

ADOLESCENT MOTHERHOOD IN JAMAICA: A SOCIAL STATE OF POWERLESSNESS?

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Abstract: Scholarly and societal views regarding adolescent pregnancy being a socio-medical casualty, and patterned disparity in family structure, explain the archetypal mythic which presented itself as a form of powerlessness and overt violation in the lives of adolescent mothers. The aim of this research is to determine the extent to which the socio-economic outcome of adolescent mothers is influenced by cultural dictates including the position of powerlessness.

This qualitative study targeted 12 former adolescent mothers within the age cohort of 25-36 years old, who became pregnant when they were between 11-17 years old. Snowball sampling method was used to capture information from 10 participants (2 had opted out). Primary data (captured over a three-month period) were analysed using manual count and triangulation. Secondary information was obtained over a four-year period.

Of the 10 former adolescent mother participants, eight obtained favourable educational and socio-economic outcomes; five of whom were from non-financially viable background; seven from urban area, and three from rural area. Their outcomes were on the premise of strong resilience, and support obtained from family, friends, and the adolescent programme/institution in which they had participated.

Keywords: Adolescent Pregnancy/Motherhood, Powerlessness, Culture.

I. INTRODUCTION

Adolescent motherhood continues to be of both public health and socio-economic concerns at the micro and macro levels. This paper took a qualitative approach in seeking to determine the extent to which the socio-economic outcome of adolescent mothers is influenced by cultural dictates including the position of powerlessness. In doing so, 10 former adolescent mothers who became pregnant when they were within the age cohort of 11-17 years, were interviewed. This enabled an approximate 20-year span to determine whether their outcomes would have been positive or negative.

Various schools of thought were explored to further examine and strengthen the conceptual underpinning of this research – a study which looked at the lived experiences, rather than quantitative figures unlike other research. From a phenomenological standpoint, despite the small sample size (by virtue of being qualitative), the shared experiences enabled novel insight regarding adolescent programme interventions and other adolescent-related matters.

For the purpose of this paper, the problem is stated, the literature explored with a view to Black Feminism, issues of adolescent motherhood, and the influence of social views on powerlessness of the adolescent mother. These are followed by the materials and methodological approaches taken, the results, discussion, conclusion and recommendations.

II. THE PROBLEM

Adolescent pregnancy, by virtue of its socio-psychological and health risks, is considered by policy makers to be a social and medical casualty (Bone, as cited in Murcott, 1980), and by Social Scientists, a social problem (Simpson, 2010) because “teenage pregnancy offends a morality which can identify children only by separating them from adults” (Murcott, 1980, p. 7). Pro-feminists see this biological status (adolescent pregnancy) as a form of “powerlessness in the face of exploitation” (Kulkarni, Kennedy & Lewis, 2010, p. 220); Marxists, as a form of “patterned disparity”

(MacKinnon, 1982, p. 516); the Symbolic Interactionist as a compromise in the formation of the adolescent's identity in terms of psychological and socio-economic well-being, especially where family support is lacking (Adams & Kocik, 1997); and for the Social Health Scientists, it is a condition that is unsuitable for educational, social and health choices because of the propensity of the adolescent's future becoming socially disadvantaged, especially in terms of earning power and security (Rawlins, Dialsingh, Crawford, Rawlins & McGrowder, 2013).

It stands to reason, therefore, that when a girl becomes pregnant, the pursuit of her education either ends at the primary or secondary stage. This could thwart opportunities for employability and socio-economic survival for both mother and child, thus heightens the possibility for poverty and/or sub-standard living for both the adolescent mother and her child/children. The adolescent mother sometimes have to "resort to low-paying jobs, requiring her to work long, hard hours, and forcing her to leave her children in vulnerable situation..." (Leo-Rhynie, 1993, p. 13).

But what if the adolescent father were to take responsibility? The literature showed that he would likely not achieve high economic growth, as he may be delayed in his career pursuit (Weed, Nicholson & Farris, 2015), especially where family support is absent or very limited. Support from school environment is also needed in order to poise the adolescent mother and her child for socio-economic opportunities, but culture and legislation make provision for the adolescent mother to be dismissed from school (The Education Act, 1980), while the adolescent father remain in school in continued pursuit of his education. To be more specific, the Education Regulation Act (1980) stipulates that "a student of a public educational institution who becomes pregnant shall be excluded from attending the institution during the period of pregnancy..." and that "the Minister may take such steps as may be necessary to permit her to continue her education in that institution or, if convenient, in another public educational institution" (p. 21). Of important note, however is that the National Policy for the Reintegration of School-Aged Mothers into the Formal School System made provision for continued educational opportunities for the adolescent mother after childbirth (Ministry of Education, 2013) – not while pregnant.

Adolescent pregnancy and motherhood has both micro- and macro-economic effects, in that, the measurement of what an adolescent mother would likely earn over her lifetime, as against the lifetime opportunity cost of adolescent pregnancy has significant impact on a country's annual gross domestic product because adolescents play a significant role in a country's growth and development (Chaaban & Cunningham, 2011).

