

## THE BEACON

# Teenage Pregnancy in Jamaica: Responsibilities and Limitations



### Inside this issue:

## “It probably will not happen to me...”

Teenage pregnancy is an issue which has been the focal point of many a discussion, seminar and programme in Jamaica. However, in trying to rectify the problem we must begin with reaching the youth from a more relatable perspective. In order to do this effectively, Guidance Counsellors in schools, need to ensure that the responsibilities of parenthood and the limitations an early pregnancy can cause are understood.

Teenagers may hear from their parents, family, church, and community members how difficult it is to raise children, but what must be acknowledged is that many individuals, youth especially, at times believe they are immune to the consequences of risky behaviours. It must therefore be clearly ex-

plained to teens how every aspect of their lives will change with an early unintended pregnancy. Simply saying “abstain from sex” will not be enough for the message to ‘hit home’ as in some cases the phrase “it probably will not happen to me” may be ready on the tongue.

There are many reasons why a teen may become pregnant. Some reasons for unintended teen pregnancies are out of their control such as cases of rape or incest, but for those persons who make the decision to have unprotected sex, it must be understood that pregnancy does not just happen to girls who sleep around.

A young boy can become a father because he failed to use a condom correctly or he decided not to use

one. Pregnancy can result if a girl has sex for the first time and left protection up to her partner, just as it could happen to the girl who had easy access to protection but simply did not care to use it.

Although information in this package will show the progress Jamaica has made with regard to a reduction in teenage pregnancies, what is crucial is that there continues to be a decline in the percentage of teen mothers annually. Guidance Counsellors can do their part by providing accurate information to teens in a non-judgmental way.

It must be ensured that youth have the information to protect themselves both mentally and physically from making poor decisions regarding their Sexual and Reproductive Health.

“It Probably will not Happen to me”	1
Teenage Pregnancy in Jamaica	1
Teenage Pregnancy in Jamaica (Cont’d)	2
The impact of programmes and policies in Jamaica	2
Medical Reasons to Delay Child-bearing for Teens	3
Socio-economic and Lifestyle changes	3
Financial Responsibilities	3
Unforeseen Expenses	4
Advice for Teen Mothers and Fathers	4

## Teenage Pregnancy in Jamaica

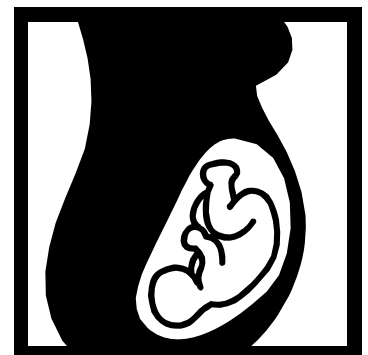
The 2008 Jamaica Reproductive Health Survey (RHS) shows that births per 1,000 females between the ages of 15 and 19 years have declined from 137 in the year 1975 to 72 as of the year 2008. This indicates that fewer teenagers are becoming pregnant, which is an achievement for educators, and those

persons working in the Reproductive Health field.

There is also evidence that programmes targeting youth have been successful as the age of first sex has increased for females aged 15-19 years from 15.2 in 2002 to 15.3 years in 2008 indicating a longer period of abstinence.

### Awareness

Also, more females in this age group are aware of contraceptives, especially the morning after pill with awareness increasing from 6.8 per cent in 1997 to 80.1 per cent in 2008. Before menarche, more girls in the same age group also had information on pregnancy comparing 69.3 per cent in 2002 with 74.4 per cent in 2008.



## Teenage Pregnancy in Jamaica (Cont'd)

### Contraceptive awareness and use

An increase in ECP awareness has been followed by an increase in ever use of ECP with 2.2 per cent of females aged 15-19 years stating ever use in 2002 compared with 4.4 per cent in 2008. With ECP doubling in a six (6) year period, it was clear that increased knowledge has caused positive behaviour change, which may have contributed to the decline in the 15-19 age group ASFR.

There has also been an increase in current contraceptive use as among females aged 15-19 years who had sex with their last partners 30 days before the field survey, 69.2 per cent did so in 2002 which increased to 76.3 per cent by the year 2008.

### Abstinence

Another means of examining possible contributors to the decline in teenage pregnancy is by examining the contraceptive methods perceived to be most appropriate among the 15-19 age group. While not the first choice, in 2002, 11.2 per cent of females in this age group selected abstinence as the most appropriate contraceptive method, however, by 2008 this percentage increased to 17.8 per cent. Similar increases were observed for males as this perception increased from 6.5 per cent in 2002 to 13.4 per cent by the year 2008.

### HFLE

There has also been some impact made in the Health and Family Life Education Curriculum (HFLE) as 53.9 per cent of females aged 15-19 years had a school based class or course that included information on clinic services, up from 46.5 per cent in 2002.

