor parenting skills and practices. We’re looking at these projects as a way to prevent [child] abuse.

“Without the Women’s Center, we would have more frustrated mothers walking about the streets. For sure, we would have more pregnancies. The opportunities the Women’s Center creates for the girls to move ahead are not readily available elsewhere. ... We have to realize the self-esteem of the young female is very low. Unless that can be brought up, the same cycle of dependency on the baby-father and other men will continue.”

Assessing Program Effects

Formal Evaluation

During 1988-1989, WCJF staff and The Population Council conducted a formal evaluation of the Program for Adolescent Mothers at the Kingston and Mandeville centers. The evaluators interviewed 88 graduates of the Program under age 17 and a comparison group of 111 adolescent mothers of the same age group who did not participate in the Program. Program participants were registered at the WCJF between September 1985 and June 1987, and the comparison group consisted of women whose first birth occurred between 1985 and 1987. All study participants were interviewed in November and December 1988 (McNeil et al., 1989).

The evaluation compared school attendance, levels of contraceptive use, and repeat pregnancy rates among Program graduates and the comparison group. Program participants were more likely to return to school than teenage mothers not enrolled in the Program. Fifty-five percent of Program participants who became pregnant returned to school after their pregnancies, compared with 15 percent of non-participants (McNeil et al., 1989).

There was only a small difference in contraceptive use between recent Program graduates and the comparison group. Eighty-five percent of recent graduates reported using some form of modern contraception, compared to 80 percent of young women who did not participate in the Program. The fact that

contraceptive prevalence differs little between the two groups, even though repeat pregnancy rates are markedly different, suggests that graduates of the WCJF program may be more effective or more consistent users of contraception.

Among the Program graduates interviewed, 14.6 percent had been pregnant a subsequent time. In comparison, 38.7 percent of teens in the comparison group had experienced a repeat pregnancy.

Anecdotal Information

For staff at the WCJF, examples of personal successes by former students are an important indicator of the Program's impact. "Girls have gone on and become confident women, who have learned to make their own decisions," said Mrs. McNeil. "If we're helping this generation it must reach down to the next. When we see teens going on to school without becoming pregnant again, we know we have made a difference." Nicollette Ferguson and Zoe Wellington are two students who offer anecdotal evidence of Program accomplishments.

Nicollette Ferguson, a former receptionist at the Kingston center, first came to the WCJF when she was 15, depressed, pregnant and uncertain about her future. "I was very nervous. I didn't know what to expect and I thought everybody would look down on me." Ms. Ferguson spent two terms in the Program for Adolescent Mothers and said her experiences allowed her to continue her schooling, provided information about family planning and childbirth, and helped her cultivate a sense of self-worth. "That state of depression, that suicidal thing that I had of not wanting to live, I didn't have that any more. I was given a chance to use my own initiative. They gave me a chance to live my life differently, and they made me see there is something out there for me." Ms. Ferguson entered teacher's college in fall 1995. Her only child, son Lorenzo, is six years old.

Zoe Wellington, also a former student in the Program for Adolescent Mothers, is the manager of a WCJF outreach station, soon to open in Seaview Gardens, an inner city neigh-

borhood in Kingston. She came to the Program when she was 16 and pregnant with her second child. Ms. Wellington was recruited by WCJF staff, who came to the Victoria Jubilee Hospital prenatal clinic. Initially she was not interested, but several weeks later, when she received a telegram from the WCJF asking her to enroll, Ms. Wellington changed her mind. She has never regretted the decision. "They were so warm and loving to us. The usual ridicule that you are used to hearing, you did not get here.

"The Women's Center helped me to realize my self-worth," said Ms. Wellington, who is now 34, married, the mother of four, and a student in marketing. "Coming to the Center was like a whole new life was opened up to me. I could push forward from here. The Center challenged me."

After leaving the Program for Adolescent Mothers, Ms. Wellington completed secondary school and then enrolled in vocational school training to be a secretary. Faced with the prospect of dropping out because one of her children was sick, she turned to the WCJF, which offered financial assistance to help cover the cost of completing vocational training. Seven years ago, Ms. Wellington began working at the Kingston center as a counselor, then as an administrative assistant. Now a social worker, she looks forward to her expanded responsibilities to the girls at the outreach station in Seaview Gardens. "I feel I can talk from first-hand experience."

Future Plans

The WCJF is considering ways to expand services to pregnant teens, as well as to adult women and to men. One area of need, Mrs. McNeil said, is in prevention of child abuse and intervention in child abuse cases. Staff of the Program for Adolescents Mothers and other WCJF programs are being trained to identify abuse and work with parents, but Mrs. McNeil hopes to add a formal program at the Center to address child abuse, rape and incest.

Mrs. McNeil also hopes the Center can expand the job skills program for young adults (ages 17 to 25) to include the mothers of teens who need vocational training and personal counseling. Ms. Wellington, manager of the Seaview Gardens center, said she hopes the WCJF will expand its literacy programs. She also recommends additional training for support staff and managers in communications skills.

Adequate funding for WCJF programs is an ongoing concern for Mrs. McNeil and donor agencies. While the needs for reproductive health services are numerous, the budget of the WCJF is limited. Expansion of services will require additional sources of funding. Consequently, program expansion may be slow and may not be able to adequately match the vast needs of the adolescent population.

Conclusion

In addressing the complex problem of adolescent pregnancy, The Women's Center of Jamaica Foundation has identified some of the root causes — poverty, low self-esteem among girls, lack of communication about reproductive health issues between children and parents, lack of accurate information about family planning, and women's economic dependence on men.

The WCJF has developed a comprehensive approach to help young women cope with the immediate and long-term consequences of a teen pregnancy. This has been accomplished by a compassionate staff and dedicated director, who have developed personal relations with Program participants and built strong relationships with the community.

Emphasis on the importance of education as a means toward self-reliance is a cornerstone of the WCJF program. Success in reducing repeat adolescent pregnancies can be attributed to efforts to increase participants' knowledge of

family planning methods and access to contraceptive services. In addition, the Program attempts to address the needs, not only of the teen mother, but of others close to her — her parents, her baby-father, and her child. Through individual and group counseling, girls are taught that they must be responsible for their own health and well-being, as well as the health and well-being of their child.

In focus group discussions, women credited the WCJF with helping them return to school after having a baby, teaching them parenting skills, helping them avoid a repeat unplanned pregnancy, and, especially, for encouraging them to value themselves as strong, capable women. The WCJF nurtured the young women's self-esteem and encouraged them to develop expectations and goals for themselves. One of the most often repeated comments from former and current participants is that the Program offered them love and support. They were accepted, not ostracized, and encouraged to think about the future rather than the past.

This intervention during adolescence appeared to have an important effect in the women's later lives. At the WCJF, the women gained the skills that enabled them to raise and nurture their children, complete their educations and seek employment.

One former Program participant explained the impact of the WCJF this way:

For me, the Women's Center really changed my life. ... The Women's Center taught us to think 'You are a woman, you have a child, you have a goal.' This has stayed with me.

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