III. LITERATURE REVIEW

Theoretical Framework

The selected theory for this study was on the basis of "...its potential for immediate and relative ease in applicability..." (Brindis, Sattley & Mamo, 2005, p. 19). Simply put, the shared experiences of the respondents can be easily identified with the Black Feminist thought, hence its consideration.

Black Feminist theory also recognized that adolescent pregnancy could influence poverty, and challenges in educational opportunities, hence advocacy for self-reliance, resilience of adolescent mothers, pro-empowerment, pro-equality, pro-continued education during and after pregnancy (Collins, 2000), non-discrimination, equal opportunity (Wilkerson, 2007), as this could possibly reduce the scope for marginalization.

Pro-Feminists such as Kulkarni, Kennedy & Lewis (2010) shared the view that factors such as marginalization, social and emotional vulnerability contribute to adolescent pregnancy, thus leaving the subjects susceptible to poverty, which is likely to diminish life expectancy (Riley, 2005).

The Caribbean as the new World Feminism is a product of the second wave of Feminism (the first having emanated from Europe and United States of America) by virtue of being penetrated by colonialism. This explains the sociological notion of woman matrifocality and male marginality, and female-headed household – the woman as a symbol of strength to hold her family together (Baksh-Sooden, 1998). Jeffers and the Coterie groups rallied for more educated Black women to be in Government; more Black women to be given the opportunity to work in white collar jobs, and Black women's rights to secondary education, (Comma-Maynard, as cited in Reddock, 2007).

Black Feminist thought was that opportunities for the adolescent mother was never guaranteed, as "mothers routinely saw their daughters' pregnancies as one more responsibility for them to bear...felt their pregnant teenage daughters had failed them (Collins, 2000, pp. 64, 76). Until their daughter's pregnancy, these mothers hoped that their daughters would do better with their lives" (Collins, 2000, pp. 64, 76). Such reality (adolescent pregnancy) are deemed by the Chicago

School, to be the result of a “non-institutional form of sexual expression....a breakdown in informal controls such as family and neighborhood” (DeLamater & Hasday, 2007, p. 2).

Issues of Adolescent Motherhood

“Even without a birth, teenage pregnancy is a pivotal event that brings social, psychological, and physiological changes and is likely to affect one’s well-being” (Thompson; & Turner et al, as cited in Diaz & Fiel, 2016, p. 94). In essence, adolescent mothers tend to be susceptible to health threats such as postpartum haemorrhage, infection, spontaneous abortion, still births, puerperal endometritis, (Neal, Matthews, Frost, Fogstad, Camacho, & Laski, 2012), anaemia, mental disorder, particularly depression (World Health Organization, 2014a), “adverse social, psychological and economic effects...and low self-esteem” (Pitso & Kheswa, 2014, p. 537), prolonged and obstructed labour, thus resulting in obstetric fistula, a condition which currently affects over 1.3 million women and girls who reside in developing societies (The Jamaica Observer, 2013).

Risky sexual practices continue to place Jamaica’s young people at risk of unplanned pregnancy, sexually transmitted infections, including HIV (Cornwall, 2013). Figure 1 shows decline in adolescent fertility rate in Jamaica from 1975 (137/1,000 population) to 2014 (61/1,000), among the 15-49 age cohort (National Family Planning Board, 2010; the World Bank Group, 2016).

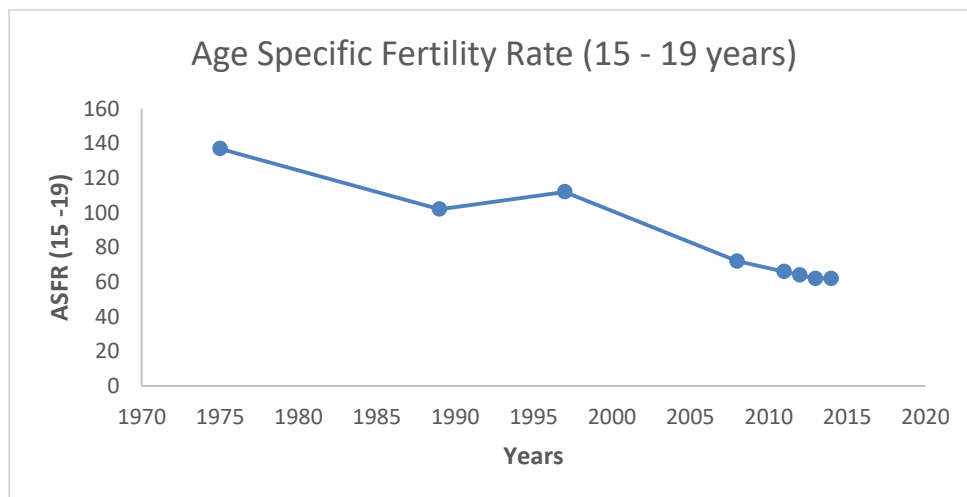


Figure 1 – Age specific fertility rate in Jamaica (1975-2014)

Although these figures reflect a decline in adolescent fertility rate, which Furstenberg (2008) believed was as a result of access to contraceptives, there is still cause for public health concern. This is because

“complications during pregnancy and childbirth are the second cause of death for 15-19 year-old girls globally. Babies born to mothers under 20 years of age face a 50% higher risk of being still born or dying in the first few weeks versus those born to mothers aged 20-29. The younger the mother, the greater the risk to the baby. Newborns born to adolescent mothers are also more likely to have low birth weight, with the risk of long-term effects” (World Health Organization, 2014b).