With more teenagers receiving this type of information, more will have the information required to make responsible decisions regarding their Sexual and Reproductive Health outside of the home or classroom setting and by a trained Health Professional.

## The Impact of Policies and Programmes in Jamaica

With reference to the Policy Guidelines for the Access to Contraceptives by Minors which was developed in 2004, there may be some contribution to the decline in teenage pregnancies. In 2005, there were a total of 8,568 teenage pregnancies, however this decreased to 7,618 by the year 2009, a decline of eleven per cent. While it cannot be definitively said that the guideline contributed to the decline, it is a possibility.

The ongoing training activities of the NFPB such as parenting workshops and Adolescent Sexual and Reproductive Health seminars may have contributed to a decline in teenage pregnancies. Parenting workshops aimed to provide parents/caregivers with information on being responsible parents while Adolescent Sexual and Reproductive Health seminars had the purpose of reviewing and enhancing the performance of HFLE Specialists in schools.

There have also been parenting projects one of which took place in 2002, namely, the Innovative Parent Project which was a pilot project to facilitate agencies involved in training parents in innovative approaches to imparting Reproductive Health information and sexuality information to children.

With more teenage girls reporting having information on how pregnancy occurs before menarche, it is possible that targeting parents and HFLE Specialists to ensure that they are informed and passing on correct information has contributed to the progress thus far made.

The production of Teen Seen episodes has also been an ongoing activity with an increase in the number of episodes produced comparing the 2000/2001 and 2007/2008 periods. The period 2000/2001 also saw the staging of a Sexpo where several hundred adolescents were reached which included condom demonstrations, Reproductive Health quizzes, games, interviews, discussions and the distribution of relevant materials followed by a child month exhibit.

There was a Children's Expo in the year 2001/2002 with the NFPB also participating in a six (6) poster presentation for child month. The NFPB also embarked on an initiative with the RE/TV leg of the school tour, where counseling and Family Planning materials were provided. There have also been Youth Forums and various presentations conducted by the NFPB during the period which showed a decline in the ASFR for the 15-19 age group.

As was previously mentioned it cannot be stated whether any particular programme or policy has contributed to the decline as it is not only programme reach but programme content which may denote change, what can be said is that these various activities have done their part in increasing knowledge of abstinence and Family Planning methods, and have contributed to the declining ASFR for the 15-19 age group.

## Medical Reasons to Delay Childbearing for Teens

Having a child in one's teenage years can be a challenging experience for new mothers and fathers. However, the medical risks are ones that only the mother and child suffer. Young men need to understand the risk to their partner and unborn child resulting from an early pregnancy while young women need to comprehend the risks they put themselves at and the potential endangerment of their children's life.

Here are a few medical reasons teenagers should delay childbearing:

1. Under the age of 16, girls have not fully

matured physically. This lack of maturity can also be seen in a small pelvis, which if underdeveloped may cause prolonged labour or obstructed delivery. As a result, young girls may suffer from hemorrhage or infection; in some cases, this can also lead to the death of the mother or child.

2. Under the age of 15 years, girls are more likely than women over the age of 20 to experience premature labour, spontaneous abortion and still births.

3. Cases of infant deaths are usually higher for teen mothers than for older women. (*Source:*

*Meeting the needs of young clients: a guide to providing Reproductive Health Services to adolescents, Family*



## Socio-economic and Lifestyle Changes

Delaying childbirth can allow young women and men to further their formal education and find employment without the pressures of being provider for their family.

Delaying pregnancy can also result in smaller families and financial benefits for the expecting young couple as putting off the pregnancy results in fewer years in the reproductive cycle and thus, potentially, fewer children.

Focusing on furthering one's education, seek-

ing employment and housing are important first steps to make before starting a family. Once education, employment and housing are in place, more money can be allocated to child-rearing which will allow for a happy and healthier life for parents and their children.

Apart from the socio-economic costs, having a child too early in life can increase stress levels. The sudden shift in responsibilities often means reducing or giving up previous pleas-

ures. Free time previously spent socialising with friends will have to be used for taking care of an infant. In addition, impending parenthood may require some youth to leave school in order to seek employment, trading the life of a student for one as a member of the workforce.

## Financial Responsibilities

As a Guidance Counsellor it is important to help teens understand the financial obligations they will have as a parent., some of which include:

- ◇ Medical bills for their child;
- ◇ Food;
- ◇ Clothing;
- ◇ Education;

- ◇ Mortgage/Rent;
- ◇ Transportation costs; and
- ◇ Household bills including utilities.

These are only the major expenses and may be compounded by many more depending on the pre-existing situation for the expecting parents.

In cases where these teens were already providing for their mother/father or siblings, a new child will mean cutting the resources from that household to share for a new baby.