Other consequences of adolescent fertility are the severe restriction of human capital because of the additional responsibility of another human being (Becker, 1981); time spent caring for the child, thus hinders satisfactory educational achievement that would qualify the adolescent mother for gainful employment and other opportunities (Diaz & Fiel, 2016; Mollborn, 2007). Could all this be avoided if the adolescent girl was exposed to age-appropriate information that would enable her to make informed choices? Research has shown that where sex education takes an abstinence-only approach, this has proven to have very “little impact on the level of sexual activity among teens” – in other words, it increases sexual activity (Furstenberg, 2008, p. 4).

The Influence of Social Views on Powerlessness of the Adolescent Mother

The views of some scholars are that “early pregnancies reflect powerlessness, poverty, control and pressures – from partners, peers, families and communities – sometimes being the result of sexual violence or coercion” stigma and

inequality (Zampas, 2013). Marx theorized that this kind of inequality was likely to cause resentment (Krawford, 2009) and were sometimes demonstrated verbally, physically (harassment, rape, abuse), or pornographically, with the female being more likely to be injured - a demonstration of early history when women were seen as "...the inferior sex...an appendage to the male..." (Henry-Lee, Bailey & Branche, 2003, p. 361).

The loss of education and unfavourable health and/or health care during pregnancy could result in future micro-economic deficiency, loss of human capital, maternal death, and other forms of powerlessness, (United Nations, as cited in Cornwall, 2013, p. 5; United Nations Population Fund, 2013).

In Jamaica, pregnant adolescents are able to continue their education under the Women Centre Jamaica Foundation (WCJF), which founded by the Government of Jamaica in 1978 (Women's Centre of Jamaica Foundation, 2014, p. 3).

Other forms of powerlessness is when the adolescent girl has to endure family and community pressures "through socialization and gender roles..., rape, sexual abuse, and sexualized touching or emotional abuse," sometimes encountered in schools and at home (Nkhoma, 2003). In addition, adolescents, within their personal relationships, are sometimes unable to negotiate the use of contraceptive devices for the benefit of their own health and well-being (Crawford, McGrowder & Crawford, 2009). There were times when the adolescents reported that unlike their male counterpart, they received discourteous client service when they sought sexual and reproductive health care in order to prevent pregnancy and/or sexually transmitted infection – in the sense that they were sometimes addressed with negative expressions by health care providers (Crawford et al, 2009).

This kind of response may be tantamount to sex differentials, whereby the adolescent is responded to, based on perceived lifestyle, roles, and sex bias among health care professionals (Verbrugge, 1985). Such gender disparity tended to give more opportunity to the girl than her male counterpart, and explained in the literature, the statistical significance: $\chi^2 = 20.16$, $p < 0.05$ in terms of male-female differentials (Crawford et al, 2009). Simply put, "violations of women's sexual and reproductive health rights are often deeply engrained in societal values pertaining to women's sexuality. Patriarchal concepts of women's role within the family mean that women are often valued based on their ability to produce" (United Nations Human Rights, 2016). This is another way of indicating that "individuals act according to their interpretation of the meaning of their world" – an ethos of Symbolic Interactionist (Crossman, 2014).

Powerlessness is also demonstrated in the Church community. The work of Crawford, Rawlins, McGrowder & Adams (2011), showed that the Church had been silent on issues concerning youth sexuality, and been reluctant to address the reproductive health issues of youths in their congregations. This resulted in many young people becoming sexually active and being involved in risky sexual behaviors (p. 165). Some Churches consider the teachings of sexual matters to unmarried people as "incomprehensible" (McElwee, 2013). The Catholic Church considers sexual intercourse (outside of marriage), pornography, abortion, and other sexual and reproductive health matters to be "...damaging to society and a danger to the souls of individuals" (American Life League, n.d.).

IV. MATERIALS AND METHODOLOGY

Qualitative Approach

A qualitative approach was taken because of its epistemological propensity to efficiently capture the essence of the real stories (Jacob & Furgerson, 2012, p. 1). Qualitative method also allows the researcher to conduct interviews, and obtain from it, information that could not have been had, if he/she were to solely observe (Patton, 1990).

Why Conduct this Research?

I remembered as a child, how I observed the pregnant girls and mothers became lost into labeled identities (being referred to as whores, bad gal¹, worthless, etcetera), and were treated like pariahs, while the adolescent fathers were praised and referred to as big men. As for the older men or paedophiles, they were not chastised. The adolescent girls were also ostracized – forced to be isolated into their own 'world', where neither they nor their parents were allowed to participate in their Church or community activities. The adolescent mothers and their parents, and in some instances, other members of the household, were robbed of their rights to express, participate and be 'visible' within their communities. This brings to mind the Chicago School of thought which posited that adolescent pregnancy is seen as a breakdown in formal controls of the family structure (DeLamater & Hasday, 2007), hence the likelihood for blame.

¹ This means 'Girl' in English Language

In continuing, the Chicagonian further noted that mothers usually get the blame for their daughter's pregnancy - an expression by the father, uncles, other relatives and some members of the community that the mother of the pregnant adolescent had not raised her with much principle or that she was not strict enough - often times resulting in a deterioration of the family living or structure (Parekh & De la Rey, 1997).

Sampling

As part of the primary data collection, this qualitative research has used non-probability sampling method, such as snowball in order to target 12 of the former adolescent mothers (now adults) - two of whom had opted out, hence had not participated in this study.

Research has shown that snowball sampling method is suitable where the research questions call for investigation and small sample size (Schütt, 2008), as is the case with this research. Besides, regarding a research of this nature where it is required to locate individuals, who became pregnant approximately 20 years ago, what better approach to take than that of Snowball?

At the time of the interview, the units of analysis, who were former adolescent mothers, were within the age cohort of 25-36 years old, and had gotten pregnant between the ages of 11-17 years old. They resided in rural (7) and urban (3) Jamaica.

This small sample size was considered befitting with the qualitative approach taken, and is akin to the literature's advice re approximately 10 cases (Sandelowski, 1995). This is because "the research framework and direction can be quickly revised as new information emerges" and it allows for issues to be examined in details (Anderson, 2010).

Instrument Design

One of the advantages of instrument design in qualitative research is that it allows for the collection of "in-depth information pertaining to participants' experiences and viewpoints of a particular topic" (Turner, 2010, p. 754).

In the case of this scholarly piece of work, a two-page, 22-item semi-structured interview guide (open and closed-ended) was used to capture information, within a 45-minute-period, from the respondents.

The objective of this instrument was to capture experiences and outcomes of adolescent mothers of corporate and rural geographical locations. The discussions generated from this instrument had provided on-the-spot clarity and additional information that would not have otherwise been prompted or requested by the instrument. This strategy of choice was also spot on with Nohl's (2009) ethos that semi-structured design tended to enable allotted time to the participants to share their viewpoints, and at the same time, allow the researcher to follow-up on responses on the spot.

Data Collection Procedure

Data was collected via two sources: primary and secondary. The first was conducted over a three-month period (March to June 2015), with a target population of 12 adults within the age range of 25-36 years, who became pregnant during their adolescent years (11-17). The information was obtained via a semi-structured two-page, 22-item instrument, which was geared towards capturing the lived experiences of the former adolescent mothers, both from the perspective of their perceived and real positions.

Prior to the interviews, the respondents were provided with an Information Sheet for Informed Consent, a Consent Form for their execution, and a Purpose Letter - all of which had noted the guaranteeing of confidentiality, the importance of not providing any form of identifiers, and the absence of possible harm/risk. In addition, instead of having a scribe, I captured the information myself, using Pitman Shorthand 2000, plus long hand. This had strengthened trust and confidentiality, and had assumedly placed the respondents more at ease.

In regard to the secondary data source, this was explored over the period March 2013 to July, 2017. This was done through comprehensive desk review, segmented by types, relevance, themes, and theories - akin to a form of literature mapping strategy. The secondary information comprised statistical reports, a wide range of scholarly academic pieces that were mainly sourced through journal, book chapters and the information superhighway, grey publications such as legislations and policies.

Data Analysis Procedure

Data were analysed by manually counting the transcripts, making notes on each of the instrument, matched theories against relevant discussion points, thus linking theoretical ideologies (for example, Black Feminism), and categorized the transcripts according to my personal notes by going back and forth between the literature and the transcripts. This had helped in keeping the issues succinctly together, and in so doing, reduced the chance of deviations and duplication occurring.

In terms of the analysis of secondary information, this was done by determining relevance, types, gaps, and whether the literature supported, and responded to the research objective, and at the same time, provided deeper understanding and appreciation of the findings.

Strengths of the Methodology

The following are the strengths of the methodology:

1. This research explored and articulated the lived experiences of respondents, who approximately 20 years ago, became mothers during their adolescent years. In other words, women of the 25-36 age cohort, who became pregnant during their adolescent years (10-17), while attending school were investigated. This gave a 20-year 'window' to ascertain the various socio-economic factors that would have contributed their (un)favourable educational and socio-economic outcomes.
2. Unlike national reports, which highlighted adolescent sexual and reproductive health-related information for persons 15-19 years, this dissertation went beyond that age limit, and instead, captured information reflecting those who were of early adolescent years (11 years old). Note that the reason why this research did not consider adolescents of 18 to 19 years was because those individuals would have already reached the age of majority, and were considered to be adults under the law of the land.

Limitations

The limitations are as follows:

1. Majority of the national reports of Jamaica referenced adolescent sexual and reproductive health issues within the age range of 15-19 years, thus non-representation of the 10-14 year olds. These national reports also captured information on adolescents who had already acquired the age of majority (≥ 18 years).
2. Owing to the small sample size, and given that the approach is qualitative, this does not allow for generalization (Taylor-Powell & Renner, 2003). This is because "qualitative research necessitates having a small sample because of the detailed and intensive work required for the study" (Anderson, 2010). However, it does not detract from the value of the lessons gleaned from the inductive nature of this study.
3. Based on the sensitive nature of this research, some of the respondents may possibly not have honestly shared all the required information, as this would have been dependent on their level of comfort at the time, and at various points during the interview.