In addition if the child suffers from a medical condition requiring frequent treatment, this can run new parents into severe debt.

## Unforeseen Expenses

Due to the increased likelihood of premature labour during a teen pregnancy, the health of a child after premature birth, in some cases may be compromised.

“Preterm babies have a higher risk of complications that could lead to death within the first year of life. Their lungs and digestive systems are often not fully developed, and they face a higher risk of brain damage” (*Premature births help explain higher US Infant Mortality Rate:: Source: Population Reference Bureau, 2009*)

Several complications can arise from underdeveloped lungs and digestive systems which

result in very high medical expenses to provide the adequate medical care needed for an infant suffering from these negative effects.

Facing expenses required with a sickly child and other financial responsibilities previously discussed may be extremely overwhelming for teen parents, the stress of which, may impact them emotionally as well.



*“Preterm babies have a higher risk of complications that could lead to death within the first year of life.....”*

## Advice for Teen Mothers and Fathers

As a Guidance Counsellor, when you are unable to address cases of teenage pregnancy, try the option of referral. There are programmes for both teen mothers and fathers where they can acquire the necessary skills to be prepared for the pregnancy and also, continue their education.

For teen girls who are pregnant and as a result have to leave school, it is recommended that they enroll in the Women’s Center of Jamaica

Foundation (WCJF) programme. Quoting the Honorable Olivia Grange, MP, Minister of Youth, Sports and Culture “in its 31 years, the Adolescent Mothers Programme has assisted more than 38,000 teen mothers to fulfil their professional and vocational goals.”

The WCJF offers:

- ◇ Educational Programming;
- ◇ Nutritional Education and Support;

- ◇ Day Nursery; and
- ◇ Counselling and Referral Services.

It is therefore crucial that if pregnant, teens be given information about the WCJF programme so that they can adequately address both the physical and psychological impacts of impending motherhood. For contact information on the WCJF, see the back of this newsletter.

The WCJF also assists young males who are the fathers of the children whose mothers are enrolled in the programme. The WCJF also takes walk-in cases where teen fathers can receive counselling. Fathers Incorporated is another organisation which gives some assistance to teen boys in preparing them for fatherhood.

It is especially crucial that teen boys be given

similar support as females receive throughout the pregnancy to help them cope with the new challenges and joys of fatherhood.

Guidance Counsellors can assist by ensuring that these potential fathers understand the responsibilities they have and the importance of providing for and ensuring the health and well being of their child, not only during the pregnancy, but throughout the child’s life.



## NFPB



The National Family Planning Board  
5 Sylvan Avenue  
Kingston 5  
Contact: 968-1627/968-1629-36

ATTENTION: WE ARE ON FACEBOOK!!!!

If any of your male students are older than 14 years of age, get them to join our Male Sexual and Reproductive Health Caucus Page. Invite them to go to Facebook and give their views on our discussion boards! We discuss issues related to Reproductive Health. "Like" our page today! Become a fan!

go to [www.facebook.com/bigmanting1](http://www.facebook.com/bigmanting1)

We're on the web!

[www.jnfpb.org](http://www.jnfpb.org)

There are several places teens can receive help and referral in cases of pregnancy, these include:

### Marge Roper Counselling Service(NFPB)

Provides persons with private and confidential counselling information and referral regarding their Sexual and Reproductive Health.

Contact: 968-1619/968-1629-36

### The Women's Centre of Jamaica Foundation (WCJF)

It provides care, continuing education, counselling and school placement for girls up to age 17 who become pregnant.

Contact: 929-7608

### Fathers Inc.

Among other objectives, the organisation focuses on projecting a positive image of fatherhood and, in doing so, helps men to become better fathers

Contact: 977-0315

### Past Information Packages distributed by the NFPB include:

- Bridging the gap: HFLE for the teen in transition ( Nov 2010)
- HIV in Jamaica: the adolescent perspective (Aug 2010)
- Teen Access to Reproductive Health Information (May 2010)
- HFLE Information Package for Guidance Counsellors (Nov 2009)
- Abstinence Information Package (Sep 2009)

## Publications Available in our Library

Publication	Year	Volume/Author
You, Your Life, Your Dreams	2008	Petrina Lee Poy, Maria Faget Montero and Martha Murdock
The "What's happening to my body?" book for girls	2007	Lynda Maderas with Area Madaras
The "What's happening to my body?" book for boys	2007	Lynda Maderas with Area Madaras
Reproductive Health Survey: Young Adults Report	2002 and 2008	The National Family Planning Board
Reproductive Health Survey	2002 and 2008	The National Family Planning Board
Music, media and adolescent sexuality in Jamaica	2008	Marcia A. Forbes
Is my teenager ok?	2004	Henry Paul, M.D.
The teenage body book	2008	Kathy McCoy, PhD and Charles Wibbelsman, M.D