Delimitation

Although the recently established National Policy for the Reintegration of School-Aged Mothers into the Formal School System (commonly referred to as the Reintegration Policy) was one of the secondary information reviewed for this research, it was not in existence during the time of the respondents' adolescent years. Instead, that sample population was governed by the Education Act (1980) which did not afford adolescent mothers the privileges that are allotted under the Reintegration Policy.

Ethical Approach

This research, which is an excerpt from my doctoral dissertation, was embarked upon, as per approval by the Ethics Review Board of the International University of the Caribbean in Jamaica.

In employing the academic standards governing research ethics, McNamara's (2010) principles were embark upon; namely: voluntary participation; no harm to respondents; anonymity and confidentiality; honesty in data collection,

analysis and reporting. Voluntary participation was done through an agreed informed consent, which had guaranteed high level confidentiality, stated the benefits of participation and that no perceived harm from the research was envisaged.

Ethical approach to the then adolescent mothers (now 25-36 years old at the time of this research), by virtue of their adult status, did not require veto power or permission from their parents. The matter of power relations was also taken into account, especially in terms of language and interpretation of communication between the respondents and I (the researcher).

The principles governing human rights were also upheld, in that the researcher did not violate the respondents in anyway by going beyond boundaries regarding their privacy. Instead, the researcher followed all the stipulations made under the informed consent and ensured that respect and integrity were demonstrated at all times. In other words, the researcher employed four ethical principles, as prescribed by Beauchamp & Childress (as cited in Brikci & Green, 2007); namely: “autonomy – respect the rights of the individual; beneficence – doing good; non-maleficence – not doing harm; justice – particularly equity” (p. 6). These ethical approaches were very essential, given the sensitive nature of this study, causing some of the respondents to appear sad, embarrassed, regretful, or otherwise. This was expected, as Brikci & Green (2007) warned that sometimes during a research interview, the questions asked by the researcher could cause the respondents to feel traumatized, humiliated and otherwise anxious.

Provision was also made, should any of the respondents happened to be inept in their ability to read and fully comprehend the Information Sheet for Informed Consent, Consent Form, and Purpose Letter - then these documents would have been verbalized accordingly, to the comprehension and satisfaction of the respondents.

V. RESULTS

Interviewed for the purpose of this study, were 10 former adolescent mothers within the age cohort of 25-36 years old, who became pregnant when they were between 11 to 17 years old. Eight of the respondents obtained favourable educational and socio-economic outcomes; five of whom were from non-financially viable background; seven from urban area, and three from rural area. Their outcomes were as a result of strong resilience, demonstrated in having to tightly gird their pregnant bellies as a disguise, and using discriminatory actions by their community members as a motivation mechanism to self-actualise and succeed. Some of them also garnered support from family, friends, and their adolescent programme (the WCJF).

All the participants said that whatsoever support they received, had lent itself to continued education, and their current socio-economic well-being. Such support entailed financial and moral, professional and family counseling, and follow-up of the adolescent mother's progress by the WCJF. As a matter of fact, the respondents deemed the WCJF as an educational opportunity, whereby, had it not existed, many adolescent mothers would not have had a chance at continued education during their secondary school years.

Of the 10 adolescent mother respondents, three participated in the WCJF Programme and were later reintegrated into the formal secondary school system; two had participated into the WCJF Programme and did not continue their education into the formal secondary school system; one did not participate into the WCJF Programme, but was later reintegrated into the formal secondary system; while four neither participated into the WCJF Programme nor continued their education in the formal secondary school system.

Seven of the 10 former adolescent respondents declared to be independent, in that they were able to support themselves and their children. In the remaining three instances, a lack of independence was as a result of unemployment status, and low paying salary. The majority experienced delay in pursuing their career, having to help to take care of their children before going back to school.

During pregnancy, financial support came from eight of the adolescent mothers' parents, two of their grandparents, three of their baby-fathers' parents, two of their baby-fathers, and two extended family members, a Catholic Priest, and a personal physician. Of the three much older men who had impregnated the adolescent school girls, two supported their children. One of the respondents had repeated pregnancies for an older man and her male peer respectively.

Majority of the respondents reported that up to the time of pregnancy, they were not very *au fait* with pregnancy prevention. Those who participated in the WCFJ Programme postulated that the counselling and sex education sessions had enabled clarity regarding sexual and reproduction health issues – information which they claimed they should have been armed with, otherwise they would not have experienced early pregnancy.

While uninterrupted and continued education was vital to the respondents, most of them opted to leave school without being forced out (except in three instances, where the principals and teachers told the girls to not return because they were pregnant. This kind of overt violation was owing to the negative cultural interpretation of adolescent pregnancy, reflected in the provision made under the Education Regulation Act. During those days, the Reintegration Policy was not in existence, hence the respondents could not have benefitted.

Some of the respondents reported having experienced discrimination, not only by the peers of their school community, but also teachers, resident and Church communities. They were teased and banned (along with their parents) from participating in Church activities such as being on the choir and/or sharing testimonies. In addition, the adolescent mother and her parents, or any adult from her household were not allowed to be seated where preferred, but rather at the very back of the pew.

Discrimination from attending health care professionals was also reported. This allegedly resulted in hemorrhaging because of negligence, impairment of a child, gynaecological damage, and emotional distress because of the harsh words that were meted to them when care was sought. Others said that they were treated with empathy and respect by health care providers.

VI. DISCUSSION

The cultural interpretation of adolescent pregnancy, and its negative response, placed the girl and her family at risk of being ostracized from the various communities (school, Church, residence), which are part of their identity formation. They were treated like outsiders, when instead, it should be that their communities be considered to be that "...place where they feel a sense of belonging" (Dodman, 2010, p. 96). Scholars had articulated the various forms of powerlessness which lend themselves to further exploitation and vulnerability of the adolescent mother, thus made her susceptible to missing out on opportunities that could have been for her betterment and that of her child. Such opportunity may be socio-economic, education and health-related.

The results of this research noted that despite the negative reactions to adolescent pregnancy via culture and legislative actions, the outcome of majority of the respondents were mainly positive. Seven of them declared independence – being able to support themselves and their children. Unlike the literature which stated that they would likely experience poverty, and that their education would probably end at the primary and secondary levels, should they become pregnant (Weed, Nicholson & Farris, 2015), this was not the case in this research. However, like the literature (Weed et al, 2015), the result showed delay in career pursuit.

While the outcome may be deemed surprisingly positive, there were respondents who reported that because of neglect (another form of powerlessness), they had experienced health issues upon and after giving birth. These were haemorrhage, gynecological damage, and an impaired child. This kind of archetypal mythic is common in society on many levels and is not favourable to neither micro nor macro-economic development.

The rise of the Reintegration Policy, to which the adolescent mothers did not benefit because of its then non-existence, may be deemed as one of the successes of Black Feminism. This means that possibly, the advocacy for women's rights to secondary education, empowerment (Comma-Maynard, as cited in Reddock, 2007), self-reliance and equality (Collins, 2000), may be seen as having resulted in the establishment of the policy in 2013, as a 'cushion' for the Education Act, 1980). This legislation may be deemed as part of the cultural dictates of the respondents' lives.

VII. CONCLUSION

Majority of the former adolescent mothers experienced positive socio-economic outcome, courtesy of financial and moral support from family and friends, as well as resilience, self-actualisation, and time (the number of years that enabled achievement, despite delay). Formal counseling and progress monitoring by adolescent programme which the girls had participated in, in order to complete their education was also assumed to be a contributing factor to the positive outcome of the adolescent mothers.

Negative cultural interpretation and actions of powerlessness against the adolescent mothers, had heightened their vulnerabilities, which they used as a motivation mechanism to succeed rather than succumb to depression and set-backs.

VIII. RECOMMENDATIONS

The following are the recommendations made:

- 1) Despite the presence of a Reintegration Policy that makes provision for the adolescent mother to continue her secondary education after giving birth, urgent consideration should be made to revise the Education Act, which made provision for the dismissal of the pregnant adolescent.
- 2) Avoid dissonance regarding policy, legislation and practice in the best interest of the adolescent.
- 3) Enable the strengthening of adolescent programme interventions, so as to possible reduce incidences of pregnancy through community enlightenment, contraceptive access and age-appropriate sex education.
- 4) Strengthen synergies between communities (school, Church, residential) and adolescent programmes, with intimate involvement of adolescents.
- 5) Employ sanctions against duty bearers who refrain from acting in the best interest of the adolescent girl, the adolescent mother and her child.

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REFERENCES

- [1] Adam, D. & Kocik, S.M. (1997). Perinatal social work with childbearing adolescents. *Social Work Health Care*, 24(3-4):85-97
- [2] American Life League (n.d.). Appendix A – Outline of Catholic Church Teaching. Retrieved from <https://www.ewtn.com/library/PROLENC/APPENDA.HTM>
- [3] Anderson, C. (2010). Presenting and Evaluating Qualitative Research. *American Journal of Pharmaceutical Education*, 74(8), 141
- [4] Baksh-Sooden, R. (1998). Issues of Difference in Contemporary Caribbean Feminism. *Feminism Review. Rethinking Caribbean Difference*, 59, 74-85.
- [5] Becker, G.S. (1981). *A Treaties on the Family*. Boston, Massachusetts: Havard University Press.
- [6] Brikci, N., & Green, J. (2007). *A Guide to Using Qualitative Research Methodology*. Retrieved from <http://fieldresearch.msf.org/msf/bitstream/10144/84230/1/Qualitative%20research%20methodology.pdf>.
- [7] Brindis, C.D., Sattley, D., Mamo, L. (2005). *From Theory to Action: Frameworks for Implementing Community-Wide Adolescent Pregnancy Prevention Strategies*. California: University of California.
- [8] Chaaban, J., & Cunningham, W. (2011). *Measuring the Economic Gain of Investing in Girls. The Girl Effect Dividend*. Policy Research Working Paper 5753. Washington D.C.: The World Bank.
- [9] Collins, P.H. (2000). *Black Feminist Thought. Knowledge, Consciousness and the Politics of Empowerment*. (2nd Ed.). New York: Routeledge.
- [10] Cornwall, G-A. (2013). *Community Upliftment and Human Rights Awareness Project Phase II Prepared for Rise Life Management Services*. Kingston: European Union and Rise Life Management.
- [11] Crawford, T.V., McGrowder, D.A., & Crawford, A. (2009). Access to Contraception by Minors in Jamaica: A Public Health Concern. *North American Journal of Medical Sciences*, 1(5), 247-255.
- [12] Crawford, T.V., Rawlins, J., McGrowder, D.A., & Adams, R.L. (2011). The Church's Response to Sexual Reproductive Health Issues among Youths: Jamaica's Experience. *Journal of Religion and Health*, 50(1), 163-176 .
- [13] Crossman, A. (2014). *Sociological Theories*. Retrieved from <http://sociology.about.com/od/Sociology101/tp/Major-Sociological-Frameworks.htm>
- [14] DeLamater, J., & Hasday, M. (2007). *The Sociology of Sexuality*. In 21st Century Sociology: A Reference Handbook (Vol. 1). C. Bryant and L. D. Peck (Eds.). California: Sage Publications, Inc.

- [15] Diaz, C.J., & Fiel, J.E. (2016). The Effect(s) of Teen Pregnancy: Reconciling Theory, Methods, and Findings. *Demography*, 53, 85-116.
- [16] Dodman, J. (2010). A slice of life: Changing perspectives of community amongst children and researchers in Kingston, Jamaica. In J. Lavia & M. Moore (Eds.). *Cross-cultural perspectives on policy and practice. Decolonising community contexts*. Routledge.
- [17] Furstenberg, F. (2008). Teen Pregnancy and Poverty: 30-Year-Study Confirms that Living in Economically-Depressed Neighbourhoods, not Teen Motherhoods, Perpetuates Poverty. Retrieved from https://www.contemporaryfamilies.org/wp-content/uploads/2013/10/2008_Briefing_Furstenberg_Teen-pregnancy-and-poverty.pdf
- [18] Henry-Lee, A., Bailey, W., & Branche, C. (2003). Conflict, Gender Relations and the Health of Women in Two Low Income Communities in Jamaica. *Social and Economic Patterning of Health among Women*. Retrieved from <http://www.cicred.org/Eng/Publications/Books/TunisHealthWomen/TunisHenrylee.pdf>
- [19] Jacob, S. A. & Furgerson, S. P. (2012). Writing Interview Protocols and Conducting Interviews: Tips for Students New to the Field of Qualitative Research. *The Qualitative Report*, 17(6), 1-10.
- [20] Krawford, K. (2009). Power in Society – Marx Conflict Perspective and Elite Theory. *Social Analysis*. Retrieved from https://www.academia.edu/2365041/Marx_and_Conflict_Theory_-_Analysis_of_Power_in_Society
- [21] Kulkarni, S.J., Kennedy, A.C., & Lewis, C.M. (2010). Using a Risk and Resilience Framework and Feminist Theory to Guide Social Work Interventions with Adolescent Mothers. *Families in Society*, 91(3), 217-224
- [22] Leo-Rhynie, E. (1993). *The Jamaican Family*. Kingston: Grace, Kennedy Foundation.
- [23] MacKinnon, C. (1982). Feminism, Marxism, Method, and the State: An Agenda for Theory. Retrieved from http://www2.law.columbia.edu/faculty_franke/Certification%20Readings/catherine-mackinnon-feminism-marxism-method-and-the-state-an-agenda-for-theory1.pdf
- [24] McElwee, J. J. (2013). Theologians Call Church Sexual Teachings ‘Incomprehensible’ Ask for Lay Input. Retrieved from <https://www.ncronline.org/blogs/ncr-today/theologians-call-church-sexual-teachings-incomprehensible-ask-lay-input>
- [25] Ministry of Education (2013). National Policy. Reintegration of Teenage Mothers in the Formal School System. Jamaica: Ministry of Education.
- [26] Mollborn, S. (2007). Making the best of a bad situation: Material resources and teenage parenthood. *Journal of Marriage and Family*, 69, 92-104.
- [27] Murcott, A. (1980). The Social Construction of Teenage Pregnancy: A Problem in the Ideologies of Childhood and Reproduction. *Sociology of Health and Illness*, 2(1), 1-23.
- [28] National Family Planning Board (2010). *Reproductive Health Survey 2008*. Kingston: National Family Planning Board.
- [29] McNamara, C. (2010). *Principles of professional ethics*. National association of school psychologists, Bethesda: Washington D.C.
- [30] Neal, S., Matthews, Z., Frost, M., Fogstad, H., Camacho, A.V., & Laski, L. (2012). Childbearing in adolescents aged 12–15 in low resource countries: A Neglected Issue. New estimates from demographic and household surveys in 42 countries. *Journal of ACTA Obstetriciaet Gynecologica*, 91(9), 1114–1118.
- [31] Nkhoma, W.G. (2003). Girl’s Education: Key to Development. Retrieved from http://www.osisa.org/sites/default/files/sup_files/girls_education.pdf
- [32] Nohl, A.M. (2009). *Interview und Dokumentarische Methode: Anleitungen für die Forschungspraxis* (3rd Ed.). Verlag für Sozialwissenschaften, Wiesbaden: Germany.
- [33] Parekh, A. & De la Rey, C. (1997). Intragroup accounts of teenage motherhood: A community based psychological perspective. *South African Journal of Psychology*, 27(4), 223 - 229.
- [34] Patton, M. Q. (1990). *Qualitative Evaluation and Research Methods*. California: Sage Publications, Inc.

- [35] Pitso, T., & Kheswa, J.G. (2014). The Vicious Cycle of Teenage Motherhood: A Case Study in Eastern Cape, South Africa. *Mediterranean Journal of Social Sciences*, 5(10), 536-540
- [36] Rawlins, J. M., Dialsingh, I., Crawford, T. V., Rawlins, S. G., & McGrowder, D. A. (2013). The Rate of Pregnancy in Trinidad and Tobago: A Comparison between Pregnant Teenagers and Pregnant Adults Registered at Three Health Centres. *International Journal of Medicine and Public Health*, 3(3), 129-133.
- [37] Reddock, R. (2007). Diversity, Difference and Caribbean Feminism: The Challenge of Anti-Racism. *Caribbean Review of Gender Studies. A Journal of Caribbean Perspectives on Gender and Feminism*, 1, 1-24.
- [38] Riley, J. (2005). Poverty and Life Expectancy. The Jamaica Paradox. Cambridge: Cambridge University Press.
- [39] Sandelowski, M. (1995). Sample Size in Qualitative Research. *Research in Nursing and Health*, 18(2), 179-183.
- [40] Schütt, R. (2008). Chapter 5 – Sampling. Retrieved from http://www.sagepub.com/upm-data/24480_Ch5.pdf
- [41] Simpson, Z. M. (2010). The Return of Teen Mothers to the Formal School System: Redeeming the Second Chance to Complete Secondary Education (Unpublished doctoral thesis). International University of the Caribbean, Kingston, Jamaica.
- [42] Taylor-Powell, E. and Renner, M. (2003) Analyzing Qualitative Data. Retrieved from <https://deltastate.edu/docs/irp/Analyzing%20Qualitative%20Data.pdf>
- [43] The Education Act of 1980. The Education Regulation, Arrangement of Regulations, L.N. 102/2001.
- [44] The Jamaica Observer (2013, November 13). Adolescent Pregnancy has far-reaching Health Effects. State of World Population 2013. *The Jamaica Observer*. Retrieved from http://www.jamaicaobserver.com/news/Adolescent-pregnancy-has-far-reaching-health-effects_15423929
- [45] The World Bank Group (2016). Adolescent Fertility Rate (Births per 1,000 Women Ages 15-19). Retrieved from <http://data.worldbank.org/indicator/SP.ADO.TFRT>
- [46] Turner, D. W. (2010). Qualitative Interview Design: A Practical Guide for Novice Investigators. *The Qualitative Report*, 15(3), 754-760.
- [47] United Nations Human Rights (2016). Sexual and Reproductive Health and Rights. Retrieved from <http://www.ohchr.org/EN/Issues/Women/WRGS/Pages/HealthRights.aspx>
- [48] United Nations Population Fund (2013). Motherhood in Childhood. Facing the Challenge of Adolescent Pregnancy. UNFPA State of the World Population 2013. New York: United Nations Population Fund.
- [49] Verbrugge, L. (1985). Gender and Health: An Update on Hypothesis and Evidence. *Journal of Health Social Behaviour*, 26, 156-182.
- [50] Weed, K., Nicholson, J.S. & Farris, J.R. (2015). Teen Pregnancy and Parenting: Rethinking the Myths and Misconceptions. London: Routledge.
- [51] Wilkerson, A. D. (2007). Black Feminist Autobiographical Inquiry into the Experiences of a Teen Mom (Doctoral Dissertation). Retrieved from <http://digitalcommons.georgiasouthern.edu/cgi/viewcontent.cgi?article=1511&context=etd>
- [52] Women's Centre of Jamaica Foundation (2014). Women's Centre of Jamaica Foundation. Kingston: Women's Centre of Jamaica Foundation
- [53] World Health Organization (2014a). Maternal, Newborn, Child and Adolescent Health. Geneva: World Organization.
- [54] World Health Organization (2014b). Adolescent Pregnancy Fact Sheet. Retrieved from <http://www.who.int/mediacentre/factsheets/fs364/en/>
- [55] Zampas, C. (2013). Adolescent Pregnancy. The Human Rights Dimension. Background Paper for the State of World Population 2013. Retrieved from <http://www.unfpa.org/webdav/site/global/shared/swp2013/Background%20paper%20on%20human%20rights%20by%20Christina%20Zampas.pdf>